

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

**LOK SABHA
UNSTARRED QUESTION NO. 751
TO BE ANSWERED ON 14TH DECEMBER, 2018**

POSTING OF DOCTORS IN RURAL AREAS

751. SHRI K. ASHOK KUMAR:

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

- (a) whether rural health statistics report shows a crippling shortage of specialists in Community Health Centres (CHCs), if so, the necessary steps taken in this regard;
- (b) whether the Government has taken note of the fact that doctors are reluctant to take rural postings, if so, the details thereof; and
- (c) the number of specialist doctors posted in CHCs under National Rural Health Mission since its launch?

ANSWER

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI ASHWINI KUMAR CHOUBEY)**

(a): As per Rural Health Statistics (RHS) 2018, there is shortage of specialist in Community Health Centres (CHCs). State/UT-wise specialist doctors and shortfall thereof is at **Annexure - I**.

Public health and hospitals being a State subject, the primary responsibility to ensure availability of specialist doctors in public health facilities lies with the State/UT 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.

The Government has taken various steps to increase number of doctors and Specialists in the country. 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.

Contd.....

- (ii) Diplomate of National Board (DNB) qualification has been recognized for appointment as faculty to take care of shortage of faculty.
- (iii) Enhancement of age limit for appointment/ extension/ re-employment against posts of teachers/dean/principal/ director in medical colleges from 65-70 years.
- (iv) relaxation in the norms of setting up of Medical College in terms of requirement for land, faculty, staff, bed/bed strength and other infrastructure.
- (v) Strengthening/upgradation of State Government Medical Colleges for starting new PG courses/Increase of PG seats.
- (vi) Establishment of New Medical Colleges by upgrading district/referral hospitals preferably in underserved districts of the country.
- (viii) Strengthening of districts hospitals to run DNB/CPS courses.

(b): Shortage of specialist doctors varies from State to State depending upon their policies and context.

However, as stated above, public health and hospitals being a State subject, the primary responsibility to ensure availability of specialist doctors in public health facilities lies with the State/UT Governments.

Support is 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.

Also, 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% of the seats in Post Graduate Diploma Courses shall be reserved for Medical Officers in the Government service, who have served for at least three years in remote and difficult areas. After acquiring the PG Diploma, the Medical Officers shall serve for two more years in remote and/or 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.

(c): State/UT wise details of specialist doctors under NRHM, posted at CHCs on contractual basis is at **Annexure - II**.

TOTAL SPECIALISTS AT CHCs						
Total Specialists [Surgeons, OB&GY, Physicians & Paediatricians]						
S. No.	State/UT	(As on 31st March, 2018)				
		Required ¹	Sanctioned	In Position	Vacant	Shortfall
		[R]	[S]	[P]	[S-P]	[R-P]
1	Andhra Pradesh	772	533	384	149	388
2	Arunachal Pradesh	252	NA	4	NA	248
3	Assam	688	NA	158	NA	530
4	Bihar	600	NA	82	NA	518
5	Chhattisgarh	676	652	57	595	619
6	Goa	16	5	10	*	6
7	Gujarat	1452	1177	118	1059	1334
8	Haryana	452	59	17	42	435
9	Himachal Pradesh	364	NA	4	NA	360
10	Jammu & Kashmir	336	344	256	88	80
11	Jharkhand	684	684	92	592	592
12	Karnataka	824	824	498	326	326
13	Kerala	908	30	40	*	868
14	Madhya Pradesh	1236	1236	248	988	988
15	Maharashtra	1444	823	485	338	959
16	Manipur	92	4	3	1	89
17	Meghalaya	112	3	9	*	103
18	Mizoram	36	33	0	33	36
19	Nagaland	84	NA	8	NA	76
20	Odisha	1508	1529	253	1276	1255
21	Punjab	604	593	105	488	499
22	Rajasthan	2352	1731	565	1166	1787
23	Sikkim	8	NA	0	NA	8
24	Tamil Nadu	1540	NA	210	NA	1330
25	Telangana	364	320	112	208	252
26	Tripura	88	0	2	*	86
27	Uttarakhand	268	268	29	239	239
28	Uttar Pradesh	3288	2099	192	1907	3096
29	West Bengal	1392	669	125	544	1267
30	A & N Islands	16	9	0	9	16
31	Chandigarh	0	0	0	0	0
32	D & N Haveli	8	0	0	0	8
33	Daman & Diu	8	6	3	3	5
34	Delhi	0	0	0	0	0
35	Lakshadweep	12	0	0	0	12
36	Puducherry	12	4	5	*	7
	All India²/ Total	22496	13635	4074	10051	18422

Notes:

NA: Not Available.

¹ Four per Community Health Centre as per IPHS norms

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

*: Surplus.

² For calculating the overall percentages of vacancy and shortfall, the States/UTs for which manpower position is not available, are excluded

Annexure-II

Specialists (Contractual- In -position) at CHC level under NRHM		
Sl. No.	States/UTs	Specialists at CHC level
1	Bihar	52
2	Chhattisgarh	4
3	Himachal Pradesh	0
4	Jammu & Kashmir	22
5	Jharkhand	25
6	Madhya Pradesh	34
7	Odisha	0
8	Rajasthan	11
9	Uttar Pradesh	134
10	Uttarakhand	0
11	Arunachal Pradesh	1
12	Assam	90
13	Manipur	0
14	Meghalaya	1
15	Mizoram	0
16	Nagaland	3
17	Sikkim	0
18	Tripura	0
19	Andhra Pradesh	13
20	Goa	2
21	Gujarat	35
22	Haryana	32
23	Karnataka	9
24	Kerala	2
25	Maharashtra	331
26	Punjab	73
27	Tamil Nadu	0
28	Telangana	35
29	West Bengal	4
30	A & N Islands	1
31	Chandigarh	0
32	D & N Haveli	4
33	Daman & Diu	6
34	Delhi	1
35	Lakshadweep	0
36	Puducherry	4
Total		929

Source: NHM-MIS report as on June 2018