

Dear Sir,

The initiative of the Ministry of Health & Family Welfare has been appreciated and is the need of the hour. The Government of India has started preliminary discussion on the draft of Allied and Healthcare Professional's Central Council Bill, 2015 and invited suggestion from stake holders. We believe this is happening for the first time in the history of the country. Earlier stake holders were rarely consulted before framing a bill, hence this is a welcome step on the part of government.

While we thank you for taking an initiative to introduce a bill which regulates the professions which are currently not regulated and subsequently be placed under the ambit of this proposed bill, we would like to draw your attention to the following points of concern for Physiotherapists in particular and healthcare community in general.

Sl No	Existing Clauses	Change requested	Justifications and References
1.	Title: THE ALLIED AND HEALTHCARE PROFESSIONAL'S CENTRAL COUNCIL BILL 2015	PHYSIOTHERAPY AND ALLIED HEALTH COUNCIL OF INDIA	1. <u>The National Knowledge Commission (NKC)</u> "8.3 Allied Specialties: Allied Specialties which are different from Para-medicals and nursing are – Physiotherapy and Dental Professions. These need to be studied and discussed separately" (Page 62 of The National Knowledge Commission (NKC) , Established by the Honl. Prime Minister of India in 2005)" 2. <u>Documentation about Physiotherapy in the Thirty-First report on Paramedical and Physiotherapy Central Councils Bill-2007</u>

		<p>Clause 8.2 "Physiotherapy being considered a discipline distinct from paramedical disciplines finds a specific mention in the title (Paramedical and Physiotherapy Central Councils Act, 2007)"</p> <p>Clause 9.46 "The fact that physiotherapy education over the years has made significant advancements and has evolved as a distinct profession seems to be well established. This is strengthened by the considered opinion of Ministry of Law that physiotherapy profession should not be equated with the paramedical professions"</p> <p>Clause 9.47 "The Committee also takes note of the fact as mentioned by the representative of the Ministry that in USA, physiotherapy profession has reached a stage where these professionals can practise independently. Not only this, in some of the international Acts, it has been specifically provided that physiotherapists having the required experience can give physiotherapy treatment without a referral. These Acts also confer upon a physiotherapist the right to practise with or without referral governed by the circumstances of the case."</p> <p>Clause 9.39 Expert Opinion Committee also took note of the views expressed by Dr. M.K. Bhan, Professor of Pediatrics, AIIMS and presently on deputation as Secretary, Department of Biotechnology who pointed out that currently, access to high quality rehabilitation was very limited in our country and physiotherapy deserved to be supported and promoted in a decisive manner, in terms of education and training. While accepting the fact that in planning physical rehabilitation, assessment by medical and surgical disciplines was important, it was also mentioned that only a small number of physicians had a reasonable understanding of physical rehabilitation. In general it has been seen that the medical profession does not always enable thriving of the support services and generally reluctant</p>
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			to grant them proper professional status. This indirectly leads to much needed professions such as physiotherapy becoming unattractive and in the process keeping good quality students away. It was, accordingly, emphasized that adequate recognition should be granted to physiotherapy through legislation and for ensuring adequate access to physiotherapy services in the country, physiotherapists be allowed to open independent service centres. The education of physiotherapists should in itself provide ample understanding of when physical therapy is required.
2	Schedules	<p>It is suggested to create a separate Schedule for Physiotherapy in the proposed bill</p> <p><u>Schedule 1</u></p> <p>Physiotherapy</p> <p><u>Schedule 2:</u></p> <p>Schedule 2 a</p> <p>Occupational Therapy, Optometry, Nutrition Science and Physician Associate and assistant.</p>	<p>1. The Director General of Health Sciences received a note on 17.04.2008 from the then Hon'ble Prime Minister Sri. Atal Bihari Vajpayee observing that, after going through the contents of the bill of Physiotherapy Central Council, it is felt that the profession of Physiotherapy is strongly required for the society in context of the trend of their involvement in the Health Care Delivery. These professionals are qualified enough to undertake the protocols of their system i.e. Physiotherapeutic system of medicine there by conserve as an independent practitioner within their ambit. It is felt that the objectives of the proposed bill shall best fulfill the public interest only when the proposed Physiotherapy Central Council is constituted as an autonomous and professionally represented body.</p> <p>2. The Ministry of Health & Family Welfare sought approval of the Hon'ble Minister for Health & Family Welfare for introducing a Bill to constitute a separate Physiotherapy/Occupational Therapy Council in contrast to the proposal of earlier bill entitled "Paramedical and Physiotherapy Council Bill" approved by the Cabinet on 17-9-2004. Accordingly, the comments were offered relating to the Physiotherapy</p>

