

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

**LOK SABHA
UNSTARRED QUESTION NO. 1916
TO BE ANSWERED ON 29TH DECEMBER, 2017**

SHORTAGE OF WOMEN DOCTORS

1916. DR. BANSILAL MAHATO:

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

- (a) whether the Government has taken cognizance of the fact that there is huge shortage of doctors particularly women doctors in the Primary Health Centres (PHCs), Community Health Centres (CHCs) and district hospitals located in various parts of the country;
- (b) if so, the details thereof, Statewise including the State of Chhattisgarh along with the reasons therefor;
- (c) whether any scheme has been formulated by the Government to increase the percentage of women doctors in the rural areas of the country;
- (d) if so, the details thereof; and
- (e) the other steps taken/being taken by the Government in this regard?

ANSWER

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI ASHWINI KUMAR CHOUBEY)**

(a) & (b): As per Rural Health Statistics (RHS) 2017, there is a shortage of doctors in public health facilities. However, separate data regarding shortage of women doctors in PHCs, CHCs and DHs is not maintained centrally.

State/UT-wise availability/shortage of doctors, including the State of Chhattisgarh, is at **Annexure.**

(c) to (e): No such scheme has been presently formulated to increase percentage of women doctors in rural areas of the country. However, the Government has taken following measures to increase the overall availability of doctors in the country.

(i) The ratio of teachers to students has been revised from 1:1 to 1:2 for all MD/MS disciplines and 1:1 to 1:3 in subjects of Anaesthesiology, Forensic Medicine, Radiotherapy, Medical Oncology, Surgical Oncology and Psychiatry in all medical colleges across the country. Further, teacher: student ratio in public funded Government Medical Colleges for Professor has been increased from 1:2 to 1:3 in all clinical subjects and for Associate Prof. from 1:1 to 1:2 if the Associate Prof. is a unit head. This would result in increase in number of specialists in the country.

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(ii) DNB qualification has been recognized for appointment as faculty to take care of shortage of faculty.

(iii) Enhancement of maximum intake capacity at MBBS level from 150 to 250.

(iv) Enhancement of age limit for appointment/ extension/ re-employment against posts of teachers/dean/principal/ director in medical colleges from 65-70 years.

(v) Relaxation in the norms of setting up of Medical College in terms of requirement for land, faculty, staff, bed/bed strength and other infrastructure.

(vi) Strengthening/upgradation of State Government Medical Colleges for starting new PG courses/Increase of PG seats.

(vii) Establishment of New Medical Colleges by upgrading district/referral hospitals preferably in underserved districts of the country.

(viii) Strengthening/ upgradation of existing State Government/Central Government Medical Colleges to increase MBBS seats.

(ix) Strengthening of districts hospitals to run DNB/CPS courses.

Further, in order to encourage doctors to work in remote and difficult areas, the Medical Council of India, with the previous approval of Central Government, has amended the Post Graduate Medical Education Regulations, 2000 to provide:

- 50% reservation in Post Graduate Diploma Courses for Medical Officers in the Government service, who have served for at least three years in remote and difficult areas (including for women doctors); and
- Incentive at the rate of 10% the marks obtained for each year in service in remote or difficult areas as upto the maximum of 30% of the marks obtained in the entrance test for admissions in Post Graduate Medical Courses, including for women doctors.

Public health and hospital being a State subject, the primary responsibility to provide health care services lies with the respective State/UT Governments and all administrative and personnel matters pertaining to health human resource (Health HR) too fall within the jurisdiction of the respective State/UT Governments. However, under National Health Mission (NHM) technical and financial support is provided to the State/UT Governments for strengthening their Health systems, including for availing services of Health HR on contract basis – services of retired / private doctors, based on proposals received from them in their Programme Implementation Plans (PIPs) within their overall resource envelope. Further, the State and UT Governments are also advised from time to time to expedite recruitment of Health HR to fill the vacant posts in various public health facilities.

