

# Important highlights for Radiological Technologists from 117<sup>th</sup> report on the Allied and Healthcare Professions Bill, 2018

(By- department-related parliamentary standing committee on health and family welfare)

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- The Committee understands the objective of the Bill containing the credit hours criteria for allied and healthcare professionals. However, the Committee feels a sketchy adoption of the credit hour system without specifying the time duration may give rise to ambiguity and apprehensions in the minds of stakeholders. The Committee, although, welcomes the introduction of a credit hour system but the way each University/institute calculates the credits should also be uniform throughout the country. The Committee further recommends that duration of course study of Allied Health Professionals must be expressed in duration of calendar years with specific number of semesters to bring focus and clarity. The number of hours for each profession should also be decided on the number of lecture hours and the number of hours devoted in clinical practice. The Committee also notes that the clause does not specify the time duration in which the number of hours have to be completed. Absence of a time limit will give rise to nonuniformity. The Committee, therefore, is of the view that the definition should specify the number of hours as well as the number of years in which the diploma/degree has to be obtained.
- The Committee also recommends that minimum and maximum time duration should also be specified in the Bill. The Committee strongly recommends that the diploma 50 or degree for "Allied Health Professional" should strictly be obtained as a result of a study at a higher educational institution for a duration which shall not be less than two thousand hours spread over a period of 2-3 years.
- **“allied health professional” includes an associate, technician or technologist who is trained to perform any technical and practical task to support diagnosis and treatment of illness, disease, injury or impairment, and to support implementation of any healthcare treatment and referral plan, recommended by a medical, nursing or any other healthcare professional, and, who has obtained any qualification of diploma or degree under this Act, the duration of which shall not be less than two thousand hours spread over a period of two-three years divided into specific semesters;**
- The Committee is of the view that any institute that conducts allied courses should be affiliated to a State/Central University. To avoid mushrooming of sub standard colleges and institutes, it is important that the degree granted by only accredited college/institutes are recognised as allied and healthcare qualification.
- The Committee while deliberating with the Ministry in its meetings arrived at a conclusion that non-governmental organizations should not be given the freedom to conduct allied courses as such courses will only lead to non-standardisation and promote more ambiguity. The Committee is also of the view that considering the diverse professions that the proposed Act is set to regulate and the number of unregistered NGOs in the country, monitoring the courses conducted by NGOs will not only be a daunting task but also spoil the quality of education in the allied and healthcare Profession. The Committee, 51 therefore, strongly recommends that to discourage the proliferation of spurious degrees, only accredited colleges/institutes should be allowed to run degree or diploma courses

- The Committee also notes that the allied and healthcare professionals are tasked with very crucial role in the health care system and their importance can be observed by the vital functions that they are bound to perform. The Committee is of the view that to make the degree attained in allied field more reliable, granting of degree in allied and healthcare profession through distance learning mode must be completely prohibited. At present in the absence of a robust monitoring mechanism, qualitative assessment of the degree attained through distance mode is not possible. The Committee, therefore, strongly recommends that only those degrees granted by accredited colleges/institutes through regular mode should be termed as allied and healthcare qualification.
- **“allied and healthcare qualification” means a diploma or degree possessed by an allied and healthcare professional which is granted only by a accredited college/institute through regular learning mode under this Act;**
- The Committee understands the apprehension of some professionals that claim to have more than 3600 hours of course duration. As per the submissions of the Physiotherapists and Occupational Therapists, the time duration for completion of these courses is more than four years excluding the internship duration. However, the Committee also notes that 3600 is the minimum requirement and in the healthcare professional category, there can be professions that have course content spanning more than 3600 hours. The Committee strongly recommends that the time duration should also be rationalized in the calendar year and divided into semesters for the healthcare professionals as well. The Committee, therefore, recommends that the degree for "Healthcare Professional" should strictly be obtained as a result of a study at a higher educational institution for a duration which shall not be less than 3600 hours spread over a period of 3-5 years divided into specific semesters.
- **“healthcare professional” includes a scientist, therapist or other professional who studies, advises, researches, supervises or provides preventive, curative, rehabilitative, therapeutic or promotional health services and who has obtained any qualification of degree under this Act, the duration of which shall not be less than three thousand six hundred hours spread over a period of 3-5 years divided into specific semesters.;**
- The Committee would like to emphasize again that the basis of representation in the Commission must be empirical facts and figures instead of normative conclusion. The Committee strongly recommends the Ministry to create a database of the number of Allied Health Professionals in the country on a priority basis. The Committee therefore directs the Ministry to devise a mechanism through which not only the number but also the qualification (degree/specialization/training taken etc) of the professionals are easily accessed and verified by the required agencies. The Ministry should also make optimum use of technological advancement and create online software for registration of the Allied Health Professionals. This database should be regularly updated so that an authentic record of the number and qualifications of professionals is easily available. This will not only help in tracking the actual number of practicing professionals but also reflect the core competency and quality of the professionals.
- The Committee is in agreement with the suggestion of the stakeholders that the representation of different streams of Allied and Health Professionals in the proposed Commission should be proportionate to their numbers in the Profession as well as the functioning necessity of healthcare team. The Committee, therefore, strongly recommends the Ministry to expedite the collection of correct estimates of the Allied Health Professionals in the country which is also reflected in the

