Sattva Knowledge Institute SKI perspective

POLICY BRIEF

NATIONAL COMMISSION FOR ALLIED AND HEALTHCARE PROFESSIONS (NCAHP) ACT 2021

July 2022

Acknowledgements

Authors

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The introduction of the National Commission for Allied and Healthcare Professions (NCAHP) Act 2021, provides a comprehensive regulatory mechanism to streamline the education and practice of allied healthcare professionals in the country. The policy brief outlines key recommendations to ensure a robust and inclusive implementation of the Act and to enable a better ecosystem for allied health workers in the country. The brief was developed in consultation with experts from the government, academia, private sector hospitals, and skill development organisations working in the allied health space.

Understanding the Evolution of the NCAHP Act 2021

Allied Health Professionals form the backbone of the healthcare ecosystem, demonstrated by a significant uptick in the demand for this cadre of healthcare providers.

Allied Health Professionals (AHPs) perform vital tasks in everyday healthcare, assisting doctors, nurses and patients across the value chain of healthcare delivery. They encompass a range of occupations like technicians, therapists, duty assistants and community care professionals who provide support with diagnostic, therapeutic, pharmaceutical, counselling, rehabilitation and health management systems. The relevance and need for allied health workers have increased with the rapid expansion of the healthcare sector, which is projected to reach a $372 billion industry by 2022 (Invest India 2022). Industry experts also indicate that the overburdening of India's healthcare infrastructure in the COVID-19 pandemic has further highlighted the need for investing in skilled allied healthcare professionals; with demand across AHP roles having increased by 30% in 2021.

There have been sustained efforts by the government to strengthen and formalise the allied healthcare space in the country.

In 2011, the Ministry of Health and Family Welfare (MoHFW) constituted the National Initiative for Allied Health Sciences (NIAHS) secretariat with a mandate to develop a framework to improve allied health training and education in the country (Indian Institute of Allied Health Sciences). This was followed by the launch of the Allied and Healthcare Professionals Database portal in 2018 to act as a data repository of such professionals.

Despite these efforts, the country lacked a regulatory framework for allied health workers. Challenges include the varying standards and curriculums across roles, and minimal recognition and formalisation of the occupations. The first draft of the Allied and Healthcare Professions Bill was introduced in 2018, and government committees and departments have made concerted efforts to incorporate several recommendations made by the Department Related Standing Committee. This resulted in the passing of the landmark National Commission for Allied and Healthcare Professions Act, 2021 (NCAHP) in March 2021.

The NCAHP Act 2021 signifies a pivotal turning point in the regulation of the allied health professions and aligning their roles to international standards.

With the institutionalisation of the NCAHP Act 2021, a long-standing demand of allied and healthcare professionals in India has been fulfilled, in the form of a recognised regulatory body. The Act aims to establish a central statutory body: the National Commission for Allied and Healthcare Professions. This body will establish policies and standards, regulate professional behaviour, prescribe credentials, and build and maintain a central register. In order to exercise the powers laid under the Act, each state government will constitute a State Council to be called the State Allied and Healthcare Council (The National Commission for Allied and Healthcare Professions Act 2021).

An essential component of the Act is the classification of allied professionals using the International System of Classification of Occupations Code (Sudan 2022). As there is a strong global demand for healthcare professionals, alignment with international standards improves their international mobility and gives them better job prospects. The legislation is expected to benefit an estimated 9 lakhs of AHPs and thousands of other professionals joining the workforce annually (Sharma 2022).

How the Act Will Support and Enable Allied Health Professionals

Some of the key features of the NCAHP are:

Defining Allied Health Professionals

AHPs include associates, technicians, or technologists trained to support the diagnosis and treatment of any illness, disease, injury, or impairment; and professionals who support the implementation of any healthcare treatment recommended by a medical doctor, a nurse or any other healthcare professional.

Duration of the Course

The duration of the degree or diploma should be at least 2,000 hours for a period of two to four years for AHPs, while the duration for a healthcare professional should be at least 3,600 hours over a period of three to six years.

