

form, and are intended to be administered by the same route of administration as that of branded medicine.

The medicines, whether branded, generic or branded-generic, imported or manufactured for sale/distribution in the country, are required to comply with the same standards as specified in the Second Schedule to the Drugs and Cosmetics Act, 1940.

(c) Yes.

Further, “Public Health and Hospitals” being a State subject, the primary responsibility of ensuring the sufficient supply of free medicines is that of respective State Governments.

Under the National Health Mission, the Central Government supplements the efforts of State Governments to strengthen their healthcare system including for provision of free essential medicines in public health facilities, based on proposals of the State Governments.

Under the NHM, financial and technical support is provided to the States/UTs not only for provision of essential drugs (mostly all generic), free of cost, in public health facilities but also for strengthening/setting up robust systems of procurement, quality assurance mechanism, warehousing, prescription audit, grievance redressal, dissemination of Standard Treatment Guidelines, and IT backed supply chain management systems like Drugs and Vaccines Distribution Management Systems (DVDMS).

#### **Overcoming shortage of doctors and nurses**

†1172. CH. SUKHRAM SINGH YADAV:

SHRI VISHAMBHAR PRASAD NISHAD:

SHRIMATI CHHAYA VERMA:

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

(a) whether it is a fact that there is a dearth of doctors and nurses in the country due to which people are compelled to go to quacks for treatment;

(b) the total shortage of doctors and nurses in the country at present; and

(c) the details of the steps taken by Government in the last three years to increase the number of Government doctors and the result thereof?

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†Original notice of the question was received in Hindi.

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (c) As per information provided by Medical Council of India (MCI), there are a total 11,57,771 allopathic doctors registered with the State Medical Councils/Medical Council of India as on 31st January, 2019. Assuming 80% availability, it is estimated that around 9.26 lakh doctors may be actually available for active service. It gives a doctor-population ratio of 1:1457 as per current population estimate of 1.35 billion, which is lower than the WHO norm of 1:1000. Besides, there are 7.88 lakh Ayurveda, Unani and Homoeopathy (AUH) doctors in the country. Assuming 80% availability, it is estimated that around 6.30 lakh Ayurveda, Unani and Homoeopathy (AUH) doctors may be actually available for service and considered together with allopathic doctors, it gives a doctor population ratio of 1:868. Further, the details of number of allopathic doctors registered with the State Medical Councils/MCI is at Statement-I (*See below*).

As per Indian Nursing Council (INC) records, there are around 30.4 lakh nursing personnel registered in the country as on 31st December, 2018. Assuming 60% availability in the case of Registered Nurses and Registered Midwives (RN&RM) and 80% availability in the case of Auxiliary Nurse Midwives (ANM)/Lady Health Visitors (LHV), it is estimated that around 20 lakh nursing personnel are available for active services, which gives a Nurse-Population ratio of about 1:675 against World Health Organisation (WHO) norms 3:1000 (Population taken as 135 crores). Details of State-wise registered nurses in India are annexed herewith Statement-II (*See below*). Further, there are 8500 Nursing Institutes in the country producing about 3.2 lakh nursing personnel annually, to meet the requirement of nursing personnel in the country.

The Government has taken following further steps to increase the number of doctors. For increasing, UG Seats:—

- (i) Enhancement of maximum intake capacity at MBBS level from 150 to 250.
- (ii) Relaxation in the norms of setting up of Medical College in terms of requirement for land, faculty, staff, bed/bed strength and other infrastructure.
- (iii) Strengthening/upgradation of existing State Government/Central Government Medical Colleges to increase MBBS seats.
- (iv) Establishment of New Medical Colleges attached with district/referral hospitals preferably in underserved districts of the country.

For increasing PG Seats:—

- (i) The ratio of teachers to students has been revised from 1:1 to 1:2 for all MD/MS disciplines and from 1:1 to 1:3 in subjects of Anesthesiology, Forensic Medicine, Radiotherapy, Medical Oncology, Surgical Oncology and Psychiatry in all medical colleges across the country. Further, teacher: student ratio in public funded Government Medical Colleges for Professor has been increased from 1:2 to 1:3 in all clinical subjects and for Asso. Prof. from 1:1 to 1:2 if the Asso. Prof. is a unit head. The same has also been extended to the private medical colleges with the conditions that it should have a standing of 15 years, running PG courses since 10 years, should have completed at least 1 continuance of recognition assessment satisfactorily and applies u/s 10A of the IMC Act, 1956 for increase of seats.

