

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

**LOK SABHA
UNSTARRED QUESTION NO. 3756
TO BE ANSWERED ON 24TH MARCH, 2017**

HEALTHCARE INFRASTRUCTURE

3756. SHRI PONGULETI SRINIVASA REDDY:

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

- (a) whether India's elemental healthcare infrastructure needs to be strengthened in view of the shortage of specialist doctors in the Community Health Centres across the country;
- (b) if so, the details thereof and the corrective measures taken/proposed to be taken in this regard;
- (c) whether private hospitals continue to be more lucrative for doctors and recruiting specialists is not an easy task for the States, even though the Government is offering additional incentives to specialists, not many are coming forward to serve in rural areas;
- (d) if so, the details thereof and reasons therefor for such situation; and
- (e) the steps being taken to attract the specialist doctors in these centres?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI FAGGAN SINGH KULASTE)**

(a) to (e): As per Rural Health Statistics (RHS) 2016, there is shortage of specialist doctors in Community Health Centres (CHCs). State/UT-wise specialist doctors and shortfall thereof is at Annexure.

Public health being a State subject, the primary responsibility to ensure availability of specialist doctors in public health facilities lies with the State Governments. However, under the National Health Mission (NHM), financial and technical support is provided to States/UTs to strengthen their healthcare systems including support for insourcing or engagement of specialist doctors on contractual basis, based on the requirements posed by the States/UTs in their Programme Implementation Plans (PIPs) within their overall resource envelope.

Support is also provided to States/UTs for 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.

Contd.....

The Government has taken various steps to increase availability of doctors and specialists in the country and also to encourage them to serve in rural and remote areas. These steps include:

- (i) The ratio of teachers to students has been revised from 1:1 to 1:2 for all MD/MS disciplines and 1:1 to 1:3 in subjects of Anaesthesiology, Forensic Medicine, Radiotherapy, Medical Oncology, Surgical Oncology and Psychiatry in all medical colleges across the country. Further, teacher: student ratio in public funded Government Medical Colleges for Professor has been increased from 1:2 to 1:3 in all clinical subjects and for Associate Prof. from 1:1 to 1:2 if the Associate Prof. is a unit head. This would result in increase in number of specialists in the country.
- (ii) DNB qualification has been recognized for appointment as faculty to take care of shortage of faculty.
- (iii) Enhancement of maximum intake capacity at MBBS level from 150 to 250.
- (iv) Enhancement of age limit for appointment/ extension/ re-employment against posts of teachers/dean/principal/ director in medical colleges from 65-70 years.
- (v) relaxation in the norms of setting up of Medical College in terms of requirement for land, faculty, staff, bed/bed strength and other infrastructure.
- (vi) Strengthening/upgradation of State Government Medical Colleges for starting new PG courses/Increase of PG seats.
- (vii) Establishment of New Medical Colleges by upgrading district/referral hospitals preferably in underserved districts of the country.
- (viii) Strengthening/ upgradation of existing State Government/Central Government Medical Colleges to increase MBBS seats.
- (ix) Strengthening of districts hospitals to run DNB/CPS courses.

Further, in order to encourage doctors to work in remote and difficult areas, the Medical Council of India, with the previous approval of Central Government, has amended the Post Graduate Medical Education Regulations, 2000 to provide:

- (i) 50% reservation in Post Graduate Diploma Courses for Medical Officers in the Government service, who have served for at least three years in remote and difficult areas; and
- (ii) Incentive at the rate of 10% the marks obtained for each year in service in remote or difficult areas as upto the maximum of 30% of the marks obtained in the entrance test for admissions in Post Graduate Medical Courses.

Various reasons attributed for shortage of specialists in public health facilities, particularly in rural areas include overall shortage of specialists in the country, feeling of professional isolation among specialists, and unwillingness on their part to work in rural areas.

Annexure

TOTAL SPECIALISTS AT CHCs						
Total Specialists [Surgeons, OB&GY, Physicians & Paediatricians]						
S. No.	State/UT	(As on 31st March, 2016)				
		Required ¹	Sanctioned	In Position	Vacant	Shortfall
		[R]	[S]	[P]	[S-P]	[R-P]
1	Andhra Pradesh	772	384	159	225	613
2	Arunachal Pradesh	252	NA	4	NA	248
3	Assam	604	NA	131	NA	473
4	Bihar	592	NA	40	NA	552
5	Chhattisgarh	620	620	61	559	559
6	Goa	16	5	5	0	11
7	Gujarat	1288	186	148	38	1140
8	Haryana	440	153	30	123	410
9	Himachal Pradesh	316	NA	7	NA	309
10	Jammu & Kashmir	336	344	190	154	146
11	Jharkhand	752	131	122	9	630
12	Karnataka	824	824	498	326	326
13	Kerala	900	30	40	*	860
14	Madhya Pradesh	1336	1336	289	1047	1047
15	Maharashtra	1440	823	505	318	935
16	Manipur	68	4	3	1	65
17	Meghalaya##	108	3	12	*	96
18	Mizoram###	36	0	0	0	36
19	Nagaland	84	NA	8	NA	76
20	Odisha	1508	908	354	554	1154
21	Punjab	600	578	196	382	404
22	Rajasthan	2284	1654	497	1157	1787
23	Sikkim	8	NA	0	NA	8
24	Tamil Nadu	1540	NA	76	NA	1464
25	Telangana	456	284	147	137	309
26	Tripura	80	0	1	*	79
27	Uttarakhand	236	200	41	159	195
28	Uttar Pradesh	3092	2099	484	1615	2608
29	West Bengal	1396	669	125	544	1271
30	A & N Islands	16	9	0	9	16
31	Chandigarh**	8	11	14	*	*
32	D & N Haveli	0	0	0	0	0
33	Daman & Diu	8	2	0	2	8
34	Delhi	0	0	0	0	0
35	Lakshadweep	12	0	0	0	12
36	Puducherry	12	5	5	0	7
	All India²/ Total	22040	11262	4192	7359	17854

Notes: **Sanctioned data for 2013-14 used

##Sanctioned data for 2015 used

Data for 2015 repeated

NA: Not Available.

¹ Four per Community Health Centre

All India figures for Vacancy and Shortfall are the totals of State-wise Vacancy and Shortfall ignoring surplus in some States / UTs

