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

RAJYA SABHA
UNSTARRED QUESTION No. 1063
TO BE ANSWERED ON 28TH JULY, 2026

REGIONAL IMBALANCES IN DOCTOR-TO-POPULATION RATIO FOR ALLOPATHIC AND AYUSH PRACTITIONERS

1063 SHRI CHANDRAKANT DAMODAR HANDORE:

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

(a) the independent doctor-to-population ratio for allopathic (MBBS) physicians versus AYUSH practitioners currently active across rural India;

(b) the deficit of specialized medical professionals such as Pediatricians, Gynaecologists and Surgeons, operating within Community Health Centres (CHCs) against the Indian Public Health Standards (IPHS), State-wise;

(c) whether Government has tracked urban-rural concentration disparities where over 70 per cent of the healthcare workforce serves only 30 per cent of the population; and

(d) the mandatory structural mandates enforced upon newly established Government medical colleges to ensure graduates fulfill mandatory rural health service tenures?

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

(a) to (d): As per the Indian Medical Register (IMR), there are currently 15,35,155 registered allopathic doctors and 7,51,768 registered practitioners in the AYUSH system of medicine. 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 1:778.

Health is a State subject. The responsibility for ensuring the availability of specialist medical professionals, including Pediatricians, Gynaecologists and Surgeons in Community Health Centres (CHCs) as per the Indian Public Health Standards (IPHS), rests with the respective State/UT Governments.

The Ministry of Health and Family Welfare supports States/UTs under the National Health Mission (NHM) by providing technical and financial assistance, based on proposals received through Programme Implementation Plans (PIPs) and subject to programme norms and availability of resources. States/UTs are expected to create adequate regular specialist posts

as per IPHS, while NHM-supported contractual positions are used to bridge critical human resource gaps in the short to medium term in CHCs and other public health facilities.

The details regarding specialized medical professionals across the country can be accessed at the following link of Health Dynamics of India (HDI) 2023-24:

https://www.mohfw-dohfw.gov.in/static/uploads/2026/05/57202cf30629539e4d0fb0a2f700ac62.pdf

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

- Under Centrally Sponsored Scheme (CSS), 'Establishment of new medical colleges attached with existing district/referral hospitals', 139 new medical colleges are functional out of 157 approved medical colleges.
- 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.
- Under District Residency Program of National Medical Commission (NMC), second/third year PG students of medical colleges are posted in district hospitals.
- 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.
- Hard area allowance is provided to specialist doctors for serving in rural and remote areas and for their residential quarters.
- Under the National Health Mission, states are allowed to offer negotiable salary to attract specialist including flexibility in strategies such as "You Quote We Pay".

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