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*If any member is having any objection regarding views on matter printed in this news letter it should be given in writing to General Secretary's office within 15 days.*

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## DISCLAIMER

**PLEASE Note:** The General Secretary of IAP / India Association of physiotherapists disclaim any responsibility or liability towards the statement made, opinion expressed or claims made in the advertisements published in this newsletter.

## **CENTRAL EXECUTIVE COUNCIL**

President :

**Dr. Ali Irani**

H.O.D., Physiotherapy and Sports Medicine  
Dr. B. Nanavati Hospital,  
Ville Parle (East), Mumbai - 400 056.  
Tel. No.-Dept. - 091-22-26172329



Vice President :

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Scientific, Branch, Co-ordination and Students Affairs  
103 Nri Hostel, Gyansagar Medical College & Hospital  
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Committee Members :

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Awards and Recognition  
625, Block New Alipore, Kolkatta-700053  
Mob.: 09830262253

**Dr. Nilima Patel (P.T.)**

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**Dr. Umasankar Mohanty (P.T.)**

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General Secretary :

**Dr. Sanjiv K. Jha (P.T.)**

Council Act  
702/B1, Shanai Residency  
A.B. Road, Indore - 452010  
Tel.: 0731- 4002594  
Mob.: 98935-63347



Treasurer (Incharge):

**Dr. Anand Misra (P.T.)**

200, Telephone Nagar, Saket, Indore  
Mob.: 098272 42576



Ex Officio :

**Dr. B.S.Desikamani (P.T.)**

Constitution  
Flat No.9, "E" Block, Sneham Apartments  
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Editor Journal :

**Dr. Arun Maiya (P.T.)**

"Janani" 256 Ishwar Nagar,  
Behind Manipal Milk Dairy,  
Manipa - 576104  
Mob.: 09845350823

## **SECRETARY'S REPORT**



Dear Members,

Its a time of more hard work for physiotherapy profession, in one year, We worked hard to get the our key issues addressed i.e. council, Pay commission and other issues.

We got good success in few things & few problems as well. I feel we got many things first times in the history of our profession in India.

We could achieve i.e.

1. First time an authentic body (Parliamentary standing committee of health) gave its report justify our stand by giving an impartial report & recommended everything as we wanted.
2. First time we got our teaching cadre, minimum standard, and other teaching norms notified by U.G.C.
3. First time we are fighting on paper against all discriminating attitudes of various bodies whose attitude toward a noble profession is not very good.

I know its a on going process but at last we have started empathetically and it may show the results in due course of time.

As a secretary IAP, I feel we need to change our face, we need to put own things more strongly. and I assure you that if any of our member will be having any trouble in professional affairs we will try to reach him/her and help all possible ways to protect the professional interest of physio's and physiotherapy as a whole.

We have planed many things as follows :

- a) To go to the court of law by end of this month to protect our Pay commission issue.
- b) To organize a peace march against the attitude of ministry of health on 11th Feb. 2009 at Delhi
- c) To seek justice from all fronts at various level to rectify the issues of physiotherapy.

Please join us in the endeavor to change the face of our profession.

I request all member and conveners to keep visiting IAP website regularly as this is the fastest method we can interact each other.

Thanks a lot to all of you and Wish you a happy and prosperous new year.



**Dr. Sanjiv K. Jha (P.T.)**

General Secretary

## PRESIDENT'S MESSAGE



Dear Members,

Wishing you all of you a very Happy New Year 2010...!!! and a rocking year ahead for our profession!

I am sure by the time you all read this message, either you are preparing at your best to come or you have already reached MANGALORE, for 48<sup>th</sup> IAP Annual Conference-India's biggest gathering of Physiotherapists. I hope this will provide an opportunity for you all to come together to update and review the recent advances around the globe.

The New Year has got us good news regarding Our Central Physiotherapy Council Bill, as assured by Mr. Rahul Gandhi whom we met on 16<sup>th</sup> November 2009 at Delhi. I would appreciate the efforts of all the Physios who have been meeting the Ministers and persuading them to get our council in the Parliament. Secondly, our government is planning to form **The National Council for Human Resources in Health** which allows us to be equal partners in the field of health care.

Looking forward to meet all of you physios in the general body meeting on 22<sup>nd</sup> January, 2010.

A handwritten signature in black ink, appearing to read 'Ali Irani'.

**Dr. Ali Irani**

President, IAP

## **NOTICE OF THE 48<sup>TH</sup> ANNUAL GENERAL BODY MEETING OF THE INDIAN ASSOCIATION OF PHYSIOTHERAPISTS**

15<sup>th</sup> December 2009.

**To**  
**The Hon'ble Members,**  
**Indian Association of Physiotherapists,**

**Dear Madam/Sir,**

This to bring to your kind notice that the Annual General Body Meeting scheduled on **22<sup>nd</sup> January 2009 at 4.00 P.M.** at **“T.M.A. PAI CONVENTION CENTER MANGALORE”**.

### **Agenda: for G.B. meeting**

1. Welcome to all G.B. Members
2. Passing the minutes of the GB meeting held on 22<sup>nd</sup> January 2008 at Mumbai.
3. Points arising from the minutes.
4. General Secretary's report.
5. Treasurer's Report.
6. To discuss and consider/resolve the following
  - a) Consider and adopt the new resolutions as circulated.
7. Report of various Sub committees
  - Board of Academics – U.G. Report.
  - Board of Academics – P.G. Report
  - Council Act Committee
  - International Affairs
  - Branch Coordination
  - Awards & Recognition Committee
  - National Secretariat Committee report
  - Scientific Committee
  - IAP Exams
  - Constitution Committee
8. Nomination of Election Officer – IAP Election-2011-14
9. Nomination of Election Tribunal- IAP Election-2011-14
- 10 Resignation of treasurer[previous]
11. Any other matter with the permission of the Chair
12. Vote of Thanks

**P.S.:** The GB minutes of Mumbai 2008, is printed in the **IAP-NEWSLETTER-July 2009** also.  
**Kindly bring your copy for reference**

Notice is uploaded in IAP Website ([www.physiotherapyindia.org](http://www.physiotherapyindia.org)) for kind notice of Members.  
Please keep that day free and attend the meeting. Meantime if you have any matter to be discussed kindly inform the Secretary's office on or before 05<sup>th</sup> January 2010. Please note, inclusion of matters raised for GB discussion is subject to approval of CEC and it will taken up in “Any other matter”

## **TO CONSIDER**

- 1 A comprehensive insurance for all IAP member for various benefit for 25000 member including - Sudden death / Disability / Professional protection will be given by IAP.  
This will also enable us to save tax and benefitting our members.
  - 2 To Purchase a new premises in exchange of the old one what we have, with the facilities of guest house and office at ground floor in Delhi or NCR area which will be more suitable for our functioning.
- 

## **NOTICE**

The members who wish to become the member of IAP inspection team and having teaching experience of MPT with 5 year or BPT with 10 years can send their name along with resume and supporting documents to General Secretary office to consider and include in the panel of IAP inspection team by January 30th 2010.

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## **NOTICE**

The members who wish to become the part of Media cell of IAP from different states should send their name along with resume to include in the panel of media cell. The panel will however finalized by CEC. They are requested to send their name on or before 30th January 2010.

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### **Summery of letter sent by Mr. Gulam Nabi Azad Hon. Health Minister of India regarding on council on 26th August, 2nd Sept. And 27th Oct. Respectively.**

Kindly refer to med earlier D.O. No. 1077/VIP/HFM/2009 dated 2.09.2009 in response to your letter dated 26.8.2009 forwarding therewith a representation of Dr. Sanjiv K. Jha (PT) seeking compliance of the recommendation of the department related Parliamentray standing committee on Health & Family Welfare through its 31st Report on paramedical and Physiotherapy central council bill, 2007. I have had the matter examined. The bill introduced during December, 2007 lapsed with the dissolution of the 14th Lok Sabha. The matter has been under consideration in this Ministry in the light of suggestion made by the department related Parliamentary standing committee on Health & Family Welfare through its 31st Report.

The Suggestions of all the stake holder will be taken into account before reintroducing the paramedical and Physiotherapy Central Council bill in the Parliament.

With regards

## **KIND NOTICE**

### **New resolutions**

The CEC has proposed the following resolutions to be incorporated in the IAP constitution - Rules & Regulations

1. It is resolved that the person who pass out bachelor degree within the 1 year of passing. If he become member of the association membership should be given at the existing fee, but if he/she delays for more than 1 year than a 20% extra per year will be charged to become member of IAP. This will be applicable for both IAP recongnized college student and those who become member through exams.
2. It is resolved that all the diploma / certificate holder in India will be called as physiotherapy technician / physiotherapy Aids respectively who has passed the diploma / certificate after 1996.
3. A media cell will work to keep and Eye on various media report in physiotherapy across India and one person of each state will be nominated as a member of media cell. General Secretary will be coordinating the members of media cell.
4. A new team of Inspectors will be appointed for various inspection of colleges and Inspection panel will be comprised of -

**One E.C. Member**

**One member of Inspection panel**

**and convener of the local place** where the inspection is due.

The qualification and experience of the inspector will be MPT with 5 Year or BPT with 10 years of teaching experience.

**Dr. Sanjiv K. Jha (P.T.)**

General Secretary

## **TREASURER'S REPORT**

For your kind attention we have won the appeal file before appealed tribunal against the order of CIT (appeal) for council year 2000-2001, 2001-2002, 2002-2003, demand of penalty Rs. 2,74,410, Rs.3,99,570, and 4,16,230. Now we need not to pay total demand of penalty of Rs. 10,92,210.

