

**GOVERNMENT OF INDIA  
MINISTRY OF LABOUR AND EMPLOYMENT  
LOK SABHA  
STARRED QUESTION NO. 67  
TO BE ANSWERED ON 21.11.2016**

**SHORTAGE OF DOCTORS/STAFF IN ESI HOSPITALS**

**\*67. SHRI B.V. NAIK:  
SHRI NALIN KUMAR KATEEL:**

**Will the Minister of LABOUR AND EMPLOYMENT be pleased to state:**

- (a) whether there is a shortage of doctors, including specialists/superspecialists, medical and para-medical staff in the hospitals run by the Employees' State Insurance Corporation (ESIC) in various States and if so, the details thereof, State/UT wise;**
- (b) the total number of posts sanctioned, in position and existing vacancies of the said categories in these hospitals, State/UT-wise and the reasons for shortfall and the steps taken to fill up the vacancies;**
- (c) whether there is also a shortage of hospital beds and medical equipment in these hospitals and if so, the details thereof, and the reasons therefor along with the corrective steps being taken by the Government in this regard; and**
- (d) the steps taken/being taken by the Government to ensure timely and better delivery of healthcare services to ESI beneficiaries?**

**ANSWER  
MINISTER OF STATE (IC) FOR LABOUR AND EMPLOYMENT  
(SHRI BANDARU DATTATREYA)**

**(a) to (d): A statement is laid on the Table of the House.**

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STATEMENT REFERRED TO IN REPLY TO PARTS (a) TO (d) OF LOK SABHA STARRED QUESTION NO.67 FOR 21.11.2016 BY SHRI B.V. NAIK AND SHRI NALIN KUMAR KATEEL REGARDING SHORTAGE OF DOCTORS/STAFF IN ESI HOSPITALS.

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(a)& (b)- It is true that vacancies in the grade of General Duty Medical Officers(GDMOs), Specialists, Nursing and Para-medical posts exist. State / UT-wise & hospital-wise details of sanctioned, in-position and existing vacancies is at **annexure I.** Primary reasons for these vacancies are:

1. General shortage of doctors particularly in the specialists cadre in the country.
2. Some doctors/specialists do not apply for the job as private practice is not allowed in ESI Corporation.
3. Leaving the job for better opportunities or for pursuing higher studies.

In order to fill up the vacancies, the Employees' State Insurance Corporation (ESIC) has taken a number of steps like-

1. 40% of the sanctioned posts under the GDMO sub cadre in ESIC hospitals are being filled with Senior Residents by Medical Superintendents at local level.
2. In addition, 10 Senior Residents posts per 100 beds have also been sanctioned over and above the sanctioned post of GDMOs. These are also filled by Medical Superintendents locally.
3. The Medical Superintendents have been authorized to recruit super specialists and specialists on contract basis till the regular incumbents become available.
4. Medical Superintendents of ESIC hospitals authorized to engage, under certain situations, retired Nursing and Para-Medical staff or to hire such personnel through agencies on short term basis.
5. Regular recruitment process of Nursing & Para-Medical cadre initiated.
6. ESIC has since decided to engage the services of EdCIL INDIA (a PSU under administrative control of Ministry of HRD, Govt. of India) Limited, for expeditiously completing the recruitment process.

7. Process for recruitment of 450 GDMOs and 304 Specialists initiated. Offer of appointments to 91 Doctors (GDMOs) and 41 specialists have already been issued.

8. Examinations for recruitment of 2488 posts of Nursing & Para-Medical cadre have been conducted.

9. Entering into tie-up arrangement with private / public hospitals for the medical services, which are not available in ESIC hospitals.

(c)- ESI Corporation in its 167<sup>th</sup> meeting has granted in-principal approval for increasing hospital bed strength of ESI Hospitals by 50%, if the bed occupancy of the concerned hospital has been consistently more than 70% in last three financial years. List of such ESIC/ESI State hospitals is at **ANNEXURE-II**.

If there is shortage of equipment in ESIC Hospitals, the Medical Superintendent has been authorized/delegated power of up to 25 lakh at his level for procurement of medical equipment. For State run ESI hospitals, the concerned Medical Superintendent can place his demand for medical equipment to the Hospital Development Committee (HDC) which can send the proposal to the State Medical Commissioner, ESIC for sanction and release of funds.

(d)- The steps taken/being taken by ESI Corporation/Government to ensure timely and better delivery of health care services to ESI beneficiaries is place at **ANNEXURE-III**.

