



**JOINT FORUM OF MEDICAL TECHNOLOGISTS OF INDIA**  
(National Organisation of Registered Associations of Allied Health Professionals)

**SUBMISSION**

**ON PROPOSED**

**THE HIGHER EDUCATION AND RESEARCH BILL-2011**

**13<sup>th</sup> February, 2012**

**Submitted to:**

**Hon'ble Chairman and Members,  
Department Related Parliamentary Standing Committee  
On Human Resources Development, Government of India,  
Parliament House Annexe, New Delhi-110001**

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(National Organisation of Registered Associations of Allied Health Professionals)

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To

The Hon'ble Chairman and Members,  
Department Related Parliamentary Standing Committee  
On Human Resources Development, Government of India,  
Parliament House Annexe, New Delhi-110001

**Sub: JFMTI SUBMISSION ON THE HIGHER EDUCATION AND RESEARCH BILL-2011.**

Esteemed Sir,

It is our privilege to submit, herewith, our suggestions on **The HIGHER EDUCATION AND RESEARCH BILL-2011** for your kind consideration.

As JFMTI is a National Organisation representing more than 30 Professional associations of all major streams of Allied Health Sciences like Medical Laboratory Sciences and technology, Radiology Technology, Radiation Therapy Technology, Operation Theatre Technology, Cardiology and, Neurology technology etc from all over the country, we have tried to present a unified voice of the entire allied health fraternity working in central Government, State Governments, autonomous, local and private health establishments in India which is directly or indirectly linked with this national issue.

Although, we have already submitted a detailed submission on NCHRH Bill-2011 to the Department Related Parliamentary Standing Committee on Health & FW for specific issues pertaining to health education and professions, however, we would also like to take this opportunity to submit to you some of the general observations/suggestions on the HE&R Bill since both the Bills have an identical aim: reforms in higher education system, including those in health education.

We hope the submission with supporting annexures will receive due attention of the Department Related Parliamentary Standing Committee.

**We also request your goodself to give us an opportunity for oral submission to present the matter in detail in clause wise manner.**

Thanking you in anticipation.

Yours Truly,

Ashwani Munjal  
President

Kaptan Singh Sehrawat  
General Secretary  
9968256365

# Overview of Regulatory framework for Health education in India

## **History:**

The Health Services is one of the important sectors having direct impact on the lives of millions of people in the country. Regulation of health sector is a big challenge, though a necessary step which may cover three major components i.e. health education, health professions and health professionals. While most of the countries have either already enacted comprehensive statutory mechanism for health sector or are in the process of doing so, in India separate regulatory bodies are in vogue for different health categories. Medical Council of India (MCI) regulating the allopathic stream of Medicine, was first established in 1934 under the Medical Council Act 1933 which was repealed and replaced with new Act in 1956, Dental council of India was constituted in 1949 under an Act of Parliament for dentists, Indian Nursing Council was constituted by Indian Nursing Council Act, 1947 to regulate the education and profession of nursing. Pharmacy Council was constituted under Pharmacy Act-1948 and for Homeopathy, Professionals' Central Council of Homeopathy was formed in 1973. On similar pattern other Indian system of medicines i.e., Ayurveda, Unani, Siddha professions and professionals are being regulated by the Central Council of Indian Medicine a common statutory body which was constituted under the Indian Medicine Central Council Act, 1970, besides Rehabilitation Council of India regulating the professionals working in the fields of Rehabilitation and special education.

**Present Scenario:** The health sector in India faces critical challenges on several fronts despite significant achievements in medical and allied health sciences since Independence. Medical and Paramedical education particularly, has seen major controversies over the last few years. Receiving bribe by various officials of respective councils for granting recognition to various medical and paramedical colleges has attracted criticism of the functioning of these councils from every corner. Although, corruption due to malfunctioning of councils has drawn judicial censor on several occasions, the backdrop of such corruption was often overlooked.