proposed Commission so that the Professionals are given fair and equitable representation and democratic functioning of the regulatory body is ensured.

- Consequent to the recommendations made by the Committee with respect to the title of the Bill and the composition of the National Commission on Allied and Healthcare Professions, Clause 3 after amendments will read as follows:
- **The Central Government shall constitute a Commission, to be known as the National Commission of Allied and Healthcare Professions, to exercise the powers conferred upon, and to perform the functions assigned to it, under this Act.**
- The Committee notes that in the 31st Report on the Paramedical and Physiotherapy Central Council Bill, 2007, the Committee had recommended for constitution of (a) The Physiotherapy Central Council, (b) The Occupational Therapy Central Council, (c) The Medical Laboratory Technology Central Council, and (d) The Radiology Technology Central Council. The Committee while examining the Allied and Healthcare Professions Bill 2018 also came across the suggestions submitted by almost all the 53 Allied and Healthcare professions seeking their separate Council for each profession, thereby, meaning 53 Councils in the Allied and healthcare sector which is not feasible as the same would provide plethora of structural framework. The Committee examined the suggestions and arrived at a conclusion that a separate Council for each profession would provide multiple institutional framework for the Allied and Healthcare Professions and therefore, the Committee disapproved the proposal for constitution of separate 53 Councils as the numbers of professions is likely to increase in future as provided in clause 66 of the Bill.
- The Committee also recommends that the National Commission for Allied and Healthcare Profession can act as a central coordinating body and facilitate overall supervision in the general interest of promotion and development of each and every profession. The Committee is of the view that the Commission can delegate its powers and 73 functions pertaining to that specific category of profession to these independent Councils falling under the ambit of the proposed Commission.
- The Committee understands that Clause 3 will provide for the constitution and composition of the National Commission on Allied and Healthcare Professions instead of a Council. The Committee, after examining all the views of the professionals, is of the view that considering the diverse allied health professions in the country, there is certainly a need to constitute different councils for these professions so that none of the profession remains neglected and the whole allied healthcare sector progresses. The Committee, therefore, recommends constitution of eight Councils by merging various categories of profession.
- **The Council for Medical Radiology, Imaging and Therapeutic Technology Professional must include representation from all the professions under this category, namely, Medical Physicists; Nuclear Medicine Technologists; Radiology and Imaging Technologist (Diagnostic Medical Radiographer, Magnetic Resonance Imaging (MRI), Computed Tomography (CT); Mammographer, Diagnostic Medical Sonographers); Radiotherapy Technologist; Dosimetrist; and Electrocardiogram (ECG) Technologist or Echocardiogram (ECHO) Technologist. On similar lines, the Committee recommends that the Ministry must ensure that each Council must comprise of the members pertaining to the related profession only. The Committee further recommends that the Chairperson of the Council should be a person from the allied and healthcare sector and should be appointed from amongst the members of the Council.**

