

Challenges of Allied Healthcare Professionals in India—Establishing the Council is Need of the Hour

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Abstract

There is a supply-demand gap of about 65 lakh allied health professionals in India. With India facing a heavy burden of disease with many challenges as achieving millennium development goals, shortage of skilled manpower will be a great hurdle for the health care delivery system. In such a situation, Allied Health workers can play a major role in providing holistic health services to the community. Though many institutions or Universities in India are generating allied healthcare professionals, there is no uniformity in the outcome of such professionals. There is no standardization of this professional till date. Hence, to establish a Centralized council is a need of an hour so that all such programs will come under a common platform and generated manpower will be able to provide the necessary services to the community. In this article, some suggestions are provided to improve the quality of AHPs, like estimation of workforce according to WHO requirement, uniformity in curricula, common nomenclature for all programs, creating job opportunities in private and public sectors etc.

Keywords: *Allied healthcare professionals, demand-supply, WHO, outcome.*

Introduction

Nurses, midwives and other health workers are of great significance in delivering the health care as primary health care services are not doctor-dependent. Allied healthcare professionals (AHPs) play pivotal roles in the health system. The importance of Allied Healthcare Professionals can be observed in the operation theatres, various diagnostic laboratories, blood banks, Intensive Care Units (ICUs), dialysis units,

trauma care, ophthalmic OT; the list is quite exhaustive. The life of a person is handled by these allied health professionals. Operating the machines, repairing the machines, handling the patients, accuracy in diagnostic laboratory testing need skills. Any mistake can be life-threatening. That is why everyone now insists for trained staff to handle such machines either in operation theatres, ICUs or laboratories. Technology is now in an advanced position. But to operate, the person should be technically as well as scientifically sound and perfect. These technologists are to be competent enough to handle those machineries. Even in secondary and tertiary care, skilled support services should be provided by suitably trained nurses and allied health professionals.

The outbreak of COVID-19 throughout the world (From December 2019 onwards) outstretched the importance of allied Health Professionals. According to the interim guidelines published by WHO mentioned that all countries should increase their level of preparedness, alert, and response to identify, manage, and care for

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new cases of COVID-19; where the laboratory testing is an integral part of this strategy. It is added that good laboratory practices which produce accurate results are key to assure that laboratory testing benefits the public health response. It further stated that the availability of timely and accurate results can be threatened when testing demands outstrip capacity^[1].

Advances in science and technology have encouraged the major shift in health care over the past few decades resulting in wider understanding of the fact that health service delivery must go beyond just doctors or nurses and involve teamwork among clinicians and non-clinicians or ‘allied healthcare staff.’ Better utilization of the whole range of the skills of allied Health Professionals (AHPs), is the key to health-sector reforms in India, particularly because of the shortage of doctors and nurses in semi-urban and rural areas.

NEED for AHPs: The report ‘From Paramedics to Allied Health Professionals: Landscaping the Journey

and Way Forward’ that was published in 2012, marked the variance in education and training practices for the allied and healthcare courses offered by institutions across the country^[2].

According to the World Health Statistics 2011 figures, the density per 10000 people in India is six doctors and 13 nurses and midwives working out to a doctor to population ratio of 0.5: 1000 in comparison to 0.3 in Thailand, 0.4 in Sri Lanka, 1.6 in China, 5.4 in the UK, and 5.5 in the United States of America. A recent Public Health Foundation of India (PHFI) study reveals a supply-demand gap of about 65 lakh allied health professionals.^[2]

Health workforce requirements for universal health coverage and the sustainable development goals incorporated in Human Resources for Health Observer Series No 17, illustrated the total number of health workers by cadre and income group country estimated for 2013 and forecasted for 2030 as follows^[3]:

	Cadre of Health Workers (Other than Physician and Nurses and midwives)			Total Health Workers		
	2013	2030	% Change	2013	2030	% Change
Lower Middle (Income group) countries	3550824	6685479	88%	10018004	18266529	82%

This figure demands about 80% change in the number of total health workforce.

In view of gaping shortages of doctors in providing healthcare, allied healthcare professionals (AHPs) can play a prominent role in providing holistic health services to Indian community. There is a need to establish a centralized policy to fill the gaps and ensure the availability of the appropriate human resources for quality care at primary, secondary as well as tertiary levels in India.

Classification of health workers: The US Department of Health and Human services defines AHPs as ‘experts in a multitude of therapeutic, diagnostic and preventive intervention.

