

REPORT NO.

117



सत्यमेव जयते

PARLIAMENT OF INDIA

RAJYA SABHA

DEPARTMENT-RELATED PARLIAMENTARY STANDING COMMITTEE ON
HEALTH AND FAMILY WELFARE

ONE HUNDRED SEVENTEENTH REPORT

On

THE ALLIED AND HEALTHCARE PROFESSIONS BILL, 2018

(Presented to the Rajya Sabha on 31st January, 2020)

(Laid on the Table of Lok Sabha on 31st January, 2020)



Rajya Sabha Secretariat, New Delhi
January, 2020/Magha, 1941 (SAKA)

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COMPOSITION OF THE COMMITTEE
(2018-19)

1. Prof. Ram Gopal Yadav - Chairman

RAJYA SABHA

2. Dr. R. Lakshmanan
3. Dr. Vikas Mahatme
4. Shri Jairam Ramesh
5. Dr. Santanu Sen
6. Shri Ashok Siddharth
7. Shri K. Somaprasad
8. Dr. C. P. Thakur
9. Shri Ronald Sapa Tlau
10. Shrimati Sampatiya Uikey

LOK SABHA

11. Shri Thangso Baite
12. Shri Nandkumar Singh Chauhan
13. Dr. Heena Vijaykumar Gavit
14. Shri C. P. Joshi
15. Dr. K. Kamaraj
16. Shri Arjunlal Meena
17. Shri Anoop Mishra
18. Advocate Jayasingh Thiyagaraj Natterjee
19. Dr. Mahendra Nath Pandey
20. Shri Chirag Paswan
21. Shri C. R. Patil
22. Shri M.K. Raghavan
23. Shri Janak Ram
24. Dr. Shrikant Eknath Shinde
25. Shri Gyan Singh
26. Shri Bharat Singh
27. Shri Kanwar Singh Tanwar
28. Shrimati Rita Tarai
29. Shri Dasrath Tirkey
*30. Shri Manohar Utawal
31. Shri Akshay Yadav

SECRETARIAT

Shri P.P.K. Ramacharyulu	Secretary
Shri J. Sundriyal	Joint Secretary
Shri Rakesh Naithani	Director
Shri Bhupendra Bhaskar	Additional Director
Smt. Harshita Shankar	Under Secretary
Shri Rajesh Kumar Sharma	Assistant Committee Officer
Ms. Monika Garbyal	Assistant Committee Officer
Shri Parth Gupta	Assistant Research Officer

**ceased to be member of the Committee w.e.f 21st December, 2018*

COMPOSITION OF THE COMMITTEE
(2019-20)

1. Prof. Ram Gopal Yadav - **Chairman**

RAJYA SABHA

2. Shri A.K. Antony
3. Dr. L. Hanumanthaiah
4. Shrimati Kahkashan Perween
5. Shri Suresh Prabhu
6. Dr. Santanu Sen
7. Chaudhary Birender Singh
8. Shri K. Somaprasad
9. Dr. Subramanian Swamy
10. Shrimati Sampatiya Uikey

LOK SABHA

11. *Vacant
12. Ms. Bhavana Gawali (Patil)
13. Ms. Ramya Haridas
14. Dr. Chandra Sen Jadon
15. Shrimati Malothu Kavitha
16. Shri P. K. Kunhalikutty
17. Dr. Sanghamitra Maurya
18. Shri Arjunlal Meena
19. Shrimati Pratima Mondal
20. Dr. Pritam Gopinath Munde
21. Dr. Mahendrabhai Kalubhai Munjpara
22. Dr. Bharati Pravin Pawar
23. Adv. Adoor Prakash
24. Shri Haji Fazlur Rehman
25. Dr. Rajdeep Roy
26. Dr. Subhas Sarkar
27. Shri D. N. V. Senthilkumar S.
28. Shri Anurag Sharma
29. Dr. Mahesh Sharma
30. Dr. Sujay Radhakrishna Vikhepatil
31. Dr. Krishna Pal Singh Yadav

SECRETARIAT

1. Dr. P.P.K. Ramacharyulu, Secretary
2. Shri J. Sundriyal, Joint Secretary
3. Shri V.S.P. Singh, Director
4. Shri Bhupendra Bhaskar, Additional Director
5. Smt. Harshita Shankar, Under Secretary
6. Shri Rajesh Kumar Sharma , Assistant Committee Officer
7. Ms. Monika Garbyal, Assistant Committee Officer
8. Shri Parth Gupta, Assistant Research Officer

(ii)

* Shri Udayanraje Pratapsingh Bhonsle, Member resigned from the membership of the Lok Sabha w.e.f 14th September, 2019.

PREFACE

I, the Chairman of the Department-related Parliamentary Standing Committee on Health and Family Welfare, having been authorized by the Committee to present the Report on its behalf, present this One Hundred Seventeenth Report of the Committee on the Allied and Healthcare Professions Bill, 2018.

2. In pursuance of Rule 270 of the Rules of Procedure and Conduct of Business in the Council of States relating to the Department-related Parliamentary Standing Committees, the Chairman, Rajya Sabha, referred* the Allied and Healthcare Professions Bill, 2019 on 2nd January, 2019 as introduced in the Rajya Sabha on 31st December, 2018 for examination and report by 1st April, 2019. The previous Committee commenced the examination of the said Bill and two meetings were held dated 24th January and 15th March, 2019. However, the previous Committee could not further examine the Bill and present its Report due to preoccupation of the Members of the previous Committee in the General Elections for the 17th Lok Sabha and subsequent dissolution of the Committee. Accordingly, it was decided that the said Bill would be examined by the re-constituted Committee. After the reconstitution of the Committee, examination of the Bill was started. However, due to extensive examination of the Bill, extension of time was sought from Hon'ble Chairman, Rajya Sabha who granted extension till the first day of the first week of the first part of the Budget Session, 2020 for presentation of Report on the Bill.

3. The Committee also issued a Press Release inviting memoranda/views from individuals and other stakeholders. In response thereto, a number of memoranda from different organisation/association and individuals were received.

* *Rajya Sabha Parliamentary Bulletin Part II, No.58476, dated 14th January, 2019.*

4. The Committee relied on the following documents in finalizing its Report:-
- (i) The Allied and Healthcare Professions Bill, 2018;
 - (ii) Background Note on the Bill received from the Ministry of Health and Family Welfare;
 - (iii) Presentation, clarifications and Oral evidence of Secretary, Department of Health and Family Welfare;
 - (iv) Memoranda received on the Bill from various institutes/bodies/associations/organizations/experts and replies of the Department on the memoranda selected by the Committee for examination;
 - (v) Oral evidence and written submissions by various stakeholders/experts on the Bill;
 - (vi) Replies received from the Ministry of Health and Family Welfare to the questions/queries raised by Members during the meetings on the Bill; and
 - (vii) A Report titled 'Paramedics to Allied Health professions: Landscaping the Journey and Way Forward', Public Health Foundation of India.
5. The Committee held 7 sittings during the course of examination of the Bill, i.e., on 24th January, 2019, 15th March, 2019, 10th October, 2019, 11th October, 2019, 10th December, 2019, 6th January, 2020 and 17th January, 2020. The list of witnesses heard by the Committee is at **Annexure-II**.
6. On behalf of the Committee, I would like to acknowledge with thanks the contributions made by those who deposed before the Committee and also those who gave their valuable suggestions to the Committee through their written submissions.
7. For facility of reference and convenience, the observations and recommendations of the Committee have been printed in bold letters in the body of the Report.
8. The Committee considered the draft Report and adopted the same on 17th, January, 2020.

NEW DELHI
17th January, 2020
..., Magha, 1941 (Saka)

Prof. Ram Gopal Yadav
Chairman,
Department-related Parliamentary
Standing Committee on Health and Family
Welfare, Rajya Sabha

CHAPTER- I

INTRODUCTION

Mission Statement of the Bill

1.1 The Allied and Healthcare Professions Bill, 2018 provides for regulation and maintenance of standards of education and services by Allied and Healthcare Professionals and the maintenance of a Central Register of Allied and Healthcare Professionals and for matters connected therewith or incidental thereto. The Bill, further, provides for the recognition of more than 53 professions in the allied and healthcare sector such as Physiotherapists, Occupational Therapists, Optometrists, Nutritionists, Medical Laboratory Professions, Radiotherapy Technology Professionals etc. who lack a comprehensive regulatory mechanism, therefore, makes provision for constitution of an allied and healthcare council of India for regulation and maintenance and standards for education and services. The Bill intends to strike a working equilibrium and balance between medical professionals and allied and healthcare professionals, latter being unidentified, unregulated and under-utilised. The Bill aims to endow equal status to the allied and healthcare professionals and strengthen the health workforce for availing the emerging employment opportunities in the domestic as well as the global market and for testing task shifting model and improving and increasing access to quality health services through qualified and competent set of allied and healthcare professionals.

Necessity of the Bill

1.2 Historically, India has leaned towards a ‘doctor-centered’ healthcare delivery, with very little attention paid to specialization in allied health sciences. The medical profession in India has NMC and council for Nurses, Pharmacist and Dentist. These councils set standard and ensure quality of education and service provided by them. However, no council in the country has been formed for the Allied and Healthcare Professionals that would establish a robust regulatory framework which will play the role of a standard setter and regulator for Allied Healthcare and Professionals. However, with the advancement in science and technology these health-care professionals have now become the part and parcel of modern medical establishment whose quality and competency often play a major role in making the system sensitive and efficient. Perceived appreciation and optimal utilization of the whole range of skills possessed by allied and healthcare professionals is the key to health-sector reforms in India, especially given the shortage of doctors and nurses in semi-urban and rural areas of the country. Moreover, the Government intends to bridge demand and supply gaps to ensure sustained availability of allied health professionals for future generations that constitutes a cornerstone in India’s plans for healthcare reforms. Investing in Allied Health Professionals has never been vital to reforms in public health sector.

1.2.1 The Statement of Objects and Reasons to the Bill stipulates that as per estimation of the World Health Organization, by the year 2030, the global economy is projected to create around forty million new health sector jobs mostly in the middle and high income countries and despite the anticipated growth in jobs there shall be projected shortage of fifteen million health workers to achieve the sustainable development goals in low and lower middle income countries. The United Nation’s Commission on Health Employment and Economic Growth with a focus on building resilient health systems stresses upon strengthening the health workers and urges to ensure effective health employment.

1.2.2 The SOR of Bill mentions that considering the age as a factor, India is one of the youngest countries of the world. By the year 2020, with sixty-four percent of the population in the working age group, India is set to experience a dynamic transition as the population burden of the past turns into a demographic dividend. The rising global demand and need for health workers, over the next decade, presents significant challenges nationally as well as offers the opportunity to generate employment not only to meet the domestic demands but also to cater the global market.

1.2.3 Till date, the SOR highlights Health workforce in Indian healthcare system has been defined with focus limited to few cadres such as doctors, nurses and frontline workers, wherein, several other healthcare professionals have remained unidentified, unregulated and underutilized. The persistent demand for a regulatory framework to ensure appropriate regulation and standardization of such professions has been seen for several decades. In the last six years, over fifty allied and healthcare professions have been identified whose potential may be utilized in improving the access to care and all those professions are globally regulated professions. Detailed mapping has been undertaken to identify such professions based on the International Labour Organization's International Standard Classification of Occupations (ISCO-08).

1.2.4 With the advancement in the health sector, changing preferences of consumer and provider, it is now warranted to create a fresh vision of healthcare delivery with a patient centric approach and focus on moving to a multi-disciplinary team-based care. There is a need to implement new ways of using health workers, strengthening the workforce by testing task shifting models and improving and increasing access to quality services through qualified and competent set of allied and healthcare professionals.

Objectives of the Bill

1.3 The Allied and Healthcare Professions Bill, 2018 seeks to provide for the following:—

- (i) constitution of an Allied and Healthcare Council of India for regulation and maintenance of standards for education and services by Allied and Healthcare Professionals;
- (ii) ensuring a framework for coordinated and integrated development of policies and standards for governance of allied and healthcare education and services;
- (iii) regulating the professional conduct, code of ethics and etiquette to be observed by allied and healthcare professionals;
- (iv) a platform to create and maintain an allied and healthcare workforce register;
- (v) the development of minimum standards of education, courses, curricula, facilities, assessment, examination, training, etc.;
- (vi) the allied and healthcare qualifications including name of the course, entry criteria, duration, among other particulars;
- (vii) a uniform entry examination with common counselling for admission into allied and healthcare institutions at diploma, undergraduate, postgraduate and doctoral levels;
- (viii) a uniform exit or licensing examination;
- (ix) strategic framework for rational deployment of skilled manpower, performance management systems, task shifting and associated career development pathways for allied and healthcare professionals; and
- (x) constitution of corresponding State Allied and Healthcare Councils to enforce and implement the standards established by the Central Council.

Background of the Bill

1.4 The background note on the Bill, as furnished by the Ministry traces back several Committees starting from Bhore Committee (1948), followed by Mudaliar Committee (1961), Chadha Committee (1963), Shrivastav Committee (1975), Medical Education and Review Committee led by Shri Mehta (1983), Mukherjee Committee (1995), Planning Commission Task Force on Planning for HRH (2007), among others have stressed on the importance of quality human resources for health. The Bajaj Committee specifically indicated the need for organized Allied and Healthcare professionals with the right skills and training, which validated the fact that why we need a statutory body. Though the demand has continued in the last 60 years, formal efforts were made in last two decades. The first of such efforts to establish a regulatory body in India started over two decades ago when a bill for Physiotherapists and Occupational Therapists was drafted in early 1990's.

1.5 The Committee has been apprised of the efforts made by the Government in the past to accord statutory status to allied and healthcare professionals which are enumerated below:

The Paramedical and Physiotherapy Central Councils Bill, 2007

1.5.2 The first of the formal efforts for establishing a regulatory body started in 2004, when a bill started taking shape for Physiotherapist and Occupational Therapist. Subsequently with constant deliberations and modifications, a Paramedical and Physiotherapy Central Councils Bill 2007 was introduced in the Lok Sabha which was then referred to Parliamentary Standing Committee for examination. The Standing Committee analyzed the subject in its 31st Report. However, the bill lapsed with dissolution of 14th Lok Sabha in 2009.

Thirty-First Report of the Departmental related parliamentary Committee on Health and Family Welfare on the Paramedical and Physiotherapy Central Councils Bill, 2007

1.5.3 The Committee made the following recommendations:-

- (i) The committee was of the view that title of an Act needs to reflect the basic objective behind its enactment and should use a common term in the title of the Bill. On the basis of the structural components of the Council presented under then 2007 Bill, it was suggested that title of the Bill be changed to "The Allied Health Professions Central Councils Act, 2007." Considering this would not only cover all the disciplines then being brought under the act (which were Physiotherapy, Occupational Therapy, Medical Laboratory Technology and Radiology Technology) but also allow for the inclusion of other disciplines in the future.
- (ii) The word "technician" be replaced by "technologist" and the term "Paramedical" be deleted;
- (iii) The term 'medically directed' in case of Physiotherapy and/or Occupational Therapy may be removed;
- (iv) Since there is no Council and no register/database, the first term (2 years) to have a nominated body and from the next term to have an elected body;
- (v) Include provisions to ensure uniform standards of education across States and the establishment of State-level councils for the maintenance of such standards;
- (vi) Indicate the quorum required for the meetings of the Central Councils

The National Commission for Human Resources for Health Bill, 2011

1.5.4 Another proposal for constitution of Allied Health (Paramedical) Council was included in the NCHRH Bill, 2011 which was introduced in Rajya Sabha in December, 2011. The Standing Committee rejected the bill in the stated form due to strong opposition by Medical Council of India, Dental Council of India as well as Indian Nursing Council and the Committee gave recommendations to revise the bill. Consequently, this Ministry has moved away from a unitary structure (NCHRH) for all health professionals (both regulated and unregulated) and the present bill aims for confined to regulating cadres not covered by other Councils in existence.

The Journey "From Paramedics to Allied Health services: Landscaping and Way Ahead"

1.6 With recognition of the problem being faced by the allied and healthcare professionals, the Ministry commissioned a report, with a mandate to understand the current status, identification and state of affairs of various unregulated professionals in the healthcare system. The report was the first attempt of the Ministry to understand the human resources for health system in the absence of any verifiable, coordinated or consolidated repository regarding information of the professionals in the system. Although the report did not focus on any particular profession but drew attention of the Ministry on the overall situation and problems resulting in access, quality of care and affordability out of such a situation. After more than 300 experts were consulted and inputs were received from wide variety of stakeholders, a broad common definition was arrived upon to indicate the breadth and scope of their work.

"Allied and healthcare professionals, thus, include those individuals who were involved with the delivery of health or healthcare related services, with qualification and competence in therapeutic, diagnostic, curative, preventive and/or rehabilitative interventions. They could work in interdisciplinary health teams in varied healthcare setting that include doctors, nurses and public health professionals to promote, protect, treat and/or manage a person's physical, mental, social, emotional, environmental health and holistic well-being." Further the breadth and scope of the practices were also identified and highlighted as follows -

- i. Work through the age span of human development from neonate to old age;*
- ii. Work with individuals with complex and challenging problems resulting from multisystem illnesses;*
- iii. Work towards health promotion and injury prevention, and the assessment, management and evaluation of interventions;*
- iv. Work in a broad range of settings including the patient's home and acute, primary and critical care settings; and*
- v. Have an understanding of the healthcare issues associated with diverse cultures within society."*

1.6.1 The Report also recommended setting up a National Board for Allied Health Sciences (NBAHS) -An interim arrangement for the setting up of a National Board for Allied Health Sciences was recommended, which could eventually merge into an overarching council.

National Board for Allied Health Sciences (NBAHS)

1.7 Considering the mushrooming of Institutions and increasing number of students graduating every year in such courses without a regulatory structure in place, the Ministry of Health and Family Welfare proposed a standard setting body- National Board for Allied Health Sciences (NBAHS) as a registered society in March, 2014. Although the proposal could not be materialized during the course of consultation, the NITI AAYOG endorsed the need for setting up of overarching body at Centre for allied health professionals which will be the nodal authority

for standardizing of curricula of education and practice of large number of allied health professionals and strive for the growth and development of allied health profession.

Nomenclature for Allied and Health professionals around the world

1.8 The report "From Paramedics to Allied Health services: A study of the Allied Health Ecosystem and a roadmap for human resource capacity augmentation" developed by Public Health Foundation of India highlighted that since the nomenclature for different categories of allied health professionals varies in different countries, there is a considerable lack of clarity as to what constitutes a paramedical, paraprofessional or allied health service. The term used for a person engaged in diagnosis and consultation regarding management and intervention of speech disorders differs in different countries. Australia uses the term 'speech pathologist' whereas the United States calls him or her a 'speech language pathologist' and in the United Kingdom, he or she is known simply as a 'speech and language therapist'. AHPs are woven into the fabric of public health in India. The allied and healthcare professionals are in the vanguard of creating a service based on people 'being healthy' rather than a service based on 'fixing ill-health'. There is ample international evidence suggesting that empowered AHPs can be the leaders of change, playing critical role in improving the reach of health services in underserved areas. With a vast variety of allied health professions already present and with newer categories coming on board each day, India too, faces a similar challenge as different states have been using different definitions to describe this ever-growing field.

National Task Force, 2014

1.9 In the absence of a Council, efforts were made by the Ministry of Health and Family Welfare to standardise the norms for education for such professions, wherein in 2014 National Taskforces for eight (8) different professional categories comprising of eminent professionals and academicians from respective fields, were constituted including major professional groups such as Physiotherapy, Occupational Therapists, Optometry, Medical Laboratory Science, Radiology and Imaging Technology, Radiotherapy among others. The Taskforces were mandated to draft the common minimum curriculum, indicative career pathways, roles and responsibilities at different levels as well as skills and competencies of qualified professionals in respective fields. As a result, eight model curriculum handbooks (ranging from Diploma to Masters) were formally released by the Ministry and uploaded on the Ministry website in 2016 for public dissemination, following several consultations including public comments which were appropriately incorporated by the experts. Thereby, the standardization is being considered and duly acted upon by the Ministry.

1.9.1 Many advanced professionals as well professional associations such as that of Physiotherapy, Occupational therapy, Physician Assistant, Optometry, Laboratory Sciences, to name a few, continuously seek for a Health Professional's Council. Considering the higher education programmes ranging from bachelors to PhDs level being offered across the country with no futuristic approach.

Proposal of an overarching Council

1.10 With the increasing need for regulating all the unregulated healthcare professionals, a proposal of an overarching Council was put forth by the Ministry and 'Allied and Healthcare Professional's Central Council Bill, 2015 bill was drafted. The Government had considered the recommendations provided by the Parliamentary Standing Committee on the Paramedical and Physiotherapy Council Bill of 2007 and a detailed analysis was undertaken before drafting the

Bill. Comments were also received from major groups such as Physiotherapy, Optometry, Occupational Therapy etc. with a demand for independent Council, professional independence, change in the composition of the Council, defining the professions, separate directorate for different professions among others. Comments were also received from the States Governments.

1.10.1 The comments received by the stakeholders were intensely deliberated and accordingly changes were made in the proposed structure. In 2016, the Bill underwent several iterations and was presented to FM on 2nd Jan 2017. The draft proposal, as approved by FM, was then sent for inter-ministerial consultation on 8th Feb, 2017. Changes reflecting inclusion of financial details, preamble, etc. as highlighted by Ministry of Law and Justice were incorporated and a corrigendum to this effect was sent to all the Ministries/Departments on 17th Feb 2017. Several comments and suggestions were received on the Bill, which was then redrafted by Ministry of Law and Justice (Department of Legislative) in close consultation and collaboration with Ministry of Health and Family Welfare and was jointly signed by JS (ME) on 29th May 2018, after due approvals. During the clause by clause consideration of the Bill, the Special Secretary, Ministry of Health and Family Welfare apprised the Committee that the Bill had almost undergone several rounds of amendments and the present the Allied and Healthcare Professions Bill, 2018 was introduced in the Rajya Sabha on 31st December, 2018 referred to the DRSC on Health and Family Welfare on 2nd January, 2019.

SALIENT FEATURES OF THE ALLIED AND HEALTHCARE PROFESSIONS BILL, 2018

1.11 The following are the main features of the Bill:-

Purpose

1.11.1 To establish an Allied and Healthcare Council at Centre and corresponding State Allied and Healthcare Councils, to provide for regulation and maintenance of standards for education and services by Allied and Healthcare Professionals. At present the Bill covers 53 professional profiles clubbed under 15 major professional categories.

Definitions specific to training durations and in accordance with global standards

1.11.2 Specific definitions for Allied Health Professionals and Healthcare Professionals have been provided. All the professional categories have been coded according to the ILO documentation of the International Standards for Classification of Occupations (ISCO)-08 so as to allow for global recognition and mobility.

1.11.3 Differentiation in training duration has been highlighted as part of the definition such that allied healthcare professionals have a minimum of 2000 hrs of training and healthcare professionals have a minimum of 3600 hrs. Also included is a provision for certification of skilled workers who have undergone formal training of less than 2000 hours.

Structure, constitution, composition and functions of the Central Council

1.11.4 The Council is envisioned to be a body corporate having perpetual succession and a common seal, and corresponding powers. The Council shall comprise 46 members, of which 13 shall be ex-officio representing diverse and related roles and functions and remaining 33 shall be non-ex-officio members who mainly represent the 15 professional categories. The terms of office, conditions of service and resignation and removal of members or cessation of membership, meetings of the Council and procedure to handle vacancies, have each been detailed. The main functions of the Central Council include the following:

- i. Framing policies and standards for the governance of allied and healthcare education and professional services;
- ii. Regulation of professional conduct, code of ethics and etiquette for such professionals;
- iii. Creation and maintenance of an up-to-date Central Register;
- iv. Provision of minimum standards of education, courses, curricula, assessment among others;
- v. Prescribe the allied and healthcare qualifications including name of courses, entry criteria, duration, among other particulars;
- vi. Provide for a uniform entry examination with common counseling for admission into such institutions for diploma, undergraduate, postgraduate and doctoral level;
- vii. Provide for a uniform exit or licensing examination;
- viii. h) Provide strategic framework for rational deployment of skilled manpower, performance management systems, task shifting and associated career development pathways for allied and healthcare professionals; and
- ix. Perform such other functions as may be entrusted by the Central Government or as may be necessary to carry out the provisions of the Act.

Interim Council

1.11.5 As per the provision of the Bill, the Central Government will constitute an interim Council to facilitate the establishment and to ensure timely discharge of functions till the Council is established. The Interim Council will be chaired by the Additional Secretary level officer of the Department of Health and Family Welfare and will have member representatives from other Ministries and Departments such as AYUSH, Human Resource Development, Defence, Social Justice and Empowerment, Skill Development and Entrepreneurship, NITI Aayog, DGHS, as well as regulatory bodies including AERB, PCI, MCI, DCI, INC, RCI.

Constitution and composition of State Allied and Healthcare Council

1.11.6 The State Councils are also envisioned to mirror the Central Council, to be body corporate having perpetual succession and a common seal, and corresponding powers, comprising 7 ex-officio and 21 non-ex officio members and Chairperson to be elected from amongst the non-ex officio members. The main responsibility of the State Councils will be the execution of the regulation and standards by enforcing the professional conduct, code of ethics and etiquette and taking disciplinary action, ensuring minimum standards, ensuring uniform entry examination with common counseling for admissions and uniform exit or licensing examination, inspecting institutions and registering professionals in the State, and ensuring compliance of all the directives issued by the Central Council or additional functions entrusted by the State Government. The term of office, meetings of State Councils, appointment of officers and other employees, conditions of removal and resignations etc. have all been detailed.

Professional Advisory Bodies of the Council at Centre and States

1.11.7 The Councils at Centre and respective States and UTs shall undertake its functions listed above through the constitution of professional advisory bodies to examine specific issues relating to specific recognized categories and function as an independent recommending authority. The Chairperson of each of the professional bodies will represent the specific category in the Central Council as well as in the respective State Councils.

Central and State Allied and Healthcare Professionals Register

1.11.8 The Central register will contain the names of all the recognized professionals such that the information is in a standardized format relating to any of their respective recognized categories, in the manner as may be specified by regulations. Similarly, the State Councils will maintain a State register in standardized format for their respective States, containing all the relevant information of the registering candidates and on receipt of the report on registration in the State Register, the name of the registrant will be automatically reflected in the Central Register. Other clauses also specify the details on privileges for enrolment, rights of persons who are enrolled, process of registration, issuance of certificate of registration, registration of additional qualifications, removal from and restoration of name from the register, registration renewal fee, among others.

Recognition of Allied and Healthcare Institutions and reciprocity

1.11.9 The State Council will also regulate the establishment of any Allied and Healthcare Institution or opening of new or higher course of study or training as well as admitting new batch of students in any course of study or training. The State Council will also have power to attain information from time to time from allied and healthcare institutions regarding course of study, duration of course, assessment and examinations and other eligibility conditions for individual qualifications in any allied and healthcare course as well as can constantly verify the standards of any institution and even withdraw recognition in case of non-conformance. In addition the Council will also have the power to make regulation for recognizing corresponding qualification (reciprocity) granted by the institutions outside India.

Offences and Penalties

1.11.10 The Bill also restricts the professionals from mal-practicing, misrepresentation and even misuse of titles and ensures penalties for such offences. Penalty in terms of fine/ imprisonment has also been allocated for person or institution from contravening any of the provisions or any rule or regulation made therein.

Other Powers

1.11.11 As the Bill empowers the professionals by ensuring technical authority of the respective professions into the hands of the eminent representatives, and administrative representatives for overall policy alignment, it also embodies the power of the Central Government to issue directions to the Council for the fulfillment of the envisaged objectives and functions. The Bill also empowers the Central and State Government to make rules, Council to make regulations. The proposed Act will also have an overriding effect on any other existing law for any of the covered professions. Further the Bill empowers the Central Government to remove any difficulty arising in giving effect to the provisions of the proposed legislation by order which in this regards shall be made within first three years after the commencement of the Act.

1.11.12 The Bill also has provision that every rule made by the Central Government and the regulations made by the Council shall be laid before each House of Parliament as per the laid down procedure. This clause empowers the Central Government to add to or amend Schedule, after due consultation with the Council.

CHAPTER - II

Views of Ministry of Health and Family

2.1 The Committee started deliberations on the said Bill by hearing the views of the Ministry of Health and Family Welfare and Ministry of Skill Development and Entrepreneurship. The Additional Secretary, Ministry of Health and Family Welfare, during the course of oral evidence before the Committee in the meeting held on 15th March, 2019 informed the Committee that apart from doctors, dentists, nurses and pharmacists, there are many other professionals working in the health sector of the country. The Ministry, at present, has identified 53 professional profiles clubbed under 15 major professional categories who contribute to the medical profession. He stated that no curriculum has been prescribed for these 53 professionals and their education has not been structured, regulated or professionalized. The Ministry has no knowledge/information about the strength/number as well as qualifications of the various allied and healthcare professionals serving in the country.

2.1.1 The Ministry of Health and Family Welfare during presentation pointed out that according to the World Health Organization, in the next few years, 1.5 crore such professionals will be required all over the world. That would create very good employment opportunities for young people in the field of allied health, not only in the country but also in the entire world. Lack of standardization, mutual recognition of degrees with other countries due to absence of the council acted as deterrent factor. There is institution framework to certify that whether they have obtained a degree or diploma from a recognized institution. It has, therefore, become a stumbling bloc for the job opportunities in the country. There is, thus, a due need of standardization of syllabus, their curriculum, their teachers, the Institutions. After considering these things, it was envisaged that such a council should be constituted and a bill should be introduced, to set standards for all the categories that have been left out so far, without any firm regulation.

2.1.2 During the course of the presentation before the Committee, the Additional Secretary, further, apprised the Committee that the Ministry has been drafting this bill since 1994 and this is the 58th draft of the Bill that has been referred to the Committee. He stated that when this Bill was presented before the Committee in the form of the National Commission for Human Resources for Health Bill, 2011 (NCHRH), the Committee commented to include the workers of AYUSH within the purview of the Bill. The Ministry made the efforts by conducting a meeting wherein the Secretary of AYUSH and the Principal Secretary of Prime Minister was present. In that discussion, the Ministry reached to the consensus that CCIM, an integrated Council for Indian System of Medicine, should include Allied Health Workers of AYUSH as the Ministry of Health and Family Welfare do not have much information/knowledge about the practitioners/doctors present in Ayurveda and Unani and other Indian System of Medicines. The Ministry, then, decided that CCIM will look after Allied Health Professionals of Indian system of Medicine and therefore, AYUSH is not included in the Bill.

2.1.3 The Additional Secretary also informed the Committee that almost all segments allied and healthcare profession viz. physiotherapists, optometrists etc. demanded a separate Council for the ensured growth and development of all segments of allied and healthcare profession. However, the Ministry is of the view that four councils have already been created and this will be a fifth Council. It is, therefore, not very practical to have a very large number of Councils. Ultimately, if a separate council and independent is created for any particular segment, other segments will demand the same and it will lead to a snowballing of demands. The Ministry has, therefore, decided to have a single council for all the allied and health care professionals. Other professionals, that have not been included in the Bill, can be added to this later on as and when required.

2.1.4 He, further, stated that the Ministry wanted to have a rules for skilled workers in the allied health care that has never been taken up in the Medical Council Act, the Dental Act, the Nurses Act or the Pharmacist Act. However, in case of allied and healthcare services, skilled workers do have an important role to play. The Ministry has, therefore, decided to categorize and standardize that if one has studied more than 2,000 hours in diploma and 3,600 hours in degree courses, they will be recognized as qualified workers. And, if it is below 2,000 hours, it will be skilling courses that Ministry intends to transfer to the Ministry of Skill Development and Entrepreneurship and they would be running and certifying those courses in future. So, this Bill, for the first time, has a provision for skilling and less than 2,000-hour courses.

2.1.5 The Committee is of the considered view that the Ministry of Health and Family Welfare itself and not MSDE must regulate and monitor less than two hours course for semi-skilled healthcare.

2.1.6 Shri Sudhansh Pant, Joint Secretary, Ministry of Health and Family Welfare made a presentation before the Committee on 15th March, 2019 and highlighting the background and necessity of the Bill. He apprised the Committee of the individuals who are considered as allied and healthcare professionals and also highlighted the importance of the Bill from the point of both professional/educational concern and employment generation. While explaining the salient features of the Bill, the joint Secretary highlighted the proposed institutional structure under the Bill, the composition and functions of the Central Council, the composition and functions of the State Council. The State Councils will have similar structure and composition as the Central Council and will be responsible for implementation of regulatory framework. He also informed the Committee about the scenario of the allied and healthcare professions around the world as reflected in the following table:

STATE OF REGULATION FOR ALLIED AND HEALTHCARE PROFESSIONALS: GLOBAL SCENARIO		
<p>DEVELOPED COUNTRIES</p> <p>Australia Health Professional Councils Authority under Health Practitioner Regulation National Law</p> <p>Canada Regulated Health Professions Act 2001</p> <p>New Zealand The Health Practitioners Competence Assurance Act (HPCAA) 2003</p> <p>Singapore Allied Health Professions Council 2011</p> <p>UK Health and Care Professions Council (HCPC) Order, 2001</p> <p>USA Office of Consumer Affairs and Business Regulation (OCABR), US Department of Labour</p>	<p><i>India DOES NOT have a regulatory mechanism at Centre for A&HPs</i></p> <p>SEAR COUNTRIES</p> <p>Bhutan Medical and Health Council Act 2002</p> <p>Nepal Health Professional Council Act, 2053 (1997)</p> <p>Pakistan Council of Allied Health Sciences, Pakistan (2001)</p> <p>Sri Lanka Medical Council Act 1998</p> <p>Thailand The Medical Profession Act 1982</p>	<p>LMICs and LIC*</p> <ul style="list-style-type: none"> • Kenya Public Health Act (2012 revised) • Uganda Allied Health Professions Act (1996) • Zambia Health Professions Council of Zambia under Health Professions Act (2009) <p><small>*Low Middle Income Countries (LMIC) and Low Income Countries (LIC)</small></p>
<p>Major professions covered under global regulatory bodies</p> <p><i>Physical therapists (PTs) and Occupational Therapists, Speech language pathologists and Audiologists, Optometrists, Medical Imaging Technologist, Dieticians, Medical Lab Technologists etc.</i></p>		

ORAL EVIDENCE OF MINISTRY OF SKILL DEVELOPMENT AND ENTREPRENEURSHIP

2.2 Shrimati Sunita Sanghi, Senior Advisor, Ministry of Skill Development and Entrepreneurship submitted before the Committee that it is understood that the intent of this particular Bill is not to cover less than 2000 hours of formal skill training given the fact that there

is a huge requirement of the allied healthcare professionals. Clause 37 can be redrafted in the Bill to pave way for ecosystem people so that they also get an opportunity to get mobility in the ecosystem. It was explained that people who are coming with less than 2000 hours of skill training are going to be called as ‘Aid and Assistant’ and because they are not recognized by this proposed Council, they will not have any career progression pathway. So, the Ministry of Health and Family Welfare have agreed with Ministry of Skill Development and Entrepreneurship to redraft Clause 37 to include skill training of less than 2000 hours in the Act and the training would be provided and recognized, the recognition will be granted by the body duly notified by the Ministry of Skill Development.

2.2.1 The re-constituted Committee again heard the views of the Secretary, Ministry of Health and Family Welfare on 10th October, 2019. The Ministry highlighted the background and necessity of the Bill and also explained the salient features of the proposed Bill. The Ministry informed the Committee that they have proposed to form professional sub-Committees for different categories of professions included in the Bill and initially four professional sub-Committees have been proposed i.e. Medical Lab Science, Physiotherapy, Radiology & Radiotherapy and ophthalmic science. However, the institutional structure of these professional sub-Committees is still in the working stage.

Comparison between Paramedical and Physiotherapy Central Councils Bill, 2007 and Allied and Healthcare Professions Bill, 2018

2.3 The Ministry of health and Family welfare has also submitted to the Committee in writing a brief comparison of Paramedical and Physiotherapy Central Councils Bill, 2007 and Allied and Healthcare Professions Bill, 2018 as reflected in the following table:

Characteristics	Physiotherapy and Paramedical Central Councils Bill, 2007	Allied and Healthcare Professions Bill, 2018
Purpose	To establish three Central Councils for four selected professional cadres.	To establish an Allied and Healthcare Council at Centre and corresponding State Allied and Healthcare Councils, to provide for regulation and maintenance of standards for education and services by Allied and Healthcare Professionals.
Professions covered	<p>Paramedical Council Bill is essentially proposes regulating the professions of Physiotherapy, Lab Technology, Radiology Technology and Radiation Therapy (there is also a mention of Occupational Therapy in the bill but not as an independent Council) only.</p> <p>It also does not include a provision for addition of new specialties as and when they emerge.</p>	<p>At present the Bill covers 53 professional profiles clubbed under 15 major professional categories.</p> <p>(Over and beyond the professions covered in the 2007 Bill)</p> <p>Profession covered under the Bill have been defined and considered in accordance with the Global standards (ILO- ISCO Coding) and considering</p>

Characteristics	Physiotherapy and Paramedical Central Councils Bill, 2007	Allied and Healthcare Professions Bill, 2018
		these are evolving professions, provision for amending the Schedule (adding new specialties) has been made in the Bill.
Role	<p>The regulatory mandate and power to enforce regulation with the Central Councils of the respective professions proposed under the Bill.</p> <p>Such as inspection and recognition of the institution directly by the Central Councils.</p>	<p>The Central council is mandated with more supervisory, standard setting and policy development role for regulation of professions covered under the Bill and the enforcement of the regulation will be through State Councils</p> <p>Such as inspection and recognition of the institution will be done by State Councils for their respective States and the rules pertaining to the same will be developed by Central Council.</p>
Structure	The Paramedical Council bill proposes the constitution of three central councils: the Physiotherapy Central Council, the Paramedical (Laboratory) council and the Paramedical (Radiology Technology) council, each of which shall have their independent Governing bodies with associated Committee structures etc. at the Central level.	Allied and Healthcare Professions Bill proposes one overarching Council for all the professions, with a provision for professional advisory bodies for different professions/ thematic areas as needed.

Characteristics	Physiotherapy and Paramedical Central Councils Bill, 2007	Allied and Healthcare Professions Bill, 2018
Composition	The Paramedical Council bill includes representatives from the Ministry of Health or DGHS dealing with physiotherapy, medical lab technology or radiology (1), Ministry of Finance (1), Ministry of Science and Technology (1), Armed forces medical College or representative from Defence (1), four members to represent the CBSE, AICTE, UGC and MCI each (4), four members from teachers of recognized institutions teaching each of the four main specialty areas (4), three members representing states (3), four members from among practitioners of each of the four professions (4), four members who represent organizations dealing with the four areas of physiotherapy, radiology, radiotherapy and medical lab technology.	The A&HP Council will comprise 47 members, of which 14 shall be ex-officio representing diverse and related roles and functions and remaining 33 shall be non-ex-officio members who mainly represent the 15 professional categories. The 13 ex officio members will represent different Ministries/ Department to make this body more collaborative and cohesive. Chair to be elected amongst the non-ex officio members.
Nomenclature	Use of term 'Paramedic' which is a misnomer.	Use of globally recognized term 'Allied and Healthcare Professions'

Status of existing statutory Allied Health (paramedical) Councils in the states and challenges being faced:-

2.4 The Committee has been informed that only a few States like Kerala, Himachal Pradesh, Madhya Pradesh, Telangana, Nagaland, Rajasthan and Delhi, have statutory mechanism for regulation of allied and healthcare related professions. There are several discrepancies in the State regulatory bodies, the regulation is as per the provisions of the Act and is limited in nature.

- i. Delhi has a notified body only for regulation of Physiotherapy (PT) and Occupational Therapy (OT) courses which has more than 850 provisional and around 548 registered PT and OT professionals under it.
- ii. MP Paramedical Council, regulates several Allied Health Courses, such that as per the recent document pertaining to recognized paramedical institutions the Council regulates 34 courses across 54 colleges (regulated and unregulated) within MP -

Level of courses	No. of seats	No. of courses
Certificate	1790	11
Diploma	3132	10
Degree	2150	6
Post Graduate	130	7
Total*	7202	34

2.4.1 It was clarified that the difference in the number of courses and seats (from the original document) is due to exclusion of Yoga, Naturopathy, and Pharmacy related courses. It is also observed that different nomenclature is being used for similar profiles such as Ophthalmic Assistant and Paramedical Ophthalmic Assistant (both are diploma courses), Perfusion technician and Perfusion Cardiac surgery technician (both are diploma courses), among others.

- i. Similarly, other State councils also do not cover the entire bunch of professions in the allied and healthcare domain, like for example Kerala Paramedical Council covers only around 20-25 courses including Certificate, Diploma, Bachelors' and Masters level courses run by Universities or under Directorate of Medical Education.
- ii. State Councils like Himachal Pradesh and Telangana do not have functional websites.
- iii. Functional authority given to the Council is also a factor limiting regulatory role of a Board or a Council, for example the Telangana State Paramedical Board is one of the 18 services under the State Medical Health and Family Welfare Department, however, not much activity has happened under it given that due importance and attention is not given to such courses.
- iv. Limited information is available online with respect to the registered candidates, regulated Institutions, standards among others.
- v. Further, there are several organizations registered under Society's Act or Trusts which have named themselves as 'Council' example Para Medical Council (Pb.) Mohali, Indira Gandhi Paramedical Council, etc. and continue to use the unauthorized nomenclature and misleading the professionals and students in absence of a Central regulator.
- vi. Similarly, in several other States for example in UP, separate bodies are being entrusted with the course recognition. UP State Medical Faculty claims to regulate the paramedical courses and close to 20 courses are being regulated ranging from 1-2 years of Diploma and Certificate programs. Though, it is critical to note that there are several Institutions within UP delivering Bachelor and Master level program which has not covered by the said body.

2.4.2 Thus, it is evident that most the State Councils for allied and healthcare related professions do not have a robust structure. Only a small fraction of the huge gamut of professions and professionals in the allied and healthcare domain are actually protected by a regulatory body.

Comments of the Ministry

2.5 The Committee Secretariat prepared detailed questionnaire on the various issues and clause specific queries upon which the Ministry of Health and Family Welfare furnished written submission for the consideration of the Committee. The comments/response of the Ministry of Health and Family welfare on various issues/questions related to the Bill raised by the Members of the Committee are given below:-

2.5.1 As regards the query about the major challenges being faced in the regulation of AHC Professionals in present times, the Ministry submitted that allied and healthcare professions comprise more than 53 identified categories of professionals who are qualified and are providing their services, but have no regulatory mechanism in the country. As a result, they face multiple challenges including absence of standardization for course curricula, duration of courses, recognition of their work as a part of multidisciplinary teams, compensation for their services etc. Efforts are being made since last few decades for establishment of a statutory body to regulate such professions that made limited progress due to several opposing forces in the

system. Given the focus and commitment of the current Government on healthcare delivery and provision of services particularly with Ayushman Bharat and the creation of health and wellness centers, amidst the revamping and restructuring of the Medical professionals and this Bill, this is the opportune time to leverage the momentum and create health policies for strengthening the health system.

2.5.2 The Committee was, further, informed that the Allied and Healthcare Professions Bill, 2018 will directly benefit estimated 8-9 Lakh existing Allied and Healthcare-related professionals in the country. This estimate on numbers has been made based on the information provided by various professional associations for their respective field. However, since this Bill is directed to strengthen the healthcare delivery system at large, it may be said that the entire population of the country and the health sector as a whole will be benefitted by this Bill.

2.5.3 The Ministry also informed the Committee that the Ministry is not in the possession of any credible data regarding key statistics and qualitative information about allied health courses and the type of applicants for each course, the number of students who are selected, enrolled and ultimately graduate, and the number of drop-outs each year. The Ministry had commissioned a report on the state of allied and healthcare education and institutions in 2011; several efforts in this area began after the submission of the report. In fact, the need for regulatory reform in this area was a major recommendation that is currently being implemented. Also, currently, there are no institutions under the central and state Government that offer only allied and healthcare courses since several of these courses are run in almost all of the recognized Medical Colleges

2.5.3 In response to a further query regarding the evaluation of need-availability gap in the education/ training capacity in the country for various specialties, the Ministry submitted that the work on this Bill is the result of a previous report of 2012 that indicated the need for reform in health sector. No further study has been conducted since. Regarding the deployment of workforce in difficult/ rural areas, they suggested that the new medical colleges, which are being upgraded from district hospitals to teaching hospitals, start allied and healthcare courses in the future and after taking training in the vicinity of their native places, there will be a higher probability of the professionals to retain their jobs. The government has State institutes of Health and Family welfare which are functional in many States. These institutes would be strengthened to conduct allied and healthcare/ skill development courses in the health sector.

2.5.4 The Committee desired to know the basis for selecting the list of Allied Health Care Professionals in the Bill. The Ministry informed that the International Standard Classification of Occupations (ISCO) was the basis of selecting the list of Allied and Healthcare Professionals, after detailed consultation with each of the major groups of stakeholders, all concerned Ministries and based on the types of stakeholders from whom responses were obtained as part of the public consultation. The International Standard Classification of Occupations (ISCO) of the International Labour Organization (ILO) is a system for classifying professionals based on their skill specialization required to meet their scope of work. World Health Organization (WHO) acknowledges the ISCO 2008 revision in its classification of health workers which is accepted globally.

2.5.5 The Ministry also informed that they have received representations from one or two professional groups demanding their inclusion in the present Bill after its introduction in the Rajya Sabha. Wherever possible or feasible, this has definitely been considered. In certain cases, if a particular group is currently under an existing statutory body, it may not be feasible to move them under the ambit of this Bill without the necessary justification. Clause 66(1) of the Bill

gives the power of amendment of the Schedule to the Central Government 'after consultation with the Council, by a notification'.

