

Ref: P/AK/AIOTA/Allied Health Council/2020

Date: 14<sup>th</sup> Feb.2020

## PARLIAMENT OF INDIA, RAJYA SABHA

### DEPARTMENT-RELATED PARLIAMENTARY STANDING COMMITTEE ON HEALTH AND FAMILY WELFARE: 117<sup>th</sup> Report

#### THE ALLIED AND HEALTHCARE PROFESSIONS BILL-2018'

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

*\*(Page numbers are as per the PDF file of the 153 pages Report)*

*[The Bill was tabled in Rajya Sabha & Lok Sabha on 31<sup>st</sup> Jan. 2020]*

### The Brief of the Recommendations of the Parliamentary Standing Committee In respect to Occupational Therapy & AIOTA

*Page No.	SUBMISSIONS BY AIOTA	*Page No.	Recommendations of the Parliamentary Standing Committee on Health & Family Welfare
		53	4.2.27 <b>"Healthcare professional"</b> include a scientist, therapist or other professional who studies, advises, researches, supervises or provides preventative, 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 the period of 3-5 years divided into specific semesters.
		59	4.3.14 <b>The Committee understands the concern of the stakeholders and strongly believes that the need of hour is to raise the status of allied healthcare professions and bring forth the profession out of medical dominance by standardization of its education and practice.</b>
29	3.10 The Association raised their concern over clubbing of Occupational Therapy Profession with heterogeneous group of about 70-80 professions that does not at all match with qualification, work and responsibilities with that of occupational therapy profession. They stated that the dilution of significance and valuable contribution of profession of occupational therapy in the entire Bill is not acceptable. The definition of occupational therapy is incomplete and does not portray scope of the profession in	83	4.4.11 <b>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:</b> <ol style="list-style-type: none"> <li>i. Council for Physiotherapy Professionals;</li> <li>ii. Council for Medical Radiology, Imaging and Therapeutic Technology Professional;</li> <li>iii. Council for Medical Laboratory Science Professionals;</li> <li>iv. Council for Ophthalmic Sciences;</li> <li>v. <b>Council for Occupational Therapy Professionals;</b></li> <li>vi. Council for Medical Technologists;</li> <li>vii. Council for Life, Nutrition and Behavioural Health Science Professionals;</li> </ol>

	respect to Indian context. The bill is Contrary to basic premise that a council should be by the profession, of the profession and for the profession. AIOTA, therefore, strongly objected to inclusion of other categories listed under Occupational Therapy under schedule 6.		viii. Council for Health & Information Management, Physician Associate/Assistant, Primary, Community and other Miscellaneous professional.
59	4. All India Occupational Therapists' Association (AIOTA) submitted that the list of professions under Healthcare should be clearly specified and annexed as schedule. It also submitted that the duration of OT should be minimum course duration of 5000 hours as it is of 4 years and 6 months (internship) duration.	60	<b>4.2.26</b> 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. <b>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.</b>
66	4. Physiotherapist Association of Uttarakhand submitted that this clause should be deleted. This Association as well as All India Occupational Therapists Association submitted that if the members from existing regulatory bodies representing in the Council should be removed as the rights of the professionals cannot be protected if there is inclusion of other professions	68	<b>The Committee, therefore, agrees with the views of the stakeholders that representation from the Dental Council of India, Indian Nursing Council, and Pharmacy Council of India is unwarranted and should be removed.</b> However, the Committee recommends retaining the representation from National Medical Commission.
		108	<b>4.18.16</b> The need of the hour is to raise the status of the allied health sector from medical dominance; the Committee is therefore, of the view, that the Ex-officio membership from Dental Council of India, Indian Nursing Council and National Medical Commission (Medical Council of India) should be removed from the State Allied Council.

