

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

**LOK SABHA
UNSTARRED QUESTION NO. 4340
TO BE ANSWERED ON 20TH DECEMBER, 2024**

VIOLENCE AGAINST MEDICAL PROFESSIONALS

4340: DR. K SUDHAKAR:

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

- (a) whether the Government has conducted any studies/research to identify the root causes behind the rising trend of violence against medical professionals, if so, the details thereof;
- (b) whether the Government proposes to enhance the security and safety measures for medical professionals, if so, the details thereof;
- (c) the total number of vacancies of medical professionals estimated or present across various States in the country;
- (d) the steps taken/proposed to be taken by the Government to ensure filling of these vacancies; and
- (e) the steps taken/proposed to be taken by the Government to ensure medical education is affordable for common man?

ANSWER

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY
WELFARE
(SMT. ANUPRIYA PATEL)**

(a) & (b): As per Constitutional provisions, 'Health' and 'Law & Order' are State subjects. Therefore, it is the primary responsibility of the concerned State/ UT to take note of events and eventualities for taking appropriate action to prevent violence against medical professionals.

However, after recent incident of alleged rape and murder of a trainee doctor at R. G. Kar Medical College and Hospital, Kolkata, the Ministry of Health and Family Welfare (MoHFW) issued advisory to all Central Government Hospitals/ Institutes, All India Institutes of Medical Sciences and Medical Colleges to ensure filing of FIR by the Institutes within six hours of any incident of violence on medical professionals.

All the States/UTs had also been advised by MoHFW to take immediate measures (**Annexure**) for enhancing security and providing safer working environment for medical professionals.

Taking cognizance of the alleged rape and murder incident of a trainee doctor in R. G. Kar Medical College and Hospital, Kolkata, the Hon'ble Supreme Court of India constituted a National Task Force (NTF) for formulating effective recommendations to remedy the issues of concern pertaining to safety, working conditions and well-being of medical professionals and other cognate matters. The NTF has already submitted its report to the Hon'ble Supreme Court of India.

(c) & (d) : 'Public Health' and 'Hospitals' being State subjects, the details regarding number of vacancies of medical professionals estimated or present across various States in the country are not maintained centrally. The primary responsibility to fill up vacancies of medical professionals in public health facilities also lies with the States/ UTs.

(e) : Fee structures differ from State to State vis-à-vis Government /Private Medical Colleges as per the guidelines issued by concerned State Fee Regulatory Authorities. However, in order to make medical education affordable in the country, the National Medical Commission Act, 2019 provides for framing of guidelines for determination of fees and all other charges in respect of fifty percent (50%) of seats in private medical institutions and deemed to be universities which are governed under the provisions of the Act. Accordingly, National Medical Commission (NMC) has framed the guidelines. Additionally, the Central Government provides financial support under Centrally Sponsored Scheme for establishment of new medical colleges and to increase the number of MBBS and Post-Graduate seats.

Annexure referred to in reply to parts (a) & (b) of Lok Sabha Unstarred Question No. 4340 for answer on 20.12.2024

Extracts from recent advisories issued by the Ministry of Health & Family Welfare to States/UTs to take immediate measures for enhancing security and providing safer working environment for medical professionals

- i. Display of State laws for healthcare workers' protection and relevant Sections of Bharatiya Nyaya Sanhita (BNS), 2023 along with punitive/ penalty details in conspicuous places inside the hospital premises in local language and English.
- ii. Constitution of 'Hospital Security Committee' and 'Violence Prevention Committee' involving senior doctors and administrative officers to strategize and implement appropriate security measures.
- iii. Regulation of access for general public and patient relatives to key areas of the hospital. Strict visitor pass policy for patient attenders/ relatives.
- iv. Provision for safe movement of resident doctors/ nurse within different blocks and hostel buildings and other areas of the hospital during night duties.
- v. Ensuring proper lighting inside all areas of residential block, hostel blocks & other hospital premises.
- vi. 'Routine Security patrolling' in all the hospital premises during night time.
- vii. Setting up of a 24x7 manned security control room in the hospitals.
- viii. Establishing close liaisoning with nearest police station.
- ix. Constitution of 'Internal Committee on Sexual Harassment' in the hospital.
- x. Taking stock situation of all CCTV cameras (number and functionality) inside the hospital premises and for necessary implementation/upgradation of the same.
- xi. Identification of high-risk establishments to identify hospitals with high footfall and consider them as high-priority establishments for security improvements.
- xii. Conducting security audits in consultation with local health, police authorities to assess and improve security measures.
- xiii. Focus on high-risk areas by giving special attention to areas with a higher incidence of security breaches, such as emergency rooms, triage areas and Intensive Care Units (ICUs) and Labour Rooms.
- xiv. Ensuring installation and proper functioning of CCTV Cameras, particularly in high-risk areas with regular monitoring of the cameras from a manned central control room.
- xv. Establishment of a protocol for quick sharing of video footage of any untoward incident against healthcare workers with local police to facilitate swift response and investigation.
- xvi. Security personnel to be technically oriented and trained in soft skills. Employing ex-servicemen (from Directorate General of Resettlement) as security personnel in the identified high-risk areas of the hospitals. Also, exploring of such manpower from the State's own security forces.

- xvii. Constitution of Internal Security Committee in hospitals with active involvement of residents and students; also laying down of clear SOPs for incidence response.
- xviii. Robust background checks for all outsourced personnel and contractual workers employed in the hospitals.
- xix. Proper training and establishment of bereavement protocols for all doctors and healthcare workers to handle intense and emotional grief situations.
- xx. Deployment of patient facilitators/ MTS for all patient related activities inside the hospital, which requires ferrying or shifting of the patients from diagnostics to therapeutics.
- xxi. Trained persons to man help-desks, guide patients to navigate the hospital systems and processes.
