

घात इंडिया की मबिनेज के लिये है। डा० कैलाश ने जो सवाल पूछा था वह घात इंडिया मेडिकल सर्विस के संबंध में था जैसे घाई ए एन इत्यादि हैं। हमारे संविधान के अनुसार विकिस्ता राज्यो का विषय है। इस लिये राज्यो के अपने-अपने उन के बारे मे विचार है। उन्होने कहा है कि हमे घात इंडिया मबिम नही चाहिये, हम अपनी-अपनी मबिनेज चलायेगे। उस के कई कारण हो सकते हैं, मैं उन में जाना नही चाहता। हम लिये हम ने भी फिलहाल विचार छोड दिया है।

**SHRI H. K. L. BHAGAT :** Sir, I would like to know this from the hon. Minister. Delhi is a Union Territory and it comes directly under the responsibility of the Central Government, I would like to know from the hon. Minister whether it is a fact that health services are diversified in Delhi? There are hospitals run by the Municipal Corporation, there are hospitals run by the Delhi Administration, there are hospitals run by the Government of India and various other Ministries. Now, is it a fact that the Government recently have received reports and serious complaints about the working of a number of hospitals and they have started some kind of a campaign for their improvement? I would like to know whether the Government have any machinery and whether do they take any steps or will they take any steps for coordinating the functioning of these various health services and agencies in the capital? What is being done in this connection and whether the Ministry have started a campaign for their improvement at all.

**DR. KARAN SINGH :** It is a very interesting and important question. The multiplicity of jurisdiction on the hospitals in Delhi reflects in fact the very peculiar and sad multiplicity of jurisdiction in Delhi itself. You have the Government of India, you have the DMC, you have the NDMC and the cantonment board and so on. There are six or seven different authorities in Delhi.

Many of them run hospitals. The hospitals which are directly under the Ministry of Health are Safdarjung and Willingdon. Then, there is the All India Institute of Medical Sciences which is an independent body set up by Parliament. Then, there are hospitals run by the Delhi Administration and some run by the Corporation. This is somewhat an uncoordinated picture. Now, we are trying to do two things. Firstly, we are considering the possibility of setting up a hospital board for Delhi which would coordinate the activities of the various hospitals in the capital. Secondly, under the improvement campaign, which was referred to by the hon. Member, we are trying to tone up the functioning of at least those hospitals that are directly under our control. This involves surprise visits and so on. We are doing a lot of things which I can point out later on. We are trying to improve. We are very much aware of the problems and the need for coordination and we are doing whatever we can in this direction.

#### Medical Colleges in India

427. **SHRI ARVIND M PATEL :**  
**SHRI VEKARIA :**

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

(a) the number of Medical Colleges, private and Government, functioning in India, State-wise; and

(b) the number of persons who pass the M.B.B.S. course annually from these colleges?

**THE MINISTER OF HEALTH AND FAMILY PLANNING (DR. KARAN SINGH) :** (a) A Statement is placed on the Table of the Sabha.

(b) The number of persons who pass the M.B.B.S. course annually from these colleges is about 11,500.

**Statement**

The number of Medical Colleges, private and Government functioning in India, State-wise.

1. Andhra Pradesh . . . . .	8
2. Assam . . . . .	3
3. Bihar . . . . .	9
4. Gujarat . . . . .	5
5. Haryana . . . . .	1
6. Himachal Pradesh . . . . .	1
7. Jammu and Kashmir . . . . .	2
8. Karnataka . . . . .	9
9. Kerala . . . . .	4
10. Madhya Pradesh . . . . .	6
11. Maharashtra . . . . .	12
12. Manipur . . . . .	1
13. Orissa . . . . .	3
14. Punjab . . . . .	5
15. Rajasthan . . . . .	5
16. Tamil Nadu . . . . .	9
17. Uttar Pradesh . . . . .	9
18. West Bengal . . . . .	7
19. Delhi . . . . .	4
20. Goa, Daman and Diu . . . . .	1
21. Pondicherry . . . . .	1
<b>TOTAL . . . . .</b>	<b>105</b>

श्री अरविन्द एम० एडेल : मैंने सरकारी और गैर-सरकारी मेडिकल कालेजों की प्रलग-प्रलग संख्या पूछी थी जो कि नहीं बताई गई है। यही सहोदय प्रलग-प्रलग सख्या बता दे तो उन की बड़ी कृपा होगी।

प्राइवेट मेडिकल कालेज जो चल रहे हैं वे नाको खपया मुनाफा करते हैं। शिक्षण के क्षेत्र में इस मुनाफाखोरी को सरकार बन्द करना चाहती है या नहीं? जितने वे प्राइवेट मेडिकल कालेज हैं उन को सरकार बन्द करने का इगवा रखती है या नहीं?