Moreover, the existence of different regulatory bodies, has failed to provide a synergistic approach to produce qualitative human health resources. Furthermore, quality of Allied health education in absence of any comprehensive Act for regulating allied health education, resulting into burgeoning malpractices and mushrooming of substandard paramedical institutions has also been overlooked by Government.

## **Present role of UGC, AICTE, DEC and other agencies for Allied health Education:**

Presently, all major streams of allied health sciences which have an utmost important role in health care are being neglected in terms of regulations of their Syllabus, Curricula, Courses, Diploma, Degree, Master and doctoral degree programs. Many important allied health streams are not under the list of UGC, resulting in undermining of the role of teaching faculty in these relevant fields. Further there is no National Statutory Council for many streams which can monitor the education and professions of allied health sciences

**Proposed regulatory mechanism for health and education:** Few years back, in order to overhaul the overall education system of country and to create a broader frame work, the National Knowledge Commission (NKC) headed by Sam Pitroda was constituted in 2005 with a time-frame of three years. Another Departmental Committee headed by Prof. Yashpal, former Chairman of UGC was set up in 2008 by Ministry of Human Resources and Development with an objective of renovation and rejuvenation of Higher education, which has also submitted its report on 24th June, 2010. Hon'ble President of India Smt. Pratibha Patil also emphasised the need to reform the current regulatory framework in Health on the recommendations of earlier committees, in her address to the joint session of Parliament, and spoke in favour of an overarching National Council for coordinated development of education including medical stream. As a follow-up, the Ministry of Health proposed to set up National Council for Human resources in Health (NCHRH) Bill-2009 for an overarching council for regulating medical education and professionals. Soon after the commencement of this proposal to set up NCHRH by health ministry, another bill NCHER was also presented by HRD ministry and it had become the turf war between Health Ministry and HRD Ministry to regulate and control medical education. It appears from the move of both ministries that as if only medical education was the bone of contention leaving aside all other important aspects of the regulating health profession.

Finally after a long discussion, both ministries came out with an agreement to bring both bills simultaneously in Parliament for regulating Higher education, Research and Medical education including all professional issues. It is mentioned in present bill that a Joint Committee will resolve the difference, if any, in implementation of these bills.

Now both Bills have been introduced in Rajya Sabha in December, 2011 and referred to Department related Parliamentary Committees for wider consultations. Our general apprehensions are as under-

**Future Perspectives:** The accountability, responsibility and a foolproof system of Government should be established to curb the corruption in councils. The proposed Bills are also envisaged for the betterment of health care delivery system and higher education by improving the professional standards. The proposed Commissions may provide professionals recognition and status to many important area of education which should be gainfully used to strengthen nation's health care system and higher education system. However, the question of higher budget allocation for education and health sector too should be taken up seriously rather than leaving it to private sector.

# **JFMTI Submission on Proposed the Higher Education & Research Bill-2011**

## **General Submission**

### **Who we are**

Joint Forum of Medical Technologists of India (JFMTI) is a national representative organization of more than 35 thousand medical technologists throughout the country through their more than 30 Professional associations of various allied health streams like Medical Laboratory Technology, Medical Radiology Technology, Operation Theatre Technology, Medical Radiation therapy Technology, Cardiology Technology Neurology Technology, etc. working in hospitals/ health institutions/ dispensaries of Central Government, State Governments, autonomous health institutions, local and private health establishments in India. JFMTI not only believes that health services can only be improved with holistic approach and collective efforts of all streams of health sector but is also working in that spirit by uniting all health professions for betterment of health education and services. It is the single national voice for all major categories of health professions and has been striving hard for reforming current regulatory framework for health sector in India. Since the beginning, we have been persistently demanding a system to regulate the field of allied health sciences and Professions.

