

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

**LOK SABHA
UNSTARRED QUESTION NO. 499
TO BE ANSWERED ON THE 09TH DECEMBER, 2022**

“SHORTAGE OF DOCTORS IN ASPIRATIONAL DISTRICTS”

**499 SHRI JUGAL KISHORE SHARMA:
SHRIMATI GEETA KORA:
SHRI SAPTAGIRI SANKAR ULAKA:**

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

- (a) whether there is a shortage of doctors in the country and if so, the details thereof along with the positions lying vacant especially in the tribal aspirational districts and its impact on the healthcare system of the country, State/UT-wise;
- (b) whether the Government proposes to bring a national policy making it mandatory for all PG/MBBS doctors to work in rural areas for three years, if so, the details thereof and if not, the reasons therefor; and
- (c) the steps taken/proposed to be taken by the Government to cater the rural/underserved regions/ people in the country including Jharkhand and Jammu and Kashmir?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY
WELFARE**

(DR BHARATI PRAVIN PAWAR)

(a) to (c) As informed by the National Medical Commission (NMC), there are 13,08,009 allopathic doctors registered with the State Medical Councils and the National Medical Commission (NMC) as on June, 2022. Assuming 80% availability of registered allopathic doctors and 5.65 lakh AYUSH doctors, the doctor-population ratio in the country is 1:834.

The primary responsibility of strengthening public healthcare system including ensuring availability of doctors and other human resources in public healthcare facilities including in remote / tribal areas lies with the respective State Governments.

Under National Health Mission (NHM), support is provided to the States /UTs to strengthen their health care systems based on the proposals received from the States so as to provide universal access to equitable, affordable and quality health care services all over the country

including in tribal aspirational areas, including ensuring availability of doctors in the remote and tribal areas.

Under NHM, flexibility is given to the States for providing hard area allowance, performance-based incentives, providing accommodation and transport facilities in rural and remote areas, sponsoring training programmes, etc to engage human resources to address the issue of shortage of doctors and specialists in the public health facilities.

The States are also encouraged to adopt flexible norms for engaging doctors and specialists for public healthcare facilities. These include 'contracting in' and 'contracting out' of specialist services and engaging specialists outside the government system for service delivery at public facilities under NHM.

States have also been allowed to offer negotiable salaries to attract doctors and Specialists including flexibility in strategies such as "You quote, we pay".

To enhance healthcare facilities at District/ Rural level and to address the issue of shortage of specialists in the country, the Government has approved District Residency Program where the second/third year PG students of medical colleges are to be posted in the district hospitals for a period of three months.

Further, the government has taken several measures to address the shortage of doctors in the country. The government has increased number of medical colleges and subsequently increased MBBS seats. 261 new medical colleges were added in last 7 years raising the total to 648 Medical colleges. The number of UG seats have increased from 51,348 before 2014 to 96,077 seats as of date which is an increase of 87%. The numbers of PG seats have increased by 105% from 31,185 seats before 2014 to 64,059 seats.
