

**GOVERNMENT OF INDIA  
MINISTRY OF HEALTH & FAMILY WELFARE  
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**RAJYA SABHA  
UNSTARRED QUESTION NO. 2496  
TO BE ANSWERED ON 10<sup>TH</sup> AUGUST, 2021**

**VACANCIES IN GOVERNMENT HEALTH FACILITIES FOR MEDICAL PROFESSIONALS**

**2496. SHRI TIRUCHI SIVA:**

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

- (a) whether Government has assessed the need for the human resource needed to operate the health equipments and the gap between the needed human resource and the actual human resource;
- (b) if so, the details thereof, State wise;
- (c) whether Government is aware of the vacancies in Government health facilities for medical professionals including medical officers, specialist doctors, nurses, laboratory technicians, pharmacists and radiographers; and
- (d) if so, the details thereof with a faculty-wise breakup and the plan of Government to fill vacancies in States with high vacancies for utilisation of COVID resources and outcomes of previous plans for recruitment?

**ANSWER  
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND  
FAMILY WELFARE  
(DR. BHARATI PRAVIN PAWAR)**

(a) to (d): "Public Health and Hospitals" being a State subject, the primary responsibility of strengthening the public healthcare system, including provision of critical human resources for health including medical officers, specialist doctors, nurses, laboratory technicians, pharmacists and radiographers and provision of required human resources to operate the health equipment in the public healthcare facilities, lies with the respective State Governments. However, the Ministry provides technical and financial support to the States/UTs to strengthen the public healthcare system at public healthcare facilities.

Under the National Health Mission (NHM), financial and technical support is provided to States/UTs to strengthen their health care systems including setting-up/upgrading public health facilities as per Indian Public Health Standards (IPHS) and augmenting health human resource on contractual basis including support for in-sourcing or engagement of doctors,

specialist doctors and other health professionals for provision of equitable, affordable healthcare based on requirements posed by the States in their Programme Implementation Plans (PIPs) and within their overall resource envelope.

Shortage of health professionals including doctors and other paramedical staff in public health facilities varies from State to State depending upon their policies and context. States/UTs are advised to put in place transparent policies of posting and transfer, and ensure rational deployment of doctors. As the posts required for health facilities are filled up by respective State/UT Governments, they are impressed upon from time to time to fill up the vacant posts.

However, Government has taken various steps to optimize the number of doctors and specialists in the country - such as increasing the number of seats in UG/PG level at various medical educational institutes/medical colleges across the country; encouraging doctors to work in remote and difficult areas; encouraging States to adopt flexible norms for engaging specialists for public health facilities by various mechanisms like 'contracting in' and 'contracting out' of specialist services under National Health Mission.

NHM provides for following types of incentives and honorarium to staff for ensuring service delivery in rural and remote areas in the country

- i. Honorarium to Gynecologists/EmoC trained, Pediatricians & Anesthetist/LSAS trained doctors for conducting C Sections.
- ii. Incentives for staff for serving in rural and remote areas: Hard area allowances and special packages are provided to attract health HR, especially medical officers and specialists, to remote and difficult areas.
- iii. Other incentives for service delivery: Incentives like special incentives for doctors, incentive for ANM for ensuring timely ANC checkup and recording, incentives for conducting ARSH activities etc
- iv. States have also been allowed to offer negotiable salaries to attract Specialists including flexibility in strategies such as "You quote, we pay".

In addition, non-Monetary incentives such as preferential admission in post graduate courses for staff serving in difficult areas and improving accommodation arrangement in rural areas have also been introduced under NHM.

Multi-skilling of doctors is being supported under NHM to overcome the shortage of specialists. Skill upgradation of existing HR is another major strategy under NRHM for achieving improvement in health outcomes. Trainings such as Skilled Birth Attendant, IMNCI, MTP, IUCD, PPIUCD, NSV have been supported under NHM.

Government of India has requested the States to formulate HR policies so that availability of health HR is improved. Formulation of State HRH policy is an agreed support under NHM.

States/UTs have been urged to fill-up the vacancies in sanctioned positions. The State/UT wise status of availability of doctors, specialists, nursing staff, pharmacists and paramedical staff, and shortfall thereof in public health facilities, as per Rural Health Statistics 2019-20, is available at url - <https://hmis.nhp.gov.in/downloadfile?filepath=publications/Rural-Health-Statistics/RHS%202019-20.pdf> .

In addition to the above, the Government of India has issued guidelines on 3<sup>rd</sup> May, 2021 providing for certain relaxation and incentives for augmenting human resources at all levels to tackle the ongoing pandemic situation.