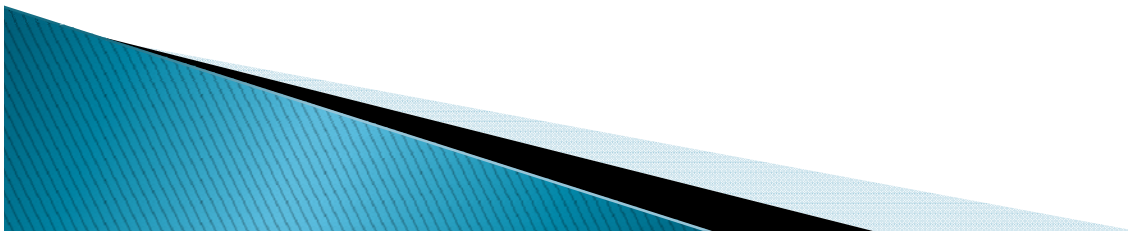


Working Group on Tertiary Care Institutions – 12th Plan

29–30 November 2011


**Debasish Panda,
Joint Secretary and Member Secretary**



Existing Scenario

- ▶ Total No. of medical colleges = 335
- ▶ Annual Training Capacity (UG) = 41569
- ▶ Annual Training Capacity (PG) = 20858
- ▶ Bed Strength = 2 lac (approx.)

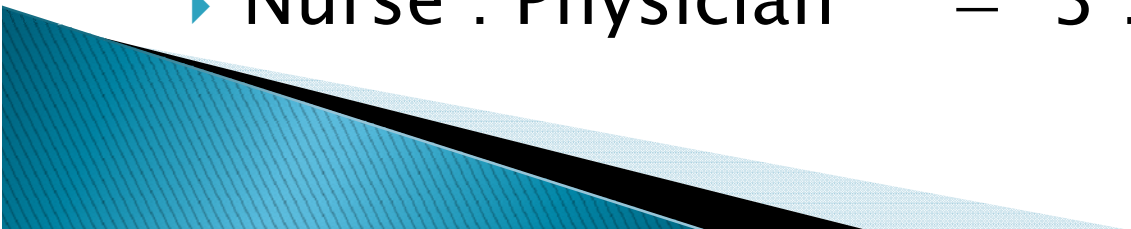
Besides there are private hospitals providing tertiary care across the country.



Existing Scenario- contd.

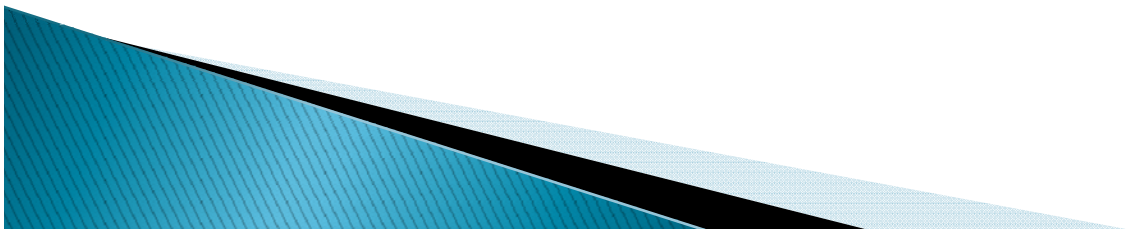
- ▶ Doctor : Population = 1 : 2000 (approx.)
- ▶ Nurse : Population = 1 : 1130
- ▶ Nurse : Physician = 1.5 : 1

Target

- ▶ Doctor : Population = 1 : 1000
 - ▶ Nurse : Physician = 3 : 1
- 

Concerns

- ▶ Heavy load at tertiary health care facilities;
- ▶ Most of these are relatively less equipped than AIIMS, JIPMER & PGI;
- ▶ Departments of critical care like Oncology, Cardiology etc. are underdeveloped;



Concerns – contd.

