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# "The National Commission for Allied and Healthcare Professions Act, 2021: A Step Towards Regulating and Standardizing Allied and Healthcare Education and Practice in India"

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#### ABSTRACT:

India's allied and healthcare sector lacks a comprehensive regulatory framework, leading to education standards and practice quality gaps. The National Commission for Allied and Healthcare Professions (NCAHP) Act 2021 aims to regulate this sector by establishing central and state-level commissions and councils. This article analyses the key provisions of the Act and its potential impact. The NCAHP Act defines allied and healthcare professionals and sets up regulatory bodies like the National Commission, Professional Councils, State Councils and Accreditation Board. It provides for the maintenance of central and state registers for the registration of professionals. The Act prescribes regulations for education standards, common entrance and licensing exams, a code of ethics and disciplinary mechanisms. It prohibits practice without registration. While the Act is expected to benefit students, professionals and patients, effective implementation remains vital. Robust execution by newly formed regulatory bodies can significantly uplift education quality, patient safety standards and the status of allied healthcare practice in India.

#### Introduction

India's allied and healthcare sector has grown significantly over the past few decades. This can be attributed to advancements in medical technology, increasing health awareness among people, rising income levels, and changing demographic profiles. However, the lack of a comprehensive regulatory framework has impacted this sector's standardization of education and practice. There are over 100 allied health professions in India, spanning diagnostics, therapeutics, rehabilitation medicine and support services. However, many of these professions suffer from inadequate regulation and recognition.

In order to address these gaps, the National Commission for Allied and Healthcare Professions (NCAHP) Act was passed by the Indian Parliament in March 2021. This legislation aims to regulate and standardize the entire spectrum of allied and healthcare professions. The NCAHP Act provides for the constitution of central and state-level commissions and councils to frame policies and standards for education, professional conduct and registration of professionals. This article analyses the key provisions of the NCAHP Act and examines its impact on improving the quality of education and practice in the allied and healthcare sectors.

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#### **Need for Regulatory Framework**

Unlike medicine, dentistry, pharmacy and nursing, the allied and healthcare sector does not have a dedicated regulatory authority in India. The lack of regulation has resulted in wide variations in the standards of education and training programmes nationwide. There is no clarity on the qualifications required to practice many allied health professions. This creates confusion among students and employers. It also risks patients' safety if inadequately trained professionals are allowed to practice healthcare services.

The Parliamentary Standing Committee on Health and Family Welfare examined the National Commission for Human Resources for Health Bill 2011. The Committee's report highlighted the need to regulate the allied healthcare workforce, vital in health system delivery, especially in rural and underserved areas. It noted that the competencies of this workforce often determine the efficiency and sensitivity of the health system. The Standing Committee recommended the establishment of a regulatory framework to ensure the availability of an adequate number of allied health professionals with appropriate skill mix and standards.

The NCAHP Act 2021 is a key step in fulfilling this longstanding need to regulate the allied and healthcare sectors. It aims to standardize education, strengthen the assessment and accreditation systems, facilitate the maintenance of a central registry of professionals and enact professional conduct guidelines. This will uplift the dignity of professionals and enhance the quality of care they provide.

# **Key Features of the NCAHP Act**

The National Commission for Allied and Healthcare Professions Act, 2021 provides for the following key features:

## **Definitions of Allied and Healthcare Professionals**

The Act defines an 'allied health professional' as someone trained through a 2-4-year diploma or degree programme with a minimum of 2,000 hours of practical training. On the other hand, a 'healthcare professional' must complete a 3-6-year degree programme with a minimum of 3,600 hours of training. Fifty-six professions spanning diagnostics, therapeutics, community health, and biomedical technology have been listed under these categories.

# National Commission for Allied and Healthcare Professions

The central regulatory authority constituted under the Act is the National Commission for Allied and Healthcare Professions (NCAHP). It will be headquartered in Delhi and comprise a Chairperson, Vice Chairperson and 31 members. The Commission members will include representatives from healthcare education, management, relevant Government ministries, hospitals and institutes.

