MR. CHAIRMAN: It is all right. I don't think there is any... *(Interruptions)*...

श्री राजीव शुक्ल: वह बयान देने यहां पर आ रहे हैं, और क्या करें?

श्री एस.एस. अहलुवालिया: 12.00 बजे करवा दें...**(व्यवधान)** 12.00 बजे करवा दें...**(व्यवधान)**

श्री शिवानन्द तिवारी: यह तो बिल्कुल अजीब बात है...**(व्यवधान)**

श्री बलबीर पुंज (ओड़िसा): 12.00 बजे मिनिस्टर का बयान करवाइए...**(व्यवधान)**

श्रीमती माया सिंह (मध्य प्रदेश): भाई, आप उनका स्टेटमेंट ले करवा के...**(व्यवधान)**

श्री सभापति: आप रक्षा मंत्री को कंसल्ट करके समय...**(व्यवधान)**

श्री शिवानन्द तिवारी: कांग्रेस पार्टी का...**(व्यवधान)** जम्हूरियत के खिलाफ है...**(व्यवधान)**

श्री राजीव शुक्ल: 12.00 बजे उन्हे यहां बुला कर उनका बयान करवा देते हैं।

MR. CHAIRMAN: Ahluwalia Sahib, this is settled...(*Interruptions*)...This is settled...(*Interruptions*)...Thank you very much. Yes, Question No. 181

ORAL ANSWERS TO QUESTIONS

Shortage of skilled professionals in rural areas

*181. SHRIMATI VASANTHI STANLEY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that despite an increase in recruitments under the National Rural Health Mission (NRHM), there is a shortage of human resources to work in the rural areas;

(b) if so, the reasons therefor; and

(c) the incentives the Ministry has put in place to attract skilled professionals to work in the rural areas?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) A Statement is laid on the Table of the House.

Statement

(a) Yes, Sir. There is a shortage of medical and paramedical staff in the rural areas.

Augmentation of human resource is one of the thrust areas under National Rural Health Mission [NRHM]. 2914 Specialists, 8722 Doctors, 10995 AYUSH Doctors, 33411 Staff Nurses, 69662 ANMs, 14529 Para Medics and 3894 AYUSH Para Medics have been engaged on contractual basis to increase the availaiblity in the rural areas.

(b) Various reasons attributed for shortage include non availibility of requisite number of doctors and paramedics, shortage of medical colleges and training institutes and unwillingness on the part of doctors to work in rural areas.

(c) Various monetary and non monetary incentives have been provided to attract skilled medical and para medical professionals to work in rural areas. These are enumerated below:

1. Monetary incentives are provided under NRHM for both regular, adhoc and contractual staff posted in hard to reach and difficult areas.

2. The Central Government in consultation with the Medical Council of India, made the following amendments to its PG Medical Education Regulations to encourage doctors to serve in rural areas:

(i) 50% reservation in PG Diploma courses for Medical Officers in the Government service who served for at least three consecutive years in remote and difficult areas;

(ii) Incentive at rate of 10% of the marks obtained for each year in service in remote or difficult areas upto the maximum of 30% of the marks obtained in the entrance test for admissions in PG Medical course.

3. Improved accommodation for healthcare personnel has been provided through NRHM at many rural facilities. Also health facilities have been upgraded and better equipped.

SHRIMATI VASNTHI STANLEY: Sir, India is such a vast country that Health Department is facing a lot of challenges from communicable and non-communicable diseases. IMR rate is very high, and MMR is also high, as compared to any other part of the world. Though many initiatives are being taken by the Government, as polio has been eradicated totally, but still, Sir, we are talking about the shortage of skilled personnel all over. Therefore, through you, Sir, I would like to know from the hon. Minister what steps the Ministry is taking to improve the number of colleges and also the number of medical seats.

SHRI GHULAM NABI AZAD: Sir, this is an area where the Health Ministry, Government of India has taken pathbreaking initiatives during the past three years. We have realized that the shortage of doctors can be met only when we have more medical colleges. That is why to attract the attention of the State Governments and entrepreneurs, we have made a lot of changes in consultation with the Medical Council of India and a Notification has been issued by my Ministry so that the rationalization of land takes place across the country. So, the land requirement has been brought down. In hilly areas and North Eastern areas the land rationalization has further taken place. In metropolitan cities also where it is very difficult to have 20 or 25 acres of land, a further rationalization of land requirement has been done and it has been brought down from 25 acres to 10 acres so that more colleges are set up. So far as infrastructure is concerned, the requirement of infrastructure has also been reduced as compared to earlier parameters set for it. Bed occupancy has also been brought down. As a result of these measures, during the past three years 46 new medical colleges have come up.