From the facts of the order it is observed that IAP is registered with charity commissioner and also granted registration under section 12A by director of Income Tax (Exemption). We can file IT return on Trust basis.

**Any Question regarding audit report, please write to treasurer IAP before 15th January 2010**

Treasurer (Incharge)

**DR. ANAND MISRA (P.T.)**

200, Telephone Nagar, Saket, Indore

Mob.: 098272 42576

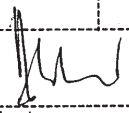

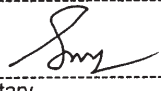
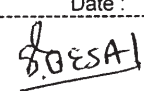


**J. H. Shukla & Co.**

Chartered Accountants

D-1, Kadambari Apt., Majura Gate, Surat : 395002 : Ph. No. 2470 623

**INDIAN ASSOCIATION OF PHYSIOTHERAPISTS****INCOME & EXPENDITURE ACCOUNT FOR THE YEAR ENDED ON 31st MARCH, 2009**


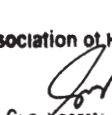
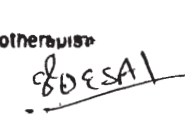
<u>PARTICULARS</u>	<u>Annexure</u>	<u>Amount</u> <u>Rs.</u>
<b>INCOME :</b>		
By Association Income	A	3,469,896.60
By Other Income	B	2,883,946.28
Total.....		<u>6,353,842.88</u>
<b>EXPENDITURES :</b>		
To Association Expenses	C	3,054,148.00
To Other Expenses	D	642,974.65
To Common Expenses	E	682,992.00
To Net surplus transferred		1,973,728.23
Total.....		<u>6,353,842.88</u>
<b>Examined &amp; Found Correct</b>		
For J. H. Shukla & Co. Chartered Accountants		
		President Place :                      Date :
Proprietor( M. No. 046215)		
Place : Surat		Secretary Place :                      Date :
Date : 14/07/2009		
		Treasurer Place :                      Date :



## Indian Association Of Physiotherapist



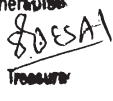
Annexure Forming Part Of The Income & Expenditure Account for the year ended on 31-3-2009

Particulars	Amount Rs.	Amount Rs.	Amount Rs.
<b>ANNEXURE : A ASSOCIATION INCOME</b>			
Certification Fees			1,273,500.00
Conference Share -WB BR			7,311.60
Conference Share -Udaip			1,565.00
Examination Fees			242,000.00
Excess Fees Recd.			114,220.00
Membership Fees :-			
2008-2009		245,400.00	
2009-2010		800.00	246,200.00
Previous Year Fees Dues			23,100.00
Registered Colleges Inspection Fees			310,000.00
Verification Charges			1,252,000.00
Registration Fees	1,362,000.00		
Re registration Fees	15,000.00		
Life Membership Fees	5,038,000.00	6,415,000.00	
Less : Transferred to Corpus Fund	4,903,600.00		
30% of L.M.F. to Branch Share	1,511,400.00	6,415,000.00	nil
<b>Total .....</b>			<b>3,469,896.60</b>
<b>ANNEXURE : B OTHER INCOME</b>			
Advertisement-Web Site			37,161.00
Directory			8,500.00
Inspection Fees			286,139.00
Interest		7,598.00	
Bank Saving A/c		2,544,548.28	2,552,146.28
Bank FDR BOI			
<b>Total .....</b>			<b>2,883,946.28</b>



Particulars	Amount Rs.	Amount Rs.
<b>ANNEXURE : C ASSOCIATION EXPENSES</b>		
<u>Awards Expenses</u>		
Best Paper Awards	5,000.00	
C. P. Nair Oration	5,250.00	
I.A.P. Oration	10,000.00	
India Medico Award	1,500.00	
Poster Award	3,000.00	24,750.00
Mementos & Certificates		20,500.00
<u>E. C. Meeting Expenses :-</u>		
Joint - Bangalore	135,460.00	
Mumbai - 1	75,492.00	
Mumbai - 2	78,341.00	
Mumbai - 3	69,184.00	358,477.00
Election Expenses		92,253.00
Examination Expenses		61,053.00
News Letter		955,650.00
<u>Committee Expenses :-</u>		
Branch CoOrdination Committee	3,505.00	
Constitution Committee	12,380.00	
Counsil Act Committee	119,183.00	
Education Committee	101,578.00	
Fellow Ship Committee	925.00	237,571.00
Journal Publication		410,424.00
Memembr Data Entry Exp		10,248.00
AWP WCPT Subscription		7,577.00
WCPT Subscription		875,645.00
Total .....		3,054,148.00


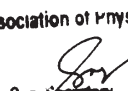





President      Gen. Secretary      Treasurer



Particulars	Amount Rs.	Amount Rs.
<b>ANNEXURE : D OTHER EXPENSES</b>		
Accounting Charges		12,000.00
Audit Fees		12,500.00
Bank Charges		3,218.65
Depreciation		34,068.00
Income Tax Appeal Fees		27,700.00
Legal Consultation Charges		125,000.00
Legal Expenses		389,848.00
Contribution : Society/Trust Act		34,640.00
Tax Consultation Fees		4,000.00
Total .....		642,974.65
<b>ANNEXURE : E COMMON EXPENSES</b>		
<u>Office Exp(Pri. &amp; Stationery, Postage, Telephone Chg. Etc.)</u>		
Secretary Office	589,707.00	
Ex-Secretary Office	38,124.00	
President Office { Press }	25,000.00	
Treasurer Office	30,161.00	682,992.00
Total .....		682,992.00

The Indian Association of Physiotherapists

Gen. Secretary Treasurer

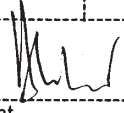
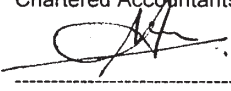
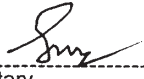
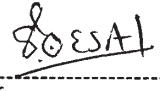


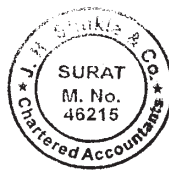
**J. H. Shukla & Co.**  
Chartered Accountants

D-1, Kadambari Apt., Majura Gate, Surat : 395002 : Ph. No. 2470 623

**INDIAN ASSOCIATION OF PHYSIOTHERAPISTS**

BALANCE SHEET AS AT 31st MARCH, 2009

Particulars	Sch	Amount
<b><u>Capital &amp; Liabilities :-</u></b>		
Capital And Corpus Funds	A	44,813,646.12
Total.....		44,813,646.12
<b><u>Assets :-</u></b>		
Fixed Assets	B	34,069.00
Investments	C	34,612,700.00
Advances	D	10,055,661.77
Cash & Bank Balances	E	111,215.35
Total.....		44,813,646.12
<b><u>Examined &amp; Found Correct</u></b>		
For J. H. Shukla & Co. Chartered Accountants		
		President Place :                      Date :
Proprietor( M. No. 046215)		
Place : Surat		Secretary Place :                      Date :
Date : 14/07/2009		
		Treasurer Place :                      Date :



# **Indian Association Of Physiotherapist**

Schedule Forming Part Of The Balance Sheet As At 31-3-2009

Particulars	Amonut	Amount
<b>Schedule : A Capital And Corpus Fund</b>		
Corpus Fund	34,600,795.00	
Add : Trf from fees	4,903,600.00	39,504,395.00
Ear Mark Donation :		75,000.00
Income And Expenditure A/c	1,401,812.89	
Less : Advance Tax and TDS trf	844,290.00	
	557,522.89	
Add : Surplus for the year	1,973,728.23	2,531,251.12
L.M.Branch Share (08-09) Trf. From fees		1,511,400.00
L M. Branch Share ( 07-08)	1,363,800.00	
Less : Utilisation	172,200.00	1,191,600.00
		<b>44,813,646.12</b>
<b>Schedule : B Fixed Assets</b>		
Typewriter	4,795.00	
Less : Depreciation	719.00	4,076.00
Computer-Treasurer	201.00	
Less : Depreciation	121.00	80.00
Computer	19.00	
Less : Less trf. To Editor IAP Journal	19.00	-
Computer-President [ Ex ]	221.00	
Less : Less trf. To Editor IAP Journal	221.00	-
Computer : Editor IAP Journal Trf From	240.00	
Less : Depreciation	144.00	96.00
Computer-Ex Secretary [Dr Desikamani ]	1,320.00	
Less : Depreciation	792.00	528.00
Computer-Secretary [Dr Sanjiv Jha]	14,266.00	
Add : Addition	38,000.00	
	52,266.00	
Less : Depreciation	31,360.00	20,906.00
Furniture-Secretary	9,315.00	
Less : Depreciation	932.00	8,383.00
		<b>34,069.00</b>