			<p><b>4.18.18</b> The Committee agrees with the view of the Ministry that Dentists and Pharmacists are regulated by Dental, Council of India and Pharmacy Council of India; <b>therefore there is no need to add Dentists and Pharmacists in the State Allied Council</b></p>
69	<p>3. All India Occupational Therapists' Association (AIOTA) suggested including Occupational Therapy professionals not below rank of Senior. Occupational therapist/head/in-charge of OT services from the institutions mentioned in 3 (k). It also suggested to include OT professionals not below rank of Assistant Professor from - Pt. Deendayal Upadhyaya National Institute for Persons with Physical Disabilities, Delhi ; National Institute for Locomotor Disabilities, Kolkata, SVNIRTAR, Cuttack, and PGIMER Chandigarh.</p>	81	<p><b>4.4.5 The Council of Occupational therapy may consist</b> of nominated members from recognized institutions of National repute at the level of Director/Deputy Director/HOD, namely, Pt. Deendayal Upadhyaya National Institute for Persons with Physical Disabilities, New Delhi; National Institute of Locomotor Disabilities, Kolkata; Swami Vivekananda National Institute of Rehabilitation Training and Research, Cuttack. The members may also be nominated from the existing councils of Occupational Therapy and Physiotherapy from different States. <b>Members may also be nominated from existing National level associations in Occupational Therapy.</b></p>
72	<p>10. All India Occupational Therapists' Association (AIOTA) suggested that the composition of the Council must include OTs in the clause, with minimum 6 or equal number of representation as of other professions. At least 4 or as in other professions, members from institutions/organisations of report representing OT may be nominated by the Central Government apart from those mentioned above.</p>	73	<p><b>4.3.34</b> The Committee also notes the observations made by the Department-related Parliamentary Standing Committee in its 31st Report on the Paramedical and Physiotherapy Central Council Bill, 2007 with respect to Occupational Therapy <b>that differentiates the profession of Physiotherapy and Occupational Therapy as two independent professions with entirely different course of study, mode of treatment and approach in treatment and rehabilitation of patients, wherein the Occupational Therapists are responsible for detailed assessment, planning and implementation of treatment regimen.</b></p> <p><b>4.3.35</b> In view of the above observations, the Committee notes that the Occupational Therapy and Physiotherapy are two different independent professions that are at equal footing, The Committee observes that the Ministry, during the course of clause by clause consideration of the Bill, has already agreed to the proposal of enhancing the number of Occupational Therapists in the proposed Commission to two. <b>The Committee, therefore, recommends increasing the representation of Occupational Therapists to 2 at par with the Physiotherapists and keeping in view the vital role of OTs in patient care and safety.</b></p>