In so far as the increase in the number of doctors is concerned, again, we have taken a number of steps. The cap which was fixed for the maximum intake of students in any medical college, be it private or Government is 150. That has been removed and now, the cap is fixed at 250, and also, the student-teacher ratio, at the

level of Professor for PG level, has been 1:1. It is now 1:2 and in some stream, it is 1:3 and because of these changes in three years' time, the increase in the number of MBBS students has been 8168 and in PG, the increase in the number of seats has been more than 8000. This is almost 62 per cent increase.

SHRIMATI VASANTHI STANLEY: Sir, on the one side, there is a shortage of skilled professionals, and on the other side, more than two lakhs of so-called foreign doctors are waiting to be screened and allowed to practise in India. They are taking a loan of nearly Rs.20 lakhs from Indian Banks, and they go abroad because of lack of admissibility due to reservation policy or minimum number of seats or lack of affordability. A minimum of Rs. 25 to 50 lakhs is asked for as capitation fees in the private colleges. So, they prefer to go abroad and study. But through the screening test they are not allowed to practise in India. On the one side, we are saying that there are no skilled professionals available. Sir, I would like to know, through you, why not the Ministry make it mandatory for foreign doctors to serve in the rural areas or in the hilly areas for two to three years. Then, their services can be allowed if its is made mandatory. Will the Ministry take such a step to allow the foreign doctors? If we are producing 40,000 doctors, 20,000 doctors are coming every year from foreign countries. Something should be done on these lines. I would like to know, through you, Sir, whether this can be made mandatory so that we are able to mete out that shortage.

SHRI GHULAM NABI AZAD: Sir, a large number of boys and girls from India go for MBBS education to USSR, China, Bangladesh and a number of other countries. But automatically, once they are done with their degrees, they cannot serve in India. As a matter of fact, no foreign MBBS degree is recognised in India. Only very recently, we have recognised the MD degrees of doctors of Indian origin, who have done MBBS here, but MD from five English-speaking countries, i.e. United States of America, Canada, UK, Australia and New Zealand. But, even for English-speaking countries, their MBBS degrees also are not recognised. So, as per the screening test...

SHRI TARUN VIJAY: You mean Russia and not USSR. Am I ringht?

SHRI GHULAM NABI AZAD: Yes, Russia. Thank you very much. As per the Screening Test Regulations, 2002, an Indian citizen possessing primary medical education, awarded by any medical institution outside India, has to go for a screening test and this screening test is being held by the National Board of Examination. Sir, the number is not that huge as the hon. Member has mentioned here. In 2008, the number of students who appeared in this screening test conducted by the National Board of Examination was 4,211, and only 1,326 passed out. In 2009, 6,170 boys and girls appeared, and the pass outs were only 144. In 2010, 10,115 appeared in the exam, and only 2680 passed out. And in 2011, 13,270 boys and girls appeared for the screening test, and only 3,576 have passed out.

So, in so far as sending those who have passed out to the rural areas is concerned, I would submit that this is a suggestion for consideration.

DR. C.P. THAKUR: Sir, actually, there is a shortage of doctors and trained persons to serve the rural areas. My question is: Would the hon. Minister liberalize the intake of both MBBS and MD students for five years or ten years or double or triple the number so that the requirement of the country is met. After that, the hon. Minister may consider for applying all restrictions. This can be done.

SHRI GHULAM NABI AZAD: Sir, this is what I had said in reply to the first supplementary that this is for the first time that we have removed the cap. Just merely removing the cap is not going to solve the problem. Suppose, if we have removed the intake cap from 150 to 250, then, proportionately, there has to be increase in infrastructure and availability of faculty. That is why we have gone deep into the genesis of the issue. If we have to set up more medical colleges, we need to have more faculty. So, the steps that we have taken in these 2-3 years are to increase the faculty. Once we increase the faculty, we can increase the number of medical colleges. And, to increase the faculty, we have taken three major steps. The first one is, as I said in the beginning, the MD degrees acquired by students from the English-speaking countries have been recognized. So, they can come here and be a faculty. The second one is, earlier, the DNB degree-holder was not considered to become a faculty. Now, the DNB degree-holder has been recognized to become a faculty member. Thirdly, earlier, at the MD and also at the super-speciality level one Professor used to take only one PG student. But, now, we have brought it to 1:2 and in some core areas like Radiologists, etc., we have brought it to 1:3. So, these path-breaking initiatives have been taken by the Government. As a result, there has been never so much of increase of intake of MBBS doctors or increase of intake of PG level students.

SHRI P. RAJEEVE: Sir, the hon. Minister mentioned in his reply, 'despite the NRHM initiative, there is a shortage of medical and paramedical staff.' Sir, the NRHM is coming to an end in 2012. But, there is no specific plan to increase the quality of medical professionals. Sir, I would like, through you, to know from the hon. Minister, whether the Government is ready to continue with the NRHM after 2012 and have any specific plans to increase the quality of doctors and curtail commercialization of medical education.

