

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

**RAJYA SABHA
UNSTARRED QUESTION NO. 1255
TO BE ANSWERED ON 10.02.2026**

**SHORTFALL OF DOCTORS AND MEDICAL SPECIALISTS IN GOVERNMENT
HOSPITALS**

1255. SMT. RAJANI ASHOKRAO PATIL:

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

- (a) whether Government has assessed the current shortfall of doctors and medical specialists in Government hospitals, particularly in rural and aspirational districts of Maharashtra;
- (b) the details of vacancies across different cadres, State-wise and district-wise;
- (c) the reasons for persistent vacancies despite repeated recruitment drives, incentives and bond policies;
- (d) the impact of such staff shortages on patient outcomes, quality of care and service delivery in public health facilities; and
- (e) the concrete measures taken or proposed to ensure equitable deployment and retention of medical professionals across States, including hardship allowances, compulsory rural service and strengthening of medical education capacity?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI PRATAPRAO JADHAV)**

(a) & (b): The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs including Maharashtra to strengthen the public healthcare system, based on the proposals received in the form of Programme Implementation Plans (PIPs)

under National Health Mission (NHM). Government of India provides approval for the proposals in the form of Record of Proceedings (RoPs) as per norms & available resources.

Health Dynamics of India (HDI) (Infrastructure & Human Resources), 2022-23 is an annual publication, based on Health care administrative data reported by States/UTs. The shortfall of doctors and medical specialists in Government hospitals and the details of vacancies across different cadres in rural areas of the country including Maharashtra can be accessed at the following link of HDI 2022-23:

https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructure%20%26%20Human%20Resources%29%202022-23_RE%20%281%29.pdf

(c) to (e). The primary responsibility of strengthening public healthcare system, including filling up of the vacancies in Government Hospitals lies with the respective State/UT Governments. States/ UTs to ensure availability of HR by creating adequate number of regular posts as per the Indian Public Health Standards (IPHS) in the long run and using NHM posts in the short to medium term to fill critical gaps. The NHM supplements the regular human resources by filling up the gaps in human resources in secondary and primary care facilities (District Hospital and below) as per IPHS.

Under NHM, following types of incentives and honorarium are provided for encouraging doctors and paramedics to practice in rural and remote areas of the country to mitigate the impact of shortage of staff on patient care:

- Hard area allowance to specialist doctors for serving in rural and remote areas and for their residential quarters so that they find it attractive to serve in public health facilities in such areas.
- Honorarium to Gynaecologists/ Emergency Obstetric Care (EmOC) trained, Pediatricians & Anesthetist/ Life Saving Anaesthesia Skills (LSAS) trained doctors is also provided to increase availability of specialists for conducting Cesarean Sections in rural & remote area.
- Incentives like special incentives for doctors, incentive for Auxiliary Nurse and Midwife (ANM) for ensuring timely Antenatal Checkup (ANC) checkup and

recording, incentives for conducting Adolescent Reproductive and Sexual Health activities.

- States are also allowed to offer negotiable salary to attract specialist including flexibility in strategies such as “You Quote We Pay”.
- Non-Monetary incentives such as preferential admission in post graduate courses for staff serving in difficult areas and improving accommodation arrangement in rural areas have also been introduced under NHM.
- 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.

There are 13,88,185 registered allopathic doctors and 7,51,768 registered AYUSH practitioners. 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.

Further, there is an increase of 111.36% in Medical Colleges in the country from 387 in 2014 to 818 as of now. There is also an increase of 151.18% in MBBS seats from 51,348 in 2014 to 1,28,976 as of now and increase of 172.63% in PG seats from 31,185 in 2014 to 85,020 as of now.

The measures/steps taken by the Government to increase the doctors/medical professionals in the country include:-

- Centrally Sponsored Scheme for establishment of new medical college by upgrading district/ referral hospital under which 157 medical colleges have been approved.
- Centrally Sponsored Scheme for strengthening/ upgradation of existing State Government/Central Government Medical Colleges to increase MBBS and PG seats.

- Under “Upgradation of Government Medical Colleges by construction of Super Specialty Blocks” of Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) scheme, a total of 75 projects have been approved.
- Under the Central Sector Scheme for setting up of new AIIMS, 22 AIIMS have been approved.
- DNB qualification has been recognized for appointment as faculty to take care of shortage of faculty.
- Enhancement of age limit for appointment/ extension/ re-employment against posts of teachers/Dean/Principal/ Director in medical colleges upto 70 years.
- **Family Adoption Programme (FAP):** The 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 (IFA) supplementation, healthy lifestyle practices, nutrition, vector control, and medication adherence. It also helps in educating families about ongoing government health programmes.
- **District Residency Programme (DRP):** The DRP notified by the NMC provides for a compulsory three months posting cum training of PG medical students at District Hospitals as a part of the course curriculum. DRP benefits the public by strengthening healthcare delivery in rural and underserved areas.