President      Gen. Secretary      Treasurer


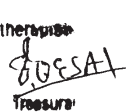


<b>Schedule : C Investments</b>		
<b>Bank FDR :</b>		
<b>( A ) B.O.I. Gopipura, Surat :</b>		
No. 270243710000115	18,000,000.00	
No. 270245110000618	3,000,000.00	
No. 270245110000619	2,000,000.00	
No. 270253210000136	1,597,700.00	
FFD-SP18	9,940,000.00	34537700.00
<b>( B ) BOI FD - SSD 270243810000007 [ C.P.Nair Award ]</b>		75000.00
		<b>34,612,700.00</b>
<b>Schedule : D Advances And Other Current Assets</b>		
Pure Earth Infrastructure Ltd. [ Office Premises Advance ]		8820750.00
Dr. Sanjiv Jha - Secretary		2959.00
Suspense - Fee returned cheque		550.00
BOI Interest Receivable		305,062.77
A.Y. 2009-10 : Income Tax Advance	700000.00	
A.Y. 2009-10 : TDS	290180.00	990,180.00
		<b>10,119,501.77</b>
Less : BOI TDS Payable	60840.00	
Excess Credit By Bank	3000.00	63,840.00
		<b>10,055,661.77</b>
<b>Schedule : E Cash &amp; Bank Balances</b>		
Cash on Hand : Treasurer		32.00
UBI SB A/C - Mumbai Br.	179853.97	
BOI SB -18127 [ cr Balance ]	-68670.62	111,183.35
		<b>111,215.35</b>

**BANK RECONCILIATION STATEMENT : 31/3/2009**

**BANK OF INDIA : S.B.A/C NO. 18127, GOPIPURA, SURAT.**

Credit Balance as per books			68670.62
Less : Cheque issued but not presented			
Cheque No.	675	500.00	
	733	3260.00	
	734	196.00	
	737	44659.00	
	738	25000.00	
	739	5764.00	
	740	54199.00	133578.00
Clear Balance as per bank statement			<b>64907.38</b>

**The Indian Association of Physiotherapists**  
   
 Gen. Secretary      Treasurer



# TASK FORCE FOR SETTING UP OF THE NATIONAL COUNCIL FOR HUMAN RESOURCES IN HEALTH

**Ministry of Health and Family Welfare  
Government of India  
New Delhi**

## **Background**

To reform the current regulatory framework and enhance the supply of skilled personnel in the health sector, the Government of India has proposed to set up a National Council for Human Resources in Health (NCHRH) as an overarching regulatory body. This follows the address made by the Honorable President of India, Shrimati Pratibha Devisingh Patil, to the Parliament on 4<sup>th</sup> June 2009 which mentioned setting up of such a National Council. Accordingly, a task force for setting up the National Council for Human Resources in Health was constituted on 22nd June'09 under the chairmanship of Shri Naresh Dayal, Union Health Secretary and eleven other members.

## **Membership of the Task Force:**

1.	Union Secretary for Health and Family Welfare	Chairman
2.	Dr. M.K. Bhan, Secretary, Department of Bio-Technology	Member
3.	Director General of Health Services, Govt. of India, New Delhi	Member
4.	Dr. Ranjit Roy Choudhary	Member
5.	Dr. Devi Shetty, Founder, Narayana Hrudalaya, Bangalore	Member
6.	Dr. K. Srinath Reddy, President, Public Health Foundation of India	Member
7.	Dr. N.K. Sethi, Senior Advisor (Health), Planning Commission	Member
8.	A senior representative from Department of Legal Affairs, Ministry of Law & Justice	Member
9.	A senior representative from Department of Higher Education, Ministry of HRD	Member
10.	Sri Vaidyanatha Aiyer, former Union Secretary, Department of Women and Child Development	Member
11.	Dr. Raghubir Singh, Former Union Secretary, Legislative Department, Ministry of Law & Justice	Member
12.	Shri Debasish Panda, Joint Secretary, Ministry of Health and Family Welfare	Member Secretary



## THE TERMS OF REFERENCE OF THE TASK FORCE

The Task Force was called to deliberate upon the structure and function of the proposed National Council on Human Resources in Health and to prepare a draft bill for setting up the said National Council. It met on four occasions, from 26<sup>th</sup> June, 2009 to 31<sup>st</sup> July, 2009 to develop recommendations which are contained in this report. Following members were coopted as mentioned below:-

S.No.	Name, Designation, Organization
1.	Smt. S. Jalaja, Secretary, Department of AYUSH, Red Cross Building, New Delhi.
2.	Dr. V.M. Katoch, Secretary, Department of Health Research, & Director General, Indian Council of Medical Research, Post Box No. 4911, Ansari Nagar, New Delhi
3.	Dr. Mahesh Verma, Principal, Maulana Azad Dental College, Maulana Azad Institute of Dental Sciences, MAMC Complex, Bahadur Shah Jafar MArg, New Delhi-2
4.	Prof. P Rama Rao, Director, National Institute of Pharmaceutical Education and Research(NIPER), Sector-67, S.A.S. Nagar, Punjab(India)-160062
5.	Dr.(Mrs.) Indarjit Walia, Principal, National Institute of Nursing Education, Post Graduate Institute of Medical Education & Research, Sector-12, Chandigarh PIN 160012
6.	Prof. Arunalok Chakroborty, National Institute of Paramedical Sciences, National Institute of Pharmaceutical Education & Research(NIPER), Sector-67, S.A.S Nagar, Punjab(India)-160062

Taking account of the present regulatory scenario of medical and health education in India, this report highlights the need for an overarching regulatory body and suggests the possible alternative in the proposed National Council. This Report is compiled in two parts with Part-I outlining the conceptual framework while in Part-II the Draft Bill for the constitution of the proposed National Council is annexed.

### Part-I

#### *The need for the National Council for Human Resources in Health*

The health sector in India faces critical challenges on several fronts despite significant achievements since Independence. While the country has made substantial strides in economic growth, its performance in health has been less impressive. An important reason for this is the inability of the health system to provide health care for all. Despite an extensive network of government funded clinics and hospitals providing low cost care, curative health services in India are largely provided by the private sector, tend to be concentrated in urban areas, serve those who are socio-economically better-off and place a substantial burden of out-of-pocket payments on patients. While India is one of the fastest growing economies in the world today, it is also one of the weakest performers in health. The importance of reforming the health sector has never been as critical as it is today.

Many of the issues facing India's health sector today can be traced to distortions in the area of human resources in health. India faces a shortage of qualified health workers. Analysis based on the 2001 Census indicates that the estimated density of all health workers (qualified and unqualified) in India is about 20% less than the WHO norm of 2.5 workers (doctors, nurses and midwives) per 1000 population, meaning that there are substantial shortage of qualified health workers in the country. The large geographic variations in the health workforce, across states and rural and urban areas are important challenges in reforming India's health workforce policies. The disparity between urban and rural areas is particularly significant, as the urban areas account for less than a third of India's total population but are home to a majority of health workers. Similarly, the concentration of health workers in the private sector is also a cause of concern, mainly due to the large number of vacancies facing the public sector and the higher cost of treatment involved in the private sector.

There are important distortions in the production of health workers in India. While there has been an increase in medical colleges in the last decade, it has mostly been due to an increase in private medical colleges in the southern states. Overall, the production capacity of doctors (and nurses) is much higher in states with better health indicators and this reflects the distorted distribution of the country's production capacity of health workers. Private medical colleges also place a heavy burden of fees on students and their admission procedures are not transparent. The curricula of medical schools, both public and private, are not designed for producing 'social physicians' as envisioned in the Bhore (1946) and other Committees. Rather, the training they provide is better suited to the problems of urban India and for employment in corporate hospitals.

Nurses are another important cadre which has been ignored in our doctor-centric system as has been the tremendous potential they offer in providing health services in underserved areas. Nurses continue to have a low position in the health workforce hierarchy, while in other countries nurse-practitioners have elevated the practice and stature of nursing. Nursing education is also in a state of crisis with many nursing institutes being under-staffed and private institutes providing poorly trained nurses. The adverse nurse-doctor ratio of 0.8 remains a matter for serious concern. Nurses can deliver many of the basic clinical care and public health services, particularly at the community level, at a lower cost than trained physicians.

Professional councils such as the Medical Council of India, the Indian Nursing Council, and the Pharmacy Council have been set up by statutes of Parliament to regulate the practice of their respective professions, including education. However, many of these councils, besides being far too unwieldy have attracted criticism of their functioning, from health professionals, health administrators and media. They have also drawn judicial censure on several occasions. Further, the existence of these different regulatory bodies, each responsible for important cadres of health workers have failed to provide a synergistic approach to addressing the human resources needs of the country. There is an urgent need for innovation in health related education which encourages cross connectivity across disciplines and categories of health workers. Any effort to make piecemeal changes in the existing Statutes is not likely to bring any substantial reform in the field of health education and services. The Indian health system stands to benefit tremendously from the generation of new cadres and competencies that can actively meet the health needs of the country. The broad vision of human resources in terms of the quantity, composition and quality required for enabling the country's health system provide health care for all, is hidden from the perspective of these individual regulatory bodies.

This makes the need for an overarching regulatory body critical for addressing the human resource issues facing the country.

The need for such an overarching body must also be viewed in the context of the proposed All India Council for Higher Education, recommended as a regulatory body for all tertiary education in India. While it is essential that institutes imparting health education maintain a close relationship with Universities imparting education in other disciplines, the need for developing and strengthening education in the field of health is of paramount importance to meet the health needs of the country, and thus needs singular focus and an overarching regulatory mechanism of its own.

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### ***Structure and functions of the National Council for Human Resources in Health***

The National Council for Human Resources in Health (NCHRH) will be an overarching body, responsible for setting the mandate, coordinating and determining standards for health and medical education, and providing an overall framework for the regulation of human resources in health in the country. The proposed Council shall be constituted to amalgamate and subsume within itself the existing medical/health oriented councils viz. the Medical Council of India, the Indian Nursing Council, the Dental Council of India, the Rehabilitation Council of India and the Pharmacy Council of India.