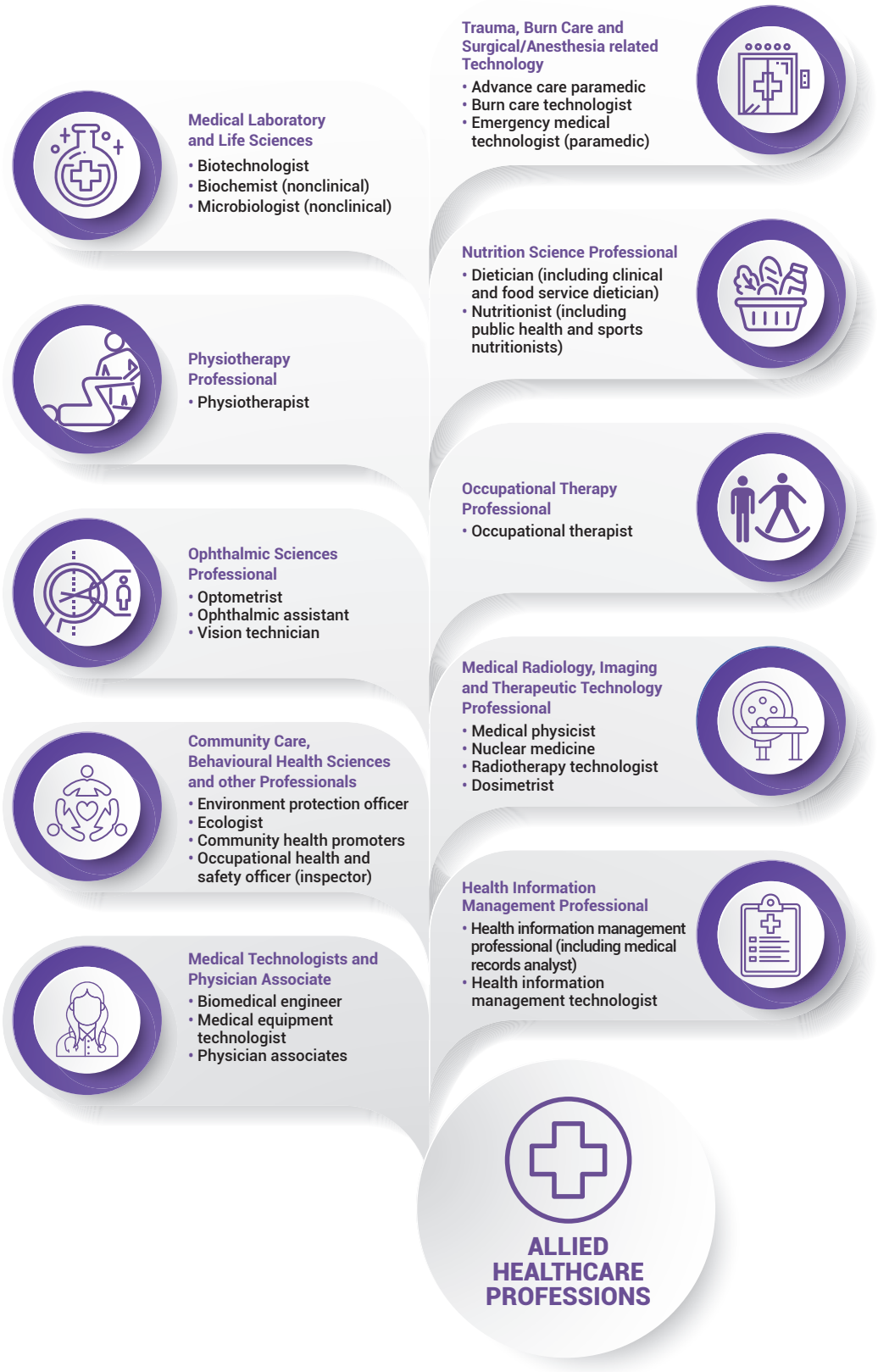
Occupation

Fifty-six different types of occupations related to allied and healthcare professions, under ten categories have been listed in the Act.

Functions of the National Commission

The Commission will perform the following functions with regard to Allied and Healthcare professionals: (i) framing policies and standards for regulating education and practice,

Figure 1: Recognised allied health professions as per the NCAHP Act, 2021



(NCAHP Act 2021)

(ii) creating and maintaining an online Central Register of all registered professionals, (iii) providing basic standards of education, courses, curriculum, staff qualifications, examination, training, a maximum fee payable for various categories, and (iv) providing for a uniform entrance and exit examination, among others.

Broad Governance Model

The State Councils will be constituted to play the implementation agencies while the National Commission is the overarching body; focused on policies and standards for the governance of allied and healthcare-related education and professional services.

Governance Model Functions of State Council

It will be the duty of the State Council to take all such steps for the integrated development of education and services under the Act. The State Councils will: (i) enforce professional conduct and a code of ethics to be observed by AHPs, (ii) maintain respective State Registers, (iii) inspect allied and healthcare institutions, and (iv) ensure uniform entry and exit examinations.

