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## The National Commission for Allied and Health Care Professions Bill 2020: Implications for Occupational Therapists and the AIOTA

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### Abstract

The new National Commission for Allied and Health Care professions (NCAHCP) bill 2020 is introduced by the Government of India on September 15, 2020, to streamline the cadres in the country for allied and health-care professions within its health systems for the greater public good. It is very pertinent to understand the implications of the NCAHCP bill for All India Occupational therapists Association (AIOTA) and occupational therapists in India. The implications for AIOTA are (1) development of state councils and enabling their functioning in all the states of India, (2) radical revision of the OT curriculum incorporating policies and programs of the Indian health system, and (3) developing and strengthening the existing systems for OT practice. For occupational therapists, the implications are (1) registering to independently practice OT in India and (2) documenting professional practice for ethical integrity. Forming an advisory board to develop strategies for a smooth transition to the opportunities that the NCAHCP bill provides, must hold the top-most priority for AIOTA.

### Keywords

All India Occupational Therapists Association; India; National Commission for Allied and Health Care Professions Bill 2020; Occupational Therapy; Persons with Disabilities

### Introduction

The professional standards for occupational therapy (OT) practice are promoted by the World Federation of OT (WFOT) globally.<sup>[1,2]</sup> The federation currently includes 580k

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#### Conflicts of Interest

There are no conflicts of interest.

OT professionals, 101 member organizations for OT, and 900 approved OT educational programs.<sup>[1]</sup> The All India Occupational therapists Association (AIOTA) has been a founder council member of WFOT since 1952 and has been striving to establish professional autonomy and excellence for OT practice, research, and teaching in India.<sup>[3]</sup>

The Association's vision is to support the current existing health system in India as a scientific professional health-care discipline and ensure the best standards for service for persons with disabilities (PwD) in India.<sup>[4]</sup> Until 2016, it was reported that there are about 3500–5000 practicing occupational therapists including those registered with the AIOTA who graduated through one of the thirty WFOT-accredited educational programs taught at 12 different states in India. Even with so much of decadal progress, it is reported that there are only thirty OTs per million population in India.<sup>[5]</sup> These numbers are grossly lower compared to the recommendations of WFOT which is 750 per million population.<sup>[6]</sup>

This Ministry of Health and Family Welfare reports that the situation is the same for all other allied and health professionals in India. The report presents that there is an acute shortage of 640,000 allied health professionals in the country.<sup>[7]</sup> Given this context, the new National Commission for Allied and Health Care professions (NCAHCP) 2020 is introduced by the Government of India (GOI) to streamline the cadres in the country for allied and health-care professions within its health systems for greater public good.<sup>[7]</sup> This commission could be a potential solution to the development of allied and health-care professions and the workforce of which OT is one.<sup>[8]</sup> However, it should be noted that it has taken almost seven decades for this globally recognized scientific discipline to have its independent professional council and to be a part of NCAHCP 2020 in India. Given that AIOTA was the first and the only health professions association that requested for an independent national commission from the GOI, it is very pertinent to understand the implications that this new NCAHCP bill will have for AIOTA and occupational therapists in India. First, the bill explicitly identifies OT as a profession and classifies it under the International Standard Classification of Occupations of the International Labour Organization,<sup>[9]</sup> thus clearly demarcating the roles and responsibilities of occupational therapists. The NCAHCP bill also encompasses three key aspects for professional development which has a direct implication for AIOTA and also for occupational therapists in India. They are:

1. Framing policies and standards for the governance related to education and professional services
2. Regulating the professionals' conduct, and ethical practices by the professionals
3. Establishment of state councils with an advisory board to hasten professional development and progress

## **Implications for All India Occupational Therapists Association**

### **Development of State Councils and Enabling their Functioning in all the States of India**

Although AIOTA had established its branches in 11 Indian states, it is essential for the association to now establish state branches/chapters in the rest of the 25 states and union territories.<sup>[10]</sup> The AIOTA should also map the availability of OT resources in every state/

union territory and make plans to enable the effective functioning of these state chapters. With the support offered by the NCAHCP commission, it is now possible for AIOTA to develop and regularize state councils throughout India. Given the acute shortage of human resources, this could also help plan strategies to develop OT human resources within each state and address the unmet need for rehabilitation in India.

### **Radical Revision of the Occupational Therapy Curriculum Incorporating Policies and Programs that drive the Indian Health System**

Although it is expected that the commission will be working toward common policies and minimum standards for the education of allied and health-care professions, the bill has already clearly demarcated the difference between allied professionals (i.e., professionals having diploma-level certification with not <2000 hours of training spread over 2–4 years with specific semesters) and health professionals (i.e., scientists, therapists, or other professionals who study, advise, research, supervise, or provide preventive, curative, rehabilitative, therapeutic, or promotional health services and who has obtained any qualification of degree with not <3600 hours of training spread over 3 to 6 years' period divided into specific semesters). This difference provides an excellent opportunity to develop new curriculum and courses that enable the creation of specialized allied professionals for OT, such as OT assistants as well as highly skilled OT professionals in India. It would also help streamline a uniform organizational/pay structure for diploma- and degree-level OT health professionals during the recruitment and human resource management in health care.