2.5.6 The Committee desired to know from the Ministry to differentiate between allied and healthcare professions, beside the definition given in the Bill, the Ministry submitted that as per the definition of WHO, ISCO Classification of health workers, Health Professionals, for the purpose of this Act, are defined as:

2.5.7 Health professionals study, advise on or provide preventive, curative, rehabilitative and promotional health services based on an extensive body of theoretical and factual knowledge in diagnosis and treatment of disease and other health problems. They may conduct research on human disorders and illnesses and ways of treating them, and supervise other workers. The knowledge and skills required are usually obtained as the result of study at a higher educational institution in a health-related field for a period of 3-6 years leading to the award of a first degree or higher qualification. Similarly, Health Associate Professionals, Allied Health professionals for the purpose of this Act, are defined as:

2.5.8 Health Associate Professionals perform technical and practical tasks to support diagnosis and treatment of illness, disease, injuries and impairments, and to support implementation of health care, treatment and referral plans usually established by medical, nursing and other health professionals. Appropriate formal qualifications are often an essential requirement for entry to these occupations; in some cases relevant work experience and prolonged on-the-job training may substitute for the formal education.

2.5.9 These definitions have been established after looking at qualifications, scope of practice and expected clinical competencies of several hundreds of types of healthcare workers and professionals' world over, under the ISCO system of classification. The numerical codes given to each of these professionals also indicates the grouping under which they may be placed. The Ministry also stated that Career progression in the profession is not only possible, in fact, it is expected that there will be aspiration for the youth to move up the ladder depending upon additional qualification and competence gained as well as professional skills.

2.5.10 About the lacunae in the existing grievances redressal mechanism for settling disputes arising during the practice in the proposed legislation, the Ministry submitted that grievance redressal is viewed to be an important role played by both the Central and the State Councils as applicable. The rules for the same will be drafted as part of due process. The issue of malpractice/negligence committed by the professionals, the scope of practice as related to each professional group will be determined by the professional advisory bodies in line with the respective educational qualifications in turn determined by the course curriculum etc. Issue of negligence and related malpractice will thus depend upon the extent of rights and responsibilities approved by the Council for each category and further for each type of professional.

2.5.11 Regarding the mechanism to ensure that the proposed legislation would not be used by the big and powerful healthcare providers for eliminating small players under the garb of enforcing quality, the Ministry stated that intent of the Bill is to prevent exploitation and put in place standards for the professionals who have not got the rights which is evident in the means and methods of this Bill. Once recognized they will be entitled for commensurate wages and perks, not being met presently. However, exploitation is not solely under the control of this Bill, and is a larger systemic' issue which needs separate measures to be corrected.

2.5.12 With regard to Committees query regarding high quality delivery be ensured in tier II and tier III cities and towns, where even doctors are in short supply, the Ministry submitted that a lot

of the common disorders, for example, related with physical, occupational, eye health and primary screenings can be dealt by allied and healthcare professionals within their scope of work. High quality healthcare delivery can be ensured through trained allied and healthcare professionals who can provide care for ailments related with their profession and refer the cases for higher investigation/ care when required.

2.5.13 The Committee was also informed that the proposed Bill caters to the allied and healthcare professionals of modern medicine excluding allied professions of AYUSH. The issue of allied professionals under AYUSH was debated and discussed at length and after detailed examination, it was agreed mutually between both Ministries that it would be better for AYUSH allied professionals to belong under a separate regulatory structure more in line with the Indian Systems of Medicine. This work is currently underway as part of the Ayush Ministry.

2.5.14 On a specific query regarding calculation of training in years or hours, the Ministry has informed that the hours of training were specified as there have been consistent efforts in other Government schemes such as Skill development to go by hour-based training. However, the department agrees with the suggestion of the Committee as these are professional courses, thereby, it can be more feasible to mention years (full time and minimum hours). Appropriate changes may be incorporated upon receipt of the final report of the Standing Committee.

2.5.15 With regard to Committee's query on making standards that are achievable and doable (particularly for rural India), the Ministry stated that they agreed with the suggestion and will ensure the same upon constitution of the Interim Council. The Interim Council will have the mandate to set standards, in accordance with and considering the access and availability of professionals/ faculty/ institutions etc. As that the extent, distribution and availability of allied and healthcare professionals is not clearly known and unless such details are available, standard setting will be an incomplete process. Manpower planning is envisioned to be one of the core functions of the council and thus one of the foremost tasks of the interim council will be to undertake extensive mapping of the existing professionals after enactment of the Act. Standards will then be set accordingly, with the overall aim to improve access and align with the larger goal of Universal Health coverage.

2.5.16 With regard to inclusion of the palliative care in the Bill, the Ministry submitted that the process of inclusion of the palliative care may be considered for allied health streams where in the specialization is palliative care such as palliative caregivers, palliative technicians etc. However, this is more common in nursing and in case of palliative care nursing graduates, those will be registered and remain under the Indian Nursing Council (INC). For allied palliative caregivers, inclusion may be considered under Primary, Community and other Miscellaneous Care Professional in the Schedule of the Bill, upon receipt of the final recommendations of the Standing Committee.

2.5.17 The Committee desired to know how the regulations that can be ensured with the malpractice/corruption, the Ministry stated that the Bill provides for a platform, where in —

- The term of the non-official members is only two years and can be reappointed only for maximum three terms. Also, an ex-officio member will be a member of the council by virtue of his position in the parent body and shall cease to be member on cessation of the services.
- The chairperson will be elected from amongst the professional representations, that will give them the autonomy and yet the presence of ex-officio members will ensure a balanced mix of representatives.

2.5.18 Further, it is understood that the inspection process in other established professions has remained a stringent process, and will subjugate the purpose of the Bill, if applied in the similar pattern for the allied and healthcare professions.

- The Department agrees with the concepts and ideas of the Committee and thus norms will be devised and specified in the regulations based on the minimal requirements for each profession, giving enough space for development and growth. Norms can be relaxed in the rural and hard to reach in those areas.
- In addition, instead of the word "Inspection" in clause 27, under functions of State Council, we may restrict nomenclature to "assessments" and "accreditation" (rewarded for quality standards) and recognition.
- As also suggested by the Committee, advanced technology (use of biometric, cameras etc.) can be used to ensure steady monitoring of the institutions. Student's skills may be mapped to measure outcome of the institutions and monitoring frameworks can be developed.
- Unannounced/surprise physical oversight will still be necessary from time to time, in order to ensure consistent adherence to quality standards;
- Similarly, accreditation globally is considered voluntary and therefore not a punitive processes but rather a reward for enhancing the quality of processes in the system.

2.5.19 With regard to inclusion of more doctors in the council, the Ministry stated that the regulations related to the Doctors in under the purview of NMC and thus not applicable for the current Council composition. This Bill is for development of the allied and healthcare professionals and increasing the medical doctor representation will lead to a skewed mix towards doctors that is antithetical to the purpose of this Bill.

2.5.20 The Committee desired that contravening provision under penalty clause needs to be clarified. The Ministry stated that the chapter VII of the Bill specifies the clauses pertaining to offences and penalties-

- Clause 52- provides that in case of misrepresentation, professional will be fined, which may extend up to Rs 50,000 in the first conviction and on subsequent conviction with imprisonment (up to 6 months) or increased fine (up to 1 lakh rupees) or with both.
- Clause 53- provides that in case of misuse of titles, person will be fined, which may extend up to one (1) lakh rupees in the first conviction and on subsequent conviction with imprisonment (up to 1 year) or increased fine (up to 2 lakh rupees) or with both.
- Clause 54- provides that in case of failure to return certificate of registration, candidate will be fined, which may extend upto Rs 50,000 and on continuing offence the fine may extend to five thousand rupees per day after the first day
- The bill also provides for penalty in case of contravention of any provision of the Act or any rules or regulations, with imprisonment (1 year to 3 years) or fine (1 lakh to 5 lakh rupees) or both.

2.5.21 The penalty clauses are in line with the other regulatory frameworks such as the recently enacted National Medical Commission Act, 2019, and is important for inclusion, as a check for negligence of practice/ or overstepping scope of practice in order to ensure patient safety and avoid clinical harm. This will also ensure increased accountability within the system, which is currently only subjected to Doctors in the healthcare system.

2.5.22 Pertaining to the existing professionals and how they will be grandfathered into the proposed system (sunset clause), the Ministry clarified that Clause 35 of the Bill provides for recognition of persons offering services prior to the commencement of the Act and ensures that

within a time frame of two years such professionals will be registered as per the process which will be specified in regulations. It is understood that given the heterogeneous quality of education, measures will have to be devised to undertake basic assessment (certification) of professional knowledge and skills in mission mode, to enable registrations. This will be in line with the licensing examinations followed in several developed and developing countries for such professionals. If professionals are unable to meet the standards, they will be directed to special bridge courses etc. Provisions accordingly will have to be drafted as part of the regulations by the individual professional bodies.

2.5.23 Regarding the need for inclusion of Charitable Institutions in the composition of the Council, the Ministry submitted that several institutions such as Amrita Vishwa Vidyapeetham, Ramakrishna Math, Christian Medical College Vellore, Sankara Nethralaya, Madras Medical Mission, Aga Khan Foundation, Aravind eye care, etc. have been undertaking exemplary initiatives in health care service delivery and training. The inclusion of representation from such bodies will also ensure policy alignment with respect to social accountability in health care system and development goals.

2.5.24 The Committee desired to know the need for having a representation in the Council from the Department of Legal Affairs and Atomic Energy Regulatory Board. In response to that the Ministry responded that the representation of Department of Legal Affairs was suggested by the Ministry of Law and Justice during the drafting of this Bill. The Representation of the Atomic Energy Regulatory Board (AERB) has been included because the Medical Imaging and Radiology professions which involve radiation as part of their job fall under the purview of AERB as a regulator in accordance with a previous statute.

2.5.25 The Committee pointed out that when the Government is not in possession of any authentic estimates of each profession, in that case, how it proposes for fair and equitable representation of any profession in the Council. In this context, the Ministry was informed that the Ministry of Health and Family Welfare has been in direct consultation with the professionals throughout the drafting of this Bill for at least the last 6-7 years. The estimated number of professionals, based on which their representation in the Council has been proposed, is as suggested by their professional associations themselves.

2.5.26 In addition to membership estimates as provided by several large professional associations having nation-wide membership, data from the major Government database sources such as Health Management Information System (HMIS), Rural Health Statistics, National Health Profile and Central Bureau of Health Intelligence (CHBI) have also been extrapolated to get a rough estimate of the size of each group. It is estimated that the largest groups currently would belong to Laboratory Technicians, Radiology and other technologists, Physiotherapy and Occupational Therapy and Optometrists and Ophthalmic assistants. These are therefore the four groups named specifically in clause 3(3)m.

2.5.27 The Committee wanted to know the justification for having their Members in the Central Council, not below the rank of DS as biennial rotation in alphabetical order from AERD, DCI, INC MCI (now NMC), PCI and RCI. The Ministry submitted that existing regulatory bodies have been given representation in the present Bill to maintain cross linkages amongst all statutory bodies and related streams of healthcare. Further, given that the other regulatory bodies have been in existence for several decades and that allied and healthcare professionals span the whole continuum of healthcare from preventive to diagnostic, curative, therapeutic and rehabilitative services, the perspective of other professional bodies will be useful in ensuring a multi-disciplinary care approach ultimately aimed at benefiting the patient.

2.5.28 The Committee pointed out that the most of the Associations suggested tenure of the members be at least 3 years instead of 2 years. The same members may be nominated for 2 terms of 3 years in continuous manner instead of the tenure of 2 years for 3 consecutive tenures. In response to that the Ministry stated that the term has been kept of 2 years duration to facilitate smooth rotation of representation. However, since the members can be re-nominated for a maximum of three terms, making the maximum eligible tenure of six years as suggested by associations, this does not make any difference and is recommended to be kept as such.

2.5.29 The Committee pointed out that under clause 10 and clause 27 the terms 'Standards' must have direct reference of 'machines and materials' along with the term 'deliver of service' to make the provision direct and more speaking and to ensure holistic regulation. The Ministry replied that the clause provides the power to the Central and State councils to take steps 'as it may think fit' for ensuring development of education and standards for services which encompasses the machine and materials by default. However, if it is desired that the clause be specifically modified for the purpose and the terms included, this may also be done.

2.5.30 The Committee raised the issue that since the aptitude and skill requirement for each recognized profession differ to a great extent, therefore, it would not be appropriate to have Common Entrance Tests (CET) as mentioned Clause- 10(f) and clause 27(c). The Ministry mentioned that as on date, all students sit for the common medical entrance test also, and later adopt the field which they choose. Similarly, the entrance exam proposed in the Bill is to test the present aptitude and knowledge of any student before he/she enters in the field of his/her choice. It is envisioned that the subjects may be offered based on the score of students. Separate entrance examination at the Central level for so many professions will translate into a herculean task and management disaster. Thus, it is desirable that separate entrance examination is not required. Separate exit exams however will be conducted specific to each professional course and curriculum.

2.5.31 The Committee mentioned the proposal of stakeholders of the allied and healthcare professions to add one physiotherapist as member in NMC and INC to maintain reciprocal representation as provided in Clause 20(3) (b). The Ministry answered that inclusion of reciprocal representation in existing statutory bodies would require Parliamentary process for amendment in their Act which will be an independent exercise. The National Medical Commission is just being constituted and has provisions for lay members as well as others from related scientific areas. Any healthcare professional meeting the requirements may apply for the same. However, amendments are usually proposed to the other regulatory bodies from time to time and this can be raised as an issue for consideration at such time. Further, it will not be possible to name one category of professionals to be represented in other statutory bodies given that this is an overarching Council with 15 categories and more than 50 types of professionals.

2.5.32 The Committee wanted the Ministry to define and differentiate amongst ophthalmic Assistants, optometrist and as to which category is more inclusive including the scope and span of ophthalmic science. The Ministry stated that Ophthalmic Sciences cover all professionals who study and provide services pertaining to care of eyes and sight. Optometry is a degree course of four years' duration while Ophthalmic Assistant is a Diploma course of two years duration. They have distinct scope of work and practice and it cannot be said that one is more inclusive than the other.

2.5.33 The Committee further pointed out that under Clause 7(1) many association of stakeholders suggested that meeting of the Council must be held at least at the interval of every three months. The provision may be mentioned in the Bill, itself. The Ministry replied that as per

the existing provisions, the time, place and quorum for the meetings may be defined by the Central Government in the Rules where such specifications normally included.

2.5.34 The Committee mentioned that many associations suggested for rephrasing clause 10(c) as create and maintain an up to date Central register 'with details of diploma and degree of academic qualification and institutions, prior learning skill and experience of Allied and Healthcare Professionals covered under the Bill, and the same should not be left to be detailed in Rules and Regulations. In response to that the Ministry stated that the Register of professionals maintained by statutory bodies entails a)I the details of individual professionals in the manner as suggested by associations. If clause 10(c) has to be enhanced to include the details as suggested, that may also be considered and recommended to the drafting team at Ministry of Law and Justice.

2.5.35 The Committee further suggested that the definition of 'optometry' may be enlarged to envelop optometrists diagnose, treat and manage eye disease and prescribe glasses. The Ministry pointed out that the note given with Ophthalmic Sciences Professionals category is not only about Optometrists, but mentions about Ophthalmic Assistants also. However, the Central Government can amend the Schedule 'after consultation with the Council, by a notification'.

2.5.36 The Committee wanted the Ministry to differentiate ISCO code 3256, 2240 or 2267 in the context of Ophthalmic Assistants and its implication on Healthcare system. The Committee is also desired to know the main concern of the ophthalmic association in this regard and the global practice in this regard. The Ministry responded that the ISCO 3256 covers professionals like Medical Assistants who work in direct supervision of medical doctors and support them in limited ways like checking vital stats of a patient, maintaining medical records etc. ISCO 2240 covers Paramedics who are basically emergency care workers who usually provide rescue and evacuation type of services in case of medical emergency, while the ISCO 2267 covers Optometrists and Ophthalmic Opticians who provide services for disorders of the eye and visual system. These are three different fields of care with little overlap in their job roles. There should be no concern regarding the three ISCO codes with reference to eye care services. The Ministry has not received any concern from eye care related associations in this regard. The ISCO coding is recognised globally.

2.5.37 The Committee wanted to know about the criteria for allocating ISCO code to such Allied and Healthcare Professionals and its implication on that professions and practice and how a specific Allied and Healthcare professional has been classified under a specific recognized category in Section 2(k) as stated in the Schedule of the Bill. The Ministry clarified that the International Standard Classification of Occupations (ISCO) of the International Labour Organisation (ILO) is a system for classifying professionals based on their skill specialisation required to meet their scope of work. World Health Organisation (WHO) acknowledges the ISCO 2008 revision in its classification of health workers which is accepted globally. Health care related occupations/ professions have been classified based on the duration of study, theoretical and practical knowledge and complexity/ responsibility linked with their job roles. Professionals have been categorized in the Schedule of the Bill as per their job roles under an ISCO code.

2.5.38 The Committee sought to know that separate exit and licensing examination for each profession as the qualification training and consideration of each profession is unique and differ from other professions. The Ministry stated that separate licensing exams for individual professions shall be considered. The exit or licensing exam mentioned under 10(g) and 27(d) of the functions of Central and State Councils provide for the same.

2.5.39 The Committee pointed out that the definition of Physiotherapy includes 'functional dysfunctions' which overlaps the domain of OT and wanted the Ministry to clarify on the suggestion of removal of the term 'functional dysfunctional' to avoid confusion and overlap. The Ministry clarified that definitions of professions for the purpose of this Bill have been adapted from internationally available and acceptable sources. However, as already mentioned, the Schedule may be amended in consultation with concerned professional associations, if found appropriate.

2.5.40 The Committee desired to know the reasons for not having representation of recognized professions in the interim council under clause 19. In response to that the Interim Council would carry out the functions until a regular Council is established. Since the identification/ nomination of Council members etc. will take time, the Interim Council will start its functioning within 60 days from Notification of this Act.

2.5.41 The Committee also wanted to know whether the allied and healthcare qualification will also include certificate, diploma or any degree provided by any NGO or University by off campus or distance learning mode and if so, how the person without practical experience can practice any profession under clause 2 (d). The Ministry replied that it is not envisaged at present, however, the specific details about the issuance of diplomas and degrees will be established subsequently by the Council along with the professional advisory Boards.

2.5.42 The Committee desired to know whether the existing councils of recognized categories in different States will exist after the promulgation of the Bill. The Ministry stated that the clause 60 of the Bill provides that the proposed legislation shall have overriding effect on any other existing law or any instrument for any of the covered professions as per the Schedule.

CHAPTER - III

Views of Organizations/ Associations/ Institutions/ Experts

3. The Committee in its meeting held on 11th October, 2019 heard the views Organizations/Institutions/Associations/Experts on the various provisions of the Allied and Healthcare Professions Bill, 2018. The previous Committee had issued a Press Release inviting memoranda and suggestions from a wide cross-section of stakeholders on the Bill. In response to the Press Release, the Committee received a number of memoranda on the Allied and Healthcare Professions Bill, 2018. The views of Experts/Organizations/Associations that submitted their written views in response to the press release and organizations that presented their oral evidence before the Committee are enumerated below:

Indian Medical Association

3.1 IMA submitted that although the regulation and registration of allied healthcare professionals is necessary, many provisions of the proposed bill, especially those allowing independent practice by some allied health care professionals are highly detrimental to the public health at large and will subvert the current team based approach adopted by the modern medical profession. The Supreme Court of India in (1) Poonam Verma v/s Aswin Pattel and others reported in 1996 (4) SCC 332, (2) Dr. Muktiar Chand and others v/s State of Punjab and others reported in AIR 1999 (SC) 468 , (3) Medical Council of India and another v/s State of Rajasthan reported in AIR 1996 (S.C) 2073, has clearly held that, only a person holding a registration with the Medical Council of India or its state Medical Council is entitled to practice Modern System of Medicine.

3.1.2 Allied Health Professionals (Paramedics) in the Country are attempting back door entry to the Medical Profession, by over riding the existing position of law on the practice of Modern Medicine in India. If the practice of Modern Medicine is allowed for Allied Health Professionals (Paramedics), the entire structure and standards of Medical Profession in India will be uprooted. From the Allied Health Professionals (Paramedics), many allied health professional through their association, by somehow or other to secure the legal rights of the Medical Professionals collectively started violating the laws of the land, by prefixing the word “Dr.” before their names to mislead the public that they are Medical Professionals.

- i. The paramedics should not prefix "Dr" to their name and if they violate this they should be punished accordingly.
- ii. The High Court of Madras on Writ petition No: 30259 of 2008 dated 23.02.2010 rightly observed that 'Physiotherapy does not constitute an independent system of medicine but is actually an outreach of the allopathic medicine'. The Government of Tamil Nadu has made legislation to this effect.
- iii. The allied health professionals including physiotherapists are not allowed to treat patients independently anywhere in the world.
- iv. The right to practice modern medicine is confined to those who have recognized medical qualifications described in 3rd schedule of Indian Medical Council Act. The Medical Council of India has made it clear on several occasions that allied health professions including 'Physiotherapy' are "para medical services" and remains "medically directed services", i.e.executed under medical supervision.
- v. In Sri. Sarjo Prasad and others v/s State of Bihar reported in 2003 (51) BLJR 686. The High Court of Patna, after clearly interpreting the judgment of the Supreme Court in Dr. Muktiar Chand and others v/s State of Punjab and others, has held that unless and until the qualification of physiotherapy are recognized by the medical council of India as

medical qualification, physiotherapists will not have any right to practice modern medicine and treat patients. The Supreme Court of India in SLP No. 19889/2003 in Sarjo Prasad and others v/s State of Bihar dismissed the SLP against the judgment of the High Court of Patna in the aforesaid case. Thus the Supreme Court has held that the judgment of the High Court of Patna in Sri. Sarjo Prasad and others v/s State of Bihar stands good on merit and does not require interference.

3.1.3 Many allied health professionals over the years are practicing modern medicine independently by calling themselves as doctors. Some allied health professionals are now attempting to be medical practitioners, by overcoming the existing provisions of law. The physiotherapists are collectively inducing various State Governments of the country to enact laws over riding the provisions of the Indian Medical Council Act. The framing of such legislations by the state governments as dictated by the Association of physiotherapists is illegal as held by the Supreme Court in Dr. Preeti Srivastava V/S State of Madhya Pradesh reported in AIR – 1999 (SC) 2894.

3.1.4 The Government of India , Ministry of Health and Family Welfare bearing No R/ 14015/25/96, wherein the Government of India has clearly held that only the existing system of medicine can be treated as system of medicine and no other type of therapies can be treated as system medicine and the state and union territories should not grant any degree or diploma in the stream of medicine which have not been recommended for recognition and the term ‘Dr’ can be used only by the practitioners of recognized system of medicine.

3.1.5 To meet the requirement of physical medicine and rehabilitation field in India, the Government of India have started master and diploma courses in Physical Medicine & Rehabilitation in National institutes and Govt. Medical Colleges. Subsequently, permission has been accorded for these courses in private medical colleges also. These practitioners called the Physiatrists are actually the team 4 leaders in Physical Medicine & Rehabilitation. Similarly, all the allied professionals who come under the purview of the Act work under the supervision of respective medical fields. Unsupervised work is dangerous to the health of the public.

School of Allied Health Science, Manipal, Karnataka

3.2 The Institute informed the Committee that Department of Health Information Management, School of Allied Health Science, Manipal Academy of Higher Education India offers M.Sc. Health Information Management, B.Sc. Health Information Management, and M. Sc. Health Informatics Program since the year 2000, 2001 and 2014 respectively.

3.2.1 The Institute highlighted the NITI Aayog-National Health Stake-Strategy and Approach document published in July, 2018 that clearly state the need for national electronic registries for management of health data, coverage and claim platform, federated personal health records framework, national health analytics platform, digital health id and health data dictionary. The Institute stated that these initiatives aim to build a digital health infrastructure in India Healthcare ecosystem for the successful implementation of various government health initiatives such as; Universal Health Coverage (UHC), Digital Health Mission, Ayushman Bharat-National Health Protection Mission etc. This would also create a demand for Health Information Management (HIM) and Health Informatics (HI) Professionals in these job roles. These kinds of jobs need highly skilled and technically competent HIM and HI professionals across India. This would be a right opportunity for policy and decision makers to leverage on various strategies to create adequate skilled and competent HIM and HI workforce to meet the demand supply in the evolving healthcare market. However, the lack of clarity in job roles in HIM and HI domains preventing many students to come forward and take up these programs as their career choice and

due to which qualified professionals migrate to other countries for better prospective causing lot of brain drain in India.

3.2.2 The Allied and Healthcare Professions Bill, 2018 could be the right platform to address these requirements and facilitate various education and training institute to start such training programs which would meet the existing and future demand supply gap identified by many surveys. This would motivate healthcare industry both public and private sector to harness the skills and competency of such professionals to strengthen healthcare delivery system and thus create these kind of job positions.

All India Allied and Healthcare Professional Association

3.3 The Association submitted the following suggestions to the Committee:

1. All the existing Allied & Health care Institutes should be given five years time to arrange additional resources infrastructure as there is huge inflation now a day.
2. All the existing Allied Health Professional qualified from Non-Government Organization should be given registration in first register.
3. Mandatory eligibility for 10+2 PCB should be waived for Serial No.2 Candidates.
4. All the existing Allied Health Professionals from various deemed & private Universities or from any Private Institutes should be given same equal weight age & relief with respect to registration in first register. Indian Medical Association awarded allied health certificates should have same weightage as of diploma or certificate of private institutes without nepotism.
5. There should not be any bias on the basis of distance, regular, choice based credit transfer, Industry Integrated Programs.
6. The President of Allied & Health Care Professional Council should not be any MBBS but from representatives of Allied & Health Care Professional itself.
7. There should be latent period of 3 to 5 years to switch over to State or Central Council.
8. All Private Universities should not interfere in designing certificate & diploma degree course from Central or State authorities otherwise there will be corruption & bureaucracy.
9. Central or State Allied & Health Care Professional Council should not interfere in the flexibility & growth of educational Programmes conducted by Distance Education Bureau.
10. Punitive provisions & other suggestions & objections should be taken from vast cross section of population NGOs & genius individuals in this field.

MMM College of Health Sciences

3.4 Allied health professionals support diagnosis, recovery, and quality of life. They provide direct patient care in virtually every specialty; deliver scientific support in clinical laboratories; offer numerous rehabilitation services; manage and provide data critical to seamless patient care and diagnosis; operate sophisticated diagnostic equipment; provide critical care support in intensive care units; and more. These essential health care partners have demonstrated improved health conditions wherever they are. They are fully integrated members of every health care team, in outpatient and inpatient settings, in primary, acute, and chronic care.

3.4.1 India's rural areas have a distinct lack of allied health services, the adequate health care representatives will result in appropriate patient care that can increase mobility and independence. As the country's demand for these professionals is the need of the hour, they will be the first to recognize the problems of the patients and serve as safety nets. Their sense of patient care accountability will add tremendous value to the India's healthcare team.

3.4.2 Therefore, a valid four year program with prescribed hours of theory and practical learning will enhance the students to face the challenges in the areas of patient care. The Allied Healthcare Professions Bill, 2018 hope to bring a proper frame work for maintenance of standards of allied health education. This will also enable every allied health professional to register under a council to be publicly recognized for his/her professional excellence, to increase his/her confidence and skill and to maintain high standards of ethical credentials in the working field and finally to recognize their degrees in India and abroad

The Indian Association of Physiotherapists (Regd)

3.5 The Association submitted that as the course contents of Health Care Professionals are 4 years and more and not less than 4800 hours, the definition of healthcare numbers of study hours mentioned is less. Therefore, the hours should be enhanced to 5000 hours as curriculum of Physiotherapy is vast and is more than 3500 hours.

3.5.1 The Association, further, submitted that the representation of Physiotherapist should be increased from 2 to 6 representatives as Physiotherapists are more in numbers and in previous introduced bill in Lok Sabha in year 2007, Paramedical and Physiotherapy bill were given separate representation. The Association, further submitted that there was a provision to appoint four members by the Central Government, respectively, from amongst the practitioners in physiotherapy. The Association has demanded to include four members to be appointed by the Central Government to represent such organizations \ Institutes which can represent the interest of physiotherapy.

3.5.2 The Association submitted that the purpose of mentioning of ISCO code should be elaborated mentioning that which professionals are recognized as allied and which as healthcare as per international standards. The Association also submitted that the Professional advisory body should be named sub- council and its recommendations should be mandatory and binding. The sub council should not only address the specific issues but all the professional issues related to its profession as the council's objective is to regulate and standardized the profession. The Association submitted that if the experts belonging to specific profession are involved in decision making, each sub- sections specific issues and concerns can be addressed specifically in the interest of large number of professional, thus the council becomes more effective.

3.5.3 The Association further submitted that the entry examination and counseling for Physiotherapists should not be merged with other Professionals as Physiotherapy is highly skilled Profession and requires minimum eligibility criteria of 10+2 Physics, Chemistry, Biology with minimum 50 Percentage. The Exit and Licensing examination should be separate as course curriculum, qualification and level of professional skill is much higher than other mentioned Professionals.

Physiotherapy Forum and United Physiotherapy Association of India

3.6 The Associations submitted that Physiotherapy is a globally recognized health profession which is catering the needs of society and has a important role from prevention to palliative care. Physiotherapy professions have progressed by leaps and bounds in last seven decades. In India, the Physiotherapy education was started during 1950s. Today there are more than 430 colleges in India imparting undergraduate, postgraduate and doctoral courses in Physiotherapy. Approximately, 114500 students pursue Physiotherapy education in India every year. there are more than 290000 registered Physiotherapy practitioners with State Councils of Delhi, Maharashtra, Gujrat, Chhattisgarh and Indian Association of Physiotherapists , United Physiotherapy Association of India providing their services to the Indian community.

3.6.1 They also stated that each physiotherapist's treats approximately 15 patients per day. The growing scope of Physiotherapy practice in various arenas is helping the public in the country to overcome their suffering thereby reducing the disease burden and disability in India. Simultaneously, it is reducing the economic burden on families, society as well as Government.

3.6.2 There is a need for a regulatory body at the national level in order to standardize the Physiotherapy education, practice and services offered to the people.

Rajasthani Physiotherapy Association, Maharashtra State Council for Occupational Therapy & Physiotherapy, Mumbai, Lokmanya Medical College of Physiotherapy, All Assam physiotherapy Association (AAPA)

3.7 They submitted that the “Allied & Health care council bill 2018” aimed to formulate umbrella council to regulate 53 professions. It is a good move by the Government for technical professions but surely not for Physiotherapy. Physiotherapy does not belong to this group of profession & has own identity in health care across the world. World Health Organization (WHO) has classified physiotherapists in professional group (ISCO Code 2264) and paramedical professionals have been classified in a separate entity (ISCO code 2240).

3.7.1 The representation apprised the Committee that Physiotherapy is a branch of modern medical science which deals with the orthopedic, neurological, cardio respiratory, women’s & community health, pediatrics, geriatrics, sports, traumatic, paralytic conditions and physically challenged population. In India, the Physiotherapy education was started in immediate post-independence period and at present large number of registered physiotherapy practitioners of State councils of Delhi, Maharashtra, Gujarat Chhattisgarh & members of Indian Association of Physiotherapists are providing their services to the Indian community through central, state government; public, corporate, private & charitable trust running hospitals & clinics. They believe that there is need of a regulatory body at the national level in order to standardize the physiotherapy education, practice & services offered to the Indian community.

3.7.2 The growing scope of Physiotherapy practice in various arenas is helping the public of the country to overcome their sufferings. Hence its responsibility of all to give best legislation to cover Physiotherapist’s growing scope, rights & autonomy in Indian context. The AHPC Bill, 2009 gave representation to physiotherapy profession as a category of profession amongst 53 un-identical professions.

3.7.3 It was expected that the Central Physiotherapy council should be formed on the basis of existing physiotherapy councils and requested to withdraw the Physiotherapy profession from AHPC Bill, 2018 and introduce physiotherapy commission of India Bill.

Kerala Association for Physiotherapists Co-ordination

3.8 The Association submitted that MOHFW while formulating the bill has completely ignored various Governments and other reports like report of Estimate Committee, Establishment of Council for Health and Para Medical Workers, 1992 etc. recommending independent status, recognition for physiotherapist thereby arbitrarily clubbing physiotherapy with other health categories in the Allied and Health care professions council Bill (AHPC) 2018.

3.8.1 The Bill disregards the recommendations of the Parliamentary Standing Committee on Health and Family Welfare made in its Thirty first report on 'The Paramedical & Physiotherapy Central Council Bill 2007' and the 60th report on 'The National Commission for Human Resource Health Bill 2011'. They asserted that the 31st report recommended separate central council for Physiotherapy.

3.8.2 According to them, the 11th Five Year Report of the Planning Commission of India also recommended for separate council for physiotherapy. The profession of Physiotherapy falls under major category of professions on the basis of empirical data along with various disciplines of Medical science as per “All India Survey Report on Higher Education” (AISHE).

3.8.3 The policy making body in the MoHFW is the Director General Health Services (DGHS). Members qualified in Physical Medicine and Rehabilitation (PMR) has occupied senior positions in DGHS. They have acted more as spokespersons of the PMR community while doing their duty in DGHS. The physiotherapists should be recognized as distinct and separate profession. Unfortunately, the senior persons from DGHS played a partisan and biased role in undermining Physiotherapy. They added that there is an institutional bias against physiotherapists since year 1997 onward which is being perpetrated.

3.8.4 It was submitted that, for the first time, Physiotherapy establishment have been put under a physician (Professional form section 2(h) of clinical establishment (registration and regulation) Act 2010 and treated as subordinate to the said doctor. Secondly, physiotherapy system of treatment is recognized the world over as an independent system of treatment and is defined as an “allied & health care establishment”. Thirdly, the physiotherapists are now, for the first time, permitted to do the work of a physiotherapist only on a prescription/referral from a licensed medical doctor. This was never the case earlier and apart from being totally unnecessary as a precondition for Physiotherapy treatment, is likely to double the cost of treatment. In the past as well doctors would refer patients for physiotherapy but it was never made a condition of practice that physiotherapists can only practice on a license from a doctor. Fourthly, the work of a physiotherapist is to be reviewed by a medical doctor.

3.8.5 It was pleaded that arbitrary clubbing of physiotherapy with other health care and imposing restriction upon right of Physiotherapy and disallowing establishment of physiotherapy is not in public interest, detrimental for the development of physiotherapy in India and against the principle of natural Justice.

Coimbatore Physiotherapy Doctors Association and many other Association

3.9 According to the memoranda, the Physiotherapy profession is not matching with those indicative lists of 58 allied health care professions, by means of its curriculum, scope and the way it serving the people. The reasons for Objections are:

- (i) Other than physiotherapy & occupational therapy profession, remaining 56 professions in this indicative list of Allied and health care professions are not independent profession. Whereas in Physiotherapy scope of practice /function/ work as Independent practitioner and / or being part of the member of multidisciplinary medical team. When Physiotherapy profession is clubbed with other professions, the scope of Physiotherapy practice will be doomed.
- (ii) Physiotherapy & occupational therapy profession has more than 5000 hours of course study work, whereas, other professions in that list study less than 3000 hours. Physiotherapists undergoing 4320 hours of regular class work of theory/practical/clinical, in addition to 960 hours of internship that is 5280 hours of course work altogether. That means the curriculum is unique and should deal with separate council like Nursing council of India, Pharmacy council of India and Dental council of India.
- (iii) Most of the professions in the indicative list of allied & health care professions do not have internship in their course curriculum whereas physiotherapy profession has an internship of 6 months. This internship training is meant to train Physiotherapists to handle patients, independently.

- (iv) Government should not consider that there are already separate councils for Physiotherapy profession existing in various states in India and most of the developed countries have separate board or council for regulating Physiotherapy profession in respective countries.

All India Occupational Therapists Association

3.10 The Association raised their concern over clubbing of Occupational Therapy Profession with heterogeneous group of about 70-80 professions that does not at all match with qualification, work and responsibilities with that of occupational therapy profession. They stated that the dilution of significance and valuable contribution of profession of occupational therapy in the entire Bill is not acceptable. The definition of occupational therapy is incomplete and does not portray scope of the profession in respect to Indian context. The bill is Contrary to basic premise that a council should be by the profession, of the profession and for the profession. AIOTA, therefore, strongly objected to inclusion of other categories listed under Occupational Therapy under schedule 6.

Indian Optometric Association (IOA), Indian Optometry Federation (IOF) Optometry Council of India (OCI), Association of Schools & Colleges of Optometry (ASCO, India)

3.11 The Organizations/Associations have strongly supported the statement of objects and reasons of the AHP Bill 2018 i.e. “to generate employment not only to meet the domestic demands but also to cater to the global market”. They have submitted the following points:-

3.11.1 Incorporate in the Bill the global definition for optometry and the global cadre designated as optometry as given by World council of Optometry (WCO) which states that:

“Optometry is a healthcare profession that is autonomous, educated, and regulated (licensed/registered), and optometrists are the primary healthcare practitioners of the eye and visual system who provide comprehensive eye and vision care, which includes refraction and, dispensing, detection/diagnosis and management of disease in the eye, and the rehabilitation of conditions of the visual system.”

3.11.2 Vision Impairment and Blindness status in India

International Association for Preventable Blindness (IAPB), has reported that in the year 2015, India has the following blindness and visually impaired statistics:-

Variable	Blind	Visually Impaired - Moderate	Visually Impaired - Mild
Prevalence	0.93%	4.63%	3.67%
Population effected	8.80 million	47.70 Million	39.70 Million

3.11.3 More than 80% of these are preventable with timely detection and referral. The major causes of preventable blindness identified were Cataract, Uncorrected refractive error, glaucoma and diabetic retinopathy. India currently has the highest number of blind people in the world and the second highest number with avoidable vision impairment due to uncorrected refractive error.

3.11.4 India has approximately 15,000 ophthalmologists for its 1 billion-plus population, resulting in a ratio of 1 ophthalmologist for every 90,000 people. The challenge is inequitable distribution of eye surgeons: 1:20,000 in urban area to 1 in 2,50,000 in rural areas.

3.11.5 Optometry cadre was developed in India in the year 1958, to take load off ophthalmology especially in rural areas, where they would prescribe glasses, treat common eye ailments independently and refer to eye hospitals for major medical / surgical intervention.

3.11.6 One optometrist per 10,000 people is used throughout the world. India needs approximately 115,000 optometrists. India currently graduates 3500 optometrist per year (4-year trained optometrists) and an estimated 40,000 2-year trained eye care personnel. All the present diploma holders should be registered as Optometrists and brought to the 4-year trained optometry level through continuing education programs or an exit licensing exam. A critical motivation for this upgrading is the independent standing of the profession.

3.11.7 The profession of optometry relies on the quality of undergraduate and postgraduate teaching provided. It is estimated that the country will need at least 100 schools of optometry over the next decades to meet the demand for upgrading and training new fully qualified new optometrists. Ensuring that quality education is delivered in all undergraduate optometry programs would require the development of a minimum of 1,000 higher degree qualified optometric educators to produce some 5,000 optometry graduates per year and even upgrade the training of the current 40,000 two-year trained optometrists. They stated that it is not cost-effective to have medically trained eye surgeons to do non-surgical work like refraction, squint management, contact lenses etc. when optometrists (like eye physicians) are already available for better outreach in rural India also.

Optometry in Primary Care: it's Synergy with Ophthalmologists and Other Medical Personnel

3.11.8 With primary care rights provided, Optometrist will be the first point of contact for eye care. Optometry will provide cost-effective and accessible care working within their scope of practice and competence, referring to ophthalmologists or other health care professionals as appropriate.

Improper position of optometry under AHP bill

3.11.9 Globally, Optometry has been given a separate Act viz. "Optometry practice Act 2007" in Australia, the Opticians Act 1989, UK and Europe, Optometrist and Opticians Act, Singapore and so on and so forth. They have, therefore, requested for a separate Optometry act for the country to look after 87.40 million visually impaired and 8.80 million needing Cataract surgery and have suggested placing optometrists under "Health Professionals".

Government Optometrist Association, Uttar Pradesh

3.11.10 The following are the suggestions of the association

- (i) The Association submitted to replace the term "Ophthalmic Sciences" with "Optometry". As per WHO.
- (ii) The Allied & Healthcare Professional bill, 2018 all professionals are divided in two groups i.e. Healthcare Professions and Allied Healthcare Professions. They have suggested to form a third categories of Medical and Healthcare Professions and stated that Optometrist should be removed from the Healthcare Profession and should be included in this third category because an Optometrist diagnose,

treat, and manage eye disease and prescribe glasses as mentioned by the definition given by WHO.

- (iii) They also submit that the syllabus of diploma in Optometry which includes in detail not only Eye anatomy, Physiology, Disease of the Eye, Optics & Mechanical optics but also Human Anatomy, Physiology basic of Pharmacology, Pathology and Cardiopulmonary resuscitation (CPR), Monitoring of temperature, Pulse, blood pressure, Oxygen therapy & Nebulisation etc.

Punjab Ophthalmic Officers Association

3.11.12 The Association submitted to register Ophthalmic Assistant/Ophthalmic officer cadre under Code 2240 instead of 3256 due to the following reasons:-

- i. In India, Ophthalmic Assistant was created by National Programme for control of blindness (NPCB) in 1978 under the guidelines of World Health Organization (WHO). As per WHO "An Ophthalmic Assistant is a medical worker who has received definite training in ophthalmology and who arranges a special time at which they see eye patients.
- ii. This cadre was created to fight with ever increasing blindness in developing countries due to shortage of ophthalmic manpower. For this purpose, a special short-term diploma course was designed to prepare Ophthalmic Assistants. The main aim of course was to train persons to treat the patients for eye ailments so that they should be able to handle most of the eye diseases in rural areas.
- iii. Ophthalmic Assistants were supposed to treat the patients for eye ailments.
- iv. Ophthalmic Officers are supposed to provide treatment to eye patients at certain level, independently. International Labour Organization (ILO) has classified the manpower as per developing countries thus placing Ophthalmic Assistant in code 3256.
- v. In India where Ophthalmic Assistants are trained at tertiary level hospital, provides treatments to eye patients at community Health centers. Most of the States have re-designated this cadre as ophthalmic officer and allowed them to perform their duties independently, hence, it will be unjustifiable to register this cadre under code 3256.

3.11.13 Keeping in view the above situation, the Association has requested to register ophthalmic officers under code 2240 as Paramedical Practitioners.

National Ophthalmic Association, Bihar

3.11.14 The following are the suggestions of the association

- a. The Ophthalmic Assistant in the Ophthalmic Science Professional Group of the Allied and Healthcare Professions Bill has been included in Code-3257, which does not fully include the Ophthalmic Assistant's duty as prescribed by the Government of India.
- b. In India, the main work of the Ophthalmic Assistant is to test vision along with prescribe glasses on the level of primary health centers whereas the work for Optometrist is to assist in the other countries. In this situation, inclusion of the Ophthalmic Assistant in the ISCO Code 3256 is totally wrong.
- c. Ophthalmic Assistants should be included in the ISCO code 2240 so that OAs must be included in the duty table as prescribed by the government of India.
- d. Ophthalmic Assistant alongwith Ophthalmic Officer to be included in Two years diploma in Optometric in Optometrist and Two years diploma in Ophthalmic Science.
- e. The Bachelor of Ophthalmology by Patlipurtra University, Bihar from 2008 and the Bachelor of Ophthalmic Medical Science (BOMS) programme is operated by a

Deshbhagat University (UGC recognized) Punjab from 2016 from which thousands of OA/OO have obtained the degree but they are not included in Ophthalmic Science Professional Group and these two to be included in Ophthalmic Science professional group.

- f. Apart from chairman, there should be two members from Optometrist (one member with diploma holder and one member with graduation) in Ophthalmic Science Professional Advisory Board and Two Members from OA (one member with diploma holder and one member with graduation).
- g. The meeting of the council to be held in every three months.
- h. The chairman to be selected on the rotational basis from the Ophthalmic Science and Optometry but to be selected from the OAs/OOs posted in National blindness control program for the first two years.

All India Ophthalmic Physician Association

3.11.15 The Association has sought for inclusion of Ophthalmic physicians under the international code of 2211 (general physician).

3.11.16 As Ophthalmic officers re-designated from OA with two years diploma of OA with basic qualification of pre-medical /+2 with medical subjects. National Ophthalmic Association (NOA) has been demanding from government to start a degree course for the upgradation of cadre in Bihar 4 years degree course was started with 6 months internships with the name of Bachelor of Ophthalmology (B. Ophth.) in Punjab also, a 4 years degree course with 6 months internship was started with the name of bachelor of Ophthalmic Medical Science (BOMS). This course has been started by a Deshbhagat University (UGC recognized) Punjab. The syllabus of both degrees is same. For the up gradation of OA/OO with diploma in OA, there is a provision for the lateral entry (through bridge course) to allow them to join this course and enhance their professional qualification, their knowledge and skill in handling eye ailments in more effective way.

3.11.17 There is a urgent need to produce graduates with degree in Ophthalmology (as ophthalmic physicians) and appointed as "Ophthalmic Officer".

All India Association of Anaesthesia & Operation Theatre Technologists (R), Joint Forum of Medical Technologist of India (JFMTI)

3.11.18 Joint Forum of Medical Technologist of India (JFMTI) a common national registered organization of Indian Allied Health Professionals' Associations representing 7 major allied health professions i.e. Medical Laboratory Sciences, Medical, Medical Radiology Technology, Operation Theatre & Anesthesia Technology, Radiatio thereapy Technology as our permanent members professions of JFMTI and two as associate members i.e. Cardiovascular Technology, Neurology Technology etc. working in hospitals/health institutions/dispensaries of Central Government , State Government , autonomous health institutions local and private health establishments in India.

3.11.19 JFMTI stated that health system can only be improved with a holistic approach and collective efforts of all streams of health sector. It was suggested that qualified professionals must get due recognition and status in their jobs, people should get quality service for diagnosis and treatment and three, the fraudulent educational institutions in the health profession must be weeded out. Establishing a foolproof comprehensive system for overhauling of allied health education and services needs serious visionary approach on the part of the policy makers. Model of accreditation for health education, services, and professionals' competence has to be analyzed

considering needs in line with prevailing international system Proposed regulatory framework is too much centralized which should also require representation from all left out stakeholders who should be incorporated in a democratic manner.

