

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**RAJYA SABHA
UNSTARRED QUESTION No. 2653
TO BE ANSWERED ON 12TH AUGUST, 2025**

DOCTOR- PATIENT RATIO BELOW THE WHO NORM

2653 SHRI RAGHAV CHADHA:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether Government is aware that India's doctor-patient ratio remains below the WHO norm of 1:1000, and if so, the current status thereof, State-wise;
- (b) the total number of sanctioned and vacant posts for doctors, nurses, and paramedics in public health facilities across the country;
- (c) the steps taken by Government to address the shortage of medical professionals, especially in rural and underserved areas; and
- (d) whether Government has formulated any time-bound action plan to achieve the recommended doctor-patient ratio, and if so, the details thereof?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY
WELFARE
(SMT. ANUPRIYA PATEL)**

(a) to (d): The World Health Organisation (WHO) recommends a doctor to population ratio of 1:1000. Assuming that 80% of registered practitioners in both the allopathic and AYUSH systems are available, the doctor-population ratio in the country is estimated to be 1:811. Health being a State subject, data regarding number of sanctioned and vacant posts for doctors, nurses, and paramedics in public health facilities across the country is not maintained centrally.

The government has increased number of Medical Colleges, Under Graduate(UG) and Post Graduate(PG) seats. There is an increase in Medical Colleges from 387 to 780; UG seats from 51,348 to 1,15,900 and PG seats from 31,185 to 74,306 from 2014 to as on date.

To address shortage of medical professionals in the country, the Government is implementing following schemes:

- i. Centrally Sponsored Scheme for establishment of new medical college by upgrading district/ referral hospital under which 131 new medical colleges are functional out of 157 approved medical colleges.

- ii. Centrally Sponsored Scheme for strengthening/ upgradation of existing State Government/Central Government Medical Colleges to increase MBBS and PG seats.
- iii. Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) scheme has a component related to “Upgradation of Government Medical Colleges by construction of Super Specialty Blocks/Trauma care centres, etc.” Out of 75 projects, 71 projects are complete under this component. The other component is for setting up of new AIIMS, 22 AIIMS have been approved.

The Government has taken various measures to improve the availability of doctors in rural and remote areas in the country which include:-

- i. The Family Adoption Programme (FAP) has been incorporated into the MBBS curriculum to provide equitable healthcare access to rural population. FAP involves medical colleges adopting villages, and MBBS students adopting families within these villages. This enables regular follow-up of adopted families for vaccination, growth monitoring, menstrual hygiene, Iron-Folic Acid supplementation, healthy lifestyle practices, nutrition, vector control, and medication adherence. It also helps in educating families about ongoing government health programmes.
- ii. Under District Residency Program of NMC second/third year PG students of medical colleges are posted in district hospitals.
- iii. Hard area allowance is provided to specialist doctors for serving in rural and remote areas and for their residential quarters.
- iv. Honorarium to Gynaecologists/Emergency Obstetric Care (EmoC) trained, Paediatricians & Anesthetist/ Life Saving Anaesthesia Skills (LSAS) trained doctors is provided to increase availability of specialists for conducting Cesarean Sections in rural & remote area.
- v. Special incentives for doctors and incentive for Auxiliary Nurse Midwife (ANM) for ensuring timely checkup and recording for antenatal care and adolescent reproductive and sexual health.
- vi. States are allowed to offer negotiable salary to attract specialist including flexibility in strategies such as “You Quote We Pay”.
- vii. Non-Monetary incentives such as preferential admission in postgraduate courses for staff serving in difficult areas and improving accommodation arrangement in rural areas have also been introduced under NHM.
- viii. Multi-skilling of doctors is supported under NHM to overcome the shortage of specialists. Skill upgradation of existing HR is another major strategy under NRHM for achieving improvement in health outcomes.
- ix. Implementation of a telemedicine service known as national telemedicine service (eSanjeevani).
