

Ensuring availability of Doctors in Rural Areas

Introduction:

Out of 1082 million population of India as per 2001 census, 72.2% resides in rural areas. This population has spread over 593732 inhabited villages in 593 Districts of the country.

At present, Rural Health Care Services are provided through the network of 142655 Sub-centres, 23109 PHCs and 3222 CHCs in the country. Nonetheless, as per the Standard Population Norm (as per 2001 census) for setting up of Health Centres, 21983 Sub-centres, 4436 PHCs and 3332 CHCs are required in addition to present numbers

Problem of Manpower Deployment in Rural Areas::

The biggest challenge in the delivery of Rural Health Care Services is to ensure the availability of services of doctors in PHCs and CHCs. At present, 700 PHCs are without doctors. Reasons are varied like:

- Delays in recruitment
- Inappropriate personnel policy
- Lack of basic amenities and incentives for working in the rural area.

The shortfall of Surgeons, Gynecologists, Physicians and Pediatricians in CHCs is 56%, 56%, 59% and 67% respectively. The efficient functioning of the Specialists at CHCs largely depends upon the presence of an Anesthetist, which has been a grave challenge to ensure for Indian Health System.

In addition, it has also been proposed that all PHCs will function as “24 hours PHC” in a phased manner, starting with 50% of PHCs in the beginning. To address this need, we will have to provide 2 Medical Officers in each PHC.

Initiatives taken so far to increase availability of Doctors in Rural Areas:

The annual turnover of MBBS doctors is about 24, 000 as per the current capacity of Medical Colleges, which may meet the recruitment of doctors.

But this has not solved the problem of posting of doctors in rural areas. A number of States have taken various initiatives:

- Compulsory rural/difficult area posting for admission to post-graduate courses and as a pre-requisite for promotion, foreign assignment or training abroad;
- Compulsory rotation of doctors on completion of prescribed tenure as per classification of locations;
- Contractual appointment of doctors;
- Option to forgo non-practicing allowance and undertake practice without compromising on assigned duties, as per the service rules; offering incentive in form of allowance etc.

However, the results have not been very encouraging. Therefore various options are considered for improving availability of doctors in rural areas.

Recommendations:

Measures that are required to ensure the services of doctors in rural areas are given below:

- Increase in the age of retirement of doctors to 65 years preferably with posting near hometown;
- Decentralization of recruitment at district level;
- Walk-in-interview and contractual appointment of doctors;
- Enhancing the salary for posting in rural areas by one-third;
- Increasing the admission capacity in medical colleges for Anesthesia;

- Reviving the Diploma Course in Anesthesia;
- To start one year Certificate Course in Anesthesia for Medical Officers working in the system at present to be given by National Board of Examination;
- Recognition of five hundred bedded Hospitals to provide the facility for conducting the above course.
- Provision of facilities for education (reservation of seats in institutions) of children and employment of spouse
- Scope for professional enhancement for the doctors posted in rural areas should be made possible through Continuing Medical Education, etc. A clear road map for promotional avenue should be available for all doctors, which may help motivate them.
- Hiring of private practitioners on case-to-case basis.

States may be given the flexibility of opting for innovative models to increase availability.