

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

**LOK SABHA  
UNSTARRED QUESTION NO. 2299  
TO BE ANSWERED ON THE 10<sup>TH</sup> DECEMBER, 2021**

**SHORTAGE OF DOCTORS**

**2299 SHRI MOHANBHAI KALYANJI KUNDARIYA:  
SHRI DIPSINH SHANKARSINH RATHOD:  
SHRIMATI RITI PATHAK:**

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

- (a) the details of existing doctor-patient ratio in the country;
- (b) whether this ratio is as per the parameters of World Health Organisation, if so, the details thereof and if not, the reasons therefor;
- (c) whether the Government has launched any health mission or chalked out any action plan to address the shortage of doctors and specialists at the ground levels and also reducing the burden on secondary and tertiary level hospitals; and
- (d) if so, the details and salient features of the scheme and if not, the reasons therefor?

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

**(DR BHARATI PRAVIN PAWAR)**

(a) to (d): As per information available, there are 13,01,319 allopathic doctors registered with the State Medical Councils and the National Medical Commission (NMC) as on November, 2021. The doctor-population ratio is 1:834 in the country assuming 80% availability of registered allopathic doctors and 5.65 lakh AYUSH doctors.

Public Health and Hospitals is a State Subject and all the administrative and personnel matters, including support for outsourcing or engagement of doctors, para-medical staff and technicians on contractual basis, lies with the respective State/UT Governments. However, under National Health Mission (NHM), Government of India provides financial and technical support to States/UTs to strengthen their healthcare systems including support for recruitment of doctors, para-medical staff and technicians on contractual basis, within their overall resource envelope.

Under NHM, 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. Support for honorarium to Gynecologists/ Emergency Obstetric Care (EmoC) trained, Pediatricians & Anesthetist/ Life Saving Anaesthesia Skills (LSAS) trained doctors is also provided to increase availability of specialists for conducting Cesarean Sections in rural & remote area. The States are also encouraged to adopt flexible norms for engaging specialists at public health facilities. These include various mechanisms for ‘contracting in’ and ‘contracting out’ of specialist services, empanelling private medical facilities to provide requisite Specialists and other methods of engaging specialists outside the government system for service delivery at public health facilities and the mechanism to include requests for these in the state Program Implementation Plans (PIP) under the National Health Mission.

\*\*\*\*\*