

**THE DEPUTY MINISTER IN THE MINISTRY OF COMMUNICATIONS (SHRI JAGANNATH PAHADIA):** (a)

There is as yet no proposal regarding the provision of mobile telephone system by the P&T for local areas and along high-ways, both road and rail.

(b) Does not arise.

श्री राम प्रकाश : अध्यक्ष जी, आप जानते हैं भावादी दिनों दिन बढ़ रही है और रेल व रोड पर एक्सीडेंट भी बढ़ रहे हैं लेकिन टेलिफोन सिस्टम न होने की वजह से बड़े बाड़ीज पड़ी रहती है और जकियमो को रिलीफ की जरूरत रहती है। मैं जानना चाहता हूँ इस जरूरत को पूरा करने के लिए टेलिफोन का होना जरूरी है या नहीं।

श्री जगन्नाथ पहाड़िया : टेलिफोन का होना तो बहुत जरूरी है।

श्री राम प्रकाश : हालांकि इन मसाल से कोई सम्बन्ध नहीं है लेकिन मैं कहना चाहता हूँ कि जितने एम० पी० यहा पर बँटे है वे सभी आपन डिपार्टमेंट से दुखी हैं....

अध्यक्ष महोदय : यह सवाल आप छोड़े दीजिये।

श्री राम प्रकाश : इन के डिपार्टमेंट की तरफ से एम० पी० की मारी तन्खाहे काट ली जाती है जबकि इन के मारे बिना बोरम होने है—प्राय सभी एम० पी० से यह बान पूछ लीजिये।

श्री जगन्नाथ पहाड़िया : यह इस लिय होता है कि माननीय मन्त्र्य टेलीफोन बहुत करते होंगे। इनके टेलिफोन बिन के मायने को हम ने कई बार जांच करवाई है।

श्री श्री० एन० तिवारी : इनका डिपार्टमेंट मजदत होता है, टेलिफोन इनने ज्यादा नहीं होता है।

**Cost of Medical Education per head in the Country**

\*452. **SHRI PRABODH CHANDRA:** Will the Minister of Health and Family Planning be pleased to state:

(a) whether Government have worked out the cost of medical education per head in the country; and

(b) if so, the facts thereof?

**THE MINISTER OF HEALTH AND FAMILY PLANNING (DR. KARAN SINGH):** (a) and (b). A study in 1964 arrived at the figure of Rs. 80,000 as cost of training a medical graduate. This included a sum of Rs. 50,000 towards expenditure on teaching and administrative staff, salary, equipment, etc; Rs 18,000 as expenditure on hospital services for teaching purposes and Rs. 12,000 as maintenance expenditure per student. On that basis, the cost now would work out to about one lakh per head

**SHRI PRABODH CHANDRA.** May I know from the hon Minister whether the Government propose to ban the movement of medical students to other countries after the Government of India spends so much money on each student?

**DR KARAN SINGH** While there is no proposal to ban the movement of doctors abroad, we have taken certain steps which, we hope, will in effect stop this brain drain. One of the major things that we have done is to have a National Board of Examinations so that we can conduct post-graduate examinations of a standard which is as high as any in the world. From 1977, MRCP and FRCS degrees will no longer be automatically recognised in India and will not have an additional weightage. We are, therefore, in a way breaking through a hangover from the past. We are striking out on our own and we feel that this, coupled with increasing job opportunities in India, the strengthening and deepening of

health infra-structure, will result in a considerable diminution of the flow of Indian doctors.

**SHRI PRABODH CHANDRA:** Does the hon. Minister know that whereas the countries have banned the entry of Indians, they invite engineers and doctors to go and settle in their countries so that they will not have to pay the cost of training their own students?

**DR. KARAN SINGH:** That is right. But the point, I am sure, the hon. Member will appreciate that until such time as we are able to absorb all our doctors in India, we should not totally ban it. After all, a lot of our doctors are now going to developing countries. My colleague, the Foreign Minister, knows, to many developing countries, like, Iran, Iraq and Gulf States, we are sending hundreds of doctors. I am proud to say that Indian doctors have made a name for themselves all over the world wherever they go. While we do not want any indiscriminate brain drain, we do not also want to totally stop it.

**SHRI R. S. PANDEY:** I do agree with the hon. Minister that Indian doctors have made a name for themselves all over the world. Since we are spending a lot of money on every individual student in our country in order to make them doctors, successful doctors, may I know if any instructions are contemplated to be given to students that after completing MBBS, they will go to serve the rural areas?

**DR. KARAN SINGH:** Yes, Sir. This is a problem which we are now frontally facing. We are doing two or three things. Firstly, we are trying to reorient the content of medical education so as to strengthen the community health department which means the rural health scheme. Secondly, in the primary health centres, we are gradually increasing the number of doctors. I am happy to be able to report to the House that there is hardly any vacancy today in the primary health centres which means that wherever posts are created, our doctors are going. But

where there is no Government post, it is very difficult to expect a doctor simply to go and sit in a village where there are no diagnostic facilities and no equipment available.

