PARLIAMENT OF INDIA

RAJYA SABHA

31

DEPARTMENT-RELATED PARLIAMENTARY STANDING COMMITTEE ON HEALTH AND FAMILY WELFARE

THIRTY-FIRST REPORT

ON

PARAMEDICAL AND PHYSIOTHERAPY CENTRAL COUNCILS BILL-2007

(PRESENTED TO THE RAJYA SABHA ON 21st OCTOBER, 2008)
(LAID ON THE TABLE OF LOK SABHA ON 21st OCTOBER, 2008)

RAJYA SABHA SECRETARIAT

NEW DELHI

OCTOBER, 2008/ASVINA, 1930 (SAKA)

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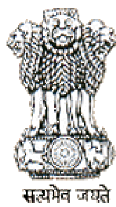

RAJYA SABHA SECRETARIAT

NEW DELHI

OCTOBER, 2008/ ASVINA, 1930 (SAKA)

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COMPOSITION OF THE COMMITTEE (2007-08)

RAJYA SABHA

1. Shri Amar Singh -- **Chairman**
2. Prof. P.J. Kurien
3. Shri Su. Thirunavukkarasar
4. Shrimati Maya Singh
5. Shri Digvijay Singh

6. Dr. M.A.M. Ramaswamy
@7. Shri Lalhming Liana
8. Shrimati Viplove Thakur
9. Shrimati Kanimozhi
*10. Shri Rajeev Shukla

LOK SABHA

11. Smt. Bhavana P. Gawli
12. Dr. Ram Chandra Dome
13. Smt. Maneka Gandhi
$14. Shri B. Vinod Kumar
15. Shri Rajendra Kumar
16. Smt. Susheela Bangaru Laxman
17. Shri S. Mallikarjuniah
18. Shri Rasheed Masood
19. Dr. Chinta Mohan
20. Shri Nihal Chand
21. Shri D.B. Patil
22. Smt. K. Rani
23. Shri Pannian Ravindran
24. Dr. R. Senthil
25. Dr. Mohd. Shahabuddin
26. Dr. Arvind Kumar Sharma
27. Shri Uday Singh
28. Dr. Karan Singh Yadav
29. Shri Vinod Khanna
30. Shri R.L.Jalappa
31. Smt. Yashodhara Raje Scindia

SECRETARIAT

Smt. Vandana Garg,	Joint Secretary
Shri R.B.Gupta,	Director
Shrimati Arpana Mendiratta,	Deputy Director
Shri Dinesh Singh,	Committee Officer

(*nominated w.e.f. 18th February, 2008)
($Ceased to be Member w.e.f. 3rd March, 2008)
(@Ceased to be Member w.e.f. 18th July, 2008)

COMPOSITION OF THE COMMITTEE(2008-09)

1. Shri Amar Singh -- **Chairman**

RAJYA SABHA

2. Shrimati Viplove Thakur
3. Prof. P.J. Kurien
4. Shri Rajeev Shukla
5. Shri Su. Thirunavukkarasar
6. Shrimati Maya Singh
7. Shri Digvijay Singh
8. Shrimati Kanimozhi
9. Dr. M.A.M. Ramaswamy
*10. Shri Lalhming Liana

LOK SABHA

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20. Dr. Chinta Mohan
21. Shri Nihal Chand
22. Shri D.B. Patil
23. Smt. K. Rani
24. Shri Pannian Ravindran
25. Smt. Yashodhara Raje Scindia
26. Dr. R. Senthil
27. Dr. Mohd. Shahabuddin
28 Dr. Arvind Kumar Sharma
29. Shri Uday Singh
30 Dr. Karan Singh Yadav
31. Shri B.Binod Kumar

SECRETARIAT

Smt. Vandana Garg, Joint Secretary
Shri R.B.Gupta, Director
Shrimati Arpana Mendiratta, Deputy Director
Shri Dinesh Singh, Assistant Director

(*nominated w.e.f. 12th August, 2008)
(#nominated w.e.f. 20th August, 2008)

PREFACE

I, the Chairman of the Department-related Parliamentary Standing Committee on Health and Family Welfare, having been authorized by the Committee, do hereby present this Thirty-first Report of the Committee on the Paramedical and Physiotherapy Central Councils Bill-2007. *

2. In pursuance of Rule 270 relating to the Department-related Parliamentary Standing Committees, the Chairman, Rajya Sabha, in consultation with the Speaker, Lok Sabha, referred** the Paramedical and Physiotherapy Central Councils Bill-2007 **(Annexure-I),** as introduced in the Lok Sabha on the 4th December 2007 and pending therein, to the Committee on the 14th December, 2007, for examination and report.

3. A Press Release inviting views/suggestions from the stakeholders and the general public was issued in December, 2007.

4. The Committee considered the Bill in its meetings held on the 11th February, 27th May, 9th June, 1st July and 10th September, 2008.

5. At its meeting held on the 11th February, 2008, the Committee heard the Director General (Health Services) and the Joint Secretary, Ministry of Health and Family Welfare. The Committee also heard a large number of stakeholders representing various Associations/bodies /experts and individuals (list of witnesses enclosed at **Annexure-II).** The Committee concluded its interactions with hearing the views of the Secretary, Ministry of Health and Family Welfare on the 10th September, 2008.

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* Published in Gazette of India Extraordinary Part II Section-2, dated 4th December 2007.

** Rajya Sabha Parliamentary bulletin Part II, No 44735, dated 17th December, 2007

6. The Committee has relied on the following in finalizing the Report:

(i) Background Note and Clause-by-Clause Note on the Bill received from the Department of Health and Family Welfare;

(ii) Presentation and clarification by the Secretary of the Department;

(iii) Memoranda received on the Bill from various bodies/ associations/ organizations/ experts/ Members of Parliament

(iv) Oral evidence on the Bill;

(v) Replies to the Questions/queries raised by Members in the meetings on the Bill received from the Department; and

(vi) Similar State and International Acts.

7. The Committee at its meeting held on 30th September, 2008, considered the draft Report and adopted the same.

8. On behalf of the Committee, I would like to acknowledge with thanks the contributions made by those who appeared before the Committee and submitted their valuable suggestions on the subject matter of the Bill.

9. For facility of reference and convenience, observations and recommendations of the Committee have been printed in bold letters in the body of the Report.

NEW DELHI; AMAR SINGH,

AMAR SINGH

30th September,2008
Asvina 8, *1930 (Saka)*

Chairman,
Department-related Parliamentary
Standing Committee on Health and Family Welfare

REPORT

1. The Paramedical and Physiotherapy Central Councils Bill-2007 (hereinafter referred to as the Bill) was introduced in the Lok Sabha on the 4th December, 2007 and referred to the Department-related Parliamentary Standing Committee on Health and Family Welfare on the 14th December, 2007 for examination and report thereon.

2. The objectives of the Bill are to provide for the constitution of Central Councils of the Paramedical (Medical Laboratory Technology), Paramedical (Radiology Technology) and the Physiotherapy, the coordinated development in the education of paramedical and physiotherapy with a view to regulating and maintaining standards of such education, maintenance of Register of Paramedics and Physiotherapists and for matters connected therewith or incidental thereto. The Statement of Objects and Reasons appended to the Bill reproduced below explains the reasons warranting the need for the Bill :

> "In order to keep pace with the advancement of medical science and development of new diagnostic and therapeutic techniques, there has been a quantum jump in the demand for paramedical personnel and physiotherapists/occupational therapists. This has resulted in the establishment of a large number of institutions and centres for the training of these professionals, many of which are run without any supervision and control as to the quality and standard of education.
>
> Maintenance of proper standards in the training and education of paramedical professions is considered essential as these personnel play a crucial role in healthcare delivery. With a view to regulating these professions, it is considered necessary to set up Councils on the lines already existing for pharmacy, nursing, etc. To begin with, it is proposed to set up separate Councils for Medical Laboratory Technicians, Radiology Technicians and Physiotherapists/Occupational Therapists. These Councils will be responsible, *inter alia*, for maintenance of uniform standards of education in the respective disciplines and registration of qualified personnel for practising the profession.
>
> The Bill seeks to achieve the above objects."

3. In view of the objectives behind the proposed legislation and also its impact on diverse categories of ancillary professions associated with health sector, the Committee decided to acquaint itself with all shades of opinion on the Bill. The Committee, accordingly, gave wide publicity to the Bill through a Press Release, inviting views/ suggestions from all the stakeholders and general public. An overwhelming response to

the Press Release was received by the Committee. A very large number of organizations/ stakeholders/ individuals/ associations/fora submitted memoranda containing their views. The Committee held extensive interactions with representatives of associations/ organizations as well as renowned experts/ professionals from physiotherapy, occupational therapy, medical lab. technology and radiology technology. The Committee also heard the Secretary of the Ministry of Health and Family Welfare and his team of officers and sought clarifications on various provisions of the Bill. The Committee was also benefited by quite a few documents including similar Acts- both State level and international brought before it.

4. The Committee acknowledges all these valuable and enriching contributions which have proved to be of immense help in formulating its views on the different provisions of the Bill.

5. Appearing before the Committee on the 11th February, 2008, representative of the Ministry of Health and Family Welfare apprised the Committee about the circumstances which necessitated the bringing of the Bill. He pointed out that health care services in the country have advanced significantly over the years due to revolution in diagnostic and therapeutic tools. As a result, following problem areas have also emerged which required regulation at the earliest:

- Para-medical professions are not regulated.
- Entry level qualifications are different at different levels.
- Level of knowledge and skills is not uniform.
- Period of training is different in different places and has no uniformity.
- Course curricula are not uniform.
- Fee structure and facilities in these institutions are not regulated.
- Ethics standards are not uniform and not being enforced.