- The Committee, however, recommends that these eight councils will work under the overarching National Commission for Allied and Healthcare Professions and would be responsible for developing a comprehensive regulatory framework for the allied and healthcare professions. The Committee also recommends that the Secretariat for the National Commission for Allied and Healthcare Profession must also provide Secretariat Assistance to the eight Councils that will be established under the National Commission for Allied and Healthcare Profession Bill-2018.
- **The Committee, therefore, strongly recommends for insertion of a clause that provides for constitution of the following eight Councils under the National Commission on Allied and Healthcare Professions:**
  - i. Council for Physiotherapy Professionals;
  - ii. **Council for Medical Radiology, Imaging and Therapeutic Technology Professional;**
  - iii. Council for Medical Laboratory Science Professionals;
  - iv. Council for Ophthalmic Sciences;
  - v. Council for Occupational Therapy Professionals;
  - vi. Council for Medical Technologists;
  - vii. Council for Life, Nutrition and Behavioural Health Science Professionals;
  - viii. Council for Health & Information Management, Physician Associate/Assistant, Primary, Community and other Miscellaneous professional.
- The Committee, therefore, recommends for insertion of a separate Chapter containing clauses relating to the constitution, composition and functions of eight Councils as organs of National Commission for Allied and Healthcare Professions and also for overall regulation and development of various allied and healthcare professions under the recognized categories mentioned in the Schedule. The Committee again emphasizes that the National Commission for Allied and Healthcare Professions should delegate its functions pertaining to the specific professions of different categories to the respective Councils. This will ensure decentralization of the power and Functions entrusted to the Commission and ensure development of the profession.
- The Committee is of the view that maintaining high quality and high standards in allied and healthcare education has to be one of the main functions of the Commission. This sub clause further makes the proposed Commission responsible for assessment, examination, training, research and other aspects of the sector which is a step in the right direction. The Committee, therefore, recommends that the clause may be amended as follows:
  - (d) provide basic standards of education, courses, curricula, physical and instructional facilities, staff pattern, staff qualifications, quality instructions, assessment, examination, training, research, continuing professional education, maximum tuition fee payable in respect of various recognised categories, proportionate distribution of seats and promote innovations in recognised categories;
- The Committee also desires that constant efforts have to be made by the Ministry so that the Student: Teacher and Patient: Therapists Ratio is as per the international norms. However, in the absence of any conclusive data on the number of Allied and Healthcare Professionals, determining this accurate ratio may not be possible at present. The Committee, therefore, reiterates that the

Ministry should first create a dynamic database that reflects the active allied and healthcare professionals in the country.

- The Committee notes that the Council proposed under the Bill is tasked with the responsibility of conducting a uniform entry examination with common counseling for admission into the allied and healthcare professionals. The Committee understands the 84 apprehensions of the stakeholders considering the different aptitude and skill requirement of each profession at diploma, undergraduate, postgraduate and doctoral level. The Committee also notes the response of the Ministry regarding the 53 professions that the Bill is set to regulate and agrees that conducting separate entry examination and counselling for all such professions is not feasible. Now-a-days when we are moving towards one common entrance exam (NEET) for admission into different MBBS, dental and AYUSH courses, demanding separate exams for each Allied and Healthcare Profession is not prudent.
- The Committee also notes that at present there is no uniform exam structure for admission into undergraduate allied professional courses. Some institutes admit students through NEET score; some conduct their own exams; whereas some institutes declare a set intermediate percentage as the cut off for admissions. In such a scenario where there is no common criteria for admissions and exams, there is bound to be a wide gap in the quality of students who graduate from different institutes each year. The Committee, therefore, agrees with the view of the Ministry that a common entrance tests must be conducted for entry level courses in the Allied and Healthcare Sector.
- The Ministry, in its response has suggested expansion of NEET for admission and counseling in allied and healthcare courses for candidates, after the first set of students who qualify for MBBS. The Committee, however, also notes that there are certain professions in the allied and healthcare that do not necessarily require Biology/Physics/Chemistry as a compulsory subject in Intermediate. The Committee, thereafter, is of the view that enrollment in such courses through NEET is not feasible. At the same time, the Committee feels that conducting a common entrance exam is essential but this exam may not necessarily be the NEET exam. The Committee, therefore, strongly recommends conducting a common entrance tests (CET) for entry level courses in the Allied and Healthcare Profession. The Committee is of the view that this exam should be conducted by the Commission that will be constituted under the proposed legislation. The clause providing for the Common Entrance Test will be specified in the subsequent paragraphs.
- The Committee agrees with the view of the Ministry that the Commission will have to conduct a separate exit and licensing examinations for each profession. The Committee acknowledges the fact that each profession follows a specified curriculum and deals with different technical skill, therefore conducting a uniform single licensing exit exam for all the professions is not quite possible. The Committee, therefore, recommends the Ministry to conduct separate exit exams for each profession to assess the quality of students graduating from the allied institutes/colleges.
- The Committee also notes that at present, there is no uniform exam structure for admission to undergraduate as well as postgraduate health professional courses. The Committee has already