Constitution of Autonomous Boards

The State Council will constitute the following Autonomous Boards for regulating the AHPs: (i) Under-graduate Allied and Healthcare Education Board, (ii) Post-graduate Allied and Healthcare Education Board, (iii) Allied and Healthcare Professions Assessment and Rating Board, and (iv) Allied and Healthcare Professions Ethics and Registration Board.

However, the implementation of the Act has been impacted due to the pandemic. Due to the diversion of all health resources toward aiding with the second wave of the COVID-19 pandemic, the state governments were unable to constitute State Councils within the stipulated period. Considering this, the Government of India issued an order to all state governments and union territories, advising them to constitute their State Allied and Healthcare Councils within one year from the date of commencement of the Act (National Commission for Allied and Healthcare Professions 1st Removal of Difficulties Order 2021).

Key Recommendations to Ensure Robust and Inclusive Implementation of the Act

While the NCAHP is a landmark step in formalising the allied health space, the policy design needs to be more inclusive and establish synergy amongst the relevant private and public stakeholders.

While this landmark act stands to benefit the ecosystem, there are certain challenges that also emerge against its backdrop. As the National Commission and the State Councils implement the Act, there is a need for robust implementation without

compromising the on the inclusivity of the workforce. On the design front, the NCAHP should aim to address the following:

Integrating the low-skilled and existing workforce into the NCAHP Act 2021

The Act recognises the importance of health professionals in over fifty categories such as physiotherapists, optometrists, nutritionists, and medical laboratory professionals. However, the NCAHP leaves out different low-skilled and existing allied health workers from its definition, including key roles like General Duty Assistants (GDA) and phlebotomists.

According to the Act, a professional should have obtained a diploma or degree of at least two thousand hours, over two to four years. This leads to the invalidation of short-term courses currently being offered by training centres. Substituting the short-term courses entirely could lead to the exclusion of many low-income individuals from entering the field, as these beneficiaries will not be able to devote time and resources to a two or four-year course. Short-term courses continue to be recognised by the Health Sector Skill Council, forming a crucial component for skilling youth and integrating the existing workforce into the ecosystem.

The National Commission will need to ensure that the low-skilled and existing workforce are not excluded and help define minimum entry qualifications suitable for these roles. It is equally essential for the NCAHP Act to bring in the provision of Recognition of Prior Learning (RPL) to leverage the existing pool of allied health workers. The state needs to create vertical pathways for the existing workforce to take up recognised job roles defined under the Act. This will ensure the integration of the existing workforce into the formal economy while providing a pathway to high-skill jobs with better remuneration.

Enabling more opportunities for private sector collaboration

The current policy creates an ecosystem of stringent regulations for hiring talent by industry and setting up training centres by private skilling organisations. This can disincentivise private sector collaborators in the AHP space. It is to be noted that it is imperative to enable private sector participation while also maintaining compliance and regulations.

Private Employers

More than half of the allied health workers are employed in the private sector, earmarking them as significant stakeholders (Health Sector Skill Council 2016). Our interactions with leading industries indicate that the apprenticeship model of hiring is preferred due to fewer statutory requirements. However, in order to catalyse the formalisation of the allied health workforce, it is essential that the private players are provided incentives in the form of tax breaks and other financial benefits, to incentivise the hiring of skilled professionals for full-time roles. Industry experts and leaders in the space also advocate for some level of flexibility in regulations for skill-based roles that require low technical knowledge, like GDAs and home nursing assistants.

Private Skilling Organisations

According to chapter V of the Act, Establishment of New Allied and Healthcare Institutions, organisations require permission to open a new course and increase admission capacity and this approval system is different for every state. Hence, any large-scale skilling programme running across multiple states would require approval from every State Council. NCAHP must establish a balance between regulatory compliance and easing the compliance burden on the private sector players to ensure participation. One significant step is to have a centralised platform or a single window for meeting compliance across the states to eliminate multiple levels of approvals to reduce time and cost expenditure for businesses.

Beyond its stated scope, the Act could also look into additional areas of opportunity to create an adequately skilled and inclusive workforce to catalyse last-mile healthcare access.