A regulatory mechanism for all paramedical disciplines was being considered by the Ministry since way back in 1995 with the setting up of Dr. S D Sharma Committee. The Committee proposed to set up an Omnibus Council Act for all paramedical disciplines which was endorsed in a meeting of Health Secretaries held on the 28th May, 1995. The Act was proposed to be an umbrella Act under which there were to be a number of independent Central Professional Councils with uniform constitution for all. The proposal to constitute the Omnibus Council was delayed due to various reasons. Meanwhile, the

Ministry of Social Justice and Empowerment in exercise of the powers conferred by Section 2 of the Rehabilitation Council of India Act, 1992 issued a notification dated the 13th October, 1998 including Physiotherapists, Occupational Therapists and Ophthalmic Technicians under the Act. The Associations related to these streams took serious objection to their inclusion under the Rehabilitation Council of India Act. After prolonged efforts, the Ministry of Social Justice and Empowerment rescinded the said notification through their Notification dated the 25th June, 1999.

6. Since then after due diligence and consultations with all the stakeholders, the Centre proposed a Paramedical Council Bill, 2001 which was sent to the Department of Legal Affairs for their concurrence. Ministry of Law was of the opinion that the profession of physiotherapy should not be covered within the meaning of the term 'paramedical'. Physiotherapy Associations had also been representing themselves and through other channels to the Ministry to be excluded from the proposed Paramedical Council. The Committee was given to understand that the proposed Paramedical and Physiotherapy Central Councils Bill, 2007 was the culmination of intensive Govt. efforts supplemented by considered views of all stakeholders.

7. The clauses where the amendments have been suggested by the Committee are given in the succeeding paragraphs:-

8. Clause-1 (1)

8.1 Clause 1 (1) states as follows:-

> "This Act may be called the Paramedical and Physiotherapy Central Councils Act, 2007."

8.2 The Committee notes that the title of the Bill reflects its objective of setting up of separate Councils for Medical Laboratory Technicians, Radiology Technicians and Physiotherapists/ Occupational Therapists. Physiotherapy being considered a discipline distinct from paramedical disciplines finds a specific mention in the title. The Committee has also been given to understand that the proposed legislation is an umbrella Act with the likely inclusion of other paramedical disciplines in future.

8.3 During its interactions with stakeholders representing all the main paramedical disciplines along with physiotherapy and occupational therapy, the Committee was

surprised to observe that divergent views started from the title itself. Quite a few alternative titles as indicated below were put forth before the Committee:

- Paramedical Central Councils Bill, 2007.
- Allied Health Professionals Councils Bill, 2007.
- Medical Technology Central Councils Bill, 2007.
- Physiotherapy Central Council Bill, 2007 as a separate Bill.
- Paramedical, Physiotherapy and Optometry Central Councils Bill, 2007.
- Medical Technology (Laboratory/ Radiology) and Physiotherapy Central Council Bill, 2007.
- Medical Technology and Physiotherapy Central Council Bill, 2007.
- Health Professions Central Council Bill, 2007.
- Bio-medical Science Council Bill, 2007.
- Physiotherapy and the Health Professions Central Council Bill, 2007.

8.4 The first objection raised was absence of specific mention of discipline of occupational therapy, a speciality having a distinct identity of its own from the title of the Bill. In contrast, physiotherapy finding a specific place in the title was considered as discriminatory to other paramedical streams which were considered to be having a similar status. Another view which was put forth before the Committee was that a separate Bill was required for physiotherapy due to the specialized nature of services being provided by it. Stakeholders representing medical laboratory technology, radiology technology, operation theatre technology, perfusion technology etc. raised strong reservation to the use of nomenclature of paramedical in the context of their professions as the same was not in consonance with what was in vogue in the present world scenario.

8.5 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 take notes 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.

8.6 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'. The Committee, accordingly, recommends that clause 1(1) be amended to read as follows:-

> **"This Act may be called the Allied Health Professions Central Councils Act, 2007".**

8.7. The Committee also recommends that in the light of its above recommendation the preamble to the Bill be amended to incorporate the consequential changes.

9. <u>Clause 2</u>

9.1 Clause 2 deals with 'Definitions'. Clause 2(1)(a) defines the term 'Central Council' in the following manner:-

> **"**"Central Council" means the Central Council of Paramedical (Medical Laboratory Technology) or Paramedical (Radiology Technology) or Physiotherapy, as the case may be, constituted under section 3;

9.2 In view of its observation and recommendation with regard to the title of the Bill, and Clause 3, the Committee is of the view that definition of Central Council may also be modified as follows:

> **"Central Council" means the Central Council of Medical Laboratory Technology or Radiology Technology or Physiotherapy or Occupational Therapy, as the case may be, constituted under section -3".**

9.3. <u>Clause 2(1) (b)</u>

Clause 2 (1) (b) defines the term 'education' as reproduced below:-

> "education" means programmes of education, research or training or such other programmes or areas as the Central Government may, in consultation with the Paramedical (Medical Laboratory Technology) Central Council or the Paramedical (Radiology Technology) Central Council or the Physiotherapy Central Council, as the case may be, by notification, declare

in the discipline of medical laboratory technology, or radio diagnosis or radiotherapy or nuclear medicine or physiotherapy;.

9.4 In the light of the Committee's observations/ recommendations in respect of clause 1(1) and Clause 2(1) (a) above, definition of the term 'education' may be modified accordingly with the words "or occupational therapy" added after "physiotherapy".

9.5 **Clause 2 (1) (e)**

Clause 2(1)(e) defines the term 'medical laboratory technician' as follows :

"Medical laboratory technician" means a person whose name has been entered in the register of the Paramedical (Medical Laboratory Technology) Central Council."

9.6 Strong objections were raised by representatives of a number of associations to the use of word 'technicians' for those professionals carrying out pathological tests in medical labs and handling other allied matters. It was pointed out that in the technical parlance, the term 'technician' indicates a person who operates an equipment or handles a machine or device with or without technical knowledge and professional skills. Like other disciplines of health care, medical lab technology has also shown significant advancement over the years. Modern medical laboratory technology can no longer be equated with its earlier limited scope of basic pathological tests. It was, accordingly, pointed out that the usage of the term 'technologist' indicating a qualified person with technical knowledge and professional skills would be the most appropriate proposition in place of 'technician'.

9.7 **The Committee finds substance in the above arguments and recommends that the word "technician" in Clause 2 (1) (e) be replaced by "technologist" and the term "Paramedical" be deleted. The Committee strongly feels that the definition should also specifically mention that a medical laboratory technician will be a person who possesses recognized medical laboratory technology qualification. The same may, accordingly be included in the definition of 'medical laboratory technician'.**

9.8 Clause 2(1)(f)

Clause 2(1)(f) defines 'medical laboratory' as follows :

> “medical laboratory” means a laboratory for diagnostic, therapeutic and research purpose being manned by qualified technical personnel.”

9.9 On a pointed query about the requirement of supervision/ presence of a qualified pathologist in a medical laboratory, it was clarified by the Ministry that all the laboratory reports have to be verified by a qualified medical practitioner/ specialist. Medical laboratories need to be manned by medical professionals as directed by the Bombay High Court. **The Committee, accordingly, recommends that the definition of medical laboratory may be modified accordingly.**

9.10. Clause 2 (1) (g)

Clause 2(1)(g) defines the term “member” in the context of the Central Councils, in the following manner :

> "member" means a member, of the Paramedical (Medical Laboratory Technology) Central Council or the Paramedical (Radiology Technology) Central Council or the Physiotherapy Central Council, as the case may be, and includes its Chairperson and the Vice-Chairperson;

9.11 In the light of its observations/recommendations in respect of Clauses 1(1), and 2 (1) and Clause 3, the Committee recommends that in Clause 2(1)(g) after the words “Physiotherapy Central Council” Occupational Therapy Central Council be inserted and the word “Paramedical” be deleted from Clause 2(1)(g).

9.12 Clause 2 (1) (j)

Clause 2(1)(j) defines “Occupational Therapist” in the following manner :

> "occupational therapist" means a person whose name has been entered in the register of the Physiotherapy Central Council;

9.13 In the light of its observations/recommendations in respect of 2(1)(a) and 2(1)(e) and 3 the Committee recommends that “Physiotherapy Central Council” in the definition be replaced by Occupational Therapy Central Council and the words ‘who possess recognized occupational therapy qualification’ may also be added.

9.14 Clause 2(1)(k)

Clause 2 (1)(k) defines ‘occupational therapy’ as indicated below:-

> "occupational therapy" means medically directed application of diagnosis, or treatment, or both, of persons with the aim of preventing disability and maintaining health;

9.15 The Committee had the opportunity to ascertain the views of both associations representing Occupational Therapists and Physical Medicine and Rehabilitation. The Committee found that the definition of 'occupational therapy' was not acceptable to both the sides, although for different reasons. Contention of the association representing Physical Medicine and Rehabilitation was that occupational therapy was a paramedical subject where the patient was initially assessed by a medical doctor and on the prescription of such a doctor, the occupational therapist executed the occupational therapy programme without making any primary diagnostic assessment of the patient. Accordingly, their suggestion was for retention of words 'medically directed' and deletion of the words "application of diagnosis, or" and "or both" from the definition of 'occupational therapy'. The association representing occupational therapists informed the Committee that in India there were 25 educational centres imparting Bachelor degree course in Occupational Therapy with 4 years and 6 months duration, Masters in OT with 3 years duration followed by research programmes available in many universities. It was emphasized that the definition of 'occupational therapy' neither made any sense nor was prevailing anywhere in the world. The inclusion of words "medically directed" in the definition was not justified as any specialty with qualifications prevailing upto the research level could not be directed by another specialty for evaluation, diagnosis and management, which was not qualified in the specific field to do so. It was pointed out that such a provision, if implemented, would adversely affect the treatment and rehabilitative care of persons with disability.