recommended insertion of a clause on Common Entrance Exam for admission into undergraduate allied healthcare courses.

- The Committee observes that conducting a common final undergraduate exam that can act as an exit licensing exam as well as Post Graduate National Entrance Exam, on the lines of NMC, NCISM and NCH Bill would be the most optimum way to bring about standardization and reduce the multiplicity of exams. However, the Committee also notes the present status of the allied health sector in the country and observes that before rolling/commencing out such a common exam, the curriculum as well as the standards of all the colleges have to be assessed and harmonized. The Committee, therefore, recommends that the Commission, only after due ground assessment and standardisation of curriculum/syllabus may devise a common exam structure for each profession that will act as the final year exam, licensing exam and Post graduate entrance exam.
- The Committee also notes that presently States and Universities conduct their own entrance examinations for admission into Postgraduate courses. The Committee understands that since the professions are different from each other, conducting one PG NET for admission into all the allied and healthcare courses admission is not possible. The Committee, therefore strongly recommends that each profession should conduct its own final year exam which will also act as the licensing exam. The clause that provides for the National Exit Test will be specified in the subsequent paragraphs.
- The Committee is of the view that consequent to the recommendations of the Committee with respect to the constitution of the Commission, Councils and Regulatory/development Boards, the functions of the proposed Commission have to be revisited. The Committee, therefore, recommends adding the following functions of the proposed Commission in clause 10:
  - It shall be the duty of the Council to take all such steps as it may think fit for ensuring coordinated and integrated development of education and maintenance of the standards of delivery of services under this Act and for the purposes of performing its functions, the Council may—
    - (j) provide minimum standards framework for machineries, materials and services
    - (k) lay down policies for maintaining a high quality and high standards in allied education and make necessary regulations in this behalf;
    - (l) lay down policies for regulating allied institutions, researches and professionals and make necessary regulations in this behalf;
    - (m) assess the requirements in allied healthcare, including human resources for health and healthcare infrastructure and develop a road map for meeting such requirements;
    - (n) promote, co-ordinate and frame guidelines and lay down policies by making necessary regulations for the proper functioning of the Commission, the Councils, the Regulatory Boards and the State Allied Councils;
    - (o) ensure co-ordination among the Regulatory Boards;

- (p) take such measures, as may be necessary, to ensure compliance by the State Allied Councils of the guidelines framed and regulations made under this Act for their effective functioning under this Act;
  - (q) exercise appellate jurisdiction with respect to the decisions of the Regulatory Boards;
  - (r) lay down policies and codes to ensure observance of professional ethics in allied and healthcare profession and to promote ethical conduct during the provision of care by allied and healthcare professionals;
- The Committee notes that the proposed National Commission for Allied and Healthcare Profession will also conduct the National Level examinations for all allied and Healthcare Professionals. Considering the need for addition of separate provisions of Common Entrance Exam, National Exit Test, National Teachers Eligibility Test and Minimum Qualifying Test, the Committee strongly recommends the Ministry to incorporate a new Chapter in the Bill on the lines of NMC Act, NCISM and NCH Bill, under the head National Examinations, incorporating the provisions of following exams:
  - (i) Common Entrance Test (CET);
  - (ii) National Exit Test (NEXT);
  - (iii) National Teachers Eligibility Test (NTET); and
  - (iv) Minimum Qualifying Test (MQT).