75	5. All India Occupational Therapists' Association (AIOTA) suggested that National Institutes or Other Government institutions of repute can be included instead of charitable organization. (as this clause does not solve the representation purpose and can lead to unnecessary misuse of authority)	80	<b>6(b) Two persons each representing the recognised categories, namely, Medical Laboratory Sciences, Medical Radiology, Imaging and Therapeutic Technology, Ophthalmic Sciences, Physiotherapy and Occupational Therapy; and one person each representing the rest of the recognised categories listed in the Schedule, to be nominated by the Search Committee having such qualifications and experience as may be prescribed by the Central Government</b>																												
		82	<table border="1"> <thead> <tr> <th data-bbox="813 752 893 840">Sr. No.</th> <th data-bbox="893 752 1117 840">Council Name</th> <th data-bbox="1117 752 1260 840">Sr. No. in the Schedule</th> <th data-bbox="1260 752 1528 840">Categories included</th> </tr> </thead> <tbody> <tr> <td data-bbox="813 840 893 952">1</td> <td data-bbox="893 840 1117 952">Council for Physiotherapy Professionals</td> <td data-bbox="1117 840 1260 952">3</td> <td data-bbox="1260 840 1528 952">Physiotherapy Professional.</td> </tr> <tr> <td data-bbox="813 952 893 1209">2</td> <td data-bbox="893 952 1117 1209">Council for Medical Radiology, Imaging and Therapeutic Technology Professional</td> <td data-bbox="1117 952 1260 1209">9</td> <td data-bbox="1260 952 1528 1209">Medical Radiology, Imaging and Therapeutic Technology Professional.</td> </tr> <tr> <td data-bbox="813 1209 893 1400">3</td> <td data-bbox="893 1209 1117 1400">Council for Medical Laboratory Science Professionals</td> <td data-bbox="1117 1209 1260 1400">10</td> <td data-bbox="1260 1209 1528 1400">Medical Laboratory Sciences Professional</td> </tr> <tr> <td data-bbox="813 1400 893 1512">4</td> <td data-bbox="893 1400 1117 1512">Council for Ophthalmic Sciences</td> <td data-bbox="1117 1400 1260 1512">5</td> <td data-bbox="1260 1400 1528 1512">Ophthalmic Sciences Professional</td> </tr> <tr> <td data-bbox="813 1512 893 1657">5</td> <td data-bbox="893 1512 1117 1657"><b>Council for Occupational Therapy Professionals</b></td> <td data-bbox="1117 1512 1260 1657"><b>6</b></td> <td data-bbox="1260 1512 1528 1657"><b>Occupational Therapy Professional</b></td> </tr> <tr> <td data-bbox="813 1657 893 2022">6</td> <td data-bbox="893 1657 1117 2022">Council for Medical Technologists</td> <td data-bbox="1117 1657 1260 2022">2 13 14</td> <td data-bbox="1260 1657 1528 2022">Trauma and Burn Care Professional; Cardio-vascular, Neuroscience and Pulmonary Technology Professional; Renal Technology</td> </tr> </tbody> </table>	Sr. No.	Council Name	Sr. No. in the Schedule	Categories included	1	Council for Physiotherapy Professionals	3	Physiotherapy Professional.	2	Council for Medical Radiology, Imaging and Therapeutic Technology Professional	9	Medical Radiology, Imaging and Therapeutic Technology Professional.	3	Council for Medical Laboratory Science Professionals	10	Medical Laboratory Sciences Professional	4	Council for Ophthalmic Sciences	5	Ophthalmic Sciences Professional	5	<b>Council for Occupational Therapy Professionals</b>	<b>6</b>	<b>Occupational Therapy Professional</b>	6	Council for Medical Technologists	2 13 14	Trauma and Burn Care Professional; Cardio-vascular, Neuroscience and Pulmonary Technology Professional; Renal Technology
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87	4.8.2 All India Occupational Therapists' Association (AIOTA) submitted that no action or proceedings that affect a given profession will be taken by the Council before hearing the comments from the member who represents specific profession.	87	4.8.4 The Committee, therefore, recommends the Ministry that in such instances when there is no representation from that particular profession in the Commission, the Ministry must give the professionals an opportunity to be heard when any decision affecting that profession is made.
91	2. All India Occupational Therapists' Association (AIOTA) also submitted that there should be separate entry examinations and counselling for healthcare professionals of OT and PTs alone and separate each for other healthcare and allied professionals	95	4.11.2 (1) <i>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:</i>
93	4. All India Occupational Therapists' Association (AIOTA) submitted that separate exit and licensing examinations for each profession as the qualification, training and curriculum of each profession is unique and different from others.	93	4.10.20 The Committee agrees with the view of the Ministry that the Commission will have to conduct a separate exit and licensing examinations for each profession. The Committee acknowledges the fact that each profession follows a specified curriculum and deals with different technical skill, therefore conducting a uniform single licensing exit exam for all the professions is not quite possible. <b>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.</b>
107	<p><b>4.17.2 The following are the suggestions on clause 19</b></p> <p>1. The Indian Association of Physiotherapists, All India Occupational Therapists' Association (AIOTA) and Indian Society of Radiographers and Technologists (ISRT) submitted that the tenure of Interim council should be fixed and within that tenure a regular council should start functioning. The tenure of Interim Council should not be more than 2 years</p>	108	4.17.5 The Committee is in agreement with the views of stakeholders that tenure of interim Commission should have a fixed tenure. <b>The Committee, therefore, recommends the Ministry to specify, in the Bill, that the tenure of the proposed interim Commission should not be more than two years.</b> The Committee also recommends the interim Commission to devise a quality control mechanism for the allied health professionals and ensure standardization of education and institutes. The Committee, therefore, recommends that this interim Commission should complete all its entrusted task within that stipulated period and the National Commission must convene its functions, thereafter, it should stand dissolved after two years. <b>The Committee, therefore, stand dissolved after two years. However, in exceptional circumstances, the tenure of Interim Commission may be extended by the Central Government for one year but not beyond that period.</b>

109	2. All India Occupational Therapists' Association (AIOTA) submitted that the representation of OTs must be included in the interim council in the following manner:- (i) At least 4 OT members nominated by the existing Government bodies, and (ii) Minimum 2 nominated from existing national association – AIOTA	111	<p><b>4.17.12</b> The Committee notes that this Commission is set to regulate the allied and healthcare professionals but none of the professional groups have been given representation in the interim Commission. The Committee agrees with the concerns of the stakeholders that professionals from different allied and healthcare professions should be part of the Interim Commission. <b>The Committee therefore recommends the Ministry to add representation from each recognised category. The Committee also recommends adding two persons each representing the recognised categories, namely, Medical Laboratory Sciences, Medical Radiology, Imaging and Therapeutic Technology, Ophthalmic Sciences, Physiotherapy and Occupational Therapy; and one person each representing the rest of the recognised categories listed in the Schedule.</b> These members should have the required expertise and experience as may be prescribed by the Central Government. The Committee also recommends the Ministry to explore the addition of experts in other fields whose experience will benefit the Interim Commission in better discharge of its responsibilities.</p>
		112	<p><b>(j) Two persons each representing the recognised categories, namely, Medical Laboratory Sciences, Medical Radiology, Imaging and Therapeutic Technology, Ophthalmic Sciences, Physiotherapy and Occupational Therapy; and one person each representing the rest of the recognised categories listed in the Schedule</b></p>
		116	<p><b>4.18.19</b> The Committee also recommends adding representation of two from Occupational Therapy in clause 20(3)(d) considering the number of Occupational therapists on the pattern of representation in National Commission.</p>
124	4. All India Occupational Therapists' Association (AIOTA) submitted that the chairperson of the healthcare professional groups, should only be from the same profession for which the advisory body is constituted and also composition of the professional advisory bodies should only contain individuals belonging to the specific	125	<p><b>4.23.6</b> The Committee also recommends that the Professional Advisory Board thus formed should be chaired by the professional of that recognised category. In case of multiple professions in the category, <b>the chairperson should be appointed on rotation from each category.</b></p>