9.16 Asked to share its views on the definition of occupational therapy, the Ministry of Health and Family Welfare submitted that due to some error in the Bill, the definition of 'occupational therapy' according to the draft bill approved by the Cabinet was not incorporated. The Ministry suggested the following definition:

> "Occupational Therapy is defined as medically directed application of purposeful, goal oriented activities which engage the individual's body and mind in meaningful, organized, and self-directed actions that maximize independence, prevent or minimize disability, and maintain health for persons whose functions are impaired by physical illness or injury, emotional disorder, congenital or developmental disability or ageing process. Specific occupational therapy services include education and training in activities of daily living and designing or fabricating selective temporary orthotic devices, and applying or

training in the use of assistive technology or orthotic and prosthetic devices (excluding gait training)".

9.17 Committee's attention was also drawn to the inclusion of 'occupational therapy' in the definition of 'physiotherapy'. The Committee finds it surprising that an independent profession with entirely different course of study, mode of treatment and approach in treatment and rehabilitation of patients has found place under another profession. The Committee was informed that both occupational therapy and physiotherapy having entirely separate curriculum were recognized as separate disciplines in educational institutions, Hospitals and medical institutions across the country have separate departments of occupational therapy and physiotherapy. The Committee strongly feels that reservations are based on valid ground and accordingly recommends the deletion of words 'occupational therapy' from the definition of 'physiotherapy'.

9.18 The Committee notes that inclusion of words "medically directed" is the most contentious part of the definition of 'occupational therapy' as indicated in Clause 2 (1) (k). There is no doubt in the mind of the Committee that occupational therapists are responsible for detailed assessment, treatment planning and implementation of treatment regimen. Even the representatives of Indraprastha Association of Rehabilitation Medicine, during the course of their appearance before the Committee, admitted in the context of physiotherapists/ occupational therapists that they work independently but according to the prescription of a doctor. Keeping this fact in view and also their training period of four and a half years, the Committee does not subscribe to the view that the words "medically directed" need to be retained in Clause 2(1)(k).

9.19 During the course of its interaction, the Committee's attention was drawn to the definition of 'occupational therapy' given in the Delhi Council for Physiotherapy and Occupational Therapy Act, 1997. After comparing the relative merits of the two definitions of Occupational Therapy, i.e. the one given in the Delhi Council for Physiotherapy and Occupational Therapy Act, 1997 and the other given in the Bill, the Committee finds the definition given in the Delhi Council for Physiotherapy and Occupational Therapy Act, 1997 is more comprehensive. The Committee,

accordingly, recommends that the following definition of 'Occupational Therapy' as given in the aforesaid Act be included in the Bill.

> **"Occupational therapy" means the application of purposeful goal-oriented activity through latest technology with computerized system and the like in the evaluation, diagnosis, and or treatment of persons whose function is impaired by physical illness or injury, emotional disorder, congenital or developmental disability, or the aging process, in order to, achieve optimum functioning, to prevent disability, and to maintain health.**

9.20 To allay the apprehensions about the anticipated misuse, the Committee recommends that a specific provision be included in the Bill to the effect that occupational therapists practise their profession within the technical specification stipulated in the definition.

9.21 Clause 2 (1) (l)

Clause 2 (1) (l) which defines the term "paramedic" is produced below:-

> "paramedic means a person whose name has been entered in the registers of the Paramedical (Medical Laboratory Technology) Central Council and Paramedical (Radiology Technology) Central Council."

9.22 In the light of its observations/recommendations in respect of Clauses 1(1) and 2 (1) (a), the Committee recommends that the word "Paramedic" in Clause 2(1) (l) be replaced by "Allied Health Professional" and the word "Paramedical" be deleted from the said clause.

9.23 Clause 2(1)(m)

Clause 2 (1)(m) which defines the term "Paramedical" is reproduced below:-

> "Paramedical" means the medical laboratory technology and the radiology technology;

9.24 In the light of its observations/recommendations in respect of Clauses 1(1) and 2(1) (a) and (g) above, the Committee recommends that the word "Paramedical" be replaced by "Allied Health Profession".

9.25 Clause 2(1)(n)

Clause 2(1) (n) which defines the term " physiotherapist" is reproduced below"-

> "physiotherapist" means a person whose name has been entered in the register of the Physiotherapy Central Council;

9.26 The Committee recommends that the words 'who possesses recognized physiotherapy education and' may be added in the definition.

9.27 Clause 2(1)(o)

Clause 2(1)(o) defines the term "physiotherapy" in the following manner:

> "physiotherapy" means medically directed therapy through physical agents including heat, cold, light, water, massage, electricity or manual exercises to persons with the aim of preventing or correcting any disability and includes occupational therapy.

9.28 The definition of physiotherapy was the most contentious issue and it was debated in great detail. While stakeholders representing the profession of physiotherapy were vehemently opposed to the inclusion of the expression "medically directed" in the definition of 'physiotherapy' with many of them wanting it to be declared as an independent system of medicine, the representatives of Indian Association of Physical Medicine and Rehabilitation , Indraprastha Association of Rehabilitation Medicine and the Indian Medical Association articulating the views of doctor fraternity, argued that physiotherapy was not an independent system of medicine but actually an outreach of the allopathic system of medicine and therefore retention of the words "medically directed" in the definition of physiotherapy was a must, in the interest of patients.

9.29 Indian Medical Association, New Delhi submitted that independent systems of medicine are systems which are inherently different from one another like Ayurveda, Siddha, Unani, Homeopathy & Vetenary Science with totally different content altogether. Compared to these, Physiotherapy does not constitute an independent system of medicine but is actually an outreach of the allopathic medicine particularly Rehabilitation Medicine, which includes all paramedics like Physiotherapy, Rehabilitation, Nursing, Occupational Therapy, Prosthetics and Orthotics (fabricating splints and artificial limbs) and Clinical Psychology. They also stated that the team is headed by a specialist in Physical Medicine & Rehabilitation (MD PMR after MBBS), a doctor who coordinates the rehabilitation programme. If a paramedical course like physiotherapy is treated as an independent system of medicine, then all the other paramedics can also make similar claims. Attention was also drawn to the Supreme Court judgment delivered in 1998 as per which the systems of medicines generally prevalent in India are Ayurveda, Sidha, Unani, modern system of medicine (Allopathic) and Homoeopathic.

9.30 They added that with regard to the training, the major clinical subjects like Orthopedics, Neurology, cardio-respiratory diseases, General Surgery, General Medicine, Pediatrics and Rehabilitation Medicine and most of non-clinical subjects like Anatomy,

Physiology, Microbiology, Pathology and community medicine are taught to them by allopathic professionals. Physiotherapy cannot, therefore, be considered an independent system of medicine. The scope of the clinical and non-clinical subjects taught is only relevant to the scope of imparting physiotherapy education and not diagnostic and therapeutic aspects of all the ailments. Hence, a physiotherapist cannot apply the limited knowledge he has gained in diagnosing and treating patients.

9.31 Indian Medical Association thus supported retention of the words "medically directed in the definition, stating that physiotherapists are the paramedical technical staff who are trained to assist a doctor/work under the guidance of the doctor. Most of these personnel work under the specialties of Orthopedics, Neurology, Neurosurgery, Anesthesia and Pediatrics, which are the branches of modern medicine. It was further informed that Maharashtra and Delhi Council definitions of physiotherapy were not correct and IMA was urging respective state governments to modify the same.

9.32 Indian Association of Physical Medicine and Rehabilitation and Indraprastha Association of Rehabilitation Medicine also expressed similar views.

9.33 Asked to acquaint the Committee with the international trend in this regard, the representative of IARM stated that nowhere in the world are the physiotherapists allowed to treat the patient independently. He cited the examples of the New York Physical Therapy Act, the Australian Physical Therapy Act, the California Physical Therapy Act and the Louisiana Act and claimed that as per these Acts only the medical doctor is authorised to do the diagnosis and refer the case to a physiotherapist. He also added that first the history of the patient needs to be evaluated; he has to be examined; his investigations carried out; the diagnosis done and then comes the treatment part. In reply to a query, the representative explained that IARM was not against giving physiotherapists independent treatment options but diagnostic option should be reserved for the physicians under the modern system of medicine.

9.34 Asked to comment on whether "medically directed" should be limited to physiotherapy and occupational therapy, or it should also be used in the context of other paramedicals like radiology and medical lab. technology, radiologists and technicians, the representative of IARM stated that all paramedical disciplines should have the word "medically directed."

9.35 Physiotherapists Forum of AIIMS and Indian Association of Physiotherapists, along with other stakeholders representing educational institutions, students, experts, practicing physiotherapists and others voiced their serious reservations on the definition of physiotherapy as proposed in the Bill. They strongly advocated the deletion of words 'medically directed' from the definition of physiotherapy. It was argued that these words reduced the scope of independence of physiotherapists in decision-making during the course of their clinical practice. It was also emphasized that the entire definition of physiotherapy, as given in the above clause was wrong. The Committee was informed that over the years, curriculum of physiotherapy education in different institutions in the country has upgraded from Diploma level to 4 years' and 6 months degree course, followed by Post-graduate and Ph.D courses. Further, physiotherapy graduates undergo intensive full time clinical training and are skilled to handle all varieties of patients of sports injury, neurological disorders, orthopaedic disorders, Cardio-respiratory diseases, post-trauma cases and geriatric care. The Committee was also given to understand that in counties like Australia, New Zealand, UK, USA, Canada etc; physiotherapists are given a regulatory status where one has the independence and autonomy to practise the profession of physiotherapy.

9.36 Committee's attention was also drawn to the parallel position of Naturopathy and Yoga when compared with physiotherapy as both were based on physical and psycho-somatic methods of diagnosis and treatment, with both claiming benefit to the patients in a drugless manner. It was argued that both Naturopathy and Yoga are granted equal status along with Ayurveda under AYUSH. Thus, physiotherapy also deserved to be granted an independent status.

9.37 Another argument put forth before the Committee was that the exact nature of medical direction not being specified in the definition would imply that it can be issued by any medical practitioner such as Allopathic, Ayurvedic and Homeopathic practitioner. However, with physiotherapy not being part of their curriculum, it would be beyond their expertise to give any medical direction to physiotherapists.