This would result in increase in number of PG seats in the country.

- (ii) DNB qualification has been recognized for appointment as faculty to take care of shortage of faculty.
- (iii) Enhancement of age limit for appointment/extension/re-employment against posts of teachers/dean/principal/director in medical colleges upto 70 years.
- (iv) Strengthening/upgradation of State Government Medical Colleges for starting new PG courses/Increase of PG seats.
- (v) One time increase in PG seats was permitted in 2017-18 and again in 2018-19 in Government Medical, Colleges.
- (vi) By amending the regulations, it has been made mandatory for all medical colleges to start PG courses within 3 years from the date of their MBBS recognition/continuation of recognition.
- (vii) Colleges are allowed to apply for PG courses in clinical subjects at the time of 4th renewal. It will serve to advance the process for starting PG courses by more than 1 year.

Section 15 of the Indian Medical Council Act, 1956 prohibits a person other than medical practitioner enrolled on a State Medical Register to practice medicine in the State. Accordingly, the Central Government has requested Chief Ministers of all the States to take appropriate action against quacks under the law and also to evolve suitable policies to ensure availability of quality health workforce in rural areas.

***Statement-I***

*Number of Doctors Registered with State Medical Councils/  
Medical Council of India as on 31st March, 2019*

Sl. No.	Name of the Medical Council	Number of Doctors
1	2	3
1.	Andhra Pradesh	1,00,587
2.	Arunachal Pradesh	973
3.	Assam	23,902
4.	Bihar	40,649
5.	Chhattisgarh	8,771
6.	Delhi	21,394
7.	Goa	3,840
8.	Gujarat	66,944
9.	Haryana	5,717
10.	Himachal Pradesh	3,054
11.	Jammu and Kashmir	15,038
12.	Jharkhand	5,829
13.	Karnataka	1,22,875
14.	Kerala	59,353
15.	Madhya Pradesh	38,180
16.	Maharashtra	1,73,384
17.	Medical Council of India	52,666
18.	Mizoram	74
19.	Nagaland	116
20.	Odisha	22,521
21.	Punjab	48,351

1	2	3
22.	Rajasthan	43,388
23.	Sikkim	1,405
24.	Tamil Nadu	1,33,918
25.	Uttar Pradesh	77,549
26.	Uttarakhand	8,617
27.	West Bengal	72,016
28.	Tripura	1,718
29.	Telangana	4,942
TOTAL		11,57,771

*Note:* The other State/UTs do not have their own Medical Registration Council. Hence, their workers get registration with the Councils of other neighbouring States.

### **Statement-II**

#### *State-wise number of Registered Nurses in India*

Sl. No.	State	Total No. of Registered Nurses and Auxiliary Nurses in India as on 31.12.2018		
		ANM	RN&RM	LHV
1	2	3	4	5
1.	Andhra Pradesh*	138435	232621	2480
2.	Arunachal Pradesh*	1158	1094	35
3.	Assam*	27925	22388	353
4.	Bihar*	8624	9413	511
5.	Chhattisgarh*	13329	13048	1352
6.	Delhi	4516	67416	0
7.	Goa*	0	0	0
8.	Gujarat	48517	123170	0

1	2	3	4	5
9.	Haryana	26607	30430	694
10.	Himachal Pradesh*	11673	20934	500
11.	Jharkhand*	4755	3310	142
12.	Karnataka*	54039	231643	6840
13.	Kerala	30706	275544	8507
14.	Madhya Pradesh*	39563	118793	1731
15.	Maharashtra	71079	139247	671
16.	Meghalaya	1846	6637	206
17.	Manipur	3877	8798	0
18.	Mizoram*	2157	3634	0
19.	Odisha*	62159	75575	238
20.	Punjab*	23029	76680	2584
21.	Rajasthan*	108688	200171	2732
22.	Tamil Nadu	58411	293105	11247
23.	Tripura*	2232	4140	148
24.	Uttar Pradesh*	60258	74777	2763
25.	Uttarakhand*	2401	2613	14
26.	West Bengal*	63731	63197	12854
27.	Telangana*	2762	9397	0
28.	Sikkim	216	1144	0
TOTAL		872693	2108919	56602

ANM: Auxiliary Nurse Midwives.

RN&RM: Registered Nurses and Registered Midwives.

LHV: Lady Health Visitors.

NA: Not Available.

*Note:* \*Last year data upto 31.12.2017.

*Source:* Respective State Nurses Registration Council.