

(b) and (c) There is no demand for recognizing Pharm.D equal to MBBS. However, Pharmacy Council of India (PCI) has been receiving demands for recognising Pharm.D equal to clinical pharmacist. In this context, it is stated that under Pharmacy Practice Regulations, 2015 notified by PCI, Pharmacy Practitioner which also includes Pharm.D qualified persons means an individual (Community Pharmacist/Hospital Pharmacist/Clinical Pharmacists/Drug information Pharmacist) currently licensed, registered or otherwise authorized under the Act to counsel or otherwise and administer drugs in the course of professional practice.

Clinical Pharmacists during their internship in minimum 300 bedded multi-speciality hospital, are a part of the inter-professional healthcare team comprising of the prescriber (Doctor) and other healthcare professionals to provide patient care and to promote health improvement, wellness, and disease prevention in co-operation with patients, communities, at-risk population, and other members of an inter-professional team of healthcare providers.

In the said Pharmacy Practice Regulations, Pharm.D has also been included as an educational qualification for the posts like, Drug Information Pharmacist, Senior Pharmacist, Chief Pharmacist in the Departments of medical services in both the Government and private sector.

(d) In advanced countries of the world like USA, Australia, Canada, UK etc., Pharm D graduates work as Clinical Pharmacists.

#### **High safeguard duty on solar cells and panels**

\*141. SHRI N. GOKULAKRISHNAN: Will the Minister of NEW AND RENEWABLE ENERGY be pleased to state:

(a) whether it is a fact that after a brief lull caused by fears of rise in the cost of imported modules, solar developers have regained their competitive aggression;

(b) whether it is also a fact that an impending threat of a hefty 70 per cent safeguard duty on solar cells and panels had pushed up the tariffs to as high as ₹ 3.54 per unit; and

(c) if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF NEW AND RENEWABLE ENERGY (SHRI RAJ KUMAR SINGH): (a) Solar tariffs in India saw the lowest ever level of ₹ 2.44 per unit in reverse auctions carried out by Solar Energy Corporation of India (SECI) in May, 2017, for 200 MW and again twice in July, 2018, for 600 MW in each instance. Thus, it can be seen that solar tariffs continue to be competitive.

(b) and (c) In the recent auction conducted in 2nd week of July, 2018, by the Uttar Pradesh New and Renewable Energy Development Agency (UPNEDA) for 1 GW solar PV power projects, the tariffs quoted by the bidders who were in the zone of selection, were in the range of ₹ 3.48/unit to ₹ 3.55/unit, with 2 bidders quoting ₹ 3.48/unit, 3 bidders quoting ₹ 3.54/unit and 6 bidders quoting ₹ 3.55/unit. The solar power tariffs are a function of a variety of factors like cost of land, extent of solar radiation, financial health of State Electricity Distribution Companies, cost of finance, etc. and tariff discovered cannot be attributed to merely on the impending decision on Safeguard duty on solar cells and modules.

#### **Per capita expenditure on healthcare**

\*142. DR. L. HANUMANTHAI AH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of per capita expenditure on healthcare in the country during the last three years and the current year;

(b) whether Government is taking any measures to increase the per capita expenditure on healthcare to improve the quality of life, if so, the details thereof;

(c) the details of the target set for providing healthcare during the Twelfth Five Year Plan;

(d) whether Government has achieved its target of healthcare; and

(e) if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) As per National Health Profile 2018 brought out by Central Bureau of Health Intelligence (CBHI), per capita expenditure on healthcare by Government (Centre and States) for last three years, at current prices, is as under:—

(i) 2015-16 - ₹ 1112

(ii) 2016-17 (RE) - ₹ 1397

(iii) 2017-18 (BE) - ₹ 1657

(b) In order to increase the per capita health expenditure, the Government has increased the total public health expenditure (Centre and States) from ₹ 1.52 lakh crore in 2015-16 to ₹ 2.25 lakh crore in 2017-18 (BE) according to Economic Survey 2017-18. Further, the National Health Policy, 2017 envisages raising Government health spending to 2.5% of GDP by 2025 in a time bound manner. It also envisages increasing State sector health spending to more than 8% of their budget by 2020.