



THE WELLNESS WORKFORCE

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(Mains GS 1 : Government policies and interventions aimed at development in various sectors and issues arising out of their design and implementation.)

Context:

- The National Commission for Allied and Healthcare Professions Bill, 2020 (NCAHP) was passed by Parliament in March.
- The Bill seeks to regulate and standardise the education and practice of allied and healthcare professionals.

Background of the bill:

- Initial efforts at regulating allied health professions were participatory, beginning in the early 1990s.
- After numerous consultations with key stakeholders, the first draft Bill was uploaded on the health ministry's website in 2015, inviting public comments.
- The overwhelming number of responses triggered another, more intensive process of public consultations, expert meetings, reviews, and discussions with stakeholders, including states.
- Building consensus on a range of provisions in the Bill was no mean feat.
- The revised "Allied and Healthcare Professions Bill" was introduced in the Rajya Sabha in December 2018.
- The health department-related parliamentary standing committee made 110 recommendations.
- The government accepted 102 recommendations unequivocally, and six with slight modifications, resulting in the NCAHP, 2020.

Key features of the bill:

- **Allied health professional:** The Bill defines 'allied health professional' as an associate, technician, or technologist trained to support the diagnosis and treatment of any illness, disease, injury, or impairment.

- **Healthcare professional:** A ‘healthcare professional’ includes a scientist, therapist, or any other professional who studies, advises, researches, supervises, or provides preventive, curative, rehabilitative, therapeutic, or promotional health services.
- **National Commission for Allied and Healthcare Professions:** The Bill sets up the National Commission for Allied and Healthcare Professions.
- **Functions of the 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.
 - (ii) creating and maintaining an online Central Register of all registered professionals.
 - (iii) providing basic standards of education, courses, curriculum, staff qualifications, examination, training, maximum fee payable for various categories.
 - (iv) providing for a uniform entrance and exit examination.
- **Professional Councils:** The Commission will constitute a Professional Council for every recognised category of allied and healthcare professions.
- **State Councils:** Within six months from the passage of the Bill, state governments will constitute State Allied and Healthcare Councils. The State Councils will: (i) enforce professional conduct and code of ethics to be observed by allied healthcare professionals, (ii) maintain respective State Registers, (iii) inspect allied and healthcare institutions, and (iv) ensure uniform entry and exit examinations.
- **Establishment of institutions:** Prior permission of the State Council will be required to: (i) establish a new institution, or (ii) open new courses, increase the admission capacity, or admit a new batch of students to existing institutions.
- **Offences and penalties:** No person is allowed to practice as a qualified allied and healthcare practitioner other than those enrolled in a State Register or the National Register. Any person who contravenes this provision will be punished with a fine of Rs 50,000.

The analysis of the bill:

- The legislation provides for regulation and maintenance of standards of education and services by allied and healthcare professionals and the maintenance of a central register of such professionals.
- It recognises over 50 professions such as physiotherapists, optometrists, nutritionists, medical laboratory professionals, radiotherapy technology professionals, which had hitherto lacked a comprehensive regulatory mechanism.
- An important feature of this Bill is the classification of allied professionals using the International System of Classification of Occupations (ISCO code).
- This facilitates global mobility and enables better opportunities for such professionals, potentially benefiting around 8-9 lakh existing allied and healthcare-related professionals.
- The Act aims to establish a central statutory body as a National Commission for Allied and Healthcare Professions.

- It will be supported by 10 professional councils to frame policies and standards, regulate professional conduct, prescribe qualifications, create and maintain a central register.
- The government has taken all possible measures to incorporate the demands and recommendations of states.
- Thus, the Bill has the provision for state councils to execute major functions through autonomous boards.
- The state councils are the implementation agencies while the National Commission is the overarching body devising policies.
- Global evidence demonstrates the vital role of allied professionals in the delivery of healthcare services. The demand for such professionals is high.
- They are the first to recognise the problems of the patients and serve as safety nets.
- Their awareness of patient care accountability adds tremendous value to the healthcare team in both the public and private sectors.
- The passage of this Bill has the potential to overhaul the entire allied health workforce by establishing institutes of excellence and regulating the scope of practice by focusing on task shifting and task-re distribution.

Paradigm shift in healthcare delivery:

- There has been a paradigm shift in perception, policy, and programmatic interventions in healthcare delivery in India since 2017.
- Being healthy was largely understood as not being sick or getting treated when sick.
- Curative healthcare received substantially greater attention than preventive and promotive aspects.
- Ayushman Bharat as a programmatic intervention, with its two pillars of Health and Wellness Centres (HWCs) and Pradhan Mantri Jan Arogya Yojana (PMJAY), operationalised certain critical recommendations of the National Health Policy, 2017, emphasising wellness in healthcare.
- With PMJAY, the neediest are protected from catastrophic expenditure as the government became a payer of hospital expenses for 50 crore people,
- India took the first step towards delivering comprehensive primary healthcare with HWCs, that provided services that addressed major causes of morbidity and mortality.

Conclusion:

- The stress of modern lifestyle, rapid urbanisation, rising chronic non-communicable disease burden, and an increasing proportion of elderly from 5.3 per cent in 1950 to an estimated 10 per cent in 2020 and expected to increase to 19 percent by 2050, have necessitated a change in delivering healthcare.
- Caring for patients with mental conditions, the elderly, those in need of palliative services, and enabling professional services for lifestyle change related to physical activity and diets, all require a trained, allied health workforce.

- The NCAHP(National Commission for Allied and Healthcare Professions) is not only timely but critical to this changing paradigm.