9.38 It was also explained to the Committee that every health system has both referral and independent practice. For example, a surgeon requires the views/ reports of pathologist and radiologist before going for a surgery. Similarly, physiotherapists also

take referral case from Orthopaedics, Neurologists, Neuro-surgeons etc. Thus, every medical consultant including physiotherapist works as a part of the entire medical team. It was, accordingly, emphasized that both physiotherapy and medical practice were professions, supplementary and complementary to each other.

9.39 Committee also took note of the views expressed by Dr. M.K. Bhan, Professor of Pediatrics, AIIMS and presently on deputation as Secretary, Department of Biotechnology who pointed out that currently, access to high quality rehabilitation was very limited in our country and physiotherapy deserved to be supported and promoted in a decisive manner, in terms of education and training. While accepting the fact that in planning physical rehabilitation, assessment by medical and surgical disciplines was important, it was also mentioned that only a small number of physicians had a reasonable understanding of physical rehabilitation. In general it has been seen that the medical profession does not always enable thriving of the support services and generally reluctant to grant them proper professional status. This indirectly leads to much needed professions such as physiotherapy becoming unattractive and in the process keeping good quality students away. It was, accordingly, emphasized that adequate recognition should be granted to physiotherapy through legislation and for ensuring adequate access to physiotherapy services in the country, physiotherapists be allowed to open independent service centres. The education of physiotherapists should in itself provide ample understanding of when physical therapy is required.

9.40 In the end, the Committee was given to understand that the definition of physiotherapy as given in the Delhi Council for Physiotherapy and Occupational Therapy Act 1997 and the Maharashtra State Council for Occupational Therapy and Physiotherapy Act Number, 2004 were comprehensive and the most widely accepted definition of physiotherapy and therefore either of the above definitions reproduced below may be adopted in the present Bill.

(i) According to the Delhi Council for physiotherapy and Occupational Therapy Act, 1997.

> "Physiotherapy" means physiotherapeutic system of medicine which includes examination, treatment, advice and instructions to any persons preparatory to or for the purpose of or in connection with movement dysfunction, bodily malfunction, physical disorder, disability, healing

and pain from trauma and disease, physical and mental conditions using physical agents including exercise, mobilization, manipulation, mechanical and electrotherapy, activity and devices or diagnosis, treatment and prevention.

(i) According to the Maharashtra State Council for Occupational Therapy and Physiotherapy Maharashtra Act, 2004.

"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 disorders or disability promoting physical fitness, facilitating healing and pain relief and treatment of physical and psycho-somatic disorders through modulating physiological and physical response using physical agent, activities and devices using exercises, mobilization, manipulations, therapeutic ultra-sound, electrical and thermal agents and electrotherapy for diagnosis, treatment and prevention.

9.41 Asked to offer its comments on the definition of physiotherapy as given in the Delhi Council for Physiotherapy and Occupational Therapy Act,-1997 and the Maharashtra State Council for Occupational Therapy and Physiotherapy Act, 2004, the Ministry of Health and Family Welfare in a written submission stated that both the definitions indicate physiotherapy as separate system of medicine (Physiotherapeutic System of Medicine), which is not correct and there are chances that these definitions can be misinterpreted. Following factors were highlighted in support of the stand taken by the Ministry-

- There is no Physiotherapeutic System of Medicine existing anywhere in the world. Also most of the syllabuses in the physiotherapy courses are extracted from the modern system of medicine specialties.
- Physiotherapy is a 60-70 years old paramedical discipline created to train the physiotherapy technicians. These physiotherapy technicians were trained to assist Army Physicians (Doctors) to treat war victims during and after the 2nd world war in USA, UK and Australia. The founders of physiotherapy were those Army Physicians, Nurses and Medical Physicists and they gave medical scientific background for this.
- The Supreme Court in its Judgment (Civil appeal no. 69/1987) on 13/10/1998 says "the systems of medicine generally prevalent in India are Ayurveda, Sidha, Unani, modern system of medicine and homeopathy".

- The suggested definitions convey a meaning that physiotherapist is the first contact person in the diagnosis, treatment and prevention of various diseases and disorders which in fact should be done by the physicians (doctors) as registered in the Medical Council of India.
- The term "bodily malfunction" may also mean conditions like Diabetes Mellitus, Myocardial Infarction, Nutritional Deficiencies etc. which would require attention by the medical doctors rather than a physiotherapist.
- The words "physical disorders" is a broad term and may also include disorders of the heart, lungs, endocrine organs, ear, eyes, skin, including tumors, infections, trauma etc. and would require the medical doctors to treat and may not require any physiotherapy treatment at all or alone. The treatment of "pain" as mentioned in the definition is not always possible with physiotherapeutic modalities, since it can be because of variety of illnesses, thus it is likely to be misinterpreted.
- The words "healing from pain and trauma" would also mean treating fractures, nerve injuries and acute abdominal injuries where the Orthopedic surgeon, Neuro-surgeon or General surgeon may be needed rather than a physiotherapist.
- The words "medically directed therapy" are used in the interest of the safety of the patient and not to reduce the scope of physiotherapy rather it protects therapists from the medico legal risks.
- Other paramedics e.g. Nurses, Pharmacists, Radiographers, Medical laboratory technologists and Speech therapists etc. might also like to be first contact practitioners without medical direction by the medical doctors.

9.42 On being asked what was the justification for inserting the words "medically directed" in the definition of physiotherapy when in many developed countries like UK, USA, Canada, Australia etc. physiotherapists have been given independent status and autonomy to practice, the Ministry of Health and Family Welfare informed that it has gone through various international Acts in USA, Canada, Europe, Australia and other countries. The systems of health care in these countries were entirely different as most of the health care services were covered by the public and private insurance sector. Practices of most of the Paramedics / allied health care professionals were indirectly regulated by this sector in the above mentioned countries and the same systems could not be compared with India. However, in spite of this indirect regulation of health care practice, the Department of Health and Human Resources, United States of America, under its Centers for Medicare and Medicaid services (CMS Services - the foremost and

largest health care provider in USA) clearly says 'Doctor' order is a must for physical therapy/occupational therapy treatment and for the reimbursement of the Bill.

9.43 It was also pointed out that most of the physical therapy Acts at international level also say prescription from licensed physician, surgeon, dentist, podiatrist is mandatory to get the Physiotherapy treatment (Louisiana Physical Therapy Act, Virginia Physical Therapy Act, New York Physical Therapy Act, Texas Physical Therapy Act, Mississippi Physical Therapy Act, State of Rhode Island Physical Therapy Act, Iowa Physical Therapy Act).

9.44 The Secretary, Ministry of Health and Family Welfare, while replying to the various queries raised by the Committee on the much debated issue of definition of Physiotherapy very specifically mentioned that it was a conscious decision to include the words 'medically directed' in the definition of physiotherapy.

9.45 The Committee finds that the issue of definition of physiotherapy has elicited very strong and emphatic views both for and against from physiotherapists and medical practitioners as well as from the Ministry. The Committee is constrained to observe that instead of there being an objective assessment of the definition of physiotherapy , unnecessary and unwarranted controversy on the status of physiotherapists versus medical practitioners has been dwelt upon by all concerned. The Committee is somewhat disturbed by the diametrically opposite stand taken by the physiotherapists and medical practitioners. In the process, the academic exercise of defining a profession has been done away with and element of professional insecurity and rivalry seems to have become more important.

9.46 The Committee has given deep thought to all the views and opinions aired before it by all concerned. Voluminous material relating to both national and international arena placed before it has also received full attention of the Committee. The fact that physiotherapy education over the years has made significant advancements and has evolved as a distinct profession seems to be well established. This is strengthened by the considered opinion of Ministry of Law that physiotherapy profession should not be equated with the paramedical professions.

9.47 The Committee also took an opportunity to go through the definition of physiotherapy as given in different State Acts of USA, Canada, New Zealand etc.

The Committee did not notice the specific use of words 'medically directed' in the definition of 'physiotherapy' given in these Acts. The Committee would also like to point out that a definition should only describe the profession enumerating its different characteristics and not its administrative part. The Committee also takes note of the fact as mentioned by the representative of the Ministry that in USA, physiotherapy profession has reached a stage where these professionals can practise independently. Not only this, in some of the international Acts, it has been specifically provided that physiotherapists having the required experience can give physiotherapy treatment without a referral. These Acts also confer upon a physiotherapist the right to practise with or without referral governed by the circumstances of the case. The Committee would also like to point out that the analogy of including the words ' medically directed' should have been followed in the definitions of medical Laboratory technology and radiology technology also. The Committee is, however, surprised to note that definition of these two professions to be governed by separate Central Councils is completely ignored by making a mere mention of these two professions under the definition of 'paramedical'. This confirms Committee's apprehension that the words 'medically directed' have been deliberately used defeating the very basis of defining a profession.

9.48 The Committee is not fully convinced by the reservations of the Ministry to the definition of physiotherapy as given in the Delhi Council of Physiotherapy and Occupational Therapy Act, 1997. The Committee feels that this definition is more comprehensive and as a whole is confined to the specific role of a physiotherapist. Such a definition does not give the right to a physiotherapist to practise as a doctor. Ministry's objections to the use of words like 'bodily malfunction', 'physical disorders' and 'healing from pain and trauma' do not seem to be very convincing. The Committee would like to point out that similar words have been included in the definition of physiotherapy given in the relevant Acts of other countries.