3.11.20 The short title of the Bill should be The Allied Healthcare Professions Council Bill or it can be Healthcare Professions Council Bill but it should not be mentioned with two classifications of allied and Healthcare, therefore, the name of Council should be Allied Healthcare Professions Council of India (AHPCI) or Healthcare Professions Council of India (HPCI). Representation of different streams in the Central Council should be proportionate to their numbers. There should be clarity in Bill over funding and management of funds for various streams.

All India Medical Laboratory Technologists Association

3.11.21 All India Medical Laboratory Technologists Association (AIMLTA) supported the proposed legislation and made following suggestions regarding the registration of members in the Council.

- i. There should be a separate council for Medical Laboratory Technologists of India. There should be a single Medical Lab Technologists Council for all Diploma (DMLT), undergraduate, graduate, post graduate and Doctorate degree holder like that of Doctors and Nurses.
- ii. Council must be headed by the professional itself of the same facility as per M.C.I. and Nursing Council of India. As the jurisdiction of the Council will be at all India level comprising of all states and Union Territories of the country, the members of the Council must be elected only from the national level association and democratic pattern must be followed while constituting our Council and the same may also be followed for State Council.
- iii. As the council is for the Lab Professionals of entire India, only a national/state level professional association (like All India Medical Lab Technologists Association) must be taken into confidence while framing clauses/laws/bylaws to protect the various interests of the profession.
- iv. All pre-qualified in service/in practice and retired Lab Technologists must be treated eligible to get registration in the council and the post-qualified individuals must be considered only with required qualification as per the Council's norms. This was accepted and adopted earlier when M.C.I. was constituted. All L.M.P./D.M.P.s were duly registered.
- v. "Right to practice the profession"
To practice as profession must be protected by this newly constituting council in case of Medical Lab Technologists also. At present, technologically accredited era, most of the Pathological Investigation/Analysis is performed on most sophisticated Computerized Analyzers. In almost all Patho-Diagnostic Centres (Govt./Corporate Sector) this computer generated date is derived by a well trained Lab Technologists of the organization and forward to the Clinician. Clinician finalize the diagnosis considering various important factors such as – Clinical Complaints, Radiological Reports, ECG/Trade Meal finding & Scanning etc.
- vi. Para-Medic must be replaced by "Allied Health Professional and Paramedical be replaced by Allied Health profession and the word Technician be replaced by Technologists, hence, nomenclature "Technologists" may be used in place of technician.

Indian Society of Radiographers and Technologists

3.11.22 ISRT gave suggestions on following:

Name of the Regulator

The memorandum submitted stipulates that, the name of the overarching statutory regulatory body may be National Health & Care Professions' Commission (NHCPC), under the following grounds:

- (i) The present title of Bill has already triggered fresh controversy on the terminology allied & health care, as there is no bifurcation as allied and healthcare within the group of professionals, anywhere in the world.
- (ii) The overarching regulatory body for sixteen broad categories in United Kingdom is one of the oldest and powerful regulator in the world with its unique functioning through regulatory control over health, psychological and social care professionals. In early days, the regulator was known as Health Professions Council (HPC) and later, they have modified the title as Health & Care Professions Council to include all health - related professionals other than medical doctors, nurses, dentists and pharmacists.
- (iii) The terminology of health & care professions than allied & health care will leave the doors opened for many streams including social care professions under the regulatory ambit of Commission in future. The same method is adopted by HCPC, UK.
- (iv) The system of professional regulation in health care education has not been geared up to the international standards and it has resulted in the mushrooming of substandard institutions in medical education. They added that in professional practice also, adherence to code of ethics, professional code of conduct and etiquette are relatively meager and ultimately failed in the creation of a patient centric and patient friendly atmosphere in hospitals and other health care institutions.
- (v) The Society informed the Committee that several Committees in the past, right from Shrivastava Committee Report in 1975, Bajaj Report in 1989, and Reports of National Knowledge Commission in 2007, Second Administrative Reforms Commission headed by Shri. Veerappa Moily in 2008 and Prof. Yeshpal Committee Report in 2009 have vehemently pointed out and highlighted the pathetic situation of professional regulation in Indian health care delivery system. The working group of planning commission in 2009 had proposed to establish a Human Resources Commission in Health as an over-arching body. Therefore, the need for radical reforms in the regulatory frame work of the medical and allied professions has been an agenda before many Governments for several years.
- (vi) The NCHRH Bill, 2011 was intended for the structural reforms but has not been materialized due to the objections from various corners and recommendations made by the DRSC in 2012 to withdraw the Bill and to bring forward a fresh Bill.
- (vii) The Department Related Parliamentary Standing Committee on Health & Family Welfare in its 92nd report had recommended to implement the Prof. Renjith Roy Choudary report and to make radical reforms with transparency, accountability and integrity in the professional regulation.
- (viii) The similar to the National Medical Commission Act, 2019, regulatory frame work has been adopted for Indian System of Medicine and Homeopathy Systems and bills named as The National Commission for Homeopathy Bill-2019 and The National Commission for Indian System of Medicine Bill-2019 for the structural reforms are under way.

- (ix) It is therefore very much essential to switch over to a National Commission than a mere council to achieve the effective regulatory control over professional education and professional practice of all unregulated streams, which are coming under the regulatory ambit of the statutory regulatory body envisaged to be constituted under the present Allied & Health Care professions Bill-2018.
- (x) All existing statutory Councils are also in the verge of dissolving or switching over to the National Commission in the line of NMC Act-2019 as it is recommended by a Committee headed by the Vice Chairman, NITI Aayog constituted on 28th March 2016. The terms of references of the Committee were to examine all options for radical reforms in medical education and suggest a way forward.
- (xi) The very same switching over process will definitely be inevitable to the Allied & Health Care sector in near future itself. If the Bill is enacted in the present form may cause duplication and repeated exercise in legislative process leaving unnecessary financial burden to public exchequer and total wastage of time and energy of both Executive and Legislature.

Constitution of Regulatory body

- i. It has been submitted that there shall be one National Commission and Seven Professional Advisory Councils, Four Autonomous Boards with in the regulatory body envisaged to be constituted under the National Health & Care Professions' Commission Act- 2018 in the line of NMC Act- 2019.
- ii. The following persons may be included as the Part time members of Commission.
 - (a) Twenty One members to be nominated by the Seven Professional Advisory Councils with proper representation to all professionals, who are in the opinion of concerned Advisory Councils, competent enough to address the related professional issues of respective professions/ categories in Commission, for a term of Two years.
 - (b) Three Members to be appointed from amongst persons of ability, integrity and standing, who have special knowledge and professional experience in such areas including management, law, public administration, medical ethics, health research, public health, consumer or patient rights advocacy, science and technology and humanities for a period of two years.

Constitution of Professional Advisory Councils

- i. They proposed the constitution of seven Professional Advisory Councils to be appointed by the Central Government namely:
 - a. Professional Advisory Council for Life Science & Medical Lab Sciences.
 - b. Professional Advisory Council for Hospital Information Management, Emergency Care & Physician Associates.
 - c. Professional Advisory Council for Physiotherapy and Occupational Therapy.
 - d. Professional Advisory Council for Behavioral Health, Social Care & Nutrition. 5. Professional Advisory Council for Ophthalmic Sciences, Neuro Sciences & Pulmonary Technology. .
 - e. Professional Advisory Council for Medical Radiation Technology & Cardio Vascular Technology.
 - f. Professional Advisory Council for Surgical Anesthesia & Renal Technology.

- ii. The existing provisions in the present Bill to constitute as many professional Advisory Bodies (Clause 11) to examine specific issues relating to one or more recognized categories or professionals and recommend or advise the council, may be switched over as the Professional Advisory Councils in the line of the provisions in NMC Act – 2019 to constitute Medical Advisory Council. The existing fifteen categories may be limited to seven by merging identical categories/ Professionals and Seven Professional Advisory Councils may be constituted to discharge the functions of Professional Advisory Bodies apart from the distinct responsibilities like acting as platform for the states to put forward their views and concerns before the National Regulator/ Commission. In short, the professional Advisory Councils will act as the primary platform through which the state and UTs may put forth their views and concern before the commission to help in shaping the overall agenda, policy and action regarding the educational research and training, apart from the role assigned in the present form of Bill.

Composition of Professional Advisory Councils

They submitted that following professional Advisory Councils may be constituted:

- a) Each Council shall have an Ex- officio Chairman, who will be the chairman of National Commission.
- b) Each Council shall have a Vice-chair Person to be elected from amongst the members of the Council.
- c) Each Council shall have a member to represents every state and UT, whose name shall be appeared in the concerned professional register maintained under state council, to be nominated by the state Governments or Union Territory.
- d) Each council shall have a member to represent every state council, whose name shall be appeared in the concerned professional register maintained in the state council, to be nominated by the state council.
- e) Every member of the Commission shall be the ex- officio members of the council.
- f) The chair man, UGC shall be a Member of each Council.
- g) The Director, NAAC shall be a Member of Commission.
- h) Four members to be nominated by the Central Government from amongst persons holding the post of Director in the IIT, IISc and IIM and Indian Institute of Public Health & Hygiene, Kolkata.

Constitution of Autonomous Boards

- i. The Society submitted that the Central Government shall, by Notification constitute the following Autonomous Boards under the overall supervision of the Commission to perform the functions assigned to such Boards under this Act namely:
 - (i) The Under Graduate Health & Care Education Board
 - (ii) The Post Graduate Health & Care Education Board
 - (iii) The Health & Care Assessment & Rating Board
 - (iv) The Health & Care Ethics & Registration Board
- ii. Allied & Health Care Professions Bill- 2019 has not given much importance to the regulation of professional practice of allied & health care professionals. Enforcement of professional conduct, code of ethics and etiquette are coming under the responsibilities of concerned State Councils, which are responsible for many other functions like conduct of common entry and exit exams and inspection of educational

- institutions to ensure the minimum standards etc. In the absence of a separate body with distinct responsibility for enforcing the ethical norms on professional practice and effective adherence to professional code of conduct and etiquette, the regulatory control over professional practice of allied & health care professionals cannot be achieved. It is highlighted that unlike other professional regulatory bodies in health sector, the body envisaged to be constituted will have elevated role and more responsibilities with high task in this regard as more number of human resources and work force in health care delivery system is coming under this proposed regulator. It is therefore essential to constitute an Autonomous Board for Health & Care Ethics & Registration within the Commission.
- iii. In the absence of an autonomous board for Post - Graduate Education and Research, the historically neglected and sidelined professions in allied & health care stream cannot develop and the endless opportunities of Research & Developmental studies in this area will remain unexplored. Hence, a separate Autonomous Board for Post Graduate Education & Research with experts from various categories is inevitable within the commission.
 - iv. In the SOR of Bill, it is stated that our nation has to produce Human Resources in Health Care not only to meet Indian requirements, but also to cater the global markets with proper expertise in the light of changing global scenario. Most of the Allied & Health Care Courses in India are Undergraduate Programs. In the absence of an Autonomous Board for Undergraduate Education in the line of NMC Act- 2019, the effective co ordination, standardization and academic supervision may not be achieved. The same board is essential for proper faculty improvement programs and also for setting up of an integrated and dynamic learning environment that is more skill based and relevant for clinical practice at the primary level. It is therefore imperative for Ministry of Health to constitute a separate Autonomous Board for Under Graduate Health & Care Education with experts from various categories as constituted in National Medical Commission.
 - v. The way of assessment and consenting process for starting up of Educational institutions and Accreditation of existing Allied & Health care Educational Institutions proposed in the present Bill is purely in a conventional way and not at par with the changing concepts of regulatory mechanism over professional education in Health care delivery system. The clause 37 of present Bill is not competent enough to make transparent and coordinated regulations. The distinct functions and responsibilities on Evaluation/Assessments and Rating may be de-linked from the council envisaged to be constituted and a separate regulatory Board in the line of NMC Act - 2019 may be constituted to ensure the transparent and effective regulatory assessments and evaluation. It is therefore suggested to constitute an autonomous Board for Assessment & Rating of Health & Care Education named as Health & Care Assessment & Rating Board.

Composition of Autonomous Boards

It is submitted that, the composition of Autonomous Boards may be as follows:

- (a) The Under Graduate Health & Care Education Board shall consist of a President and Two full time members and 15 Part time members to represent 15 major categories scheduled in the present form of Allied & Health Care Professions Bill – 2018, to be appointed by Central Government as per the recommendations of Search Committee constituted for this purpose.
- (b) The Post Graduate Health & Care Education Board shall consist of a President and Two full time members and 15 Part time members to represent 15 major categories

scheduled in the present form of Allied & Health Care Professions Bill- 2018, to be appointed by Central Government as per the recommendations of search committee in this regard.

- (c) The Health & Care Assessment & Rating Board shall consist of a President and Two full time members with 15 part time members to represent 15 major categories scheduled in the present form of Allied & Health Care Professions Bill- 2018, to be appointed by Central Government as per the recommendations of search committee in this regard.
- (d) The Health & Care Ethics & Registration Board shall consist of a President and Two whole time members and seven Part time members to represent seven major categories, to be appointed by Central Government as per the recommendations of Search Committee constituted for this purpose.

Society of Indian Radiographers (SIR)

3.11.23 SIR has welcomed the formation of the Council for allied healthcare professionals and appreciated Union Government for taking initiation to regulate and standardize the education and services by allied healthcare professionals. The Society has requested to establish a unique/separate/independent/distinctive council exclusively for Radiographers due to following reasons:

- (i) Number of technologists working in India is huge and demand of trained technologists is high.
- (ii) The Profession including academics/training standards is still not regulated as there is no regulatory body and courses range from some months to four years.
- (iii) MOHFW recommended 4 years course but Ministry of Skill Development and its subsidiaries is biased to reduce standards of education and training by granting permission to short term training courses and training shops with no education standards, faculty and facility that clearly underlines that lack of coordination between the two.
- (iv) All these Technologists should be registered with Atomic Energy Regulatory Board (AERB).
- (v) There is great exodus of these professionals due to unsatisfactory working, salary, promotion avenues and career ladder in India. Further, these professionals are responsible for protecting public from biggest source of man-made radiation. Under qualified professionals working in clinics are actually bombarding the sick with radiation.

Association of Self Employed Owners (Paramedical) of Private Pathology Laboratories of Gujrat (ASEOPPLO-G) Gujarat

3.11.24 The Association expressed apprehension from member of Indian Medical Association (Pathologist) as they are demanding monopoly rights in profession of Clinical/Pathology laboratory even though such profession and its practice is not under the preview of IMA (except IMA member). They submitted that even after the formation of the Allied and Healthcare Professionals Council, if they do not get independent right to practice as well entitled to sign or authenticate the technical result of the laboratory investigations, this will result in monopoly of the profession into the handful of group. This will disturb nationwide qualitative allied health services and remains only royalty oriented profession.

Indian Association of Clinical Psychologists

3.11.25 The Association submitted that considering the nature of work, Clinical Psychologists are mainly discharging their duties in clinical setup of mental health care facilities and in general hospital setting, and research and teaching setting focusing on human resource development in various settings including medical and nonmedical institutions. There is a need to have Independent council for regulation of profession as important as Psychology and Clinical Psychology should also be part of that council.

3.11.26 For the promotion, standardization and regulation of psychology, an independent, statutory national psychology council should be established. It is important that Discipline of psychology to be regulated under the Psychology Council of India. Clinical Psychologists are currently under the Rehabilitation Council of India (RCI) Act, 1992. This needs further emphasis that Psychology is a core subject. It cannot be considered allied subject and it forms part of core discipline for above mentioned reasons. The Psychology Council of India should be considered as Core and independent professional body and not as Allied Health Professionals because they undergo 7 to 10 years of academic & vigorous clinical training focusing on comprehensive healthcare. They, further, highlighted that psychology has a major role in Continuum of care model of W.H.O. for which there is an urgent need for creation of Independent Council

3.11.27 Behavioral health: This category of behavioral health sciences is not a preferred term to mental health. For the promotion, standardization and regulation of psychology, an independent, statutory National Psychology Council should be established.

The National Academy of Psychology (NAOP) India

3.11.28 The following are the suggestions of the association

1. NAOP stated that the AHP bill has systematic provisions for health and allied health care professions such as physiotherapy etc. however, it suffers from avoidable misalignments and redundancy *vis-a-vis* other psychology and wellness-related legislation and policies such as the Mental Healthcare Act, 2017, the Persons with Disability Act, 2016 as mentioned below:
 - (a) In the AHP Bill, there is considerable confusion now over how psychologists are recognized and regulated. Together the Acts and AHP Bill present a fragmented regulatory scenario, where the extremely relevant role of psychologists is viewed and regulated differently through different legal, policy and administrative instruments. It is, therefore, ironic to note that there is a huge demand for psychological service but there is confusion regarding policy and regulation.
 - (b) The proposed AHP Bill includes the category of "Behavioral Health Sciences Professional". This category includes not just Clinical Psychologists (except those covered under RCI), but also all Psychologists (ISCO 2634). In addition, it includes Behavioral Analysts (ISCO - 2635), health counselors, health educators and other specific counselors like HIV, family planning and mental health support educators (ISCO - 3259). NAOP is of the view that the Bill needs to clarify whether these professionals are general practitioners or technically qualified counselors with levels of education, training, certification and professional benchmarking through professional assessments and evaluations. Such clarity will preclude the possibility of quackery, fraud and future legal grievances and dispute litigation under the laws.
 - (c) The Central AHCI will consist of 48 members but no member is envisioned from the community of professional psychologists.

- (d) In the current Bill, healthcare is described predominantly in the context of diagnosis and treatment but not in the context of prevention, wellness, and health promotion throughout the lifespan. Further, it is not clear, whether and how, the proposed Bill is aligned with the policy formulation of re-imagining PHCs as wellness centers.

Professional Psychology Associations in India

3.11.29 The community of psychologists represented by prominent Psychology associations like National Academy of Psychology (India), Indian Association for Clinical Psychology (IACP), Indian Academy for Applied Psychology (IAAP), different state and national level organizations, and individual psychologists recommended the following:

- a) Imperative recognition of professional psychologists, including clinical and rehabilitation psychologists, as a separate category of professionals, be made in Allied and Health Care professions Bill and they should not be bunched or combined with general practitioners in allied health care.
- b) Re-evaluation of the need for clinical and rehabilitation psychologists to be regulated by the RCI be done given that the AHP Bill proposes that all psychologists register as AHPs and they would be subject to legislations set out in the AHP. We suggest that all professional psychologists be regulated by a separate Council, called the Indian Council of Psychology.
- c) Given the importance and relevance for psychology, a strong focus and policy push to form a professional psychology council is necessary.
- d) Indian Council of Psychology will address the current disparities and redundancies inherent in using different regulatory mechanism and bridge gaps in the current policy frameworks.
- e) Indian Council of Psychology, be mandated to regulate the practice of psychological through professional benchmarking in India.

3.11.30 The proposed The Allied and Healthcare Professions bill is a welcome development, however, healthcare will not be successful without the involvement of Psychologists through Indian Council of Psychology. The move to create an Indian Council of Psychology would strengthen the education and training of Psychologists in the country and create human resource that will be required for this purpose.

Tata Institute of social Science, Mumbai

3.11.31 The Memoranda suggested the Committee to remove the Behavioral Health Science category from the Allied and Healthcare Professions Bill, 2018 and initiate the process of establishment of Indian Council of Psychology for regulation, licensing and standardization of psychology education and practice in India. They have also submitted their concerns and recommendations for the bill that are as follows:

- (i) The inclusion of “behavioral Health Sciences Professionals” in the AHPB is neither justified nor comprehensive enough to cover Psychology as a discipline.
- (ii) The RCI has led to the neglect of clinical psychologists and to the exclusion of wide range of practitioners from the field of psychology.
- (iii) AHPB excludes clinical psychologists who are otherwise included in the Rehabilitation Council of India (RCI) Act, 1992. Although the RCI has regulated the practice of clinical psychologists, it does not cover the entire gamut of services offered by clinical psychologists.

- (iv) RCI is under the Ministry of Social Justice and Empowerment, Government of India. The Allied and Healthcare Council of India (AHCI), envisaged in the Bill, would be under the Ministry of Health and Family Welfare. This means that the profession of psychology will be governed by two different ministries, therefore will create serious policy confusion both for the professionals and service users.
- (v) As per Clause 3 of the Bill, the Council would consist of various representatives of the Government, but no one from a mental health/psychology field.
- (vi) There is a lack of clarity about how different categories of behavioral health science professionals will be asked to take the same entrance and exit exams as provided by the Clause 10 (f & G) of the Bill. A psychologist and a family counselor or an HIV counselor or a health educator cannot take the same licensing examination.
- (vii) The clubbing of diverse professionals under the category 'behavioral health science profession' is not justified.

Given these issues and concerns, they have, therefore, made the following recommendations to the Parliamentary Standing Committee:

- (i) The 'Behavioral Health Sciences profession' category should be removed.
- (ii) Almost all countries have a separate Psychology Board to regulate the different professionals and practice in the vast field of Psychology. The creation of an independent statutory body as "Indian Council of Psychology" therefore seems aligned with the recommendations of the Mental Health Care Act 2017 to meet the demand for more number of professionals in mental health care by 2027.
- (iii) For the promotion, standardization and regulation of psychology, an independent, statutory Indian Council of Psychology should be established.
- (iv) Future discussions on formation of the proposed Indian Council of Psychology should have adequate representation and participation of academicians and professionals from regional and zonal levels across the country
- (v) The removal of Clinical Psychologists from the Rehabilitation Council of India and include them in the proposed Indian Council of Psychology.

Federation of Indian Dental Hygienists Association (FIDHA)

3.11.32 There is no representation of Dental Hygienist profession in the council. The Association has, therefore, requested to include at least three representatives from dental hygienist profession.

Indian Dietetic Association (IDA)

3.11.33 IDA submitted memorandum that stipulates India as currently plagued with the burden of malnutrition, over nutrition and micronutrient deficiencies. The role of Dietitians/Nutritionists can go a long way in prevention as well as treatment of such problems, thus, reducing the economic burden of the country. The Association submitted that Allied and Healthcare diet/nutrition professionals should be segregated based on qualifications and work profile. All diet/ nutrition professionals should not be clubbed under allied category. They have proposed the following segregation-

- (b) Allied category include those with 2000 hours of study i.e. graduates in home science/ nutrition and dietetics, graduates + diploma holders, post-graduation done by distance learning, certificate courses and food service managers in institutions including hospitals.

- (b) Healthcare professionals those with 3500 hours of study i.e. 3-4 years Graduation in home-science / nutrition and dietetics + 2 years of Masters in Food and nutrition / dietetics and PhD in food and nutrition / dietetics , teaching and research in teaching hospitals
- (c) The presence of representatives from their profession in Advisory boards/ Committees / panels of the council will ensure the standards of teaching and practice. While nutrition is on the main agenda of the country but Dieticians and nutritionists have not been given any representation in various committees of the AHP bill. The association proposed that at least 2 seats to be given to Indian Dietetic Association to represent and express their profession in detail once the council is formed.

Indian Society of extra corporeal Technology

3.11.34 The society submitted that extracorporeal technology plays an important role in Cardiac surgery. This is the only allied health area directly link with the life of a patient and this profession have a great esteem in the healthcare in the healthcare system of advanced countries but unfortunately this profession is not properly recognized or considered in India. The memorandum stated that registration for all qualified practicing Perfusionists in India under a regulatory council or body is one of their long standing demands. By giving registration under a central regulatory body, Government can ensure the quality of health care being provided and assess the exact number of qualified professionals in this sector to take stock of the ratio between demand and supply. It is necessary to ensure certain amount of standard and quality as Perfusionists are taking independent and vital decisions during the course of their professional deliberation. ISECT has, therefore, suggested to keep the nomenclature as "Clinical Perfusionist" all over the country.

All India Association of Medical Social Work Professionals, Chandigarh

3.11.35 The Association stated that the Bill under consideration is undoubtedly a novel as well as path breaking endeavor by the Central Government, but it is sheer discrimination or more appropriately ignominious attitude towards Clinical Social Work by excluding it in its definition Section. Social work profession is committed for maximizing the wellbeing of individuals and society, and clinicians have to give enough emphasis on socio-cultural environmental aspects of illness and ailments. The role of clinical social worker is to create an interface between the clinical setting/teams and mainstream society. The association has, therefore, raised apprehensions over exclusion of clinical social workers from the Bill. World Health Organization (WHO), UNICEF etc, talk about the important roles of clinical social workers, however, in the country clinical social workers are not treated an equitably with other professions. Medical Social Workers and Psychiatric Social Workers working in hospital are also healthcare professionals but they are not included in the Bill.

Society of Emergency Paramedics in India

3.11.36 Accident and trauma care technology has more than 3500 hours of course study work and have 3 year + 1-year full internship programme from Dr. MGR Medical University, Chennai and various Deemed university in India have 4-year programme. Most of the developed countries having separate board (or) council for regulating accident and trauma care technology profession in respective countries. The association suggested to provide suitable legal frameworks to the profession for better health care delivery as well as for the growth and advancement of the profession in order to serve people better.

Indian Sterilization Healthcare Association (ISHA)

3.11.37 The Association has suggested for inclusion of Central Sterile Supply Department (CSSD) Technician in the list of Allied and Healthcare Professionals Bill, 2018. They submitted that Central Sterile Supply Department (CSSD) is an essential Department of any hospital which is responsible for receiving, cleaning, disinfection, inspection, packaging, sterilization, monitoring, sterile storage and supply of instruments, implants and medical consumables to Operation Theatre and other wards Departments of hospitals. The department known as Heart of the Hospital, so CSSD technicians is included in the list, this profession will also get standardized and regularized, therefore, CSSD Technicians be included in the Indicative list of Allied and Healthcare Professionals Bill, 2018.

Christian Medical Association of India (CMAI)

3.11.38 The CMAI appreciated the initiative and efforts made by the Government to introduce the Allied and Healthcare Professionals Bill, 2018. The Association has submitted the following suggestions regarding the AHP Bill, 2018:

- (i) The title of the Bill should be changed to Allied Healthcare Professions' Bill. 2018. This will bring more clarity in differentiating the nursing and medical healthcare professions vis-a-vis allied health professionals.
- (ii) The Bill has to specify the recognized qualifications eligible for the national registry, as there is no central council so far to record who all fall under "recognized allied and healthcare qualification" (Chapter 3: 30).
- (iii) The Council should have a mechanism to monitor and review the curriculum and make sure it's the standard across the country. For paramedical courses, the hands on training or internship should be mandatory (Chapter 3: I 0).
- (iv) The autonomy of the Council should be stressed and ensured in order for effective implementation at all levels - National and State.
- (v) Since allied healthcare training has been conducted by various prominent professional institutions and organizations, there should be greater involvement and representation of them at all the decision making and implementing bodies at the national and state levels.
- (vi) A quorum must be specified for meetings of each structure for unbiased decision making.
- (vii) Since health is a state subject, it is felt that the structure at the State level be more defined for consistency.
- (viii) There should be a standardized curriculum at the national level in order to ensure consistency of the quality of the training programme. There should be a standardized skill assessment as exit examination as this field requires a skill set that is obtained through intensive well-structured hands-on training.
- (ix) There should be a grievance redressal mechanism independent of the council to ensure transparency.
- (x) The process of centralized registration of the training institutions considering the different rules with relation to employment across and outside of the country.
- (xi) Offences and non-compliances have to be defined and differentiated in graded order for an effective implementation of rules and regulations with appropriate penalties.
- (xii) There has to be a system to validate the technical capacity and ensure consistent quality through regulatory examination and other various evaluations
- (xiii) There is a need to recognize institutions to train the trainers to maintain quality of allied healthcare education. These institutions can be considered as Centers of

Excellence. Centers like Christian Medical College (CMC) Vellore and CMAI who have had a presence and experience in this area for over 50 years must be recognized.

- (xiv) Career pathways have to be chartered for individuals with clear accreditation processes.
- (xv) Lateral entry pathways are also crucial for individuals who are already in the system to follow for registration and accreditation.
- (xvi) Code of Ethics and Standards has to be set at the centre and the State can roll it out while the centre gives good support.

Quality Council of India (QCI)

3.11.39 The Secretary General of QCI submitted the following:-

1. The role of a regulator must be delineated from the role of the government. In healthcare sector also, which has progressed extremely well needs to be governed by professionals with equal representation from Industry and government. The regulator must be independent and must only follow the overall policy of the government.
2. The central council little leaner council because there are lot of people inside specially joint Secretary of various ministries. The council must be a professional based on organization, therefore, the Government's role in regulating the professionals should be reduced and the government must only plan, monitor and make policies. An independent and professional organization should be introduced in order to mandate and implement this particular Act.
3. There is also concern that the term of appointment of the Chairman is only two years. Two years is too small a time for a government to plan and execute something. Therefore, it should be for a minimum of five years.
4. India has begun to follow this model and set up regulators like FSSAI, PNGRS, TRAI etc. Accordingly, the proposed Council should be restructured.
5. The Chairman (at the level of Secretary) should be a full time post (from any field with adequate administrative experience and knowledge of the sector) with a full time Member (Technical) on lines of TRAI/PNGRB. Chairman must head the Council and the Executive Council/GB. The Council should have provision for different Boards looking after different sectors within the Allied Healthcare sector and the competencies must be adopted from NSQF. Moreover, all curriculum and job roles must be homogenized with the NSQF as well as NOS.
6. The Council should have equal distribution between private sector participation, professional bodies and government. QCI should necessarily be part of the Council to play its role in regulating this profession, or improving the quality of this particular organization or profession. Therefore, for any allied healthcare professional who might eventually find a market elsewhere around the world, it is important that the certification mechanism that NABL, NABCB and NABH, that is, boards do and which is accepted across 180 countries around the world, is given credence. Further, the role of SSCs and the NOS as well as the NSQF must also be integrated in the Bill.
7. The Bill must make provision of 3rd party assessment/inspection etc. and the Council must not get involved in any such activity to avoid conflict of interest. It must take decisions based on results of such assessments/inspections. It should not have their own assessors/inspectors etc. Third party bodies must be accredited to check and verify adherence to regulations.

8. In order to recognize excellence practiced voluntarily, the Bill should make a provision for recognizing any voluntary certifications/ accreditations to higher standards. Once accredited, the institutions must be free from any regulatory requirements and such institutions must be generously funded to further excel. Similarly, organizations/training centers once accredited, must also be allowed training of professionals without the requirement to go through formal process of approval, such as Accredited hospitals involved in teaching/training.
9. The Bill must not prescribe courses, mode of delivery of courses or input criteria of selection. This must be based on NOS so that there is homogeneity across the sector. All modes of delivery must be encouraged, such as face to face, digital learning, blended learning, mobile learning, skills gained through prior learning/work etc. however, the outcome must be certified, irrespective of institution, the student may have graduated from or the mode he/she must demonstrate skills and knowledge before he/she is allowed to proactive the profession. This may be done through any process of “person Certification” based on ISO17024 or through certifications through CBs. Once certified, only then he/she should be registered as a professional in the live national Registry.
10. All certificate programs, diploma, post diploma, degree, postgraduate degree, doctoral program etc. by whatever name called must be a part of the bill.
11. The outcome must also be in line with the National Qualification Framework and the certification programs being conducted through training centers under the Sector Skills Council must be certified and then only entered in the live national registry.
12. The bill must ensure that unless certified through the process and unless registered successfully, no professional can be gainfully employed in the healthcare sector, whether public or private.

The Quality Council of India would be happy to provide details about any of the above, if desired. We also would like to be a part of the Council, so that the accreditation activities we are doing under NABH and requirements of calibration and testing laboratories under NABL as well as certification/inspection bodies under NABCB and NABET are properly synergized in the functioning of the Council.

Public Health Foundation of India (PHFI)

3.11.40 The representative of PHFI submitted the following:-

1. This is excellent and long overdue legislation that addresses a major gap in India’s health workforce. It provides an appropriate regulatory framework for developing skilled human resources who can act as competent non-physician healthcare providers capable of health service delivery in different settings of care.
2. There is abundant global and national evidence that supports the role and attests the value of Allied healthcare Professionals. Re-assignment of roles and responsibilities previously restricted to doctors, to non-doctors who have the requisite skill sets, is a rational choice that optimizes all available resources in the health system.
3. The list of Allied Health Professional categories included in the bill should not be viewed as exhaustive. Categories such as Vision Technicians and Dental Hygienists must be included.
4. Recognizing the rapid pace at which innovations in healthcare delivery are emerging, the Council should retain the flexibility to periodically review and recognize new categories and courses.

5. Health system Approach- In order to achieve primary healthcare led universal health coverage by 2030. The creation AHPs in different categories of AHP workforce must be driven through a health system approach.
6. Establishment of Public Health Cadre in States provides an opportunity for career growth of highly qualified allied health professionals through integration in health systems in public health management, faculty creation (education) and research for AHPs.
7. Competency Driven Education and Accreditation – The education should be skill based and Competency driven. It should not rely on Qualifications alone. Competences must be Valued.
8. Focus on Skills, Scale, Salary and Social Status of Allied Health Professionals.
9. Flexibility to Innovate – States should retain the flexibility to innovate and the National council should be a platform for exchange of best practices and enabler for replication and scale up.
10. Promote Technology and Teamwork – future of healthcare will be based on multi skilling and multidisciplinary team approach for best and cost effective outcomes.

CHAPTER 4

CLAUSE BY CLAUSE EXAMINATION OF THE BILL

4.1 During the course of the examination of the Bill, the Committee received a number of memoranda in response to its Press Release. The memoranda were forwarded to the Ministry of Health and Family Welfare for its response. The Committee's observations and recommendations contained in the Report reflect an extensive scrutiny of submissions and all the viewpoints put forth before it by various organizations/experts/State Governments. Upon scrutiny of the replies received from the Ministry, the Committee is of the view that certain provisions of the Bill need to be recast to serve the intended purpose of the Bill better. The Committee in its meeting held on 6th January, 2019 took up clause-by-clause consideration of the Bill. Various amendments to the Bill have been suggested by the Committee on clauses of the Bill which are discussed in the succeeding paragraphs.

CLAUSE 2

4.2 Clause 2(a) deals with the definition of (c) "allied and healthcare institution"

Clause 2(a) reads as under:

(a) "allied and healthcare institution" means an educational or research institution which grants diploma or undergraduate, postgraduate or doctoral degree or any other post degree certification in any allied and healthcare professional under this Act;

SUGGESTIONS:

4.2.1 A stakeholder submitted that the definition should be "*Allied Health Institution*" instead of "*Allied and Health Care Institution*"

MINISTRY'S RESPONSE:

4.2.2 The suggestion is not agreeable as the Bill pertains to both, Allied and Healthcare professionals as defined using a normative number of hours of study as well as the ISCO method of classification.

RECOMMENDATIONS/OBSERVATIONS

4.2.3 The Committee is in agreement with the views of the Ministry and recommends for retaining the conjuncting word, "and" in terminology/definition of "Allied and Healthcare Institution" as the Bill pertains to both the Allied as well as the Healthcare professionals.

4.2.4 Clause 2(b) deals with the definition of (b) "allied and healthcare professional"

Clause 2(b) reads as under:

(b) "allied and healthcare professional" means any allied health professional or healthcare professional under this Act;

SUGGESTIONS:

4.2.5 The following are the suggestions of the stakeholders on the Clause:-

1. Indian Society of Radiographers and Technologists (ISRT) suggested changing the definitions of allied and healthcare professionals, allied health professionals and healthcare professionals as per MoHFW studies and reports.
2. One stakeholder suggested substitution of “*Allied Health Care Profession*” in place of “*Allied Health Care Professional*”. Definitions may include professions mentioned in the Schedule and others which are notified later.

MINISTRY'S RESPONSE

4.2.6 The Ministry submitted that the Bill pertains to both Allied and Healthcare professionals as defined using a normative number of hours of study as well as the ISCO method of classification. The Ministry, further, submitted that the present Bill incorporates professionals which have qualifications varying from Diploma to Post graduate and PhD levels as well. It may not be justified to define such varying levels in a common nomenclature.

RECOMMENDATIONS/OBSERVATIONS

4.2.7 The Committee agrees with the view of the Ministry that professionals with varied qualifications should not be given a common nomenclature. Equating a professional who has devoted a substantial amount of his/her life in research and academics with an apprentice in the same field will discourage individuals from pursuing higher education. The Committee, therefore, recommends retaining the nomenclature, “*allied and healthcare professional*”

4.2.8 Clause 2(c) deals with the definition of (c) “allied and healthcare qualification”

Clause 2(c) reads as under:

2. In this Act, unless the context otherwise requires,—

(c) “allied health professional” includes an associate, technician or technologist who is trained to perform any technical and practical task to support diagnosis and treatment of illness, disease, injury or impairment, and to support implementation of any healthcare treatment and referral plan, recommended by a medical, nursing or any other healthcare professional, and, who has obtained any qualification of diploma or degree under this Act, the duration of which shall not be less than two thousand hours;

SUGGESTIONS:

4.2.9 The following are the suggestions of the stakeholders on the Clause:-

1. Indian Medical Association (Headquarter and Kerala Chapter) submitted that clause 2(c) mentions the purview of performing the work of Allied Healthcare Professionals as per the duration of training which is irrational and unscientific.
2. Joint Forum of Medical Technologists of India (JFMTI) suggested the following change in the definition of Allied Health Professionals:

Allied Health Professionals include individuals involved in the delivery of Health or related services with expertise in Diagnostic, Therapeutic,

Curative, Preventive and Rehabilitative interventions or Social Care, who have obtained the tertiary level of Professional Education & Training of Diploma or Degree as minimum qualifications with the duration of such hours as determined by the Regulations under this Act. They work in interdisciplinary health teams including Medical Doctors, Nurses and Public Health officials to promote treat or manage a person's physical, mental, social, emotional and environmental health and holistic wellbeing.

The Association further submitted that the definition of allied & health care, allied health and health care professionals may be merged into one.

3. One stakeholder submitted that clause 2(c) may be synchronized with Clause 2(g)

MINISTRY'S RESPONSE

4.2.10 The Ministry submitted that the number of hours specified is the minimum duration required and the group may thus have professionals with longer course duration. The Ministry further submitted that the number of years was changed to number of hours duration so as to be compatible with skills related to training and also global University standards that are usually based on credit hours. The Ministry also submitted that synchronization of clause 2(c) with clause 2(g) has already been considered.

4.2.11 The Ministry also submitted that one calendar year usually makes around 1000-1200 hours of studies, which means that all Diploma courses, usually of two years duration in the country, comprise of at least 2000 hours. Courses less than two thousand hours of duration (i.e. two years of study and practical exposure combined) do not qualify as Diploma and are identified as 'skill certification courses' for the purpose of this Bill . This was also a specific request made by the Ministry of Skill Development in order to align the courses with their National Skill Qualification Framework. The Ministry also deposed that it may enhance the clause to specify minimum number of years as well as number of hours.

RECOMMENDATIONS/OBSERVATIONS:

4.2.12 The Committee understands the objective of the Bill containing the credit hours criteria for allied and healthcare professionals. However, the Committee feels a sketchy adoption of the credit hour system without specifying the time duration may give rise to ambiguity and apprehensions in the minds of stakeholders. The Committee, although, welcomes the introduction of a credit hour system but the way each University/institute calculates the credits should also be uniform throughout the country. The Committee further recommends that duration of course study of Allied Health Professionals must be expressed in duration of calendar years with specific number of semesters to bring focus and clarity. The number of hours for each profession should also be decided on the number of lecture hours and the number of hours devoted in clinical practice. The Committee also notes that the clause does not specify the time duration in which the number of hours have to be completed. Absence of a time limit will give rise to non-uniformity. The Committee, therefore, is of the view that the definition should specify the number of hours as well as the number of years in which the diploma/degree has to be obtained.

4.2.13 The Committee also recommends that minimum and maximum time duration should also be specified in the Bill. The Committee strongly recommends that the diploma

or degree for "*Allied Health Professional*" should strictly be obtained as a result of a study at a higher educational institution for a duration which shall not be less than two thousand hours spread over a period of 2-3 years.

4.2.14 Accordingly, after the amendments, the clause 2(c) will read as under:

In this Act, unless the context otherwise requires,—

(c) "allied health professional" includes an associate, technician or technologist who is trained to perform any technical and practical task to support diagnosis and treatment of illness, disease, injury or impairment, and to support implementation of any healthcare treatment and referral plan, recommended by a medical, nursing or any other healthcare professional, and, who has obtained any qualification of diploma or degree under this Act, the duration of which shall not be less than two thousand hours spread over a period of two-three years divided into specific semesters;

4.2.15 Clause 2(d) deals with the definition of (d) "allied and healthcare qualification"

Clause 2(d) reads as under:

(d) "allied and healthcare qualification" means any qualification possessed by an allied and healthcare professional under this Act;

SUGGESTIONS:

4.2.16 The following are the suggestions of the stakeholders on the Clause:-

1. Indian Optometric Association submitted that the provision of the Bill should not be extended to certificate, diploma or degree provided by any NGO or University by off Campus or distance learning mode.
2. One stakeholder submitted that "as notified from time to time" may be added before "under this Act"

MINISTRY'S RESPONSE

4.2.17 The Ministry submitted that the above suggestions of the stakeholders are agreeable.

RECOMMENDATIONS/OBSERVATIONS

4.2.18 The Committee is of the view that any institute that conducts allied courses should be affiliated to a State/Central University. To avoid mushrooming of sub standard colleges and institutes, it is important that the degree granted by only accredited college/institutes are recognised as allied and healthcare qualification.

4.2.19 The Committee while deliberating with the Ministry in its meetings arrived at a conclusion that non-governmental organizations should not be given the freedom to conduct allied courses as such courses will only lead to non-standardisation and promote more ambiguity. The Committee is also of the view that considering the diverse professions that the proposed Act is set to regulate and the number of unregistered NGOs in the country, monitoring the courses conducted by NGOs will not only be a daunting task but also spoil the quality of education in the allied and healthcare Profession. The Committee,

therefore, strongly recommends that to discourage the proliferation of spurious degrees, only accredited colleges/institutes should be allowed to run degree or diploma courses.

4.2.20 The Committee also notes that the allied and healthcare professionals are tasked with very crucial role in the health care system and their importance can be observed by the vital functions that they are bound to perform. The Committee is of the view that to make the degree attained in allied field more reliable, granting of degree in allied and healthcare profession through distance learning mode must be completely prohibited. At present in the absence of a robust monitoring mechanism, qualitative assessment of the degree attained through distance mode is not possible. The Committee, therefore, strongly recommends that only those degrees granted by accredited colleges/institutes through regular mode should be termed as allied and healthcare qualification.

4.2.21 The Committee, therefore, recommends the following changes in clause 2(d). Clause 2(d) will be read as under:

“allied and healthcare qualification” means a diploma or degree possessed by an allied and healthcare professional which is granted only by a accredited college/institute through regular learning mode under this Act;

4.2.22 Clause 2(g) deals with the definition of (g) “healthcare professional”

Clause 2(g) reads as under:

“healthcare professional” includes a scientist, therapist or other professional who studies, advises, researches, supervises or provides preventive, curative, rehabilitative, therapeutic or promotional health services and who has obtained any qualification of degree under this Act, the duration of which shall not be less than three thousand six hundred hours;

SUGGESTIONS:

4.2.23 The following are the suggestions of the stakeholders on the Clause 2(g):-

1. Indian Medical Association (Headquarter and Kerala Chapter) suggested removal of Healthcare professionals and scope of ‘Allied healthcare professionals’ should be limited to ‘medically supervised’ modalities. The Association further submitted that the introduction of the term Healthcare Professionals is irrational, unscientific and hazardous to public.
2. Rajasthani Physiotherapy Association suggested adding names of the healthcare professional- Physiotherapy
3. All India Association of Medical Social Work Professionals suggested modification in the definition of healthcare professional in the Allied and Healthcare Professions Bill, 2018
4. All India Occupational Therapists’ Association (AIOTA) submitted that the list of professions under Healthcare should be clearly specified and annexed as schedule. It also submitted that the duration of OT should be minimum course duration of 5000 hours as it is of 4 years and 6 months (internship) duration.

5. Indian Association of Physiotherapists submitted that the number of hours mentioned as 3500 hours to be enhanced to 5000 hours (as the course content of healthcare professionals are of four years and more and not less than 4800 hours)
6. Physiotherapy Forum, United Physiotherapy Associations of India and other stakeholders submitted that this Clause should be reframed. The Association further submitted that Healthcare professionals provide health services related to dentistry, pharmacy, environmental health and hygiene, occupational health and safety, physiotherapy, nutrition and vision. (As per the ISCO definition, duration mentioned in the original clause is arbitrary, irrational and without any objective study)
7. Indian Society of Extra Corporeal Technology suggested inclusion of Clinical Perfusionist in healthcare professional category.

MINISTRY'S RESPONSE:

4.2.24 The Ministry submitted that professional categories have been stated in the Schedule so the preliminary clause does not specify any profession. The ISCO coding has already being specified against each of the professions in the Schedule. However, given the Indian scenario, the professions have been clubbed in like categories so as to enable an organized techno-administrative approach. The Ministry, further, submitted that Clause 66 also enables the Central Government after consultation with the Council by a notification to add or otherwise amend the Schedule for inclusion of any profession in any specific recognised category in future.

4.2.25 The Ministry also submitted that as all the professions have been listed as per the ISCO-08 coding and WHO health workers classification, healthcare professionals have been accordingly defined in the stated documents and are globally accepted. The number of hours specified is the minimum duration required and the group may thus have professionals with longer course duration. The WHO classification of health worker specifies under Health professionals that knowledge and skills required are usually obtained as the result of study at a higher educational institution in a health-related field for a period of 3–6 years leading to the award of a first degree or higher qualification. The 3600-hour duration, as the minimum duration has been indicated to incorporate this criterion. The duration thus provided is in line with the global norms. The Ministry further submitted that the number of years was changed to number of hours duration so as to be compatible with skills related training and also global University standards that are usually based on credit hours.

