

doctors under the provisions of the Indian Medical Council Act, 1956. Provisions also exist in the Indian Medical Council Act, 1956 for granting permission to doctors to practise in India, possessing qualifications included in the schedules to the Indian Medical Council Act, 1956. The matter regarding Capitation Fee in Private Medical Colleges in the country is subjudice before the Supreme Court of India.

#### Deputation of Doctors and other staff in rural and backward areas

279. SHRI S.S. SURJEWALA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the steps taken/proposed to be taken by Government in coordination with various State Governments to ensure that the hospitals, health centres and dispensaries situated in rural and backward areas are manned by doctors and paramedical staff as almost all these institutions are without doctors and adequate staff;

(b) whether it is a fact that about Rs. 10 lakhs are incurred on the education of a single doctor from the public exchequer, if so, what steps Government have taken to stop brain drain in this sphere;

(c) whether it is also a fact that the amenities existing in the rural areas are not conducive for the stay of the doctors;

(d) whether Government also failed to enforce its rules and instructions for the posting of the doctors in rural areas; and

(e) if so, whether Government contemplate to start a two year medical course for preparing rural doctors?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D.K. THARADEVI SIDDHARTHA): (a) Health being a State subject, it is for the State Governments to post doctors and paramedical staff according to the requirement of the hospitals and health centres in rural areas. It is not a fact that

almost all the Health Institutions in rural areas are without doctors and adequate staff.

(b) The cost of training one medical student for the entire course varies from Rs. 3 lakhs to Rs. 5 lakhs depending upon the institution where the student is trained.

Incentives which, *inter-alia*, include better promotional avenues and allowances have been provided to Central Government doctors. Modern equipment and research facilities have also been provided in tertiary hospitals to make better use of the specialisation of doctors.

(c) The general complaint of the medical practitioners is about poor communications, inadequate educational and medical facilities, non-availability of latest technology, equipment etc. in rural areas. The young doctors seldom opt to serve in rural areas, though many rural areas have facilities like transport, roads, educational institutions, housing, medical facilities etc.

(d) The matter was reviewed by the Central Council for Health & Family Welfare in 1989 and the Council passed the following resolution: "the council considers that while the merits of a two year compulsory rural service for undergraduates are debatable, it considers it appropriate that the Central & State Governments should make it compulsory for all those joining Govt. service to serve for 2 years in rural areas without any exception. The council is of the view that there is need for exposure of senior faculty of medical colleges to rural conditions and in this context recommends that the possibility of attachment of senior faculty of medical colleges and senior State Health Officers with the Primary Health Centres for short periods should be examined by the Central and State Governments.

During this period the senior doctors should also supervise and guide young students while providing patient care to the rural population."

The above recommendation has been circulated to various state Governments for implementation. Some of the State Governments also obtain bonds from Medical students to serve in rural areas for specified number of year after graduation.

(c) There is no proposal to start a two year medical course for preparing the rural doctors as it is considered that people in rural areas are also entitled to same high quality of medical care as in urban areas.

#### Decentralisation of Malaria Control Programme

280. SHRI P. UPENDRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the National Malaria Control Programme has received a set-back recently, with more cases of malaria all over the country;

(b) whether any suggestions were made for decentralisation of the malaria control programme and starting of a strong health management system; and

(c) if so, what action has been taken in the matter?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D.K. THARADEVI SIDDHARTHA): (a) incidence of malaria has significantly declined from 6.47 million cases in 1976 and has stabilised to an incidence level of around 2 million cases per year during the past few years.

(b) Yes, Sir. An indepth Evaluation Committee constituted in 1985 for review of National Malaria Eradication Programme suggested for the decentralisation of the Programme for the formulation of Plans at the state level for anti-malaria operations.

(c) State Implementation Plans are being prepared by the States identifying problem areas, based on malariogenic

statification exercises, which have been undertaken upto the Primary Health Centre Level as per the approved norms for control of malaria.

#### Medical and dental colleges without recognition

281. DR. YELAMANCHILI SIVAJI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the names of Medical and Dental Colleges which are functioning without recognition of the concerned councils; and

(b) what action has been taken against them?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARADEVI SIDDHARTHA):

(a) The names of Medical and Dental Colleges which are functioning without recognition of the concerned Councils is given in statement I & II respectively. [See below]

(b) Medical Council of India/Dental Council of India have informed the public about unrecognised colleges and cautioned the students not to seek admissions in such colleges.

The President of India has promulgated ordinances on 27th August, 1992 amending Indian Medical Council Act, 1956 and the Dentists Act, 1948 making it mandatory for obtaining prior premission of the Council and the Central Government before opening a medical/dental college.

#### Statement-I

*Names of Medical Colleges which are functioning in the country without recognition of Medical Council of India*

1. Deccan College of Medical Sciences, Hyderabad.
2. Kathiar Medical College, Patna.
3. Mata Gujari Memorial Medical College, Purnia (Bihar)