

## 57.3% ALLOPATHIC PRACTITIONERS ARE NOT QUALIFIED: HEALTH MINISTRY

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“At present, 57.3% of personnel currently practising allopathic medicine do not have a medical qualification,” states the Union Health Ministry’s data, adding that this puts at risk rural patients who suffer because of an urban to rural doctor density ratio of 3.8:1, and India’s poor doctor-population ratio of 1:1456 as compared with the World Health Organisation standards of 1:1000.

“There is a huge skew in the distribution of doctors working in the urban and rural areas. Consequently, most of our rural and poor population is denied good quality care, leaving them in the clutches of quacks,” said Union Health Minister Harsh Vardhan.

Section 15 of the Indian Medical Council Act, 1956 prohibits a person other than a medical practitioner enrolled on a State Medical Register to practice medicine in the State. Any person acting in contravention is punishable with imprisonment and fine, and since health is a State subject, the primary responsibility to deal with such cases lies with the respective State governments.

“We have requested all Chief Ministers of all the States to take appropriate action under the law against quacks, and also to evolve suitable policies to ensure availability of a quality health workforce in rural areas,” said a senior health official.

According to government records, a total of 11,46,044 allopathic doctors were registered with the State Medical Councils/ Medical Council of India as on December 31, 2018.

“Besides, there are also 7.63 lakh Ayurveda, Unani and Homeopathy (AUH) doctors in the country. Assuming 80% availability, it is estimated that around 6.1 lakh AUH doctors may be actually available for service, and considered together with allopathic doctors, we have a doctor-population ratio of 1:884, which is still low,” noted the Ministry.

Professor K. Srinath Reddy of the Public Health Foundation of India noted that the wide gaps in comprehensive primary healthcare services for many rural areas need to be filled through competent mid-level healthcare providers who are adequately trained, technologically enabled and legally empowered.

“Even as we must invest in producing more family physicians for primary care, we should not ignore the potential of well-trained non-physician care providers in community settings,” he added.

The Health Ministry states that it is now looking into bringing in mid-level healthcare providers to relieve overburdened specialists.

“Countries such as Thailand, United Kingdom, China and even [a city like] New York have permitted community health workers/ nurse practitioners into mainstream health services, with improved health outcomes. Since we have a shortage of doctors and specialists, this is vital,” said the Health Minister.

He added that in India, Chhattisgarh and Assam have experimented with community health workers, and that according to independent evaluations carried out by the Harvard School of

Public Health, they have performed very well. "There is no grounds for concern if the quality of personnel is regulated tightly," said Dr. Harsh Vardhan.

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