डा० कर्ण सिंह : 105 कालेजों का जो खीरा मैं दे दिया है उन में से 17 कालेज प्राइवेट हैं और 88 सरकारी हैं। जहाँ तक प्राइवेट मेडिकल कालेजों

का संबंध है इस समय हमारी विचारधारा यह है कि उन को हल बन्द न कर दें क्योंकि इस से लाभ नहीं होगा। एक बात और है। कुछ प्राइवेट कालेज प्रच्छा भी कार्य कर रहे हैं। तारे कालेजों का हम सरकारीकरण इस समय कर लें इस से प्रायद इस समय लाभ नहीं होगा। उन में बहुत ज्यादा धनराशि लगी हुई है। करोड़ों खपया उन में खर्च होगा। इस के बजाय कि हम उन पर करोड़ों खपया खर्च करें जो सरकारी कालेज चल रहे हैं उन को हल प्रच्छा करें। जहाँ तक स्टैंडर्ड की बात है मेडिकल कॉमिन्स ग्राफ इंडिया के महान हम स्टैंडर्ड रखते हैं। मुझे कुछ कुछ के माय यह कहना पड़ता है कि कुछ प्राइवेट कालेजों का स्टैंडर्ड कुछ गवर्नमेंट कालेजों के कभी-कभी प्रच्छा होता है। इस लिये स्टैंडर्ड का जहा तक प्रश्न है प्राइवेट और गवर्नमेंट दोनों तरह से कालेजों पर ये लाभ होने हैं और हम चाहते हैं कि दोनों के स्टैंडर्ड बढ़ें।

श्री अरविन्द एम० एडेल : पाचवी योजना में राजकोट नहर में एक नए मेडिकल कालेज की स्थापना करने का प्रावधान किया गया है। मैं जानना चाहता हू कि यहा मेडिकल कालेज स्थापित करने का काम कब से शुरू होगा और कब पूरा होगा?

डा० कर्ण सिंह : मेडिकल कालेजों की स्थापना करना राज्य सरकारों के दायित्व में आता है हमारा कोई सीधा उमसे संबंध नहीं होगा। इस समय राजकोट में कोई मेडिकल कालेज नहीं है। इस बात में मैं कहूँ कि हमारी विचारधारा इस समय यह है कि अधिक मेडिकल कालेजों की आवश्यकता अब हमारे देश में कुछ वर्षों के लिए नहीं है क्योंकि एक हजार के करीब एम०बी०बी०एस० डाक्टर प्रति महीने हमारे यहा पाम हो कर निकल रहे हैं। हम समझते हैं कि अधिक मेडिकल कालेजों के प्रीलीमिनेशन की आवश्यकता नहीं है। लेकिन यह राज्य सरकारों का विषय है और राज्य सरकारें इस में जो करता चाहें हम उनको कालुमी तौर पर रोक नहीं सकते हैं।

**SHRI JAGADISH BHATTACHARYYA:** Sir, I would like to know from the hon. Minister whether the existence of the Government and private medical colleges in our country is a legacy of the British times and whether the Government have evolved a policy in order to do away with these private and Government medical colleges?

**DR. KARAN SINGH:** Sir, I do not have the figures with me at the moment. But, I can say that out of the seventeen private medical colleges in India, my impression is, only about five or six have come down from the British times. Many of them have been started after Independence. This is one point. Secondly, Sir, we are now considering the amendment of the Medical Council of India Act under which we are considering not only making the Council a more effective instrument for enforcing standards, we are also considering the regulation of the activities of the private colleges. That legislation is under consideration and perhaps I may come before the hon. House in the course of this year with an amendment.

**SHRI K. MALLANNA:** There are 105 colleges in the country as per the statement. According to newspaper reports some colleges were derecognised because they were sub standard and did not comply with the rules and conditions. What action has been taken against those managements? How many students are affected and how many managements are involved?