- ▶ Thus, centers of excellence are inadequate;
- ▶ NCDs/life style diseases burden growing; need for specialised care
- ▶ Immediate governmental intervention required to strengthen and expand tertiary care.
- ▶ Poorly accessible especially for people with disabilities

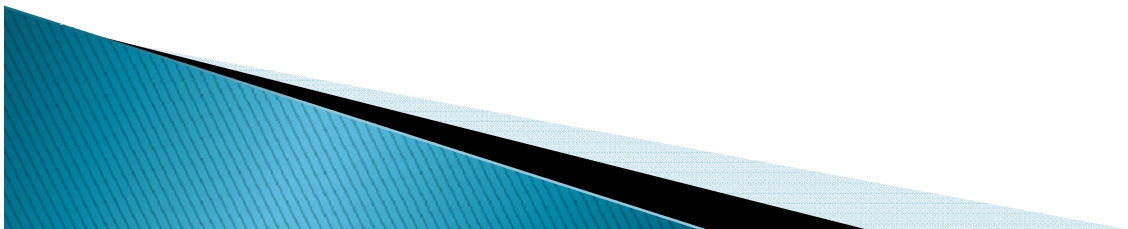
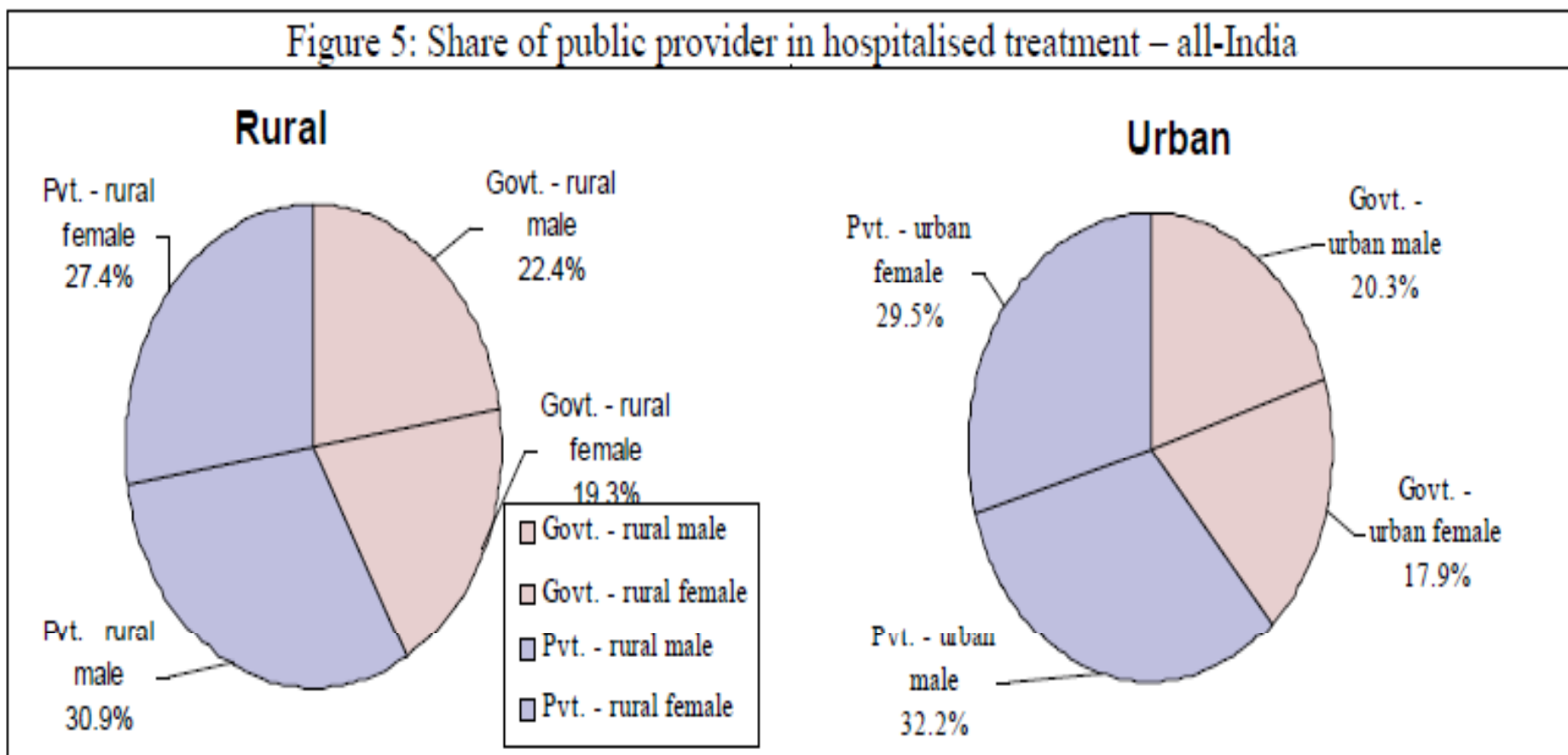


