

THE



HINDU



EDITORIAL

ANALYSIS

READING

VOCABULARY

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LIVE 11:00 AM | BY - PRESHIKA MA'AM



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ENGLISH BY PRESHIKA TONGAR



Important Words used in editorial

Persistent — continuing for a long time

Synonyms: constant, continuous **Antonyms:** temporary,
irregular, *eternal, perpetual*, *ephemeral, short lived, transient, transitory*

Underserved — not receiving enough services

Synonyms: neglected, deprived **Antonyms:** privileged, well-served

Important Words used in editorial

Obligation — duty or responsibility

Synonyms: responsibility, commitment

Antonyms: freedom, choice Deploy — to place or use
effectively

Synonyms: assign, position

Antonyms: withdraw, remove

Important Words used in editorial

Vacancy — empty position

Synonyms: opening, gap

Antonyms: occupancy, filled post

Reluctant — unwilling or hesitant

Synonyms: hesitant, resistant

Antonyms: willing, eager, *Keen*

Important Words used in editorial Infrastructure — basic facilities and systems

Synonyms: framework, facilities

Antonyms: breakdown, ruin, Inadequate — not sufficient

Synonyms: insufficient, deficient

Antonyms: adequate, sufficient, *enough*

Aggravated — made worse

Synonyms: worsened, intensified **Antonyms:** relieved, improved

alleviate
assuage
mitigate
mollify

India's decision to establish 43 new medical colleges and approve 11,682 MBBS seats along with 8,967 postgraduate seats for the 2025–26 academic year reflects a major expansion of medical education. However, this alone is unlikely to solve the persistent shortage of doctors and specialists in the public health system, especially in rural, tribal, hilly, and underserved regions. A major concern is that out of the 43 new medical colleges, 27 belong to the private sector, while only eight are under State governments and eight under the Employees' State Insurance (ESI) sector. Private medical colleges charge high fees and have no obligation to deploy graduates in government service or underserved areas. Despite the creation of over 72,000 postgraduate seats since 2014, the shortage of specialists in Community Health Centres (CHCs) has remained almost unchanged at around 17,500. According to The Health Dynamics of India 2022–23 report, only 4,413 specialists are available against a requirement of 21,964 in 5,491 rural CHCs across India, leaving a vacancy rate of nearly 80%. This shows that increasing the number of seats without a proper deployment strategy does not improve healthcare delivery. Specialists are often reluctant to work in remote areas because of poor infrastructure, inadequate equipment, lack of staff quarters, poor schooling facilities for children, and limited peer support. As a result, patients from rural and tribal areas are forced to travel long distances to district hospitals or medical colleges for treatment.

The problem is further aggravated by faculty shortages in AIIMS institutions, where many teaching and research posts remain vacant, affecting the quality of specialist training. The article suggests several reforms. PHCs and CHCs should be classified into normal, difficult, and most difficult areas, with additional incentives for doctors serving in remote regions. Government-sponsored postgraduate seats should be linked to existing specialist vacancies, requiring candidates to serve in designated facilities after training. Incentives such as financial allowances, postgraduate priority, quality housing, and educational facilities for children should be provided. The "all or none" principle of posting all five specialists together in a CHC is recommended to ensure effective healthcare delivery, improved teamwork, reduced stress on doctors, and greater public trust in government hospitals.

1. Which of the following statements is/are true according to the passage?

A. India approved 11,682 MBBS seats for 2025-26.

B. All 43 new medical colleges belong to the government sector.

C. Shortage of specialists in CHCs is around 17,500.

(a) Only A true

(b) ~~Only B true~~

(c) A and C true

(d) ~~A, B and C true~~

- 2. Which of the following statements is/are correct?**
- A. Private medical colleges charge high fees.**
 - B. Specialists are eager to work in remote areas.**
 - C. Poor infrastructure discourages doctors from rural postings.**

- ~~(a) Only A true~~
- ~~(b) A and C true~~
- ~~(c) B and C true~~
- ~~(d) All are true~~

3. Which of the following statements is/are true?

- A. Nearly 80% specialist vacancies exist in rural CHCs.
- B. AIIMS institutions face faculty shortages.
- C. Increasing seats alone has solved rural healthcare problems.

False

- (a) Only A true
- (b) Only B true
- (c) A and B true
- (d) All are true

4. Which of the following statements is/are correct?

- A. Government-sponsored postgraduate seats should be linked to specialist vacancies.
- B. Doctors serving in difficult areas should receive incentives.
- C. ~~The passage opposes teamwork in CHCs.~~

(a) Only A true

~~(b) A and B true~~

(c) B and C true

~~(d) All are true~~

5. Which of the following statements is/are true?

- A. The "all or none" principle recommends posting all five specialists together in a CHC.
- B. The principle aims to improve teamwork and public trust.
- C. Patients in rural areas already receive sufficient specialist care.

(a) Only A true

☒ (b) A and B true

(c) ~~Only C true~~

(d) ~~All are true~~

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