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

**LOK SABHA**
**UNSTARRED QUESTION No. 1015**
**TO BE ANSWERED ON 24TH JULY, 2026**

## REFORMS IN MEDICAL INSTITUTIONS REGULATIONS, 2025

**1015. SHRI DUSHYANT SINGH:**

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

(a) the manner in which the reforms introduced under the Medical Institutions (Qualifications of Faculty) Regulations, 2025, including the expansion of faculty eligibility norms and the rationalisation of teaching hospital requirements are expected to strengthen faculty availability while maintaining academic standards, particularly in semi-urban and rural regions;

(b) the steps taken by the Government under the Competency-Based Medical Education (CBME) Curriculum Guidelines, 2024, to strengthen training in medical ethics, professional conduct, medico-legal awareness and related legal aspects for MBBS students; and

(c) the measures being taken by the Government to ensure that the recent expansion in medical seats leads to improved availability of doctors and specialists in rural and underserved areas including district and community hospitals in the country?

**ANSWER**
**THE MINISTER OF HEALTH AND FAMILY WELFARE**
**(SHRI JAGAT PRAKASH NADDA)**

(a) The National Medical Commission (NMC) has notified the Medical Institutions (Qualifications of Faculty) Regulations, 2025 (MIQF-2025), with the objective of ensuring an adequate supply of qualified medical faculty while maintaining uniform academic standards across the country.

The major reforms include:

(i) Rationalisation and broadening of faculty eligibility criteria without compromising educational quality.

(ii) Recognition of diverse academic pathways and experience for appointment and promotion of faculty in accordance with prescribed qualifications and experience.

(iii) Designation of eligible non-teaching Government hospitals with 220 or more beds as teaching institutions, enabling existing specialists to join the medical education system, subject to the prescribed qualifications and faculty development requirements.

(iv) Extension of eligibility of M.Sc.-Ph.D. qualified faculty to the Departments of Microbiology and Pharmacology, in addition to Anatomy, Physiology and Biochemistry .

(v) Recognition of research publications, Basic Course in Biomedical faculty Research (BCBR), and other mandatory development programmes as eligibility requirements for career progression.

(vi) Expansion of feeder broad specialties for super- specialty programmes to improve faculty utilization and multidisciplinary academic development.

These reforms improve faculty availability. particularly in newly established, semi -urban, and rural medical colleges, while ensuring that the prescribed qualifications, teaching experience, research output, and faculty development requirements continue to uphold academic quality and competency-based medical education standards.

(b) Under the Competency-Based Medical Education (CBME) curriculum, the NMC has strengthened phase-wise training and allocated dedicated time for professional development through the Attitude, Ethics, and Communication (AETCOM) course. The MBBS program has a duration of four and a half years and additionally the students are required to undergo 12 months of internship. Throughout this period, students are trained in the principles of AETCOM beginning from their first year of entry into medical college and continuing as a longitudinal component of the curriculum across all phases of study. The subject of Forensic Medicine also trains the students on various objects of medical jurisprudence.

(c) The measures undertaken by Government to strengthen the healthcare network and medical education capacity particularly in rural and underserved areas are:

i. Under the Centrally Sponsored Scheme (CSS) for establishment of new medical colleges by upgrading district/ referral hospital with preference to underserved areas and aspirational districts, where there is no existing Government or private medical college, 157 new medical colleges were approved, of which 139 are currently operational in the country. The fund sharing mechanism under the scheme between the Centre and State Government is in the ratio of 90:10 for North Eastern and Special Category, and 60:40 for others.
ii. Under the CSS for strengthening/ upgradation of existing State Government/ Central Government medical colleges to increase the number of MBBS UG and PG seats support has been provided for increase of 4977 MBBS seats in 83 colleges with an approved cost of Rs. 5972.20 Crore; 4058 PG seats in phase-I in 72 colleges with an approved cost of Rs. 1498.43 Crore; and 4000 PG seats in phase-II in 65 colleges with an approved cost of Rs. 4478.25 Crore.

iii. Also, the Union Cabinet in September, 2025 approved Phase-III of (CSS) for "Strengthening and upgradation of existing State Government/Central Government Medical Colleges/Standalone PG Institutes/Government Hospitals" to facilitate increase of 5000 PG seats with an enhanced cost ceiling of Rs. 1.5 Crore per seats and extension of existing CSS for UG Scheme for 5023 MBBS seats with a enhanced cost of Rs. 1.5 Crore per seats. The timeline for implementation of both the Scheme is 2028-2029.

iv. Under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), establishment of 22 All India Institutes of Medical Sciences (AIIMS) has been approved of which 18 are currently operational in various States/UTs in the country till date.

Further, the Government has taken various measures to improve rural healthcare delivery and availability of doctors in the country which include: -

i. The Family Adoption Programme (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 supplementation, healthy lifestyle practices, nutrition, vector control, and medication adherence. It also helps in educating families about ongoing government health programmes.

ii. Under District Residency Program of National Medical Commission (NMC), second/third year PG students of medical colleges are posted in district hospitals.

iii. Hard area allowance is provided to specialist doctors for serving in rural and remote areas and for their residential quarters.

iv. Under the National Health Mission, states are allowed to offer negotiable salary to attract specialist including flexibility in strategies such as "You Quote We Pay".

v. Honorarium to Gynaecologists/Emergency Obstetric Care (EmoC) trained, Paediatricians & Anaesthetist/Life Saving Anaesthesia Skills (LSAS) trained doctors is provided to increase availability of specialists for conducting Caesarean Sections in rural & remote area.

vi. Special incentives for doctors and incentive for Auxiliary Nurse Midwife (ANM) for ensuring timely checkup and recording for antenatal care and adolescent reproductive and sexual health.

vii. Non-Monetary incentives such as preferential admission in postgraduate courses for staff serving in difficult areas and improving accommodation arrangement in rural areas have also been introduced under NHM.

viii. Multi-skilling of doctors is supported under NHM to overcome the shortage of specialists. Skill upgradation of existing HR is another major strategy under NHM for achieving improvement in health outcomes.

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