RECOMMENDATIONS/OBSERVATIONS:

4.2.26 The Committee understands the apprehension of some professionals that claim to have more than 3600 hours of course duration. As per the submissions of the Physiotherapists and Occupational Therapists, the time duration for completion of these courses is more than four years excluding the internship duration. However, the Committee also notes that 3600 is the minimum requirement and in the healthcare professional category, there can be professions that have course content spanning more than 3600 hours. The Committee strongly recommends that the time duration should also be rationalized in the calendar year and divided into semesters for the healthcare professionals as well. The Committee, therefore, recommends that the degree for "Healthcare Professional" should strictly be obtained as a result of a study at a higher educational institution for a duration which shall not be less than 3600 hours spread over a period of 3-5 years divided into specific semesters.

4.2.27 Accordingly, after the amendments, Clause 2(g) will reads as under:

“healthcare professional” includes a scientist, therapist or other professional who studies, advises, researches, supervises or provides preventive, curative, rehabilitative, therapeutic or promotional health services and who has obtained any qualification of degree under this Act, the duration of which shall not be less than three thousand six hundred hours spread over a period of 3-5 years divided into specific semesters.;

4.2.28 Clause 2(k) deals with the definition of “recognised categories”

Clause 2(k) reads as under:

“recognised categories” means any category of the allied and healthcare professionals specified in the Schedule;

SUGGESTIONS

4.2.29 One stakeholder suggested addition of category “Massage Therapist” in the Schedule.

MINISTRY'S RESPONSE

4.2.30 With regards to inclusion of massage therapy, the Ministry submitted that Massage therapy does not currently fall under the ambit of practice of modern medicine. If found appropriate, Massage Therapy may be included in the new Bill that is at present under consideration of the AYUSH Ministry.

RECOMMENDATIONS/OBSERVATIONS:

4.2.31 The Committee observes that at present there is no standardization of education and practice of allied courses in AYUSH. The Committee while examining the National Commission on Indian System of Medicine Bill 2019 had made the same observation and recommended the following in its Report No. 115 on The National Commission for Indian System of Medicine Bill 2019:-

"The Committee is also of the view that there is a need for standardization of education and practice of Paramedical Courses like nursing, therapists training etc in Ayurveda, Unani, Siddha and Sowa-Rigpa. The Committee, therefore, recommends that development and regulation of paramedical courses in different disciplines of Indian System of Medicine should also be mentioned as one of the functions of the National Commission of Indian System of Medicine so that these courses are recognized and a uniform curriculum can be developed."

4.2.32 The Committee, therefore, reiterates its recommendation and advises the Ministry of AYUSH to regulate massage therapy in AYUSH.

SUGGESTIONS

4.2.33 The following are the suggestions of the stakeholders for adding two new clauses 2(q) and 2(r) in the Bill and some general suggestions on the clause:-

1. Government Optometrist Association, Uttar Pradesh and Indian Optometry Federation submitted that a sub clause (q) should be added to clause 2.

Clause 2(q) will read as:

(q) Bill will apply to all Allied Health and Health care professionals only. Scope of the Bill will not extend to certificate, diploma or degree provided by Skill Ministry or any NGO or University by off campus or on distance learning mode in Allied health or Health care Professions

2. One stakeholder submitted that definition of Physiotherapy and Physiotherapy Professional should be added in the clause 2(q) and clause 2(r) respectively and the new clauses may be read as follows:

"Physiotherapy means a branch of modern medical science which includes examination, assessment, interpretation, physical diagnosis, planning and execution of treatment and advice to any person for the purpose of preventing, correcting, alleviating, and limiting dysfunction, acute and chronic bodily malfunction including life saving measures via chest physiotherapy in the intensive care units, curing physical disorder or disability, promoting physical fitness, facilitating healing and pain relief and treatment of physical and psychosomatic disorders through modulating physiological and physical response using physical agents, activities and devices including exercise, mobilization, manipulations, therapeutic ultrasound, electrical and thermal agents and electrotherapy for diagnosis, treatment and prevention. "

"Physiotherapy professional means a person who practices Physiotherapy by undertaking comprehensive examination and appropriate investigation, provides treatment and advice to any person preparatory to or for purpose of or in connection with movement or functional dysfunction, malfunction, disorder, disability, healing and pain from trauma and disease using physical modalities including exercise, mobilizations, manipulations, electrical and thermal agents and other electrotherapeutics for prevention, screening, diagnosis, treatment, health promotion, and fitness. The Physiotherapist can practice independently or as a part of a multi-disciplinary team and has a minimum qualification of a baccalaureate degree."

3. Gujarat Government Physiotherapist Association and Lokmanya Medical College of Physiotherapy, Mumbai submitted that the definition of Physiotherapists must be included in this Chapter.
4. All Assam Physiotherapy Association (AAPA) also suggested to Define 'Physiotherapy' and 'Physiotherapist' in Chapter I and Remove Physiotherapy from Schedule and include it in the Chapter 1, Preliminary Clause 2 – definition of Physiotherapy in clause 'q' and Physiotherapist clause 'r' (Definitions provided)
5. Rajasthani Physiotherapy Association and Physiotherapy Forum also submitted that the Definition of Physiotherapy should be included in the section as clause 2 (q).
6. Rajasthani Physiotherapy Association and Physiotherapy Forum submitted that the Definition of Physiotherapy Professionals to be included in the section as clause 2 (r)
7. Public Health Foundation of India submitted that the term 'task shifting' is used in clause 10 (h), in line 37. This is, however, not defined in clause 2. The Association has submitted that "TASK SHIFTING" may be defined as:

“the process whereby specific tasks are moved, where appropriate, to health workers with shorter qualifications and shorter trainings”

MINISTRY'S RESPONSE:

4.2.34 On the suggestion of adding a new clause 2(q) that the Bill will apply to all Allied Health and Health care professionals, the Ministry submitted that the provision already exists by virtue of the definition of the allied and healthcare professions. On inclusion of definition of Physiotherapy and Physiotherapist the Ministry submitted that definition of professional categories have been stated in the Schedule. Preliminary clause does not define any particular profession. Therefore it is not recommended.

RECOMMENDATIONS/OBSERVATIONS

4.2.35 The Committee is of the view that there is no need to add a clause stating the scope of the Bill. The Committee has already recommended that degree granted only by accredited colleges/institutions through regular mode would be recognised as allied and healthcare qualification.

4.2.36 The Committee notes that stakeholders have submitted that the definition of the professions as well as the professional should be included in the Bill. However, the Committee observes that the schedule under Section 2(k) clearly defines each recognised category and mentions the ISCO code before each profession. During the course of clause by clause consideration, the Ministry submitted that the ISCO document already includes the definition of each profession. The Committee, therefore, concludes that the inclusion of definition of each profession in the Bill is unwarranted as the ISCO Code of each profession is already listed in the Schedule of the Bill.

4.2.37 The Committee observes that in order to have proper "Patient care" and safety in the existing scenario of shortage of doctors and nurses, there is urgent need for task-shifting to qualified allied and healthcare professionals.

4.2.38 The Committee, therefore, is in agreement with the view of Public Health Foundation of India and recommends that "Task Shifting" may be defined under Clause 2 as per the intention of Statement of Reasons and Objective of the Bill and globally accepted standard.

4.2.39 Subject to the above recommendations, the clause is adopted.

CLAUSE 3

4.3 Clause 3.—This clause provides for the constitution and composition of the Allied and Healthcare Council to be known as the “Allied and Healthcare Council of India”.

SUGGESTIONS:

4.3.1 The following are the general suggestions of the stakeholders on the Clause:

1. Lokmanya Medical College of Physiotherapy, Mumbai, Physiotherapist Association of Uttarakhand and All Assam Physiotherapy Association (AAPA) submitted that the tenure of the members to be increased to 5 years or at least 3 years

2. Lokmanya Medical College of Physiotherapy, Mumbai, Rajasthani Physiotherapy Association, All Assam Physiotherapy Association (AAPA) and one stakeholder submitted that the Council shall consist of a Chairperson, to be elected from amongst the members specified in clause (l), (m) and (n). Along with members specified in clause (l), (m) and (n) the following members will be voting members of the council.
3. Arindam Ghosh submitted that the Council should have equal representation of each profession in the governing body
4. Society of Indian Radiographers (SIR) suggested for inclusion/appointment only of the concerned professional experts and representatives from the concerned organization as non-ex-officio members.
5. Bharatiya Counselling Psychology submitted that the present Council does not have adequate representation of Psychologists, it will not be just to regularise and be licensing authority for all psychology fields. The Association further recommended reconstitution of committee with maximum representation of Psychologists. It also submitted that separate provision for Psychologists in various fields may also be made and independent national level committee must be established to standardise and license Psychologists

MINISTRY'S RESPONSE:

4.3.2 On a request to increase the tenure of the members, the Ministry submitted that the provision already exists. The term of a member is extendable to 6 years as the same member may be nominated for three terms of two years each consecutively, as per clause 4(2). Provision of multiple short tenure for longer duration has been made to ensure that the Council will have provision to change the member if found to be ineffective or engaged in malpractice. This will regulate the quality of practice within the Council body.

4.3.3 The Ministry also submitted that the provision regards to voting by the members already exists in clause 7(3). Regarding equal representation of each profession in the governing body, the Ministry submitted that currently, the Government does not have any authentic estimates of professions, other than what is being reported by Associations or similar bodies. The representation of any profession on the Council is thus normative, to make it fair and equitable, wherein if the professional group has close to one (1) lakh practicing professional, they will have one member to represent on the council. The zonal distribution has not be considered at this time but it may considered for Professional Advisory Bodies. In response to the suggestion of Society of Indian Radiographers (SIR), the Ministry submitted that the provision already exists. This has been addressed as part of the Council composition.

RECOMMENDATIONS/OBSERVATIONS:

4.3.4 The Committee observes that presently, there are 53 professions that the Bill aims to regulate and in subsequent paragraphs, the Committee has recommended change in the nomenclature of "Allied and Healthcare Council of India" as the National Commission for Allied and Healthcare Profession and the inclusion of more professions in the Bill. The proposed Commission shall have representation of two members from some recognised category and representation of one from the rest of recognised categories. The Committee also observes that all the recognised categories except Physiotherapy; Physician Associate or Physician Assistant; Renal Technology; and Primary Community and other Miscellaneous Care Professionals have more than one profession under its ambit. The

Committee, in view of the diverse set of professionals that this Bill is intended to serve, strongly believes that each profession from each recognised category must find its voice in the proposed Commission. The Committee, therefore, is of the view that the representation from each recognised category should also be rotated among each profession after completion of tenure of two years. The Committee also observes that two persons will be nominated from each of the six zones representing the State Council and increasing the tenure of members would further delay the representation of States in the proposed Commission.

4.3.5 The Committee during the clause by clause consideration examined the proposal of increasing the tenure of the members of the proposed Commission but considering the number of professions and representation from the States, the Committee concluded that the tenure of the members, in the Commission is reasonable and there is no need to make amendments in the provision stipulating the tenure of the members. The Committee also recommends that only in extraordinary circumstances when the member has proved to be an exceptional asset to the Commission, should his/her tenure be extended but not beyond six years.

4.3.6 Clause 3(3) (c) reads as under:

(3) The Council shall consist of a Chairperson, to be elected from amongst the members specified in clauses (l), (m) and (n), and the following members, namely:—

(c) Joint Secretary to the Government of India in the Ministry of AYUSH— member ex officio;

SUGGESTIONS

4.3.7 The Indian Medical Association (Headquarter and Kerala Chapter) has suggested the removal of the JS AYUSH from the Council as this Bill comes under modern medicine.

MINISTRY'S RESPONSE:

4.3.8 In response to a suggestion to remove JS AYUSH from the Council, the Ministry submitted that this may be considered if the committee recommends.

RECOMMENDATIONS/OBSERVATIONS

4.3.9 The Committee notes that there are allied professions in AYUSH as well which are not regulated by any central agency. The Committee in its Report No 115th had recommended for regulation of AYUSH allied professionals under the National Commission for Indian System of Medicine (NCISM). The Committee reiterates its recommendation made in the 115th Report on NCISM Bill 2019 and recommends removal of JS AYUSH from the membership of the proposed Commission. The Committee also recommends the Ministry of AYUSH to expedite the regulation of the allied courses in AYUSH.

4.3.10 The Committee in its various meetings observed that the composition of the proposed Commission includes unnecessary representation from the bureaucrats which is not justified. The Committee, therefore, is of the strong view that the proposed National Commission on Allied and Healthcare Professions should act as a platform for all the

professionals to voice their opinion and advocates increasing their representation in the Commission. The Committee, therefore, recommends removal of officers from unrelated departments and Ministry in the Commission, viz, Joint Secretaries from AYUSH, Defence and representative from NITI AYOOG. The Ministry, during the course of clause by clause consideration of the Bill, has already agreed to the proposal.

4.3.11 Clause 3(3)(j) reads as under:

(3) The Council shall consist of a Chairperson, to be elected from amongst the members specified in clauses (l), (m) and (n), and the following members, namely:—

(j) Three persons representing out of the following, on biennial rotation basis in the alphabetical order, not below the rank of Deputy Secretary, member ex officio—

(i) Atomic Energy Regulatory Board;

(ii) Dental Council of India;

(iii) Indian Nursing Council;

(iv) Medical Council of India;

(v) Pharmacy Council of India; and

(vi) Rehabilitation Council of India;

SUGGESTIONS:

4.3.12 The following are the suggestions of the stakeholders on the Clause:-

1. Indian Medical Association (Headquarter and Kerala Chapter) suggested Modification of the clause to ensure members to be nominated by MCI and RCI for representation and tenure to be continuous and not on biennial rotation.
2. Indian Society of Radiographers and Technologists (ISRT) suggested to rectify improper representation in Council and to ensure representatives of UGC, AERB, ICMR, MoS&T, National Council of Clinical Establishments.
3. Stakeholders from different Physiotherapy Associations have submitted that as the members of other councils are represented in the bill, members of Allied and Healthcare Bill from Clause 2(m) primarily Physiotherapists should also be also nominated to other councils mentioned in clause 3(j). The Associations further submitted the following changes in the clause:

two persons out of the following, on biennial rotation basis in alphabetical order, not below the rank of Deputy Secretary, member ex officio- AERB, MCI, INC, RCI

The Associations also suggested removal of DCI, PCI and adding Physiotherapist as ex-officio member by amending INC, MCI, RCI for equal opportunities and natural justice.

4. Physiotherapist Association of Uttarakhand submitted that this clause should be deleted. This Association as well as All India Occupational Therapists Association submitted that if the members from existing regulatory bodies representing in the Council should be removed as the rights of the professionals cannot be protected if there is inclusion of other professions.

6. One stakeholder suggested the removal of AERB, DCI, INC, MCI, PCI and RCI which has no justification and overcrowding will hamper core professional value.

7. Public Health Foundation of India in its Report *"From Paramedics to Allied Health Professionals: Landscaping the Journey and Way Forward"* submitted the need for de-medicalisation and removal of medical dominance for ensured development of allied and Healthcare Profession in order to create equated team spirit for proper patient safety and care.

MINISTRY'S RESPONSE:

4.3.13 In response to the suggestion of the Indian Medical Association (Headquarter and Kerala Chapter), Ministry submitted that the provision already exists for nomination from the stated bodies, however, the tenure shall be retained to ensure appropriate representation from all the existing statutory bodies. In response to the concerns of stakeholders regarding members from INC, MCI, RCI in the Council, the Ministry submitted that the Members from MCI, INC, DCI have been included in this Bill to ensure multidisciplinary clinical care inputs as per global standards, by a larger group of stakeholders. The inclusion of allied and healthcare professionals in existing regulators will be a more complex exercise given the vast diversity in type and scope of practice of such professions which are currently still in the process of being organised and defined, by virtue of this Bill. Such a reciprocal inclusion may be more appropriate at a later stage of the Council, when fully formed and functional.

RECOMMENDATIONS/OBSERVATIONS

4.3.14 The Committee understands the concerns of the stakeholders and strongly believes that the need of the hour is to raise the status of the allied healthcare professions and bring forth the profession out of medical dominance by standardisation of its education and practice. The Committee takes note of the relevant portion of SOR of the Bill that reads as under:

"Health workforce in Indian healthcare system has been defined with focus limited to few cadres such as doctors, nurses and frontline workers, wherein, several other healthcare professionals have remained unidentified, unregulated and underutilised. The persistent demand for a regulatory framework to ensure appropriate regulation and standardisation of such professions have been seen for several decades. In the last six years, over fifty allied and healthcare professions have been identified whose potential may be utilised in improving the access to care and all those professions are globally regulated professions."

4.3.15 The Committee, therefore, is in agreement with the recommendations of Public Health Foundation of India for the need of de-medicalisation and bring forth the allied and Healthcare Profession to the forefront of patient care and safety. The Ministry, however, submitted to the Committee that it wishes to ensure multidisciplinary initiatives among medical and allied healthcare professionals through their membership in the proposed Commission. However, the Committee notes that the Ministry has kept ICMR Indian Council of Medical Research out of the Commission that is the apex research body in the country. The Committee is of the view that rather than representation for existing Councils, representation from ICMR is vital for facilitating multidisciplinary programmes especially in the research field.

4.3.16 The Committee also believes that a provision for joint sessions among the different Commissions and Councils would be a better way to encourage learning from other professions. The joint meetings can act as a forum and platform for exchange of ideas and adoption of best practices from different professions. The Committee has, therefore,

recommended for a provision for joint sitting among the Commission in the subsequent paragraphs.

4.3.17 The Ministry during clause by clause consideration deposed before the Committee that doctors, nurses, Pharmacists and the allied healthcare professionals are an integral part of the healthcare system and doctors have a major role to play. The Committee, while examining the representation from other Councils in the proposed Commission noted that Institutes of National Importance have already been included in the Bill and the representation from the other Councils may be avoided. The Committee, therefore, agrees with the views of the stakeholders that representation from the Dental Council of India, Indian Nursing Council, and Pharmacy Council of India is unwarranted and should be removed. However, the Committee recommends retaining the representation from National Medical Commission.

4.3.18 The Committee also notes that the Medical Imaging and Radiology Professions falls under the purview of Atomic Energy Regulatory Board (AERB), therefore AERB representation is acceptable. The Committee also notes that Rehabilitation Council of India (RCI) is the nodal agency for prescribing minimum standards of education and training of various categories of professionals/ personnel dealing with people with disabilities. Rehabilitation professionals such as audiologists and speech therapists are regulated under the Rehabilitation Act of India. Therefore, the Committee recommends retaining the membership from RCI. The Committee recommends that one member representing AERB, NMC and RCI on biennial rotation not below the rank of Deputy Secretary must be an ex-officio member of the proposed Commission.

4.3.19 The Committee also notes the concerns of the Physiotherapists regarding their representation in the other Councils. However, the Committee has recommended for the removal of DCI, INC, NMC, PCI from the proposed National Commission for Allied and Healthcare Profession. Therefore, any representation of the allied and healthcare professions in other councils is unnecessary. The Committee, in the subsequent paragraphs, has also recommended for a National Allied and Healthcare Professional Advisory Council that will include representation from UGC. The Committee through its recommendations in the composition of the proposed Commission has tried to include representation from all the related fields and it believes that this Commission will fairly address the concerns of all the stakeholders, therefore representation from any other Councils or Ministry is not required.

4.3.20 The Committee, therefore recommends that the clause 3(3)(j) may be amended as follows:

(j) One person representing out of the following, on biennial rotation basis in the alphabetical order, not below the rank of Deputy Secretary, member ex officio—

- (i) Atomic Energy Regulatory Board;*
- (ii) National Medical Commission; and*
- (iii) Rehabilitation Council of India;*

4.3.21 Clause 3(3)(k) reads as under:

(3) The Council shall consist of a Chairperson, to be elected from amongst the members specified in clauses (l), (m) and (n), and the following members, namely:—

(k) Two persons not below the rank of Director or Medical Superintendent representing the following, on biennial rotation basis— (i) All India Institute of Medical Sciences, New Delhi; (ii) All India Institute of Physical Medicine and Rehabilitation, Mumbai; (iii) Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry; and (iv) North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences, Shillong—member ex officio;

SUGGESTIONS:

4.3.22 The following are the suggestions of the stakeholders on the Clause:-

1. United Physiotherapy Association of India, Indian Association of Physiotherapists, Physiotherapy Forum, and Pawan Rohilla suggested inclusion of one person from physiotherapy professionals (not below Assistant Professor rank) from (i) Pt. Deendayal Upadhyaya National Institute for Persons with Physical Disabilities, Delhi ; (ii) National Institute of Rehabilitation Training and Research, Cuttack; and (iii) National Institute of Orthopedically Handicapped, Kolkata
2. Nishita Meshram also submitted that it should be made mandatory that Physiotherapy professionals should be nominated from the institutes mentioned in the Clause. She further suggested inclusion of Physiotherapy professionals not below the rank of Assistant Professor from the following institutes: Pt. DDUNIPwPD, New Delhi , NIRTAR, Cuttack, Odisha NIOH, Kolkata, WB , MYAS_Department of Sports Sciences and Medicine, Gurunanak Dev University, Amritsar, Punjab
3. All India Occupational Therapists' Association (AIOTA) suggested to include Occupational Therapy professionals not below rank of Senior. Occupational therapist/head/in-charge of OT services from the institutions mentioned in 3 (k). It also suggested to include OT professionals not below rank of Assistant Professor from - Pt. Deendayal Upadhyaya National Institute for Persons with Physical Disabilities, Delhi ; National Institute for Locomotor Disabilities, Kolkata, SVNIRTAR, Cuttack, and PGIMER Chandigarh.
4. One stakeholder suggested including national institutes running concerned courses like Pt. Deendayal Upadhyaya National Institute for person with Physical Disabilities, New Delhi and State level institute/ college of repute like Nagpur Medical College, Patna Medical College and Hospital etc.

MINISTRY'S RESPONSE

4.3.23 The Ministry submitted that the lists of existing institutions in the clause are either institutes of national importance (INI) or administratively governed by Ministry of Health and Family Welfare. These institutes ensure representation of all the categories given the member must be either medical superintendent or Director level. No specific professional category may be given preference as this is an ex-officio membership and the suggestion will alter the composition in favor of one group which is not justified. The Ministry further submitted that the rank and eligibility for membership will be defined specifically in the rules and members nominated to the Council accordingly, for all professional categories. However, the Ministry accepted the suggestion that the representation of additional institutions pertaining to related professionals may be considered, in consultation with the respective nodal Ministries, where applicable

RECOMMENDATIONS/OBSERVATIONS

4.3.24 The Committee agrees with the concerns of the Ministry that the composition of the proposed Commission should be such that all the professionals are fairly represented and one group does not dominate the Commission. However, the Committee is of the view that Institutions of National Importance or National Institutes with wide experience in running qualitative allied and healthcare courses in the country should also be given representation in the Commission. The Committee, therefore, recommends the Ministry to include persons at the level of Director/Deputy Director from Pt. Deendayal Upadhyaya National Institute for Persons with Physical Disabilities, Delhi; National Institute of Rehabilitation Training and Research, Cuttack; National Institute of Orthopedically Handicapped, Kolkata and All India Institute of Speech and Hearing, Mysore, Karnataka in the proposed Commission. The Committee also advises the Ministry to explore addition of representation from other allied institutes that are imparting rich quality education to the related allied professionals so that the proposed Commission may benefit from the wide experiences of the Institutes and guide the other institutes in achieving the same benchmark . Representation from such institutions will not only facilitate better policy making but also provide the Commission with a closer outlook of the ground realities and problems that are plaguing the allied healthcare professional sector.

4.3.25 The Committee, therefore, recommends that the clause may be read as under:

a. Three persons not below the rank of Director/Deputy Director/Medical Superintendent representing the following, on biennial rotation basis—

- 1. All India Institute of Medical Sciences, New Delhi;*
- 2. All India Institute of Physical Medicine and Rehabilitation, Mumbai;*
- 3. Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry; and*
- 4. North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences, Shillong;*
- 5. Pt. Deendayal Upadhyaya National Institute for Persons with Physical Disabilities, Delhi*
- 6. National Institute for Persons with Physical Disabilities, Delhi*
- 7. National Institute of Rehabilitation Training and Research, Cuttack;*
- 8. National Institute of orthopedically handicapped, Kolkata; and*
- 9. All India Institute of Speech and Hearing, Mysore*

4.3.26 Clause 3(3)(1) reads as under:

(1) Two persons from each of the six zones representing the State Councils on biennial rotation in the alphabetical order as per the zonal distribution having such qualifications and experience as may be prescribed by the Central Government to be nominated by the concerned State Government—member;

SUGGESTIONS:

4.3.27 Indian Society of Radiographers and Technologists (ISRT) suggested ensuring representation of all State Councils in Central Council.

MINISTRY'S RESPONSE:

4.3.28 The Ministry submitted that the provision already exists. Clause 3 (3) (l) specifies the rotatory representation of the State Council.

RECOMMENDATIONS/OBSERVATIONS

4.3.29 The Committee is in agreement of the Ministry that clause 3(3)(a) specifies the rotatory representation of the State Councils which is on the lines of the provision of NMC Act 2019. However to allay the apprehension of not being adequate representation of all State Councils in the National Commission, the Committee has recommended for the constitution of National Allied and Healthcare Professions Advisory Council, wherein adequate representation of States and Allied and healthcare Professionals would be ensured for aiding and advising the National Commission on Allied and Healthcare Professions. The Committee has recommended the composition and the functions of the National Allied and Healthcare Professions Advisory Council in the subsequent paragraphs.

4.3.30 Clause 3(3)(m) reads as under:

(m) Two persons each representing the recognised categories, namely, Medical Laboratory Sciences, Medical Radiology, Imaging and Therapeutic Technology, Ophthalmic Sciences and Physiotherapy; and one person each representing the rest of the recognised categories listed in the Schedule, to be nominated by the Central Government having such qualifications and experience as may be prescribed by the Central Government—member; and

SUGGESTIONS:

4.3.31 The following are the suggestions of the stakeholders on the Clause:-

1. Indian Optometric Association and Government Optometrist Association, Uttar Pradesh submitted that Ophthalmic Science may be replaced by Optometry in clause 3(3)(m)
2. Indian Medical Association submitted that representation of 2 persons each has been given to some categories like medical lab technologies, medical radiology etc and one person each representing other categories. There should be equal representation from all categories of Allied Healthcare Professionals.
3. Government Optometrist Association, Uttar Pradesh and the Indian Optometry Federation submitted that the Council shall consist of a chairperson to be elected from members specified in clause (m) among 5 professions of recognised categories holding 2 seats each on rotation basis having 2 year term.
4. Federation of Indian Dental Hygienists Association (FIDHA) suggested including three (3) representation of Dental Hygienist in the Allied and Healthcare Professions Bill, as-
 - Dental Hygienist have been marginalized within the existing framework of DCI, and have no representation in the Council
 - All the existing Council have representation on the AHP Council as per 3 (j) and other unregulated professionals have representation as per 3 (m). Dental Hygienist have not been mentioned/ represented anywhere.

5. Indian Society of Radiographers and Technologists (ISRT) suggested ensuring democratic way of representation through election than mere nomination to avoid favouritism and nepotism; ensure minimum five representatives to major categories like Radiological Technology and Medical Lab Technology.
6. All India Association of Medical Social Work Professionals and Indian Dietetic Association Indian Association of Physician Assistants (IAPA) suggested adding two representatives each from their respective categories in the Council.
7. Physiotherapist Association of Uttarakhand suggested that the representation of 2 persons from Physiotherapy should be increased to 5 as in healthcare professional category it has more practicing professionals. Registrar should be also from Physiotherapy background. Indian Association of Physiotherapists suggested that the representation of 2 persons from Physiotherapy should be increased to 6. They further submitted that in the previous 2007 Bill, there was provision of four members to be appointed by Central Government.
8. United Physiotherapy Associations of India and Physiotherapy Forum suggested adding Dentist and Pharmacist (As per ISCO and as per Article 14 of the constitution – similar application of the same laws to all persons who are similarly situated)
9. Indian Medical Association (Headquarter and Kerala Chapter) submitted that there should be equal representation from each of the recognised categories.
10. All India Occupational Therapists' Association (AIOTA) suggested that the composition of the Council must include OTs in the clause, with minimum 6 or equal number of representation as of other professions. At least 4 or as in other professions, members from institutions/organisations of report representing OT may be nominated by the Central Government apart from those mentioned above.
11. The representatives of Pt.DDUNIPwPD, New Delhi submitted that the Occupational Therapist should also be represented by at least 2 representatives in the Council.
12. Pawan Rohilla suggested adding representation from the Dentists and Pharmacists.
13. Indian Optometric Association, Government Optometrist Association, Uttar Pradesh and Indian Optometry Federation submitted that Ophthalmic Sciences may be replaced by Optometry. Government Optometrist Association, Uttar Pradesh also submitted that different definitions have been provided along with detailed curriculum of the diploma programs in the UP State. Indian Optometry Federation further suggested considering two seats for Optometry professionals in the Council

MINISTRY's RESPONSE:

4.3.32 The Ministry responded to the concerns of the stakeholders as under:

- (i) The Ministry submitted that FIDHA's suggestions are not acceptable as the Association has mis-interpreted the Council structure and the proposed Council is meant for the regulation of the professionals in the Schedule. The Bill excludes and does not intends to regulate any professions which is being regulated by existing statutory bodies. Thus Dental Hygienist cannot be included in 3(m). The members representing from existing Councils including DCI, will be ex-officio members.

- (ii) In response to Indian Society of Radiographers and Technologists (ISRT)'s concern the Ministry submitted that the process of election or nomination of the non-ex officio members will be as per the Rules prescribed by the Central Government to be drafted by the Interim Council.
- (iii) On queries regarding inclusion of representatives from different professions in the Council, the Ministry submitted that currently, the Government does not have any authentic estimates of professions, other than what is being reported by Associations or similar bodies. The representation of any profession on the Council is thus normative, to make it fair and equitable, wherein if the professional group has close to one (1) lakh practicing professional, they will have one member to represent on the council. Less than the same, each remaining category will have one member representing on the Council.
- (iv) During the course of clause by clause consideration of the Bill, the Ministry agreed to the proposal of increasing the representation of Occupation Therapists to two in the proposed Commission.
- (v) The Ministry further submitted that the professional association of Physiotherapy claims to have 1.5 lakh professionals in the system. Based on all estimates, the profession has been allocated two (2) membership positions.
- (vi) On suggestion that Ophthalmic Sciences may be replaced by Optometry, the Ministry submitted that this is not agreeable as the category of Ophthalmic Sciences is envisioned to include both Optometrist and Ophthalmic Assistants in the system, however any other more inclusive nomenclature if available and recommended by the Committee may be considered.

RECOMMENDATIONS/ OBSERVATIONS:

4.3.33 The Committee has been given to understand that Medical Laboratory Sciences, Medical Radiology, Imaging and Therapeutic Technology, Ophthalmic Sciences and Physiotherapy have been given representation of two members each, considering the number of professionals in these categories. The Committee feels that this representation of 2 is adequate and need not be increased to 6 as suggested by some stakeholders.

4.3.34 The Committee also notes the observations made by the Department-related Parliamentary Standing Committee in its 31st Report on the Paramedical and Physiotherapy Central Council Bill, 2007 with respect to Occupational Therapy that differentiates the profession of Physiotherapy and Occupational Therapy as two independent professions with entirely different course of study, mode of treatment and approach in treatment and rehabilitation of patients, wherein the Occupational Therapists are responsible for detailed assessment, planning and implementation of treatment regimen.

4.3.35 In view of the above observations, the Committee notes that the Occupational Therapy and Physiotherapy are two different independent professions that are at equal footing, The Committee observes that the Ministry, during the course of clause by clause consideration of the Bill, has already agreed to the proposal of enhancing the number of Occupational Therapists in the proposed Commission to two. The Committee, therefore, recommends increasing the representation of Occupational Therapists to 2 at par with the Physiotherapists and keeping in view the vital role of OTs in patient care and safety.

4.3.36 The Committee also recommends the Ministry to prepare a database of the number of professionals in each category and revise the representation of each category once the verified and correct estimates of the number of professionals in each category are obtained.

4.3.37 The Committee agrees with the view of the Ministry and observes that the category of Ophthalmic Science Professionals includes both Optometrist and Ophthalmic Assistants. Therefore, the nomenclature of Ophthalmic Sciences Professional may be retained.

4.3.38 The Committee does not agree with the view of the stakeholder and believes that mandating selection of chairperson only from the five professional category holding two seats is not justified as that is against democratic creed. The Committee, however, recommends that the chairperson of the Commission should be an allied and healthcare professional of outstanding ability, proven administrative capacity and integrity and possess a postgraduate degree in any profession of recognised category of allied and healthcare sciences from any University. He/She should also have an experience of not less than twenty years in the field of allied and health care professions, out of which at least ten years should be as a leader in the area of allied and healthcare education. This eligibility criterion will ensure that only an individual with wide expertise in allied and healthcare science is selected as the chairperson of the Commission irrespective of the professional category he/she belongs to.

4.3.39 The Committee is of the view that a well regulated structure is already present for Dentistry and its allied services under the Dental Council of India. The Committee has already recommended removal of ex-officio membership of Dental Council of India from the Commission. The Committee emphasizes that this Bill aims to regulate those allied healthcare professionals which remain unregulated and non-standardized. However, the Committee also takes note of the concerns of Dental Hygienists and feels that awareness and knowledge about this profession is very less and limited only to the metropolitan cities. The Committee, therefore, recommends the Ministry that it may consider to include representation from the Dental Hygienists in the Dental Council of India and devise a mechanism for mainstreaming of the professionals.

4.3.40 The Committee is of the view that on the line of NMC, NCISM and NCH Bill, the selection of chairperson and the members of the proposed Commission should be on the recommendation of a Search Committee. This mechanism will ensure fair selection of the members and avoid favoritism and nepotism. The composition of the Search Committee is stated in the subsequent paragraphs.

4.3.41 The Committee also notes that many recognized categories under Schedule 2 comprise of multiple professions. Clause 3(3)(m) provides for two persons each representing the recognised categories, namely, Medical Laboratory Sciences, Medical Radiology, Imaging and Therapeutic Technology, Ophthalmic Sciences and Physiotherapy; and one person each representing the rest of the recognised categories listed in the Schedule, to be nominated by the Central Government. Therefore, at a single instance, representation from all the professions of a particular recognized category in the proposed Commission is practically not possible as there is a provision of either two or one person representing the categories. This will lead to many professions getting unrepresented in the proposed Commission. The Committee, therefore strongly recommends that the membership should be rotated among the different professions in a recognized category so that every profession gets an opportunity to be part of the Commission.

4.3.42 Clause 3(3)(n) reads as under:

(n) Two persons, representing charitable institutions engaged in education or services in connection with any recognised category, to be nominated by the Central Government having such qualifications and experience as may be prescribed by the Central Government—member.

SUGGESTIONS:

4.3.43 The following are the suggestions of the stakeholders on the Clause:-

1. Indian Society of Radiographers and Technologists (ISRT) submitted that the status of charitable institutions nominated in the Council may be clearly mentioned to avoid improper representation.
2. Indian Medical Association (Headquarter and Kerala Chapter) submitted that the inclusion of representatives from charitable institutions is arbitrary and unwarranted.
3. The Indian Association of Physiotherapists and one of the stakeholder suggested removing the clause as this does not serve any purpose
4. United Physiotherapy Associations of India, Physiotherapy Forum and other stakeholders suggested the following amendment in the clause:

Two persons, eligible to be member of the council, representing charitable institutions engaged in education or services in connection with any recognised category, to be nominated by the Central Government having such qualifications and experience as may be prescribed by the Central Government—member

5. All India Occupational Therapists' Association (AIOTA) suggested that National Institutes or Other Government institutions of repute can be included instead of charitable organization. (as this clause does not solve the representation purpose and can lead to unnecessary misuse of authority)

MINISTRY'S RESPONSE:

4.3.44 The Ministry further submitted that the purpose of this clause is to ensure representation of allied and healthcare professions from existing charitable bodies, which cater to large number of patients. The Ministry also submitted that the provision regarding status of Charitable Institutions nominated in the Council already exists in the Bill and the details will be specified in the Rules.

RECOMMENDATIONS/OBSERVATIONS

4.3.45 The Committee notes that in the allied health system, many institutes are also owned by charitable organizations along with the public and private sector. Therefore, the Committee is also of the view that removing this clause is not feasible as representation of allied and healthcare professions from existing charitable bodies is also important. The Committee, however, feels that the individuals nominated from such charitable organizations must fulfil the required eligibility criteria as prescribed by the Central Government. The Committee also recommends that the nominated person should have the prescribed expertise in allied and healthcare professions. The Committee also recommends the Ministry to set the eligibility criteria for such charitable institutes so that only professionals from qualified institutes of repute are nominated to the proposed Commission and not from spurious NGO.

4.3.46 The Committee therefore, recommends that the clause may be amended as follows:-

“(n) Two persons, eligible to be members of the council representing charitable institutions engaged in education or services in connection with any recognised category, to be nominated by the Central Government having such qualifications and experience as may be prescribed by the Central Government–member”

4.3.47 With respect to clause 3(3) stakeholders have made the following suggestions:

1. Joint Forum of Medical Technologists of India (JFMTI) has requested to remove unnecessary inclusion of ex-officio members from various Departments and other professional bodies mentioned in 3 (3) (e), (d), (f), (j) and individuals and to increase the representation of allied health categories. The Association further submitted that representation of different streams of AHPs in the Central Council should be proportionate to their numbers in the profession. JFMTI has also requested to include the representation of National Professional Associations/ Federations/ Organizations. Representation should also be there in Central Council from Central Government Hospitals like Safdarjung, RML, LHMC etc. and should also be applicable for State Councils.
2. Rajasthani Physiotherapy Association submitted to specify elected and nominated members in this clause to be 60:40 ratio, 60% being elected members and 40% nominated members.
3. Lokmanya Medical College of Physiotherapy, Mumbai, All Assam Physiotherapy Association (AAPA) and Nishita Meshram requested to include elected membership in the composition in the ratio of 60:40 which will be Government nominated. (60% shall be elected members and 40% government nominated members). They, further requested to increase representation of Physiotherapists in the Council such that-
 - 1 to be elected from each zone,
 - 1 to be nominated by Central Government from each zone,
 - 1 to be nominated by Central Government from Government institutes under Health Ministry,
 - 1 to be nominated by Central Government from Government institutes under Social Justice and Welfare Ministry and
 - 1 to be nominated by Central Government from Government institutes under Sports Ministry.
4. United Physiotherapy Associations of India and Physiotherapy Forum submitted that the clause should be reframed as

The Council shall consist of a chairperson, to be elected from amongst the members specified in clauses (l) and (m) (Council should be chaired by professionals elected to protect interest of the concerned professionals)

5. Physiotherapist Association of Uttarakhand submitted that selection of members should be nomination as well election based. Chairperson, Vice-chair, Secretary, General Secretary as well as the Treasurer should be elected. (All the members are nominated members, which is undemocratic. Other existing councils also have elected members in the Council)

6. Indian Medical Association (Headquarter and Kerala Chapter) submitted that Chairperson should be a medical specialist of appropriate qualification and having experience related to the allied health field.
7. One stakeholder submitted that having the Chairperson of the Council elected by only nominated members may not ensure independent functioning of the Council. Add “in the categories of Health Administration, Hospital Administration, Health Economics and Community Health Management” in Clause 3(3)(l)
8. Another stakeholder submitted that the Council shall consist of Chairperson, to be elected from among the members specified in clauses 3(l) and (m) only.
9. Indian Society of Radiographers and Technologists requested insertion of additional clause to ensure post of Vice-Chairman

MINISTRY's RESPONSE:

4.3.48 The Ministry responded to the concerns of the stakeholders as under:

- (i) The Ministry submitted that currently, the Government does not have any authentic estimates of professions, other than what is being reported by associations or similar bodies. The representation of any profession on the Council is thus normative.
- (ii) Ex-officio members are included to ensure alignment of the policies with other Departments. Members from regulators such MCI, INC, DCI have been included in this Bill to ensure multidisciplinary clinical care inputs as per global standards, by a larger group of stakeholders. The inclusion of allied and healthcare professionals in existing regulators will be a more complex exercise given the vast diversity in type and scope of practice.
- (iii) The Ministry also submitted that the Council structure is envisaged to have over 70 percent non-ex officio members at Centre and 75 percent at the State Council representing allied and healthcare professionals. The process of election or nomination of the non-ex officio members will be as per the Rules prescribed by the Central Government to be drafted by the Interim Council. The stated concern is already being addressed.
- (iv) The Ministry also submitted that members in (l), (m) and (n) will be all non-ex officio members representing the allied and healthcare categories, and the chair will be elected amongst them. The provision regarding the selection of members already exists and the Chairperson is an elected member. The Ministry further submitted that the Council pertains to Allied and Healthcare Professionals; it is only appropriate that a member of one of the related specialties from within the fraternity assume chairmanship of the Council
- (v) Regarding addition of “*in the categories of Health Administration, Hospital Administration, Health Economics and Community Health Management*” in Clause 3(3)(l), the Ministry was of the view that the Bill currently only states healthcare or allied health professionals as per WHO classification of health workers; support workers and management professionals have been kept out of the purview of this Bill, given their non-clinical roles. However, as per clause 66, this is subject to change in future. All new categories or professionals that are added to the schedule will

automatically be eligible for registration in the Council, and associated membership positions, including the Chairperson.

- (vi) The Ministry with regards to insertion of additional clause to ensure post of Vice-Chairman submitted that the provision already exists. The concern raised will be dealt as per Clause 7(2).

RECOMMENDATIONS/OBSERVATIONS

4.3.49 The Committee would like to emphasize again that the basis of representation in the Commission must be empirical facts and figures instead of normative conclusion. The Committee strongly recommends the Ministry to create a database of the number of Allied Health Professionals in the country on a priority basis. The Committee therefore directs the Ministry to devise a mechanism through which not only the number but also the qualification (degree/specialization/training taken etc) of the professionals are easily accessed and verified by the required agencies. The Ministry should also make optimum use of technological advancement and create online software for registration of the Allied Health Professionals. This database should be regularly updated so that an authentic record of the number and qualifications of professionals is easily available. This will not only help in tracking the actual number of practicing professionals but also reflect the core competency and quality of the professionals.

4.3.50 The Committee is in agreement with the suggestion of the stakeholders that the representation of different streams of Allied and Health Professionals in the proposed Commission should be proportionate to their numbers in the Profession as well as the functioning necessity of healthcare team. The Committee, therefore, strongly recommends the Ministry to expedite the collection of correct estimates of the Allied Health Professionals in the country which is also reflected in the proposed Commission so that the Professionals are given fair and equitable representation and democratic functioning of the regulatory body is ensured.

4.3.51 Consequent to the recommendations made by the Committee with respect to the title of the Bill and the composition of the National Commission on Allied and Healthcare Professions, Clause 3 after amendments will read as follows:

Clause 3 provides for Constitution and composition of Commission.

- (1) The Central Government shall constitute a Commission, to be known as the National Commission of Allied and Healthcare Professions, to exercise the powers conferred upon, and to perform the functions assigned to it, under this Act.*
- (2) The Commission shall be a body corporate by the name aforesaid, having perpetual succession and a common seal, with power to acquire, hold and dispose of property, both movable and immovable, and to contract and shall by the same name sue or be sued.*
- (3) The Chairperson shall be a person of outstanding ability, proven administrative capacity and integrity, possessing a postgraduate degree in any profession of recognised category of allied health sciences from any University and having experience of not less than twenty years in the field of allied health*

sciences, out of which at least ten years shall be as a leader in the area of allied education.

- (4) *The Commission shall consist of the following persons to be appointed by the Central Government, namely:—*
- (a) *a Chairperson;*
 - (b) *twenty-two ex officio Members; and*
 - (c) *thirty-four part-time Members.*
- (5) *The following persons shall be the ex officio Members of the Commission, namely:-*
- a. *Joint Secretary to the Government of India in the Department of Legal Affairs, Ministry of Law and Justice—member ex officio;*
 - b. *Joint Secretary to the Government of India in the Department of Health and Family Welfare in charge of Allied Health Sciences and Education—member ex officio;*
 - c. *Joint Secretary to the Government of India in the Ministry of Skill Development and Entrepreneurship—member ex officio;*
 - d. *Joint Secretary to the Government of India in the Department of Empowerment of Persons with Disabilities, Ministry of Social Justice and Empowerment—member ex officio;*
 - e. *One person representing the Directorate General of Health Services not below the rank of Deputy Director General—member ex officio;*
 - f. *One person representing the Indian Council of Medical Research not below the rank of Deputy Director General—member ex officio*
 - g. *One person representing out of the following, on biennial rotation basis in the alphabetical order, not below the rank of Deputy Secretary, —*
 - (i) *Atomic Energy Regulatory Board;*
 - (ii) *National Medical Commission; and*
 - (iii) *Rehabilitation Council of India;*
 - h. *Three persons not below the rank of Director/Deputy Director/ Medical Superintendent representing the following, on biennial rotation basis—*
 - (i) *All India Institute of Medical Sciences, New Delhi;*
 - (ii) *All India Institute of Physical Medicine and Rehabilitation, Mumbai;*
 - (iii) *Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry; and*
 - (iv) *North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences, Shillong;*
 - (v) *Pt. Deendayal Upadhyaya National Institute for Persons with Physical Disabilities, Delhi*
 - (vi) *National Institute for Persons with Physical Disabilities, Delhi*
 - (vii) *National Institute of Rehabilitation Training and Research, Cuttack;*
 - (viii) *National Institute of orthopedically handicapped, Kolkata; and*
 - (ix) *All India Institute of Speech and Hearing. Mysore, Karnataka.*
 - i. *the President of the Under-Graduate Allied and Healthcare Education Board;*

- j. the President of the Post-Graduate Allied and Healthcare Education Board;*
- k. the President of the Allied and Healthcare Assessment and Rating Board;*
- l. the President of the Allied and Healthcare Professionals Ethics and Registration Board;*
- m. the Presidents of the Eight Councils;*

(6) The following persons shall be appointed as part-time Members of the Commission, namely:—

- (a) Two persons from each of the six zones representing the State Councils on biennial rotation in the alphabetical order as per the zonal distribution having such qualifications and experience as may be prescribed by the Central Government to be nominated by the concerned State Government;*
- (b) Two persons each representing the recognised categories, namely, Medical Laboratory Sciences, Medical Radiology, Imaging and Therapeutic Technology, Ophthalmic Sciences, Physiotherapy and Occupational Therapy; and one person each representing the rest of the recognised categories listed in the Schedule, to be nominated by the Search Committee having such qualifications and experience as may be prescribed by the Central Government.*
- (c) Two persons, eligible to be members of the council representing charitable institutions engaged in education or services in connection with any recognised category, to be nominated by the Central Government having such qualifications and experience as may be prescribed by the Central Government—member”*

4.3.52 Subject to the above recommendations, the clause is adopted.

INSERTION OF NEW CLAUSE ON CONSTITUTION OF EIGHT COUNCILS

4.4.1 The Committee notes that in the 31st Report on the Paramedical and Physiotherapy Central Council Bill, 2007, the Committee had recommended for constitution of (a) The Physiotherapy Central Council, (b) The Occupational Therapy Central Council, (c) The Medical Laboratory Technology Central Council, and (d) The Radiology Technology Central Council. The Committee while examining the Allied and Healthcare Professions Bill 2018 also came across the suggestions submitted by almost all the 53 Allied and Healthcare professions seeking their separate Council for each profession, thereby, meaning 53 Councils in the Allied and healthcare sector which is not feasible as the same would provide plethora of structural framework. The Committee examined the suggestions and arrived at a conclusion that a separate Council for each profession would provide multiple institutional framework for the Allied and Healthcare Professions and therefore, the Committee disapproved the proposal for constitution of separate 53 Councils as the numbers of professions is likely to increase in future as provided in clause 66 of the Bill.