Earlier in 2009 also, the present government came out with The National Council for Human Resources in Health Bill, 2009. As already mentioned above, we had organized a national debate on the Bill which was attended by representatives from all sections of health, including those of doctors and nurses from all over the country. We welcomed it though it required number of amendments in view of the need to address the issue of not only regulating the medical education and providing the nation with trained and authentic human resources but to overhaul health sector. We viewed the Bill in a broader perspective, not limited to professionals but the nation and made our submission to the then Minister of Health, Government of India. Here, it may be of interest to note that the slim version of the Bill lacked vision and it needed so many changes that our submission, presented in a booklet form with detailed analysis and suggestions was more comprehensive. Now, we see a much more comprehensive document, five times the original one, addressing almost all areas of our concern.

### **Our Viewpoint on the Higher education & Research Bill- 2011**

Though, we also believe that there is a great necessity of reforming education system particularly higher education system for which the said Bill “The Higher education & Research Bill- 2011” is being introduced but at the same time would like to submit that the prime objective of bill is not only regulating education system rather to provide a comprehensive and coordinated education system in country which can see each area of education with a holistic view and can be able to harmonise the various Government agencies empowered for the said purpose. We appreciate the freedom of universities and institutions in pursuit of higher

education for country needs but it should not be left to private corporate players without any government control. We have serious doubt on various provisions of the bill that only advocate freedom of educational institutions and entry of corporate players in education system without any serious deliberation on shortcomings of present education system which is over regulated but under governed, causing various problems for education seekers. Many provisions of proposed The Higher education & Research Bill- 2011 are not consistent with the stated objective of the Bill. Therefore we suggest that organisational framework of proposed mechanism should be reviewed and restructured so that it can be a powerful super regulator for all agencies involved in higher education. In this regards we would also like to submit the following observations for your kind consideration:-

1) **Establishing coordination between NCHRH and NCHER:** As reported in media, it is well known that these two different bills are the products of disagreement between two ministries since the beginning. Though we know that there is mechanism proposed under NCHRH to resolve differences, if any, with regard to jurisdiction, we would like to submit that their jurisdictions needed to be defined clearly in order to avoid future tussles. We did not find any particular clause defining the scope of NCHRH and NCHER. It is also difficult to understand why the medical and health education has been included under the Higher education and Research Bill-20011 in terms of quality and planning while it has already proposed to be regulated under Specific Commission under NCHRH Bill-2011. ***We believe that both Commissions should work in tandem and develop harmonious relations.***

2) **Imprecise scope of functioning of National Commission for Higher Education & Research proposed under Bill**

The Bill aims at streamlining the entire higher education system including distance education which is run by all major universities of country. While proposed mechanism is envisaged for all types of higher education, and advocating for repealing three regulatory agencies i.e. University Grant Commission (UGC), All India Council for Technical Education (AICTE) and National Council for Teacher Education (NCTE) but there is no indication about Distance Educational Council which is a statutory body under IGNOU Act-1985 which is empowered to regulate education provided under distance mode. Further it is pertinent to mention that presently even many central universities are not following the directives of DEC with regard to various distance courses which further becomes a problem for students.

3) **Missing representation of allied health sciences in General Council of NCHER**

We would have liked the government to realise the full significance of the tremendous research and development in the health science all over the world. Significantly, all this is happening in the allied health sciences and technology. To think that this segment plays a second fiddle to the 'cure' professionals is to miss the true significance of the research that has so successfully transformed the health scene in the world and brought people out of

their blind faith in gods and goddesses. Therefore we suggest to incorporate the appropriate representation of these stream at par with other streams

4) Representation of many regulatory bodies of health professionals are not covered :

While there is significant representation of different health categories in different wing of NCHER, it is difficult to understand as to why several streams have been left out from the proposed regulatory mechanism in terms of their representation. **In addition to proposed regulatory Council for Allied health sciences**, there are many other existing health regulatory bodies presently like Rehabilitation Council of India and The Central Council of homeopathy constituted under The Homeopathy Central Council Act, 1973 and The Central Council of Indian Medicine is the statutory body constituted under the Indian Medicine Central Council Act, 1970 which is regulating the health professionals of Ayurveda, Unani and Sidha etc. We believe that they should also be given an ample opportunity to present under General Council and other important wings of Commission

