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THE TIMES OF INDIA

# India's doctor-patient ratio healthy at 1:921

Includes All Streams | 1:1596 For Allopathy Docs

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**Bengaluru:** India has one doctor for every 921 people, as of December 2017, way ahead of the doctor-population ratio of 1:1000 prescribed by the World Health Organisation. The number includes ayurveda, homeopathy and unani (AUH) practitioners, along with allopathy doctors.

If allopathy doctors alone are considered, the ratio soars to 1:1596. There are 7.63 lakh ayurveda, unani and homeopathy doctors in the country, and assuming that even 80% of them are practising, there are 6.1lakh AUH doctors.

According to the Medical Council of India, 10.4 lakh doctors are registered with the state branches of the council. However, not more than 0.33lakh MBBS doctors are in active service.

To increase the number of MBBS doctors, the Centre is working on hiking MBBS seats from 150 to 250 per college, sources said.

Dr Girdhar J Gyani, founder director-general, Association of Healthcare Providers-India (AHPi), said the government has to include AUH doctors while counting doctors in the country. "Three out of 10 primary he-

## KNOWLEDGE ON 47 BASIC DRUGS

Ayush doctors need to be taught pharmacology and the 47 basic drugs used in allopathy, says a senior doctor who has been working with the government on policy decisions. "Pharmacology is an important component of an MBBS degree. The government can give doctors from the alternative medicine stream a course in pharmacology to equip them with the knowledge of basic, emergency drugs," the doctor said.

Dr B T Rudresh, homeopathy physician and member of the senate, Rajiv Gandhi University of Health Sciences, said there's no question of excluding Ayush doctors while considering healthcare delivery in the country. "In fact, doctors alone are not contributing to healthcare. Trained midwives are conducting deliveries in rural India. Ayush doctors maintain almost 75% of healthcare services in North Karnataka," he said.



## TIMES VIEW

The number of doctors serving the country comes as a pleasant surprise, and in fact, reflects India's beliefs; while one section of the population goes strictly with allopathy, there is another section which has faith in natural healing. The latter is looked upon as a discipline with limitations, and with much scepticism. Yet, this section of doctors can contribute a great deal if equipped with the basics of the allopathic system. In a country where medical treatment is expensive and rural healthcare deficient, these doctors can be a boon if they are accepted as mainstream practitioners.

## NUMBER MATTERS

| Year    | -MBBS doctor: Population ratio |
|---------|--------------------------------|
| 2017-18 | 1:1,596                        |
| 2016-17 | 1:1,668                        |
| 2015-16 | 1:1,681                        |
| 2014-15 | 1:1,674                        |

alth centres across the country must be of alternative medicine. There is a need to engage these doctors in promotion of preventive healthcare, but they must not be pushed to prescribe allo-

pathy drugs. Let them practise the system of medicine they have learnt, and the government must build public faith in alternative medicine. They have not been progressing aggressively," he said.

## PG medical and dental seat aspirants anxious

Reason is the Supreme Court stay on notification issued by Karnataka

STAFF REPORTER  
BENGALURU

Postgraduate medical and dental seat aspirants from Karnataka are a worried lot as the seat allotment process has been put on hold after the Supreme Court stayed a notification issued by Karnataka.

The notification had made studying in the State for a minimum of 10 years mandatory for qualifying for government seats in postgraduate medical and dental colleges.

Students had written the Postgraduate National Entrance cum Eligibility Test (PG NEET) on January 7, as the test is the gateway to obtain government and government-quota seats.

The Karnataka Examinations Authority (KEA), which was supposed to announce the mock results for candidates on March 30, did not put it up as per the Supreme Court directions. Further, the real allotment process scheduled for April 5 is also not likely to take place.

A postgraduate medical

seat aspirant said students were waiting for the verdict to put an end to the uncertainty. "I am completely pinning all my hopes on getting a government quota seat in Karnataka. This may happen only if the 10 years clause is retained," the candidate said.

Another candidate added that she is in a dilemma as she has secured a seat under the All India quota and the last date to report to colleges is April 5. "I thought I would see the results announced by KEA to know if I have bagged a government seat in Karnataka and then decide if I should take the All India quota seat. But, now I will just have to pick the All India quota seat," she said.

Medical Education Department authorities said they had expected the judgement to be pronounced on Monday, but it has not taken place. "We are racing against time as the last date to complete admissions for all rounds, including the mop-up round, is May 18," an official said.



# Junior doctors welcome PG rural service, seek better pay, facilities

## Rule to be enforced this academic year

Meghana Choukkar

**BENGALURU, DHNS:** Karnataka Medical Students' and Youth Doctors' Association has welcomed strict implementation of compulsory rural service for postgraduate medical students, but not in its entirety.

From this academic year, one to three years of compulsory rural service will be implemented for students securing admission for post-graduate courses in government colleges or government seats in private colleges, a rule which existed but was not followed.

"Rural service will help tackle the shortage of doctors, particularly in North Karnataka. But, we often receive complaints that facilities for doctors to stay in these areas are not good. We have commu-



nicated with all UG students doing rural service to inform us if they face such issues," said Dr Jyothi, vice president of the association. Claims of insufficient facilities will be verified and the association will take it up with the government.

"Three years is a little too long for rural service. After about four and half years of undergraduate studies, we do one-year rural service before joining post-graduation. By the time we finish the PG rural service and try to set up our own practice, we will be in our mid-30s. We spend half our lifetime just studying," said Dr Jyothi. The association intends to discuss this issue with the government.

Further, Dr Jyothi said the stipend should be increased. "By the time they complete their PG, most doctors have families and the stipend of Rs 40,000 is too less to take care of everything. They are of the level of consultants in district hospitals who get paid between Rs 80,000 and Rs one lakh," she said.

Dr S Sachidananda, Director for Medical Education, said that bonds of one-year and three-year rural service will be offered to the students, depending on demand.

"We will have to look at the specialities with vacancies and take stock of the number and speciality of students passing out. In rural service, subjects of priority are paediatrics, gynaecology, surgery, and ENT among others," he said. A speciality with high requirement but fewer doctors may attract a bond of three years, he said.

On the contention that three years was too long, Dr Sachidananda said, "The government is providing them a heavily subsidised medical education and that is why we ask for three years of service."