SHRI GHULAM NABI AZAD: Sir, in so far as continuation of the NRHM is concerned, yes, it will continue further. We have to move ahead with whatever we have achieved. Also, we have to stabilize what we have done.

But, in so far as the quality of education is concerned, I must say that the quality of education of Indian doctors is far better than any other country. Had it not been the best then 81,000 Indian doctors would not have been running the health scheme of the USA and also it would not have been possible for the UK to

run its entire health scheme with the help of more than 60,000 Indian doctors. So, the Uk and the USA are carrying forward their health-related activities mostly because of Indian doctors.

श्री मोहन सिंह: श्रीमन्, भारत सरकार की मदद से और भारत सरकार की 100 परसेंट फंडिंग से इंडियन स्टूडेंट्स और भारत सरकार की फैक्ल्टीज, जिनमें एम्स और मौलाना आजाद मेडिकल कॉलेज की फैकल्टीज भी शामिल हैं, उनका नेपाल के पांच मेडिकल कॉलेजिज में एम.बी.बी.एस. का कोर्स चल रहा है। वहां सारी फैकल्टीज इंडियन हैं, वहां आधे से अधिक स्टूडेंट्स इंडियन हैं और उनका माध्यम इंग्लिश स्पीकिंग है, जिसकी चर्चा अभी माननीय मंत्री जी कर रहे थे। लेकिन, केवल outside India का एक क्लॉज जोड़ कर वहां से भी पास होने वाले लड़कों का स्क्रीनिंग टेस्ट चार-चार, पांच-पांच साल पर होता है। मैं ऐसा समझता हूं कि यह एक एनॉमली है और इसके बारे में भारत सरकार को सोचना चाहिए।

दूसरी बात यह है कि कई लड़के ऐसे हैं, जिन्होंने बायोटेक्नोलॉजी या बायो से इण्टररमीडियट नहीं किया। उन्होंने पहले इंजीनियरिंग में ट्राई किया, इसलिए मैथेमेटिक्स लेकर इण्डरमीडियट पास किया। बाद में, उन्होंने बायो लिया और उसके बाद पी.एम.टी. टेस्ट क्वालिफाई करके एम.बी.बी.एस. हो गये, तो ऐसे भी हजारों लड़के हैं, जिनका एम.सी.आई. की ओर से रजिस्ट्रेशन नहीं हो रहा है क्या इन दो समस्याओं के ऊपर मंत्री जी गम्भीरतापूर्वक ध्यान देते हुए कुछ सकारात्मक निर्णय लेंगे?

श्री गुलाम नबी आजाद: सर, पहले सवाल का उत्तर मैं पहले ही दे चुका हूं।

श्री सभापति: अब आप दूसरे सवाल का जवाब दें।

श्री गुलाम नबी आजाद: हमें इस बात का गौरव है कि भारत के डॉक्टरों का जो स्टैण्डर्ड है, वह बहुत हाई है और इसीलिए अमेरिका और ब्रिटेन जैसे देश भी हमारे डॉक्टरों पर पूरी नजर रखते हैं। पिछले तीन सालों में यहां से 3000 डॉक्टर्स इन बड़े देशों में चले गये। लेकिन, अगर बाहर के जो पढ़े-लिखे डॉक्टर्स हैं, चाहे वे बंगलादेश से हों, रशिया से हों, चाइना से हों या नेपाल से हों, अगर हम टेस्ट के बगैर उनको लेंगे, तो मुझे अफसोस है कि उनका स्टैण्डर्ड हमारे स्टैण्डर्ड से कम है। मैं किसी एक देश का नाम नहीं लेना चाहता हूं, लेकिन मैं पिछले साल जिस देश में गया था, उसका मैं नाम नहीं लेना चाहता, उनकी क्लास में एक हजार लड़के हैं। एक हजार लड़कों की इस संख्या से आप अंदाजा लगा सकते हैं कि एम.बी.बी.एस. की एक क्लास में एक लड़के के सवाल पूछने की बारी कब आती होगी और क्लीनिकल टेस्ट करने और पूछने के लिए उसकी शक्ल कहां दिखाई देती होगी। इसलिए, इसमें मैं हमारे एमपीज का सहयोग चाहूंगा कि हम चाहे कम ही डॉक्टर्स पैदा करें, लेकिन क्वालिटी डॉक्टर्स पैदा करें, उसको dilute न करें।

Safe drinking water for all

*182. SHRI RAMA CHANDRA KHUNTIA: Will the Minister of DRINKING WATER AND SANITATION be pleased to state:

(a) whether it is a fact that ground water available to 1,79,999 habitations in the country is affected with Fluoride, Salinity, Iron and Nitrate apart from manmade contaminants such as Manganese, Lead, Chromium, Cadmium etc.; and

(b) whether Government has any comprehensive national plan to ensure safe drinking water to all?