4.4.2 The Committee also recommends that the National Commission for Allied and Healthcare Profession can act as a central coordinating body and facilitate overall supervision in the general interest of promotion and development of each and every profession. The Committee is of the view that the Commission can delegate its powers and

functions pertaining to that specific category of profession to these independent Councils falling under the ambit of the proposed Commission.

4.4.3 The Committee understands that Clause 3 will provide for the constitution and composition of the National Commission on Allied and Healthcare Professions instead of a Council. The Committee, after examining all the views of the professionals, is of the view that considering the diverse allied health professions in the country, there is certainly a need to constitute different councils for these professions so that none of the profession remains neglected and the whole allied healthcare sector progresses. The Committee, therefore, recommends constitution of eight Councils by merging various categories of profession.

4.4.4 The Committee is of the view that the Councils may comprise of allied and healthcare professionals from Institutes of National Repute granting degree/diploma in that particular profession. The Council of Physiotherapists may consist of physiotherapy professionals from the following National Institutes, namely, Pt. Deendayal Upadhyaya National Institute for Persons with Physical Disabilities, Delhi; National Institute of Rehabilitation Training and Research, Cuttack; and National Institute of orthopedically handicapped, Kolkata etc. The Committee is of the view that the Physiotherapist having minimum 10 years of experience in the field of Physiotherapy and holding Master of Physiotherapy or equivalent must be the minimum qualification.

4.4.5 The Council of Occupational therapy may consist of nominated members from recognized institutions of National repute at the level of Director/Deputy Director/HOD, namely, Pt. Deendayal Upadhyaya National Institute for Persons with Physical Disabilities, New Delhi; National Institute of Locomotor Disabilities, Kolkata; Swami Vivekananda National Institute of Rehabilitation Training and Research, Cuttack. The members may also be nominated from the existing councils of Occupational Therapy and Physiotherapy from different States. Members may also be nominated from existing National level associations in Occupational Therapy.

4.4.6 The Council for Medical Radiology, Imaging and Therapeutic Technology Professional must include representation from all the professions under this category, namely, Medical Physicists; Nuclear Medicine Technologists; Radiology and Imaging Technologist (Diagnostic Medical Radiographer, Magnetic Resonance Imaging (MRI), Computed Tomography (CT); Mammographer, Diagnostic Medical Sonographers); Radiotherapy Technologist; Dosimetrist; and Electrocardiogram (ECG) Technologist or Echocardiogram (ECHO) Technologist. On similar lines, the Committee recommends that the Ministry must ensure that each Council must comprise of the members pertaining to the related profession only. The Committee further recommends that the Chairperson of the Council should be a person from the allied and healthcare sector and should be appointed from amongst the members of the Council.

4.4.7 The concerns of the stakeholders regarding Ophthalmic Science Professionals will be addressed by the Council for Ophthalmic Sciences. The Committee recommends that the Council for Ophthalmic Sciences should have equal representation from Optometry as well as Ophthalmic Assistants. Diploma holders as well as Graduates from both the Professions should be given representation in the Council. The Committee also notes that optometrist and ophthalmic assistants have different scope of work and practice accordingly.

4.4.8 The Committee recommends the Ministry to explore the composition of the other Councils on the same lines for other Councils.

4.4.9 The Committee, however, recommends that these eight councils will work under the overarching National Commission for Allied and Healthcare Professions and would be responsible for developing a comprehensive regulatory framework for the allied and healthcare professions. The Committee also recommends that the Secretariat for the National Commission for Allied and Healthcare Profession must also provide Secretariat Assistance to the eight Councils that will be established under the National Commission for Allied and Healthcare Profession Bill-2018.

4.4.10 The Committee also observes that two persons each representing the recognised categories, Medical Laboratory Sciences, Medical Radiology, Imaging and Therapeutic Technology, Ophthalmic Sciences and Physiotherapy are proposed to be the part of the Council. The Committee considering their number recommends a council under the Commission for each of these categories. The Committee recommends that Sr. No 2 Trauma and Burn Care Professional, Sr. No 13 Cardio-vascular, Neuroscience and Pulmonary Technology Professional, Sr. No 14 Renal Technology Professional and Sr. No. 15 Surgical and Anaesthesia-related Technology may be grouped under a common nomenclature of "Medical Technologists" and may be regulated under a common Council. The Committee also recommends the constitution of a separate Council for Occupational Therapy Professionals. Sr. No. 1 Life Science Professionals, Sr. No. 4 Nutrition Science Professional and Sr. No. 7 Behavioural Health Sciences Professionals may be grouped under one common council. Likewise, Sr. No. 11 Health & Information Management Professionals, Sr. No. 12 Physician Associate or Physician Assistant and Sr. No 8 Primary, Community and other Miscellaneous Care Professional may be grouped under one council. The same is illustrated through the following table:

Sr. No.	COUNCIL NAME	Sr. No. in the Schedule	CATEGORIES INCLUDED
1	Council for Physiotherapy Professionals	3	Physiotherapy Professional.
2	Council for Medical Radiology, Imaging and Therapeutic Technology Professional	9	Medical Radiology, Imaging and Therapeutic Technology Professional.
3	Council for Medical Laboratory Science Professionals	10	Medical Laboratory Sciences Professional
4	Council for Ophthalmic Sciences	5	Ophthalmic Sciences Professional
5	Council for Occupational Therapy Professionals	6	Occupational Therapy Professional
6	Council for Medical Technologists	2 13 14	Trauma and Burn Care Professional; Cardio-vascular, Neuroscience and Pulmonary Technology Professional; Renal Technology Professional; and

		15	Surgical and Anaesthesia-related Technology Professional.
7	Council for Life, Nutrition and Behavioural Health Science Professionals	1 4 7	Life Science Professional; Nutrition Science Professional; and Behavioural Health Sciences Professional.
8	Council for Health & Information Management, Physician Associate, Primary, Community and other Miscellaneous professional	11 12 8	Health and Information Management Professional; Physician Associate or Physician Assistant; and Primary, Community and other Miscellaneous Care Professional.

4.4.11 The Committee, therefore, strongly recommends for insertion of a clause that provides for constitution of the following eight Councils under the National Commission on Allied and Healthcare Professions:

- i. Council for Physiotherapy Professionals;**
- ii. Council for Medical Radiology, Imaging and Therapeutic Technology Professional;**
- iii. Council for Medical Laboratory Science Professionals;**
- iv. Council for Ophthalmic Sciences;**
- v. Council for Occupational Therapy Professionals;**
- vi. Council for Medical Technologists;**
- vii. Council for Life, Nutrition and Behavioural Health Science Professionals;**
- viii. Council for Health & Information Management, Physician Associate/Assistant, Primary, Community and other Miscellaneous professional.**

4.4.12 The Committee, therefore, recommends for insertion of a separate Chapter containing clauses relating to the constitution, composition and functions of eight Councils as organs of National Commission for Allied and Healthcare Professions and also for overall regulation and development of various allied and healthcare professions under the recognized categories mentioned in the Schedule. The Committee again emphasizes that the National Commission for Allied and Healthcare Professions should delegate its functions pertaining to the specific professions of different categories to the respective Councils. This will ensure decentralization of the power and Functions entrusted to the Commission and ensure development of the profession.

INSERTION OF NEW CLAUSE ON SEARCH COMMITTEE

4.5.1 The Committee also recommends for constitution of a Search Committee for appointment of Chairperson, part-time members of the Commission and members of the Regulatory /development Boards to give the required credibility and uphold the importance of manner of appointment of the said officials by scrutiny of their qualifications and experience by a Search Committee. The Committee, therefore,

recommends that after clause 3, a new clause that will provide for Search Committee for appointment of Chairperson and Members may be added which will read as follows:

- (1) *The Central Government shall appoint the Chairperson, Members referred to in clause (a), clause (b), clause (c) of sub-section (6) of section 3 and the Secretary referred to in section 9 on the recommendation of a Search Committee consisting of—*
 - (a) *the Cabinet Secretary—Chairperson;*
 - (b) *four experts, possessing outstanding qualifications and experience of not less than twenty-five years in the field of allied and healthcare education, public health education and health research, to be nominated by the Central Government—Members;*
 - (c) *one person, possessing outstanding qualifications and experience of not less than twenty-five years in the field of management or law or economics or science and technology, to be nominated by the Central Government—Member; and*
 - (d) *the Secretary to the Government of India in charge of the Ministry of Health and Family Welfare, to be the Convenor—Member.*
- (2) *The Central Government shall, within one month from the date of occurrence of any vacancy, including by reason of death, resignation or removal of the Chairperson or a Member, or within three months before the end of tenure of the Chairperson or Member, make a reference to the Search Committee for filling up of the vacancy.*
- (3) *The Search Committee shall recommend a panel of at least three names for every vacancy referred to it.*
- (4) *The Search Committee shall, before recommending any person for appointment as the Chairperson or a Member of the Commission, satisfy itself that such person does not have any financial or other interest which is likely to affect prejudicially his functions as such Chairperson or Member.*
- (5) *No appointment of the Chairperson or Member shall be invalid merely by reason of any vacancy or absence of a Member in the Search Committee.*
- (6) *Subject to the provisions of sub-sections (2) to (5), the Search Committee may regulate its own procedure*

CLAUSE 4

4.6 Clause 4 deals with the Term of office and conditions of service of members.

4.6.1 Clause 4(i) reads as under:

4. (1) The members nominated under clauses (l), (m) and (n) of sub-section (3) of section 3 shall hold office for a term not exceeding two years, as the Central Government may notify in this behalf, from the date on which they enter upon their office.

SUGGESTIONS:

4.6.2 With respect to clause 4 stakeholders have made the following suggestions:

1. The Indian Association of Physiotherapists and one stakeholder submitted that the members nominated from clause 3 subsection, l and m holding office term should be increased to 4 years from 2 years.
2. Indian Society of Radiographers and Technologists submitted that the term of elected members may be ensured as five years at par with Indian democratic values
3. Lokmanya Medical College of Physiotherapy, Mumbai, All Assam Physiotherapy Association (AAPA), Rajasthani Physiotherapy Association and Nishita Meshram submitted that the tenure of the President (Chairman) should be increased to 5 years or at least 3 years

MINISTRY'S RESPONSE:

4.6.3 On a suggestion regarding increase in tenure of the Chairman, the Ministry submitted that the provision regarding this already exists. The term of a member is extendable to 6 years as the same member may be nominated for three terms of two years each consecutively, as per clause 4(2). By virtue of this the Chairman can also have a tenure upto 6 years. There is no President position currently envisioned in the Bill.

4.6.4 The Ministry further submitted that the provision of multiple short tenure for longer duration has been made to ensure that the Council will have provision to change the member if found to be ineffective or engaged in malpractice. This will regulate the quality of practice within the Council body.

RECOMMENDATIONS/OBSERVATIONS

4.6.5 **The Committee agrees with the view of the Ministry in regard to the tenure of the Chairman and believes the provision in the Bill regarding the term of a member is adequate. The Committee reiterates its recommendation that only in extraordinary circumstances when the member has proved to be an exceptional asset to the Commission, should his/her tenure be extended but not beyond six years.**

4.6.6 **The clause is adopted without any change.**

CLAUSE 7

4.7 Clause 7 deals with Meetings of Council.

4.7.1 Clause 7(1) and 7(2) reads as under:

7. (1) The Council shall meet at such times and places, and shall observe such rules of procedure in regard to the transaction of business at its meetings (including quorum of such meetings) in the manner as may be prescribed by the Central Government.

(2) The Chairperson or, if for any reason, he is unable to attend a meeting of the Council, any other member chosen by the members present from amongst themselves at the meeting shall preside over the meeting.

SUGGESTIONS:

4.7.2 The following are the suggestions of the stakeholders on the Clause:-

1. Rajasthani Physiotherapy Association submitted that the minutes of proceedings shall be recorded in a book to be kept for the purpose and names of members of the Council

present there at shall be entered in the minute book; and shall be signed in confirmation by the presiding authority in the same or next meeting. A copy of the minutes of proceeding shall be forwarded to the Central Government within ten days from the date of confirmation

2. Indian Optometric Association, Government Optometrist Association Uttar Pradesh, National Ophthalmic Association, Ophthal India (State unit of NOA), Indian Optometry Federation, Bihar State Samajwadi Party submitted that after "The Council shall meet" the following may be added "every three months frequency"
3. Ophthal India also submitted that the meetings of the Council should be held after an interval of three months.
4. One stakeholder submitted that the quorum should be fixed as 1/3rd of total members.
5. Indian Society of Radiographers and Technologists (ISRT) submitted that word Vice-Chairperson may be inserted in the Clause 7(2)

MINISTRY'S RESPONSE:

4.7.3 The Ministry submitted that the provision regarding the recording of the minutes of proceedings and frequency of the meetings already exists and the details of manner and conduct of meetings and other related issues will be specified in the Rules. The Ministry further submitted that the provision regarding quorum already exists. This will be as specified in the rules, and as addressed in clause 7(1). With respect to insertion of word Vice-Chairperson in Clause 7(2) the Ministry submitted that the provision for alternate chairperson to preside over the meeting in the absence of the Chairman already exists and the concern raised will be dealt as per Clause 7(2).

RECOMMENDATIONS/OBSERVATIONS:

4.7.4 The Committee recommends the Ministry to specify the provisions regarding the minutes of proceedings and the details of manner and conduct of meetings in the Rules and Regulations. The Committee also recommends the Ministry to make explicit provision regarding the quorum and the frequency of meetings under the Section. The Committee strongly believes that the Commission should meet frequently, at least once every quarter. The Committee, therefore, recommends that the Clause 7 may be amended as follows:

7. (1) The Commission shall meet at least once every quarter at such time and place as may be appointed by the Chairperson.

(2) The Chairperson shall preside at the meeting of the Commission and if, for any reason, the Chairperson is unable to attend a meeting of the Commission, any Member being the President of the Regulatory Boards, nominated by the Chairperson shall preside at the meeting.

(3) Unless the procedure to be followed at the meetings of the Commission is otherwise provided by regulations, one-half of the total number of Members of the Commission including the Chairperson shall constitute the quorum and all decisions of the Commission shall be taken by a majority of the members, present and voting and in the event of equality of votes, the Chairperson or in his absence, the President of the Regulatory Board nominated under sub-section (2), shall have the casting vote.

(4) The general superintendence, direction and control of the administration of the Commission shall vest in the Chairperson.

(5) No act done by the Commission shall be questioned on the ground of the existence of a vacancy in, or a defect in the constitution of, the Commission.

(6) A person who is aggrieved by any decision of the Commission may prefer an appeal to the Central Government against such decision within thirty days of the communication of such decision.

4.7.5 Subject to the above recommendations, the clause is adopted.

CLAUSE 8

4.8 Clause 8 deals with Vacancies, etc., not to invalidate proceedings of Council.

4.8.1 Clause 8 reads as under:

No act or proceeding of the Council shall be invalidated merely by reason of— (a) any vacancy in, or any defect in, the constitution of the Council; or (b) any defect in the appointment of a person acting as a member of the Council; or (c) any irregularity in the procedure of the Council not affecting the merits of the case.

SUGGESTIONS:

4.8.2 All India Occupational Therapists' Association (AIOTA) submitted that no action or proceedings that affect a given profession will be taken by the Council before hearing the comments from the member who represents specific profession.

MINISTRY'S RESPONSE:

4.8.3 The Ministry in response to AIOTA's views submitted that the suggestion has been considered. Professional Advisory Bodies are envisioned to provide the final word regarding the technical, professional and ethical conduct for the particular profession and professionals. Proceedings or action affecting any profession will naturally follow inputs from the related members.

RECOMMENDATIONS/OBSERVATIONS

4.8.4 The Committee observes that each recognised category has been represented in the proposed Commission but under each category, there are many professions. Therefore, at any instance, all the professions of every recognised category will not be represented in the Commission. The Committee, therefore, recommends the Ministry that in such instances when there is no representation from that particular profession in the Commission, the Ministry must give the professionals an opportunity to be heard when any decision affecting that profession is made.

4.8.5 The Ministry, in its reply, stated that inputs from Professional Advisory Bodies will be taken in such instances but the Committee also notes that as per the present structure of the Bill, the Professional Advisory Body will be formed to examine specific issues and all the Professions will not have a Professional Advisory Body. However, the Committee in the subsequent paragraphs has recommended for the constitution of eight Councils by merging the 15 categories which will give the desired representation to the Professions in the proposed Commission. However, considering the number and diverse set of professionals,

such instances can arise when few professions may not be represented in the Commission. Therefore, the Council structure proposed by the Committee becomes more important wherein the Council President can put forth the apprehensions of all the professions under it before the Commission. Nevertheless, the Commission must also hear the concerned professionals when any important policy that aims to bring a substantial change in that profession is being implemented.

4.8.6 Subject to the above recommendations, the clause is adopted.

CLAUSE 9

4.9 Clause 9 deals with Officers and other employees of Council.

4.9.1 Clause 9(1) reads as under:

9. (1) Subject to such rules as may be made by the Central Government in this behalf, the Council may appoint a Chief Executive Officer and other officers and employees as it may think necessary for the efficient performance of its functions under the Act.

SUGGESTIONS:

4.9.2 Joint Forum of Medical Technologists of India (JFMTI), United Physiotherapy Associations of India, Physiotherapy Forum, Indian Society of Radiographers and Technologists and a stakeholder have suggested that CEO should be replaced with Registrar/ Secretary of the Council and clause 9(1) should be read as under:

Subject to such rules as may be made by the Central Government in this behalf, the Council may appoint a Secretary or Registrar and other officers and employees as it may think necessary for the efficient performance of its functions under the Act

DEPARTMENT'S RESPONSE:

4.9.3 The Ministry pleaded that the Council structure is envisioned to be one of a body corporate, i.e. headed by a Chief Executive Officer and other staff. This would ensure a more agile structure where performance and outcomes may be better managed, going away from the traditional academic structure that has been followed in all the existing regulators in Health. However, the Ministry during the course of clause by clause consideration of the Bill acceded to the suggestion of having a Secretariat to be headed by a Secretary.

RECOMMENDATIONS/OBSERVATIONS

4.9.4 The Committee observes that the Government has made provision for a Secretariat to be headed by a Secretary in the NMC Act, NCISM Bill and NCH Bill. The Committee also takes note of the submission of the Ministry during the course of clause by clause consideration that acceded to the suggestion of a stakeholder for a provision in the Bill for a Secretariat and other employees to assist the Commission.

4.9.5 The Committee is of the view that since in the other legislations, i.e. NMC Act 2019, the NCISM Bill 2019 and the NCH bill 2019 meant for structural reforms in the health

sector, the Secretariat is to be headed by the Secretary, therefore, changing the nomenclature in the present Bill does not sound logical.

4.9.6 The Committee, therefore, strongly recommends for constituting a Secretariat which shall be headed by a Secretary to be appointed by the Central Government on the lines of the provisions pertaining to Search Committee for appointment of Chairperson and members of the National Medical Commission Act. The Committee views that constitution of a Secretariat to be headed by a Secretary would ensure efficient performance of the National Commission for Allied and Healthcare Professions functions, in line with Section 8 of NMC Act.

4.9.7 Subject to the above recommendations, the clause is adopted.

CLAUSE 10

4.10 Clause 10 deals with Functions of Council.

4.10.1 Clause 10 (c) reads as under:

It shall be the duty of the Council to take all such steps as it may think fit for ensuring coordinated and integrated development of education and maintenance of the standards of delivery of services under this Act and for the purposes of performing its functions, the Council may—

(c) create and maintain an up to date Central Register;

SUGGESTIONS:

4.10.2 Indian Optometric Association, Government Optometrist Association, Uttar Pradesh and Indian Optometry Federation submitted that Clause should be rephrased as follows:

Create and maintain an up to date Central Register with details of diploma and degree of academic qualification and institutions, prior learning, skill and experiences of Allied and Healthcare Professionals covered under this Bill

MINISTRY'S RESPONSE:

4.10.3 With respect to the rephrasing of the clause, the Ministry submitted that this provision has been considered. Specific language will be included as part of the regulations.

RECOMMENDATIONS/OBSERVATIONS

4.10.4 The Committee agrees with the view of the stakeholders and believes that the Central Register should contain details of academic qualification, the training undertaken, skills and experiences of the Allied Healthcare Professionals. The Committee also desires that the same should be updated periodically so that any extra skills or degree acquired is also reflected in the database. The Committee, therefore, recommends the Ministry to create a dynamic online database that reflects the active allied professionals in the country. Clause 10 (c) will read as under:

Create and maintain an up to date Central Register with details of diploma and degree of academic qualification and institutions, training undertaken, skill and experiences of Allied and Healthcare Professionals covered under this Bill

4.10.5 Clause 10 (d) reads as under:

It shall be the duty of the Council to take all such steps as it may think fit for ensuring coordinated and integrated development of education and maintenance of the standards of delivery of services under this Act and for the purposes of performing its functions, the Council may—

(d) provide minimum standards of education, courses, curricula, physical and instructional facilities, staff pattern, staff qualifications, quality instructions, assessment, examination, training, research, continuing professional education, maximum tuition fee payable in respect of various recognised categories, proportionate distribution of seats and promote innovations in recognised categories;

SUGGESTIONS:

4.10.6 One stakeholder submitted that instead of minimum it should be appropriate/ basic. Clear clarification should be there regarding Student: Teacher ratio and Patient: Therapist ratio as per international standards.

MINISTRY'S RESPONSE:

4.10.7 With respect to the suggestion of the stakeholder, the Ministry submitted that the provision already exists. Standard setting and regulation is the main purpose for which the Council is being established. Technical inputs on minimum or maximum standards to be adopted is envisioned to be set by the professional advisory bodies and adopted by the Council for implementation.

RECOMMENDATIONS/OBSERVATIONS:

4.10.8 The Committee is of the view that maintaining high quality and high standards in allied and healthcare education has to be one of the main functions of the Commission. This sub clause further makes the proposed Commission responsible for assessment, examination, training, research and other aspects of the sector which is a step in the right direction. The Committee, therefore, recommends that the clause may be amended as follows:

(d) provide basic standards of education, courses, curricula, physical and instructional facilities, staff pattern, staff qualifications, quality instructions, assessment, examination, training, research, continuing professional education, maximum tuition fee payable in respect of various recognised categories, proportionate distribution of seats and promote innovations in recognised categories;

4.10.9 The Committee also desires that constant efforts have to be made by the Ministry so that the Student: Teacher and Patient: Therapists Ratio is as per the international norms. However, in the absence of any conclusive data on the number of Allied and Healthcare Professionals, determining this accurate ratio may not be possible at present. The Committee, therefore, reiterates that the Ministry should first create a dynamic database that reflects the active allied and healthcare professionals in the country.

4.10.10 Clause 10 (f) reads as under:

It shall be the duty of the Council to take all such steps as it may think fit for ensuring coordinated and integrated development of education and maintenance of the standards

of delivery of services under this Act and for the purposes of performing its functions, the Council may—

(f) provide for or cause to be provided for uniform entry examination with common counseling for admission into the allied and healthcare institutions at the diploma, undergraduate, postgraduate and doctoral level in the manner as may be specified by the regulations;

SUGGESTIONS:

4.10.11 The following are the suggestions of the stakeholders on the Clause:-

1. The Indian Association of Physiotherapists submitted that the entry examination and counseling for Physiotherapists should not be merged with other professionals as Physiotherapy is highly skilled Profession and requires minimum eligibility criteria of 10+2 Physics, Chemistry, Biology with minimum 50 Percentage.
2. All India Occupational Therapists' Association (AIOTA) also submitted that there should be separate entry examinations and counselling for healthcare professionals of OT and PTs alone and separate each for other healthcare and allied professionals.
3. Pawan Rohilla submitted that there is a need to follow uniform entry examination and admission procedures as specified by the concerned sub-councils.
4. United Physiotherapy Associations of India and Physiotherapy Forum submitted have made the following changes in the clause:

(f) provide for or cause to be provided for uniform entry examination with common counseling for admission into the allied and healthcare institutions at the diploma, undergraduate, postgraduate and doctoral level in the manner as may be specified by the concerned sub-council;

4.10.12 Further, the Associations submitted that the aptitude and skill requirement for each recognised profession differs. Model curriculum for physiotherapy recommended for abolition of diploma.

MINISTRY'S RESPONSE:

4.10.13 The Ministry submitted that the Bill takes care of 53 professions under 15 broad categories (which can change as and when required as addition or merger may lead to change in numbers), and thus it is not feasible to conduct separate entry examination and counseling for all such professions. Considering the minimum entry requirement for all the professions is same, common entrance tests (CET) may be conducted for entry level courses. This has been done even for medical and dental courses. The Ministry further submitted that it may be even more efficient to expand and to have counseling for allied and healthcare courses for candidates, after the first set of students who qualify for MBBS. Detailed deliberation may be conducted with technical experts each representing the professions, to formulate the process under regulations.

RECOMMENDATIONS/OBSERVATIONS

4.10.14 The Committee notes that the Council proposed under the Bill is tasked with the responsibility of conducting a uniform entry examination with common counseling for admission into the allied and healthcare professionals. The Committee understands the

apprehensions of the stakeholders considering the different aptitude and skill requirement of each profession at diploma, undergraduate, postgraduate and doctoral level. The Committee also notes the response of the Ministry regarding the 53 professions that the Bill is set to regulate and agrees that conducting separate entry examination and counselling for all such professions is not feasible. Now-a-days when we are moving towards one common entrance exam (NEET) for admission into different MBBS, dental and AYUSH courses, demanding separate exams for each Allied and Healthcare Profession is not prudent.

4.10.15 The Committee also notes that at present there is no uniform exam structure for admission into undergraduate allied professional courses. Some institutes admit students through NEET score; some conduct their own exams; whereas some institutes declare a set intermediate percentage as the cut off for admissions. In such a scenario where there is no common criteria for admissions and exams, there is bound to be a wide gap in the quality of students who graduate from different institutes each year. The Committee, therefore, agrees with the view of the Ministry that a common entrance tests must be conducted for entry level courses in the Allied and Healthcare Sector.

4.10.16 The Ministry, in its response has suggested expansion of NEET for admission and counseling in allied and healthcare courses for candidates, after the first set of students who qualify for MBBS. The Committee, however, also notes that there are certain professions in the allied and healthcare that do not necessarily require Biology/Physics/Chemistry as a compulsory subject in Intermediate. The Committee, thereafter, is of the view that enrollment in such courses through NEET is not feasible. At the same time, the Committee feels that conducting a common entrance exam is essential but this exam may not necessarily be the NEET exam. The Committee, therefore, strongly recommends conducting a common entrance tests (CET) for entry level courses in the Allied and Healthcare Profession. The Committee is of the view that this exam should be conducted by the Commission that will be constituted under the proposed legislation. The clause providing for the Common Entrance Test will be specified in the subsequent paragraphs.

4.10.17 Clause 10 (g) reads as under:

It shall be the duty of the Council to take all such steps as it may think fit for ensuring coordinated and integrated development of education and maintenance of the standards of delivery of services under this Act and for the purposes of performing its functions, the Council may—

(g) provide for a uniform exit or licensing examination for the allied and healthcare professionals in the manner as may be specified by the regulations;

SUGGESTIONS:

4.10.18 The following are the suggestions of the stakeholders on the Clause:-

1. The Indian Association of Physiotherapists submitted that the Exit and Licensing examination should be separate as course curriculum, qualification and level of professional skill is much higher than other mentioned Professionals.
2. United Physiotherapy Associations of India and Physiotherapy Forum suggested to follow the procedures prescribed by concerned sub-council for exit or licentiate exam (the aptitude and skills varies as per NSQF and model curriculum)

3. Pawan Rohilla submitted to follow uniform exit or licensing examination procedures as specified by the concerned sub-councils
4. All India Occupational Therapists' Association (AIOTA) submitted that separate exit and licensing examinations for each profession as the qualification, training and curriculum of each profession is unique and different from others.
5. One stakeholder submitted that Exit and Licensing examination should be separate as course curriculum, qualification and level of professional skill is much higher

MINISTRY'S RESPONSE:

4.10.19 With regards to separation of the exit and licensing examination, the Ministry submitted that the licensing standards will differ by profession and thus there will be separate exams. The details will be specified in the regulations as provisioned in the clause, in consultation with the professional advisory body.

RECOMMENDATIONS/OBSERVATIONS:

4.10.20 The Committee agrees with the view of the Ministry that the Commission will have to conduct a separate exit and licensing examinations for each profession. The Committee acknowledges the fact that each profession follows a specified curriculum and deals with different technical skill, therefore conducting a uniform single licensing exit exam for all the professions is not quite possible. The Committee, therefore, recommends the Ministry to conduct separate exit exams for each profession to assess the quality of students graduating from the allied institutes/colleges.

4.10.21 The Committee also notes that at present, there is no uniform exam structure for admission to undergraduate as well as postgraduate health professional courses. The Committee has already recommended insertion of a clause on Common Entrance Exam for admission into undergraduate allied healthcare courses.

4.10.22 The Committee observes that conducting a common final undergraduate exam that can act as an exit licensing exam as well as Post Graduate National Entrance Exam, on the lines of NMC, NCISM and NCH Bill would be the most optimum way to bring about standardization and reduce the multiplicity of exams. However, the Committee also notes the present status of the allied health sector in the country and observes that before rolling/commencing out such a common exam, the curriculum as well as the standards of all the colleges have to be assessed and harmonized. The Committee, therefore, recommends that the Commission, only after due ground assessment and standardisation of curriculum/syllabus may devise a common exam structure for each profession that will act as the final year exam, licensing exam and Post graduate entrance exam.

4.10.23 The Committee also notes that presently States and Universities conduct their own entrance examinations for admission into Postgraduate courses. The Committee understands that since the professions are different from each other, conducting one PG NET for admission into all the allied and healthcare courses admission is not possible. The Committee, therefore strongly recommends that each profession should conduct its own final year exam which will also act as the licensing exam. The clause that provides for the National Exit Test will be specified in the subsequent paragraphs.

SUGGESTIONS:

Suggestions to add sub-clause (j) in clause 10:

4.10.24 United Physiotherapy Associations of India, Physiotherapy Forum and one stakeholder suggested adding clause 10(j) to ensure holistic regulations that will read as under:

provide minimum standards framework for machineries, materials and services

MINISTRY'S RESPONSE:

4.10.25 The Ministry submitted that while examining the issue, the reference to “machines and materials” was not directly made since it is assumed to be a part of the “delivery of services”.

RECOMMENDATIONS/OBSERVATIONS:

4.10.26 The Committee is of the view that consequent to the recommendations of the Committee with respect to the constitution of the Commission, Councils and Regulatory/development Boards, the functions of the proposed Commission have to be revisited. The Committee, therefore, recommends adding the following functions of the proposed Commission in clause 10:

It shall be the duty of the Council to take all such steps as it may think fit for ensuring coordinated and integrated development of education and maintenance of the standards of delivery of services under this Act and for the purposes of performing its functions, the Council may—

- (j) provide minimum standards framework for machineries, materials and services*
- (k) lay down policies for maintaining a high quality and high standards in allied education and make necessary regulations in this behalf;*
- (l) lay down policies for regulating allied institutions, researches and professionals and make necessary regulations in this behalf;*
- (m) assess the requirements in allied healthcare, including human resources for health and healthcare infrastructure and develop a road map for meeting such requirements;*
- (n) promote, co-ordinate and frame guidelines and lay down policies by making necessary regulations for the proper functioning of the Commission, the Councils, the Regulatory Boards and the State Allied Councils;*
- (o) ensure co-ordination among the Regulatory Boards;*
- (p) take such measures, as may be necessary, to ensure compliance by the State Allied Councils of the guidelines framed and regulations made under this Act for their effective functioning under this Act;*
- (q) exercise appellate jurisdiction with respect to the decisions of the Regulatory Boards;*
- (r) lay down policies and codes to ensure observance of professional ethics in allied and healthcare profession and to promote ethical conduct during the provision of care by allied and healthcare professionals;*

4.10.27 Subject to the above recommendation, the clause is adopted.

INSERTION OF NEW CLAUSE ON NATIONAL EXAMINATIONS

4.11.1 The Committee notes that the proposed National Commission for Allied and Healthcare Profession will also conduct the National Level examinations for all allied and Healthcare Professionals. Considering the need for addition of separate provisions of Common Entrance Exam, National Exit Test, National Teachers Eligibility Test and Minimum Qualifying Test, the Committee strongly recommends the Ministry to incorporate a new Chapter in the Bill on the lines of NMC Act, NCISM and NCH Bill, under the head National Examinations, incorporating the provisions of following exams:

- (i) Common Entrance Test (CET);**
- (ii) National Exit Test (NEXT);**
- (iii) National Teachers Eligibility Test (NTET); and**
- (iv) Minimum Qualifying Test (MQT).**

COMMON ENTRANCE TEST (CET)

4.11.2 The Committee again highlights the need to conduct an entrance exam for admission into the allied and healthcare professional courses. The Committee recommends that the proposed Commission after exhaustive research and deliberations should devise a suitable format of the Common Entrance Test (CET) for entry level courses in the Allied and Healthcare Profession.

4.11.3 The Committee therefore, strongly recommends adding a clause on Common Entrance Test, in the Bill that will read as follows:

- (1) *There shall be a uniform Common Entrance Test for admission to the undergraduate courses in each of the professions of the recognized categories in all the allied healthcare institutions governed under this Act:***
- (2) *The Commission shall conduct the Common Entrance Test in English and in such other languages, through such designated authority and in such manner, as may be specified by regulations.***
- (3) *The Commission shall specify by regulations the manner of conducting common counseling by the designated authority for admission to all the allied institutions governed under this Act:***

Provided that the common counseling shall be conducted by the designated authority of—

- (i) the Central Government, for All India seats; and***
- (ii) the State Government, for the remaining seats at the State level.***

NATIONAL EXIT TEST (NEXT)

4.11.4 The Committee reiterates that the proposed Commission only after due assessment may devise a common exam called National Exit Test (NEXT) for each profession that will act as the final year exam, licensing exam and Post graduate entrance exam. Accordingly, the Committee recommends for insertion of a clause on National Exit Test under the Chapter National Examinations that will provide for a National Exit Test which will read as follows:

- (1) A final year undergraduate examination, to be known as the National Exit Test, shall be held for granting licence to practice as independent professionals and for enrolment in the State Register or National Register, as the case may be.*
- (2) The Commission shall conduct the National Exit Test for Allied Professionals in English and in such other languages, through such designated authority and in such manner as may be specified by regulations.*
- (3) The National Exit Test shall become operational on such date, within three years from the date of commencement of this Act, as may be appointed by the Central Government, by notification.*
- (4) The National Exit Test shall be the basis for admission to the postgraduate broad-speciality allied education in institutions which are governed under the provisions of this Act or under any other law for the time being in force and shall be done in such manner as may be specified by regulations.*

NATIONAL TEACHERS ELIGIBILITY TEST (NTET)

4.11.5 The Committee also recommends that the Commission should also conduct a National Teachers Eligibility Test for Allied and Healthcare Professionals as it can be the best way to tap qualified persons into the teaching profession. The Committee is aware of the fact that one of the major challenges in promotion of Allied and Healthcare education is the inadequate faculty and non-standardisation of different professions. The Committee is of the view that such a merit based examination will certainly improve the education being imparted to students studying Allied and healthcare Professionals as well as improve the quality of health care services. The Committee therefore recommends adding a clause on National Teachers' Eligibility Test under the Chapter National Examinations that will read as under:

A National Teachers' Eligibility Test shall be conducted separately for the postgraduates of each profession of Allied and Healthcare Profession who desire to take up teaching profession in that discipline.

MINIMUM QUALIFYING TEST (MQT)

4.11.6 The Committee also recommends the Ministry to add a Minimum Qualifying Test (MQT) under this Chapter that will test the competency of professionals who are already practising. The Committee is of the view that the Ministry should ensure that only qualified professionals are registered under the provisions of the Act as mentioned in the clause 35.

4.11.7 The Committee understands that Minimum Qualifying Test (MQT) would give recognition to persons offering his/her services in any of the recognised categories on and before the commencement of this Act within two years from such commencement and thus enabling him to get registered under the provisions of the Act.

CLAUSE 11

4.12 Clause 11 deals with Professional advisory bodies of Council.

4.12.1 Clause 11 (1) reads as under:

11. (1) The Council shall constitute as many professional advisory bodies as may be necessary to examine specific issues relating to one or more recognised categories and recommend or advise the Council thereon and also undertake any other activity as may be authorised by the Council.

SUGGESTIONS:

4.12.2 The following are the suggestions of the stakeholders on the Clause:-

1. The Indian Association of Physiotherapists submitted that the Professional advisory body should be named sub - council and its recommendations should be mandatory and binding. The sub council should not only address the specific issues but all the professional issues related to its profession. As the council's objective is to regulate and standardized the profession. If expert who belongs to specific profession involved in decision making each sub- sections specific issues and concerns can be addressed specifically in the interest of large number of professional, thus the council becomes more effective.
2. Rajasthani Physiotherapy Association submitted that the following changes be made in the Clause:
The Council shall constitute as many professional advisory bodies as may be necessary to examine all issues relating to one or more recognised categories and formulate rules, lay down regulations, recommend or advise the Council thereon and also undertake any other activity related to that profession including advice to government on matters related to human resources need of concerned profession.
3. Indian Society of Radiographers and Technologists (ISRT) suggested renaming Professional Advisory Body as Professional Advisory Board.
4. Indian Association of Physiotherapists submitted that Professional Advisory Body to be named as Sub Council, with recommendations of the said body to be mandatory and binding. This will enable decision making for the profession by the respective professionals.
5. Indian Optometric Association, Government Optometrist Association, Uttar Pradesh and Indian Optometry Federation submitted that the Professional Advisory Body must specify - comprising of 7 Optometry professionals.
6. All Assam Physiotherapy Association (AAPA), Lokmanya Medical College of Physiotherapy, Mumbai and a stakeholder submitted that the clause may be reframed as follows:

The Council shall constitute as many professional advisory bodies as may be necessary to examine specific issues relating to one or more recognised categories, and formulate rules, lay down regulations, recommend or advise the Council thereon and also undertake any other activity related to that profession including advice to government related to human resources need of concerned profession.

7. United Physiotherapy Associations of India and Physiotherapy Forum submitted that the Council shall constitute sub-councils for each recognised profession to recommend or advise the Council thereon and also undertake any other activity as may be authorised by the Council. Its recommendations will be binding on matters in respect to its professional identity and practice.
8. Another stakeholder submitted that the Sub-councils for each recognised profession shall be established to recommend or advise the council thereon and also undertake any other activity as may be authorized by the Council, its recommendations will be binding on matters in respect to its professional identity and practice
9. Ophthal India submitted that in the Ophthalmic Science Professional Advisory Body, two Ophthalmic Assistants (one diploma holder and one graduate) and two Optometrists (one diploma holder and one graduate) should also be included other than the President.

MINISTRY'S RESPONSE:

4.12.3 The Ministry submitted that the idea of empowering the Council to establish professional advisory bodies is aimed at independent decision making by the professional bodies for their respective professions. With regards to naming the Professional Advisory Body as Sub Council and making its recommendations binding, the Ministry submitted that the term “professional advisory body” was agreed upon after several inputs and legal insights as brought forth by Department of Law and Justice. The mandate of the PABs will be to give advice/recommendation on the specific issues to the Council. However, the Rules will be drafted by the Interim Council and regulations may be drafted in consultation with the professional advisory committees. The term, “formulate rules,” may therefore not be considered. Also, “lay down regulations” may be modified as “draft regulations for adoption”.

4.12.4 With regards to renaming the Professional Advisory Body as Professional Advisory Board, the Ministry submitted that this may be considered if the Committee so recommends. With regards to the suggestion that the Professional Advisory Body must specify - comprising of 7 Optometry professionals, the Ministry submitted that the provision already exists. The Ministry further submitted that the details will be specified in the Rules. This will be examined in greater detail as part of the formulation of the Rules in which the details of the professional advisory bodies will be specified. The number of members in each professional advisory body has been left unspecified at this time, to provide flexibility to the professions in fulfilling all technical obligations.

RECOMMENDATIONS/OBSERVATIONS

4.12.5 The Committee finds the provision of constitution of as many professional advisory bodies as may be necessary to examine specific issues vague and ambiguous as several specific issues may lead to proliferation of plethora of advisory bodies. The Committee therefore finds a rational in constitution of a Central Advisory Council, namely, National Allied and Healthcare Advisory Council to recommend or advise the commission on several issues and finalizing the advice/suggestion of the specific Council for Professionals on specific issue that may be referred to any of the eight Councils.

4.12.5 The Committee is also of the view that considering the diverse range of allied healthcare professionals, representation from each of these professional categories is very

important. The Committee, however, cannot overlook the importance of the role of States in the proposed Commission. The Committee strongly believes that States have to play a very crucial part in successful implementation of the Act and their representation as well as participation is as important as the professionals. The Committee notes that the country at present is categorised into six zones and two persons from each of the six zones representing the State Councils on biennial rotation will become members of the proposed Commission. The Committee very well understands the apprehension of the stakeholder where a particular State in the alphabetical order as per the zonal distribution will have to wait for many years to be part of the Commission.

4.12.6 The Committee therefore, recommends the constitution of an Allied Advisory Council on the lines of the Medical Advisory Council in the National Medical Commission Act, the Advisory Council for Indian System of Medicine in the National Commission for Indian System of Medicine Bill, 2019 and the Advisory Council for Homeopathy in the National Commission for Homeopathy Bill, 2019. The Committee is of the view that the States have been grossly ignored in the Bill whereas the onus of implementing the Act falls on the shoulders of the State. When Centre is aiming at bringing a fundamental shift in how the allied healthcare professionals are perceived by the society, it becomes imperative to make State equal partners in this mission.

4.12.7 The Committee, therefore, recommends for constitution and composition of National Allied and Healthcare Professional Advisory Council. The new clause may read as follows:

(1) The Central Government shall constitute an advisory body to be known as the National Allied and Healthcare Professionals Advisory Council.

(2) The Council shall consist of a Chairperson and the following members, namely:—

- (a) the Chairperson of the National Commission of Allied and Healthcare Professions shall be the ex officio Chairperson of the Advisory Council;*
- (b) every member of the Commission shall be the ex officio members of the Council;*
- (c) one member to represent each State, who is the Vice-Chancellor of a health University in that State, to be nominated by that State Government;*
- (d) one member to represent each Union territory, who is the Vice-Chancellor of a health University in that Union territory, to be nominated by the Ministry of Home Affairs in the Government of India;*
- (e) one member to represent each State and each Union territory from amongst elected members of the State Allied Council, to be nominated by that State Allied Council;*
- (f) the Chairman, University Grants Commission;*
- (g) the Director, National Assessment and Accreditation Council;*
- (h) four members to be nominated by the Central Government from amongst persons holding the post of Director in the Indian Institutes of Technology, Indian Institutes of Management and the Indian Institute of Science;*

Provided that if there is no health University in any State or Union territory, the Vice-Chancellor of a University within that State or Union territory having the largest number of allied colleges/institutes affiliated to it shall be nominated by the State Government or by the Ministry of Home Affairs in the Government of India:

Provided further that if there is no University in any Union territory, the Ministry of Home Affairs shall nominate a member who possesses such allied healthcare qualification and experience as may be prescribed

4.12.8 The Committee recommends that whenever specific issues arise, it may be referred to that profession specific Council under which the profession falls.

4.12.9 The Committee thus recommends that there is no need for constituting the various Professional Advisory Bodies. The National Allied and Healthcare Professional Advisory Council will examine general issues related to professions of recognised categories. The Committee again recommends that the National Allied and Healthcare Professional Advisory Council can refer the specific issues to one of the eight Councils, under which the subject matter falls, which shall be responsible to the Advisory Council for the disposal of the issues raised. The National Allied and Healthcare Professional Advisory Council will act as coordinating and harmonising the general interest of each and every profession of allied and healthcare profession besides providing a platform for States and Union territories.

4.12.10 Subject to the above recommendation, the clause is adopted.

CLAUSE 14

4.13 Clause 14 deals with the Rights of persons who are enrolled on Central Register.

4.13.1 Clause 14(c) reads as under:

14. No person, other than a registered allied and healthcare professional, shall—

(c) be entitled to sign or authenticate any certificate required by any law to be signed or authenticated by a duly qualified allied and healthcare professional.