Figure 5: Share of public provider in hospitalised treatment – all-India



NSS 60th round

Average medical expenditure (Rs.) per hospitalisation case

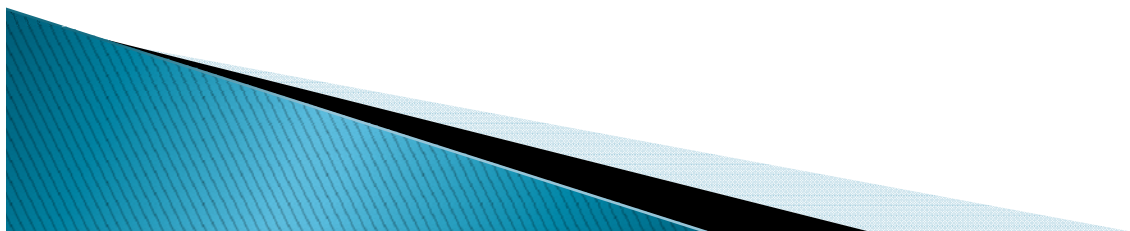
| type of hospital | India | | | |
|----------------------|-------|---------|--------|---------|
| | rural | | urban | |
| | 2004 | 1995-96 | 2004 | 1995-96 |
| government hospitals | 3,238 | 2,080 | 3,877 | 2,195 |
| private hospitals | 7,408 | 4,300 | 11,553 | 5,344 |
| any hospital | 5,695 | 3,202 | 8,851 | 3,921 |

NSS 60th round

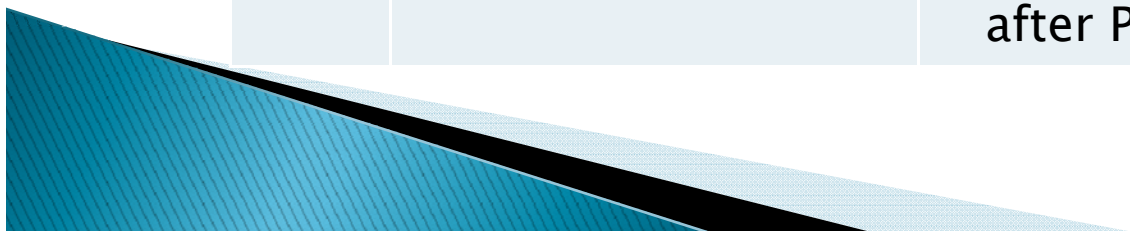
HR ISSUES

| S.No | Issues | Proposed Solutions |
|------|--|--|
| 1. | Lack of credible data base – A bottleneck in proper planning | <ul style="list-style-type: none">✓ Establish a National Observatory for Human Resources for Health.✓ Collect, compile, collate & maintain live data.✓ Evidence – based planning |
| 2. | Absence of Governance Structure at Centre & in States | <ul style="list-style-type: none">✓ Establish either a Department of Human Resources for Health✓ <u>or</u> A separate Division within the Department of Health, strengthened with adequate technical & managerial manpower. |