9.49 The Committee also takes notes of well-founded objection raised with regard to the definition of physiotherapy as given in the Delhi Act. The Committee, accordingly, recommends that this definition may be included with the replacement

of the words 'physiotherapeutic system of medicine' by the word 'therapy' or 'health care profession'. Secondly, to set at rest the apprehensions expressed by all concerned about physiotherapists assuming the role of a doctor, following provision may be added at the appropriate place in the Bill :

> **'Physiotherapists cannot take over the responsibilities of a doctor and cannot prescribe drugs.'**

9.50 Clause 2(1)(q)

Clause 2(1)(q) defines " radiodiagnosis" in the following manner :

> "radiodiagnosis" means any kind of diagnostic procedures involving ionizing radiation (X-Rays);

9.51 Indian Association of Radiological Technologists and Indian Society of Radiographers and Technologists submitted that the Radiodiagnosis Department makes use of both ionizing and non-ionizing radiations (like magnetic resonance, RF waves and ultrasonal) for diagnostic purpose. So, the word "non-ionising" may also be added in the definition. **The Committee feels that the suggestion seems to be justified and, accordingly, recommends that necessary modification may be carried out in the definition of radio-diagnosis'.**

9.52 Clause 2(1)(r)

Clause 2(1)(r) defines " radiology technician " as follows :

> "radiology technician" means a person whose name has been entered in the register of the Paramedical (Radiology Technology) Central Council;

9.53 Associations representing Radiographers pointed out that over the years Radiology Technology has expanded to Imaging Technology, Radiotherapy Technology and Nuclear Medicine Technology. Most advanced diagnostic and therapeutic equipments like CT Scan, MRI, SAD, PETS, Mammography, Cobalt Therapy Equipments, Linear Accelerator, Gamma Camera, Technicians were on the actual operational level of advanced and sophisticated equipments. It was also mentioned that the term 'technician' has been replaced by the term 'technologist' all over the world. Therefore, it was very much essential to denote Radiology Technician as Radiological Technologist.

9.54 The Committee is convinced with the fact that highly skilled work force is required to operate advanced medical equipments under the present health care

delivery system. The Committee, therefore, recommends that the words ”radiology technician” be replaced by the words ’radiology technologist’ and the word ”Paramdical” be deleted from this Clause. The words ’who possess recognised radiology technology education’ may also be included in the definition.

9.55 Clause 2(1)(s)

Clause 2(1)(s) which defines “ radiotherapy ” is reproduced below-

"radiotherapy" means any kind of therapeutic procedure involving sealed ionizing radiation sources.

9.56 Central Govt. Hospital Radiographers Welfare Association submitted that the definition of radiotherapy may be changed as follows:-

“Radiotherapy means any kind of therapeutic procedure that involves a sealed ionizing radiation source or any other radiation including electron beam laser beam or proton etc.

The Committee recommends to the Ministry to examine the above suggestion and incorporate the same if it is in consonance with the established scientific principles.

10. Clause 3

10.1 Clause 3 relates to constitution of the three Central Councils as indicated below :

(a) the Physiotherapy Central Council,
(b) the Paramedical (Medical Laboratory Technology) Central Council, and
(c) the Paramedical (Radiology Technology) Central Council.

10.2 During its interactions with associations/ experts representing occupational therapy and physiotherapy, it was constantly impressed upon the Committee that the two professions were two separate professions each having a distinct identity of its own. Occupational therapy being covered under the Physiotherapy Central Council was not considered a viable preposition.

10.3 **The Committee notes that as admitted by the Ministry, in the absence of any registering and regulatory body, there was no exact data available about paramedical professionals except pharmacists and nurses. However, the approximate number of physiotherapists and occupational therapists based on their assumption was around 16,000 and 8,000 respectively.**

10.4 The Committee feels that the Physiotherapy Central Council as envisaged with two separate registers for physiotherapy and occupational therapy will not serve the purpose. The Committee would like to point out that an independent profession with entirely different course of study, mode of treatment and approach in treatment and rehabilitation of patients cannot be included under another profession. The Committee also take note of the fact that both the professions having entirely separate curriculum are recognized as separate disciplines by UGC. Committee's contention is strengthened by confirmation of both the professions being entirely different and practitioner of one discipline not allowed to practise the other in reply to a Parliament Question given on the 20th August, 2004. In the light of the above facts and also its observations/ recommendations in respect of Clauses 1 (1) and 2 (1) (a) above, the Committee recommends that Clause 3 (1) be amended to read as follows:-

(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 also recommends that the consequential changes be made in the Bill to reflect the above proposition.

10.5 The Committee was surprised to observe that overall composition of the Central Councils indicated lack of autonomy by virtue of these being purely nominated bodies. On a specific query in this regard, it was clarified by the Ministry that the role of the Council was to lay down technical standards, rather than becoming monopolies and therefore government control was essential. The Ministry also argued that there had been past instances with existing Councils e.g. Medical Council of India where Central Government was forced to exercise control over its affairs. Keeping this experience in mind, the Central Government had proposed to have control over the Councils and the Bill has been formulated with this opinion.

10.6 The Committee is disturbed by the line of argument offered by the Ministry with regard to the proposed role of the Central Councils. The Committee is of the considered view that in this era of liberalization when the general trend is towards according greater autonomy to institutions for the purpose of making them centres

of excellence, approach of the Ministry is not justified. It is in this context that injecting the process of election in the constitution of the Councils acquires added significance. Arming the Central Government with overriding powers in all matters coupled with lack of any mechanism of checks and balances will undermine the very purpose for which the Councils are proposed to be set up. The Committee is appreciative of the fact that the Central Government, by its very nature, is mandated to implement policies of national importance and to that extent it is well within its right to exercise control over the affairs of the Councils. However, that does not warrant giving the Central Government over-riding powers in a way that is prejudicial to their autonomous working. The Committee, therefore, recommends a new clause be added to the Bill to shield the proposed Councils from undue government interference.

10.7 The Committee received a number of requests from various associations/ fora/ organisations for inclusion of more categories of paramedical professions in the Bill. Some of the stakeholders pleaded that there should be one more Council for operation theatre technical staff and one for the remaining categories such as speech therapist, orthopist/ orthoptician, audiometric assistant, haemo- dialysis technical staff like ECG technician, EEG Technician, EMG technician and mortuary technical staff. It was also pointed out that all the above streams of paramedical staff played an important role under the Modern Health Care Delivery System and if these categories were left out of the purview of any such mechanism, the quality of health care delivery system would be badly affected. It was, accordingly, suggested that either these categories should be clubbed with similar groups in any of the Council or a separate mechanism should be developed for accommodating them.

10.8 Some other stakeholders submitted that the proposed Paramedical Council should also include specializations like cardiac care, respiratory care, dialysis technology, etc. and also have a scope to include other specializations as and when they develop. Committee's attention was also drawn to the fact that Extra Corporeal Technologists (also called perfusionists), though small in number (approximately 500), were also a very important part of medical technology as without their support, a cardiac surgeon cannot operate. A separate Council was, accordingly, requested for them.

10.9 During the course of their deposition before the Committee, a group of stakeholders representing the interest of doctor fraternity submitted that medicine was a rapidly changing field and what was today the state-of-the-art, became obsolete in five years. They, therefore, suggested that this Act should be envisaged as an Umbrella Act for all the paramedicals whereunder the newer and emerging technologies and paramedical professionals could get automatically adjusted. However, the Bill in the present from, they opined, did not address that aspect.

10.10 Asked to respond to the apprehension that there was no enabling provision in the Bill for the creation of more Council/sub-councils, the Ministry of Health and Family Welfare *inter alia* submitted that the proposed Bill envisages creating an umbrella Central Council Legislation with a provision to create number of separate Councils/Sub-Councils and as and when required an enabling provision shall be incorporated for the purpose.

10.11 The Committee was also informed that with the development in modern medicine, there was constant evolution in paramedical disciplines both in their assignment and in their terminology. The major categories of Paramedical disciplines not covered in other existing Central Councils in India (Rehabilitation Council of India, INC, Pharmacy Council) were as follows:-

1. Medical Imaging technologists (Radiographers, X-ray technicians, Dark Room Assistants).
2. Medical laboratory technologists
    a. Biochemistry
    b. Pathology
    c. Bacteriology
    d. Virology
    e. Cytology
    f. Histopathology
    g. Haematology
    h. Blood Bank Technology
    i. Lab Medicine
3. Renal dialysis technologists
4. Physiotherapists
5. Perfusion technologists
6. Occupational therapists
7. Respiratory therapists
8. Optometrists
9. Ophthalmic assistants

10. Nuclear Medicine Technologists
11. Neuroscience technologists (EMG, EEG)
12. Cardiovascular technologists (ECG, ECHO)
13. Pre Hospital Trauma Technologists (Accident & Emergency care)
14. Anesthesia technologists
15. Operation theater technologists.
16. Medical radiation technologists
17. Dieticians/Nutritionists

10.12 **The Committee observes that though the Bill envisages to enact an Umbrella Central Councils Act, enabling provision for creation of new councils is missing as conceded by the Ministry also. The Committee is, however, not in favour of creating separate Councils/ Sub-Councils for each of the 17 paramedical professionals, as doing that would not only be time-consuming but also cost ineffective. One must also not forget that this list of 17 paramedical professions is not an exhaustive one. The Committee, therefore, recommends that Clause 3(1) be amended and a new Clause be added on the lines as suggested by the Ministry above.**

11. Clause 3 (4)

11.1 Clause 3 (4) provides that every *Central Council shall consist of the following members, namely:—*

> *(a) the Chairperson, to be appointed by the Central Government from amongst the members of the concerned Central Council;*
> *(b) the Vice-Chairperson, to be appointed by the Central Government from amongst the members of the concerned Central Council;*
> *(c) one officer not below the rank of an Assistant Director General of the Directorate General of Health Services in the Ministry of Health and Family Welfare dealing with the physiotherapy or medical laboratory technology or radiology technology, as the case may be;*
> *(d) one officer of the Ministry or the Department of the Central Government having administrative control of health not below the rank of a Deputy Secretary to the Government of India, dealing with the physiotherapy or medical laboratory technology or radiology technology, as the case may be;*
> *(e) one member not below the rank of a Deputy Secretary to the Government of India to be appointed by the Central Government to represent the Ministry of Finance;*
> *(f) one member not below the rank of a Deputy Secretary to the Government of India to be appointed by the Central Government to represent the Ministry of Science and Technology;*
> *(g) one member not below the rank of a Deputy Secretary to the*

Government of India to be appointed by the Director General, Armed Forces Medical Services to represent the Ministry of Defence;
(h) four members not below the rank of a Deputy Secretary to the Government of India to be appointed by the Central Government to represent,—
(i) the Central Board of Secondary Education; (ii) the University Grants Commission; (iii) All India Council of Technical Education; and (iv) the Medical Council of India; (i) four members to be appointed by the Central Government from amongst the teachers of the recognized institutions imparting education in physiotherapy or medical laboratory technology or radiology technology, as the case may be;
(j) not less than three members to be appointed by the Central Government by rotation in the alphabetical order to represent the States and one member to represent the Union territories:
Provided that an appointment under this clause shall be made on the recommendation of the Government of the State, or as the case may be, the Union territory concerned;
(k) four members to be appointed by the Central Government, respectively, from amongst the practitioners in physiotherapy, occupational therapy, medical laboratory technology and radiology technology;
(l) four members to be appointed by the Central Government to represent such organizations which can represent the interest of physiotherapy, occupational therapy, medical laboratory technology and radiology technology.