5) Addressing specific grievances of Students: while there is already a redressal mechanism proposed under proposed National Educational Tribunal, nevertheless, it will be highly appreciative if National Commission, apart from doing its stated task, will be empowered to establish a proper cell to look after the grievances of students. In present scenario it is very difficult for them to get their grievances resolved in a time bound manner as presently we several agencies involves in recognition, approval and accreditation of educational courses UGC, AICTE, DEC, AIU etc

6) Defining Scope of functioning of different wings under NCHER: As the proposed bill provides, there are various major wings that will facilitate the functioning of Commission i.e. General Council, Collegiums of scholar, Board for Research Promotion and innovation, Higher education financial corporation, Qualification Advisory council in vocational education but their scope of functioning and role in functioning seems overlapping with other existing bodies besides UGC and AICTE. We, therefore, suggest that it should be clarified in bill properly for smooth functioning of Commission.

7) Concern over enactment of various bills simultaneously : Union Government has recently introduced various Bills i.e The Educational Tribunals Bill, 2010, Foreign education Institutions Regulation Bill-2010, The National Accreditation Regulatory Authority for Higher Educational Institutions Bill, 2010, The Prohibition of Unfair Practices in Technical Educational Institutions, Medical Educational Institutions and University Bill, 2010, The National Academic Depository Bill, 2011, National Commission for Human Research in health Bill-2011 simultaneously for different coordinated task in health and education sector, even provisions have been shared in these bills, we apprehend that if due to some reason one bill could not become an Act the what would be the future of other bills like the one for education.

8) **Statutory Mechanism for coordination in Universities:** Presently a Public funded Society named Association of Indian Universities (AIU) is working under Ministry of HRD for various technical issues related with equivalency of degree and diploma programme of various universities. We suggest that such society should be disbanded and replaced with statutory agencies which can be established under this commission. Without any statutory power no agency can monitor a big framework of Indian universities.

We do hope, the members of this august body will look into our submissions carefully and give their considered opinion for suitable changes. The poor and the destitute, cheated and deprived of better education and health services for generations now, look forward to them to fulfill their national duty to prepare a forward looking, all-embracing Bill. People have waited for far too long for such a measure. **We will also like to present our clause wise submission in detail if an opportunity is given for oral presentation before Parliamentary Committee.**

### List of JFMTI Affiliated Registered Organisations

S. N.	Name of Association/Organisation	Area of Functioning and Registration No.	President General Secretary
1.	Indian Railway Medical Laboratory Technologists' Association (Head Office : Delhi)	National Association Registration No. S-34722	Sh. Udai Midha Sh. A D Cyril
2.	Indian Association of Radiological Technologists (Head Office : Chandigarh) <a href="http://www.iart.org.in">www.iart.org.in</a>	National Association Registration No. 181	Sh. Mohan Bhagwat Sh. S C Bansal
3.	Society of Indian Radiographers (Head Office : Mumbai ) <a href="http://www.radiographers.org">www.radiographers.org</a>	National Association Registration No.282	Sh. T N Mishra Sh. P Ramachandra Reddy
4.	Association of Radiation Therapy Technologists' of India (Head Office : Hyderabad) <a href="http://www.artti.org">www.artti.org</a>	National Association Registration No.4878	Sh. G S Wadhawan Sh. A Sridhar
5.	PGI Alumni Medical Technology Association (Head Office : Chandigarh)	National Association Registration No.	Sh. S.K Sharma Sh. Yogesh Sharma
6.	All Assam Medical Laboratory Tech. Association (Head Office : Guwahati)	State Association Registration No. ABP-143/93 Pt/4	Sh. Bhupen Madhab Saikia Sh. Fakaruddin Ahmed
7.	Uttarakhand Medical Laboratory Tech. Association (Head Office : Haridwar) <a href="http://www.ukmlta.com">www.ukmlta.com</a>	State Association Registration No. GO- 1293-2010	Sh. Rakesh Kumar Sh. Manoj Mishra
8.	ASSPPLOG (Gujarat State Lab. Tech. Association) (Head Office : Rajkot)	State Association Registration No. F 459	Sh. C.V. Bhorania Sh. Jayesh Kamdar
9	ACLAP ( Maharashtra State Lab Tech. Association) (Head Office : Baramati-Pune)	State Association Registration No.1076/2005	Sh. Annasaheb Karole Sh. R.M. Tiwatne
10	All Tripura Pathology and Radiology Clinic Association-ATPRCA (Head Office : Agartala)	State Association Registration No.	Sh. Ranajib Bhaumik