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Table 21

DOCTORS ⁺ AT PRIMARY HEALTH CENTRES						
S. No.	State/UT	(As on 31st March, 2017)				
		Required ¹	Sanctioned	In Position	Vacant	Shortfall
		[R]	[S]	[P]	[S-P]	[R-P]
1	Andhra Pradesh	1147	1952	1644	308	*
2	Arunachal Pradesh	143	NA	122	NA	21
3	Assam	1014	NA	1048	NA	*
4	Bihar #	1899	2078	1786	292	113
5	Chhattisgarh	785	798	341	457	444
6	Goa	24	48	56	*	*
7	Gujarat	1392	1769	1229	540	163
8	Haryana	366	687	429	258	*
9	Himachal Pradesh	538	636	492	144	46
10	Jammu & Kashmir	637	1347	704	643	*
11	Jharkhand	297	569	331	238	*
12	Karnataka	2359	2359	2136	223	223
13	Kerala	849	1120	1169	*	*
14	Madhya Pradesh	1171	1771	954	817	217
15	Maharashtra	1814	3009	2929	80	*
16	Manipur	85	238	194	44	*
17	Meghalaya ##	109	128	112	16	*
18	Mizoram ###	57	152	56	96	1
19	Nagaland	126	108	122	*	4
20	Odisha	1280	1285	940	345	340
21	Punjab	432	593	568	25	*
22	Rajasthan	2079	2664	2382	282	*
23	Sikkim	24	NA	30	NA	*
24	Tamil Nadu	1362	2927	2759	168	*
25	Telangana	689	1318	966	352	*
26	Tripura	93	0	156	*	*
27	Uttarakhand	257	386	215	171	42
28	Uttar Pradesh	3621	4509	2209	2300	1412
29	West Bengal	914	1390	918	472	*
30	A & N Islands	22	42	34	8	*
31	Chandigarh	3	0	3	*	0
32	D & N Haveli	9	15	8	7	1
33	Daman & Diu	4	3	7	*	*
34	Delhi	5	21	21	0	*
35	Lakshadweep	4	8	8	0	*
36	Puducherry	40	38	46	*	*
	All India²/ Total	25650	33968	27124	8286	3027

Notes: # Sanctioned data for year 2011 used

Sanctioned data for year 2015 used

Sanctioned data for year 2013-14 used

NA: Not Available.

+: Allopathic Doctors

All India figures for Vacancy and Shortfall are the totals of State-wise Vacancy and Shortfall ignoring surplus in some States / UTs

*: Surplus.

¹ One per Primary Health Centre

² For calculating the overall percentages of vacancy, the States/UTs for which manpower position is not available, are excluded

Table 28A

General Duty Medical Officers (GDMOs) - Allopathic at CHCs			
S. No.	State/UT	(As on 31st March, 2017)	
		Sanctioned	In Position
		[S]	[P]
1	Andhra Pradesh	247	273
2	Arunachal Pradesh	NA	119
3	Assam	NA	386
4	Bihar	NA	714
5	Chhattisgarh	353	434
6	Goa	12	10
7	Gujarat	1151	966
8	Haryana	494	262
9	Himachal Pradesh	234	214
10	Jammu & Kashmir	751	618
11	Jharkhand	954	651
12	Karnataka	255	218
13	Kerala	781	1019
14	Madhya Pradesh	1854	797
15	Maharashtra	512	486
16	Manipur	97	93
17	Meghalaya #	91	75
18	Mizoram	NA	16
19	Nagaland	42	52
20	Odisha	439	726
21	Punjab	282	404
22	Rajasthan	1293	1045
23	Sikkim	NA	3
24	Tamil Nadu	2873	2547
25	Telangana	464	368
26	Tripura	0	84
27	Uttarakhand	57	47
28	Uttar Pradesh	778	778
29	West Bengal	790	871
30	A& N Islands	13	12
31	Chandigarh ##	6	20
32	D & N Haveli	0	6
33	Daman & Diu	4	4
34	Delhi	0	0
35	Lakshadweep	14	14
36	Puducherry	18	18
	All India/Total²	14859	14350

Notes:

Sanctioned data for year 2015 used

Sanctioned data for year 2013-14 used

NA: Not Available

² For calculating the overall percentages of vacancy, the States/UTs for which manpower position is not available, are excluded

