ICMR recommendation on banning e-cigarettes

366. DR. T. SUBBARAMI REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- whether Indian Council of Medical Research (ICMR) has recommended complete ban on e-cigarettes, as its users will become victims of nicotine addiction among non-smokers;
 - (b) if so, the response of Government thereto;

Written Answers to

- whether there is any proposal to discourage use of Electronic Nicotine Delivery Systems (ENDS) including ecigarettes as they pose risk to cardiovascular system, impairs respiratory immune cell function and respiratory diseases; and
 - if not, the stand of Government in protecting the health of the people?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) Yes, Indian Council of Medical Research (ICMR) has recently published a White Paper on Electronic Nicotine Delivery Systems (ENDS) which has recommended a complete ban on ENDS or e-cigarettes in the greater interest of public health in view of its addictive nature and harmful effects on human health as also the risk of dual use and initiation to tobacco addiction among non-smokers.

(b) to (d) In larger public health interest and in order to prevent the initiation of Electronic Nicotine Delivery Systems (ENDS) by non-smokers and youth with special attention to vulnerable groups, Ministry of Health and Family Welfare, Government of India, has issued an Advisory to all States/Union Territories to ensure that any Electronic Nicotine Delivery Systems (ENDS) including e-Cigarettes, Heat-Not-Burn devices, Vape, e-Sheesha, e-Nicotine Flavoured Hookah, and the like devices that enable nicotine delivery are not sold (including online sale), manufactured, distributed, traded, imported and advertised in their jurisdictions, except for the purpose and in the manner and to the extent, as may be approved under the Drugs and Cosmetics Act. 1940 and Rules made thereunder.

Adequate doctor-patient ratio

- 367. DR. KIRODI LAL MEENA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:
 - (a) whether it is a fact that as per the standards laid down by the World Health

Organisation the number of doctors per thousand persons is significantly low in the country, if so, details thereof;

- (b) whether as per the standards of World Health Organisation, the number of medical colleges in the country and number of seats available in those medical colleges at present is substantially inadequate given the demand of doctors every year, details thereof; and
- (c) if so, steps being taken to ensure the availability of doctors as per the standards of World Health Organisation and details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) As per information provided by Medical Council of India, 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 low as compared with the WHO norm of 1:1000. State - wise details of doctors registered with State Medical Councils / Medical Council of India is given in Statement (See below).

Besides, there are 7.86 lakh Ayurveda, Unani and Homeopathy (AUH) doctors in the country. Assuming 80% availability, it is estimated that around 6.28 lakh Ayurveda, Unani and Homoeopathy (AUH) doctors may actually available for active service and considered together with allopathic doctors, it gives a doctor population ratio of 1:868 which is better than the standards laid down by the World Health Organization.

(b) and (c) There are 529 medical colleges in the country, with an intake capacity of 78822 MBBS seats. Further, the Government is implementing a Centrally Sponsored Scheme for Establishment of new medical colleges attached with district/referral hospitals in 82 districts in under-served areas in the country. 39 such colleges have become functional.

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.

- 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:-

Written Answers to

The ratio of teachers to students has been revised from 1:1 to 1:2 for all MD/ (i) 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.

- 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.

Statement

Number of Doctors Registered with State Medical Councils/Medical

Council of India as on 31st March, 2019

Sl.	Name of the Medical	Number of
No.	Council	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

181

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.

Diseases targeted under mission Indradhanush

- 368. SHRI NARAYAN LAL PANCHARIYA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:
- whether Government has identified diseases to be targeted under Mission Indradhanush;
 - if so, details thereof; (b)

Written Answers to

- details regarding districts identified for special focus under the Mission; (c)
- whether any districts of Rajasthan have been targeted under the Mission; (d) and
 - if so, details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) Yes, under Mission Indradhanush (MI) all 12 vaccine preventable diseases are covered which are under Universal Immunization Programme (UIP). These are (1) Diphtheria. (2) Pertussis, (3) Tetanus, (4) Polio, (5) Measles, (6) Rubella. (7) Tuberculosis. (8) Hepatitis B