### **COMMON ENTRANCE TEST (CET)**

- The Committee again highlights the need to conduct an entrance exam for admission into the allied and healthcare professional courses. The Committee recommends that the proposed Commission after exhaustive research and deliberations should devise a suitable format of the Common Entrance Test (CET) for entry level courses in the Allied and Healthcare Profession
- The Committee therefore, strongly recommends adding a clause on Common Entrance Test, in the Bill that will read as follows:
  - (1) There shall be a uniform Common Entrance Test for admission to the undergraduate courses in each of the professions of the recognized categories in all the allied healthcare institutions governed under this Act:
  - (2) The Commission shall conduct the Common Entrance Test in English and in such other languages, through such designated authority and in such manner, as may be specified by regulations.
  - (3) The Commission shall specify by regulations the manner of conducting common counseling by the designated authority for admission to all the allied institutions governed under this Act:

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

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

## **NATIONAL EXIT TEST (NEXT)**

- The Committee reiterates that the proposed Commission only after due assessment may devise a common exam called National Exit Test (NEXT) for each profession that will act as the final year exam, licensing exam and Post graduate entrance exam. Accordingly, the Committee recommends for insertion of a clause on National Exit Test under the Chapter National Examinations that will provide for a National Exit Test which will read as follows:
  - (1) A final year undergraduate examination, to be known as the National Exit Test, shall be held for granting licence to practice as independent professionals and for enrolment in the State Register or National Register, as the case may be.
  - (2) The Commission shall conduct the National Exit Test for Allied Professionals in English and in such other languages, through such designated authority and in such manner as may be specified by regulations.
  - (3) The National Exit Test shall become operational on such date, within three years from the date of commencement of this Act, as may be appointed by the Central Government, by notification.
  - (4) The National Exit Test shall be the basis for admission to the postgraduate broad-speciality allied education in institutions which are governed under the provisions of this Act or under any other law for the time being in force and shall be done in such manner as may be specified by regulations.

## **NATIONAL TEACHERS ELIGIBILITY TEST (NTET)**

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

## **MINIMUM QUALIFYING TEST (MQT)**

- The Committee also recommends the Ministry to add a Minimum Qualifying Test (MQT) under this Chapter that will test the competency of professionals who are already practising. The Committee is of the view that the Ministry should ensure that only qualified professionals are registered under the provisions of the Act as mentioned in the clause 35.
- The Committee understands that Minimum Qualifying Test (MQT) would give recognition to persons offering his/her services in any of the recognised categories on and before the



commencement of this Act within two years from such commencement and thus enabling him to get registered under the provisions of the Act.