**DR. KARAN SINGH:** The question of derecognition of medical colleges came up in a big way last year. The Medical Council is the competent authority to decide whether a college is maintaining the necessary standards. From time to time the Medical Council inspects colleges. Often it happens that when it inspects the colleges, the facilities are below standard. At that time the Medical Council says: We will not recognise your degree unless you bring it up. I think the hon. Member is referring to Karnataka colleges. Last year six colleges were involved and we were able to prevent their derecognition because I

wanted to safeguard the interests of the students particularly. We have reduced their intake and we have asked the management to bring the colleges up to the standard. My information is that there has been improvement in those colleges. The Medical Council will go again shortly to inspect them and by then we hope the shortcomings will have been very largely made up.

**SHRI K. GOPAL:** The hon. Minister says that he is against proliferation of medical colleges in India. It is a fact that the MBBS doctors are reluctant to go to the rural areas. Sometime back the hon. Minister himself mooted the idea of doctors being trained for rural or semi-urban areas who would exclusively serve the rural areas. I should like to know whether a committee was set up to go into the question and if so what are the findings of that Committee?

**DR. KARAN SINGH:** As for MBBS doctors going to rural areas, there are two aspects. The primary health centres in this country are our out-reach; there by and large MBBS doctors are in position now. It is not as if the MBBS doctors are not there. However it is also true that the bias in our medical education system has been very largely urban and it is in order to rectify this that we are considering the setting up of a new cadre of paramedical workers for that a committee had been appointed and the report is expected by 31st March.

That will be a very important innovation. The paramedical worker will be our link between the MBBS and the field worker at the age lowest village level.

**SHRIMATI PARVATHI KRISHNAN:** I should like to know from the hon. Minister what steps had been taken to do away with the system of capitation fee by the private medical institutions since that whole system leads to a lowering of standards of those who are being admitted into the colleges. When he talks of medical standards and educational standards being checked by the Medical Council of India, I should like to know what monitor-

ing agency is there to see that the medical standards are kept up all the time? You cannot pass the buck to the State Government because the Central Government is equally involved in maintaining the standards throughout the country and in seeing that there are proper equipment in the hospitals so as to guarantee that the medical training given to the graduates is up to the standard. What is the monitoring agency?

DR KARAN SINGH : There are two points. Capitation fee is certainly a cause for concern to us and the House has already expressed itself on this. We are considering the whole matter in the context of the amendment of the Medical Council Act that we intend to bring before the House. The views that have been expressed on a number of occasions will be kept in mind. We are seized of the problem.

The second and very important point is what is the monitoring agency? Under the present system the Medical Council of India which has been set up by this hon Parliament is the monitoring agency. But I must admit that as at present constituted the Medical Council is a very largely incoherent body. (Interruptions) I mean to say that it is not really structured in such a way as to be an effective monitoring agency. There are 100 or 120 elected representatives and what we want to do is to make it a more streamlined and effective body. I am in touch with the resident of the Medical Council; he is meeting me tomorrow and we are having detailed discussions on this and I hope to be able to come up with a very progressive and useful piece of legislation perhaps in the course of this year.

श्री कान्त शंकरजी : अध्यक्ष जी, कुछ वर्ष पहले प्रजीवक मूविमिडि में जवाहरलाल नेहरू मैडिकल कॉलेज की स्थापना हुई। अब देखने में यह आ रहा है कि जो लोगी मैडिकल कॉलेज में इलाज के लिये जाते हैं और जो पढ़िया उनको मिलती है, जो बहा का रिफार्ड है, उन पर लिफ्ट इतना लिफ्ट दिया है—मैडिकल कॉलेज, प्रजीवक मूविमिडि मूविमिडि, प्रजीवक। जवाहरलाल नेहरू का नाम कम कर दिया गया है। मैं जानना चाहता

हूँ कि क्या वह लोगो जो की जानकारी में है या नहीं। अगर है तो उन पर क्या प्रतिक्रिया है?

MR. SPEAKER : THE question is about the number of colleges in the country. Yours is not a relevant question.

श्री कान्त शंकरजी : 105 की जो सूची आपन दी है, उसमें यह कॉलेज शामिल है या नहीं? क्या सरकार ने इसका नाम बदल दिया है? मैं कोई सीमा में बाँध नहीं गया हूँ। मैं जानना चाहता हूँ कि इस का नाम बदला है या नहीं?

