

Government will tackle shortage of doctors soon: Ramadoss

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<http://sify.com/news/fullstory.php?id=14638432>

New Delhi: Acknowledging the severe crunch India is facing in the number of doctors, nurses and paramedics, Health Minister Anbumani Ramadoss said Friday that since the government recognises the medical degrees issued by five English-speaking countries, including the US, Britain and Australia, it would help tide over the shortage.

He said the government was taking a number of steps to overcome the shortfall in order to ensure that people are able to get quality medical care.

"There is no stop-gap arrangement. Yes, we know there is a shortfall of medical human resources in the country. The need has also been felt because of the expanding population," Ramadoss told reporters after awarding undergraduate degrees to students at the Lady Hardindge Medical College (LHMC) at its 92nd convocation here.

The Planning Commission has said India faces a shortage of about 600,000 doctors, one million nurses, 200,000 dental surgeons and large numbers of paramedical staff.

"We have recognized postgraduate degrees of English speaking countries like the US, Britain, Australia, Canada and New Zealand. This would also help us in some way as we hope that doctors would come to India to work here," Ramadoss said when asked about the Planning Commission report.

The minister said the decision to recognize degrees of these countries was taken a few months back and the ministry would be considering including some more countries to the list.

The government is also upgrading the existing infrastructure and setting up new ones, Ramadoss added.

Hoping that the undergraduate and postgraduate students of LHMC would come back after their studies or jobs abroad, the minister said the "country needs them".

"We need a lot more doctors, nurses, paramedics, psychologists and neurologists. But we have seen hundreds of doctors are coming back from the US and Europe to work in India," he said addressing the medical students.

"This is happening because of the medical tourism boom in the country. This growing trend of doctors coming back to India is happening because they have realized that there are the same opportunities in our country as in the western countries," he said.

"We are seeing a reverse trend. Patients from the US, Britain, Australia and Canada are coming here for medical treatment," he added.

As LHMC is one of the colleges to be upgraded, the minister urged the students to be a leader and not a follower and work for the nation.

The minister said there are 700,000 doctors in the country and they need another 700,000. And in the same way, there are only 900,000 nurses in the country, but the need is for two million, he said.

The country also has only 200,000 dentists while the need is for another 500,000, he added.

Every year, 12,000 postgraduate students pass out, though the demand is for 30,000, Ramadoss said.

On being asked that the Planning Commission has said that the "only way" to meet the human resource crunch is to open the medical education sector "completely for private sector participation", the minister said it was an "ongoing process."

Ramadoss said there were plans to set up more medical colleges in Bihar, Uttar Pradesh and Madhya Pradesh as these states face an acute shortage of specialized doctors. In the 11th Five Year Plan the ministry plans spending most of the money on building infrastructure, he added.

India short of 6 lakh doctors

3 Apr 2008, 0014 hrs IST, Kounteya Sinha & Mahendra Kumar Singh,TNN

http://timesofindia.indiatimes.com/India/File_India_short_of_6_lakh_doctors_and_10_lakh_nurses/articleshow/2921262.cms

NEW DELHI: Even as India faces an acute shortage of manpower in the healthcare sector, the country holds the top position when it comes to its physicians migrating to developed countries like Britain and the US.

Almost 60,000 Indian physicians are estimated to be working in countries like US, UK, Canada and Australia alone.

India, on the other hand, has a **dismal patient-doctor ratio**. According to the report, for **every 10,000 Indians, there is one doctor**. In contrast, Australia has 249 doctors for every 10,000 people, Canada has 209, UK has 166 and US has 548.

India also faces an acute shortage of dental surgeons. At present, the number of dental surgeons registered in India stands at just over 73,000 against a requirement of 3 lakh. Similarly, the health ministry estimates that there needs to be one nurse for every 500 people. According to this, India required 21 lakh nurses in 2007. But only 11 lakh nurses were available.

Calling the shortage of human resources a distressing feature of India's healthcare services, the report said, **"India ranks at the top of nations whose physicians are working in the major developed countries. India has also emerged as one of the top suppliers of other categories of healthcare professionals, particularly radiologists, laboratory technicians, dental hygienists, physiotherapists and medical rehabilitation workers."**

"For several decades, Indian medical professionals have been serving not only in the Middle-East but also in several English speaking developed countries, including the US and the UK," said Anwarul Hoda, member (international economics) of the Planning Commission, who headed the high-level group that prepared the report.

'Medical tourism booming in India'

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http://timesofindia.indiatimes.com/India/File_Medical_tourism_booming_in_India/articleshow/2924252.cms

NEW DELHI: For Indian [doctors](#), western shores could be greener. But for an increasing number of foreign patients, Indian hospitals are fast becoming their first choice. Over 1.5 lakh medical tourists travelled to India in 2002 alone, bringing in earnings of \$300 million.

