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

LOK SABHA
UNSTARRED QUESTION NO. 3442
TO BE ANSWERED ON 07.08.2026

SHORTAGE OF DOCTORS IN GOVERNMENT HOSPITALS

3442. SHRI M K RAGHAVAN:

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

(a) whether the Government has conducted any assessment of the shortage of doctors, specialists and nursing staff in Government hospitals across the country, State/UT-wise;
(b) if so, the details thereof and the steps taken by the Government to fill the existing vacancies within a fixed timeline;
(c) whether the Government has assessed the average waiting period for major surgeries in Government hospitals across the country; and
(d) if so, the details thereof State-wise and the measures taken to reduce waiting time through additional infrastructure and manpower in this regard?

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

(a) to (d): Health is a State subject. The primary responsibility of strengthening public healthcare system, including vacancies lies with the respective State/UT Governments. The Ministry of Health and Family Welfare provides technical and financial support to the States/Union Territoriesz 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.

The State/Union Territories-wise details of doctors, specialists and nursing staff in Government hospitals across the country can be accessed at the following link of HDI 2023-24:

https://www.mohfw-dohfw.gov.in/static/uploads/2026/05/57202cf30629539e4d0fb0a2f700ac62.pdf

Under NHM, following types of incentives and honorarium are provided for encouraging doctors, specialists and nursing staff to practice in rural and remote areas of the country to address the shortage of staff:

- Hard area allowances 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.

In addition to the National Health Mission (NHM), Government of India has on-going schemes to strengthen the healthcare infrastructure and manpower to reduce waiting time:

- **Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)** is a Centrally Sponsored Scheme (CSS) with certain Central Sector (CS) components, has been implemented to strengthen India's public health system through reforms that integrate health service delivery, public health action and health research, thereby enhancing the capacity of public health systems to effectively respond to pandemics and other public health emergencies.
- **The Pradhan Mantri Swasthya Suraksha Yojna (PMSSY):** It aims at correcting regional imbalances in the availability of affordable teritiary healthcare services and to augment facilities for quality medical education in the country. The scheme has two components, namely, (i) Setting up of All India Institute of Medical Sciences (AIIMS); and (ii) Up-gradation of existing Government Medical Colleges/Institutions (GMCIs). So far setting up of 22 New AIIMS and 75 projects of upgradation of GMCIs have been approved under the scheme in various phases.
- Under Centrally Sponsored Scheme for '**Establishment of new Medical Colleges attached with existing district/referral hospitals'**, a total of 157 Medical Colleges have been approved in the country.

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