To fully leverage the policy and address some systematic challenges in the AHP space, the NCAHP can look into additional areas such as strengthening infrastructure, increasing the attractiveness of the profession and making roles accessible to last-mile aspirants and women. The opportunities presented here are threefold:

1. Increasing the attractiveness of the profession.

There is a significant demand for low-skilled allied healthcare roles, including General Duty Assistants (GDAs), Emergency Medical Technicians (EMTs) and phlebotomists, among others. These general roles have the potential to create mass employment and ensure sustainable livelihood opportunities with decent working conditions. To mobilise young candidates, the National and State Commission should demystify these job roles and carry out career counselling for students in the eleventh and twelfth grades. Projecting these roles with clear career paths, including international exposure, can be an effective tool to generate interest. The Commission could work closely with skill development agencies, the education department of state governments, and international bodies to facilitate this. There should also be active efforts from the state actors to raise community sensitisation towards these professions.

2. Increasing accessibility to AHP roles by focusing on women, low-income households and remote locations.

As the affordability of courses significantly impacts their uptake, the National and State Commissions should consider incorporating mechanisms like merit-based scholarships and lagged fee structure to enable equitable opportunities. While the national government already has the National Scholarship Portal in place, targeted scholarships by NCAHP, aimed at eligible beneficiaries, will help improve the affordability of healthcare education.

Moreover, most allied health occupations have a significantly higher number of males than females barring two occupations, nursing assistants and dieticians, leading to the need for women-centric interventions (Health Sector Skill Council 2016). As mentioned in Section 40, 5(C) of the Act, the state council can give due consideration to residential programmes

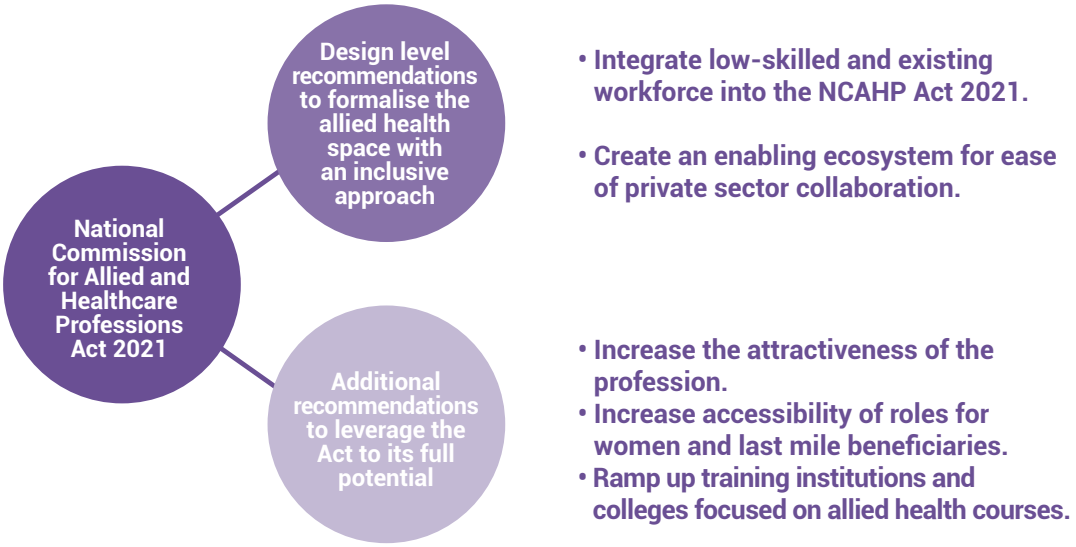
and accommodation facilities while granting approvals. This could enable more female participation in medical colleges. Shared accommodation facilities in training centres and medical colleges make the job roles more lucrative, especially for migrants and women. Skilling courses for roles such as community health promoters can be taught in a vernacular that requires regular interaction with rural communities.

3. Ramping up training institutions and colleges focused on allied health courses. Strengthening the capacity of training centres is critical to ensure a pool of adequately trained and qualified allied health workers. Only 37% of the current AHP workforce is adequately qualified according to the WHO (2021). The admission capacity in government and private colleges needs to be increased to expand the health workers' pool. As per Chapter V of the Act, it is in the State Council's mandate to give due regard to college infrastructure, equipment, accommodation and other facilities while approving allied healthcare institutions. The State Council could augment the supply by partnering with skilling organisations to set up training centres based on clusters of potential students and through demand-supply mapping. Establishing the centres in semi-urban and rural areas, covering remote geographies will also allow absorption of last-mile beneficiaries living in remote locations.

Conclusion

The formulation of NCAHP has accelerated the process of regulating the services of AHPs in India. The National Commission should work toward a robust uptake and implementation of the Act across State Councils. This will not only create millions of meaningful jobs, but also strengthen the healthcare delivery system in India.

Figure 2: Recommendations for the robust implementation of the NCAHP Act ,2021



(Sattva 2022)

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