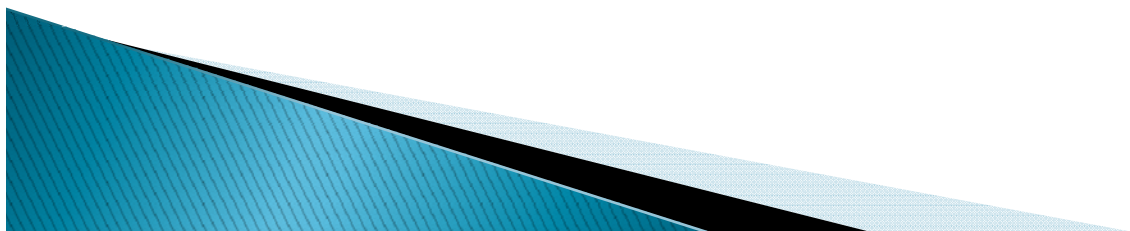
| S.No | Issues | Proposed Solutions |
|------|--|--|
| 3. | Under investment/ Financing issues | <ul style="list-style-type: none"> ✓ Increased funding for the public sector during the 12th Plan ✓ Centrally sponsored financial assistance to States during 12th Plan. |
| 4. | Institutional/ Instructional reforms Regulation & Accreditation | <ul style="list-style-type: none"> ✓ Creation of overarching regulatory body viz. NCHRH ✓ Review of curriculum – A right balance between knowledge and competency |



| S.NO | Issues | Proposal Solution |
|------|--|--|
| 5. | Equity Issues, in terms of – <ul style="list-style-type: none"> • Performance • Distribution • Gender | <ul style="list-style-type: none"> ✓ Increased public investment in the unserved / underserved areas. ✓ Strengthen Secondary / Tertiary health facilities |
| 6. | Retention Issues | <ul style="list-style-type: none"> ✓ Flexible remuneration policy ✓ Flexible hiring policy e.g. campus recruitment. ✓ Compulsory rural internship attached with MBBS course. ✓ Compulsory district internship after PG medical course. |





| S. No | Issues | Proposal Solution |
|-------|---------------------------|---|
| 7. | Access to Health Services | <ul style="list-style-type: none">✓ Introduction of the alternate model of medical education viz. Bachelor of Rural Health Care (BRHC) course.✓ Creation of a Public Health cadre✓ Parallel strengthening of health centers at all three levels i.e. Sub centre, Secondary (District Hospital) & Tertiary (Medical College) |




Strengthening & Augmentation of Human Resources in Health sector

The following proposals could be considered for 12th Plan:-

- ▶ Establishment of 50 new medical colleges.
 - ▶ Up-gradation of 100 existing medicine colleges, in terms of:
 - a) Creating Super-specialty facilities for cancer, cardio, neuro, etc.
 - b) Doubling intake capacity at MBBS level.
 - c) Doubling intake capacity at PG level.
- 

- ▶ Establishment 10 new AIIMS like institutes (ALIs) each having an advanced Super-specialty Centre with accessibility for people with disabilities conforming to standards.
 - ▶ These ALIs should impart PG courses and design flexible courses of shorter duration for specialists to enable them to deal with NCDs and other emerging life style diseases etc.
 - ▶ Establish a college of Nursing and a college of Paramedicine in every medical college.
 - ▶ Establish a Centre of excellence for Nursing & Paramedicine in every State headquarter.
- 

- ▶ Faculty Development/ Continuous Professional Development/ Training of Health Professionals – PPP mode.
 - ▶ Upgrade District Hospitals for improved health care delivery, running BRHC courses and offer training to various Health professionals
 - ▶ Setting up National Medical College Network as a major step to encourage telemedicine and tele-training in the country
 - ▶ Strengthening pharmacy institutions for starting UG & PG courses
- 