Although functioning under the broad ambit of governmental policy on medical and health education of the Government of India, the Council will be constituted as an autonomous body, independent of Government controls with adequate powers, including quasi-judicial, to carry out the responsibilities it is charged with.

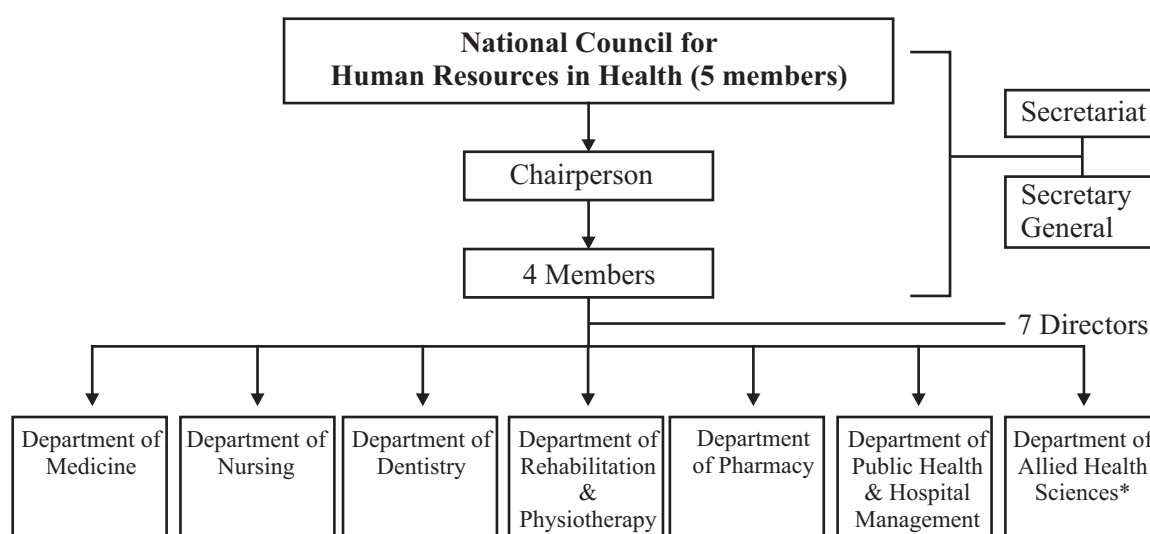
It will be the task of Council to prescribe the standards of health & medical education, and regularly redefine the nature and content of educational programmes required to meet the national needs for human resources in health. This overarching council will have within itself departments, each responsible to administer one specified cadre of health professionals. These will include Medicine, Nursing, Dentistry, Pharmacy and Rehabilitation along with Physiotherapy. In addition, it will also have departments of Public Health along with Hospital Management and Department of Allied Health Sciences which would include paramedics, lab technicians, optometrists, radiologists and the like. These Departments under the Council will act as the principal implementing agencies, responsible execution and monitoring of the standards, so established by the Council, within their respective streams.

It will also be the task of the Council to ensure, where necessary through its committees, effective use of linkages in the entire health system, act as the controlling and coordinating agency that ensures accountability in the system and to facilitate interconnectivity among and between disciplines while creating robust career tracks to meet the needs of a diverse and growing health system in the country. For example, when medical doctors have to teach nurses to become nurse practitioners or nurse anaesthesiologists, the specialised committee will provide guidance in meeting such demands.

### Structure of the NCHRH:

The Task Force was of the opinion that the existing jumbo size councils comprising of nominated and elected members has not performed as expected and failed to meet the need of health professionals in the country. Therefore, it was proposed to establish a compact Council of professionals with only five members including the Chairman who are selected and appointed by the Central Government through fair and credible process. The Council, in its function, shall be assisted by a full-time secretariat headed by a Secretary General and the seven departments administering specific cadres of health professionals. Following figure-1 gives a diagrammatic structure of the Council.

**Figure 1: Structure of the National Council for Human Resources in Health**



### Composition of the Council:

The Central Government through a statute of the parliament shall constitute a body, comprising of five members including a full-time Chairperson, to be known as the National Commission for Human Resources in Health to exercise the powers and to perform the functions outlined in that Act.

### Qualifications for the Members:

The Members of the Council should be Indian citizens of eminent ability, integrity, social commitment and professional standing with adequate knowledge and experience, at least of 10 years, in dealing with medical or health education, regulation of university level professional education or leadership of non-medical academic institutions imparting education in disciplines such as law, management or public administration.

\* Allied Health Sciences would include paramedics, lab technicians, optometrists, radiologists and the like.

### Disqualification for appointment:

A person shall be disqualified for appointment as member of the Council if he/she is convicted of an offence involving moral turpitude, or is undischarged insolvent, or of unsound mind, or in service of Government or have such conflict of interest which is likely to affect prejudicially his /her functions as a member of the Council..

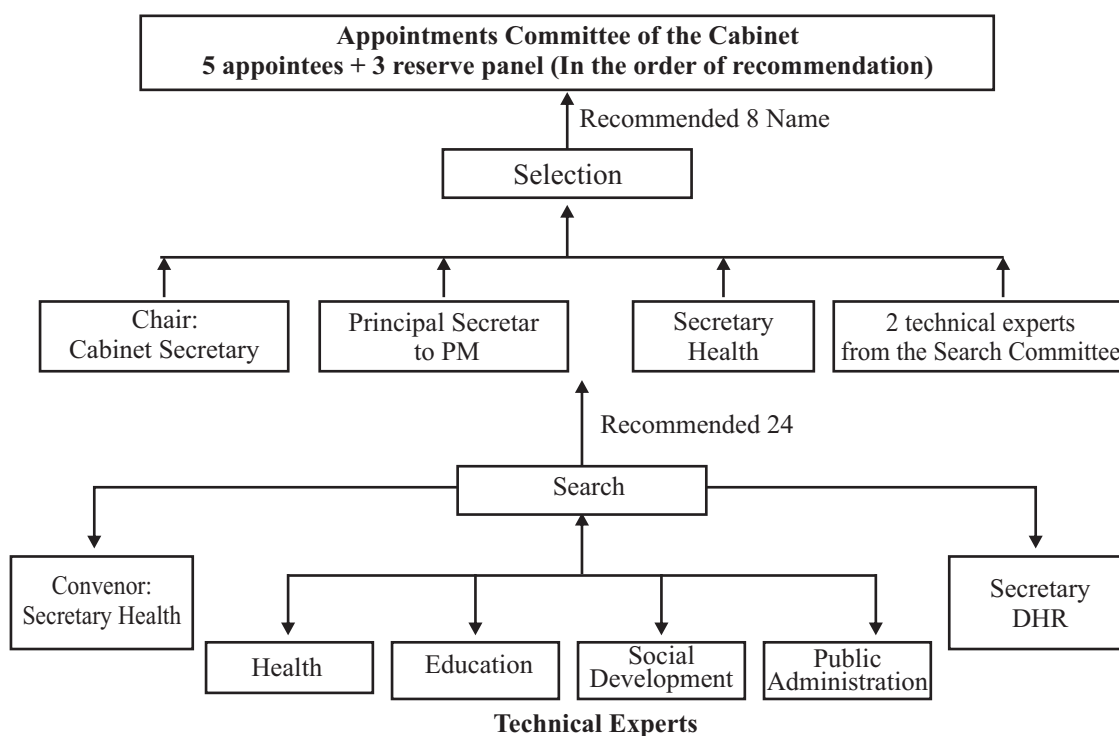
### Secretariat and Secretary General:

There shall be a Secretary-General, for a fixed term of 3 years, who shall be the Chief Executive Officer of the Council and in this capacity, shall head the Secretariat of the Council. He/she shall discharge such functions of the Council as may be assigned to him by the Council or the Chairperson and shall report to the Council through the Chairperson on such performance of his/her duties.

### Appointment of Chairperson and Members:

The appointment of Chairperson and Members of the Council shall be made by the Central Government through Appointments Committee of the Cabinet on the recommendation of a Selection Committee consisting of the Cabinet Secretary, Principal Secretary to PM, Union Secretary Health and Family Welfare technical experts drawn from the Search Committee which would have provided a short list (on the ratio of 1:3) of suitable candidates to the Selection Committee.

**Figure 2: Procedure for the selection of Chairman and Members**



**Removal of Chairperson or Member:**

The Central government may by order remove from office the Chairperson or any Member if the Chairperson or the Member, as the case may be, is adjudged an insolvent, or convicted of an offence involving moral turpitude, or engages in another paid employment outside the duties of his/her office, unfit by reasons of unsoundness of mind or body or have conflict of interest which is likely to affect prejudicially his/her functions as the Chairperson or a member.

**Term of office:**

The Chairperson and Members shall hold office for 3 years and not beyond 70 years of age, whichever is earlier and such term may, on a recommendation made by the Selection Committee, be extended to another 3 years.

**Vacancies:**

No act or proceeding of the Authority shall be invalid merely by reason of any vacancy or defect or irregularity in constitution, appointment or the procedure of the Council not affecting the merits of the case. If, for reason other than temporary absence, any vacancy occurs in the Council, the Appointments Committee of the Cabinet shall appoint another person from the panel of three reserve names recommended by the Selection Committee.

**Functions of the Council:**

The main purpose of the Council will be the promotion and coordination of medical and health education in India, to which end it shall perform, inter alia the following functions:

**a) Academic functions:**

- o Detailing the course and period of study, including duration of practical training to be undertaken, the subjects of examination and standards of proficiency therein to be obtained in universities or medical institutions for grant of recognized qualifications.
- o Prescribing conditions for admission to the above courses.
- o Providing guidelines on curriculum planning, monitoring and overseeing implementation of undergraduate and postgraduate programmes with flexibility for locale specific modules.
- o Establishing and maintaining standards of distance education, in the field of medical and health related academic courses, in the country.