The Commission is mandated to frame policies and standards for education, ethics and registration of professionals. It will maintain the Central Register with details of registered professionals. The Commission can allow cross-practice between professionals by specifying their scope. It will also conduct uniform entrance exams for admissions and licensing exams for practice.

#### **Professional Councils**

The NCAHP Act establishes Professional Councils for each recognized category of professionals. The Councils will have 15-24 members representing diverse professions under that category. For instance, the Medical Laboratory and Life Sciences Council may include biochemists, microbiologists, and cytologists. The Councils will advise the Commission on formulating regulations and professional standards.

# **Central and State Registers**

The Commission is required to maintain an online Central Register with details of professionals, their qualifications and institutions. Professionals need to register here to practice anywhere in India. The State Councils will also maintain similar State Registers. These registers will act as public documents providing information about registered professionals.

#### **Interim Commission**

When fully constituted, the NCAHP will replace the interim Commission in place for an initial 3 years. The interim body comprises Central government officials and experts nominated by the Health Ministry. It lays the groundwork for regulating allied and healthcare professions during the transition.

# **Guidelines for New Allied and Healthcare Institutions**

The NCAHP Act has laid guidelines for establishing new allied and healthcare institutions. They must seek prior permission from the State Councils. The State Councils will consider factors like adequate infrastructure, finances, faculty standards and local needs before granting permission. This will curb the proliferation of low-quality education institutions in the sector.

## **Offences and Penalties**

To ensure compliance, the Act specifies punishments for contravening its provisions. Practising without registration can lead to fines of up to Rs 5 lakhs and imprisonment of up to 1 year. Illegally issuing degrees or misrepresenting

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qualifications also carries heavy penalties. Such measures will prevent unqualified professionals from posing risks to patients.<sup>6</sup>

# **Impact on Education Standards**

The NCAHP Act empowers the Commission and Professional Councils to frame binding standards for India's allied and healthcare education programmes. Some of the key areas where it will enhance education quality are:

## **Defining Basic Standards**

The Commission can specify the requirements related to course curriculum, duration, faculty qualifications, infrastructure, training facilities, etc., for educational institutions. This will reduce arbitrariness and improve standardization across the country. Institutes will need to maintain the prescribed standards to get recognition.

#### **Common Entrance and Licensing Exams**

A system of uniform national exams for admissions into undergraduate, postgraduate and doctoral programmes will be introduced. Common licensing exams will also be conducted for certification to practice allied healthcare services. This will ensure that only students with requisite competencies enter the workforce.

#### **Inspections and Accreditation**

The State Councils can conduct inspections of educational institutions to verify compliance with norms. Complaints can also trigger investigations. The Accreditation Board will continuously rate institutes based on faculty, training quality, employability etc. Colleges with deficiencies may face penalties or derecognition.

#### **Recognition of Qualifications**

The Commission and State Councils have been empowered to recognize or derecognize courses offered by institutes. Qualifications must align with regulations to get recognition; otherwise, they will not be considered valid for practice. This will compel institutes to maintain education quality as per prescribed standards.

These provisions will transform allied healthcare education by enabling constant monitoring, objective accreditation, linking recognition with compliance and raising the bar for entry into the profession. The Act will help produce more competent professionals by bolstering the education foundation.

# **Impact on Healthcare Practice**

The NCAHP Act also puts in place mechanisms to regulate the practice of allied and healthcare professions. Some of the key regulations in this area are:

# **Mandatory Registration**

The Act prohibits anyone from practising or teaching an allied healthcare profession without registration under the Central or State Registers. Registered professionals will be issued unique IDs. This will curb unauthorized practice and build credibility.<sup>7</sup>

## **Defining Scope of Practice**

The Commission and Professional Councils will define the scope of practice and services permitted for each category of professionals based on their training and competence.<sup>8</sup> There is an overlap between the roles of doctors, nurses and allied professionals, which leads to confusion. Demarcating the scope will maximize health worker efficiency.<sup>9</sup>

#### **Code of Ethics**

Guidelines will be formulated for professional conduct and ethics to be followed by all registered allied and healthcare practitioners. This will improve accountability and help resolve disputes through disciplinary mechanisms.<sup>10</sup>

### **Penalties against Misconduct**

The State Councils can take disciplinary action ranging from fines to removal from the State Register against professionals who violate the code of ethics or indulge in misconduct.<sup>11</sup> Such measures will protect patients from negligent or unethical practices.