11	Medical Laboratory Technologists Association (Andaman & Nicobar) (Head Office : Port Blair)	State (UT) Association Registration No. MLTA/PB/16/203	Sh. Prabhakaran Pillai Sh. V. Alagiri
12	PGIMTA, PGIMER, Chandigarh (Head Office : Chandigarh )	Institution's Association Registration No.	Sh. Devraj Chumber Sh. Ashwani Munjal
13	MLTA , Pt. BD Sharma PGIMES, Rohtak ( Haryana) (Head Office :Rohtak)	Institution's Association Registration No.8653	Sh. Jaipal Singh Sh. Harish Chander
14	AIIMT, Kolkata (Head Kolkata : Delhi)	Institution's Association Registration No.	Sh. Manindra Choudhuri Sh. Asim Gan
15	AIIMS OT Technologist' Association (Head Office : Delhi)	Institution's Association Registration No. 4622	Sh. Gulab Chand Rai Sh. Govind Singh
16	Medical Laboratory Technologists Association -(LHMC-SSK & KSCH), New Delhi, (Head Office : Delhi)	Institution's Association	Sh. Vijender Kumar Sh. Kaptan Singh Sehrawat
17	Indian Red Cross Society HQ Blood Bank Employees Association, (Head Office : Delhi)	Institution's Association	Sh. Satish Dubey
18	Society of Biomedical Lab Scientists, India (Head Office : Delhi)	Registration No. S-64744	Sh. S D Mehta
19	OT Technical Staff Association, PGIMER, Chandigarh (Head Office : Chandigarh)	Institution's Association Registration No.530	Sh. Jagjit Singh Sh. Manoj Kumar
20	Paramedical & Tech. Employees Union, LNJP Hospital, Delhi (Head Office : Delhi)	Institution's Association Registration No.DLC/CD/O4/09	Sh. Jai Prakash Sh. Amit Dixit
21	Haryana State Lab Tech. Association Head Office- Panchkula, Haryana	Regd. & Recognised State Association	Sh. Vikram Singh Sh. Ramesh Kumar

**List of Major Health Streams in Indian Health Care Delivery System for which higher education courses are concerned**

1. Allopathic System of Medicine & Surgery
2. Homoeopathy
3. Ayurveda
4. Unani
5. Sidha
6. Nursing
7. Medical Laboratory Sciences & Technology with all relevant streams
8. Radiology Technology
9. Operation Theatre Technology
10. Cardiology Technology (ECG Tech)
11. Neurology Technology (EEG,EMG)
12. Pharmacy
13. Physiotherapy
14. Occupational therapy
15. Radiation Therapy Technology
16. Rehabilitation- (all 16 categories registered under RCI)
17. Public Health and community services-(Malaria worker, health visitor, ANM )
18. Dental Technology including Dental hygienists
19. Optometry Technology
20. Speech Therapy
21. Medical Physicist
22. Extra Corporeal Technology (Perfusion Tech.)
23. Medical social Worker
24. Orthoptist
25. Plaster Room Technician
26. Medical Record Technology
27. Dialysis Technology

