

1	2	3	4	5	6	7	8	9
Karnataka	2748.44	398.51	3146.95	3	7643.03	2188.15	9831.19	2
Kerala	5189.54	264.41	5453.96	9	13302	1835.27	15137.3	9
Tamil Nadu	3714.47	956.25	4670.73	5	9206.66	2506.34	11713	5
ALL INDIA	84381.38	17051.46	101432.84		247079	67680.1	314759	

* the attributable cost of diseases includes direct medical cost and indirect morbidity cost only. The four major diseases are Cardiovascular disease (CVD), cancer, respiratory disease and tuberculosis.

Shortage of specialist doctors

1804. SHRI SANJAY RAUT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is acute shortage of specialist doctors in the health sector, particularly in major hospitals in the country;

(b) if so, the details thereof and details of steps taken by Government to improve the situation; and

(c) whether Government would open more medical colleges for improving the current population-doctor ratio in the country and, if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SHRIPAD YESSO NAIK): (a) The Government is aware that there is shortage of doctors, particularly specialists in the country.

(b) Health is a State subject and no such information in respect to hospitals in the States is maintained centrally. However, as far as three Central Government Hospitals viz. Safdarjung Hospital, Dr. RML Hospital and Lady Hardinge Medical College & Associated Hospitals are concerned, specialist doctors of Central Health Services (CHS) are posted in various Institutes, Hospitals, etc. including above State Hospitals. The details of CHS posts is given below:

Sl. No.	Name of Hospital	Sanctioned Strength	Vacancy position
1.	Dr. R.M.L Hospital	Teaching 149	71
		Non-teaching=82	Nil
2.	Safdarjung Hospital	Teaching 175	64
		Non-teaching= 138	Nil
3.	LHMC & S.K. Hospital	Teaching=293	76
		Non-teaching=07	Nil

The Government has taken the following steps in recent past in order to fill up the vacant posts and to meet the shortage of doctors/specialists in the country:

- (i) The age of superannuation of Non-teaching and Public Health Specialists of CHS has been enhanced from 60 to 62 years.
- (ii) The CHS officer's promotion upto Senior Administrative Grade (SAG) level are made on a time bound basis without any linkage to vacancies under DACP Scheme.
- (iii) The 6th Pay Commission has brought about an overall improvement in remuneration of doctors.
- (iv) The period of Study Leave for CHS Doctors has been enhanced to 36 months as against 24 months for Central Government Employees.
- (v) The age of superannuation of Teaching Specialists has been enhanced from 62 to 65 years.
- (vi) Contractual appointments are also made by respective Hospitals to meet the immediate requirement of patient care.
- (vii) Enhancement of maximum intake capacity at MBBS level from 150 to 250.
- (viii) Enhancement of age limit for appointment/extension/re-employment against posts of teachers/dean/principal/ director in medical colleges from 65-70 years.

(c) Yes. In order to improve the current population-doctor ratio in the country, the Government has taken the following steps:

- (i) Relaxation in the norms for setting up of a medical college in terms of requirement for land, faculty, staff, bed/ bed strength and other infrastructure.
- (ii) Strengthening/upgradation of State Government Medical Colleges for starting new PG courses/increase of PG seats with fund sharing between the Central and State Government in the ratio of 75:25.
- (iii) Establishment of new medical colleges by upgrading district/referral hospitals preferably in underserved districts of the country with fund sharing between the Central Government and States in the ratio of 90:10 for NE/special category States and 75:25 for other States.

- (iv) Strengthening/upgradation of existing State Government/Central Government Medical Colleges to increase MBBS seats in the country with fund sharing between the Central Government and States in the ratio of 90:10 for NE/special category States and 70:30 for other States with the upper ceiling of the cost per MBBS pegged at ₹ 1.20 crore.

Thermal scanner at airports for Ebola detection

1805. SHRID. KUPENDRA REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether the Ministry has set up thermal scanner equipment at International Airports in the country to check the deadly Ebola Virus Disease;
- (b) if so, the details thereof;
- (c) whether there are also plans to increase the number of such equipments; and
- (d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SHRIPAD YESSO NAIK): (a) and (b) Ministry of Health and Family Welfare had set up thermal scanners at 18 International Airports to screen passengers coming through flights that connect to affected countries in West Africa. Details are given in the Statement (*See below*).

Subsequently a decision was taken by Ministry of Civil Aviation to re-route arrival into India of such passengers to seven International Airports. Accordingly the thermal scanners have been redeployed to these seven International airports at Delhi, Mumbai, Kolkata, Chennai, Bangalore, Hyderabad and Kochi.

(c) and (d) Ministry of Health and Family Welfare has already procured 15 thermal scanners in addition to the 21 thermal scanners in working order.

Statement

List of 18 identified International Airports for Ebola Screening

Sl. No.	International Airport /City	States
1.	New Delhi, IGI Airport	Delhi
2.	Goa	Goa
3.	Ahmedabad	Gujarat
4.	Bangalore	Karnataka