		<p>Schedule 2 b</p> <p>Allied Health Care Professions</p>	<p>and Occupational Therapy Councils Bill, 2006. As per the directions of DGHS, the documents of Physical Therapy Board, California, U.S.A., Government of Novascotia, Canada and Prince Edward Island College of Physiotherapy, Canada were reviewed and found that there is a regulatory mechanism available in each of the country. Accordingly, it is submitted that in India also a regulatory mechanism for the Physiotherapy and Occupational Therapy is required to be adopted.</p> <p>3. <u>Documentation about Physiotherapy in the Thirty-First report on Paramedical and Physiotherapy Central Councils Bill-2007</u></p> <p>Clause 9.36 Committee’s attention was also drawn to the parallel position of Naturopathy and Yoga when compared with physiotherapy as both were based on physical and psycho-somatic methods of diagnosis and treatment, with both claiming benefit to the patients in a drugless manner. It was argued that both Naturopathy and Yoga are granted equal status along with Ayurveda under AYUSH. Thus, physiotherapy also deserved to be granted an independent status.</p> <p>4. <u>The World Health Organization (WHO) Classification of Physiotherapists:</u></p> <p>World Health Organization (WHO) has classified physiotherapists in professional group (ISCO Code 2264) and paramedical professionals have been classified in a separate entity (ISCO code 2240). International Standard Classification of Occupations (ISCO) is a tool for organizing jobs into a clearly defined set of groups according to the tasks and duties undertaken in the job. (Reference http://www.who.int/hrh/statistics/Health_workers_classification.pdf)</p>
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3	<p>Chapter I – Definition-Clause 2 (1) (a)</p> <p>Allied and Healthcare Professional” means such professionals who are involved with the delivery</p>	<p>Chapter I – Definition</p> <p>This clause gives reference to rules prescribed by Central Government.</p> <p>It is suggested that the mentioned rules by the Central Government in this</p>	<p>It would provide for better understanding of this clause. As the Physiotherapy professionals would require these rules to be able to express their views on this clause.</p> <p>Physiotherapy to be defined as per the following:</p> <p>1. <u>Delhi Council for Physiotherapy & Occupational Therapy Bill 1997</u> “Physiotherapy” means physiotherapeutic system of medicine which includes examination, treatment, advice and instructions to any persons preparatory to or for the purpose of or in connection with movement dysfunction, bodily malfunction, physical disorder,</p>

	<p>of health related services, with expertise in therapeutic, diagnostic, curative, preventive and rehabilitative interventions, and as prescribed under the Rules by the Central Government.</p>	<p>regard (if any) needs to be given as annexure and Physiotherapy to be defined properly taking into consideration the Laws of the Land (The Delhi Council and Maharashtra Council) and the International WHO Norms.</p>	<p>disability, healing and pain from trauma and disease, physical and mental conditions using physical agents including exercise, mobilization, manipulation, mechanical and electrotherapy, activity and devices or diagnosis, treatment and prevention. (Reference: http://delhiassembly.nic.in/aspfile/billspassed/141997.htm)</p> <p>2. Maharashtra State OTPT Council 2005: "Physiotherapy" means a branch of modern medical science which includes examination, assessment, interpretation, physical diagnosis, planning and execution of treatment and advice to any person for the purpose of preventing, correcting, alleviating and limiting dysfunction, acute and chronic bodily malfunction including life saving measures via chest physiotherapy in the intensive care units, curing physical disorders or disability, promoting physical fitness, facilitating healing and pain relief and treatment of physical and psychosomatic disorders through modulating physiological and physical response using physical agents, activities and devices including exercise, mobilization, manipulations, therapeutic ultrasound, electrical and thermal agents and electrotherapy for diagnosis , treatment and prevention. (Reference: http://www.msotptcouncil.com/OTPTActs.aspx)</p> <p>3. World Health Organization (WHO Definition): "Physiotherapists assess, plan and implement rehabilitative programs that improve or restore human motor functions, maximize movement ability, relieve pain syndromes, and treat or prevent physical challenges associated with injuries, diseases and other impairments. They apply a broad range of physical therapies and techniques such as movement, ultrasound, heating, laser and other techniques. They may develop and implement programmes for screening and prevention of common physical ailments and disorders"</p>
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4	Chapter II Constitution of the Council	<p>The structure of Physiotherapy Representation in Schedule 1 is suggested as:</p> <p>1. A. One member to be elected from the Physiotherapists enrolled in each state council register.</p> <p>2. One member elected from Physiotherapists enrolled in each union territory</p> <p>3. One member to be nominated by Central government , who is a registered physiotherapist of any state register, representing from each of the following ministries: a. Ministry of Health &</p>	<p>1. It is suggested that Representations to be given on strength of the professions.</p> <p>2. Being largest profession amongst the proposed bill, Physiotherapy deserves maximum representations in state council's Executive committee.</p> <p>3. These members can be further bifurcated into EC & Sub committee (independent cell) as may be needed / decided if not possible to include in EC alone</p> <p>4. Clause No 10.4 & 10.6 of 31st standing committee's guideline for constitution of council through Elections</p> <p>5. Supreme Court of India's remark on Government decision to control councils of India</p> <p>6.For better implementation of provisions and carryover of decisions taken..</p>

