

## ALL INDIA OCCUPATIONAL THERAPISTS' ASSOCIATION

Founder Council Member-World Federation of Occupational Therapists

Dated: Oct. 27, 2015

Summary of Discussions With Ms. Kavita Narayan, Director, NIAHS TSU and other officials at Room No. 204 D at Nirman Bhavan, New Delhi on 27.10.2015 at 11.00 A.M.

Ref.-Email Invitation Dated Oct. 23, 2015 to AIOTA for giving feedback on 'Allied and Healthcare Professional's Council Bill, 2015'

AIOTA was represented by Dr. Anil K. Srivastava-President (Lucknow) & Dr. Pankaj Bajpai, Hon. Secretary (Kolkata)

AIOTA showed its displeasure before the committee members, on inclusion of Occupational Therapy in the proposed Allied Health Professionals' Council Bill 2015 and made it clear that members of AIOTA, OT Educational Institutions and OT Professionals in India will not accept this bill because of its heterogeneous structure. A copy of AIOTA comments on the proposed Bill was handed over in hard copy as was desired by the committee. The reasons elaborated for resentment on the proposed Bill by AIOTA officials are:

# Reasons for Resentment discussed on the proposed 'Allied and Healthcare Professional's Council Bill, 2015'

- 1. Occupational Therapy is a regulated profession independent of others, having qualification up to Masters (M.O.T.) & Doctorate (PhD) level in India & worldwide.
- Occupational Therapy has established itself now as a fully developed profession with international identity in past 65 years, even without the government support in form of an enactment and will continue to do so, but will not at all accept this proposed

provision of inclusion of OT with heterogeneous group of 44 allied health workers of medical & health sector as envisaged in the proposed Bill.

- 3. OT started in India in 1950 and AIOTA is functioning since 1952. With sincere efforts of AIOTA the profession of OT which began with 2 years Diploma course now has covered a long journey in upgrading it to Maters and Ph.D. level in almost all universities in India. Now we have 30 educational programs duly accredited by AIOTA and WFOT. There is no Diploma program in OT in India.
- 4. Research and evidence based practice is core of OT practice in government and private institutions and self-owned private clinics. Research based studies and papers are published in AIOTA's 'Indian Journal of OT 'and are presented in 'Annual National Conferences'. A copy of Vol. 47 Issue 2 of IJOT and copy of OTICON'2016 Brochure and Souvenir of OTICON'2015 was presented to the committee as evidence in support of this statement.
- 5. AIOTA resented all earlier proposed bills having inclusion of OT with heterogeneous group of workers. After intervention of High Court New Delhi the notification in respect to inclusion of OT with Rehabilitation Council of India (RCI) in the year 1998, was immediately withdrawn by the government in 1999.
- 6. The UG Program in OT awarding BOT is 4 ½ years duration including compulsory rotatory internship. MOT programs are of 2-3 years duration. The qualification and status of occupational therapy cannot be equated with the other professions who mostly are having diploma level.
- 7. Since 1952 AIOTA is self-regulating the profession and recommending body for international affiliation including WFOT and professional and matured enough to be provided an independent council. AIOTA through its constituent body Academic Council of OT is regulating the UG/PG programs of various universities with maintenance of uniformity and standards of the profession.
- 8. AIOTA is only body of OTs in India having about 5000 members. Till date about 10000 are graduated in India and many of them are in overseas countries for lucrative opportunities.
- 9. Our professionals are having positions in different academic bodies of various Universities, while how many of other professionals are having such positions.
- 10. The bill is completely Contrary to basic premise that a council should be "by the profession, of the profession and for the profession".
- 11. There are members in the proposed Allied Health Bill, from different other councils like MCI, NCI and DCI and others which is not fair. Whether we can OT's be included in these councils probably never then why here.

### **AIOTA Suggestions:**

- Independent 'Central Council of Occupational Therapy' should be constituted which is pending decision since decades
- Central Council with inclusion of like profession of Physiotherapy only having identical qualification and status under the title 'Central Council of Occupational Therapy and Physiotherapy' with Separate Cells. It was already assured many times by the Ministry of Health in Parliament of India. It should be constituted in the pattern of 'Delhi Council of PT/OT' and 'Maharashtra Council of PT/OT' already in function successfully since last more than 15-20 years
- As an alternative dissolve all the councils including MCI, DCI, Pharmacy and Nursing Council and constitute one council under the title 'Indian Council of Medical and Health' with separate cells of the medical, Dental, Pharmacy ,Nursing, Occupational Therapy ,Physiotherapy and Allied Health professionals.

### **Committee's Observations & Proposals**

- Committee enquired reg. duration of the program which was informed that it is 4 years 6 months and not 4 years.
- It was also informed that the List of AIOTA/WFOT accredited OT Education institutions in India, is published in the copy of IJOT presented and also available on AIOTA/WFOT websites.
- AIOTA/ACOT procedure for accreditation of OT education programs for national and international affiliation was explained.
- Committee was surprised to note and reconfirmed that Diploma in OT program is not in existence in India.
- Committee was also surprised that, in India only one national association- AIOTA is in function.
- Committee has reservation about the information that OT's also are in private practice/ and have self-owned clinics. It was informed that in absence of regulation by government in constituting Central Council of OT, the Academic Council of OT of AIOTA issues certificate of registration to members of AIOTA to practice in India. This certification is valid for international placement of OT's from India.
- Committee proposed for a permanent member seat for AIOTA / OT.
- > Committee shall reconsider the membership structure in the bill.

- Committee enquired why till date there is no Council for OT's. It was informed that it may be due to vested interest of a group of fellow medical professionals in health department.
- Committee informed that if the inclusion of OT in proposed Bill is not accepted by AIOTA, government may not provide independent council. AIOTA officials stressed that there is no reason to get included with heterogeneous group of 44 Allied Health/Paramedical workers who do not match with the qualification, status, work duties and responsibilities of an occupational Therapy professionals as envisaged in the proposed Bill.

AIOTA officials informed that globally in most of the countries OT's are regulated by independent Councils. AIOTA showed its concern that now mushrooming of substandard and even distance education programs which is unethical are coming up for the sake of money. Hence need for an early statutory provision in the country is required.

Meeting concluded with the suggestion: that, 'based on today's discussion and representations sent by members and organizations, the committee may sent modified proposals, which may be discussed with the members of AIOTA, before giving any acceptance or rejection of it'.

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