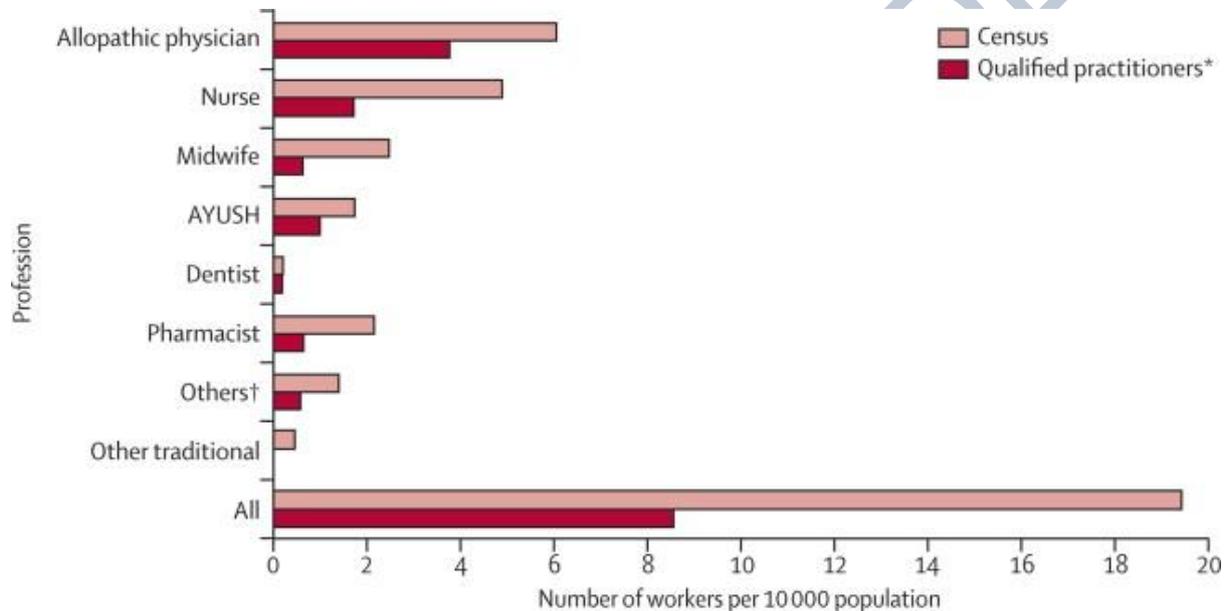


ALLIED AND HEALTHCARE PROFESSIONS BILL, 2018

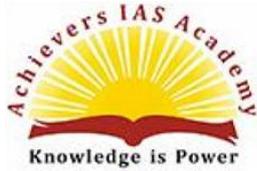
GS 2, MAINS: Government policies and interventions for development in various sectors and issues arising out of their design and implementation.

IN NEWS: The Union Cabinet has approved the Allied and Healthcare Professions Bill, 2018 for regulation and standardisation of education and services by allied and healthcare professionals. The Bill provides for setting up of an Allied and Healthcare Council of India and corresponding State Allied and Healthcare Councils which will play the role of a standard-setter and facilitator for professions of Allied and Healthcare.



PROVISIONS OF THE BILL:

- Establishment of a Central and corresponding State Allied and Healthcare Councils; 15 major professional categories including 53 professions in Allied and Healthcare streams.
- The Bill provides for Structure, Constitution, Composition and Functions of the Central Council and State Councils, e.g. Framing policies and standards, Regulation of professional conduct, Creation and maintenance of live Registers, provisions for common entry and exit examinations, etc.
- The Central Council will comprise 47 members, of which 14 members shall be ex-officio representing diverse and related roles and functions and remaining 33 shall be non-ex-officio members who mainly represent the 15 professional categories.



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- The State Councils are also envisioned to mirror the Central Council, comprising 7 ex-officio and 21 non-ex officio members and Chairperson to be elected from amongst the non-ex officio members.
- Professional Advisory Bodies under Central and State Councils will examine issues independently and provide recommendations relating to specific recognised categories.
- The Bill will also have an overriding effect on any other existing law for any of the covered professions.
- The State Council will undertake recognition of allied and healthcare institutions.
- Offences and Penalties clause have been included in the Bill to check mal-practices.
- The Bill also empowers the Central and State Governments to make rules.
- Central Govt. also has the power to issue directions to the Council, to make regulations and to add or amend the schedule.

MAJOR IMPACTS, INCLUDING EMPLOYMENT GENERATION POTENTIAL:

- Bring all existing allied and healthcare professionals on board during the first few of years from the date of establishment of the Council.
- Opportunity to create qualified, highly skilled and competent jobs in healthcare by enabling professionalism of the allied and healthcare workforce.
- High quality, multi-disciplinary care in line with the vision of Ayushman Bharat, moving away from a 'doctor led' model to a 'care accessible and team based' model.
- Opportunity to cater to the global demand (shortage) of healthcare workforce which is projected to be about 15 million by the year 2030, as per the WHO Global Workforce, 2030 report.

BACKGROUND:

- In the current state of healthcare system, there exist many allied and healthcare professionals, who remain unidentified, unregulated and underutilised. Our system is highly focused on efforts towards strengthening limited categories of professionals such as doctors, nurses and frontline workers (like Accredited Social Health Activist or ASHAs, Auxiliary Nurse Midwife or ANMs). However, numerous others have been identified over the years, whose potential can be utilised to improve and increase the access to quality driven services in the rural and hard to reach areas.
- Allied and Healthcare Professionals (A&HPs) constitute an important element of the health human resource network, and the skilled and efficient Allied and Healthcare Professionals (A&HPs) can reduce the cost of care and dramatically improve the accessibility to quality driven healthcare services.

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- Globally, Allied and Healthcare Professionals typically attend undergraduate degree programme of a minimum of three to four years to begin with and may attain up to PhD level qualification in their respective streams. However, most of Indian institutions offering such courses lack standardisation.
- Majority of the countries worldwide, have a statutory licensing or regulatory body that is authorised to license and certify the qualifications and competence of such professionals, particularly those involved in direct patient care (such as physiotherapist, nutritionist etc.) or those whose occupation impact patient care directly (such as lab technologists, dosimetrists etc.).
- Though such professionals have existed in the Indian healthcare system for many decades, a considerable gap in the allied and healthcare space is because of a lack of a comprehensive regulatory framework and absence of standards for education and training of A&HPs.
- The Bill thus seeks to establish a robust regulatory framework which will play the role of a standard-setter and regulator for Allied and Healthcare professions.

(Q) In the light of the challenges faced the challenges faced by Allied and Healthcare Professionals, discuss the salient features of the Allied and Healthcare Professions bill, 2018.

PREVIOUS YEARS UPSC MAINS QUESTIONS:

- Does the Rights of Persons with Disabilities Act, 2016 ensure effective mechanism for the empowerment and inclusion of the intended beneficiaries in the society? (2017)
- Public health system has limitation in providing universal health coverage. Do you think that private sector can help in bridging the gap? What other viable alternatives do you suggest? (2015)
- Identify the Millennium Development Goals (MDGs) that are related to health. Discuss the success of the actions taken by the Government for achieving the same. (2013)