**SHRI VASANT SATHE:** I would like to know one or two things. Firstly, when the cost of training doctors is as high as Rs. 1 lakh, as it has been said, can we not make it compulsory that only those doctors will be allowed to go out or will be given a Visa who are on the panel of the Government. Do you have such a panel?

Secondly, if they are going to affluent countries and earning a high living there—that being the only temptation for going to other countries—let some security deposit or something be taken from them of at least the amount you had spent so that you can use it for the training of other doctors. Let some restriction be put in this form. Can this suggestion be considered?

In the light of this, I would also like to know one thing more. There are medical institutions even today, as you know, who are really fleecing the students by charging them a huge amount of capitation fees. Can you not do something about it so that these youngmen and their parents don't get the temptation, having spent so much, to earn more?

**MR. SPEAKER:** The latter is a State subject, I think.

**SHRI VASANT SATHE:** But a national policy can be evolved and guidelines can be given to the States.

**DR. KARAN SINGH:** The Hon. Member raised three or four different questions. The first is whether a panel is kept for those who want to go abroad. Actually, a panel is maintained in the Personnel Department of all doctors who wish to go abroad; they are registered there.

Secondly, with regard to the Central Health Service doctors who are going in large numbers, I have instituted a

very strict scrutiny: I am not allowing any specialists to go because we are short of specialists in our own Health Centres and I don't know why the Central Health Service doctors who have been recruited specifically for our national needs should go. Some D.G.Ms. are allowed to go, but we are restricting the movement of Central Health Service doctors. Private doctors from the general public are still allowed to go.

The question of security deposit is interesting. There is, under consideration, a proposal that all technical people working abroad should be asked to repatriate at least some portion of their earnings to the country in foreign exchange. We are considering its various implications in various Ministries.

Finally, with regard to capitation fees, this matter has come up, of course, on many occasions in this House. Today, out of a total of 198 medical colleges, at least 87 or even 90—because one or two are being nationalised—are directly run by the Government. That leaves about 16 or 17 colleges which are private and it is the private colleges which charge capitation fees. We are not immediately in a position to take over all the colleges because it will be involving the State Governments, as has been pointed out. In your own State, Sir, in Bihar, there are, as you know, a number of private colleges which have created a lot of problems for us. But we are not opening any new medical colleges in the Fifth Plan because we feel that we have enough colleges, and we are hoping that the States will be able, in due course, to perhaps take over, or, at least, to regulate the functioning of these colleges. Our policy is also in that direction.

**श्री विभूति सिन्हा :** अध्यक्ष जी, माननीय राज्य सहाय पांडे के प्रश्न के जवाब में मंत्री महोदय ने कहा कि प्राइमरी हेल्थ सेंटर में डॉक्टर नहीं रखते हैं जहाँ डॉक्टर के बिना न रहने की जगह है और न वहाँ

है इसलिये वहाँ कोई नहीं जाता। हमारे वहाँ तो जो ब्लाक लेवल पर भी बिहार सरकार के अस्पताल हैं वहाँ भी बनावें नहीं हैं, न बीमार ही और न पैथोलॉजिकल जांच के लिये कोई चीज है। मंत्री जी तो कह रहे हैं कि यह स्टेट सप्लेकेंट है, स्टेट बाली कहते हैं कि सेक्टर में पैसा मिले, तो मैं जानना चाहता हूँ कि जब वही जनता हमारी भी वोटर है और एम० एल० एच० की भी वोटर है, फिर जनता को ईत्थ सुविधायें प्राप्त करने के लिये क्यों परेशान किया जाता है, वहाँ लोगों की कोई पैथोलॉजिकल जांच नहीं हो पाती है। आप कम से कम जिला लेवल पर तो कुछ अपना इंतजाम कीजिये, ब्लाक लेवल और प्राइमरी हेल्थ सेंटर को छोड़ दीजिये। मैं जानना चाहता हूँ कि कोई ऐसी आप की स्कीम है ?

**डा० कर्ण सिंह :** अध्यक्ष महोदय, बिहार का जो भयंकर दृश्य माननीय सदस्य ने हमारे सामने रखा है वह कुछ हद तक सत्य है। लेकिन इस में बात यह है कि इन्होंने जैसा कहा राज्य सरकारों का यह दायित्व है, और पाचवी योजना में हमने पैसा मिनिसम ग्रीड प्रोग्राम में तब राज्य सरकारों को दे रखा है। अब कोई उन का यह हक नहीं बनता कि वह हम से प्रतिरिक्त पैसा मांगे। जो वहाँ पैसा है वह उन को खर्चना चाहिये। हम नजर रख रहे हैं और हम देखते हैं कि जहाँ कहीं कमी हो, हम उनको बाच करे।

#### Rationalisation of Truck Load

\*463. SHRI B. S. BHAURA: Will the Minister of SHIPPING AND TRANSPORT be pleased to state:

(a) whether Government have any proposal under consideration to rationalise truck load in all the States; and

(b) if so, main features of the proposal?