## Annexure-I

STATEMENT REFERRED TO IN REPLY TO PARTS (a) TO (b) OF LOK SABHA STARRED QUESTION NO.67 FOR 21.11.2016 BY SHRI B.V. NAIK AND SHRI NALIN KUMAR KATEEL REGARDING SHORTAGE OF DOCTORS/STAFF IN ESI HOSPITALS.

STATE & HOSPITAL WISE VACANCY POSITON OF ESI CORPORAITON											
S NO	NAME OF THE REGION	NAME OF HOSPITAL	GENERAL DUTY MEDICAL OFFICERS			SPECIALISTS			NURSING & PARA-MEDICAL		
			SANC TIONE D	IN- POSITIO N	VACANC Y	SANCTI ONED	IN- POSITIO N	VACA NCY	SANCTI ONED	IN- POSITIO N	VACA NCY
1	ASSAM	Beltola	26	25	1	12	10	2	103	87	16
2	BIHAR	Phulwarisharif	31	31	0	12	10	2	101	62	39
3	CHHATISGARH	SMC*	0	1	-1	0	0	0	0	0	0
4	DELHI	DMD	638	465	173	154	106	48	3704	2857	847
5	GUJARAT	Bapunagar	28	49	-21	28	18	10	415	265	150
6		Naroda	14	9	5	18	5	13	214	30	184
7		Vapi	31	10	21	18	5	13	204	44	160
8		SMC*	0	2	-2	0	0	0	0	0	0
9		MR*	9	0	9	0	0	0	0	0	0
10	HARYANA	Gurgaon	47	27	20	30	17	13	252	148	104
11		Manesar	40	18	22	18	12	6	208	105	103
12		Faridabad	1	1	0	0	0	0	499	34	465
13		SMC*	0	3	-3	0	0	0	0	0	0
14		MR*	1	1	0	0	0	0	0	0	0
15	HIMACHAL PRADESH	Baddi	40	19	21	18	11	7	213	109	104
16	JAMMU & KASHMIR	Jammu	33	20	13	12	7	5	136	54	82
17	JHARKHAND	Namkum	30	25	5	12	10	2	106	81	25
18		Adityapur	27	19	8	18	7	11	114	72	42
19		SMC*	0	2	-2	0	0	0	0	0	0
20		MR*	2	1	1	0	0	0	0	0	0
21	KARNATAKA	Rajajinagar	87	97	-10	51	30	21	844	710	134
22		Peenya	40	34	6	18	12	6	208	187	21
23		SMC*	0	6	-6	0	0	0	0	0	0
24		MR*	3	1	2	0	0	0	0	0	0
25	KERALA	Asramam	57	30	27	25	16	9	342	253	89
26		Ezhukone	60	28	32	19	5	14	249	171	78
27		Parippally	40	20	20	18	6	12	486	173	313
28		Udyogamandal	40	12	28	18	7	11	211	181	30
29		SMC*	0	2	-2	0	0	0	0	0	0
30		MR*	4	4	0	0	0	0	0	0	0
31	MADHYA PRADESH	Indore	53	31	22	41	18	23	440	161	279
32	MAHARASHTRA	Andheri	83	30	53	50	23	27	491	323	168
33	ODISHA	Rourkela	28	17	11	12	7	5	92	63	29
34	PUNJAB	Ludhiana	53	20	33	31	13	18	449	195	254

35		Chandigarh-UT	33	22	11	15	13	2	144	120	24
36		SMC*	0	2	-2	0	0	0	0	0	0
37		MR*	1	1	0	0	0	0	0	0	0
38	RAJASTHAN	Bhiwadi	27	14	13	12	5	7	110	84	26
39		Jaipur	52	42	10	32	17	15	475	257	218
40		SMC*	0	3	-3	0	0	0	0	0	0
41		MR*	1	1	0	0	0	0	0	0	0
42	TAMIL NADU	Coimbatore	2	2	0	0	0	0	0	0	0
43		K. K. nagar	52	57	-5	32	16	16	602	450	152
44		Tirunelveli	27	14	13	12	3	9	110	87	23
45		SMC*	0	4	-4	0	0	0	0	0	0
46		MR*	5	3	2	0	0	0	0	0	0
47	TELANGANA	Nacharam	56	27	29	32	16	16	300	205	95
48		Sanathnagar	22	13	9	22	11	11	289	184	105
49		SMC*	0	5	-5	0	0	0	0	0	0
50		MR*	2	0	2	0	0	0	0	0	0
51	WEST BENGAL	Joka	82	56	26	40	8	32	582	381	201
	TOTAL		1908	1326	582	830	444	386	12693	8133	4560