**b) Functions related to recognition of qualifications etc.:**

- o Prescribing minimum standards for education required for granting recognized qualifications (as a medical practitioner, pharmacist, nurse, midwife, auxiliary nurse-midwife, health visitor, dentist, dental hygienist, dental mechanic, public health professional, psychiatrist, psychologist, counsellor, psychiatric social worker, etc.) by universities, medical or health and other academic or non-academic institutions in the country.

- o Delineating the types, numbers and standards of staff, equipment, accommodation, training and other facilities to be provided for the students undertaking an approved course at a recognised institution.
- o Granting permission to start courses and recognition to programs in graduate and post graduate medical or health education, including programs offered by non-academic and training institutions, according to the minimum standards set by the Council.
- o Monitoring of colleges, universities, and institutions that have received recognition from the Council.

**c) Functions related to recognition of foreign degrees/qualifications:**

- o Granting recognition to programs in graduate and post graduate medical or health education, including programs offered by non-academic and training institutions in a foreign country.

**d) Functions relating to Examination:**

- o Describing the subject of professional examinations, methods of assessment and evaluation formative and summative examinations, their conduction, qualifications of examiners, the conditions of admissions to such examinations and the standards therein to be attained.
- o Appointment of inspectors at examinations and visitors to examine facilities.
- o The Council shall be responsible to conduct a national level exit examination for undergraduate/specialised post graduate programs in medical and health education. This undergraduate exam would serve the function of recognising the training and education received in the field of medicine and health through non-conventional pedagogies, academic and non-academic institutions in India and abroad.
- o To provide for national standardisation examination for undergraduate/postgraduate programmes and mandatory screening test for candidates having successfully completed undergraduate/postgraduate program from a foreign institution that is not recognised by the Council.

**e) Administrative functions:**

- o Allowing for the establishment of educational institutions and facilities, or strengthening such facilities in already existing institutions.
- o Coordinating with different Committees and the Departments for smooth functioning of the Council.
- o Reviewing current status, assessing need and adopting ways to respond to the challenge of ensuring the establishment of a well designed world class health and medical education system in the country
- o Oversee functioning of the State Registrations and Ethics Board of each cadre with regard to maintenance of state live electronic register and implementation of the code of professional ethics.



- o Maintaining a national live electronic register of health professionals called the Indian Human Resources in Health Register, with sub-registers representing the specific cadres of health professionals.
- o Prescribing standards of professional conduct, etiquette and code of professional ethics to be observed by the practitioners.
- o Ensuring a system of control, monitoring and evaluation to be done regularly whereby institutions are re-certified and revalidated every 5 years with the aim of protecting public interest and promoting and maintaining the health and safety of the public.
- o Coordinating and promoting an inter-disciplinary, multi-disciplinary and integrated approach to medical and health education.
- o Undertaking administrative supervision of each Department and ensuring that they maintain the standards and quality of education.
- o Selecting, appointing and supervising the work of the Secretary General.
- o Constituting committees under the Council.
- o Empanelling of the assessment and accreditation bodies and prescribing standards to be followed by them.

#### **National Level Exit Exam:**

Though, all central and state universities shall conduct their own examinations and award degrees thereon, the National Council shall conduct National Level Exit Examinations to standardise post graduate and undergraduate medical and allied health courses. The National Board of Examinations (NBE) shall be archived with the coming into existence of the National Council.

#### **Post Graduates:**

- 1) All trainees in medical colleges or health professional training institutions, as well as professionals who have received medical/health related training from an NCHRH accredited non academic institutions within the country may appear for post graduate programmes at the University level and obtain MD/MS degrees.
- 2) The NCHRH shall conduct a national level exit exam as a standardised post graduation level exam that may be taken by anyone with a postgraduate degree from any university recognised by the Council.
- 3) The national exit exam shall also be open for professionals who have received requisite medical/health related training from an NCHRH accredited academic or non academic institution but have not been able to pass a university level exam, as well as for individuals holding a foreign post graduate degree in medicine or health, where such a degree has been obtained from an institution not recognised by the Council.
- 4) The national exit exam will be equivalent to an MD/MS awarded by any recognised university in the country.
  - o The exam shall be conducted online through the internet, and will mostly follow a multiple choice format, which will incorporate the clinical aspect of medical practice
  - o Individuals possessing the requisite criteria, as prescribed by the Council, for appearing for the national exit exam will be classified as 'board eligible', upon passing the exam, an individual will be classified as 'board certified'.

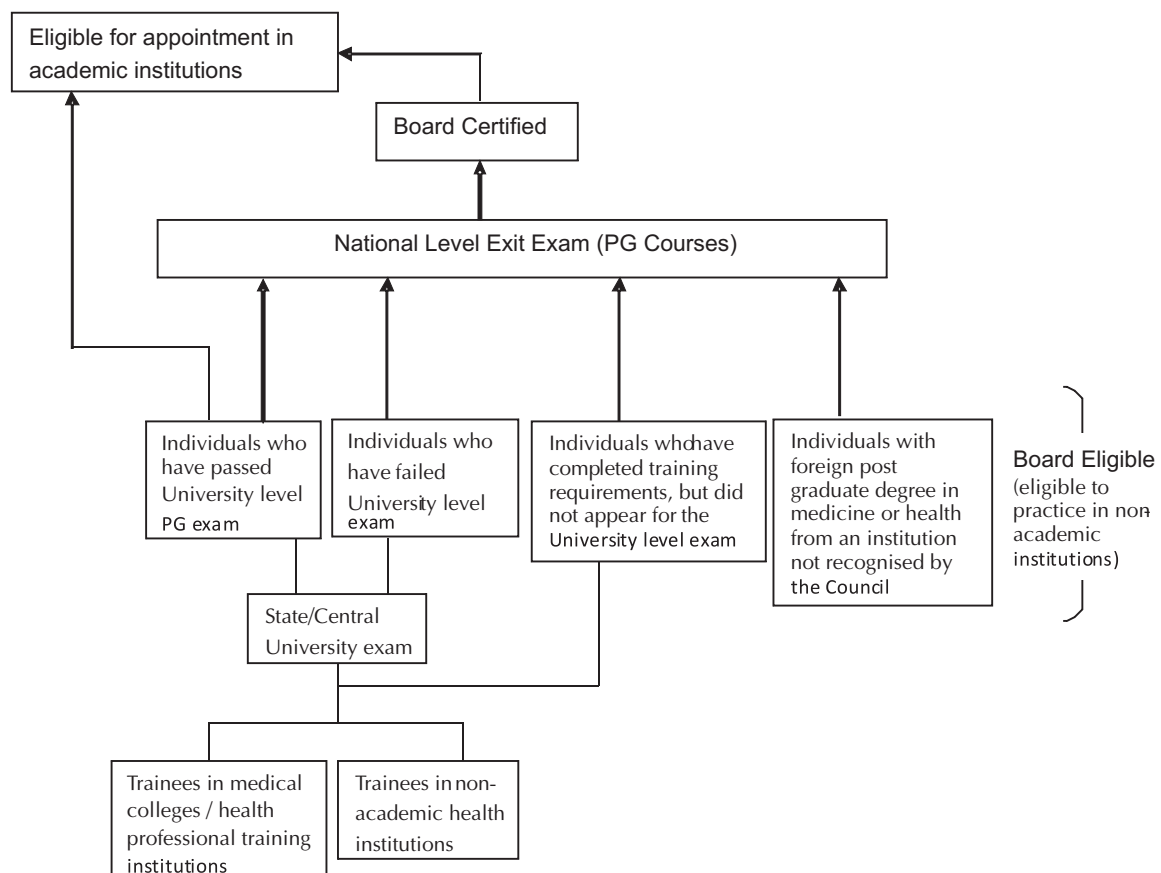


- o In order to be 'board certified' one must qualify within 3 years of being 'board eligible'.
- o All 'board eligible' candidates can practice in non-academic institutions. However, to be appointed in an academic institution, an individual will need to either possess a post graduate degree from a recognised university, or be 'board certified'.

### Under Graduates:

- o The council shall conduct national level exit exam as a standardised undergraduate level exam that may be taken by anyone with an undergraduate degree from a university recognised by the Council.
- o This screening examination shall be mandatory for candidates having successfully completed undergraduate program from a foreign institution that is not recognised by the Council.

**Figure 3: National Exit Examination for health professionals (Post Graduation)**



## **Assessment and Accreditation of Medical and Health Institutions:**

For the purposes of ensuring fair competition among medical and health institutions and to maintain quality, the Council shall empanel competent and independent bodies to perform the functions of assessment and accreditation in conformity with the norms that may be prescribed by the Council. Such process must be evaluated every two years for compliance and due diligence by the empanelled bodies and their empanelment reviewed on such evaluation.

Any empanelment, assessment, accreditation, review and the procedure and processes related thereto shall be considered public document and should be available, electronically or otherwise, for public access

### **Constitution of Committees:**

Committees, which may be standing or adhoc in nature, may be constituted by the Council to fulfil specific functions as deemed necessary by the Council.

### **State/Regional Administrative Offices:**

There may be established State or Regional Level Administrative Offices of the National Council, which shall act as the information, coordination and liaison office of the Council in such State or the Region as the case may be.