SUGGESTIONS:

4.13.2 Association of Self-Employed Owners of Private Pathology Laboratories of Gujarat (ASEOPPLO-G) suggested to incorporate right to practice independently as well as entitlement to sign or authenticate the results of lab investigations.

MINISTRY'S RESPONSE:

4.13.3 The Ministry submitted that the provision regarding the right to practice independently as well as entitlement to sign or authenticate the result of lab investigation already exists. The Professional Advisory Committee constituted under the Council may review the case and devise a limited set of tests which may be authorized to the Laboratory professional based on minimum desired qualification and experience- to be specified by the committee.

RECOMMENDATIONS/OBSERVATIONS:

4.13.4 The Committee is of the view that only the National Allied and Healthcare Professional Advisory Council or the specific Council out of the eight proposed Councils

may review the specific cases and recommend the same to the Commission which will be the apex body in deciding the rights of various professionals.

4.13.5 Subject to the above recommendations, the clause is adopted.

INSERTION OF NEW CLAUSE ON REGULATORY/DEVELOPMENT BOARDS

4.14 The Committee also feels the need to create Boards for regulating the professional ethics of the allied and healthcare professionals. The Committee has recommended for constitution of four different Boards that will facilitate overall growth and development and regulation of the allied Healthcare Sector. The Committee also recommends for adding a Chapter on Boards in the Bill that will provide for constitution of the Boards, composition of the Boards and the powers and Functions of the Boards under the Bill.

4.14.1 The Committee, therefore, recommends adding a new clause under the new Chapter of Boards which will read as under:

(1) The Central Government shall, by notification, constitute the following Boards, under the overall supervision of the Commission, to perform the functions assigned to such Boards under this Act, namely:—

- (a) the Under-graduate Allied & Healthcare Profession Board ;*
- (b) the Post-graduate Allied & Healthcare Profession Board;*
- (c) Allied and Healthcare Profession Assessment and Rating Board; and*
- (d) Allied and Healthcare Professionals Ethics and Registration Board.*

(2) Each Board referred to in sub-section (1) shall be an regulatory body which shall carry out its functions under this Act subject to the regulations made by the Commission.

4.14.2 The Committee also recommends that the Regulatory/Development Boards should include members from the different professions of the recognised categories. The new clause providing for the composition of the Regulatory/development Boards will read as under:

(1) The composition of the regulatory Boards shall be as under, namely:—

- (a) the Under-graduate Allied & Healthcare Profession Board shall consist of a President and Members from the eight Councils;*

Provided that the members of the Under-graduate Allied & Healthcare Profession Board shall be persons of outstanding ability, proven administrative capacity and integrity, possessing a postgraduate degree in any discipline of allied health sciences from any University and having experience of not less than ten years in such field, out of which at least five years shall be as a leader in the area of allied and healthcare education, public health, community medicine or health research.

- (b) the Post-graduate Allied & Healthcare Profession Board shall consist of a President and Members from the eight Councils*

Provided that the members of the Post-graduate Allied & Healthcare Profession Board shall be persons of outstanding ability, proven administrative capacity

and integrity, possessing a postgraduate degree in any discipline of allied health sciences from any University and having experience of not less than fifteen years in such field, out of which at least seven years shall be as a leader in the area of allied and healthcare education, public health, community medicine or health research.

(c) Allied and Healthcare Profession Assessment and Rating Board shall consist of a President and seventeen Members: Provided that the President and fifteen out of seventeen Members shall be chosen from the fifteen recognised categories of the Schedule and the remaining two Members shall be chosen from any of the disciplines of management, quality assurance, law or science and technology;

(d) Allied and Healthcare Professionals Ethics and Registration Board shall consist of a President and seventeen Members:

Provided that the President and fifteen out of seventeen Members shall be chosen from the 15 recognised categories of the Schedule and the remaining two Members shall be chosen from any of the disciplines of quality assurance, public health, law or patient advocacy.

(2) One Member of each regulatory Boards, being a part-time Member, shall be chosen from amongst the elected Members of the State Allied Council in such manner as may be prescribed.

(3) The Central Government shall appoint the President and Members of the regulatory Boards on the recommendations made by the Search Committee constituted in accordance with the procedure specified in that specific section.

4.14.3 The Committee also recommends insertion of a clause that provides for the powers and function of the Under-Graduate Allied and Healthcare Education Board under the Chapter Regulatory/development Boards.

4.14.4 The new clause may read as under:

(1) The Under-Graduate Allied and Healthcare Education Board shall perform the following functions, namely:—

(a) determine standards of allied education at undergraduate level and oversee all aspects relating thereto;

(b) develop competency based dynamic curriculum at undergraduate level in accordance with the regulations made under this Act;

(c) develop competency based dynamic curriculum for addressing the needs of primary health services, community medicine and family medicine to ensure healthcare in such areas, in accordance with the provisions of the regulations made under this Act;

(d) frame guidelines for setting up of allied institutions for imparting undergraduate courses, having regard to the needs of the country and the global norms, in accordance with the provisions of the regulations made under this Act;

(e) determine the minimum requirements and standards for conducting courses and examinations for undergraduates in allied institutions, having regard to the needs of creativity at local levels, including designing of some courses by individual institutions, in accordance with the provisions of the regulations made under this Act;

(f) determine standards and norms for infrastructure, faculty and quality of education in allied institutions providing undergraduate allied education in accordance with the provisions of the regulations made under this Act;

(g) facilitate development and training of faculty members teaching undergraduate courses;

(h) facilitate research and the international student and faculty exchange programmes relating to undergraduate allied education;

(i) specify norms for compulsory annual disclosures, electronically or otherwise, by allied institutions, in respect of their functions that has a bearing on the interest of all stakeholders including students, faculty, the Commission and the Central Government;

(j) grant recognition to a allied qualification at the undergraduate level.

(2) Under-Graduate Allied and Healthcare Education Board may, in the discharge of its duties, make such recommendations to, and seek such directions from, the Commission, as it deems necessary

4.14.5 The Committee also recommends insertion of a clause that provides for the powers and function of the Post-Graduate Allied and Healthcare Education Board under the Chapter Regulatory Boards.

The new clause may read as under:

(1) The Post-Graduate Allied and Healthcare Education Board shall perform the following functions, namely:—

(a) determine the standards of allied education at the postgraduate level and super-speciality level in accordance with the regulations made under this Act and oversee all aspects relating thereto;

(b) develop competency based dynamic curriculum at postgraduate level and super-speciality level in accordance with the regulations made under this Act, with a view to develop appropriate skill, knowledge, attitude, values and ethics among postgraduates and super-specialists to provide healthcare, impart allied education and conduct allied research;

(c) frame guidelines for setting up of allied institutions for imparting postgraduate and super-speciality courses, having regard to the needs of the country and global norms, in accordance with the regulations made under this Act;

(d) determine the minimum requirements and standards for conducting postgraduate and super-speciality courses and examinations in allied institution, in accordance with the regulations made under this Act;

(e) determine standards and norms for infrastructure, faculty and quality of education in allied institutions conducting postgraduate and super-speciality allied education, in accordance with the regulations made under this Act;

(f) facilitate development and training of the faculty members teaching postgraduate and super-speciality courses;

(g) facilitate research and the international student and faculty exchange programmes relating to postgraduate and super-speciality allied education;

(h) specify norms for compulsory annual disclosure, electronically or otherwise, by allied institutions in respect of their functions that has a bearing on the interest of all stakeholders including students, faculty, the Commission and the Central Government;

(i) grant recognition to the allied qualifications at the postgraduate level and super-speciality level;

(j) promote and facilitate postgraduate courses in family medicine.

(2) Post-Graduate Allied and Healthcare Education Board may, in the discharge of its functions, make such recommendations to, and seek such directions from, the Commission, as it deems necessary.

4.14.6 The Committee is also of the considered view that institutions of repute that provide quality education are important for a robust allied education system. At present, in the absence of bodies that assess and rate the allied institutions, there is no regulation on the allied institutes. The Committee recommends that the Government should encourage setting of National and regional Allied and Healthcare Institutions for imparting education at the Under Graduate & Post Graduate level and to facilitate training, research and development for the professionals preferring a teaching career. It should be ensured that such institutions must have adequate basic infrastructure and sufficient faculty. The measures so taken would also ensure that the allied and the healthcare profession would come out of medical dominance and would march ahead for its own development. The Committee understands that in order to perform such entrusted task, there is an urgent need for the creation of an apex assessment and rating Board that would also lead to standardization of the education system so that the product of accredited institutions would get global recognition and acceptance. The Committee, therefore, recommends insertion of a clause that provides for powers and functions of the Allied and Healthcare Professionals Assessment and Rating Board under the new Chapter "Regulatory Boards".

4.14.7 The new clause may read as under:

(1) The Allied and Healthcare Professionals Assessment and Rating Board shall perform the following functions, namely:—

(a) determine the procedure for assessing and rating the allied institutions for their compliance with the standards laid down by the Under-Graduate Allied and Healthcare Education Board or the Post-Graduate Allied and Healthcare Education Board, as the case may be, in accordance with the regulations made under this Act;

(b) grant permission for establishment of a new allied institution, or to start any postgraduate course or to increase number of seats, in accordance with the relevant provisions of the Act;

(c) carry out inspections of allied institutions for assessing and rating such institutions in accordance with the regulations made under this Act:

Provided that the Allied and Healthcare Assessment and Rating Board may, if it deems necessary, hire and authorize any other third party agency or persons for carrying out inspections of allied institutions for assessing and rating such institutions:

Provided further that where inspection of allied institutions is carried out by such third party agency or persons authorized by the Allied and Healthcare Assessment and Rating Board, it shall be obligatory on such institutions to provide access to such agency or person;

(d) conduct, or where it deems necessary, empanel independent rating agencies to conduct, assess and rate all allied institutions, within such period of their opening, and every year thereafter, at such time, and in such manner, as may be specified by the regulations;

(e) make available on its website or in public domain the assessment and ratings of allied institutions at regular intervals in accordance with the regulations made under this Act;

(f) take such measures, including issuing warning, imposition of monetary penalty, reducing intake or stoppage of admissions and recommending to the Commission for withdrawal of recognition, against an allied institution for failure to maintain the minimum essential standards specified by the Under-Graduate Allied and Healthcare Education Board or the Post-Graduate Allied and Healthcare Education Board, as the case may be, in accordance with the regulations made under this Act.

(2) The Allied and Healthcare Professionals Assessment and Rating Board may, in the discharge of its functions, make such recommendations to, and seek such directions from, the Commission, as it deems necessary.

4.14.8 The Committee also recommends constitution of the Allied and Healthcare Professionals Ethics and Registration Board that will be tasked with regulating professional conduct and promoting ethics among the allied healthcare professionals. Accordingly, the Committee recommends insertion of a clause that provides for powers and functions of Allied and Healthcare Professionals Ethics and Registration Board.

4.14.9 The clause that provides for the powers and functions of the Allied and Healthcare Professionals Ethics and Registration Board may read as follows:

(1) Allied and Healthcare Professionals Ethics and Registration Board shall perform the following functions, namely:—

(a) maintain National Registers of all licensed allied practitioners in accordance with the provisions of section 31;

(b) regulate professional conduct and promote ethics in accordance with the regulations made under this Act: Provided that Allied and Healthcare Professionals Ethics and Registration Board shall ensure compliance of the code of professional and ethical conduct through the State Allied Council in a case where such State Allied Council has been conferred power to take

disciplinary actions in respect of professional or ethical misconduct by allied healthcare professionals under respective State Acts;

(c) develop mechanisms to have continuous interaction with State Allied Councils to effectively promote and regulate the conduct of Allied healthcare professionals;

(d) exercise appellate jurisdiction with respect to the actions taken by a State allied Council under section 30.

(2) Allied and Healthcare Professionals Ethics and Registration Board may, in the discharge of its duties, make such recommendations to, and seek such directions from, the Commission, as it deems necessary.

CLAUSE 15

4.15 Clause 15 deals with the Registration in Central Register

4.15.1 Clause 15 reads as under:

15. The Council may, on receipt of the report of registration of a person in a State Register or on an application made by any person, in such form and in such manner as may be prescribed by the Central Government, enter his name in the Central Register.

SUGGESTIONS:

4.15.2 Indian Society of Radiographers and Technologists (ISRT) requested to limit initial registration in Central register for five years only subject to renewal for another 5 years on production of proof of credit hours and accordingly the clause may be revised.

MINISTRY'S RESPONSE:

4.15.3 With respect to above suggestion, the Ministry submitted that the provision already exists, as the details will be specified in the Rules

RECOMMENDATIONS/OBSERVATIONS:

4.15.4 The Committee is of the view that the Central Register to be created under Clause 15 should be a live register of qualified professionals and uploaded in the website and the same should be constantly updated. This register should be segmented on the basis of different educational standards, qualifications viz, diploma, degree, doctoral level, specializations etc. The Committee agrees that the initial registration should be for a set time period and the same should be constantly revised.

4.15.5 Subject of the above recommendation, the clause is adopted.

CLAUSE 17

4.16 Clause 17 deals with Registration of additional qualifications

4.16.1 Clause 17 (1) reads as under:

17. (1) If any person whose name is entered in the Central Register obtains any other qualification in any recognised category in addition to any allied and healthcare qualification, he shall, on an application made in this behalf in such form and in such manner and on payment of such fees as may be prescribed by the Central Government, be entitled to have an entry stating such degree or diploma or such other qualification made against his name in the Central Register in addition to any entry previously made.

SUGGESTIONS:

4.16.2 A stakeholder suggested that instead of having additional qualification against existing registration, registration to multiple categories may be made if requirements are met by the applicant.

MINISTRY'S RESPONSE:

4.16.3 The provision already exists under clause 15 and clause 17(1).

RECOMMENDATIONS/OBSERVATIONS:

4.16.4 The Committee is in agreement with the plea of the Ministry that clause 17(1) takes care of the concern of the stakeholders for requirement of additional qualification in the Central Register as an application in such manner and payment of such fees as may be prescribed by the Central Government. In such manner that registration to multiple categories can be made by a profession only when he/she obtains the required additional qualification. He/she should have completed the required number of hours and years of study in that particular additional allied healthcare profession.

4.16.5 The clause is adopted without any change.

CLAUSE 19

4.17 Clause 19 deals with Interim Council

4.17.1 Clause 19 (1) reads as under:

19. (1) The Central Government shall, as soon as may be but within sixty days from the date on which this Act receives the assent of the President, constitute an interim Council, till a regular Council is constituted under section 3.

SUGGESTIONS:

4.17.2 The following are the suggestions on clause 19

1. The Indian Association of Physiotherapists, All India Occupational Therapists' Association (AIOTA) and Indian Society of Radiographers and Technologists (ISRT) submitted that the tenure of Interim council should be fixed and within that tenure a regular council should start functioning. The tenure of Interim Council should not be more than 2 years
2. Indian Society of Radiographers and Technologists (ISRT) also suggested stipulating time frame of two years to set up an Elected Council/ Regular Council.

MINISTRY'S RESPONSE:

4.17.3 With respect to fixing the tenure of the interim Council the Ministry submitted that since there are so many professional categories, setting up the administrative framework will be tedious for the Interim Council; the timeline is thus subject to change in case of any sudden leadership or membership change among others. However, two years can be targeted to complete the envisioned activities without specifying the same in the Bill.

4.17.4 On a suggestion for stipulating time frame of two years to set up an Council/ Regular Council, the Ministry submitted that the suggestion may be considered if the committee so recommends.

RECOMMENDATIONS/OBSERVATIONS:

4.17.5 The Committee is in agreement with the views of stakeholders that tenure of interim Commission should have a fixed tenure. The Committee, therefore, recommends the Ministry to specify, in the Bill, that the tenure of the proposed interim Commission should not be more than two years. The Committee also recommends the interim Commission to devise a quality control mechanism for the allied health professionals and ensure standardization of education and institutes. The Committee, therefore, recommends that this interim Commission should complete all its entrusted task within that stipulated period and the National Commission must convene its functions, thereafter, it should stand dissolved after two years. The Committee, therefore, stand dissolved after two years. However, in exceptional circumstances, the tenure of Interim Commission may be extended by the Central Government for one year but not beyond that period. The Committee, therefore recommends the Ministry to specify the tenure of the Interim Commission during the transitional phase and in order to set up institutional framework and other necessary task. The Committee also recommends to add a proviso regarding the extension of the tenure for one year under exceptional circumstances.

4.17.6 Clause 19 (2) reads as under:

(2) The interim Council constituted under sub-section (1) shall consist of the following, namely:—

(a) Additional Secretary to the Government of India in the Department of Health and Family Welfare—Chairperson;

(b) Joint Secretary to the Government of India in the Department of Health and Family Welfare in charge of Medical Education—member;

(c) Joint Secretary to the Government of India in the Ministry of AYUSH — member;

(d) Joint Secretary to the Government of India in the Ministry of Human Resource Development—member;

(e) Joint Secretary to the Government of India in the Ministry of Social Justice and Empowerment—member;

(f) Joint Secretary to the Government of India in the Ministry of Skill Development and Entrepreneurship—member;

(g) One representative of the Ministry of Defence not below the rank of Joint Secretary to the Government of India in the Directorate General of Armed Forces Medical Services—member;

(h) One representative of NITI Aayog not below the rank of Joint Secretary to the Government of India — member;

(i) One representative of the Directorate General of Health Services not below the rank of Deputy Director General—member;

(j) One representative of the Dental Council of India not below the rank of Deputy Secretary—member;

(k) One representative of the Indian Nursing Council not below the rank of Deputy Secretary—member;

(l) One representative of the Medical Council of India not below the rank of Deputy Secretary—member;

(m) One representative of the Pharmacy Council of India not below the rank of Deputy Secretary—member;

(n) One representative of the Rehabilitation Council of India not below the rank of Deputy Secretary—member; and

(o) One representative of the Atomic Energy Regulatory Board not below the rank of Deputy Secretary—member.

SUGGESTIONS

4.17.7 The following are the suggestions of the stakeholders on the Clause:-

1. Indian Society of Radiographers and Technologists (ISRT) suggested ensuring post of Registrar/ CEO in the Interim Council also.
2. All India Occupational Therapists' Association (AIOTA) submitted that the representation of OTs must be included in the interim council in the following manner:-
(i) At least 4 OT members nominated by the existing Government bodies, and (ii) Minimum 2 nominated from existing national association – AIOTA
3. Indian Association of Physiotherapists and one stakeholder suggested inclusion of four physiotherapists in the interim Council
4. Indian Medical Association (Headquarter and Kerala Chapter) submitted that as per this clause; sub clause (l) and (n), the Deputy Secretary of Medical Council of India and Rehabilitation Council of India who may not be a medical professional are designated to be nominated to the proposed interim council. This clause has to be modified and the members of Medical Council of India and Rehabilitation Council of India who are nominated by the respective councils should be included. The Association also suggested removal of JS AYUSH from the Council as this Bill comes under modern medicine.
5. United Physiotherapy Associations of India, Physiotherapy Forum and one stakeholder suggested that under Clause 19(2) (p), interim Council should include one physiotherapy

representative from existing State Physiotherapy Councils not below the rank of executive member. It was submitted that under Clause 19(2)(q), the interim Council should include two Physiotherapist each from central Government hospitals and autonomous organization to be nominated by Central Government. (To raise the concerns of Physiotherapists in the Government)

6. Lokmanya Medical College of Physiotherapy, Mumbai, All Assam Physiotherapy Association (AAPA) and one stakeholder submitted that Interim Council to include one member from professions.
7. Joint Forum of Medical Technologists of India (JFMTI) also submitted that professional members from respective streams should be part of interim Council and unnecessary inclusion should be removed.
8. Society of Indian Radiographers (SIR) suggested to include Allied and healthcare professionals in the interim council too as it is related to their profession and include three members from SIT in the interim committee
9. Rajasthani Physiotherapy Association requested for an Interim Council- Formation of interim elected/ nominated physiotherapy board

MINISTRY'S RESPONSE:

4.17.8 On ensuring post of Registrar/ CEO in the Interim Council, the Ministry submitted that the role of interim Council is to set up administrative structure of the Council and is expected to have limited tenure. On representation of OTs & Physiotherapists in the interim council and adding clause 19(2)(p) and clause 19(2)(q) in the Bill, the Ministry submitted that the suggestion is not agreeable as the role of interim Council is to set up administrative structure of the Council and establish processes for the smooth functioning of the regular Council. However, the Professional Advisory bodies may be instituted simultaneously during the same period to initiate technical activities related to the respective professions. The issue of numeric representation is normative. On suggestion of Indian Medical Association (Headquarter and Kerala Chapter), the Ministry submitted that the provision already exists for nomination from the stated bodies, however, the tenure shall be retained to ensure appropriate representation from all the existing statutory bodies. On removal of JS AYUSH from the Council, the Ministry submitted that this may be considered if the committee so recommends.

4.17.9 With regards to inclusion of one member from all the professions, the Ministry submitted that the role of interim Council is to set up administrative structure of the Council. However, the Professional Advisory bodies may be instituted simultaneously during the same period to initiate technical activities related to the respective professions. The Ministry further submitted that the issue of numeric representation is normative. On a suggestion on establishing interim committee for Ophthalmic Sciences Professionals, the Ministry submitted that this may be considered if the committee so recommends. The Ministry further submitted that the Professional Advisory Boards may be formed in parallel to the Interim Council so that the work on specific requirements of professions may begin.

4.17.10 On formation of interim elected/ nominated physiotherapy board, The Ministry submitted that the provision already exists; the details will be specified in the Rules. Rather, the provision of limiting the tenure of the Interim Council may be specified to ensure expedited constitution of the Council and the professional advisory bodies within a specified time frame.

RECOMMENDATIONS/OBSERVATIONS:

4.17.11 The Committee notes that this interim Commission will discharge the functions assigned to the Commission till the regular Commission is constituted by the Central Government. The Committee has also recommended that the maximum tenure of this interim Commission should be two years to set up the administrative structure. The Committee believes that there is a need to appoint an officer who will perform the same functions as the Secretary. The Committee, therefore, recommends the Ministry to make a provision to appoint a Secretary for efficient performance of the functions of the interim Commission.

4.17.12 The Committee notes that this Commission is set to regulate the allied and healthcare professionals but none of the professional groups have been given representation in the interim Commission. The Committee agrees with the concerns of the stakeholders that professionals from different allied and healthcare professions should be part of the Interim Commission. The Committee therefore recommends the Ministry to add representation from each recognised category. The Committee also recommends adding two persons each representing the recognised categories, namely, Medical Laboratory Sciences, Medical Radiology, Imaging and Therapeutic Technology, Ophthalmic Sciences, Physiotherapy and Occupational Therapy; and one person each representing the rest of the recognised categories listed in the Schedule. These members should have the required expertise and experience as may be prescribed by the Central Government. The Committee also recommends the Ministry to explore the addition of experts in other fields whose experience will benefit the Interim Commission in better discharge of its responsibilities.

4.17.13 The Committee is also of the view that representatives from Ministry of AYUSH and Ministry of Defence should be removed from the composition. The Committee is of the view that representatives from Dental Council of India, Indian Nursing Council and Pharmacy Council of India should also be removed from the interim Commission.

4.17.14 The Clause may read as under:

(2) The interim Commission constituted under sub-section (1) shall consist of the following, namely:—

- (a) Additional Secretary to the Government of India in the Department of Health and Family Welfare—Chairperson;*
- (b) Joint Secretary to the Government of India in the Department of Health and Family Welfare in charge of Allied Healthcare Education—member;*
- (c) Joint Secretary to the Government of India in the Ministry of Human Resource Development—member;*
- (d) Joint Secretary to the Government of India in the Ministry of Social Justice and Empowerment—member;*
- (e) Joint Secretary to the Government of India in the Ministry of Skill Development and Entrepreneurship—member;*
- (f) One representative of NMC not below the rank of Deputy Secretary to the Government of India — member;*
- (g) One representative of the Directorate General of Health Services not below the rank of Deputy Director General—member;*

- (h) One representative of the Rehabilitation Council of India not below the rank of Deputy Secretary—member; and*
- (i) One representative of the Atomic Energy Regulatory Board not below the rank of Deputy Secretary—member.*
- (j) Two persons each representing the recognised categories, namely, Medical Laboratory Sciences, Medical Radiology, Imaging and Therapeutic Technology, Ophthalmic Sciences, Physiotherapy and Occupational Therapy; and one person each representing the rest of the recognised categories listed in the Schedule*

4.17.15 Clause 19 (3) reads as under:

(3) The interim Council shall discharge the functions assigned to the Council till the regular Council is constituted by the Central Government.

SUGGESTIONS:

4.17.16 The following are the suggestions of the stakeholders on the Clause:-

1. The Indian Optometric Association, Government Optometrist Association, Uttar Pradesh, National Ophthalmic Association, Ophthal India (State unit of NOA) and Indian Optometry Federation submitted that after "shall discharge the functions assigned to the Council till the regular Council is constituted by the Central Government", "within 60 days after its formation" may be inserted.
2. Bihar State Samajwadi Party submitted that Interim Committee for Ophthalmic Sciences Professionals should be established within 60 days of notification of the Bill

MINISTRY'S RESPONSE:

4.17.17 The Ministry submitted that the stakeholders' suggestion is not acceptable considering the timeline is subject to change in case of any sudden leadership or membership change among others, this may not be explicitly stated in the Bill, however, the aim will be to initiate the envisioned activities at the earliest, upon the passing of the Bill and Presidential assent.

RECOMMENDATIONS/OBSERVATIONS:

4.17.18 Though the Committee is in agreement with the views of the Government, however the Committee recommends that necessary course of action must be taken at the earliest to ensure timely execution of procedural matters and the commencement of the functioning of the Commission within stipulated time frame. The Committee has already recommended that the maximum tenure of the interim Commission should be two years which can be extended to one year but only under exceptional circumstances. The Committee hopes that the regular Commission would commence its functioning within that stipulated period of two to three years.

4.17.19 Subject to the above recommendations, the clause is adopted.

CLAUSE 20

4.18 Clause 20 deals with the Constitution and composition of State Allied and Healthcare Council.

4.18.1 Clause 20 (1) reads as under:

SUGGESTIONS:

4.18.2 The following are the suggestion of the stakeholders on the Clause:-

4.18.3 Indian Society of Radiographers and Technologists (ISRT) suggested renaming State Councils at par with Central Council's nomenclature.

MINISTRY'S RESPONSE:

4.18.4 The Ministry submitted that the issue of title of the Bill has been debated on multiple occasions, including specific recommendations by the 31st DRSC of 2010 to ensure that all stakeholders and their concerns were addressed adequately as part of the title of the Bill. The current title has been arrived at, after large scale stakeholder consultation and thorough examination of global literature.

RECOMMENDATIONS/OBSERVATIONS:

4.18.5 The Committee is in agreement with the Ministry regarding the nomenclature of State Council and recommends retaining the nomenclature, "State Allied and Healthcare Council"

4.18.6 Clause 20 (3) reads as under:

(3) The State Council shall consist of a Chairperson, to be elected from amongst the members specified in clauses (d) and (e), and the following members, namely:—

(a) One Director or Additional Director or Joint Director representing medical or health sciences in the State Government—member, ex officio;

(b) Four persons from the following State Chapters, not below the rank of Deputy Secretary—member, ex officio— (i) Dental Council of India; (ii) Indian Nursing Council; (iii) Medical Council of India; and (iv) Pharmacy Council of India;

(c) Two persons from any medical colleges run by the State Government, not below the rank of Dean or Head of the Department—member, ex officio;

(d) Two persons each representing the recognised categories, namely, Medical Laboratory Sciences, Medical Radiology, Imaging and Therapeutic Technology, Ophthalmic Sciences and Physiotherapy, and one person each representing the rest of the recognised categories listed in the Schedule, to be nominated by the State Government having such qualifications and experience as may be prescribed by the State Government—member; and

(e) Two persons representing charitable institutions engaged in education or services in connection with any recognised category, to be nominated by the State Government having such qualifications and experience as may be prescribed by the State Government—member

SUGGESTIONS:

4.18.7 The following are the suggestions of the stakeholders on Clause 20(3):-

1. Indian Society of Radiographers and Technologists (ISRT) submitted ensuring Vice Chairperson in State Councils at par with Central Council.
2. All Assam Physiotherapy Association (AAPA) Lokmanya Medical College of Physiotherapy, Mumbai and Nishita Meshram submitted that the Clause should be reframed as follows:

The Council shall consist of a Chairperson, to be elected from amongst the members specified in clauses (d) and (e). Along with members specified in clauses (d) and (e) the following members will be voting members of the council

3. One stakeholder submitted that the suggestion given in regard to 3(3) may be considered for State Council also.
4. With regards to clause 20(3) (b) Indian Society of Radiographers and Technologists (ISRT) suggested ensuring representation of Scientific bodies in State councils instead of other Council members
5. United Physiotherapy Associations of India and Physiotherapy Forum have suggested the following changes in Clause 20(3)(b)

Two persons from the following State Chapters, not below the rank of Deputy Secretary—member, ex officio—

- (i) Indian Nursing Council;*
- (ii) Medical Council of India; and*

(State units DCI and PCI may be submerged under this Council as prescribed in the ISCO. Also requesting to amend the MCI and INC acts to add one physiotherapist as member to maintain reciprocal representation)

6. Another stakeholder submitted that two persons from INC and MCI State councils of DCI and PCI may be subsumed under this council. MCI and INC Acts to be amended to add one Physiotherapist as member to maintain reciprocal representation.
7. Indian Medical Association (Headquarter and Kerala Chapter) submitted that in clause 3 (b) (iii): Deputy Secretary of Medical Council of India who may not be a medical professional is designated to be nominated to the proposed state council. This clause has to be modified and the member of Medical Council of India who is nominated by the respective councils should be included. The Association further submitted that in clause 3 (d): It is stated that representation of 2 persons each has been given to some categories like medical lab technologies, medical radiology etc and one person each representing other categories. There should be equal representation from all categories of Allied Healthcare Professionals. It also submitted that in clause 3 (e): The inclusion of 'representatives from charitable institutions' engaged in the field are unwarranted.
8. With respect to Clause 20 (3) (d), Indian Society of Radiographers and Technologists (ISRT) suggested to Ensure minimum five representatives for categories like Radiological Technology and Medical Lab Technology in State Councils strictly through election.

9. All India Occupational Therapists' Association (AIOTA) submitted that composition of the Council must include OTs in the clause, with minimum 6 or equal number of representation as of other professions. At least 4 or as in other professions, members from institutions/ organisations of report representing OT may be nominated by the Central Government apart from those mentioned above
10. United Physiotherapy Associations of India, Physiotherapy Forum and Pawan Rohilla suggested the addition of Dentist and Pharmacist (As per ISCO and as per Article 14 of the constitution – similar application of the same laws to all persons who are similarly situated)
11. Indian Association of Physician Assistants (IAPA) suggested to consider inclusion of two representatives from the profession
12. Indian Society of Radiographers and Technologists (ISRT) submitted that the Status of Charitable Institutions nominated in the Council may be clearly mentioned
13. United Physiotherapy Associations of India, Physiotherapy Forum and Pawan Rohilla suggested the following changes in Clause 20 (3) (e):

Two persons, eligible to be member of the council, representing charitable institutions engaged in education or services in connection with any recognised category, to be nominated by the Central Government having such qualifications and experience as may be prescribed by the Central Government—member

MINISTRY'S RESPONSE

4.18.8 With regards to Indian Society of Radiographers and Technologists (ISRT)'s suggestion regarding Vice Chairperson in State Councils, the Ministry submitted that the provision already exists and the concern raised will be dealt as per Clause 24(2). With regards to All Assam Physiotherapy Association (AAPA)'s suggestion, the Ministry submitted that the provision already exists. The Ministry further submitted that Clause 24 (3) which specifies that- All questions which come up before any meeting of the Council shall be decided by a majority of the members present and voting, and in the event of an equality of votes, the Chairperson or in his absence, the member presiding, shall have a second or casting vote. Thereby, all the members will have voting rights.

4.18.9 The Ministry submitted as the Bill currently only states healthcare or allied health professionals as per WHO classification of health workers, support workers and management professionals have been kept out of the purview of this Bill, given their non-clinical roles. However, as per clause 66, this is subject to change in future. All new categories or professionals that are added to the schedule will automatically be eligible for registration in the Council, and associated membership positions, including the Chairperson.

4.18.10 The Ministry submitted that Members from regulators such AERB, MCI, INC, DCI have been included in this Bill to ensure multidisciplinary clinical care inputs as per global standards, by a larger group of stakeholders. Other relevant bodies have been included through Ministry representation- UGC- HRD Ministry and ICMR and National Council of Clinical Establishment– MoHFW. MoS&T is not relevant in this context as they deal with basic sciences and not modern medicine. With regards to amendments in Clause 20(3)(b), the Ministry submitted that the suggestion is not recommended as the members from MCI, INC, DCI have been included in this Bill to ensure multidisciplinary clinical care inputs as per global standards, by a larger group of stakeholders. DCI and PCI cannot be merged as these are existing Councils.

4.18.11 With regards to modification in clause 20(3)(b) iii, the Ministry submitted that the provision already exists for nomination from the stated body. With regards to ensuring minimum five representatives for categories like Radiological Technology and Medical Lab Technology in State Councils strictly through election, the Ministry submitted that as the representation of any profession on the Council is normative.

4.18.12 With regards to representation from all recognised category in the State Council, the Ministry submitted that this is not recommended as currently, the government does not have any authentic estimates of professions, other than what is being reported by associations or similar bodies. The Ministry in response to suggestion of adding Dentist and Pharmacists in the bill submitted that the current Bill only aims to regulate unregulated allied and healthcare profession. Dentist and Pharmacist have existing Councils.

4.18.13 The Ministry in response to add two persons “eligible to be members of the council” in the clause 20 (3)(e) submitted that the suggestion may be considered if the Committee so recommends.

RECOMMENDATIONS/OBSERVATIONS

4.18.14 **The Committee agrees with the view of the Ministry that clause 24(2) ensures that in case of absence of the chairperson, any other member chosen by the members present from amongst themselves at the meeting shall preside over the meeting. Therefore, the Committee believes there is no need to add the nomenclature of vice chairperson in the State Council.**

4.18.15 **The Committee is in the agreement with provisions of the Bill that the Chairmanship of the Council should be from amongst the members specified in clauses (d) and (e). However, the Chairperson, should be an allied healthcare professional of outstanding ability, proven administrative capacity and integrity, possessing a postgraduate degree in any profession of recognised category of allied health sciences from any University.**

4.18.16 **The need of the hour is to raise the status of the allied health sector from medical dominance, the Committee, therefore, is of the view that the ex-officio membership from Dental Council of India, Indian Nursing Council and National Medical Commission(Medical Council of India) should be removed from the State Allied Councils.**

4.18.17 **The Committee is also of the view that equal representation from all the professional categories is not possible as the numbers of professionals in each category is not equal. The Committee, therefore, recommends that once the State specific data of professionals is obtained, the membership from each category in the Council may be determined accordingly.**

4.18.18 **The Committee agrees with the view of the Ministry that Dentists and Pharmacists are regulated by Dental Council of India and Pharmacy Council of India respectively; therefore, there is no need to add Dentists and Pharmacists in the State Allied Council.**

4.18.19 **The Committee also recommends adding representation of two from Occupational Therapy in clause 20(3)(d) considering the number of Occupational therapists on the pattern of representation in National Commission.**

4.18.20 The Committee notes that there is ambiguity regarding the kind and eligibility of charitable institutes that have to be included in clause 20(3)(e). The Committee, therefore, recommends the Ministry to make clear provisions regarding the charitable institutes so that any conflict of interest is avoided. The Committee also recommends that the clause 20(3)(e) may be amended as follows:

Two persons, eligible to be member of the council, representing charitable institutions engaged in education or services in connection with any recognised category, to be nominated by the Central Government having such qualifications and experience as may be prescribed by the Central Government—member

4.18.21 The following are the general suggestions of the stakeholders on Clause 20:-

1. Lokmanya Medical College of Physiotherapy, Mumbai, All Assam Physiotherapy Association (AAPA) and one stakeholder suggested the following changes in the composition of the State Council.
 - (i) Include elected membership in the composition in the ratio of 60:40 Government Nominated,
 - (ii) Increase representation of Physiotherapists in the Council wherein two Physiotherapist to be elected from amongst the registered physiotherapy professionals of respective State register; One Physiotherapist to be nominated by State Government from respective state register; One Physiotherapy teacher to be nominated from recognised Physiotherapy institute of the respective State; Additionally change the tenure of members and the President to 5 year or at least 3 years
2. Rajasthani Physiotherapy Association has also suggested to include elected membership in the composition in the ratio of 60:40, 60% elected and 40% Government nominated in the State Council. The Association, further submitted that the State or UTs where Councils do not exist, State Councils shall be established in accordance with the central council with at least 14 members and not exceeding 20 members and to maintain the above ratio. The Chairperson for the first term of the State Council may be the Principal Secretary, thereafter the chairperson shall be elected within the members of the Council.

MINISTRY'S RESPONSE

4.18.22 The Ministry submitted that the Council structure is envisaged to have over 70 percent non-ex officio members at Centre and 75 percent at the State Council representing allied and healthcare professionals. The process of election or nomination of the non-ex officio members will be as per the Rules prescribed by the Central Government to be drafted by the Interim Council. This may be considered while drafting the Rules. The details of the constitution and composition of the State Council has been specified as per Clause 20 (3). The scope of the existing statutory Councils at State/UT will be expanded to include unregulated professions under its ambit, wherein there exist Physiotherapy as well as Allied Council at State/UT, the State Government may decide on merging the bodies/ strengthen the more stable body with additional resources. The Ministry submitted that the representation of any profession on the Council is normative. The zonal distribution has not be considered at this time but it may considered for Professional Advisory Bodies.

RECOMMENDATIONS/OBSERVATIONS

4.18.23 The Committee agrees with the views of the stakeholders that there should be more representation of the professionals rather than the ex-officio members. The Committee also understands that ex-officio membership is also important to establish a smooth administrative setup. The Committee recommends the Ministry to set a balance between the elected and ex-officio members and recommends that the clause may be amended as follows:

(3) The State Council shall consist of a Chairperson, to be nominated from amongst the members specified in clauses (c) and (d), and the following members, namely:—

(a) One Director or Additional Director or Joint Director representing medical or health sciences in the State Government—member, ex officio;

(b) Two persons from any medical colleges run by the State Government, not below the rank of Dean or Head of the Department—member, ex officio;

(c) Two persons each representing the recognised categories, namely, Medical Laboratory Sciences, Medical Radiology, Imaging and Therapeutic Technology, Ophthalmic Sciences, Physiotherapy and Occupational Therapy and one person each representing the rest of the recognized categories listed in the Schedule, to be nominated by the State Government having such qualifications and experience as may be prescribed by the State Government—member; and

(d) Two persons, eligible to be member of the council, representing charitable institutions (but not from any other NGO) engaged in education or services in connection with any recognised category, to be nominated by the State Government having such qualifications and experience as may be prescribed by the State Government—member.

4.18.24 Subject to the above recommendations, the clause is adopted.

CLAUSE 21

4.19 Clause 21 deals with Term of office and conditions of service of members.

4.19.1 Clause 21 (1) reads as under:

21. (1) The members nominated under clauses (d) and (e) of sub-section (3) of section 20 shall hold office for a term not exceeding two years, as the State Government may notify in this behalf, from the date on which they enter upon their office.

SUGGESTIONS:

4.19.2 The following are the suggestions of the stakeholders on Clause 21:-

Rajasthani Physiotherapy Association, Indian Society of Radiographers and Technologists (ISRT) and one stakeholder submitted that the term of office of members may be increased to five years. It was also submitted that the term of President may be increased to five years, or at least three years.

MINISTRY's RESPONSE:

4.19.3 The Ministry submitted that the term of a member is extendable to 6 years (which is more than recommended 4 years) as the same member may be nominated for three terms of two years each consecutively, as per clause 21(2). The Ministry further submitted that by virtue of this the Chairman can also have a tenure upto 6 years. There is no “**President**” position.

RECOMMENDATIONS/OBSERVATIONS:

4.19.4 The Committee observes that the term of the members and the Chairperson is already extendable to six years. Hence increasing the term of office for the members and chairperson is unwarranted. The Committee is, therefore, in agreement with view of the Ministry.

4.19.5 The clause is adopted without any change.

CLAUSE 24

4.20 Clause 24 deals with Meetings of State Council.

4.20.1 Clause 24 (2) reads as under:

(2) The Chairperson or, if for any reason, he is unable to attend a meeting of the State Council, any other member chosen by the members present from amongst themselves at the meeting shall preside over the meeting.

SUGGESTIONS:

4.20.2 The following are the suggestions of the stakeholders on Clause 24:

- (i) Indian Society of Radiographers and Technologists (ISRT) in clause 24(2) suggested insertion of word Vice-Chairperson in State Council as proposed for Central Council.
- (ii) Rajasthani Physiotherapy Association submitted that the minutes of proceedings shall be recorded in a book to be kept for the purpose and names of members of the Council present there at shall be entered in the minute book; and shall be signed in confirmation by the presiding authority in the same or next meeting. A copy of the minutes of proceeding shall be forwarded to the Central Government within ten days from the date of confirmation.

MINISTRY's RESPONSE:

4.20.3 With regards to insertion of word Vice-Chairperson in the Clause, the Ministry submitted that the provision already exists as per the provision of Clause 24(2). The Ministry with regards to recording the minutes of the proceedings submitted that the provision already exists and the details will be specified in the Rules.

RECOMMENDATIONS/OBSERVATIONS:

4.20.4 The Committee observes that clause 24(2) clearly specifies that when the Chairperson is unable to attend a meeting of the State Council, any other member chosen by the members present from amongst themselves at the meeting shall preside over the meeting. Therefore the Committee believes the provision regarding vice-chairperson is unnecessary. The Committee, however, agreeing with the views of the Ministry, recommends the Ministry to make clear provision regarding recording the minutes of the meetings in the Rules.

4.20.5 The clause is adopted without any change.

CLAUSE 26

4.21 Clause 26 deals with Officers and other employees of State Council.

4.21.1 Clause 26 (1) reads as under:

26. (1) Subject to such rules as may be made by the State Government in this behalf, the State Council may appoint a Chief Executive Officer and such other employees as it may think necessary for the efficient performance of its functions under the Act.

SUGGESTIONS:

4.21.2 The following are the suggestions of the stakeholders on Clause 26:

1. United Physiotherapy Associations of India, Physiotherapy Forum and Pawan Rohilla suggested that subject to such rules as may be made by the Central Government in this behalf, the Council may appoint a Secretary or Registrar and other officers and employees as it may think necessary for the efficient performance of its functions under the Act
2. Indian Society of Radiographers and Technologists (ISRT) also suggested that the clause should ensure a Registrar/ CEO in all State Councils as proposed for Central Council

MINISTRY'S RESPONSE:

4.21.3 The Ministry submitted that the Council structure is envisioned to be one of a body corporate, i.e. headed by a Chief Executive Officer and other staff. This would ensure a more agile structure where performance and outcomes may be better managed, going away from the traditional academic structure that has been followed in all the existing regulators in Health. The Ministry during the meeting held for clause-by-clause consideration of the Bill, agreed to the suggestions for constitution of State Council Secretariat to be headed by a Secretary.

RECOMMENDATIONS/OBSERVATIONS:

4.21.4 The Committee observes that clause 26(1) provides for the appointment of a Chief Executive Officer and such other employees as it may think necessary for the efficient performance of its functions under the Act. The Committee is of the view that since in the other legislations, i.e. NMC Act 2019, the NCISM Bill 2019 and the NCH bill 2019 meant for structural reforms in the health sector, the Secretariat is to be headed by the Secretary, therefore, changing the nomenclature in the present Bill does not sound logical. The

Committee, therefore, recommends that the State Government should appoint a Secretary and the clause may be amended as follows:

26. (1) Subject to such rules as may be made by the State Government in this behalf, the State Council may appoint a Secretary and such other employees as it may think necessary for the efficient performance of its functions under the Act.

4.21.5 Subject to the above recommendation, the clause is adopted.

CLAUSE 27

4.22 Clause 27 deals with the functions of State Council.

4.22.1 Clause 27 (c) reads as under:

27. It shall be the duty of the State Council to take all such steps as it may think fit for ensuring coordinated and integrated development of education and maintenance of the standards of delivery of services under this Act and for the purposes of performing its functions, the State Council may—

(c) ensure uniform entry examination with common counselling for admission into the allied and healthcare institutions at the diploma, undergraduate, postgraduate and doctoral level under this Act;

SUGGESTIONS

4.22.2 The following are the suggestions of the stakeholders on Clause 27:

1. United Physiotherapy Associations of India, Physiotherapy Forum submitted that the clause should provide for or cause to be provided for uniform entry examination with common counselling for admission into the allied and healthcare institutions at the diploma, undergraduate, postgraduate and doctoral level in the manner as may be specified by the concerned sub-council; (the aptitude and skill requirement for each recognised profession differs. Model curriculum for physiotherapy recommended for abolition of diploma)
2. One stakeholder also suggested to follow uniform entry examination and admission procedures as specified by the concerned sub-councils
3. All India Occupational Therapists' Association (AIOTA) suggested that there should be separate entry examinations and counselling for healthcare professionals of OT and PTs alone and separate each for other healthcare and allied professionals.
4. United Physiotherapy Associations of India, Physiotherapy Forum and the stakeholder submitted that the following change amendments may be made in the clause:

It shall be the duty of the Council to take all such steps as it may think fit for ensuring coordinated and integrated development of education and maintenance of the standards of machines, materials and delivery of services under this Act and for the purposes of performing its functions, the Council may—

MINISTRY'S RESPONSE:

4.22.3 The Ministry with regards to a separate or uniform entry exam for the professions submitted that the Bill takes care of 53 professions under 15 different categories and thus it is not feasible to conduct separate entry examination and counseling for all such professions. Considering the minimum entry requirement for all the professions is same, common entrance tests (CET) may be conducted for entry level courses. This has been done even for medical and dental courses.

