

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

**LOK SABHA  
UNSTARRED QUESTION NO. 1277  
TO BE ANSWERED ON THE 9<sup>TH</sup> FEBRUARY, 2024**

**SHORTAGE OF SPECIALISED DOCTORS**

**1277. DR. MOHAMMAD JAWED:**

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

- (a) whether it is fact that there is an 80 per cent shortage of specialized doctors in Community Health Centres in India; and
- (b) if so, the details thereof and the measures undertaken by the Government to fill this/such shortage?

**ANSWER  
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND  
FAMILY WELFARE  
(DR. BHARATI PRAVIN PAWAR)**

(a) & (b): 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, which is better than World Health Organization (WHO) standard of 1:1000.

The details of specialist doctors in Community Health Centres in India are available at website of Ministry of Health and Family Welfare at the Uniform Resources Locator (URL) as under: [https://main.mohfw.gov.in/sites/default/files/RHS%202021-22\\_2.pdf](https://main.mohfw.gov.in/sites/default/files/RHS%202021-22_2.pdf).

All the administrative and personnel matters related to health human resource lies with the respective State/UT Governments. Under National Health Mission, Ministry (NHM) of Health & Family Welfare provides financial and technical support to States/UTs to strengthen their healthcare systems based on the requirements posed by them in their Programme Implementation Plans (PIPs) within their overall resource envelope.

Under NHM, following types of guidelines for encouraging doctors to practice in rural and remote areas of the country to minimize the gap between supply and demand for doctors:

- 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.

\*\*\*\*