Bengal Journal of Otolaryngology and Head Neck Surgery

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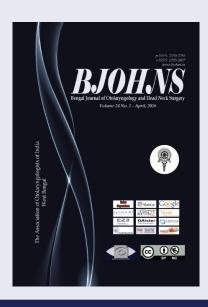
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From the Desk of the Editor



Some tell-tale reports are surfacing in the media suggesting rising unemployment among fresh medical graduates in India. Contrary to the common belief that doctors are unwilling to accept challenging postings in the government sector, they are queueing up for whatever is being offered to them in the form of employment. In the year 2015, 127 candidates from the general caste applied for a single vacancy in the health services in Kishanganj district in the state of Bihar whereas the figure stood at 526 candidates for a single post in the district of Purnea.¹ Shattering notions once again, a whopping 5,569 doctors have applied for 286 vacancies in government hospitals across Telangana in 2017. This translates to about 20 doctors competing for one vacancy.² The situation has not changed in 2020 when 74 doctors applied for 8 vacancies in medical officer posts for contractual appointment at Rs. 3500 per day in Chandigarh.³ Such situations should not have arisen if we must believe in the statistical data of severe deficiencies in the number of healthcare professionals and the commonly promoted view of unwillingness among doctors to accept government or rural postings.

India had 770,277 allopathic doctors accounting for 20 percent of the health workforce (3.8 million) in 2017-18. NSSO estimated the doctor density in India as 6.1 qualified doctors per 10,000 population, which is about ½ of the WHO benchmark. Efforts are on to bridge this gap. There has been a significant increase in the number of medical colleges during the last two decades. From 19 medical colleges and 1200 graduates each year at the time of independence, the number of colleges rose to 2270 in 2011 producing over 27,000 graduates a year. Presently, India has 554 medical colleges (largest number in the world) with annual intake of 83,175 per year. By 2030, India will have an additional 1 million MBBS doctors currently being produced at the rate of 80,000 per year which is forecast to reduce the imbalance in the doctor-patient ratio at least to some extent.

Why, in a country which is concerned with the deficiency of healthcare professionals, should these 1 million fresh medical graduates stare at the prospect of educated unemployment? 'India has 2 lakh unemployed doctors at present, who can serve in rural areas if given proper pay and perks.' There is a feeling that the medical colleges are being set up without assessing the requirements and the ground realities. The government health sector clearly does not have the necessary capacity to employ the existing workforce of medical doctors.

Despite the government being the dominant provider of preventive care services, the NSSO data shows that 80% of the allopathic doctors work with the private sector. Only 10% of the allopathic doctors in rural India and 20% in the cities are with the government sector. The rural health statistics 2019-20 of the Government of India show that there is a shortfall of only 6.8% of total requirement of allopathic doctors for existing infrastructure at rural Public Health Centres and 11.1% in urban Public Health Centres as compared to manpower in position (March 2020). In absolute terms, there is a shortfall (Requirement minus Manpower in position) of only 1704 General Duty Medical Officers (GDMOs) in rural Public Health Centres, 355 GDMOs in Rural Community Health Centres and 126 GDMOs in Urban Community Health Centres. States like West Bengal reported no shortfall of GDMOs at all - the vacancies reported to be 2637 and 3618 in district hospitals and subdivisional hospitals respectively.

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The Government, at this stage, can provide employment to only 18,293 more MBBS doctors, considering the vacant sanctioned posts all over India. In the state of Kerala, there are only 5215 posts in the public health sector including primary and community health centres and general and district hospitals. The state's private sector can only provide employment opportunity for around 20,000. Thus, in a country of 1.8 billion population, there is actually no demand for medical professionals. The private sector is the dominant employer of the health workforce in India. Unfortunately, the average salary of a fresh medical graduate in the private hospitals of metropolitan cities is even lower than an entry level call centre employee, and is inadequate to support a lower middle class living standard in those cities.

So where are the newly qualified doctors disappearing to in the face of lack of employment opportunities or absence of campus recruitment or non-existent research facilities and lack of sufficient PG seats? Interestingly, most of the medical graduates spend 5-10 years of their initial career preparing for post graduate entrance tests which only half of them eventually crack, with all of them losing the opportunity of fruitful engagement with the health system. Others are migrating outside India in search of greener pastures. About 5% of doctors in the USA and 10% of the doctors in the UK are of Indian origin. Almost 54% of the alumni of AIIMS, Delhi, who graduated between 1989 and 2000, now reside outside India.⁴

Instead of setting up more medical colleges as an interim reaction to uncomfortable statistical data, the government should go for a reality check. It should prepare a database on the status, prospects and constraints of the fresh medical graduates to engage the hitherto untapped medical workforce and satisfy the needs of the health system, rather than allowing a significant section of the young and productive medical workforce to sit idle. Otherwise, like their engineering counterparts, the increase in number of MBBS seats will only be on paper with few prospective students and its effects will be felt for generations to come.

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