Note:

**This list is not exhaustive; there are many other categories which may not be here but persist in central or state health services. Moreover this list is only indicative of health stream and not explaining the all designations of particular health stream.**

## List of Major Legislations of Several Countries for health education

Country	Health Legislation
United Kingdom- UK	Health Professional Council (HPC), UK regulating 14 health professionals. <a href="http://www.hpc-uk.org/">http://www.hpc-uk.org/</a>
New Zealand	The Health Practitioners Competence Assurance Act 2003 (HPCAA) provides a framework for the regulation of health practitioners in order to protect the public where there is a risk of harm from the practice of the profession. Health Practitioners Competence Assurance Act 2003 The HPCAA was passed by Parliament on 11 September 2003 and received the Royal assent on 18 September 2003. The Act came fully into force on 18 September 2004. In doing so, the Act repealed 11 occupational statutes governing 13 professions. Website: <a href="http://www.moh.govt.nz/hpca">www.moh.govt.nz/hpca</a>
Norway	The Health Personnel Act: All health personnel in Norway are regulated under the same act. <a href="http://www.regjeringen.no/nb/dep/hod/dok/lover_regler/reglement/2002/Act-of-2-July-1999-No-64-relating-to-Health-Personnel-etc.html?id=107079">http://www.regjeringen.no/nb/dep/hod/dok/lover_regler/reglement/2002/Act-of-2-July-1999-No-64-relating-to-Health-Personnel-etc.html?id=107079</a>
Zimbabwe	The Health Professions Authority (HPA) of Zimbabwe is a health professions regulatory body which was established following the repealing of the Medical, Dental and Allied Professions Act (Chapter 27:08) and the disbandment of the Health Professions Council (HPC) on 30 June 2001. The Health Professions Authority was created in terms of the provisions of Section 4 the new Health Professions Act (Chapter 27:19) which came into effect on 2nd April 2001. The Health Professions Authority commenced operations on 1st July 2001. The major responsibilities of the Health Professions Authority are the registration and control of health institutions and the regulation of services provided therein or therefrom; and the conducting of inspections in all health institutions throughout Zimbabwe. The Authority is also the new coordinative and umbrella body for the eight professional Councils which regulate health practitioners who practise their professions /callings in Zimbabwe. <a href="http://www.hsb.co.zw/partnerships/57-health-professions-authority-of-zimbabwe.html">http://www.hsb.co.zw/partnerships/57-health-professions-authority-of-zimbabwe.html</a>
Sweden	Swedish Agency for Higher Education, The National Board of Health and Welfare <a href="http://www.socialstyrelsen.se/english">http://www.socialstyrelsen.se/english</a>
Denmark	National Board of Health. <a href="http://www.sst.dk/English.aspx">http://www.sst.dk/English.aspx</a>
Finland	The national Authority for Medico legal Affairs <a href="http://www.finlex.fi/fi/laki/kaannokset/1994/en19940559">http://www.finlex.fi/fi/laki/kaannokset/1994/en19940559</a>  <a href="http://www.teo.fi/EN/Licence_to_practice/Sivut/etusivu.aspx">http://www.teo.fi/EN/Licence_to_practice/Sivut/etusivu.aspx</a>  <a href="http://www.safh.no/english/index.html">http://www.safh.no/english/index.html</a>
Australia	Health Professions Council (HPC) <a href="http://rsgaustralia.com.au/health-professions-council-hpc.html">http://rsgaustralia.com.au/health-professions-council-hpc.html</a> <a href="http://www.hpca.nsw.gov.au/">http://www.hpca.nsw.gov.au/</a>
Nepal	Nepal Health Profession Council <a href="http://www.nhpc.org.np/">http://www.nhpc.org.np/</a>
South Africa	Health Professions Council of South Africa <a href="http://www.hpcs.co.za/">http://www.hpcs.co.za/</a>