11.2 The Committee received an overwhelming response from a very large number of stakeholders representing different professions on the proposed Central Councils. One persistent line of thinking evident was the message of dissatisfaction with the envisaged composition of the three Central Councils.

11.3 Some of the stakeholders submitted that 60% of the total members, of the Central Council should be registered members and 40% should be non-professionals, appointed/nominated by the Government. An overwhelming majority of the stakeholders were of the view that Chairperson and the Vice Chairperson of the Central Council instead of being appointed by the Government, should be elected from amongst themselves by such members of the Central Council, whose names appear in the register of the concerned Council.

11.4 Another view which emerged was that for better functioning of the Councils for fulfillment of their objectives, it is a precondition that the Councils function in a democratic way and are mainly manned by the concerned professionals. It was,

accordingly, suggested that 75% members should be elected professionals and 25% non-professionals nominated by the Government.

11.5 Yet another group of stakeholders submitted that the composition of the Committee as proposed in the Bill was in a disproportionate ratio and argued that the number of physiotherapists should be increased in the Physiotherapy Council on the lines of other professional councils in the country. They were broadly in agreement with the proposed representation of Ministry Health and Family Welfare, Finance, Science and Technology and Defence as proposed in clause 3 (4) (c), (d),(e), (f) & (g) but also wanted a representative of the Ministry of Law to be nominated in the Central Physiotherapy Council. Representation of the All India Council of Technical Education and Medical Council of India in the proposed Physiotherapy Council, however, did not find favour.

11.6 The association representing the occupational therapists submitted that the clause has no provision for incorporating occupational therapist and physiotherapist from various fields in clinical practice and academics except only one practitioner from occupational therapy and physiotherapy.

11.7 It was also suggested that members under Clause 3 (4)(i), (k) and (l) categories must be elected democratically as provided for in Medical Council of India, Dental Council of India , Nursing Council of India etc., otherwise the principle of democratic representations of professionals in the Council would be negated and only a handful of people having contacts within the Government hierarchy would be nominated in the Councils.

11.8 Some of the stakeholders representing medical laboratory technologists submitted that the terminology "organization" in clause 3 (4) (l) was not clear and therefore prone to misinterpretation. They suggested that the four members from concerned organizations must be defined clearly and written as four members from the Associations/ Forums/ Unions of concerned registered professionals and the number of such members may also be increased substantially.

11.9 Another view put forth before the Committee was that the composition of the Council should be along the lines of the Medical Council of India where there was more representation of the universities and people working in the field. There should also be

representation of persons with disabilities or their organizations and of the Office of the Disability Commissioner. Non representation of a medical practitioner in the Councils was also found improper. It was pointed out that advances in modern medicine were rapid and if doctors were not included in the Council then the future needs of syllabi and curriculum would not be met.

11.10 Some of the stakeholders were of the view that the absence of a State Council representative in the Central Council may lead to contradiction in functioning and polices and hence it was very much essential to include State Council Chairman and member in every Central Council.

11.11 The Committee was also informed that under Clause 3 (4) (i) four members are to be appointed by the Central Government from amongst the teachers of recognized institutions, imparting education in Physiotherapy or Medical laboratory technology or Radiology technology as the case may be. However, there was ambiguity in the sense that any teacher teaching the allied subject can become the member and it will dilute the interest of the Council related to this. It was suggested that provision should be modified so that four members were appointed from amongst the teachers whose name appeared in the Council Register of Physiotherapy, Occupational therapy technology, Radiology technology etc. as the case may be and working in the recognized institutions imparting education in the respective discipline.

11.12 From an analysis of Clause 3 (4) the first glaring deficiency that came to the notice of the Committee was proposed Councils would be nominated bodies and there would be preponderance of Central Government appointees and nominees in the Councils. The Committee found that the 26 members proposed for each of the Councils, would be either Central/ State Government officials or appointed by the Central Government.

11.13 Asked to explain the rationale behind such preponderance of Central Government in the Councils proposed, the Ministry of Health and Family Welfare in a written submission stated the following:-

> "In the first Council, the entire body will be either Government appointees or nominees as there is no register or standardized qualification to classify the electorate. Thereafter the representatives of the respective paramedical

profession could be elected from amongst those who are registered in the Council.

This is the view of the Ministry Health and Family Welfare as it is felt that all the Paramedicals are an integral part of the modern system of medicine and the functioning of any healthcare service would be impossible without them. It has been seen that over the years there has been a lot of mushrooming of these professionals with little regard to quality. Thus after the establishment of the Council and definition of certain minimum standards, electoral rights may be given to the professionals and the Council."

11.14 The Committee appreciates the fact that since there is no Council and no register of members either, the first Council may be a nominated body. However, the Committee is unable to reconcile it with the fact that the Bill is bereft of any provisions to the effect that after the expiry of the term of the first Council, the next Council will be formed as an elected body. The Committee feels that lack of clarity in this regard might lead to the election of the Central Councils being put on perpetual hold. The Committee feels that the Bill itself must provide that after the term of the first Council runs out, the next Council shall be constituted by way of election. The Committee, therefore, recommends that a specific and categorical provision be made in the Bill itself to the effect that after the term of the first Council i.e. two years expires, the next Council coming into existence will be an elected body.

11.15 The Committee notes that the main concern expressed in respect of Clause 3 (4)(a) and (b) was that there was no mention of the process of election of the Chairperson and the Vice Chairperson after the expiry of the term of the first Council and the Bill was also silent about the eligibility criteria under this Clause. The Committee finds the concerns valid and recommends that the said Clause be amended to reflect that the Chairperson and the Vice Chairperson of the next Councils shall be elected by the members of the respective Councils from amongst themselves and the person so elected and his qualifications should be directly relevant to the discipline of the concerned Council in such a way that he should be eligible to be enrolled on the register of the concerned Council. The Committee would also like to point out that election procedure for electing Council Chairman,

Vice-Chairman and other council Members on the expiry of the term of the first nominated Council needs to be incorporated in the Act as it is done in the case of other similar Councils.

11.16 The Committee also take note of the fact that the Ministry, during the interdepartmental consultation had committed to the Ministry of Social Justice of Empowerment for inclusion of one member from Rehabilitation Council of India (RCI) as member of the Council and therefore Clause 3(4) (h) (i) will be rectified by including a member from R.C.I. as member of the Central Council. **The Committee accepts the Ministry's explanation and recommends to modify Clause 3(4) (h) to include one member from the Rehabilitation Council of India.**

11.17 The Committee notes that Clause 3 (4) (i) suffers mainly from two inadequacies, one is that the principle of democratic representation of professionals in the Council has been given a go-by, which is evident from the fact that the Clause is silent about any provision for the election of members in the future; and the other is that the Clause is ambiguous inasmuch as it does not specifically mention that the persons, so appointed would be professionals from the concerned discipline, thereby making the clause prone to misinterpretation and misuse.

11.18 To rectify the above position, the Committee recommends that Clause 3 (4) (i) be amended to ensure that (i) four members of the first Council shall be appointed by the Central Government from amongst the teachers of the concerned discipline, of the recognized institutions imparting education in Physiotherapy or Occupational Therapy or Medical Laboratory Technology or Radiology Technology, as the case may be. The Committee also recommends that specific provisions be made in the Clause to ensure that after the expiry of the term of the first Council i.e two years, four members under this Clause shall be elected from the amongst themselves by such teachers of the concerned discipline of the recognized institutions imparting education in physiotherapy or Medical Laboratory Technology or Radiology Technology, as the case may be, whose names appear on the register of the concerned Council.

11.19 The Committee observes that Clauses 3(4)(k) and (l) suffer from similar inadequacies as pointed out in respect of Clause 3(4)(i). The Committee notes that

apart from absence of any clause providing for election of the Members under this Clause in future, the Clause leaves scope for favoritism and nepotism as any practitioner in the concerned discipline, whether of eminence or not, could be appointed under this clause.

11.20 With a view to insulating the Central Council from possible favoritism and nepotism, the Committee recommends that under Clause 3(4)(k), four members of the first Council should be appointed by the Central Government, from amongst the practitioners of eminence in the concerned discipline, from the Institutes and Hospitals of repute and after the expiry of the term of the first Council, four members under this clause shall be elected from amongst the practitioners of repute of the concerned discipline, from Institutes and Hospitals of repute, by members of the Institutes and the Hospitals, whose names appear in the register of the concerned Council. The Committee also recommends that out of the four members so elected, two shall represent the public sector Hospitals/Institutes and two shall represent the private sector Hospitals/ Institutes.

11.21 The Committee observes that the term "Organizations" occurring in Clause 3 (4) (l) is vague and can be misinterpreted to mean any hospital or medical institution. The Committee therefore, recommends that the word "Organizations" be defined clearly.