श्री कान्त शंकरजी : जी नहीं, नहीं बदला। अध्यक्ष जी, जो इन्होंने कहा है कि मिलाप पर नाम नहीं है, जहाँ नया नाम जानकारी है, नाम उठाने का कार्ट प्रश्न नहीं उठता है। लेकिन इन्होंने बताया है कि इस्पताल वाले जो मिलाप देने हैं उस पर नाम नहीं दिया गया है। यह मैं उपकुलपति जी को आज ही लिख दूँगा और इस बारे में जो विचार प्रायः है, उनसे उनको अवगत करा दूँगा।

मैंने जो स्टेटमेंट रखा है, उसमें केवल स्टेट वाइज नम्बर है, नाम नहीं है। लेकिन अध्यक्ष महोदय, मैं यह कह दूँ कि जवाहरलाल नेहरू के नाम पर कोई कॉलेज हो तो उस नाम के बदलने या उठाने का कोई प्रश्न नहीं उठना चाहिये। मैं उपकुलपति से इसके बारे में जानकारी लूँगा।

SHRI MOHANRAJ KALINGARAYAR : I should like to know the standard of the Christian Medical College, Vellore compared to some of the other medical institutions and secondly .

MR. SPEAKER : How is it relevant?

SHRI MOHANRAJ KALINGARAYAR : What is the Ministry's policy about allocation of funds to private medical institutions and Government medical institutions?

DR. KARAN SINGH : The Vellore Medical College is one of the very good colleges

in India. There is no marking at all, but it is generally considered to be one of the finest institutions in the country.

As far as the question of allotment of funds is concerned, public funds are allotted only to the Government colleges. Private funds are raised by the promoters themselves either through fees or through trust and so on, and it is spent by them. As far as we are concerned, our policy is that Government money will be spent very largely on Government colleges.

**SHRI MOHANRAJ KALINGARAYAR:** Percentage between private and public.

**DR KARAN SINGH** 17 and 83.

**SHRI P. R. SHENOY:** May I know whether Government has any scheme to give grants to private medical colleges so that they may not collect any capitation fees, which is undesirable even according to the hon Minister?

**DR KARAN SINGH:** This is the whole problem. If we start giving large grants to private colleges, then the funds that are available to us for the extension of our own health services becomes very much diminished. Therefore, there is no proposal at present. However, it is possible to make the Medical Council of India something of a parallel to the University Grants Commission, so that it not only lays down standards but perhaps can also give certain grants under certain circumstances. That is what we are considering in the amendment that is proposed.

#### Funds for Special Nutrition Programme in Orissa

\*428. **SHRI ARJUN SETHI:** Will the Minister of HEALTH AND FAMILY PLANNING be pleased to state:

(a) whether the Union Government have sanctioned some money for Special Nutrition Programme in the State of Orissa;

(b) if so, the extent of money and the outlines regarding its programme urban slum feeding and tribal feeding centres and blocks covered by this programme in the State; and

(c) whether some money has also been sanctioned in favour of Applied Nutrition Programme Blocks for implementation of special schemes during the current year; and if so, the facts thereof?

**THE MINISTER OF HEALTH AND FAMILY PLANNING (DR. KARAN SINGH)** (a) to (c) Yes, Sir. A statement is laid on the table of the Sabha

#### Statement

The Special Nutrition Programme was started in 1970-71 to provide supplemental nutrition to all vulnerable groups belonging to weaker sections of the needy in urban slums and tribal areas. In 1970-71 the supplemental feeding was limited to children of 0-3 years of age. In 1971-72, children up to 6 years of age and expectant and nursing mothers were also included in the programme. The supplemental nutrition provided under this programme is 200 calories and 8 to 10 grams protein to children in the age group of 0-1 year, 300 calories and 10 to 12 group of protein to children in the age group of 1-6 years, and 500 calories and 20 to 25 grams of protein to expectant and nursing mothers.

In the Fourth Plan, the scheme operated in the Central Sector. In the Fifth Plan, the expansion of the programme has been provided in the State Sector under the *Minimum Needs Programme*.

The Government of India released the following amounts to the Government of Orissa year-wise during the Fourth Plan period (1970-74 only) and in 1974-75, the first year of the Fifth Plan for supple-