#### **Restrictions on Cross-Practice**

Task shifting between professionals will be allowed based on competencies. However, restrictions will apply on cross-practice beyond the designated scope without requisite qualifications. This will curb laxity in clinical roles and responsibilities.<sup>12</sup>

The practice regulations will establish standards for patient care services. With competent registered professionals adhering to ethical codes and scope boundaries, the quality and safety of healthcare delivery will improve. Public trust will also rise in allied health services.<sup>13</sup>

## **Benefits and Criticisms**

Allied and healthcare sector stakeholders have widely welcomed the NCAHP Act 2021. It is expected to usher several benefits:

# **Standardized Education and Training**

The Act will standardize education and training by laying down the requirements related to curriculum, faculty, infrastructure, skills training, etc. This will improve the quality and consistency of programmes across the country.<sup>14</sup>

# **Enhanced Career Prospects**

Degree and diploma programmes under this Act will enjoy national recognition. This will enhance career mobility and prospects for students and working professionals.

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Registration of professionals will also boost job opportunities. 15

# **Ethics and Quality Control**

A code of ethics and disciplinary mechanisms will promote greater professionalism and accountability. Periodic assessments and linking of recognition with compliance will improve the quality of education and training institutes. <sup>16</sup>

## **Centralized Registration System**

The central and state-level registers will serve as definitive databases of registered professionals. Portability of registration across states will be enabled.<sup>17</sup>

However, some concerns and criticism have also been raised about certain provisions of the Act:

#### **Perceived Regulatory Overreach**

There are apprehensions that excessive regulation may undermine the autonomy of professional bodies like the Rehabilitation Council of India. The mandatory inspections and compliance requirements may also overburden institutes. <sup>18-19</sup>

## **Incomplete Coverage of Professions**

Only 56 out of over 100 allied health professions find mention under the recognized categories in the Act. Many emerging professions have been left out of its ambit.<sup>20</sup>

#### **Operationalization Challenges**

Smooth operationalization of the extensive regulatory architecture proposed under the Act remains a key challenge. Building adequate tech infrastructure for online registers and integrating existing councils also needs coherent planning during the transition.<sup>21</sup>

Despite some limitations, the NCAHP Act makes a pioneering attempt at comprehensive reforms to strengthen education, ethics and practice standards for allied health services in India. Robust execution by the newly formed commissions and councils will be vital to realizing the intended benefits while minimizing the risks and distortions of overregulation.<sup>22</sup>

#### Conclusion

The National Commission for Allied and Healthcare Professions Act 2021 can potentially transform India's unorganized allied and healthcare sector. Empowering regulators to prescribe standards, build reliable registries, enforce ethics, and monitor quality aims to systematize allied health services' education and practice.<sup>23</sup> This will benefit students by ensuring standardized competency-based learning. Patients stand to gain from the quality

assurance and ethics oversight across allied healthcare professions.<sup>24</sup>

However, the Act can deliver results only if the envisioned governance bodies are constituted quickly and provided adequate resources. The interim Commission must hit the ground running by setting up IT infrastructure, consultation processes and transition roadmaps. The state governments must also swiftly establish councils and boards. Scope exists to expand the Act by including more emerging healthcare professions within its ambit. <sup>25-28</sup>

Sustained engagement with diverse stakeholders and a calibrated regulatory approach will be key. Overall, the NCAHP Act should be leveraged proactively to uplift the status of allied health services and education to world-class levels. This will help India effectively tap the potential of allied health professionals in strengthening comprehensive primary healthcare delivery. Robust implementation of this progressive legislation will catalyze the advancement of India's healthcare sector.<sup>29-32</sup>

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