		<p>Family welfare, b. Ministry of Social Justice and Empowerment, c. Ministry of Labour, d. Ministry of Railways e. Ministry of Sports</p> <p>4. One member to be nominated by every state government from state register to central council.</p> <p>5. One Physiotherapy academician to be nominated by state government where state public health universities are established.</p> <p>6. Two members to be nominated by central government one representing any central/State/private research institute & other representing Clinical practitioners</p>	
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5.	Live Register	It is suggested that the Live Register in the Physiotherapy Schedule must have "Bachelors in Physiotherapy" as the primary Qualification	As per MCI, Dental Council and Nursing Council which mentions their Bachelors Degree as the basic qualification to be registered under the Live Register of the Council
6.	Chapter II – Clause 7 (1) states: 'The Central Council may, without prejudice to the provisions of sub-section (2), by a majority of its total membership and a majority of not less than two-thirds of its members present and voting, at any time recommend removal of a member of the Council to the Central Government.'	This clause should be deleted.	Since majority membership in the council come from government officials, a dissenting professional representative faces constant threat of removal and shall not exercises his/her free judgment.
7.	Chapter II – Clause 11 (1) Meetings of the Central Council -	Chapter II – Clause 11 (1) Meetings of the Central Council -	This is done to define the clause better.

	<p>(1) The Central Council shall meet at such time and place, and shall observe such Rules of procedure in regard to the transaction of business at its meetings, including the quorum at such meetings, as may be determined by the prescribed Rules.</p>	<p>It is suggested that the minimum one meeting in a year must be added to this clause. The clause will read as-</p> <p>1) The Central Council shall meet at least once a year at such time and place, and shall observe such Rules of procedure in regard to the transaction of business at its meetings, including the quorum at such meetings, as may be determined by the prescribed Rules.</p>	
8.	<p>Statement of Objects & Reasons (Page 12) 2. Maintenance of proper standards in the training and education of allied and healthcare professionals is considered essential as these</p>	<p>Statement of Objects & Reasons (Page 12) 2</p> <p>It is suggested that majority of the members of this committee must be among those who are eligible to be registered as</p>	<p>The subject experts must be responsible for framing guidelines for the profession to be submitted to the overarching council.</p>

<p>personnel play a crucial role in healthcare delivery. With a view to regulating these professions, it is considered necessary to set up Council on the lines already existing for pharmacy, nursing, etc. To begin with, it is proposed to set up an overarching Council for all the categories prescribed under the Rules by the Central Government with individual committees for each professional. The Council will be responsible, inter alia, for maintenance of uniform standards of education in the respective disciplines and</p>	<p>professional under their respective registry.</p> <p>The roles & responsibility of this committee needs to be defined. The committee must be responsible for framing the standards of education, practice and other related guidelines</p>	
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	registration as well licensing of qualified personnel for practicing the professions.		

Finally, we would like to request you to consider the recommendations made in 31st Departmental Related Parliamentary Standing Committee on Physiotherapy & Paramedical Council Bill 2007, submitted in October 2008. This committee made recommendations after a great exercise at the national level; therefore we must consider their recommendations for better growth.