	healthcare professional group, specifically in case of OTs and accordingly sub-clause 3 should be modified.		
134	8. All India Occupational Therapists Association (AIOTA) suggested for constitution of National Commission for Allied and Healthcare Profession.	136	<p><b>4.40.9</b> The Committee, therefore, finds merit in constituting an overarching Commission for the Allied and Healthcare Professions on the lines of National Medical Commission, National Commission on Indian System of Medicine and National Commission on Homeopathy that makes necessary regulations for respective medical field.</p> <p><b>4.40.11</b> The Committee therefore recommends renaming the Bill from “The Allied and Healthcare Professions Bill 2018” to “National Commission for Allied and Healthcare Professions Bill, 2020” on the lines of National Medical Commission Act 2019, National Commission for Indian System of Medicine Bill 2019 and National Commission for Homeopathy Bill 2019.</p>
		146	<p><b>4.48.3</b> <u>On suggestions of IMA:</u> The Committee agrees with the view of the Ministry and is of the view that main aim of this Bill is to establish independent footing for allied &amp; healthcare professionals. <b>Addition of “under the supervision of a modern medicine doctor” in the schedule would place allied and healthcare professionals under the shadow of the medical doctors. The Committee is of the view that the doctors and allied &amp; healthcare professionals have to work in sync with each other for establishing robust healthcare delivery system in the country.</b> The other suggestions submitted by IMA need not be included in the different category of schedules.</p>
146	4.49.2 All India Occupational Therapists’ Association (AIOTA) also submitted that the definition of physiotherapy includes ‘functional dysfunction’ which overlaps the domain of OT. Since the PT definition already has terms like movement disorder, malfunction, disorder and disability. Therefore, the term ‘functional dysfunction’ should be deleted to avoid confusion and overlap.	147	<p><b>4.49.5</b> The Ministry is of the view that current definition of Physiotherapy must be continued as it is globally accepted definition. <b>The Committee also recommends the Ministry to re-examine the definition of Occupational Therapy based on global definitions and existing State Councils of Delhi, Maharashtra.</b></p>

<p>147</p>	<p>4.50.1 All India Occupational Therapists' Association (AIOTA) submitted that the Definition should be adopted from either AIOTA or the existing State councils of Delhi and Maharashtra. All India Occupational Therapists' Association (AIOTA) is of the view that the category of OTs should be independent as in case of Physiotherapy, and Occupational Therapy should not be included with other group of professions some of which are not even in existence. AIOTA further submitted that Occupational Therapy is a fully developed, research and evidence based practice. The UG program is of 4.5 years with internship and PG program is of 2-3 years duration. There are no Diploma programs in Occupational Therapy.</p> <p>4.50.2 President, AIOTA, New Delhi suggested to modify definition of Occupational Therapy- Add "The Occupational Therapist can practice independently or as a part of a multi-disciplinary team and has a minimum qualification of a baccalaureate degree" in the definition mentioned in Schedule. President, AIOTA, New Delhi suggested that Categories mentioned under Occupation Therapy profession i.e. Movement Therapist or Recreational Therapist or Podiatrist rarely exist in our Country, and hence may be kept in another column. Their basic qualification, course curriculum, syllabus, job profiles, duties, skills, responsibilities and rights are not as of an Occupational Therapist.</p>	<p>147</p>	<p><b>4.50.4</b> The Committee recommends that the occupational therapists in line with physiotherapists must be given the opportunity to practice independently or as a part of a multi-disciplinary team. <b>The Committee, therefore, recommends addition of "The Occupational Therapist can practice independently or as a part of a multi-disciplinary team and has a minimum qualification of a baccalaureate degree" in the definition mentioned in Schedule No 6.</b></p> <p><b>4.50.5</b> The Committee recommends the Ministry to re-examine the different professions under the recognized category of Occupational Therapy and place the other professions under suitable category. <b>The Committee, therefore, recommends that Movement Therapist (including Art, Dance and Movement Therapists or Recreational Therapist) and Podiatrist may be kept in another category.</b></p>
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# ALL INDIA OCCUPATIONAL THERAPISTS' ASSOCIATION

Founder Council Member World Federation of Occupational Therapists  
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		153	<i>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.</i>
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