In addition, having a vision to mainstream OT within the health system, the AIOTA must work toward updating the current curriculum for all levels of its education (BOT, MOT, Ph.D., etc.), not just to match up the international standards. It is also important for the curriculum to incorporate aspects of the Indian health system, including policies and programs that are directly relevant to OT including the NCAHCP bill. Some of the national programs such as the Rashtriya Bal Swasthya Karyakram, the National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke, the National Programme for the Health Care of the Elderly, and the Rights to PwD act (RPD) 2016 must be incorporated in the curriculum to help students understand how health is delivered by the health system and identify career opportunities to contribute to the Indian health system.<sup>[11,12]</sup> This could also inform the policymakers and the NCAHCP commission to include OT cadre within this national program to empower PwD and support the achievement of the goals of the United Nations Convention for Rights of PwD and the third goal of the Sustainable Development Goals.<sup>[13,14]</sup>

### **Developing and Strengthening the Existing Systems for Occupational Therapy Practice**

The concept of OT practice within India has been restricted grossly to urban areas and for children with disabilities. One of the main reasons for such a disparity is the lack of awareness about OT. Interestingly, the lack of awareness about OT is limited not only to the general public but also to the medical and health-care professionals, policymakers, and program planners within the Indian health system.<sup>[15,16]</sup> This lack of awareness about OT in the country must be strategically addressed by further developing and strengthening the existing systems for OT practice. The Indian public health system works on the principles of

the six pillars of the WHO health systems framework (human resources, finance, leadership, supplies, information systems, and services).<sup>[17]</sup> The AIOTA could look for opportunities to engage with the Indian health system and also develop an autonomous system for itself based on the WHO health systems framework considering the extensive role OT plays in public health worldwide. This could enable the convergence of the OT systems with the state health systems of India as well as ensure safe and effective service delivery at each state in a decentralized way, through the state OT councils proposed in the NCAHCP bill.

## Implications for Occupational Therapists

### Registering to Practice Occupational Therapy in India

A core function of the NCAHCP is to regulate allied and health-care professions in India. This is envisioned with central and state registers of those who would like to practice as allied and health professionals in India. Although AIOTA has about 3500–5000 registered members within its body,<sup>[5]</sup> many occupational therapists are not registered and are still actively practicing OT in the country.<sup>[6]</sup> This bill will not allow the latter to happen as soon as it is implemented. Therefore, OT students and practitioners in all the fields (clinicians, academicians, and researchers) need to register themselves with AIOTA either as a student or as a professional member as soon as they qualify as an occupational therapist. After the implementation of the bill, it will become completely unethical and a punishable offense to practice OT without registering with the NCAHCP central and state registers.<sup>[8]</sup>

### Documenting Professional Practice to Maintain Ethical Integrity

The NCAHCP bill includes one main feature related to professional autonomy which implies that health professionals (OT professionals in this case) can autonomously practice OT without depending on a doctor for advice on what to do and what not. Hence, the regulation of professional practice by the NCAHCP bill becomes important as well as inevitable. This implies that those who breach the rules and regulations framed by the commission and state councils will have to pay the penalty, face imprisonment, and may lose their license to practice their profession.<sup>[8]</sup> Such stringent legal implications apply to OT professionals as well. Although OT practitioners maintain the highest level of professional integrity and ethical moral in practice, the bill sensitizes the importance of maintaining ethical principles during professional practice. Documentation becomes inevitable when the bill gets implemented because beneficiaries and other stakeholders may lawfully sue OT professionals if they identify unethical practices.<sup>[18]</sup> To avoid such a situation, it is always good to create evidence for professional practice for individuals, institutions, and organizations through systematic documentation of our practice. This could be very handy to reflect on good practices as professionals and could provide evidence for maintaining ethical integrity for OT in the country.

### Summary

Overall, the implications from the NCAHCP bill 2020 mean that the AIOTA and OT professionals in India should work systematically and be prepared well ahead to align with the needs of the bill when it is laid out for implementation. The NCAHCP bill is very relevant and timely for AIOTA and occupational therapists to reflect and work toward

promoting the valuable science of OT that empowers PwDs to productively engage in their life roles. Forming an advisory board nationally to develop strategies for a smooth transition to the opportunities that the NCAHCP bill provides must hold the top-most priority for AIOTA. This prioritization would help the NCAHCP bill expand the boundaries of engagement for AIOTA and enhance the scope for the practice of OT professionals within the health system in India. Such a practice could help AIOTA and the OT community in India to promote professional excellence and contribute to the strengthening of health systems in the country.

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