### **The State Registrations and Ethics Board:**

The Task Force is of the opinion that with the repeal of the central legislations regulating the medical and allied health fields their state level councils also need restricting and the linkage between the National Council and the State Level Bodies needs to be outlined. In this regard there may be constituted a Registration and Ethics Board for each Department of health sciences in every State, which shall replace the existing State Councils (constituted under the statute of respective state legislature).

Each of such Board shall maintain, in the manner prescribed by the National Council, a state live electronic registers of the professional, which shall be linked to the National Register. The State Board shall be responsible to take cognizance and inquire into any professional misconduct and initiate appropriate disciplinary action against such misconduct in accordance with the guidelines and procedures laid by the National Council.

### **The State Registrations and Ethics Board shall comprise of:**

- i. A President,
- ii. A Vice-President
- iii. Not less than ten, and not more than such number of members, as may be prescribed and three of whom shall be women.
- iv. A Nominee of the State Government.

The President, Vice-President and the Members, except for the one member to be nominated by the State Government, shall be elected from amongst the registered members of that Department in that state.

**Appeals:**

An appeal from the order of the State Registration and Ethics Board shall lie to the National Council, while any person aggrieved by an order of the National Council shall prefer an appeal only to a High Court and no other court shall entertain any suit, application or other proceeding in respect of any order made under the proposed Act.

**Meetings of the Council:**

There shall be a meeting of the Council in every quarter of the year and at least 50% + 1 members of the Council should be present to form a quorum for such meeting. All acts of the Council should be decided by a majority of the members present and voting.

**Information to be furnished by the Council and publication thereof:**

The Council shall furnish an annual report of its activities, copies of its minutes and abstracts of its accounts and submit it to the Central Government which the Central Government shall cause to lay for scrutiny before each house of the Parliament.

**Power to make Rules and Regulations:**

The Central Government shall be authorised to make rules while the Council may make the regulations, provided any regulation, except relating to academic functions of the Council should be approved by the Central Government to take effect.

**Power of Central Government to give directions:**

The Central Government shall have the power to give direction to the Council on questions of policy relating to national purposes which shall be binding on the Council.

**External review:**

The Task Force recommends for a periodic external review (every 5 years) of the functioning of this Council by an independent committee appointed by the Government of India.

**Repeal and Saving:**

With the coming into force of the proposed enactment the existing central legislations and the state legislations, wherever required, should be repealed. The central legislations that will have to be repealed include, The Indian Medical Council Act, 1956; The Pharmacy Act, 1948; The Dentists Act, 1948; The Indian Nursing Council Act, 1947 and The Rehabilitation Council of India Act in 1992. Notwithstanding such repeal, anything done or any action taken under such legislations should be deemed to have been done or taken under the corresponding provisions of the proposed Act.

## **Part-II**

### **The National Council for Human Resources in Health Draft Bill, 2009**

**No. -- of 2009**

An Act

To provide for the constitution of the National Council for Human Resources in Health for prescribing standards with a view to the proper planning and co-ordinated development of medical and allied health education throughout the country, the promotion of qualitative improvement of such education in relation to planned quantitative growth, the maintenance of a national live electronic register of medical and allied health professionals and to provide for an overarching framework for the regulation of human resources in health in the country and proper maintenance of norms and matters connected therewith or incidental thereto.

BE IT ENACTED by the Parliament in the fifty-ninth year of the Republic of India as follows:

### **CHAPTER I PRELIMINARY**

1. Sort Title and Commencement – (1) This Act may be called the National Council for Human Resources for Health Act, 2009.  
(2) It extends to the whole of India.  
(3) It shall come into force on such date as the Central Government may, by notification in the Official Gazette, appoint and different dates may be appointed for different provisions of this Act.
2. Interpretations – (1) In this Act, unless the context otherwise requires:-  
“Act” means the The National Council for Human Resources in Health Act, 2009.  
“approved course” means a course recognised and approved by the Council under section 13 of this Act.  
“Board” means a State Registration and Ethics Board Constituted under section 24 of this Act  
"Chairperson" means the Chairperson of the Council appointed in accordance with the provisions of this Act  
"Council" means the Medical Council of India constituted under this Act.  
“Member” means a Member of the Council appointed in accordance with the provisions of this Act.  
"Prescribed" means prescribed by regulations framed in accordance with the provisions of this Act and/or Rules made thereunder.  
“Recognized Qualifications” means a qualification recognized by the Council under section 14 of this Act.

"Register" means the medical and allied health professionals register maintained by the Council or the Board under this Act.

"Regulation" means a regulation made by the Council under this Act;

"University" means any University in India established by law and having a medical or allied health faculty.

(2) Words and expressions used and not defined in this Act but defined in the Acts repealed for the creation of this Act shall have the meanings respectively assigned to them in those Acts.

## **CHAPTER II**

### **NATIONAL COUNCIL FOR HUMAN RESOURCES IN HEALTH**

3. Establishment and incorporation of Council - (1) With effect from such date as the Central Government may, by notification appoint, there shall be established for the purposes of this Act, the National Council for Human Resources in Health.  
(2) The Council shall be a body corporate by the name aforesaid, having perpetual succession and a common seal, with power, subject to the provisions of this Act to acquire, hold and dispose of property, both movable and immovable, and to contract, and shall, by the said name, sue or be sued.  
(3) The Council shall consist of a whole time Chairperson, and not more than four whole time members, to be appointed by the Central Government in accordance with section 5 of this Act.  
(4) The head office of the Council shall be at New Delhi.
4. Qualification for appointment of Chairperson and other members - (1) Before appointing any person as the Chairperson or member, the Central Government shall satisfy itself that the person is an Indian citizen of eminent ability, integrity, social commitment and professional standing with adequate knowledge and experience, at least of 10 years, in dealing with medical or health education, regulation of university level professional education or leadership of non-medical academic institutions imparting education in disciplines such as law, management or public administration.

Provided that a person shall be disqualified for appointment if he:

- a) has been convicted and sentenced to imprisonment for an offence which, in the opinion of the Central Government, involves moral turpitude; or
- b) is an undischarged insolvent; or
- c) is of unsound mind and stands so declared by a competent court; or
- d) has been removed or dismissed from the service of the Government or a body corporate owned or controlled by the Government; or
- e) has in the opinion of the Central Government such conflict of, financial or other, interest as is likely to affect prejudicially the discharge by him of his functions as a member; or
- f) has such other disqualifications as may be prescribed by the Central Government:

5. Appointment of Chairperson and Members – (1) The appointment of Chairperson and Members of the Council shall be made by the Central Government through Appointments Committee of the Cabinet on the recommendation of a Selection Committee.  
 (2) The Selection Committee shall consist of the Cabinet Secretary, Principal Secretary to Prime Minister, Union Secretary for Health & Family Welfare and two technical experts drawn from the Search Committee.  
 (3) The Search Committee shall consist of the following, namely.
  - a. Secretary, MoHFW, GOI as the Convenor
  - b. Four other members of eminence in the field of health, education, social development and public administration as may be appointed by the Central Government.
  - c. Secretary, Department of Health Research, ex-officio member
 (4) The Search Committee shall recommend suitable names for consideration of the Selection Committee on a ratio of 1:3.  
 (5) The Selection Committee shall recommend five names, to the Appointments Committee of the Cabinet, for appointments and three other names for a reserve panel of selected members for appointments in case of any vacancies in the Council for reason other than temporary absence.
6. Terms and conditions of office :–
  - (1) The Chairperson and other Members shall hold office for a term not exceeding three years, as the Central Government may notify in this behalf, from the date on which they enter upon their offices or until they attain the age of seventy years, whichever is earlier.  
 Provided such term may, on a recommendation made by the Selection Committee, be extended to another 3 years.
  - (2) The salary and allowances payable to and the other terms and conditions of service of the Chairperson and whole-time members shall be such as may be prescribed by the Central Government.
  - (3) The salary, allowances and other conditions of service of the Chairperson or of a member shall not be varied to his disadvantage after appointment.
  - (4) A vacancy caused to the office of the Chairperson or any other member shall be filled up within a period of one month from the date on which such vacancy occurs.
  - (5) Notwithstanding anything contained in sub-section (1), a member may—
    - (a) relinquish his office by giving in writing to the Central Government notice of not less than three months; or
    - (b) be removed from his office in accordance with the provisions of section 7.
7. Powers of Chairperson – The Chairperson shall have powers of general superintendence and directions in the conduct of the affairs of the Council and shall preside over the meetings of the Council.
8. Removal of Chairperson or Member – (1) The Central government may by order remove from office the Chairperson or any Member if the Chairperson or the Member, as the case may be,—
  - a) is adjudged an insolvent; or
  - b) has been convicted of an offence which, in the opinion of the Central Government, involves moral turpitude; or