According to WHO, the international classification of health workers is mainly based on the International Standard Classification of Occupations (ISCO, 2008 revision)^[4].

The classification of health workers maps occupation categories into five broad groupings: a) health professionals, b) health associate professionals, c) personal care workers in health services, d) health management and support personnel, and e) other health service providers not elsewhere classified.

1. Health professionals: It includes Paramedical practitioners, Dieticians and nutritionists, Audiologists and speech therapists, Optometrists and ophthalmic opticians, category of Health professionals not elsewhere classified other than all medical, nursing or physiotherapy practitioners.
2. Health Associate Professionals: Includes Medical imaging and therapeutic equipment technicians, Medical and pathology laboratory technicians, Pharmaceutical technicians and assistants, Medical and dental prosthetic technicians, Dental assistants and therapists, Medical records and health information technicians, Community health

workers, Dispensing opticians, Medical assistants, Environmental and occupational health inspectors and associates, Ambulance workers and a category of Health associate professionals not elsewhere classified

3. Personal Care Workers In Health Services: Includes Health care assistants, Home-based personal care workers and Personal care workers in health services not elsewhere classified
4. Health Management and Support Personnel: Includes Health service managers, Health management personnel not elsewhere classified, Life science professionals, Social work and counselling professionals, Life science technicians, Medical secretaries, and a category of Non-health professionals not elsewhere classified
5. Health Service Providers Not Elsewhere Classified: Includes Armed forces occupations.

Challenges of AHPs: Currently, due to the nonexistence of a central regulatory body for allied health professionals in India, they are divided into smaller groups, and regulated as independent bodies either by institutions or University. For instance, the rules or norms of professional practice vary from extremely professional to dispersed groups with no uniformity.

A representative of the MoHFW (Ministry of Health and Family Welfare, India) explained the Parliamentary Standing Committee on Health and Family Welfare about the circumstances that necessitated the firming up of a Bill to set up the new council. He noted the following problem areas and hence require regulatory body^[2]:

- Para-medical professions are not regulated;
- Entry-level qualifications are different at different levels
- Level of knowledge and skills is not uniform, since the period of training differs from place to place and has no uniformity
- Course curricula are not uniform
- Fee structure and facilities in these institutions are not regulated and
- Ethical standards are not uniform and are not being enforced

The lack of planned courses and institutions, non-uniformity in nomenclature for the existing courses,

diverse standards of practice and lack of qualified faculty pose a threat to the quality of education and skills of the AHPs in India.

Allied Healthcare Council of India: The Union Cabinet of India chaired by Prime Minister on November 22, 2018, had approved the Allied and Healthcare Professions Bill, 2018, for regulation and standardisation of education and services by allied and healthcare professionals. The Bill has the provision 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. Since then, more than one year has passed, but no interim council has been established^[5].

Discussion

At present, the shortage of quality human resources is one of the major challenges faced by the public health domain in India. Bhore committee report of 1946 underscored the significance and importance of health care as it initiated the concept of integrated development and comprehensive healthcare^[6]. Acknowledging the shortage of clinicians, the Mudaliar Committee report in 1962, emphasized the need for redesigning health service delivery with better roles for paramedical personnel, leading to better utilization of doctors and nurses. Sixty years later, the recommendation still remains pertinent to reforms in the Indian public health sector as allied health workers can reduce costs and augment the quality of care^[7].

The health service delivery is not just a honour of clinicians, nurses or midwives but it is a team effort, obtaining the expertise of both clinicians as well as non-clinicians. These healthcare professionals or health-service providers have been historically identified as paramedical staff or health technicians.

Many new health professions as physicians' assistants, clinical nutritionists and dietetics, optometrists, respiratory therapists or operation theatre technologists have emerged over the past several decades to support some of the work that clinicians used to perform. Somewhere these technologists are helping the clinicians that their work-skills are conducted without the physician's control and supervision (cardiovascular technologist) as other professional workers seek their own identity and autonomy.

With advancements in technology over the past few decades, the quality of medical care has vastly improved across the world. This has thrown up fresh challenges for public health. Today, there is an urgent need for competent people who can handle highly sophisticated medical machinery. In fact, diagnosis has become so dependent on technology that the role of allied health staff has become vital in delivering successful treatment.

Another very pertinent issue that is equally important in India is that students are not aware of all the allied health courses available in the medical education system.