11.22 The Committee observes that clause 3(4) (l) also lacks provisions ensuring electoral process in the constitution of the Councils formed subsequent to the first Council and therefore recommends that four members of the first Council under Clause 3(4)(l) should be appointed by the Government to represent such national/state level organizations which can represent the interest of Physiotherapy, Occupational Therapy, medical laboratory and radiology technology and after the expiry of the term of the first Council, four members under the said Clause shall be elected from amongst themselves by such professionals of national/state level organizations, whose names appear in the register of the concerned Council.

11.23 The Committee feels that the criterion adopted in clause 3(4)(j) for the appointment of three members to represent the States and one member to represent the Union Territories is not fair in the sense that in a vast country like India,

rotational appointment in the alphabetical order may result in the skewed representation of the States and Union Territories as it will take years before many of the States get their representation in the Councils. The Committee therefore feels that the zonal grouping of the states for the purpose of their representation in the Councils would be a better option. The Committee, accordingly, recommends that clause 3(4)(j) be amended in such a way that four members shall be appointed by the Central Government by rotation in the alphabetical order from within the zone to represent the States, i.e. North, South, East and West and one member shall be appointed to represent the Union Territories.

11.24 To ensure that the Council is manned mostly by professionals, the Committee recommends that the proviso to Clause 3(4) (j) be amended to ensure that the members of the first Councils appointed under this clause should be from amongst the qualified professionals of eminence and after the expiry of the term of the first Councils, appointments under this Clause should be made from amongst the qualified professionals of eminence, who are enrolled on the register of the concerned Council.

11.25 The Committee's attention has been drawn to a very notable omission i.e. lack of representation of Members of Parliament in the Council. Asked to comment in this regard, the Director General, Health Services during the course of his deposition before the Committee assured to look into the matter. Subsequently, the Ministry of Health and Family Welfare in a written submission stated that a provision may be introduced to have a MP nominated in the Council from amongst those MPs who have qualification or experience relevant to the discipline of the Council so that there can be contribution to the functioning of the Council.

11.26 The Committee is not inclined to agree with the contention of the Ministry that MPs having qualification or experience relevant to the discipline of the Council can only be in a position to make fruitful contribution. The Committee would like to point out that Members of Parliament represent the will of the people and their representation in the Councils will ensure that the popular aspirations are reflected in the policies and programmes of the Council. The Committee notes that AICTE and Nursing Council of India have two members each from Lok Sabha and one

member from Rajya Sabha elected by the respective Houses. The Committee in its 19th Report on the Indian Medical Council Bill, 2005 presented to the Rajya Sabha on 19th December, 2006 had recommended representation of MPs in the Medical Council of India in the same proportion as in AICTE and Nursing Council of India. Taking a cue from its above recommendation, the Committee recommends that a provision be made in the present Bill to nominate two MPs from Lok Sabha and one M.P. from Rajya Sabha elected by the respective Houses.

12. Clause 4

12.1 Clause 4(1) which stipulates the tenure of a member of a Central Council is reproduced below:-

4. (1) A member of a Central Council shall hold office for a term of five years from the date of his appointment.

It was pointed out by some of the stakeholders that the tenure of five years for a member of a nominated Council is too long a period which should be reduced to two to three years.

12.2 The Committee notes that though the tenure of elected Councils like Medical Council of India, All India Council of Technical Education is of five years, it would not be in the larger public interest to allow a wholly nominated body to continue for five years. The Committee is of the considered view that tenure of two years should be sufficient for the first Council to lay down and frame requisite rules and regulations. Thereafter, the tenure of an elected Council could be on the lines of other statutory Councils. The Committee, accordingly, recommends that Clause 4(1) be amended to the effect that a member of the first Council shall hold office for a term of two years and thereafter the term of Member of an elected Council shall be five years.

12.3 The Committee also notes that Clause 4(3) which relates to filling up of a casual vacancy does not lay down any time frame for the same. The Committee feels that such a deficiency may be exploited to keep the filling up of a vacancy on perpetual hold. The Committee, therefore, recommends that Clause 4(3) be amended to ensure that a period of three months is prescribed for filling a vacancy.

13. Clause 6

Clause 6 relates to resignation of a member appointed/ elected under Clause 3(4) (a)(b) and (h) to (l). Proviso to Clause 6 stipulates that a member who has submitted his resignation shall continue to hold office of the Central Council until his resignation has been accepted by the Central Government. The Committee noted that proviso does not indicate any time frame for acceptance of the resignation and is thus likely to be misused inasmuch as such a member could be allowed to remain member of the Council for a long time despite having submitted his resignation. On a specific enquiry in this regard, the Ministry agreed to include a time-frame of three months in Clause 6 for the Government to process the resignation of a member and decide on the appropriate replacement of the same. **The Committee recommends that Clause 6 may be modified accordingly.**

14. Clause 8

14.1 Clause 8 seeks to provide for the time, place and the procedure to be followed in the meetings of Central Councils.

14.2 The Committee notes that the Bill prescribes that rules of procedure in regard to the transaction of business at the meetings of the Central Councils including the quorum at such meetings, may be determined by regulations. The Committee feels that in view of the critical role envisaged for the Central Councils in formulating standards of education and training, quorum of meetings of the Central Councils should be spelt out in unambiguous terms in the Act itself. The Committee observes that such a provision is there in all the Acts relating to similar bodies. This mandatory condition is required to be there from the very beginning due to the protracted regulation rule make exercise. The Committee, accordingly, recommends that Clause 8 be amended to indicate the quorum required for the meetings of the Central Councils.

15. Clause 11

15.1 Clause 11 seeks to empower respective Central Councils to constitute from amongst their members an Executive Committee, Disciplinary Committee or any other Committee as may be determined by regulations. The Committee notes that instead of

specifically mentioning the composition, tenure and functions of a Committee so formed, the Clause leaves it to the regulations to determine the same.

15.2 The Committee observes that the Indian Medical Council Act, 1956 not only specifies the number of members constituting the Executive Committee, but it also lays down its constitution, by way of *ex officio* nomination of President and the Vice-President of Medical Council of India and election of members. Similarly in the Delhi Council for Physiotherapy and Occupational Therapy Act, 1997, composition of the Executive Committee and Equivalence and Registration Committee has been enumerated in the Act itself.

15.3 The Committee is of the considered view that contours of the composition of the Executive Committee under clause 11 must be specified in the Bill. Making allowances for the fact that the first Central Councils under the Bill are envisaged to be wholly nominated bodies, the Committee can well understand the compulsions behind not adopting the electoral process for the purpose of the constitution of the first Executive Committee. However, what the Committee is unable to reconcile itself with, is that there is no mention at all either of electoral process in the constitution of the future Executive Committees or of the number of members required for constituting such a Committee. The Committee is also surprised by lack of any provision concerning the functions of the Executive Committee, presumably the most powerful Committee.

15.4 Taking all factors into account, the Committee recommends that Clause 11 be amended so as to include specific composition of the Executive Committee and the Disciplinary Committee. The Committee would also like to point out that normally the Chairperson and Vice-Chairperson of a Council are the ex-officio members of the Executive Committee and automatically become the Chairperson and Vice-Chairperson of the Executive Committee. The Committee finds no justification for not adhering to this time-tested convention. The Committee, therefore, recommends that clause 11 may be modified accordingly.

15.5 The Committee also recommends that provisions be made in the Bill, specifically indicating the powers and duties of the Executive Committees, so that there is complete clarity about the role of the Executive Committee and occasions

for overlapping of powers and duties of the Executive Committee with other Committees of the Council do not arise.

16. Clause 12

16.1 Clause 12 relates to the functions of the Central Council.

16.2 The Committee notes that the Delhi Council for Physiotherapy and Occupational Therapy Council Act, 1997 mandates the Delhi Council to inter alia advise the Government in matters relating to the requirements of manpower in the field of physiotherapy and occupational therapy. In view of the yawning mismatch between demand and supply of health care services in the country, the Committee feels that the Central Councils could play a vital role in terms of acquainting the Government with requirements of allied health professionals in the country. The Committee, therefore, recommends that Clause 12 be suitably amended to include therein the above referred function among the functions of the Central Councils.

17. Clause 13 and 14

17.1 Clause 13 *inter-alia* seeks to provide for appointment of the Secretary, Officers and other employees of the Central Council. First Secretary of each Central Council shall hold office for a period of three years. On a specific query with regard to the justification for fixing the tenure of the first Secretary for three years, it was clarified by the Ministry that this was done so as to ensure the accomplishment of some basic task including framing of certain minimum rules and guidelines during the tenure of the first Secretary who would be a person having contributed to the regularization and growth of the concerned council. The Committee notes that as per clause 14, the Secretary shall be the Chief Executive Officer of a Central Council.

17.2 One suggestion which came before the Committee was that a Member Secretary can perform duties and responsibilities of CEO in a more effective manner as compared to a non-member Executive Secretary. The Committee observes that while the IMC Act, 1956 empowers the Council to appoint a Registrar who shall act as Secretary, and who may also, if deemed expedient, act as Treasurer, the Delhi Council Act empowers the Council to appoint a Registrar who shall be the Secretary and the Executive Officer of the Council and attend all meetings of the Council, and of its Executive Committee.

17.3 The Committee, therefore recommends that Clause 13 be amended so as to specify the exact duties to be performed by the Secretary, on a similar pattern as envisaged in the Delhi Council for Physiotherapy and Occupational Therapy Act, 1997. The Committee is also of the opinion that the Secretary so appointed besides possessing qualification in public administration or law, may also be well-conversant with the background and technicalities of the concerned profession.

18. Clause 16

18.1 *Clause* 16 seeks to provide that prior approval of the Central Government shall be obtained by each University or Institution for imparting education in physiotherapy, medical laboratory technology and radiology technology.