4.22.4 The Ministry, however, submitted that it may be even more efficient to expand NEET and to have counseling for allied and healthcare courses for candidates, after the first set of students who qualify for MBBS. It was submitted that the detailed deliberation may be conducted with technical experts each representing the professions, to formulate the process under regulations.

4.22.5 The Ministry with regards to Adding '*standards of machines, materials and delivery of service*' in the clause submitted that the provision already exists. The reference to "*machines and materials*" is not directly made since it is assumed to be a part of the "*delivery of services*".

RECOMMENDATIONS/OBSERVATIONS:

4.22.6 The Committee agrees with the view of the Ministry that conducting a different test for each category at the entry level would become not only a cumbersome process but a herculean task as well. The Committee notes that the minimum requirement for all the professions is the same, therefore a common entrance test may be conducted for entry level courses. The Committee has already recommended that a common entrance test (CET) may be conducted. The Ministry submitted that expanding NEET is also an option; however, the Committee notes that many professional courses do not have Science as the eligibility criteria. Therefore, the Committee recommends the Ministry to decide the exam pattern considering the students from all the streams and devise a Common Entrance Test (CET) for entry into the allied and healthcare professional courses.

4.22.7 The Committee also recommends that this Common Entrance Test should only be conducted under the overall supervision of the National Commission on Allied and Healthcare Profession. The proposed Commission will coordinate between the State Allied Councils and conduct one uniform entrance exam for all over the country.

4.22.8 Clause 27 (d) reads as under:

27. It shall be the duty of the State Council to take all such steps as it may think fit for ensuring coordinated and integrated development of education and maintenance of the standards of delivery of services under this Act and for the purposes of performing its functions, the State Council may—

(d) ensure uniform exit or licensing examination for the allied and healthcare professionals under this Act;

SUGGESTIONS

4.22.9 The following are the suggestions of the stakeholders on Clause 27(d) :-

1. United Physiotherapy Associations of India, Physiotherapy Forum and a stakeholder suggested following the procedures prescribed by concerned sub-council for exit or licentiate exam (the aptitude and skills varies as per NSQF and model curriculum)
2. All India Occupational Therapists' Association (AIOTA) also suggested separate exit and licensing examinations for each profession as the qualification, training and curriculum of each profession is unique and different from others.
3. United Physiotherapy Associations of India, Physiotherapy Forum and a stakeholder suggested the following to be inserted under clause 27 (h) to ensure holistic regulations:
(h) Provide minimum standards framework for machineries, materials and services.

MINISTRY'S RESPONSE:

4.22.10 With regards to a uniform exit or licensing examination, the Ministry submitted that the details will be specified in the regulations as provisioned in the clause, in consultation with the professional advisory bodies (not sub-council). The Ministry further submitted that it is understood that the licensing standards will differ by profession and thus there will be separate exams. With regards to adding clause 27 (h), the Ministry submitted that the provision already exists. The reference to "machines and materials" is not directly made since it is assumed to be a part of the "delivery of services".

RECOMMENDATIONS/OBSERVATIONS

4.22.11 The Committee has already recommended for a National Exit Test. The Committee reiterates its recommendation that the proposed National Commission for Allied and Healthcare Profession would be tasked with the responsibility of conducting a National Exit Test at all India level rather than State Allied and Healthcare Council conducting separate uniform tests for each State. To bring uniformity and standardisation in the Allied education and professional practice, conducting a uniform Exit Test is more important. The proposed National Commission for Allied and Healthcare Profession would be the apex agency and will co-ordinate among the different State Allied Councils and ensure a National Exit Test for each profession.

4.22.12 The Committee also recommends the Ministry to add "*(h) Provide minimum standards framework for machineries, materials and services*" as one of the functions of the State Allied and Healthcare Council

4.22.13 Subject to the above recommendation, the clause is adopted.

CLAUSE 28

4.23 Clause 28 deals with the Professional advisory bodies of State Council.

4.23.1 Clause 28 reads as under:

28. (1) The State Council shall constitute as many professional advisory bodies as may be necessary to examine specific issues relating to one or more recognised categories and recommend or advise the State Council thereon and also undertake any other activity as may be authorised by the State Council.

(2) A professional advisory body constituted under sub-section (1) shall be presided over by a member to be nominated by the Chairperson of the State Council, from amongst the member referred to in clause (d) of sub-section (3) of section 20.

(3) Where there is no representation from a particular recognised category to chair the professional advisory body, the Chairperson of the State Council may nominate any other member of the State Council to chair the professional advisory body.

SUGGESTIONS:

4.23.2 The following are the suggestions of the stakeholders on Clause 28:-

1. Indian Society of Radiographers and Technologists (ISRT) suggested renaming Professional Advisory Body in State Council as Professional Advisory Board
2. United Physiotherapy Associations of India, Physiotherapy Forum and a stakeholder suggested the following changes in the clause 28(1):

The Council shall constitute sub-councils for each recognised profession to recommend or advise the Council thereon and also undertake any other activity as may be authorised by the Council. Its recommendations will be binding on matters in respect to its professional identity and practice.

3. United Physiotherapy Associations of India, Physiotherapy Forum and a stakeholder suggested the following changes in the clause 28 (2):

(2) A sub-council constituted under sub-section (1) shall be presided over by Chairman and consist of not less than six members elected from among the concerned professionals whose name entered in the Central register under sub-section (1) of Section 12

4. All India Occupational Therapists' Association (AIOTA) submitted that the chairperson of the healthcare professional groups, should only be from the same profession for which the advisory body is constituted and also composition of the professional advisory bodies should only contain individuals belonging to the specific healthcare professional group, specifically in case of OTs and accordingly sub-clause 3 should be modified.
5. United Physiotherapy Associations of India and Physiotherapy Forum submitted that in case there is no representation from a particular recognised category it may be erased as Void ab-initio. A stakeholder also submitted that the clause 28(3) may be removed altogether.

MINISTRY'S RESPONSE:

4.23.3 The Ministry with regards to renaming Professional Advisory Body in State Council as Professional Advisory Board submitted that this may be considered if the committee so recommends.

4.23.4 The Ministry in response to amendments to clause 28(1) submitted that it is not agreeable as the idea of empowering the Council to establish professional advisory bodies is aimed at independent decision making by the professional bodies for their respective professions. The mandate of PAB will be to advice the Council on the specific issues related to their profession.

The Ministry in response to amendments to clause 28(2) submitted that the provision already exists and the details will be specified in the Rules. The Ministry also submitted that the suggestion of All India Occupational Therapists' Association (AIOTA) has already been considered.

4.23.5 In response to a suggestion on removal of clause 28(3), the Ministry submitted that the modalities regarding the number of professional advisory bodies and their specific composition etc. is expected to be made with wide technical considerations based on reasonably sound and reliable estimates of each professional category received. Some categories that are very minimal in number at this time may need to be merged with an existing group, for administrative purposes. To erase a group as void ab-initio would be degrading the value of a particular profession or group and this is not desirable.

RECOMMENDATIONS/OBSERVATIONS:

4.23.6 The Committee is in agreement with the suggestion of ISRT and response of the Ministry thereto on renaming the Professional Advisory Body to Professional Advisory Board (PAB) rather than sub-council as suggested by other stakeholders. The Committee is of the view that the State Allied and Healthcare Council may constitute Professional Advisory Boards to examine specific issues, whenever the need arises, so that the advice of experts from professionals could be sought. The Committee agrees with the view of the Ministry that the mandate of the PAB should be to advice the Council on issues related to their profession. The Committee also recommends that the Professional Advisory Board thus formed should be chaired by the professional of that recognised category. In case of multiple professions in the category, the chairperson should be appointed on rotation from each category. The Committee is also in agreement with the Ministry for not deleting clause 28 (3) and terming the category as void-initio, as the same would definitely degrade the value of a particular profession.

4.23.7 Subject to the above recommendation, the clause is adopted.

CLAUSE 29

4.24 Clause 29 deals with the State Allied and Healthcare Professionals' Register

4.24.1 Clause 29 (1) reads as under:

29. (1) The State Allied and Healthcare Professionals' Council shall cause to maintain a register of persons in separate parts in each of the recognised categories to be known as the State Allied and Healthcare Professionals' Register which shall contain information including the names of persons who possess qualifications relating to any of their respective recognised categories, in the manner as may be specified by the regulations

SUGGESTIONS:

4.24.2 The following are the suggestions of the stakeholders on Clause 29:-

1. Indian Optometric Association submitted that the phrase "*in the manner as may be specified by the regulation*" may be omitted and phrase "*with detail of diploma and degree of academic qualification and institutions prior learning skill and experiences of all allied and health care professional covered under this Bill* " may be added.

2. Indian Optometry Federation submitted that Instead of ‘.....in the manner as may be specified by the regulations’ use ‘with details of diploma and degree of academic qualification and institutions (Government/ Private or NGO), prior learning skill and experiences of Allied and Healthcare Professionals covered under AHP Bill’

MINISTRY’S RESPONSE:

4.24.3 The Ministry submitted that the suggestion may be considered if the committee so recommends. The Ministry pleaded that the phrase '*specified by the regulation*' must be retained, as the details will be specified and considered for inclusion in the Regulations.

RECOMMENDATIONS/OBSERVATIONS:

4.24.3 The Committee is of the view that the State Register to be created under Clause 29 should be a live register of qualified professionals and should be constantly updated. This register should be segmented on the basis of different educational standards, qualifications viz, diploma, degree, doctoral level, specializations etc.

4.24.4 The Committee agrees with the recommendation of the stakeholder that the details of diploma and degree of academic qualification and institutions prior learning skill and experiences of all allied and health care professionals covered under this Bill should also be included in the live register. The Committee therefore recommends the Ministry to remove "*in the manner as may be specified by the regulation*" and add "*with detail of diploma and degree of academic qualification and institutions, prior learning skill, training and experiences of all allied and health care professional covered under this Act.*"

4.24.5 The Committee reiterates its recommendations that NGOs should not be allowed to grant degree/diploma to allied and healthcare professionals and only the degrees/diploma granted by accredited colleges/institutions should be eligible as allied and healthcare qualification.

4.24.6 Subject to the above recommendation, the clause is adopted.

CLAUSE 30

4.25 Clause 30 deals with Registration in State Register

4.25.1 Clause 30(1) reads as under:

30. (1) A person shall be entitled, on an application and on payment of the fee prescribed by the State Government, to have his name entered on the State Register if he resides in the State and holds a recognised allied and healthcare qualification.

SUGGESTIONS:

4.25.2 The Indian Society of Radiographers and Technologists (ISRT) suggested to limit initial registration as five years in State Council registers also and fix qualifications through regulations

MINISTRY’S RESPONSE:

4.25.3 The provision already exists as the details will be specified in the Rules.

RECOMMENDATIONS/OBSERVATIONS

4.25.4 The Committee agrees with the view of the stakeholders that the time limit for initial registration may be prescribed. The Committee, therefore recommends the Ministry to set the time limit for registration and also make specific guidelines regarding updation of any additional qualifications in the State register, if acquired by the professionals, thereby making the State Register, a live register.

4.25.5 Subject to the above recommendation, the clause is adopted.

CLAUSE 32

4.26 Clause 32 deals with Renewal fees

4.26.1 Clause 32(1) reads as under:

32. (1) There shall be paid in every five years to the State Council, such fee in such manner and with such conditions as may be prescribed by the State Government for renewal of name of allied and healthcare professional in the State Register

SUGGESTIONS:

4.26.2 The Indian Society of Radiographers and Technologists (ISRT) suggested ensuring the continuation Education and Training for renewal of Registration after initial registration of five years.

MINISTRY'S RESPONSE:

4.26.3 The provision already exists as the details will be specified in the Rules.

RECOMMENDATIONS/OBSERVATIONS:

4.26.4 The Committee believes that the allied and healthcare professionals should be encouraged to constantly update their skills with the changing times and adopt modern tools and technology. Therefore, the Committee strongly supports continuation of education and especially training workshops for the professionals. The Committee, also notes that with a profession as dynamic as allied healthcare, there is an urgent need to constantly upgrade oneself to provide the best healthcare service. The Committee therefore recommends the Ministry to make explicit guidelines regarding every profession in the Rules that will have to be mandatorily fulfilled for renewal of registration on payment of the requisite fees.

4.26.5 Subject to the above recommendation, the clause is adopted.

CLAUSE 35

4.27 Clause 35 deals with the recognition of persons offering services prior to commencement of Act

4.27.1 Clause 35 reads as under:

35. Every person who offers his services in any of the recognised categories on or before the commencement of this Act shall be allowed to register under the provisions of this Act

within two years from such commencement in the manner as may be specified by the regulations.

SUGGESTIONS:

4.27.2 Indian Society of Radiographers and Technologists (ISRT) suggested ensuring Minimum Qualifications of persons offering services prior to commencement of Act and to adopt Exit Exams for registration.

MINISTRY'S RESPONSE:

4.27.3 The Ministry pleaded that the provision for registration of professionals practicing before the commencement of the Act already exists. The Ministry maintained that the licensing standards will differ by profession and thus there will be separate exams. The Ministry further stated that the details will be specified in the regulations as provisioned in the clause, in consultation with the professional advisory body.

RECOMMENDATIONS/OBSERVATIONS:

4.27.4 The Committee recommends the Ministry to ensure that only qualified professionals are registered. The students pursuing the allied healthcare courses, will have to pass the EXIT exam to practice. Similarly the professionals already practicing should also undergo some quality test that verifies their credibility. The Ministry, while registration of such professionals should set profession-specific licensing standards that is strictly adhered to. The Committee in this connection has already recommended for a Minimum Qualifying Test (MQT) that should be incorporated under a Chapter on National Examination. The Committee also recommends the Ministry to incorporate a provision for skill development and training course for updating their knowledge as per the latest scientific and technological advancement followed by Minimum Qualifying Test (MQT) so that their knowledge base is widened as well as updated.

4.27.5 Subject to the above recommendation, the clause is adopted.

CLAUSE 36

4.28 Clause 36 deals with the Recognition of allied and healthcare institutions and reciprocity.

4.28.1 Clause 36 (1) and Clause 36 (3) reads as under:

36. (1) Subject to the provisions of this Act, any corresponding qualification granted by the institutions outside India shall be the recognised allied and healthcare qualifications as may be specified by the regulations.

(3) The Central Government, after consultation with the Council, may by notification, direct that the corresponding qualifications referred to in sub-section (1) in respect of which a scheme of reciprocity is not in force, shall be recognised for the purposes of this Act or shall be so only when granted after a specified date:

SUGGESTIONS:

4.28.2 The following are the suggestions of the stakeholders on Clause 36:-

1. One stakeholder with respect to clause 36(1) suggested that instead of only Indian citizens, consideration may be made for any person confirming to the requirements. Also the qualifications granted by institutions outside India may be recognized if approved and recognized by the statutory body in that country. Scheme of reciprocity may be an unending process, better to accept approval by statutory body in respective countries.
2. With respect to clause 36(3), it was submitted that the clause limits the institution and period where such candidates could be permitted which may lead to malpractices. Act should provide for open ended 10-year window subject to mechanisms of checks and balances for enforcement of such period.

MINISTRY'S RESPONSE:

4.28.3 The Ministry with regards to amendments suggested in clause 36(1) submitted that it is not agreeable as the Bill by virtue of its title is applicable to the citizens of India. The scheme of reciprocity is a time tested method of approvals and is currently followed in most developed countries around the world. The same rigor that is applied to Indian healthcare professionals elsewhere in the world needs to be followed for those coming to India and seeking educational or practice rights. The Ministry with regards to amendments suggested in clause 36(3) submitted that the Bill has undergone a through vetting by Legislative and Legal Affairs for technicalities and the suggestion of the stakeholder is not feasible, therefore, not agreeable.

RECOMMENDATIONS/OBSERVATIONS:

4.28.4 The Committee agrees with the view of the Ministry that the same rigor that is applied to Indian healthcare professionals elsewhere in the world needs to be followed for those coming to India and seeking educational or practice rights. The Committee is of the view that the application regarding recognition to allied qualification should be made to the National Commission on Allied and Healthcare Professions which should be thoroughly verified and only then the recognition granted or refused on case to case basis.

4.28.5 Subject to the above recommendation, the clause is adopted.

CLAUSE 37

4.29 Clause 37 deals with the Permission for establishment of new allied and healthcare institutions, new courses of study, etc.

4.29.1 Clause 37 reads as under:

37. (1) Notwithstanding anything contained in this Act or any other law for the time being in force, on and from the date of commencement of this Act,— (a) no person shall establish an allied and healthcare institution; or (b) no allied and healthcare institution shall— (i) open a new or higher course of study or training (including postgraduate course of study or training) which would enable students of each course of study or training to qualify himself for the award of any recognised allied and healthcare qualification; or (ii) increase its admission capacity in any course of study or training (including postgraduate course of study or training); or (iii) admit a new batch of students in any course of study or training (including postgraduate course of study or training), except with the previous permission of the Council obtained in accordance with the provisions of this Act:

Provided that the allied and healthcare qualification granted to a person in respect of a new or higher course of study or new batch without prior permission of the Council shall not be a recognised allied and healthcare qualification for the purposes of this Act:

Provided further that permission and certification in respect of courses for skilled health workers shall include aides or assistants providing assistive services under supervision and have formal training duration of not less than two thousand hours related to the allied and healthcare streams.

SUGGESTIONS:

4.29.3 The suggestions of the stakeholders on the Clause 37:

1. Indian Society of Radiographers and Technologists (ISRT) suggested to regulate and abolish/ ban the unhealthy tendencies like fake courses conducted by spurious Institutions in Allied Health Professions
2. Rajasthani Physiotherapy Association suggested Pre-requisite to open a new physiotherapy course –
 - (a) to have own hospital not less than 200-300 bedded with all the specialties and not the MoU between Physiotherapy institute/college and other private hospital which does not belong to stake holder of physiotherapy institute
 - (b) should have medical/ Indian system of medicine college
3. One stakeholder submitted that the Standards for each course including curriculum, duration, and infrastructure requirements, examination pattern, training requirements, accreditation etc. may be devised centrally for adoption across the country.
4. Ministry of Skill Development and Entrepreneurship (MSDE) suggested the proviso may be amended as follows:

“Provided further that permission and certification in respect of courses for skilled health workers shall include aides or assistants providing assistive services under supervision and have formal training duration of less than two thousand hours related to the allied and healthcare streams will be granted by the body duly notified by the Ministry of Skill Development and Entrepreneurship, Government of India.”
5. Public Health Foundation of India has suggested that under clause 37, person is variably defined in three ways: (a) as any university institution or a trust (line 47); (b) as a person receiving the allied and healthcare qualification (line 39) and (c) as a person who is establishing an allied and healthcare institution (line 27). The variability in interpretation should be clarified, since the explanation in lines 47 and 48 is restricted to only one of these.

MINISTRY’S RESPONSE:

4.29.4 The Ministry submitted that the suggestion of Indian Society of Radiographers and Technologists (ISRT) may be considered, if the committee so recommends. The Ministry submitted that Rajasthani Physiotherapy Association’s suggestion is not agreeable as the Preliminary clause does not specify any profession. On suggestion of Ministry of Skill

Development and Entrepreneurship , the Ministry submitted that it may be considered, based on the definition of allied and healthcare professionals as recommended by the Committee, after seeking stakeholder inputs.

RECOMMENDATIONS/OBSERVATIONS:

4.29.5 The Committee is in agreement with the view of the stakeholder that conducting fake courses by spurious Institutions in Allied Health Professions have to be absolutely prohibited. The Committee has recommended the constitution of the Allied and Healthcare Assessment and Rating Board for assessing and rating the allied institutions for their compliance with the standards. The Committee recommends that this Board should also periodically inspect that such fake courses are not carried out in the Institutes.

4.29.6 The Committee in its meeting held on 15.03.2019 heard the views of the representatives from the Ministry of Skill Development and Entrepreneurship (MSDE). The Senior Advisor of the MSDE expressed views on short term certificate courses with less than 2000 hours of formal skill training. The representative suggested that the clause 37 can be re-drafted in the Bill to establish an ecosystem that provides mobility to "aid and assistants" with less than 2000 hours of formal training who will also support the huge requirement of the allied and healthcare professionals.

"Ministry, since 2014 when it came into existence, has been training people, through its short-term skill ecosystem, for different job roles; and geriatric care, bedside assistant, etc., are some of the job roles which are performed by the allied health professionals. These are some of the job roles which my Ministry has given training. However, as the Additional Secretary rightly said, our training courses are less than 2000 hours. Sir, we understand that the intent of this particular Bill is not to cover less than 2000 hours of formal skill training People who are coming with less than 2000 hours of skill training, they are going to be called as 'Aid and Assistant'. But beyond that, because they are not recognized by this Council which is the proposed Council, they will not have any career progression pathway. So, we are in agreement, and the Ministry of Health has also agreed with our suggestion, that we can redraft Clause 37 to provide for skill training of less than 2000 hours also to be included in the Act and the training would be provided and recognized, the recognition will be granted by the body duly notified by the Ministry of Skill Development. Sir, we have a health sector Skill Council which is providing and which is doing the course curriculum content on our industry connect between the short-term training which is being given, less than 2000 hours' training currently. So, our intent is that if this provision can be made by redrafting Clause 37, the people who are coming from our ecosystem will also have a chance to progress. Sir, because once there are less than 2000 hours and if there is no mention, they cannot progress. Once there is a mention, there can be a provision within the Act to provide a bridge course which we will prepare in consultation with the Ministry of Health and which meets their standard also so that they can progress to 2000 plus kind of job roles."

4.29.7 The Chairman of the Committee specifically wanted to know the opinion of the Ministry of Health and Family Welfare on the issue raised enshrined in Clause 37. The Special Secretary deposed before the Committee that in the initial draft of the Bill, the courses of less than 2000 hours were to be certified by a Body nominated by the Ministry of Skill Development and Entrepreneurship. The Bill was sent to the Legislative Department for vetting and they were of the view that the Bill is being brought by the Health Ministry and enjoining the responsibility upon another Ministry through the Bill has never been done in the past. Therefore, courses with less than 2000 hours were not included in the Bill. The Special Secretary, Ministry of Health and Family Welfare also submitted that the if

the Committee is convinced and the Legislative Department agrees, the same can be included in the Bill and the role for certifying courses with less than 2000 hours can be given to MSDE.

4.29.8 The Committee is of the view that the current Bill is aimed at regulating the courses beyond 2000 study hours but at the same time, the Committee feels the need for health workers to aid and assist the patient in rural, tribal and urban slum where there is huge gap in the demand and supply of skilled healthcare providers. In this context, the Committee feels that there is requirement for health workers. However, since there is no standardization, determined curriculum content of the health care workers, there is a need for proper planning and execution of the intended objectives and arriving at consensus amongst the various Ministries concerned. The Committee feels that the Government may consider to plan and make policy for aids or assistants with training duration of less than two thousand hours. The Government may also explore the possibilities of bringing the aids and assistants with less than 2000 study hours under the Ministry of Health and Family Welfare for harmonious and assured career progression and also to fulfill the demand supply gap in the health sector. Retaining the aid and assistants in the Ministry of health and Family Welfare would provide integrated health provision to the common masses being under the same administrative Ministry. While doing so, arrangement be made for issuing of certificates from the Ministry of Health and Family Welfare, itself.

4.29.9 The Committee, in this context, also wanted to know the views of the Ministry of Health and Family Welfare for short term certificate courses in the Ophthalmic Science for rural areas. In response to that the Ministry accepted that there are several short term courses in vision care being run by various agencies under the skill development initiative. However, there is a dire need for standardization of such courses which is being encouraged by the Health Ministry. As a result, couple of short term courses have already been disbanded by the Skills Ministry recently. Further, the Ministry of Health and Family Welfare has already drafted two short term courses pertaining to eye care which are in process of discussion and finalization under the guidance of DGHS.

4.29.10 The Committee is of the view that if the Ministry of Health and Family Welfare is contemplating to commence short term certificate courses for Ophthalmic Science, it may also explore the possibility of conducting similar short term certificate courses in other segments of Health sector as "*aid and assistants*" to be regulated by the Ministry of Health and Family Welfare itself.

4.29.11 The Committee therefore recommends the Ministry of Health and Family Welfare to nominate a body that will grant permission and certification in respect of courses for skilled health workers. The Committee, therefore, recommends that the Clause 37 may be amended as follows:

“Provided further that permission and certification in respect of courses for skilled health workers shall include aides or assistants providing assistive services under supervision and have formal training duration of less than two thousand hours related to the allied and healthcare streams will be granted by the body duly notified by the Ministry of Health and Family Welfare, Government of India.”

4.29.12 Subject to the above recommendation, the clause is adopted.

CLAUSE 40

4.30 Clause 40 deals with Withdrawal of Recognition

SUGGESTIONS:

4.30.1 One stakeholder submitted that the accreditation mechanism should be at central level to ensure uniformity

MINISTRY'S RESPONSE:

4.30.2 The provision already exists. The issue of recognition (*accreditation is a voluntary process*) of new institutions has been considered in detail in Chapter V.

RECOMMENDATIONS/OBSERVATIONS:

4.30.3 The Committee agreeing with the view of the stakeholder on the issue of accreditation mechanism recommends the Ministry to ensure accreditation of all the Colleges/Institutes imparting allied courses. Accreditation of colleges has to be streamlined so that the quality of allied and healthcare education is improved. The Committee also feels that there is a need to conduct periodic inspection and auditing of educational institutions by a third party.

4.30.4 The Committee, in this connection, has already recommended the constitution of a Allied and Healthcare Assessment and Rating Board that will assess and rate the allied institutions/colleges for their compliance and work in tandem with the Medical Assessment and Rating Board constituted under National Medical Commission because many medical institutes also conduct allied and healthcare professional courses. The Committee, therefore, recommends adding the following provisions that deals with the actions to be taken by the Allied and Healthcare Assessment and Rating Board

4.30.5 Clause 40(1) may be amended as follows:

40 (1) Where, upon receiving a report from the Allied and Healthcare Profession Assessment and Rating Board or otherwise, if the Commission is of the opinion that—

(a) the courses of study and examination to be undergone in, or the proficiency required from candidates at any examination held by, a University or any allied and healthcare institution do not conform to the standards specified by the Under-Graduate Allied and Healthcare Education Board or the Post-Graduate Allied and Healthcare Education Board, as the case may be; or

(b) the standards and norms for infrastructure, faculty and quality of education in Allied and Healthcare institution as determined by the Under-Graduate Allied and healthcare Education Board or the Post-Graduate allied and healthcare Education Board, as the case may be, are not adhered to by any University or allied and healthcare institution, and such University or allied and healthcare institution has failed to take necessary corrective action to maintain specified minimum standards, the Commission may initiate action in accordance with the provisions of sub-section (2):

Provided that the Commission shall, before taking any action for suo motu withdrawal of recognition granted to the allied and healthcare professionals qualification awarded by a University or allied and healthcare institution, impose penalty on the advice of the Allied and Healthcare Profession Assessment and Rating Board.

4.30.6 Subject to the above recommendation, the clause is adopted.

CLAUSE 41

4.31 Clause 41 deals with Grants by Central Government

4.31.1 Clause 41 reads as under:

41. The Central Government may, after due appropriation made by Parliament by law in this behalf, make to the Council grants of such sums of money as the Central Government may think fit for being utilised for the purposes of this Act.

SUGGESTIONS:

4.31.2 Joint Forum of Medical Technologists of India (JFMTI) submitted that there is lack of clarity over funding and management of Council

MINISTRY'S RESPONSE:

4.31.3 The provision already exists. Chapter VI of the Bill specifies the details of Finance, accounts and audit management. Further, the role of the interim Council is to set up the administrative structure of the Council.

RECOMMENDATIONS/OBSERVATIONS:

4.31.4 The Committee is in the agreement with the view of the Ministry that the Bill contains adequate provision on finance, accounts and audit management.

4.31.5 The clause is adopted without any change.

CLAUSE 42

4.32 Clause 42 deals with Allied and Healthcare Council of India Fund.

4.32.1 Clause 42 reads as under:

42. (1) There shall be constituted a Fund to be called the Allied and Healthcare Council of India Fund and there shall be credited thereto—

(a) all moneys received from the Central Government;

(b) all moneys received by the Council by way of grants, gifts, donations, benefactions, bequests and transfers; and

(c) all moneys received by the Council in any other manner or from any other source as may be decided upon by the Central Government

SUGGESTIONS

4.32.3 Public health Foundation of India submitted that the Clause 42 (1) and 47 (1) on Funding of the central and State councils does not allude to 'Fees'. This may be mentioned since it will be an important source of sustainability for the Councils.

RECOMMENDATIONS/OBSERVATIONS:

4.32.4 The Committee recommends that the Allied and Healthcare Council of India Fund be renamed to National Allied and Healthcare Fund on the lines of National Medical Commission Fund in NMC Act.

4.32.5 The Clause 42(1) may be amended as follows:

42. (1) There shall be constituted a Fund to be called the National Allied and Healthcare Fund and there shall be credited thereto—

(a) all Government grants, fees, penalties and charges received by the Commission and the Regulatory Boards;

(b) all sums of money received by the Commission by way of grants, gifts, donations, benefactions, bequests and transfers; and

(c) all sums of money received by the Commission in any other manner or from any other source as may be decided upon by the Central Government.

4.32.6 Subject to the above recommendation, the clause is adopted.

CLAUSE 47

4.33 Clause 47 deals with the State Allied and Healthcare Council Fund

4.33.1 Clause 47 reads as under:

47. (1) There shall be constituted a Fund to be called the State Allied and Healthcare Council Fund and there shall be credited thereto—

(a) all moneys received from the State Government;

(b) all moneys received by the State Council by way of grants, gifts, donations, benefactions, bequests and transfers; and

(c) all moneys received by the State Council in any other manner or from any other source as may be decided upon by the State Government

RECOMMENDATIONS/OBSERVATIONS:

4.33.2 The Committee recommends that the clause 47(1) may be amended as follows:

47. (1) There shall be constituted a Fund to be called the State Allied and Healthcare Council Fund and there shall be credited thereto—

(a) all sums of money received by the State Council from the State Government;

(b) all sums of money received by the State Council by way of grants, gifts, donations, benefactions, bequests and transfers; and

(c) all sums of money received by the State Council in any other manner or from any other source as may be decided upon by the State Government.

4.33.3 The suggested amendment to clause 47 (1) intends only to streamline language of the clause that is re-phrasing "all money" to "all sums of money"

4.33.4 Subject to the above recommendation, the clause is adopted.

INSERTION OF NEW CLAUSE ON JOINT SITTINGS

4.34.1 The Committee recommends the Ministry to insert a clause for making provision for joint sittings of the proposed Commission under the Bill, NCH, NMC and NCISM, for co-ordinated and integrated growth & development of Allied and Healthcare profession and understanding of proper task shifting.

4.34.2 The Committee recommends that the joint sitting between the Commissions would provide a platform to discuss issues pertaining to interdisciplinary approach and methods of adhering to team work while delivering healthcare services.

4.34.3 The new clause may read as under:

- (1) *There shall be a joint sitting of the National Commission for Allied and Healthcare Professions, National Commission for Indian System of Medicine, the National Commission for Homoeopathy and the National Medical Commission, at least once a year, at such time and place as they mutually appoint, to enhance the interface between Allied and Healthcare Profession, modern system of medicine, Indian System of Medicine and Homoeopathy,*
- (2) *The Agenda for the joint sitting may be placed with mutual agreement by the Chairpersons of the Commissions concerned.*
- (3) *The joint sitting may, by an affirmative vote of all members present and voting, decide on approving specific educational and medical modules or programs that could be introduced in the under-graduate and post-graduate courses across allied and healthcare and medical systems, and promote medical pluralism.*

CLAUSE 52

4.35 Clause 52 deals with Penalty for falsely claiming to be registered.

4.35.1 Clause 52 reads as under:

52. If any person whose name is not for the time being entered in the Central Register or a State Register, falsely represents that it is so entered or uses in connection with his name or title any words or letters to suggest that his name is so entered, he shall be punished on first conviction with fine which may extend to fifty thousand rupees, and on any subsequent conviction with imprisonment which may extend to six months or with fine not exceeding one lakh rupees or with both.

SUGGESTIONS:

4.35.2 The stakeholders suggested that punishment should include imprisonment at the first instance itself and also pointed out that any punishment less than 3 years will not make it cognizable.

MINISTRY'S RESPONSE

4.35.3 The Ministry submitted that this provision already exists in chapter VII after a lot of detailed deliberation by the department of Legal affairs and legislative, under the Ministry of Law and Justice, based on precedents of such punishments.

4.35.4 On a query raised by Members of the Committee regarding the rationale for penalty clauses as enumerated in Chapter VII, the Ministry submitted that the penalty clauses are in line with the other regulatory frameworks such as the recently enacted National Medical Commission Act, 2019 and is important for inclusion, as a check for negligence of practice/or overstepping scope of practice in order to ensure patient safety and avoid clinical harm. This will also ensure increased accountability within the system which is at present applicable only to Doctors in the healthcare system.

RECOMMENDATIONS/OBSERVATIONS:

4.35.5 The Committee notes that Chapter VII clearly stipulates the penalty for falsely claiming to be registered in the Central or State Register. The Committee has already recommended for constitution of an Allied Assessment and Rating Board that will take such measures including issuing warning, imposition of monetary penalty, reducing intake or stoppage of admissions and recommending to the Commission for withdrawal of recognition, against a medical institution for failure to maintain the minimum essential standards specified by the Under-Graduate Allied Education Board or the Post-Graduate Allied Education Board as the case may be, in accordance with the regulations made under this Act.

4.35.6 The clause is adopted without any change.

CLAUSE 55

4.36 Clause 55 deals with Penalty for contravention of provisions of Act.

4.36.1 Clause 55 reads as under:

55. Whoever contravenes any of the provisions of this Act or any rules or regulations made thereunder shall be punished with imprisonment which shall not be less than one year but which may extend to three years or with fine which shall not be less than one lakh rupees but which may extend to five lakh rupees or with both.

SUGGESTIONS:

4.36.3 Rajasthani Physiotherapy Association suggested adding on clause 35 the penalty for institute/ head of the institute in case of furnishing wrong details about infrastructure/ details of individual who has possessed degree of physiotherapy from that institute (e.g. attendance, part time, distance course etc.)

MINISTRY'S RESPONSE:

4.36.4 The Ministry submitted that the suggestion is not agreeable on account of the fact that penalty clauses have already been considered under Chapter VII after a lot of detailed deliberation by the department of Legal affairs and legislative, under the Ministry of Law and Justice, based on precedents of such punishments.

RECOMMENDATIONS/OBSERVATIONS

4.36.5 The Committee observes that Chapter VII that deals with offences and Penalties provides for penalty only for individuals. The Committee is of the view that to prevent

mushrooming of substandard colleges and institutes providing allied healthcare education, a mechanism for regulating such colleges need to be developed. The Committee has already recommended for constitution of a Allied Assessment and Rating Board that will be responsible for granting permission for establishment of a new medical institution and take such measures including issuing warning, imposition of monetary penalty, reducing intake or stoppage of admissions and recommending to the National Commission for withdrawal of recognition, against a medical institution for failure to maintain the minimum essential standards specified by the Under-Graduate Allied Education Board or the Post-Graduate Allied Education Board as the case may be, in accordance with the provisions of regulations framed under this Act.

4.36.6 The Committee also observes that many medical institutes also run allied and healthcare profession courses. These medical institutes are regulated under the Medical Assessment and Rating Board constituted under the NMC Act. The Committee observes that both these Boards will have to work in coordination and co-operation with each other.

4.36.7 Subject to the above recommendation, the clause is adopted.

CLAUSE 56

4.37 Clause 56 deals with Cognizance of offences

4.37.1 Clause 56 reads as under:

*56. (1) No court shall take cognizance of any offence punishable under this Act except upon a complaint made by the order of the Central Government, the State Government, the Council or the State Council, as the case may be.
(2) No court inferior to that of a Metropolitan Magistrate or a Judicial Magistrate of the first class shall try any offence punishable under this Act.*

SUGGESTIONS:

4.37.3 One stakeholder submitted that the Central/ State Govt., Council shall dispose of any representation received in this regard within 180 days, failure of which may be considered an approval of complaint by the entities. Competent Authority' may be designated in each entity for this purpose.

MINISTRY'S RESPONSE

4.37.4 The Ministry submitted that this is not recommended as the Bill has undergone a through vetting by Legislative and Legal Affairs for technicalities, and no binding clauses were suggested but may be deliberated upon.

RECOMMENDATIONS/OBSERVATIONS

4.37.5 The Committee agrees with the view of the stakeholder that certain time limit has to be set for disposal of any representation. The Committee observes that number of days for deciding an appeal should be lesser than 180 days. The Committee, therefore, recommends the Ministry to make a provision for disposal of any representation within 90 days in the Bill. The Clause should also take into account the complaints received by the Allied and Healthcare Professionals Ethics and Registration Board.

4.37.6 The Committee therefore recommends that the Clause 56 may be amended as follows:

56(1) No court shall take cognizance of any offence punishable under this Act except upon a complaint made by the order of the Central Government, the State Government, the Commission, the Allied and Healthcare Professionals Ethics and Registration Board or the State Council, as the case may be.

4.37.7 The Committee is of the view that the registration of complaints filed against the Allied and healthcare professionals should be restricted to the area where the professional is practicing. The Committee, therefore, desires that the Ministry may consider making provision, either in the Bill itself or regulations, restricting the place of registration of complaints at the place of practice rather than the residential place of complainant.

4.37.8 Subject to the above recommendation, the clause is adopted.

CLAUSE 58

4.38 Clause 58 deals with Protection of action taken in good faith

4.38.1 Clause 58 reads as under:

58. No suit, prosecution or other legal proceeding shall lie against the Central Government or State Government or against the Chairperson or any other member of the Council or the State Council or the professional advisory bodies, as the case may be, for anything which is in good faith done or intended to be done in pursuance of this Act or any rule made there under in the discharge of official duties.

SUGGESTIONS

4.38.3 One stakeholder submitted that this provision may be subject to proceedings relating to defamation both of civil and criminal nature in cases proved where the entities have taken a decision based on malafide, prejudice.

MINISTRY'S RESPONSE

4.38.4 The Ministry submitted that the penalty clauses have already been considered under Chapter VII after a lot of detailed deliberation by the department of Legal affairs and legislative, under the Ministry of Law and Justice, based on precedents of such punishments.

RECOMMENDATIONS/OBSERVATIONS

4.38.5 The Committee is satisfied with the response of the Ministry and emphasises that the Committee has recommended for the constitution of Regulatory/development Boards and eight Councils under the proposed overarching Commission. These Regulatory/development Boards will regulate important aspects relating to standard of education, professionals and institutions of the Allied Healthcare profession. The Committee notes that the National Medical Commission, National Commission of Indian System of Medicine and National Commission of Homoeopathy have been given the power to exercise appellate jurisdiction with respect to decisions of the Regulatory/development Boards. The Committee, on the same line strongly recommends that the proposed National Commission for Allied and Healthcare Professionals will ensure coordination amongst the

Regulatory/development Boards and also exercise appellate jurisdiction. The Committee has also recommended this as one of the functions of the proposed National Commission of Allied and Healthcare.

4.38.6 The Committee, therefore, recommends that the clause 58 should also include that no suit, prosecution or other legal proceeding shall lie against the members from the Regulatory/development Boards and the members of the proposed Eight Councils.

4.38.7 Subject to the above recommendation, the clause is adopted.

CLAUSE 60

4.39 Clause 60 deals with Act to have overriding effect.

4.39.1 Clause 60 reads as under:

60. The provisions of this Act shall have overriding effect notwithstanding anything inconsistent therewith contained in any other law for the time being in force or in any instrument having effect by virtue of any law other than this Act.

SUGGESTIONS:

4.39.2 United Physiotherapy Associations of India, Physiotherapy Forum and one stakeholder submitted the following amendments in the clause:

The provisions of this Act shall have overriding effect notwithstanding anything inconsistent therewith contained in any other law for the time being in force or in any instrument having effect by virtue of any law other than this Act except the existing state councils for Physiotherapy Act.

(If DCI and PCI are not submerged then the status quo to be maintained on the existing State physiotherapy councils to ensure equal protection of the laws with in the territory of India as per Article 14 of the constitution.)

1. Gujarat Government Physiotherapist Association has suggested modification of the clause to retain the existing State councils of Physiotherapy.
2. One stakeholder submitted that overriding effect may be removed not to destroy well working model of State Councils.

MINISTRY'S RESPONSE:

4.39.3 With regards to suggestions of stakeholder for modifications in the clause 60, the Ministry submitted that this is not agreeable as the idea of a unified Council structure at the central level followed by a similar unified structure in the States will enable efficient management and data flows. Multiple governance mechanisms for the same outcome will hamper progress, waste precious public resources and only serve to confuse students and educational institutions re: the statutory process.

4.39.4 With regards to removal of overriding effect, the Ministry submitted that the Bill recommends expansion of work of the existing State Councils to incorporate other allied and

healthcare courses as well. The overriding clause does not hamper or undermine their present status and has been added for uniformity.

RECOMMENDATIONS/OBSERVATIONS:

4.39.5 The Committee agrees with the view of the Ministry that one of the main motives behind the Bill is to ensure standardisation among different allied healthcare professional courses. Therefore, the Committee is of the view that all other existing allied councils or associations will have to work under a unified council so that the envisioned goal and the mission objective of the Bill as envisioned in the Preamble to the Bill is achieved. In the case of States, where a State Council is already present, such a council should incorporate all the allied and healthcare recognised categories of the Schedule in its purview. The Committee, therefore, agrees with the view of the Ministry that this overriding effect should not be removed.

4.39.6 The clause is adopted without any change.

SHORT TITLE, EXTENT AND COMMENCEMENT

4.40 Clause 1 deals with Short title, extent and commencement.

4.40.1 Clause 1 reads as under:

1. (1) This Act may be called the Allied and Healthcare Professions Act, 2018. (2) It extends to the whole of India except the State of Jammu and Kashmir.

(3) It shall come into force on such date as the Central Government may, by notification, appoint; and different dates may be appointed for different provisions of this Act and any reference in any provision to the commencement of this Act shall be construed as a reference to the coming into force of that provision.

SUGGESTIONS:

4.40.2 The following are the suggestions of the stakeholders on the clause:-

1. Joint Forum of Medical Technologists of India (JFMTI) submitted that the short title of the Bill should be - The Allied Healthcare Professions Council Bill or Healthcare Professions Council Bill and should not be mentioned with two classifications. Accordingly, the name of the council should be Allied Healthcare Professions Council of India (AHPCI) or Healthcare Professions Council of India (HPCI)
2. The Indian Association of Physiotherapists submitted that the Act may be called the National Commission for Physiotherapy, Allied and Healthcare Professional.
3. Rajasthani Physiotherapy Association has suggested the following names:
 - The Physiotherapy Central Council Bill, 2019
 - The Physiotherapy and Healthcare professions Bill, 2019
 - The Healthcare Professions Bill, 2019
 - The Physiotherapy, Allied and Healthcare Professions Bill, 2019
 - The Healthcare Professions and Allied Bill, 2019

- The Allied and Healthcare Professions Bill, 2018
4. Physiotherapy Forum submitted that the name of the Bill should be changed to The Physiotherapy and Allied and Health care Professions Bill.
 5. Indian Society of Radiographers and Technologists (ISRT) submitted that the title of the Bill should be changed to Allied Health Professions Act-2018 or The Health Care Professions Act 2018. ISRT has also recommended the constitution of a National Commission named as National Health & Care Professions' Commission (NHCPC) as an over-arching body. The association, further, submitted that it is essential to switch over to a National Commission than a mere council to achieve the effective regulatory control over professional education and professional practice of all unregulated streams, which are coming under the regulatory ambit of the statutory regulatory body envisaged to be constituted under the present Allied & Health Care professions Bill-2018.
 6. Indian Medical Association (Headquarter and Kerala Chapter) has suggested the removal of 'AND' from the title of the Bill and restate the terminology as 'Allied Healthcare' at all the places where 'Allied and Healthcare' has been used.
 7. One stakeholder has suggested single date for all provisions of the Act to come into force.
 8. All India Occupational Therapists Association (AIOTA) suggested for constitution of National Commission for Allied and Healthcare Profession.

MINISTRY'S RESPONSE:

4.40.3 The Ministry submitted that the issue of title of the Bill has been debated on multiple occasions, including specific recommendations by the 31st DRPSC of 2010 to ensure that all stakeholders and their concerns were addressed adequately as part of the Title of the Bill. The current title has been arrived at, after large scale stakeholder consultation and thorough examination of global literature. The Ministry further submitted that any statutory provision involves massive technical and administrative structural establishments to be enabled and is meant to exist indefinitely. The notification of the Act will be followed by the establishment of the Interim Council followed by the regular Council. Based on inputs received from stakeholders, the Interim Council may be given a definite time limit as decided by the Committee; however, all provisions coming into force immediately may cause more chaos than clarity and delay smooth implementation of the Act. The Ministry, however, during the course of clause by clause consideration of the Bill acceded to the suggestion of the stakeholders to amend the title of the Bill to "The National Commission for Allied and Healthcare Professions Bill, 2020".

RECOMMENDATIONS/OBSERVATIONS:

4.40.4 The Committee acknowledges the urgent need for trained healthcare workforce in the country that is extremely important for successful implementation of the country's healthcare policy. The Committee is of the view that the country's current health infrastructure has failed to explore the true potential of the allied health space and utilize the available human resource. The Committee feels that the Allied and Healthcare Professions Bill, 2019 that is set to establish an overarching regulatory system for development of the allied healthcare sector, is a step in the right direction to provide the much needed ecosystem for the progress of the Allied health professionals.

4.40.5 The Committee has received several suggestions regarding the title of the Bill. The Committee that examined the Paramedical and Physiotherapy Central Councils Bill, 2007 had made the following recommendations in its 31st Report.