\*SMC – State Medical Commissioner, MR – Medical Referee

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### ESIC/ESIS HOSPITALS HAVING 70% AND ABOVE BED OCCUPANCY

State/UT	Sl. No.	Name of Hospital	% of Bed Occupancy		
			2012-13	2013-14	2014-15
<b>Andhra Pradesh</b>	1	Visakhapatnam	78%	78%	89%
<b>Assam</b>	2	Beltola *	139%	128%	120%
<b>Delhi</b>	3	Basaidarapur *	99%	100%	91%
	4	Jhilmil *	87%	93%	87%
	5	Rohini *	75%	77%	71%
<b>Gujarat</b>	6	Rajpur Hirpur	111%	91%	70%
<b>Haryana</b>	7	Ballabgarh	95%	85%	86%
	8	Gurgaon *	82%	90%	81%
<b>Karnataka</b>	9	Rajajinagar *	84%	76%	78%
	10	Devangare	79%	76%	74%
<b>Kerala</b>	11	Asramam *	92%	84%	85%
	12	Ernakulam *	99%	82%	80%
	13	Ezhukone *	81%	78%	75%
<b>Tamil Nadu</b>	14	ODC K.K. Nagar *	75%	72%	74%
	15	Sivakasi	93%	100%	80%
	16	Salem	96%	96%	98%
<b>Uttar Pradesh</b>	17	Noida *	104%	134%	122%
<b>West Bengal</b>	18	Asansol	80%	76%	82%
	19	Bellur Belly	91%	89%	85%
	20	Baltikuri	75%	76%	72%
	21	Gourhati	96%	102%	105%
	22	Budge-Budge	76%	77%	79%
	23	Kalyani	76%	76%	74%
	24	Manicktola	93%	91%	92%
	25	Kamarhati	84%	81%	83%
	26	Sealdah	86%	75%	78%
	27	Uluberia	88%	87%	81%
	28	Serampore	74%	77%	79%
	29	Bandel	76%	77%	80%
	30	ODC Thakurpur *	106%	99%	96%
	31	Durgapur	100%	91%	85%
<b>Jammu &amp; Kashmir</b>	32	Bari Brahma	77%	77%	72%
<b>Telangana</b>	33	Nacharam *	96%	77%	92%
	34	Ramachandrapur am	87%	87%	105%
	35	Sanathnagar *	120%	120%	78%

\* = ESIC Hospital

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**A. Reform measures which have been taken in ESIC hospitals and dispensaries under ESIC 2.0, are as under:**

- Electronic Health records i.e. prescriptions and laboratory records to beneficiary through internet.
- Upgradation of dispensaries into 6 bedded & 30 bedded hospital, in a phased manner.
- Using VIBGYOR colour pattern, day-wise, for bedsheets in all Hospitals of ESIC.
- Medical Helpline facility through which Insured Person can directly talk to Doctors in case of any emergency and seek guidance.
- Special OPDs in the afternoon from 3.00 PM to 5.00 PM for senior citizens and Differently-abled Patients.
- Cancer detection/treatment facilities at different level of hospitals.
- Cardiology treatment facilities at different level of hospitals.
- Provision of all possible pathological facilities in all hospitals premises by installation of required equipment either by upgradation or outsourcing.
- Dialysis facilities in all ESIC Model Hospitals on PPP Model.
- Queue Management System in every hospital for helping in registration and pharmacy. Through this online registration can also be done using mobile phones.
- Tracking each and every pregnant mother and newly born child in the families of IPs so that complete immunization as well as safe delivery is achieved.
- Facility of yoga in ESIC hospitals.
- Tele-medicine facilities for the beneficiaries in a phased manner.
- Extension of AYUSH facilities up to the dispensary level.

**B. Steps taken by ESI Corporation so as to facilitate / incentivize the delivery of medical services through various State Government run ESIS hospitals and dispensaries:-**

- with a view to improve the functioning of State Govt. run ESIS hospitals and dispensaries, ESIC has asked state ESI scheme to implement ESIC 2.0 reform measures and prescribed certain minimum facilities/ parameters to be maintained in ESIS health establishments viz.:
  1. Availability of doctors and para-medical staff as per sanctioned strength.
  2. Minimum number of medicines available.
  3. Pathological and X-ray services.
  4. Monitoring of general cleanliness and up keep of dispensary/ hospital, bio-metric attendance and change of hospital bed sheets as per VIBGYOR mission.
- Regular monitoring and supervision of ESIS hospitals and dispensaries.
- Creation of subsidiary corporation/ society at State level for medical services wherein State Govt. are to receive 100% expenditure on the ESI scheme, up to the ceiling for the first two Financial Years on adopting this model.

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