

**GOVERNMENT OF INDIA  
HEALTH AND FAMILY WELFARE  
LOK SABHA**

STARRED QUESTION NO:455  
ANSWERED ON:27.04.2005  
HEALTH MANPOWER PLANNING  
Satpathy Shri Tathagata;Verma Shri Ravi Prakash

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

- (a) whether the Government is aware that unlike health services planning, the health manpower planning in the country has not been given adequate attention;
- (b) if so, the facts thereof and the reasons therefor;
- (c) whether there are massive inter-State differences in health indices, health care institutions and health manpower availability;
- (d) if so, the reasons therefor;
- (e) whether there is a large gap in health manpower in Orissa, Uttar Pradesh and other States;
- (f) if so, the current patient-doctor ratio at national level as well as in different States, State-wise; and
- (g) the steps taken by the Union Government to bridge the patient-doctor gap?

**Answer**

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS)

(a)to(g): A statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 455 FOR 27TH APRIL, 2005

The National Health Policy-2002 while recognizing the need to increase access to decentralized public health system by establishing new infrastructure in deficient areas and upgrading infrastructure in existing institutions has also placed great emphasis on the need for health manpower planning both in terms of medical practitioners and paramedical staff. The policy lays special emphasis on education of health care professionals, need for specialists in public health and family medicine and increasing nursing personnel particularly improvement in the ratio of nurses vis-a-vis doctors/beds.

State-wise analysis shows that there are wide differences between states in respect of health indices. These differences among the states are on account of a number of factors which include inter-alia health infrastructure, access to health facilities, socio-economic status, levels of literacy etc. Availability of health manpower also significantly varies across the States. The doctor-patient ratio varies from case to case depending upon various factors like the type of disease, nature of specialization, type of patient care required viz. indoor/outdoor. No statistics are being compiled about doctor-patient ratio. However, as per the figures obtained from the Medical Council of India, the allopathic doctor-population ratio at present works out to 1:1722. Even though according to MCI, there are sufficient number of doctors to take care of patients all over the country, gaps in rural areas in some states do exist. The states of Orissa and Uttar Pradesh are deficient.

Steps have been taken to bridge the gap in terms of availability of health infrastructure including medical practitioners and paramedical staff. As on 30.07.04, there are 229 medical colleges in the country with an annual capacity of 25,682 MBBS students which includes 120 medical colleges, 5 university colleges and 104 private colleges. This would further improve the doctor population ratio. With a view to removing regional imbalances and availability of tertiary health facilities and quality healthcare education, 6 AIIMS like institutions are being set up in the under-served areas of the country. The six States selected for setting up AIIMS like institutions include Orissa. Another 7 institutions in the States are being upgraded to that level by grant of a one time assistance. One of the institutions in Uttar Pradesh is proposed to be covered for the latter assistance of upgradation.