- The Committee also feels the need to create Boards for regulating the professional ethics of the allied and healthcare professionals. The Committee has recommended for constitution of four different Boards that will facilitate overall growth and development and regulation of the allied Healthcare Sector. The Committee also recommends for adding a Chapter on Boards in the Bill that will provide for constitution of the Boards, composition of the Boards and the powers and Functions of the Boards under the Bill.
- The Committee, therefore, recommends adding a new clause under the new Chapter of Boards which will read as under:
  - (1) The Central Government shall, by notification, constitute the following Boards, under the overall supervision of the Commission, to perform the functions assigned to such Boards under this Act, namely:—
    - (a) the Under-graduate Allied & Healthcare Profession Board ;
    - (b) the Post-graduate Allied & Healthcare Profession Board;
    - (c) Allied and Healthcare Profession Assessment and Rating Board; and
    - (d) Allied and Healthcare Professionals Ethics and Registration Board.
  - (2) Each Board referred to in sub-section (1) shall be an regulatory body which shall carry out its functions under this Act subject to the regulations made by the Commission.
- **The Committee recommends the Ministry to ensure that only qualified professionals are registered. The students pursuing the allied healthcare courses, will have to pass the EXIT exam to practice. Similarly the professionals already practicing should also undergo some quality test that verifies their credibility. The Ministry, while registration of such professionals should set profession-specific licensing standards that is strictly adhered to. The Committee in this connection has already recommended for a Minimum Qualifying Test (MQT) that should be incorporated under a Chapter on National Examination. The Committee also recommends the Ministry to incorporate a provision for skill development and training course for updating their knowledge as per the latest scientific and technological advancement followed by Minimum Qualifying Test (MQT) so that their knowledge base is widened as well as updated.**
- The Committee agrees with the view of the Ministry that the same rigor that is applied to Indian healthcare professionals elsewhere in the world needs to be followed for those coming to India and seeking educational or practice rights. The Committee is of the view that the application regarding recognition to allied qualification should be made to the National Commission on Allied and Healthcare Professions which should be thoroughly verified and only then the recognition granted or refused on case to case basis.
- **The Committee is in agreement with the view of the stakeholder that conducting fake courses by spurious Institutions in Allied Health Professions have to be absolutely prohibited. The Committee has recommended the constitution of the Allied and Healthcare Assessment and Rating Board for assessing and rating the allied institutions for their**

**compliance with the standards. The Committee recommends that this Board should also periodically inspect that such fake courses are not carried out in the Institutes.**

- The Committee therefore recommends the Ministry of Health and Family Welfare to nominate a body that will grant permission and certification in respect of courses for skilled health workers. The Committee, therefore, recommends that the Clause 37 may be amended as follows:
  - “Provided further that permission and certification in respect of courses for skilled health workers shall include aides or assistants providing assistive services under supervision and have formal training duration of less than two thousand hours related to the allied and healthcare streams will be granted by the body duly notified by the Ministry of Health and Family Welfare, Government of India.”
- The Committee, recommends renaming the Bill from "the Allied and Healthcare Professions Bill, 2018" to "**The National Commission for Allied and Healthcare Professions Bill, 2020**" on the lines of the National Medical Commission Act 2019, National Commission for Indian System of Medicine Bill 2019 and National Commission for Homeopathy Bill 2019.
- **SCHEDULE NO 9** deals with Medical Radiology, Imaging and Therapeutic Technology Professionals
  - Society of Indian Radiographers (SIR) suggested removal of the line ‘...work under the supervision of radiologists or other medical professional’ from the definition, as the professionals work independently like all other allied and healthcare professionals
  - MINISTRY’S RESPONSE -This may be partly considered if the Committee recommends, since there may be specific list of tests and procedures that could be considered for independent practice by radiographers, however, the details of the same may be formulated by the respective professional advisory body when constituted.

**The Committee recommends that the Council for Medical Radiology, Imaging and Therapeutic Technology Professionals should formulate the specific list of tests and procedures that the professionals may be permitted to conduct independently. Once the number and details of the tests are decided, the changes suggested by SIR may be incorporated.**

- The Committee feels that all the allied health professionals including physiotherapists and occupational therapists play a crucial role in the field of medicine and physical rehabilitation. The Committee, therefore, strongly recommends that their legitimate interests should be taken care of and their existing pay structure may be revised according to their qualifications and duration of the course they have to put in before entering into a Government job.

The present Committee reiterates the above mentioned recommendations with the purpose of elevating the status of allied and healthcare professionals.

## **Conclusion**

The Committee, therefore believes that once the provisions of the Allied and Health Care Professions Act are implemented, there would certainly a facelift for the entire allied health workforce by establishing institutes of excellence, the time is opportune for the government to review existing inputs, processes and outputs; standardise institutions, educational tools and methods; revisit career paths and progression; and reintroduce these professionals into the public system to reap much-awaited rewards in the form of improved health outcomes for the population living not only in metropolitan cities but also in far- flung rural areas, tribal areas and urban-slum areas in order to meet the goals of national health policy and mission and the mission objectives of Ayushman Bharat.