

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

**LOK SABHA  
UNSTARRED QUESTION NO. 1256  
TO BE ANSWERED ON 9<sup>TH</sup> FEBRUARY, 2018**

**AVAILABILITY OF SPECIALIST DOCTORS IN CHCS**

**1256. SHRI VINAYAK BHAURAO RAUT:  
DR. SHRIKANT EKNATH SHINDE:  
DR. PRITAM GOPINATH MUNDE:  
SHRI DHARMENDRA YADAV:  
SHRI SHRIRANG APPA BARNE:**

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

- (a) whether India's elemental healthcare infrastructure seems to be in critical condition with a meager 19 per cent availability of specialist doctors in the Community Health Centres (CHCs) across the country and if so, the details thereof;
- (b) whether the Government has made any study to find out the causes for this shortfall and if so, the details thereof and the action taken by the Government in this regard;
- (c) whether the Government has issued any directions to the States to solve this issue and if so, State-wise details thereof and the action taken by the Government in this regard;
- (d) whether according to the Ministry and World Health Organisation (WHO) India has only seven doctors per 10000 people;
- (e) if so, whether a research had found that only 4.8 practising doctors was actually available per 10000 people in India in 2014; and
- (f) if so, the reaction of the Government thereto along with the current status thereof?

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

(a): Public health being a State subject, the primary responsibility to ensure availability of health human resources in public health facilities lies with the State Governments. However, as per Rural Health Statistics, 2016-17(as on 31<sup>st</sup> March, 2017) brought out by the Ministry of Health and Family Welfare based on the information provided by the States/UTs, there were 4156 specialist doctors available (in position) against the requirement of 22496 in the Community Health Centres (CHCs) across the country. There was a shortfall of 81.6% specialist doctors in the Community Health Centres (CHCs). State/UT wise details are annexed.

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(b): The government has supported reviews and studies to explore the reasons for the shortage of service providers in the public health system. These include –

1. Why Some Doctors Serve in Rural Areas: A Qualitative Assessment from Chhattisgarh State (NHSRC, PHFI and SHRC Chhattisgarh; 2009).
2. A review of existing regulatory mechanism to address the shortage of doctors in rural, remote and underserved area: A study across five States in India (NHSRC; 2015).

To address this issue, the Ministry of Health and Family Welfare issued letter providing guidance to States on flexible norms for engaging specialists. These include various mechanisms for having contractual services to engage specialists from outside the government system for service delivery at public facilities and the mechanism to include requests for these in the State Program Implementation Plans (PIP) for their financial support.

(c): The government has taken several measures to improve the availability of specialists at public facilities. These include:

1. Measures to increase the production of specialist doctors, such as (i) the number of seats for post-graduate doctors at government medical colleges is being increased; (ii) States have been encouraged to initiate Diplomate of the National Board (DNB) and the College of Physicians and Surgeons (CPS) courses to increase the production of specialists and (iii) Government initiatives for up-skilling of MBBS doctors to provide Life Saving Anaesthetic Skills (LSAS) and Emergency Obstetric Care (EmOC) have been put in place.
2. The Ministry of Health and Family Welfare has issued letter providing guidance to states on flexible norms for engaging specialists, as indicated above.
3. The National Health Mission (NHM) provides financial flexibility for the States to offer negotiable and competitive salaries in the recruitment of specialists.
4. Various financial and non-financial incentives are provided in States under NHM to encourage specialists to join and remain within the public health system. These include innovations such as walk-in interviews to reduce delays in engaging specialists; providing them an extra hardship allowance for serving in remote, rural and under-served areas; accommodation arrangements or a housing allowance; facilitating jobs for spouses and children's education; insurance facilities, e.g. medical cover and support for continuing medical education, attendance at conferences and workshops. Some examples of these measures include Karnataka's "Our post, your quote" initiative where specialists can negotiate and bid for salaries against specialist vacant posts and the Chhattisgarh Rural Medical Corps (CRMC) – where the state has offered an attractive package of financial and non-financial incentives to significantly improve the availability of specialists at facilities situated in Left Wing Extremist affected areas.

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(d) to (f): There was 7.96 doctors per 10,000 populations according to a WHO report published in 2014. (The Health workforce in India, WHO; 2014).

Further, a study 'Aggregate availability of doctors in India: 2014 – 2030' conducted by the Foundation for Organizational Research and Education (FORE) and published in the Indian Journal of Public Health (2017) has estimated that there were 4.8 practicing doctors available per 10000 people in India in 2014. This was based on the Medical Council of India's historical data (1960-2015).

However, as per the information provided by Medical Council of India, there was a total 10,41,395 allopathic doctors registered with the State Medical Councils / Medical Council of India as on 30<sup>th</sup> September, 2017. Assuming 80% availability, it is estimated that around 8.33 lakh doctors may be available for active service, which gives doctor-population ratio 1:1597 whereas WHO prescribes a doctor population ratio of 1:1000.

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## Annexure

## States/UTs- wise Specialists Doctors at Community Health Centres

S. No.	State/UT	(As on 31st March, 2017)			
		Required <sup>1</sup>	Sanctioned	In Position	Shortfall
		[R]	[S]	[P]	[R-P]
1	Andhra Pradesh	772	533	348	424
2	Arunachal Pradesh	252	NA	4	248
3	Assam	632	NA	139	493
4	Bihar	600	NA	82	518
5	Chhattisgarh	676	620	59	617
6	Goa	16	5	4	12
7	Gujarat	1452	611	92	1360
8	Haryana	448	74	16	432
9	Himachal Pradesh	356	NA	12	344
10	Jammu & Kashmir	336	344	191	145
11	Jharkhand	752	424	75	677
12	Karnataka	824	824	498	326
13	Kerala	928	30	40	888
14	Madhya Pradesh	1236	1236	180	1056
15	Maharashtra	1440	823	508	932
16	Manipur	68	4	3	65
17	Meghalaya	108	3	13	95
18	Mizoram	36	33	0	36
19	Nagaland	84	NA	8	76
20	Odisha	1480	884	318	1162
21	Punjab	604	593	203	401
22	Rajasthan	2316	1593	497	1819
23	Sikkim	8	NA	1	7
24	Tamil Nadu	1540	NA	78	1462
25	Telangana	456	284	125	331
26	Tripura	84	0	0	84
27	Uttarakhand	240	200	41	199
28	Uttar Pradesh	3288	2099	484	2804
29	West Bengal	1396	669	117	1279
30	A& N Islands	16	9	0	16
31	Chandigarh	8	9	15	*
32	D & N Haveli	8	0	0	8
33	Daman & Diu	8	2	0	8
34	Delhi	0	0	0	0
35	Lakshadweep	12	0	0	12
36	Puducherry	16	4	5	11
	<b>All India<sup>2</sup>/ Total</b>	<b>22496</b>	<b>11910</b>	<b>4156</b>	<b>18347</b>

Notes: NA: Not Available. \*: Surplus <sup>1</sup>Four (Surgeon, Obstetrician & Gynaecologist, Physician & Paediatrician) per Community Health Centre; All India figures for Shortfall are the totals of State-wise Shortfall ignoring surplus in some States / UTs; <sup>2</sup> For calculating the overall percentages of shortfall, the States/UTs for which manpower position is not available, are excluded.