

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

**RAJYA SABHA
UNSTARRED QUESTION No. 536
TO BE ANSWERED ON THE 25th JULY, 2023**

INADEQUACY OF DOCTORS IN RURAL AREAS

536. SHRI B. PARTHASARADHI REDDY:

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

- (a) whether it is a fact that creation of more medical colleges has not solved the problem of inadequacy of doctors in rural areas;
- (b) if so, whether any measures are being taken to solve the issue of inadequacy of doctors in rural areas; and
- (c) if so, the details thereof 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 (c): The primary responsibility of strengthening public healthcare system including ensuring availability of doctors and other human resources in public healthcare facilities including in remote / tribal areas lies with the respective State Governments.

The government has increased number of medical colleges and subsequently increased MBBS seats. There has been 82% increase in Medical colleges from 387 in 2013-14 to 704 in 2023-24. Further, there is an increase of 110% in MBBS seats from 51,348 before 2014 to 1,07,948 as of now, there is also an increase of 117% in PG seats from 31,185 before 2014 to 67,802 as of now. As per information provided by National Medical Commission (NMC), there are 13,08,009 allopathic doctors registered with the State Medical Councils and the National Medical Commission (NMC) as on June, 2022. Assuming 80% availability of registered allopathic doctors and 5.65 lakh AYUSH doctors, the doctor population ratio in the country is 1:834.

Under National Health Mission (NHM), support is provided to the States /UTs to strengthen their health care systems based on the proposals received from the States so as to provide universal access to equitable, affordable and quality health care services all over the country including in Rural/Tribal Areas. Further, under NHM, flexibility is given to the States for providing hard area allowance, performance-based incentives, providing accommodation and transport facilities in rural and remote areas, sponsoring training programmes, etc. to engage human resources, to address the issue of shortage of doctors and specialists in the public health facilities.

The States are also encouraged to adopt flexible norms for engaging doctors and specialists for public healthcare facilities. These include 'contracting in' and 'contracting out' of specialist services and engaging specialists outside the government system for service delivery at public facilities under NHM.

To enhance healthcare facilities at District/Rural level and to address the issue of shortage of specialists in the country, the Government has approved District Residency Program where the second/third year PG students of medical colleges are to be posted in the district hospitals for a period of three months.