Health care gain footing from more than 20 years of research on team performance and training and that these principles should be integrated into the practice of health care and the training of health professionals. Modernisation of the healthcare system has initiated a team-based healthcare delivery model^[8]. The process of teamwork is inherently interdisciplinary which requires division of labour among the medical, nursing and allied health fraternity. Poor teamwork skills have been found to contribute to patient-care incidents^[9]. Health teams are mainly the 'performer teams' due to their dynamic work conditions, wherein teamwork, coordination and collaboration are the prerequisites for optimum results. Teamwork now becomes the essential component of achieving high reliability for health care organizations. The team training can provide great insights and techniques for improving performance within such organizations.

There are some initiatives undertaken by Government of India as the Ministry of Health and Family Welfare has commissioned a Centrally Sponsored Scheme for the establishment of one National and five Regional Institutes of Allied Health Sciences and to support State Government Medical Colleges for conducting allied health science courses. The first phase of the initiative undertook a massive review of the allied health landscape in the country and proposed the development of the allied health system through the establishment of an interim body called 'National Board for Allied Health Sciences'. This process will eventually ensure the quality and standardization of the allied healthcare education and professions in the country^[10].

Expanding the explanation for comprehensive healthcare, interdisciplinary collaboration can create new paths to health care problems that transcend

conventional, discipline-specific method, procedures, and techniques. As proposed by Carl I. Fertman, a four-pronged approach can be used to prepare allied health students to become interdisciplinary team members in rural areas. It described in-class instruction, Web-based modules, service-learning programs, and faculty development workshops to develop and practice interdisciplinary health promotion skills in rural communities^[11].

Since AHPs play a vital role in the holistic care of the patient, ensuring that they are skilled and trained efficiently, it will help to reduce the total cost of care, improve the quality and accessibility to healthcare service^[10].

Rising healthcare costs provide opportunity for public and professional debate about the most effective way of providing weekend allied health care services. Some manager's perceived weekend allied health services to improve patient quality of care^[12].

Healthcare delivery requires acute medical or surgical emergencies; hence weekend service provision may not be practicable. The resources may be better spent to improve the patient outcome in areas where emergency is not required such as Rehabilitation wards.

Suggestions to improve the quality of AHPs in India: The continuously changing health needs and service requirements influence the allied healthcare system in terms of both education and service provision.

Despite the huge demand of job opportunities from this sector, the allied health sciences field is highly fragmented. The government currently provides limited options for employment. It is hence essential to address the following issues^[13].

1. Estimation of workforce needed both for public and private sector and create the job opportunities for them with special considerations for geographical and epidemiological needs
2. Establish a clearly defined cadre structure for AHPs based on a combination of educational qualifications and years of work experience with a distinct career pathway for three tracks: clinical practice, academic faculty and research and development.
3. Identify and establish common terminologies/nomenclature for the various allied healthcare professionals as per the classification prescribed by (ISCO, 2008) for India.

4. The entry level for AHPs to be made uniform and centralized
5. Undertake reforms for uniformity in curricula of various programs
6. Undertake reforms for uniformity in training which include not only for cognitive but also for real and virtual skill training
7. Fees structure to be made rationalised for public and private sector
8. Minimum standards to be set for infrastructure and associated requirement like library, ICT enabled classrooms etc
9. Create a centralized portal of an allied health science knowledge community through networking, real-time data and innovative research which will be responsible for all knowledge activities in allied health.
10. Every medical college should be given the responsibility to generate the allied healthcare workforce in proportion to the number of undergraduate medical/health students.

Conclusion

For better quality of healthcare delivery in India, there should be genuine effort to address all these above issues. As such there is no regulatory body in India, the outcome of all these students become ambiguous. These are skill based programs, the certification of the skills remains questionable. Over the period, more and more allied health professionals are adding to the society but due to lack of quality assurance, the healthcare system is struggling. According to the theories of learning, students should be scientifically and appropriately trained for all the skill based competencies. If the quality is compromised, the training remains questionable. Such passed out graduates or postgraduates again training the new entrants and the cycle goes on.

Youth are getting attracted to these courses as they are job providing courses. But over-production of ill-trained personnel will lead to the manpower who cannot handle the health system appropriately. Due to their critical role in today's healthcare delivery system, it is necessary to build capacity among allied health professionals and ensure that they are appropriately skilled. Although they play important roles in the system, a lack of recognition and standardization of the courses, immensely impacts the quality of the profession.

Hence, setting of the Allied Health council in India is need of the hour so that AHPs can be appropriately, ethically and logically woven into the fabric of the Healthcare delivery system in India.

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