Since then, the number of such travellers has been increasing by at least 25% every year. A CII-McKinsey report projects that earnings through medical tourism would go up to \$2 billion by 2012.

Most patients visiting India are from SAARC countries, but an increasing number of NRIs settled in the US and the UK have also been availing of healthcare services in India. The Planning Commission holds superior quality of medical service coupled with the low cost of surgeries responsible for making the country one of the most attractive destinations for medical value [travel](#). In its latest high-level report, the commission has done a cost comparison of various medical procedures.

Released by Planning Commission deputy chairman Montek Singh Ahluwalia on Wednesday, the report reveals that while a [heart bypass](#) surgery would cost a patient \$6,000 in India, the same surgery would cost the person \$7,894 in Thailand, \$10,417 in Singapore, \$23,938 in the US and \$19,700 in Britain.

A heart valve replacement surgery would cost patients \$10,000 in Thailand, \$12,500 in Singapore, \$200,000 in the US and \$90,000 in Britain. In India, it would cost just \$8,000. While a bone marrow transplant would cost \$30,000 in India, doctors in US would charge anywhere between \$250,000-400,000 while those in UK would charge \$150,000. A [cosmetic surgery](#) would cost \$3,500 in Thailand, \$20,000 in the US and \$10,000 in Britain. But in India, it costs only \$2,000.

According to the American Medical Association data, a spinal fusion would cost \$62,000 in the US, \$5,500 in India, \$7,000 in Thailand and \$9,000 in Singapore.

The report, prepared by member Anwarul Hoda, says: "The hospitals established by private corporate players are world class. They not only have the latest medical technologies, but also the services of Indian doctors and nurses with high degree of proficiency. The hospitals are completely equipped, upmarket and proficient and can measure up or even outshine any hospital in the West."

India also launched in 2006 an accreditation programme for secondary and tertiary hospitals by the National Accreditation Board for Hospitals and Healthcare Providers (NABH). NABH with 120 qualified assessors on its panel has so far granted accreditation to

11 hospitals and 43 are in various stages of evaluation.

According to the report, the government plans to provide visa facilities on priority for medical tourists. But it highlights how the main impediment for medical tourists coming from the UK and US for major surgeries is the fact that the insurance companies are not willing to cover treatment in India.

"However, the cost savings involved in getting treatment done in India is bound to result in the insurance company imposed barriers breaking down in the future. Already, some hospitals are entering into alliances with international insurance companies for making it possible to send patients to India for treatment," the report says.

Union health minister A Ramadoss had earlier said: "In the last five years, the number of patients visiting India for [medical treatment](#) has been rising by 20%. India boasts of the best private-owned hospitals. When it comes to becoming a doctor, India also has some of the stringest criteria. Language is another plus factor — English is widely spoken and most importantly, there are no waiting lists."

Compulsory rural stint for doctors: Ramadoss

22 Sep 2006, 1955 hrs IST, IANS

<http://timesofindia.indiatimes.com/articleshow/2018752.cms>

NEW DELHI: The government proposes to revive the thorny issue of making a one-year rural stint compulsory for medical graduates, said Health Minister Anbumani Ramadoss on Friday.

A proposal on the issue would be drafted by December and placed before the cabinet, the minister told reporters after the second meeting of the ministerial steering group of the National Rural Health Mission.

"By December we hope to go to the cabinet for clearance of the proposal," he said.

In order to meet health targets and bridge the acute shortfall of trained doctors in rural healthcare centres, it is proposed that medical students would not be given the licence to practice or go in for further studies till they have completed one-year rural posting after internship, said Ramadoss.

"We are proposing to bring in a legislation for compulsory one-year posting in rural areas after internship, when the medical student would be given temporary registration. During the one-year rural posting, the medical graduate would be given a stipend but no salary," said Ramadoss.

In effect, this would mean that medical graduation would take six-and-a-half years instead of the current five-and-a-half years including internship, said Health Secretary P.K. Hota.

Every year around 28,000 graduates pass out of the 240 medical colleges, including private institutions.

To win over the Indian Medical Association (IMA), which had opposed a similar proposal in the past, Ramadoss said they would be invited for discussions next month.

The National Rural Health Mission is being scaled up to improve healthcare and sanitation in rural areas.

The cabinet had last month approved a health ministry proposal to provide more financial and structural flexibility with the target of reducing maternal and child mortality, improving nutrition and reducing the burden of diseases in rural areas.