- c) is, in the opinion of the Central Government, unfit to continue in office by reason of infirmity of mind or body; or
  - d) has acquired such financial or other interest as is likely to affect prejudicially his functions as the Chairperson or a Member; or
  - e) has so abused his position as to render his continuance in office prejudicial to the public interest.
- (2) No such member shall be removed from his office under clause (d) or clause (e) of sub-section (1) unless he has been given a reasonable opportunity of being heard in the matter.
- 9. Meetings of the Council–
  - (1) The Council shall meet at least once every three months at such time and place as may be appointed by the Council.
  - (2) Unless otherwise provided by regulations 50% + 1 members of the Council shall form a quorum of such meeting.
  - (3) The Chairperson or, if for any reason, he is unable to attend a meeting of the Council, any other member chosen by the members present from amongst themselves at the meeting shall preside at the meeting.
  - (4) All questions which come up before any meeting of the Authority shall be decided by a majority vote of the members present and voting, and in the event of an equality of votes, the Chairperson or in his absence, the person presiding, shall have a second or casting vote.
  - (5) The Council may make regulations for the transaction of business at its meetings.
- 10. Vacancies etc., not to invalidate proceedings of the Council – No act or proceeding of the Council shall be deemed to be invalid by reason merely of any vacancy in, or any defect in the constitution of the Commission.
- 11. Officers, Departments, Committees and other employees of Council–
  - (1) There shall be established a Secretariat of the Council headed by a Secretary-General who shall:
    - a) be appointed by the Council for a fixed term of 3 years;
    - b) exercise such powers and discharge such functions of the Council as may be assigned to him by the Council or the Chairperson as the case may be; and
    - c) report to the Council through the chairperson on actions taken by him in performance of his duties.
  - (2) There shall be established seven administrative departments under the Council for regulation of each category of health professionals:
    - a) Department of Medicine;
    - b) Department of Nursing;
    - c) Department of Dentistry;
    - d) Department of pharmacy;
    - e) Department of Rehabilitation and Physiotherapy;
    - f) Department of Public Health and Hospital Management; and
    - g) Department of Allied Health Sciences

- (3) Each such administrative department shall be headed by a Director so appointed by the Council.
- (4) The Council may appoint officers and such other employees as it considers necessary for the efficient discharge of its functions under this Act.
- (5) The salary and allowances payable to and the other conditions of service of the Secretary-General, officers and other employees of the Council shall be such as may be prescribed.

### **CHAPTER III**

#### **POWERS AND FUNCTIONS OF THE AUTHORITY**

12. Permission to establish new institution or new course of study etc. – (1) Notwithstanding anything contained in this Act or any other law for the time being in force:-

- (a) no person shall establish a medical or health institution or
- (b) no medical or health institution shall:-
  - (i) open a new or higher course of study or training (including a postgraduate course of study or training) which would enable a student of such course or training to qualify himself for the award of any recognised qualification; or
  - (ii) increase its admission capacity in any course of study or training (including a postgraduate course of study or training), except with the previous permission of the Council obtained in accordance with the procedures as may be prescribed.

Explanation 1- For the purposes of this section, "person" includes any University or a trust but does not include the Central Government.

Explanation 2- For the purposes of this section "admission capacity" in relation to any course of study or training (including postgraduate course of study or training) in a medical or health institution, means the maximum number of students that may be fixed by the Council from time to time for being admitted to such course or training.

13. Recognition and approval of courses – (1) The Council shall recognise and approve courses, period of study, including duration of practical training to be undertaken for such courses, including graduate and post graduate programmes, and in this regard may prescribe:
- a) conditions for admission and guidelines on curriculum with flexibility for locale specific modules.
  - b) minimum standards of distance and web based education for granting recognized qualifications in the field of medical and health related courses, in the country.
  - c) subject of examinations for recognised qualifications, methods of assessment and evaluation, qualifications of examiners, the conditions of admissions to such examinations and the standards therein to be attained.
  - d) types, numbers and standards of staff, equipment, accommodation, training and other facilities to be provided for the students undertaking an approved course.
14. Recognition of qualifications – (1) The Council shall recognise qualifications granted by any university or medical or health and other academic or non-academic institutions in India and



prescribe minimum standards of education required for granting such recognised qualifications as a medical practitioner, pharmacist, nurse, midwife, auxiliary nurse-midwife, health visitor, dentist, dental hygienist, dental mechanic, public health professional, psychiatrist, psychologist, counsellor, psychiatric social worker, etc. by such university or medical or health and other academic or non-academic institutions.

(2) The qualifications granted by any university or medical or health Institution in India which are included in the Schedule shall be recognised qualifications for the purposes of this Act.

15. Recognition of foreign degrees/qualifications – (1) the Council shall recognise courses and qualifications including graduate and post graduate programmes offered at any university or medical or health and other academic or non-academic or training institutions, in a foreign country.  
(2) The qualifications granted by any university or medical or health institutions outside India which are included in the Schedule shall be recognized qualifications for the purposes of this Act.
16. Withdrawal of recognition – when upon a report by the visitor as appointed by the Council under section 22 of this Act or upon a report by the Committee constituted by the Council to this effect, under section 38 of this Act, the Council may withdraw recognition of a course or a qualification as may be prescribed.
17. Maintenance of world class medical and health education – The Council shall review current status, assess needs and adopt ways to ensure a well designed world class health and medical education system in the country and promote an inter-disciplinary, multi-disciplinary and integrated approach to medical and health education.
18. Monitor institutions and bodies constituted under the Act – The Council shall monitor and evaluate performance of the institutions granting recognised qualifications in India and other bodies constituted under the Act and take appropriate action based on such evaluation, as may be prescribed.
19. National Register of Human Resources in Health –
  1. The Council shall cause to be maintained in the prescribed manner a national live electronic register of health professionals to be known as the “National Register of Human Resources in Health”, which shall contain the names of all persons who are for the time being enrolled by any of Board and who possess any of the recognised qualifications.
  2. It shall be the duty of the Secretary-General of the Council to keep the National Register of Human Resources in Health in accordance with the provisions of this Act and of any orders made by the Council, and from time to time to revise the register and publish it in the Gazette of India and in such other manner as may be prescribed.
  3. Such register shall be deemed to be public document within the meaning of the Indian Evidence Act, 1872 and may be proved by a copy published in the Gazette of India.
  4. The Council shall cause to be made such register available for public by electronic or such other publication as may be prescribed.
  5. The Secretary-General of the Council, may, on receipt of the report of registration of a person by a Board or on application made in the prescribed manner by any such person, enter his name in the National Register of Human Resources in Health

Provided that the Registrar is satisfied that the person concerned possesses a recognised qualification.

20. Professional conducts – (1) The Council may prescribe standards of professional conduct, etiquette and code of professional ethics to be observed by the practitioners.  
(2) Regulations made by the Council under sub-section (1) may specify which violations thereof shall constitute infamous conduct in any professional respect, that is to say, professional misconduct, and such provisions shall have effect notwithstanding anything contained in any law for the time being in force
21. Power to require information as to courses of study and examinations – Every University or medical institution in India which grants a recognised qualification shall furnish such information as the Council may, from time to time, require as to the courses of study and examinations to be undergone in order to obtain such qualification, as to the ages at which such courses of study and examinations are required to be undergone and such qualification is conferred and generally as to the requisites for obtaining such qualification.
22. Visit and inspection of examinations – (1) The Council may appoint such number of visitors and or inspectors as it may deem requisite to inspect any university, institution, college, hospital or other institution where medical or health education is given, or to attend any examination held by any University or medical or health institution for the propose of granting recognition of qualifications granted by the University or medical or health institution.  
(2) The Visitors and or inspectors, as the case may be, shall not interfere with the conduct of any training or examination, but shall report to the Council on the adequacy of the standards of education including staff, equipment, accommodation, training facilities prescribed for giving medical or health education or on the sufficiency of every examination which they attend.  
(3) The report of a visitor shall be treated as confidential unless in any particular case the Council otherwise directs.

Provided that if the Central Government requires a copy of the report of a visitor, the Council shall furnish the same.

## **CHAPTER IV**

### **NATIONAL LEVEL EXAMINATION**

23. National level exit examination – (1) The Council shall conduct a national level exit examination for broad and super speciality post graduate in medical and/or health education as a standardised examination that may be taken by anyone with a postgraduate qualification recognised by the Council.

Provided all trainees in medical colleges or health professional training institutions, as well as professionals who have received medical/health related training from non academic institution recognised by the Council may appear for post graduate programmes at the University level.

- (2) The examination shall also be open for professionals who have received requisite medical/health related training from an academic or non academic institution recognised by the Council but have not been able to pass a university level examination, as well as for individuals holding a foreign post graduate degree in medicine or health, where such a degree has been obtained from an institution not recognised by the Council.  
(3) The national exit exam will be equivalent to an MD/MS awarded by any recognised

university in the country.

(4) The Council may conduct a national standardisation examination for undergraduate programmes and mandatory screening test for candidates having successfully completed undergraduate program from a foreign institution that is not recognised by the Council.

(5) Notwithstanding anything contained in this chapter all central and state universities shall continue to conduct their own examinations and award degrees thereon.

(6) The National Board of Examinations (NBE) shall be abolished with the coming into force of this Act

(7) The national exit examinations shall be conducted online through the internet, and will mostly follow a multiple choice format including the clinical aspect of medical practice as may be prescribed.

(8) Individuals possessing the requisite criteria, as prescribed by the Council, for appearing for the national exit exam will be classified as 'board eligible', upon passing the exam, an individual will be classified as 'board certified'.

(9) In order to be 'board certified' one must qualify within 3 years of being 'board eligible'.

(10) All 'board eligible' candidates may practice in non-academic institutions. To be appointed in an academic institution, an individual will need to either possess a post graduate degree from a recognised university or be 'board certified'.

