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

LOK SABHA
UNSTARRED QUESTION NO. 3246
TO BE ANSWERED ON 07.08.2026

VACANCIES IN GOVERNMENT HOSPITALS AND MEDICAL COLLEGES

3246. MS. PRANITI SUSHILKUMAR SHINDE:
SHRI ARVIND GANPAT SAWANT:
SHRI K RADHAKRISHNAN:

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

(a) the total number of sanctioned posts and vacancies of specialists, doctors, nurses, paramedical staff and faculty in Government hospitals and medical colleges and the number of vacancies that have existed for more than one year across the country, State/UT-wise along with the reasons therefor;
(b) whether the Government has identified critical shortages in specific specialities especially in rural/underserved areas and if so, the details thereof;
(c) the steps taken by the Government to fill these vacancies including recruitment drives undertaken during the last five years, contractual appointments, and incentives for service in rural and remote areas; and
(d) whether any timeline has been fixed to address these vacancies and strengthen human resources in public healthcare institutions and if so, the details thereof?

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SHRI PRATAPRAO JADHAV)

(a) to (d): Health is a State subject. The primary responsibility of strengthening public healthcare system, including vacancies lies with the respective State/Union Territory Governments. The Ministry of Health and Family Welfare provides technical and financial support to the States/Union Territory to strengthen the public healthcare system in rural areas based on the proposals received in the form of Programme Implementation Plans (PIPs) under National Health Mission. Government of India provides approval for the proposal in the form of Record of Proceedings (RoPs) as per norms & available resources.

The NHM supplements the regular human resources by filling up the gaps in human resources in secondary and primary care facilities (District Hospital and below) as per Indian Public Health Standards (IPHS).

The details of specialists, doctors, nurses and paramedical staff in Government hospitals and their vacancies State/UT-wise can be accessed at the following link of HDI 2023-24:

https://www.mohfw-dohfw.gov.in/static/uploads/2026/05/57202cf30629539e4d0fb0a2f700ac62.pdf

Under NHM, following types of incentives and honorarium are provided for encouraging doctors and healthcare workers to practice in rural and remote areas of the country to mitigate the impact of shortage of doctors and healthcare workers:

- Hard area allowance to specialist doctors for serving in rural and remote areas and for their residential quarters so that they find it attractive to serve in public health facilities in such areas.
- Honorarium to Gynaecologists/ Emergency Obstetric Care (EmOC) trained, Pediatricians & Anesthetist/ Life Saving Anaesthesia Skills (LSAS) trained doctors is also provided to increase availability of specialists for conducting Cesarean Sections in rural & remote area.
- Incentives like special incentives for doctors, incentive for Auxiliary Nurse and Midwife (ANM) for ensuring timely Antenatal Checkup (ANC) checkup and recording, incentives for conducting Adolescent Reproductive and Sexual Health activities.
- States are also allowed to offer negotiable salary to attract specialist including flexibility in strategies such as ″You Quote We Pay″.
- 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 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.

The measures/steps taken by the Government to increase the doctors/medical professionals in the country includes:-

- Centrally Sponsored Scheme for establishment of new medical college by upgrading district/ referral hospital under which 157 medical colleges have been approved.
- Centrally Sponsored Scheme for strengthening/ upgradation of existing State Government/Central Government Medical Colleges to increase MBBS and PG seats.
- DNB qualification has been recognized for appointment as faculty to take care of shortage of faculty.
- Enhancement of age limit for appointment/ extension/ re-employment against posts of teachers/Dean/Principal/ Director in medical colleges upto 70 years.
- **Family Adoption Programme (FAP):** The FAP has been incorporated into the MBBS curriculum to provide equitable healthcare access to rural population. FAP involves medical colleges adopting villages and MBBS students adopting families within these villages. This enables regular follow-up of adopted families for vaccination, growth monitoring, menstrual hygiene, Iron & Folic Acid (IFA) supplementation, healthy lifestyle practices, nutrition, vector control, and medication adherence. It also helps in educating families about ongoing government health programmes.
- **District Residency Programme (DRP):** The DRP notified by the NMC provides for a compulsory three months posting cum training of PG medical students at District Hospitals as a part of the course curriculum. DRP benefits the public by strengthening healthcare delivery in rural and underserved areas.

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