PROJECTED SCENARIO OF HUMAN RESOURCES IN HEALTH

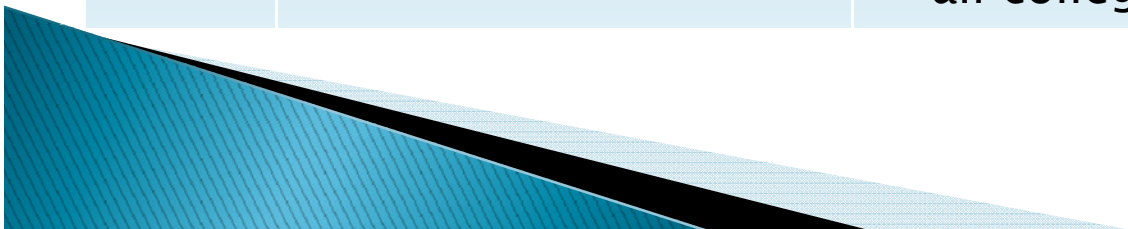
- **Doctor -Population Ratio = 1:2000 (existing approx.)**
- **Registered doctors =7.5 lakhs**
- **Active =5.5 lakhs**
- **Existing training capacity (MBBS) = 41569**
- **Targeted training capacity (MBBS) = 80,000 (By 2021)**
- **Existing training capacity (PG) = 20868**
- **Targeted training capacity (PG) = 45, 000 (By 2021)**
- **Doctor -Population Ratio = 1:1000 (Targeted)**
- **To achieve this, an additional 5.5 lakh doctors required which will be available by 2020.**

Overview of recommendations

| S . NO. | Issues | Proposed Solutions |
|---------|-------------------------------------|--|
| 1. | Need for more tertiary care centers | <ul style="list-style-type: none">– Creation of new AIIMS like Institutions (ALIs).– Strengthening & up-gradation of existing medical colleges under PMSSY.– Technical/Financial assistance to other Ministries like to Railways, Labor who have a chain of hospitals. |
| 2. | Tertiary care at district level | <ul style="list-style-type: none">– Linking medical college with district hospitals– Financial Assistance to States– Utilize district health systems for training UG & PG students |

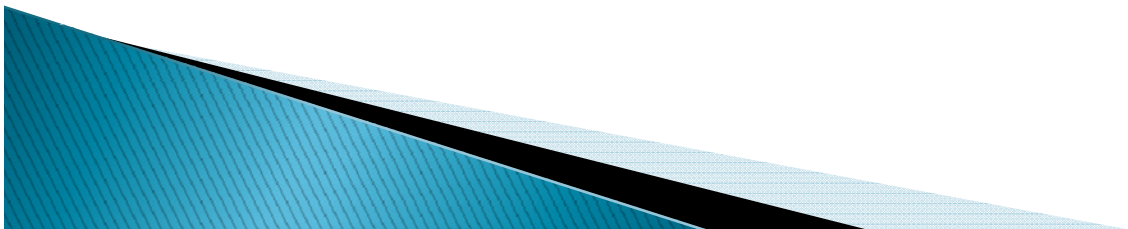
Overview – contd.

| S . NO. | Issues | Proposed Solutions |
|---------|--|---|
| 3. | PPP | <ul style="list-style-type: none">– Develop regulatory mechanism.– Allocation of funds to States.– Adopting successful PPP models of States. |
| 4. | Information Communication Technology (ICT) & | <ul style="list-style-type: none">– Set up a National Mission.– Funding– New courses– Installation of Hosp. Mgt. System in all college & District hospitals. |



Overview – contd.

| S . NO. | Issues | Proposed Solutions |
|---------|---------------|--|
| 5. | Future Vision | <ul style="list-style-type: none">– Setting up new National Institutes for critical areas.– Up-gradation of existing facilities into centers of excellence.– Setting up new Health Universities. |



Thank you.