18.2 The Committee observes that this provision is too general and does not give any idea as to what would be the procedure for seeking permission for establishment of a new institution, introduction of a new course of study or increase in the admission capacity of a particular course. The Committee strongly feels that in the absence of specific provision on the above-mentioned aspects, there is every possibility of emergence of element of arbitrariness. The Committee would like to emphasise that this would go against the very objective for which the Central Councils are envisaged to be set-up.

18.3 The Committee fails to understand as to why the detailed provisions as made in the Indian Medical Council Act, 1956 and the Delhi Council for Physiotherapy and Occupational Therapy Act, 1997 regarding establishing an institution, opening a new or higher course of study or training, increasing admission capacity in any course of study or training, procedure for submission of an application for grant of permission etc. have not been suitably incorporated in the present Bill. The Committee, therefore, recommends that Clause 16 be suitably and comprehensively amended to incorporate detailed provisions on the pattern of Section 10A of the Indian Medical Council Act, 1956 and Section 18 of the Delhi Council for Physiotherapy and Occupational Therapy Act, 1997.

19. Clause 17

19.1 Clause 17 seeks to empower the Central Government to notify recognized

qualifications. **The Committee notes that the proposed provision in the Bill does not make any reference to a schedule where-under all the recognized qualifications of relevant professions are to be included. The Committee is of the opinion that in the absence of such a provision, it would not be possible to identify the recognized qualifications at a glance. Schedule is the right mechanism for this purpose. The Committee would like to point out that the proposed legislation is envisaged for four categories of allied health professions having variety of degrees with an enabling provision for future expansion. Provision of a schedule as indicated above needs to be an essential feature. The Committee, accordingly, recommends that necessary modifications in this regard may be carried out.**

19.2 Committee's attention has also been drawn by the absence of two very important provisions covering very vital aspects, like non-recognition of qualification in certain cases, time for seeking permission for certain existing colleges/institutions in the Bill. The Committee fails to understand the rationale for non-inclusion of such provisions. The Committee would like to point out that an enabling provision taking care of existing institutions with all the required precautions along with powers to take action against institutions coming up against the prescribed norms cannot be ignored. Such provisions are required for safeguarding the interests of both students and institutions. The Committee, accordingly, recommends the incorporation of such provisions in the Bill.

20. Clause 19

20.1 Clause 19 seeks to empower each Central Council to determine minimum standards of education for granting recognized qualifications by Universities or Institutions.

20.2 It has been impressed upon the Committee that medical technology is a dynamic and rapidly changing field and therefore warrants updation of knowledge and skills on an on-going and continuous basis. Provisions should therefore may be made in the Bill to ensure that minimum standards of education required for granting recognized qualifications by the Universities or institutions are reviewed periodically to make them in tune with the latest innovations.

20.3 It was also suggested that there should be a provision in the Bill to provide adequate opportunities for the professionals for upgrading their skills/ education through in-service education/ training programme, Continuing Medical Education (CME) programme and refresher courses etc.

20.4 The Committee fully appreciates the fact that allied health professions reflect a rapidly changing field and if there is no mechanism for upgrading the skills of professionals, it would deal a big blow to the advanced health care delivery system in the country. The Committee, therefore, recommends that a provision be made in the above clause for a mechanism to be put in place for the purpose of upgrading the skills of professionals through in service/ education/ training programme. The Committee also finds the suggestion regarding periodic review of minimum standards valid and recommends that provisions for a mechanism for reviewing the minimum standards periodically be made in the Bill.

20.5 It was impressed upon the Committee that the U.N. Convention on Rights of Persons with disabilities has been signed and ratified by India and therefore the Bill needed to be seen in that context. It was pointed out that the U.N. Convention states that all professionals and staff working in the disability field must be trained on the rights of people with disabilities so that they can provide appropriate services. It was therefore suggested that the accreditation of Physiotherapy and Occupational Therapy courses should assess whether these courses have a component on working with people with disabilities and their rights.

20.6 The Committee feels that since India is a signatory to the U.N. Convention on the Rights of Persons with Disabilities, the above suggestion needs to be examined with an open mind. The Committee, therefore, recommends that the Central Councils for Physiotherapy and Occupational Therapy, once it is formed, may keep in mind the U.N. Convention on Rights of Persons with Disability while formulating minimum standards of education for Physiotherapists and Occupational Therapists.

20.7 To a poser of the Committee as to what is the general assessment of the functioning of the State Councils for Paramedical and Physiotherapy professions, the Ministry of Health and Family Welfare in a written submission stated that five States, namely, Madhya Pradesh, Delhi, Maharashtra, Himachal Pradesh and Kerala have a

Paramedical Physiotherapy and Occupational Therapy Council each, whereas Andhra Pradesh has a Paramedical Board. However, since there is a lot of disparity in the working of the above Councils, the professionals from other States find it difficult to work in the above States due to non-conforming standards. The Ministry further stated that the present Bill envisages to address the issue and make uniform standards to be followed all over the country.

20.8 The Committee feels that in a vast country like India utmost care needs to be exercised while formulating the minimum standards of education so that the interests of the students of allied health professions and physiotherapy/ occupational therapy all over the country are accommodated and the widest possible consensus on the curriculum is reached. The Committee therefore, recommends that the draft minimum standards of education prepared by the Central Councils be circulated to the States and all efforts be made to address the genuine concerns, if any, of the State Governments.

21. Clause 21

21.1 *Clause* 21 seeks to provide for appointment of inspectors and also their powers and functions.

21.2 It was pointed out to the Committee that the word "Inspector" is not in tune with the modern times as it reminds people of Inspector Raj of the olden days and should therefore be replaced by a more gracious and modern terminology like "expert" or "assessor." The Committee is in agreement with the above suggestion and recommends that the word "Inspector" in the above clause be replaced by "expert" or "assessor."

21.3 The Committee is also of the opinion that leaving the job of inspection to a single inspector may breed corruption in the name of regulation. The Committee, therefore, recommends that provisions be made in Clause 21 to entrust the job of inspection to a team of experts/ assessors consisting of experienced professionals.

22. Clause 22

22.1 Clause 22 seeks to provide for the manner of withdrawal of recognition under certain circumstances.

22.2 The Committee notes that Clause 22 is deficient to the extent that neither

does it speak of the action in terms of a decision on the part of the Central Government nor does it lay down any time frame for such an action. The Committee therefore recommends that the following expression be added at the end of Clause 22 :-

> **"which shall take final decision on the matter within a period of three months from the date of receipt of the representation."**

22.3 The Committee also notes that there is no provision for appeal in case of withdrawal of recognition to any course of study or examination under Clause 22. Asked to react to this state of affairs, the Ministry in a written submission *inter- alia* stated that one appellate authority may be introduced in the Act to enable the institution to make a representation against the recommendation of the Council and Government's decision before going to the court of law. The Ministry also suggested that the appellate authority may consist of two senior members of the Council and one senior officer of the Ministry of Health and Family Welfare.

22.4 The Committee finds no merit in the suggestion of the Ministry that the appellate authority may consist of two senior members of the Council and one senior officer of the Ministry. The Committee feels that if the representatives of the very dispensation which has recommended the withdrawal of recognition are allowed to become a part of the appellate authority, such an arrangement will run counter to the established principles of natural justice. The Committee, therefore, recommends that a mechanism may be evolved to ensure that the appellate authority consists of independent persons of impeccable credentials.

23. Clause 28

23.1 *Clause* 28 seeks to provide for appeal against an order made by the Central Council and the manner of its disposal.

23.2 **The Committee notes that 30 days' time has been allowed to a person to appeal against any refusal to enter his/her name in the register or removal of his/her name from the register of the concerned Council. The Committee observes that 30 days is too short a period for the purpose and should be increased to 60 days. The Committee therefore, recommends that Clause 28 (b) be amended to increase the period of appeal from 30 days to 60 days.**

24. The Committee adopts the remaining Clauses of the Bill without any amendment.

25. Miscellaneous

25.1 The Committee would like to draw the attention to non-inclusion of three very crucial provisions in the Bill. These relate to 'Professional Conduct', 'Renewal of registration' and 'Rights and privileges of the registered members'. The Committee is of the opinion that all the three provisions need to be included in the Bill on the pattern of similar provisions in the IMC Act, 1956 and the Delhi Council of Physiotherapy and Occupational Therapy Act, 1997, subject to required modification.

25.2 The Committee observes that at present para-medical profession is being regulated in only six States. Kerala, Madhya Pradesh and Himachal Pradesh have para-medical Council, Delhi and Maharashtra have Physiotherapy and Occupational Therapy Council and Andhra Pradesh has a Paramedical Board. The Committee was given to understand that there was lot of disparity in the working of the said Councils/ Boards and hence they did not offer even ground for professionals from other States to work in such States. However, with the Central Act coming into effect, State Councils/ Boards were expected to follow suit.

25.3 The Committee observes that the proposed Bill is silent about the fate of the Councils/ Board in existence in the States. On a specific query about the status of professionals registered in their State Councils/ Board, it was clarified that every professional in any part of the country, will have to be registered in the Central Council register. A person registered in the State Council will have the license to practise only in that State. It was also informed that the Central Councils may later develop their own mechanism/ rules to merge the State registers with the Central Register provided the State Councils made amendments in accordance with the Central Act.

25.4 The Committee is of the view that the Centre must work for the removal of the existing disparities in different State Councils/ Board and devise a mechanism so as to entrust these State Councils/ Board the responsibility of maintenance of uniform standards of education in the respective States as per the guidelines

formulated by the Central Councils. The Committee also strongly feels that it would not be practical to restrict the registration of professionals at the central level. The Committee would like to draw the attention of the Ministry to the existing mechanism for registration at State level and inclusion of the same in the Central Register in respect of other similar bodies for allopathic and Indian Systems of Medicine. The Committee also understands that the Planning Commission had suggested that State level para-professional Councils can be established for maintenance of professional standards at State level. The Committee, accordingly, recommends that suitable modifications may be carried out in the Bill.

25.5 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.

25.6 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 Govt. job.