

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

**LOK SABHA
UNSTARRED QUESTION NO. 5683
TO BE ANSWERED ON 27.03.2026**

SHORTAGE OF DOCTORS IN RURAL AREAS

5683. SMT. SATABDI ROY:

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

- (a) whether there is a shortage of doctors in rural areas and if so, the details thereof;
- (b) the number of sanctioned, vacant and filled position of doctors at Community Health Centres and Primary Health Centres during the last five years, State/UT-wise;
- (c) the details of rural doctor-population ratio, State/UT-wise;
- (d) the steps taken by the Government to fill vacancies in rural areas; and
- (e) whether the Government has formulated a plan to reduce vacancies and if so, the details thereof along with timelines therefor?

ANSWER

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI PRATAPRAO JADHAV)**

(a) to (e): Health Dynamics of India (HDI) (Infrastructure & Human Resources), 2022-23 is an annual publication, based on Health care administrative data reported by States/UTs. The State/ UT-wise details doctors and their vacancies and sanctioned posts at Community Health Centres and Primary Health Centres during the last five years are available at website of Ministry of Health and Family Welfare at the following Uniform Resources Locators (URLs):

Sl. No.	RHS/HDI	Link
1.	RHS 2018-19	https://mohfw.gov.in/sites/default/files/Final%20RHS%202018-19_0.pdf
2.	RHS 2019-20	https://mohfw.gov.in/sites/default/files/RHS%202019-20_2.pdf
3.	RHS 2020-21	https://mohfw.gov.in/sites/default/files/rhs20-21_2.pdf
4.	RHS 2021-22	https://mohfw.gov.in/sites/default/files/RHS%202021-22_2.pdf

5.	HDI 2022-23	https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructure%20%26%20Human%20Resources%29%202022-23_RE%20%281%29.pdf
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Health is a state subject. The primary responsibility of strengthening public healthcare system, including filling up of the vacancies in healthcare facilities lies with the respective State/UT Governments. The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen the public healthcare system in rural areas based on the proposals received in the form of Programme Implementation Plans (PIPs) under National Health Mission. Government of India provides approval for the proposal in the form of Record of Proceedings (RoPs) as per norms & available resources. States/ UTs are to ensure availability of HR by creating adequate number of regular posts as per the Indian Public Health Standards (IPHS) in the long run and use NHM posts in the short to medium term to fill critical gaps. The NHM supplements the regular human resources by filling up the gaps in human resources in secondary and primary care facilities (District Hospital and below) as per IPHS.

As per information provided by National Medical Commission (NMC), there are 13,88,185 registered allopathic doctors and 7,51,768 registered AYUSH practitioners. Assuming that 80% of registered practitioners in both the allopathic and AYUSH systems are available, the doctor-population ratio in the country is estimated to be 1:811.

Under NHM, following types of incentives are given for encouraging doctors to practice in rural and remote areas of the country to address the shortage of doctors in Community Health Centres and Primary Health Centres:

- 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.
- 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.
- Incentives like special incentives for doctors, incentive for Auxiliary Nurse and Midwife (ANM) for ensuring timely Antenatal Checkup (ANC) checkup and recording, incentives for conducting Adolescent Reproductive and Sexual Health activities.
- States are also allowed to offer negotiable salary to attract specialist including flexibility in strategies such as "You Quote We Pay".
- Non-Monetary incentives such as preferential admission in post graduate courses for staff serving in difficult areas and improving accommodation arrangement in rural areas have also been introduced under NHM.
- Multi-skilling of doctors is supported under NHM to overcome the shortage of specialists. Skill upgradation of existing HR is another major strategy under NRHM for achieving improvement in health outcomes.

The measures/steps taken by the Government to increase the doctors/medical professionals in the country include :-

- Centrally Sponsored Scheme for establishment of new medical college by upgrading district/ referral hospital under which 157 medical colleges have been approved.
- Centrally Sponsored Scheme for strengthening/ upgradation of existing State Government/Central Government Medical Colleges to increase MBBS and PG seats.
- DNB qualification has been recognized for appointment as faculty to take care of shortage of faculty.
- Enhancement of age limit for appointment/ extension/ re-employment against posts of teachers/Dean/Principal/ Director in medical colleges upto 70 years.
- **Family Adoption Programme (FAP):** The FAP has been incorporated into the MBBS curriculum to provide equitable healthcare access to rural population. FAP involves medical colleges adopting villages and MBBS students adopting families within these villages. This enables regular follow-up of adopted families for vaccination, growth monitoring, menstrual hygiene, Iron & Folic Acid (IFA) supplementation, healthy lifestyle practices, nutrition, vector control, and medication adherence. It also helps in educating families about ongoing government health programmes.
- **District Residency Programme (DRP):** The DRP notified by the NMC provides for a compulsory three months posting cum training of PG medical students at District Hospitals as a part of the course curriculum. DRP benefits the public by strengthening healthcare delivery in rural and underserved areas.