“The Committee is of the view that title of an Act needs to reflect the basic objective behind its enactment. It is also not practically possible to include each and every special component in the title itself. However, nobody can also deny the fact that in the case of a particular Bill envisaged for a variety of specialities having distinct identities of their own, specific mention of one speciality and generalization of all the other specialities raises uncalled for complications and resultant controversies. The present Bill before the Committee is one such case. The Committee would like to point out that title of an Act is only meant for indicating its very core content. Proposed legislation before the Committee relates to setting up of three separate Central Councils for physiotherapy/ occupational therapy, medical laboratory technology and radiology technology. The Committee also takes note of the fact that an enabling provision is to be included in the Bill which would open the way for future induction of other disciplines. The Committee feels that use of a common term in the title of the Bill encompassing all the present disciplines and likely additions in future will be the best option.

Taking the relative merits of all viewpoints into account, the Committee, concludes that the words ‘Paramedical and physiotherapy’ in the title of the Bill may be replaced by the words ‘Allied Health Professions’.”

4.40.6 The Committee is of the view that all the allied professions are important part of the healthcare system and have their own identities. The Title of the Bill should not only reflect the basic objective behind its enactment but also include all these multifarious professions in the Bill. Therefore, specific mention of one particular profession in the Bill is neither appropriate nor feasible. The Committee therefore reiterates its recommendation submitted in the 31st Report and believes that the title should represent all the recognized categories and the likely additions in the future rather than one particular profession.

4.40.7 The Committee understands that the Government has brought forth structural reforms in the Health Sector since the presentation of 31st Report of the Committee with intended legislation pertaining to NMC Act, 2019 and proposed Commissions for ISM and Homeopathy. The Committee also recognizes the varied number of courses/programmes that impart medical education at diploma/graduate /higher education/specialization/professional level in the allied health sector. With the changing times, where the health sector globally is struggling with heavy disease burden especially non-communicable diseases, the Committee believes it has become more imperative to strengthen the allied health sector. The Committee is of the view that categorisation of ‘allied health professional’ and ‘healthcare professional’ in the Bill will address the shortage of trained technicians at clinical and non-clinical level as well as promote specialization in allied health sciences. Therefore, the Committee recommends retaining the word ‘and’ in the Bill. In this connection, the Committee also recommends the Ministry to incorporate a separate Schedule containing the list of professions falling under the two categories, i.e. (i) allied health professional and (ii) healthcare professional to allay the apprehensions of the stakeholders.

4.40.8 The Committee notes the suggestion of the stakeholders regarding the structure of the apex body to be constituted under the Allied & Health care Professions Bill-2018. The

stakeholders have suggested that in the light of changing concepts of professional regulation in Health care delivery system in India, a National Commission for the Allied Healthcare Professionals should be constituted on the lines of National Medical Commission Act-2019 and proposed National Commissions for Indian system of Medicine and Homeopathy.

4.40.9 The Committee, considering the diverse skill set required to be possessed by the professionals, believes that one single council for all the professions will not successfully address the diversities and intricacies of each recognised category under the Bill. The Committee, at the same time, also notes the existing non-standardisation in the education and practice of the allied professionals that necessitate uniform restructuring of the sector. The Committee believes that the structure under the Bill has to be redefined in a manner that facilitates development of each recognised category as well as different professions under one umbrella body. The Committee, therefore, finds merit in constituting an overarching Commission for the Allied and Healthcare Professions on the lines of National Medical Commission, National Commission on Indian System of Medicine and National Commission on Homeopathy that makes necessary regulations for respective medical field.

4.40.10 The Committee also agrees with the view of the Ministry on the stakeholder's suggestion of enforcement of all provisions of the Act on a single date and observes that the present Allied Healthcare infrastructure in the country is not fully equipped to adopt all the provisions of the Act immediately. The Committee is of the view that this Bill is bound to bring structural reforms in the Allied Healthcare Sector and believes that carrying out such pioneering changes in a haphazard manner will do more harm than good. The Committee also feels that the Allied Healthcare sector is still in its nascent stage and when guided in the right direction has immense potential to strengthen the healthcare infrastructure of the country. The Committee also notes that considering the absence of a robust database of the professions, the Commission needs sufficient time to effectively implement all the provisions of the Act. The Committee, however, cautions the Ministry to not delay the implementation of the Act and devise an action plan for expediting its enforcement.

4.40.11 The Committee, therefore, recommends renaming the Bill from "the Allied and Healthcare Professions Bill, 2018" to "The National Commission for Allied and Healthcare Professions Bill, 2020" on the lines of the National Medical Commission Act 2019, National Commission for Indian System of Medicine Bill 2019 and National Commission for Homeopathy Bill 2019.

4.40.12 The Committee also recommends the deletion of clause 1(2) as the Bill extends to the whole of India after the repeal of Article 370 of the Constitution of India.

PREAMBLE

4.41 The Indian Association of Physiotherapists submitted that the Preamble should provide for improving access to quality and affordable physiotherapeutic education and ensure availability of adequate and high quality Physiotherapy healthcare professionals of physiotherapeutic System of Medicine in all parts of the country. The Preamble should also promote equitable and universal healthcare that encourages community health perspective; that has an objective periodic and transparent assessment of physiotherapy institutions and facilitates maintenance of a physiotherapy register of physiotherapeutic System of Medicine for India and

enforces high ethical standards in all aspects of medical services; that is flexible to adapt to the changing needs and has an effective grievance redressal mechanism and for matters connected therewith or incidental thereto.

4.41.1 The Committee notes that the Preamble to the Allied and Health Care Profession Bill, 2018 does not clearly specify the goals and objectives of the Bill. The Committee, therefore, recommends the following amendments in the Preamble to the Bill:-

To provide for Allied and Health Care Education System that improves access to quality and affordable Allied and Health Care Education, ensures availability of adequate and high quality Allied and Health Care Professionals in all parts of the country; that promotes equitable and universal Health care that encourages community health perspective and make services of such Allied and Health Care Professionals accessible to all the citizens; that promotes national health goals; that encourages such Allied and Health Care Professionals to adopt latest scientific and technological research and development in their work and to contribute to research and scientific and technological development; that has an objective periodic and transparent assessment of Allied and Health Care Institutions and facilitates maintenance of a Central Register of Allied and Health Care Professions and enforces high ethical standards in all aspects of Allied and Health Care Professionals Services; that is flexible to adapt to changing needs and has an effective grievance redressal mechanism and for matters connected therewith or incidental thereto.

4.42 The Committee adopts the remaining clauses as proposed in the Bill. The Committee is also in agreement with the provisions of the Financial Memoranda in the Bill.

4.43 The Committee also recommends for all consequential changes to be carried out in the relevant clauses of the Bill keeping in view the Committee's observations and recommendations contained in the report. The Committee also recommends the Ministry for making consequential changes in the numbering of the Chapters and clauses due to suggested insertion of new Chapters and clauses.

SCHEDULE

DISTINCTION BETWEEN ALLIED HEALTH PROFESSIONAL AND ALLIED AND HEALTHCARE PROFESSIONALS

SUGGESTIONS:

4.44.1 The following are the suggestions on this issue:-

Government Optometrist Association, Uttar Pradesh submitted that there are two categories Healthcare and Allied healthcare, it is proposed that a third category may be introduced – Medical and Health professions under which Optometry should be listed as Optometrist diagnose, treat and manage eye disease and prescribe glasses. (Detailed justification has been provided- Optometrist being first point of contact, job description and role in primary care) Indian Association of Physiotherapists suggested to Specify as per the ISCO which professions are recognised as either Healthcare or Allied. One stakeholder submitted that in the Allied Health Care Profession Bill 2018, there is no clear distinction made between “Allied Health Professional” and “Allied and Health Care Professional”

Another stakeholder suggested that the Categorization of professionals may be done as

1. Bachelors’ qualification- Healthcare Professionals
2. Diploma qualification- Allied health professionals
3. Certificate qualification- Paramedic worker

Indian Dietetic Association suggested that the nomenclature of dietician needs to be defined and there needs to be demarcation as to who is allied and who is healthcare within each professional category

Joint Forum of Medical Technologists of India (JFMTI) suggested that the Note related to definition is not reflecting the actual role and may be revised as per the curricula of MoHFW, scope of practice at different levels should also be mentioned

MINISTRY’S RESPONSE

4.44.2 The Ministry submitted that there is no demarcation of allied vs healthcare professionals other than duration of study. By virtue of the number of years of existing training, Optometrists are already under the healthcare professional’s category. The definition of Optometry may be considered for further enhancement in the schedule, as per a global definition, and as suggested. However, the inclusion of a third category is unrealistic and may not be suggested for consideration. The Ministry submitted that the ISCO coding has already being specified against each of the professions in the Schedule. However, given the Indian scenario the professions have been clubbed in like categories so as to enable an organized techno-administrative approach.

4.44.3 Moreover, Clause 66 enables the provision for amendment of the Schedule.

4.44.4 The Ministry further submitted that categorisation of professionals based on qualification has already been considered. The schedule does not currently specify qualifications and degrees, only professionals. Specific guidelines on each profession will be undertaken by the Council, when constituted. The Ministry submitted that the suggestions of Indian Dietetic Association may be considered if the Committee recommends and schedule modified accordingly.

RECOMMENDATIONS/OBSERVATIONS

4.44.5 The Committee agrees with the view of the Ministry that there is no need to include a third category in the Bill. The Committee observes that the professions have already been classified as per ISCO code, which makes the segmentation clear. The Committee also recommends the Ministry to incorporate a separate Schedule containing the list of professions falling under the two categories, i.e. (i) allied health professional and (ii) healthcare professional to allay the apprehensions of the stakeholders.

4.44.6 The Committee also reiterates its recommendation that recognised category is a broad description that clubs many professions with a very general idea that doesn't specifically define the profession with discipline, scope and nature. The Committee agrees with the view of Joint Forum of Medical Technologists of India that the definition may be revised as per the curricula and scope of practice at different levels also taking all factors and circumstance in Indian control as well.

4.45 CHANGE IN NOMENCLATURE

SUGGESTIONS

4.45.1 The following are the suggestions of the stakeholders:

- (1) Joint Forum of Medical Technologists of India (JFMTI) suggested amendment with proper classification/ nomenclature as prevalent in India and overlapping of categories may be deleted
- (2) One stakeholder suggested for change in Nomenclature of following professions
 - i. Biochemist (non-clinical) to Biochemist (non-medical);
 - ii. Ecologist to Human Ecologist;
 - iii. EMT(Paramedic) to Emergency Medical Care Technologist;
 - iv. Movement Therapist to Mobility Therapist;
 - v. Psychologist (Except ...) to Non-clinical Psychologist
 - vi. Health Educator to Health Education Associate;
 - vii. Mental Health Support worker to Mental Health Associate;
 - viii. Community Health Promoters to Community Health Associate; and
 - ix. Physician Associates and Assistants to Medical Associate (no need of two categories)
 - x. Dialysis Therapy Technologists or Urology Technologists to Dialysis Technician
- (3) Indian Association of Clinical Psychologists submitted that Behavioural Health is not a preferred term to mental health.
- (4) All India Association of Medical Social Work Professionals suggested that the ISCO-08 has specified Social Work and Counselling as 2635 which has been wrongly given under Behavioral Health Science Professional; add separate category as Category 16- Medical Social Work Professional
- (5) Society of Indian Radiographers (SIR) suggested considering Medical Physicists to be repositioned under category 12 along with Physician Associates and ECG and ECHO

Technologist under 13 along with CVT Technologist (as they are related with Cardiac Science)

- (6) Indian Association of Physician Assistants (IAPA) suggested considering removal of 'Assistant' word and replace it by 'Associate'
- (7) Indian Society of Extra Corporeal Technology suggested to designate 'Perfusionists' as 'Clinical Perfusionists' and assign a separate Code, not clubbed with other Technologists
- (8) School of Allied Health Sciences, Manipal suggested to amend Health and Information Management Professional to "Health Information Management Professionals" and "Health Informatics Professionals" As well as divide the domains and specify roles under the respective domains.

MINISTRY'S RESPONSE

4.45.2 The Ministry submitted that the change in nomenclature partly be considered if the committee so recommends. The proposed classification has been reviewed and wherever professional has been specified, however, the cadre progression titles does not pertain to the details of the Schedule and thus may not be considered for inclusion. On changing the nomenclature of various professions, the Ministry submitted that the suggestion may be considered if the committee so recommends. Several of these suggestions may be considered, where in line with the duration of course and intended nomenclature w.r.t career progression. For instance, 'Technician' is a diploma level professional but a technologist is intended to have a degree or higher qualification of study. The Ministry submitted that the statement, ' Behavioural Health is not a preferred term to mental health" is factually incorrect. Globally, there is evidence on refraining from using the term "mental" to indicate behavior related health issues since it is considered derogatory and disrespectful to the patient.

4.45.3 Psychiatric Social Workers can be considered under category 7- Behavioural Health Sciences Professional, whereas the Clinical/ Medical Social workers may be under category 8- Primary, Community and other Miscellaneous Care Professional with the specified ISCO code. On Society of Indian Radiographers (SIR)'s suggestion, the Ministry submitted that it may be partly considered and their appropriate placement in the schedule re-examined, if the Committee so recommends;

4.45.4 The statement that medical physicists work in cardiac-related care is factually incorrect; they work with medical radiology and oncology On Indian Association of Physician Assistants (IAPA)'s suggestion, the Ministry submitted that this may be considered if the committee so recommends. The Ministry on Indian Society of Extra Corporeal Technology's suggestion, submitted that this may be partly considered w.r.t. nomenclature. Codes however are based on ISCO and the closest, most similar classification methodology has been used in case a profession does not find mention in the exact Indian context nomenclature. On School of Allied Science, Manipal's suggestion, the Ministry submitted that it may be considered if the Committee so recommends.

4.45.5 The Ministry submitted that Joint Forum of Medical Technologists of India's suggestion may be partly considered if the committee so recommends. The Ministry acceded that the proposed classification has been reviewed and wherever professional has been specified it may be considered on final receipt of the recommendations of the Committee, however, the cadre progression titles does not pertain to the details of the Schedule and thus may not be considered for inclusion, hereat, in the schedule.

RECOMMENDATIONS/OBSERVATIONS:

4.45.6 The Committee is of the view that the present ISCO code for Ophthalmic Assistants and Optometrists is reasonable and may not be changed at the moment. The Committee also agrees with the view of the Ministry that use of Ophthalmic Physicians must be strictly prohibited.

4.45.7 The Committee observes that the Ministry has acceded to the suggestion of the stakeholder to change the nomenclature of certain professions. The Committee, however, views that the Ministry may change the nomenclature only after in depth examination and due consideration. The Committee recommends that the category “Physician Associate or Physician Assistant” may be renamed to “Physician Associate”. The Committee also recommends the Ministry to rename the Health and Information Management Professional to “Health Information Management Professionals” and “Health Informatics Professionals” and also define the specific roles under the specific domain.

4.45.8 The Committee agrees with the view of the Ministry and recommends continuation of the term Behavioural Health Sciences Professional.

4.45.9 The Committee, therefore, recommends that the Ministry may re-examine the categorization to avoid any overlapping of similar professions.

4.46 OPTOMETRISTS/ OPHTHALMIC SCIENCE PROFESSIONALS

SUGGESTIONS

4.46.1 The following are the suggestions on the issue :-

- (1) All India Ophthalmic Physicians Association and Rajesh Chudasama, Lok Sabha MP suggested to consider and include Ophthalmic Physicians (Ophthalmic Assistants/Officers) under ISCO 2211(general physician) as:
 - Course (Two year Diploma) launched in 1978 under NPCB with the duty charter for treating eye ailments, testing vision etc., led to limited growth prospects for OAs
 - Courses were then started in Bihar and Punjab (4 years+ Bachelor in Ophthalmology/Ophthalmic Sciences) in which OAs get lateral entry and become qualified.
- (2) Indian Optometric Association, Indian Optometry Federation, Government Optometrist Association, Uttar Pradesh submitted that instead of Ophthalmic Sciences use Optometry Professionals
- (3) Regional Optometrists and Ophthalmic Society suggested removal of Ophthalmic Assistants and renaming the category as Optometrists as-
 - As per an Order issued by Ministry in 2017 about the duty chart of Paramedical OA, the tests to be performed by OA are aligned with the tasks to be performed by an Optometrist (As per ISCO)

- (4) National Ophthalmic Association submitted revising ISCO code for OAs – 2240 or 2267. Ophthalmic Assistants have been given 3256 ISCO code which is incorrect, as OAs have larger role in the primary healthcare system in India.
- (5) Punjab Ophthalmic Officer's Association suggested that the Course (2 years Diploma) launched in 1978 under NPCB as per WHO guidelines, with the duty charter for treating eye ailments, testing vision etc., led to limited growth prospects for OAs. Then entry qualification was 10+2 with medical, whereas for all other Diplomas was matriculation, thus equating this with graduation. Given the importance of this profession, State Government have re-designated this cadre as Ophthalmic Officer with original duty charter to treatment of eye diseases. As Ophthalmic Officers are allowed to perform duties independently, this cadre should be registered under TSC code 2240 as Paramedical practitioners.
- (6) Indian Optometrist Association submitted the following as the definition of Optometrist–
Optometrists are the Primary Independent healthcare Practitioner of the eye and visual system that provides comprehensive eye and vision care includes refraction. Dispensing detection, diagnosis and treatment of disease of the eye
- (8) National Ophthalmic Association and Ophthal India (State unit of NOA) submitted that in the definition of Ophthalmic Sciences consider inclusion of 2 year Diploma in Optometry under Optometrist and specify Ophthalmic Officers along with Ophthalmic Assistants as both the nomenclatures are used in Government.
- (9) National Ophthalmic Association submitted to consider inclusion of professionals graduating with Bachelor of Ophthalmology/ Ophthalmic Sciences degrees; who have not been included in the Schedule under the Ophthalmic Sciences category. the Association further submitted inclusion of Ophthalmic Physicians (Ophthalmic Assistants/Officers) under ISCO 2211(general physician)
- (10) Ophthal India (State unit of NOA), Drashti Eye Hospital and Bihar State Samajwadi Party suggested inclusion of professionals graduating with Bachelor of Ophthalmology/ Ophthalmic Sciences degrees who have not been included in the Schedule under the Ophthalmic Sciences category.

MINISTRY'S RESPONSE

4.46.2 The Ministry submitted that the Ophthalmic Assistants have been listed under the code-3256 as per the ISCO, which is a globally acceptable code and cannot be modified at a national level. In case of OAs who have attained a higher qualification (Bachelor degree), the content of the program may be reviewed to see the comparability with Optometry course. Lateral entry, bridge programs and other mechanisms for equivalence, however, will be the jurisdiction of the Council when it is established. The Ministry further submitted that the use of term – Ophthalmic Physicians must be strictly prohibited as this is medical post graduate degree for which the candidate must be at least a MBBS graduate.

4.46.3 The Ministry also submitted that the category of Ophthalmic Sciences is envisioned to include both Optometrist and Ophthalmic Assistants in the system, however any other more inclusive nomenclature if available and recommended by the committee may be considered.

4.46.4 The Ministry further apprised the Committee that further the existing OAs cannot be listed under the ISCO 2240 as it refers to Paramedic professionals which includes occupations which normally require completion of tertiary-level training in theoretical and practical medical services. A diploma program does not entitle OAs for equivalence with advance degrees such as of clinical officers. The Ministry also submitted before the Committee that the schedule does not currently specify qualifications and degrees, only professionals. Specific guidelines on each profession will be undertaken by the Council, when enacted.

4.46.5 Ophthalmic Assistants have been listed under the code- 3256 as per the ISCO, which is a globally acceptable code and cannot be modified at a national level. In case of OAs who have attained a higher qualification (Bachelor degree), the content of the program may be reviewed to see the comparability with Optometry course.

4.46.6 Lateral entry, bridge programs and other mechanisms for equivalence, however, will be the jurisdiction of the Council when it is established. The use of the term – Ophthalmic Physicians must be strictly prohibited as this is medical post graduate degree for which the candidate must be at least an MBBS graduate.

RECOMMENDATIONS/OBSERVATIONS

4.46.7 The Committee agrees with the view of the Ministry that the category of Ophthalmic Sciences includes both Optometrists and Ophthalmic Assistants and the present nomenclature may be continued.

4.47 REQUEST FOR INCLUSION IN THE SCHEDULE:

SUGGESTIONS

4.47.1 The following are the suggestions on the issue:-

Indian Sterilization Healthcare Association suggested including CSSD Technicians in the Schedule and under the Bill. All India Association of Medical Social Work Professionals suggested include Clinical Social Worker (Medical Social Worker, Psychiatric Social Worker, Medical Social Service Officer, Social Worker etc.) under Sub-category ‘Behavioral Health Science Professionals’. All India Association of Medical Social Work Professionals suggested considering inclusion of the Psychiatric Social workers in the Bill. Definition of Psychiatric Social Worker has been provided as per the Mental Health Care Act, 2017. AIIMS Medical Social Service Officers Association suggested inclusion of Medical Social Worker, Psychiatric Social Worker, Medical Social Service Officer (MSSO), Social Worker, who fulfil all criteria of Healthcare professionals under Sub-category 7- ‘Behavioral Health Science Professionals’. AIIMS has re-designated MSW to MSSO, eligibility is Master’s degree in Social Work with at least 2 years’ experience in the health sector.

Indian Society of Professional Social Work also suggested for inclusion of Psychiatric Social Workers in the Schedule.

One stakeholder suggested adding the following Professionals which are not included in the Schedule:

- i. Blood bank Technologist, Technical Supervisor (BB), Apheresis Technologist; ii. Embryologist; iii. Human Reproductive Biologist; iv. Audiologist ; v. Hearing Aid

Dispenser; vi. CSSD Technologist; vii. Phlebotomist ; viii. Clinical Biochemistry Technologist; ix. Clinical Microbiologist; x. Molecular Biology Technologist; xi. Immunology Technologist; xii. Clinical Scientist ; xiii. Dental Clinical Support workers- Dental Assistant, Dental Hygienist, Dental Technician, Dental Lab Aide; xiv. Genetic Counselor; xv. Hair Transplant Technician; xvi. Message Therapist; xvii. Dispensing Optician; xviii. Orthoptist; xix. Sport Physiotherapist; xx. Podiatrist; xxi. Prosthetist and Orthotists; xxii. Speech Therapist/ Assistant; xxiii. Anganwadi worker, ANM, ASHA Sahyogini.

The National Academy of Psychology (NAOP) India suggested that separate category of professional psychologists (including Clinical and rehabilitation Psychologist) be made in the Bill.

Rajesh Kumar Sinha, School of Allied Health Sciences, Manipal suggested to Include Professionals/ Job titles

- Health Information Officers;
- Health Information Managers/ Administrators;
- Medical Records Officer;
- Health Information Executive;
- Health Information Technologist;

Health Information Compliance Officer

- Clinical Coders
- Medical Transcriptionist/ Proof Readers/ Editors/ Quality Analyst
- Faculty/ Educator

Health Informatics Domain:

- Health Information Analyst
- Clinical Data Analyst
- Application Developers
- Clinical Informatics Coordinators

MINISTRY'S RESPONSE:

4.47.2 The Ministry submitted that currently, CSSD Technicians is part of Surgical and Anesthesia Technology. Specific nomenclature related issues will be dealt by the Council with inputs from PABs. The Ministry also submitted that inclusion of Clinical Social Worker, Psychiatric social worker, Medical Social Worker, Social Worker may be considered if the Committee so recommends.

4.47.3 The Ministry pointed out that the Psychiatric social worker Can be considered under category 7- Behavioural Health Sciences Professional, whereas the Clinical/ Medical Social workers may be under category 8-Primary, Community and other Miscellaneous Care Professional

4.47.4 The Ministry also submitted that the schedule as a whole has been formulated based on the ISCO global codes for professionals, taking into consideration only those that fall under the ambit of "allied and healthcare professionals". Several of the professionals listed here are

already covered in the schedule, possibly by an alternative nomenclature, under the said category.

4.47.5 Professionals such as Audiologist, Prosthetics and Orthotics and Speech therapists are already covered under the RCI and are therefore not applicable to this schedule. The Ministry also submitted that since Clinical and Rehabilitation-related psychologists are currently under the jurisdiction of the Rehabilitation Council of India under the Ministry of Social Justice and Empowerment.

4.47.6 ASHA workers, anganwadis etc. are part of the health system but without any formal training at this time. As and when they obtain the appropriate qualifications, any health worker may be considered for the appropriate category. The schedule may be amended at a later time as needed, if it is found necessary to include a specific category. Several of the professionals listed here are already covered in the schedule, possibly by an alternative nomenclature. An arbitrary inclusion of professionals is therefore not recommended at this time.

RECOMMENDATIONS/OBSERVATIONS:

4.47.7 The Committee notes that the Ministry has already included CSSD technicians under the Surgical and Anesthesia Technology. The Concern is already addressed. The Committee, however, recommends that the Clinical Social Workers should be included in the ‘Behavioral Health Science Professionals’ The Committee also recommends that the Psychiatric social worker, Medical Social Worker, Social Worker may be included in the Schedule under Behavioral Health Science Professional. The Committee, however, agrees with the view of the Ministry and recommends that the clinical Psychologists must be regulated under the Rehabilitation Council of India.

4.48 SUGGESTIONS OF IMA (HEADQUARTER AND KERALA CHAPTER)

(i) Indian Medical Association (Headquarter and Kerala Chapter) suggested deletion of ‘can work autonomously’ and ‘apply advanced clinical procedures for treating’. The Association, further suggested addition of ‘under the supervision of a modern medicine doctor’ in different categories of the Schedule.

(ii) The said association suggested deletion of ‘appropriate investigations, provides treatment’, ‘diagnosis and treatment’, ‘practices independently’ and addition ‘under the supervision of a Physiatrist or modern medicine doctor’ in different categories of schedule.

It was also suggested by the said association that delete ‘competent to perform preventive, diagnostic and therapeutic services’ and add ‘Documentary and supportive services’

Indian Medical Association (Headquarter and Kerala Chapter) suggested deletion of ‘treat disease’ and the addition of ‘under the supervision of a modern medicine doctor’ in Schedule (Sl.No. 4). The association also suggested the deletion of ‘management of disorder’ and the addition of ‘under the supervision of an Ophthalmologist or modern medicine doctor’ in Schedule No 5. It suggested addition of ‘under the supervision of a Physiatrist or modern medicine doctor’ in Schedule No 6.

MINISTRY'S RESPONSE:

4.48.2 The Ministry disapproved the suggestions of Indian Medical Association as the ISCO classification of the profession ensure global recognition of the professions and defines them with respect to their scope of practice. Supervision is based on the level of position and authority at such position, which may not be limited to a profession. It was pleaded by the Ministry that this Bill is intended to enact a statutory provision such that health and wellness may be assured to the citizens of India through quality services provided by allied and healthcare professionals, who otherwise have not received due recognition in the system.

RECOMMENDATIONS/OBSERVATIONS:

4.48.3 The Committee agrees with the view of the Ministry and is of the view that the main aim of this Bill is to establish independent footing for the allied and healthcare professionals. Addition of “under the supervision of a modern medicine doctor” in the Schedule would place the allied and healthcare professionals under the shadow of the medical doctors. The Committee is of the view that the doctors and allied healthcare professionals have to work in sync with each other for establishing a robust healthcare delivery system in the country. The other suggestions submitted by IMA need not be included in the different category of schedules.

4.49 SCHEDULE NO 3 deals with the Physiotherapy Professionals

4.49.1 Foundation of Rajdhani Clinical Physiotherapists (FRCP) suggested modification in the definition of Schedule (Sl.No. 3) as follows:

Physiotherapists are health service professional, who practices Physiotherapeutic system of medicine by undertaking comprehensive clinical examination and on appropriate investigation, prescribe and implement an evidence identified therapy protocol, consultation and advices with consent subjected to the movement disorder, dysfunction, malfunction, disorder, disability, trauma , sports injury, pain, disease, post surgical, critical care illness, women's health and palliative care using physical agents, including internal and external energy mode of therapy such as movements re-education, mobilisation, manual stretching, bio mechanical manipulations, all forms of electrotherapy, sound waves, electromagnetic agents for prevention, correction, diagnosis, treatment, health promotion and functional restoration. The clinical physical therapist shall practice as an independently health professional with an extended scope of clinical research in the subjects.

4.49.2 All India Occupational Therapists' Association (AIOTA) also submitted that the definition of physiotherapy includes 'functional dysfunction' which overlaps the domain of OT. Since the PT definition already has terms like movement disorder, malfunction, disorder and disability. Therefore, the term 'functional dysfunction' should be deleted to avoid confusion and overlap.

MINISTRY'S RESPONSE

4.49.3 The Ministry submitted that the current definition of Physiotherapist has been adopted from the definition of World Confederation of Physical Therapy (WCPT) which is globally accepted and has also been deliberated with the representatives of the national association- Indian Association of Physiotherapists, in great detail.

4.49.4 The Ministry further submitted that the definition of Occupational Therapy may be reexamined based on global definitions and existing State Councils.

RECOMMENDATIONS/OBSERVATIONS

4.49.5 The Committee agrees with the view of the Ministry that the current definition of Physiotherapy must be continued as it is a globally accepted definition. The Committee also recommends the Ministry to re-examine the definition of Occupational Therapy based on global definitions and existing State Councils of Delhi, Maharashtra.

4.50 SCHEDULE NO 6

4.50.1 All India Occupational Therapists' Association (AIOTA) submitted that the Definition should be adopted from either AIOTA or the existing State councils of Delhi and Maharashtra. All India Occupational Therapists' Association (AIOTA) is of the view that the category of OTs should be independent as in case of Physiotherapy, and Occupational Therapy should not be included with other group of professions some of which are not even in existence. AIOTA further submitted that Occupational Therapy is a fully developed, research and evidence based practice. The UG program is of 4.5 years with internship and PG program is of 2-3 years duration. There are no Diploma programs in Occupational Therapy.

4.50.2 President, AIOTA, New Delhi suggested to modify definition of Occupational Therapy- Add "The Occupational Therapist can practice independently or as a part of a multi-disciplinary team and has a minimum qualification of a baccalaureate degree" in the definition mentioned in Schedule. President, AIOTA, New Delhi suggested that Categories mentioned under Occupation Therapy profession i.e. Movement Therapist or Recreational Therapist or Podiatrist rarely exist in our country and hence may be kept in another column. Their basic qualification, course curriculum, syllabus, job profiles, duties, skills, responsibilities and rights are not as of an Occupational Therapist.

MINISTRY'S RESPONSE

4.50.3 With respect to the definition of Occupational Therapy, the Ministry submitted that it may be considered if the committee so recommends. Definition of Occupational Therapy may be reexamined based on global definitions and existing State Councils. Categorisation may also be reexamined. The Committee further submitted that ISCO has already been specified against each profession in the Schedule. However, given the Indian Scenario of the health systems, professional categories have been clubbed in similar categories so as to enable a more efficient and effective techno-administrative approach

RECOMMENDATIONS/OBSERVATIONS

4.50.4 The Committee recommends that the occupational therapists in line with physiotherapists must be given the opportunity to practice independently or as a part of a multi-disciplinary team. The Committee, therefore, recommends addition of "The Occupational Therapist can practice independently or as a part of a multi-disciplinary team and has a minimum qualification of a baccalaureate degree" in the definition mentioned in Schedule No 6.

4.50.5 The Committee recommends the Ministry to re-examine the different professions under the recognized category of Occupational Therapy and place the other professions under suitable category. The Committee, therefore, recommends that Movement Therapist

(including Art, Dance and Movement Therapists or Recreational Therapist) and Podiatrist may be kept in another category.

4.51 SCHEDULE NO 7 deals with Behavioural Health Science Professionals

4.51.1 Indian Association of Clinical Psychologists Kerala region, Yogini Nath, Nazema Sagi and School of Human Ecology, TISS, Mumbai suggested removing Behavioural Health Sciences category. Multiple levels clubbed into one category of Behaviour Health Sciences

MINISTRY's RESPONSE

4.51.2 The option of individual independent Councils for individual professions has been examined and analysed in great detail and found to be not feasible. The A&HP Bill is an endeavor to bring all currently unregulated healthcare professionals under one common statutory structure, as was also suggested by the 31st DRSC in 2010. It will ensure efficient administration and be realistic in terms of being established as a body in the future. It has taken more than three decades to reach such an advanced stage of examination of this crucial Bill. If a certain profession is removed from the Bill at this juncture, the chances of the profession being standardised in the future will be very minimal, harming both, clinical care of patients and potential future career prospects for youth.

RECOMMENDATIONS/OBSERVATIONS

4.51.3 The Committee agrees with the view of the Ministry that this Bill is a novel initiative to regulate the different allied and healthcare professionals that are non-standardised. Removing any profession from the ambit of the National Commission on Allied and Healthcare Profession would cause grave harm to the excluded profession. The Committee, therefore, recommends that the Behavioural Health Sciences category must be continued. However, the Ministry may re-examine the professions that have been included in the category. The Committee also recommends defining each profession in a different schedule.

4.52 SCHEDULE NO 9 deals with Medical Radiology, Imaging and Therapeutic Technology Professionals

4.52.1 Society of Indian Radiographers (SIR) suggested removal of the line '....work under the supervision of radiologists or other medical professional' from the definition, as the professionals work independently like all other allied and healthcare professionals

MINISTRY's RESPONSE

4.52.2 This may be partly considered if the Committee recommends, since there may be specific list of tests and procedures that could be considered for independent practice by radiographers, however, the details of the same may be formulated by the respective professional advisory body when constituted.

RECOMMENDATIONS/OBSERVATIONS

4.52.3 The Committee recommends that the Council for Medical Radiology, Imaging and Therapeutic Technology Professionals should formulate the specific list of tests and procedures that the professionals may be permitted to conduct independently. Once the number and details of the tests are decided, the changes suggested by SIR may be incorporated.

CHAPTER – V

GENERAL RECOMMENDATIONS

5.1 The Committee believes that the Allied and Healthcare Professions Bill, 2018 is an important legislation which is going to change the face of the Allied and Healthcare Professions with regard to its education and practice. Proper regulation as envisaged in the Bill will go a long way in the development, regulation and standardization of these professions. Apart from the recommendations made by the Committee in the previous chapter with regard to clauses of the Bill, the Committee would also like to highlight some pertinent issues, that constitute the pre-requisite conditions for successful implementation of the provision of the proposed legislation, need to be looked into for holistic development of this sector.

5.1.1 Attention of the Committee has been drawn to the Report from 'Paramedics to Allied Health Professionals: Landscaping the Journey and why Forward' prepared by Public Health Foundation of India. It has been rightly pointed out in this Report that Allied and Healthcare Professionals constitute now-a-days a vital part of health system delivery, both nationally and internationally. Allied and Healthcare Professionals are an untapped treasure, critical to fixing the gaping holes in India's health workforce, particularly the severe shortage of physicians and specialists. At a time when there is acute need for critical reforms in public health, aim must be to improve access to health by focusing on preventive, promotive, curative and rehabilitative needs of the population, the Allied and Healthcare Professionals could be leveraged as highly skilled, trained and competent health human resources in the system.

5.1.2 The Committee has been given to understand that the recent scientific and technological development and advancement has changed health care service delivery system as the domain no longer remain just a prerogative of physicians and nurses but has transformed team efforts, drawing upon the expertise of both clinicians and non-clinicians. Historically recognized as "para-medical staff" or para-professionals or health-technicians have now been accorded better appreciation and is presently termed as Allied and Health Care Professionals that has been a key area for health sector reforms in India, specially due to shortage of doctors and nurses in semi-urban and rural areas of the country.

5.1.3 The Committee feels that in order to achieve the objectives and goals of the Allied and Health Care Professionals Bill, 2018, there are other important aspects like the following which should be paid attention to :-

(i) Streamlining Human Resources for Health (HRH)

The Committee believes that advancement in technology in recent times demands trained individuals who can provide reliable results in conjunction with patient safety. However, there is a huge dearth of trained technologists/technicians in the system. The Report of the Public Health Foundation of India (PHFI) has indicated a supply-demand gap allied health professionals when demand was calculated using basic international norms. The Human Resources for Health (HRH) shortfalls have resulted in the uneven distribution of all cadres of health workers. The uneven distribution of professional colleges and schools has led to a severe health system imbalance across the states, both in the production capacity and in the quality of education and training, leading to poor health outcomes. The Committee is in the agreement with the views of the National Knowledge Commission that recommended for producing more AHPs by improving the quality and orientation of service provision towards better meeting the health needs of the people stipulating that, 'there is a dire need to focus on increasing the quantum and quality of human resources for nursing and paramedical/allied health services. Healthcare can only be improved if human resources for nursing and allied health services are developed, nurtured and enhanced in a systematic and planned manner. The Committee hopes that

implementation of the provisions of the said legislation would streamline the stewardship and oversight and provide HRM strategic framework for rational deployment of skilled manpower, performance management system, task shifting and associated career development pathways for allied and healthcare professionals.

(ii) Balancing power and self-regulating team efforts equilibrium between medicine and Allied and Health Care Professions

The Committee takes into account that the several factors have contributed to the uneven power balance between doctors and AHPs. The functions that were once the domain of parents, clergy, teachers, judges and social workers are now seen as medical functions. According to findings of Public Health Foundation of India, medical dominance coupled with what is called “Medicalisation” is considered to be a major reason. Medical power is manifested through the professional autonomy of doctors, their pivotal role in the economics of the health services, their dominance over allied health occupational groups, administrative influence and the collective influence of medical associations. High medical domination has been instrumental in lowering the status of AHPs in the eyes of people and is one of the reasons for the low morale and self-esteem among AHPs which needs to be addressed immediately if they were to contribute meaningfully to the well-being of people. The Committee believes that policy rationalisations by the Government would facilitate the functional equilibrium between medical professionals and the Allied and Healthcare Professionals.

(iii) Education, Training and Development

Even though education and training will be the mandate of the proposed Commission, the Committee would like to emphasize upon the vital role of education and training for allied and healthcare professionals. The Committee is of the view that training and retraining for public health should be based on competencies, because effective delivery of healthcare services depends largely on the nature of education, training and appropriate orientation towards community health of all categories of medical and health personnel, and their capacity to function as an integrated team.

The Committee agrees with the observation as in the Report of PHFI wherein importance has been laid on competency based training course involving models and simulation laboratories and clinical learning opportunities imparted through the use of advanced techniques. It has also been pointed out that in India, internship is not compulsory for the same course in a number of institutions. This situation exists due to lack of regulation. The Committee, therefore, recommends that along with streamlining of educational curricula of all allied and healthcare courses, adequate attention should also be given to training and compulsory internship.

(iv) Need for Generation of Team Spirit

The Committee believes that recent modernisation of healthcare has initiated a team-based healthcare delivery model as medical teams are usually ‘action teams’ due to their dynamic work conditions, wherein teamwork and collaboration are the pre-requisites for patient safety. The Committee is of the view that not only the team approach is instrumental for safe patient outcomes but critical for efficient, cost-effective operations. The Committee, therefore, recommends that while implementing the provision of the Act, attention must be given to generate the spirit of teamwork in the health sector reflecting interdisciplinary approach, requiring a division of labour among the medical, nursing and allied and healthcare professionals on equal footing, although the doctors being the captain of the team, for better and faster and much more holistic decision-making.

(v) Augmentation of Allied and Health Care Professions basic infrastructure

The Committee is of the considered view that there is urgent need for planned courses and institutions, uniform nomenclature for the existing courses, standards of practice and qualified faculty for the quality of education and skills of the allied and healthcare professions in India. Lack of definitive and uniform criteria for faculty regarding essential qualifications for their classification, nomenclature, entry (direct versus lateral) and the absence of faculty development programmes perpetuate the challenges pertaining to the quantity and quality of AHPs. The Committee, therefore, recommends that the Government must make available the educational resources such as availability of qualified faculty, libraries, simulation centres and modern information technology tools at all centers of learning. The Committee, therefore, recommends that while implementing provisions of Act Government must take care of necessary improvement and upgradation in infrastructure and availability of qualified faculty in the interest of growth and development of allied and healthcare professions all over the country.

(vi) Capacity building and training through PPP modes

The Committee is of the view that the Government alone cannot achieve much in infrastructural development without the support of private partners. The Committee believes that the Government can encourage private sector interest through initiatives such as provision of tax incentives, and permits to corporates to undertake healthcare for optimised use of resources through a capacity building and training initiatives. The Government should ensure standardization of education and putting in place quality control mechanisms for educational institutions, teaching methods, clinical protocols, workforce management and any other related issues. The Committee, therefore, recommends for setting up of robust Public Private Partnership models for infrastructure development and for the training of faculty and ensuring that the required numbers of students graduate each year. Some incentive or financial support should be provided to start these courses.

(vii) Standards and acceptable terminologies for the various professionals

The Committee is of the considered view that there is critical need to undertake a complete standardization of nomenclature for allied and healthcare professionals as part of their career progression, so that promotional levels and associated pay grades may be normalized, accordingly. As recommended earlier, the Committee reiterates its recommendation for reorganisation of the various categories of Allied and Healthcare Professionals based on educational levels and specialty qualifications to match international nomenclature and highlight their importance as vital team players in the healthcare delivery system.

(viii) Globally standards of courses for employment in the health sector

The Committee feels that courses should follow international standards so that they are widely accepted and receive worldwide recognition. Course delivery, practical training and assessments should be standardised. Standardisation should incorporate the demonstration of learning as well. Strategies should be developed to create flexibility in course delivery through alternative delivery modes, multiple locations and timings. Students passing out from colleges should be in great demand and get good jobs. The educational methods should produce such allied and healthcare professionals as worthy of recruitment in domestic as well as global healthcare sector. In this regard, it is also pertinent to keep them abreast of knowledge and maintain good liaison with the industry in search of employment. The Committee is also of the view that the provisions of the Allied and Healthcare Professions Bill, 2018 contains the capacity

for transforming India into a hub of medical tourism- Indian physiotherapist and occupational therapist have got world-wide response, however, there is a need for standardization and Allied and Health Care Professions to fill up the national and global demands.

(ix) Identification /creation of centres of excellence and globally recognised institutions

The Committee is of the view that for each course, centres of excellence and globally recognized institutions should be identified along with hospitals with known good practices, which may become possible training sites. Those institutions willing to conduct courses or to become training sites should be incentivised by the government. It is for the institutions to conduct courses at various levels (diploma to post-graduate and doctoral) depending on their capacities, thus increasing the number of courses in various streams and the students for each course. Such institutions should also be motivated to at least become clinical training sites rendering quality education to students.

The Committee desires to highlight that quality improvement can be implemented by establishing partnerships with international institutions of excellence and PPPs to bring out the best in the profession. The standards developed at the centre and state levels should be in complete harmony with each other. Emphasis on research activities needs to be enhanced and the funding provided at regular intervals either by the centre, state or foreign direct investment, etc., which can be used for the development of the research centres.

(x) Career Progression for Professionals

The Committee gives emphasis that there is need for laying-down strong foundation for robust career progression and pathway i.e. a journey from Allied Health Care to Health Care Profession in order to achieve the objective mission of the Bill. There is a need to define a pathway of an upgraded lateral entry within the allied health educational universe, such as for a diploma holder to enter a degree programme. The Committee, in this regard, recommends that all avenues for each level of transition should be defined. With respect to public awareness, candidates should be well-versed with the difference in opting for any degree or diploma programme.

(xi) Role of Allied Health Professionals at Primary, Secondary and Tertiary Levels

The Committee also recommends that the allied and healthcare professionals must play its pivotal role in providing community healthcare services and be the part and parcel of all the healthcare schemes especially, Pradhan Mantri Jan Aarogya Yojana - Ayushman Bharat. The Committee therefore, desires that the Government should encourage the allied and healthcare professionals to provide its services in the rural, tribal and urban slum areas. The Committee also desires that the government should plug policy gaps and ensure generation of adequate and effective human resource for health to provide quality care at primary, secondary and tertiary level of health delivery in the country. The Committee, in this regard, recommends for synchronizing and strengthening the allied health sciences into articulate policies that help in capacity building and value realization of allied health professionals in the healthcare delivery system.

(xii) Elevating the status and pay structure of allied and health professionals

The Department-related Parliamentary Standing Committee on Health and Family Welfare in its 31st Report had made the following observations on the issue of pay structure and status of allied healthcare professionals :-

During the course of interactions, the Committee observed that there was a lot of dissatisfaction among the allied health professionals particularly physiotherapists and occupational therapists with regard to their pay scales. It was brought to the notice of the Committee that their entry into Government service after completion of four and a half years degree course in the respective profession was not being addressed properly. The Committee was given to understand that their recurrent demands for bringing parity in the pay scales have yielded no results so far. General perception was that discriminatory treatment was being meted out to them as their pay scales did not commensurate with their status and responsibility.

The Committee feels that all the allied health professionals including physiotherapists and occupational therapists play a crucial role in the field of medicine and physical rehabilitation. The Committee, therefore, strongly recommends that their legitimate interests should be taken care of and their existing pay structure may be revised according to their qualifications and duration of the course they have to put in before entering into a Government job.

The present Committee reiterates the above mentioned recommendations with the purpose of elevating the status of allied and healthcare professionals.

(xiii) Nomination of MPs

The Committee is of the view that the Members of Parliament are the representatives of the people and hold immense importance in voicing the concerns of the general public. The Committee believes that the Members of Parliament should be included in the Governing Bodies of Institutes of National Importance so that the concerns of all the stakeholders are also addressed while policy making. The Committee, therefore, recommends that three Members of Parliament (two from Lok Sabha and one from Rajya Sabha) should be nominated in the Governing Bodies of all the Allied and Healthcare Universities and Institutions of National Importance in the country. On similar lines, two members of State Legislative Assembly, and one Member of State Legislative Council, in the case of bicameral state legislature, should be nominated in the governing bodies of all the allied and healthcare institutions in the state.

Conclusion

5.2 The Committee, therefore believes that once the provisions of the Allied and Health Care Professions Act are implemented, there would certainly a facelift for the entire allied health workforce by establishing institutes of excellence, the time is opportune for the government to review existing inputs, processes and outputs; standardise institutions, educational tools and methods; revisit career paths and progression; and reintroduce these professionals into the public system to reap much-awaited rewards in the form of improved health outcomes for the population living not only in metropolitan cities but also in far- flung rural areas, tribal areas and urban-slum areas in order to meet the goals of national health policy and mission and the mission objectives of Ayushman Bharat.