## **CHAPTER V**

### **THE STATE REGISTRATIONS AND ETHICS BOARD**

24. The State Registrations and Ethics Board – There may be constituted a Registration and Ethics Board for each administrative department in every State to be known as the '(name of the State) Registration and Ethics Board (name of the administrative department)', which shall replace the existing State Councils constituted by or under the authority of State Legislature (listed in the schedule-I to this Act).
25. State Register of Professionals – (1) Such Board shall maintain, in the manner prescribed, a state live electronic register of professionals, of the respective Department to be known as 'State Register of (name of the Department).'
  - (2) Such register shall be linked to the National Register of Human Resources in Health maintained by the Council.
  - (3) The registers so far being maintained by the existing State Councils shall remain transferred to this Board from the day of its constitution.
  - (4) Subject to the other provisions contained in this Act, the recognised qualifications included in the Schedules shall be sufficient qualification for enrolment on any register.
  - (5) Subject to the conditions and restrictions laid down in this Act, regarding practice by persons possessing certain recognised qualifications, no person except for whose name is for the time being borne on any register maintained under this Act shall be entitled according to his qualifications to practice as such practitioner in any part of India. and to recover in due course of law in respect of such practice any expenses, charges in respect of medicaments or other appliances, or any fees to which he may be entitled.
  - (6) Such register shall be deemed to be public document within the meaning of the Indian Evidence Act, 1872 and may be proved by a copy published in the Gazette of India.

- (7) The Board shall make such register available for public by electronic or such other publication as may be prescribed.
26. Professional ethics – such Board shall take cognizance of and inquire into any professional misconduct and take appropriate disciplinary action against such misconducts as may be prescribed.
27. Appeal to the Council – Any person aggrieved by an order made by the Board under section 25 and section 26 above may prefer an appeal against such order to the Council within a period of thirty days from the date of the order in such form and manner as may be prescribed.
28. Composition of the Board – (1) Each Board shall comprise of:
- i. A President,
  - ii. A Vice-President
  - iii. Not less than ten, and not more than such number of members, as may be prescribed, and three of whom shall be women.
  - iv. Nominee of the State Government.
- (2) The President, Vice-President and the Members, except for the one to be nominated by the State Government, shall be elected from amongst the registered members of the Department in that state.
29. Term of Office and casual vacancies – (1) Subject to the provisions of this section, an elected or nominated member shall hold office for a term of three years from the date of his election or nomination or until his successor has been duly elected or nominated, whichever is longer:
- Provided that the nominated member shall hold office during the pleasure of the authority nominating him.
- (2) An elected or nominated member may at any time resign his membership by writing under his hand addressed to the President, and the seat of such member shall thereupon become vacant.
- (3) An elected or nominated member shall be deemed to have vacated his seat—
- (a) if he is absent without excuse, sufficient in the opinion of the Board, from three consecutive ordinary meetings of the Board or
  - (b) in the case of a member whose name is required to be included in any State Register, if his name is removed from the register, or
- (4) A casual vacancy in the Board shall be filled by fresh election or nomination, as the case may be, and the person elected or nominated to fill the vacancy shall hold office only for the remainder of the term for which the member whose place he takes was elected or nominated.
- (5) Member of the Board shall be eligible for re-election or re-nomination.
- (6) No act done by the Board shall be called in question on the ground merely of the existence of any vacancy in, or defect in the constitution of, the Board.
30. Staff, remuneration and allowances – (1) The Board may, with the previous sanction of the Council -
- (a) appoint a Registrar, who shall also act as Secretary and if so decided by the Board also as its Treasurer;
  - (b) appoint such other officers and servants as may be required to enable the Board to carry out its functions under this Act;
  - (c) require and take from the Registrar or from any other officer or servant such security for the due performance of his duties as the Board considers necessary;

- (d) fix the salaries and allowances and other conditions of service of the Registrar and other officers and servants of the Board;
  - (e) Fix the rate of allowances payable to members of the Board.
31. Executive Committee – (1) The Board shall constitute from among its members an Executive Committee consisting of the President and Vice-President ex officio and such number of other members elected by the Board as may be prescribed.
- (2) The President and Vice-President of the Board shall be Chairman and Vice-Chairman, respectively, of the Executive Committee.
- (3) A member of the Executive Committee shall hold office as such until the expiry of his term of office as member of the Board, but subject to his being a member of the Board, he shall be eligible for re-election only for a second term.
- (4) The Executive Committee shall exercise and discharge such powers and duties as may be prescribed.
32. Reports and information to the State Government – (1) The Board shall furnish such reports, copies of its minutes and of the minutes of the Executive Committee, and abstracts of its accounts to the State Government as it may from time to time require and shall forward copies of all materials so furnished to the State Government to the Council.
- (2) The State Government may publish in such manner as it thinks fit any report, copy or abstract furnished to it under this section.

## **CHAPTER VI**

### **AUDIT AND ACCOUNTS**

33. Grants by Central Government — The Central Government may, after due appropriation made by Parliament by law in this behalf, make to the Council grants of such sums of money as are required to pay salaries and allowances payable to the Chairperson and the members and the administrative expenses including the salaries, allowances and pension payable to or in respect of officers and other employees of the Authority.
34. Fund — (1) There shall be constituted a fund to be called the National Council for Human Resources in Health General Fund and there shall be credited thereto-
- (a) all grants, fees and charges received by the Council under this Act, and
  - (b) all sums received by the Council from such other sources as may be decided upon by the Central Government.
- (2) The Fund shall be applied for meeting—
- (a) the salaries and allowances payable to the Chairperson and members and the administrative expenses including the salaries, allowances and pension payable to or in respect of officers and other employees of the Council; and
  - (b) the expenses on objects and for purposes authorised by this Act.
35. Accounts and Audit —(1) The Council shall maintain proper accounts and other relevant records and prepare an annual statement of accounts in such form as may be prescribed by the Central Government in consultation with the Comptroller and Auditor-General of India.
- (2) The accounts of the Council shall be audited by the Comptroller and Auditor General of India at such intervals as may be specified by him and any expenditure incurred in connection with such Auditor shall be payable by the Council to the Comptroller and Auditor-General of India.

(3) The Comptroller and Auditor-General of India and any other persons appointed by him in connection with the audit of the accounts of the Council shall have the same rights and privileges and authority in connection with such audit as the Comptroller and Auditor General generally, has in connection with the audit of the Government accounts and, in particular, shall have the right to demand the production of books, accounts, connected vouchers and other documents and papers and to inspect any of the offices of the Council.

(4) The accounts of the Council as certified by the Comptroller and Auditor-General of India or any other person appointed by him in this behalf together with the audit report thereon shall be forwarded annually to the Central Government and that Government shall cause the same to be laid before each House of Parliament.

(5) A copy of the accounts of the Council as so certified together with the audit report thereon shall be forwarded simultaneously to the Council.

36. Furnishing of returns, reports, minutes etc. to the Central Government.—(1) The Council shall furnish to the Central Government at such time and in such form and manner as may be prescribed or as the Central Government may direct, such returns, copies of its minutes, statement, other information and such particulars as the Central Government from time to time may require.

(2) The Council shall prepare once every year in such form and at such time as may be prescribed, an annual report giving a summary of its activities during the previous year and copies of the report shall be forwarded to the Central Government.

(3) A copy of the report received under sub-section (2) shall be laid, as soon as may be after it is received, before each House of Parliament.

## **CHAPTER VII MISCELLANEOUS**

37. Assessment and Accreditation of Medical and Health Institutions – (1) The Council may empanel competent and independent body(s) to perform the function of assessment and accreditation as it may prescribe.

(2) The council shall review, every two years, the functioning of these bodies and evaluate whether such functions are being performed in conformity with the professional, fairness and other standards set by the Council.

(3) The Council may, after such review and evaluation, issue directives to the empanelled bodies as to their performance and may, if so required, cancel their empanelment.

(4) Any empanelment, assessment, accreditation, review and evaluation made under this section shall be considered public document and so caused to be made available by the Council for public by electronic or such other publication as may be prescribed.

38. Standing and Adhoc Committees – the Council may constitute committees, which may be standing or adhoc in nature, to fulfil specific functions as may be prescribed.

39. State/Regional Administrative Offices – There may be established State or Regional Level Administrative Offices of the Council, which shall act merely as an administrative office of the Council to perform functions of information, coordination and liaison in such State or the Region as the case may be.

40. Appeal – (1) Any person aggrieved by an order made by the Council in exercise of its powers



conferred under the Act may prefer an appeal against such order only to a High Court within a period of ninety days from the date of such order.

(2) No other court shall entertain any suit, application or other proceeding in respect of any order made under this Act and no such order shall be called in question otherwise than by way of an appeal under this Act.

41. Protection of action taken in good faith – No suit, prosecution or other legal proceeding shall lie against any person for anything which is in good faith done or intended to be done under this Act.
42. Members, etc, to be public servants.—The Chairperson, Members and other Officers and employees of the Council shall be deemed to be public servants within the meaning of section 21 of the Indian Penal Code (45 of 1860).
43. Levy of fees – the Council may levy fees and other charges at such rates and in respect of such services as may be prescribed;
44. Transparency – the Council shall ensure transparency while exercising its powers and discharging its functions.
45. Power to make rules – (1) The Central Government may, by notification in the Official Gazette, make rules to carry out the purpose of this Act.  
(2) Every rule made under this section shall be laid, as soon as may be after it is made, before each House of Parliament, while it is in session, for a total period of thirty days which may be comprised in one session or in two or more successive sessions, and if, before the expiry of the session immediately following the session or the successive sessions aforesaid, both Houses agree in making any modification in the rule or both Houses agree that the rule should not be made, the rule shall thereafter have effect only in such modified form or be of no effect, as the case may be, so, however, that any such modification or annulment shall be without prejudice to the validity of anything previously done under that rule.
46. Power to make regulations – (1) The Council may, with previous sanction of the Central Government, except for those related to prescribing of curriculum for various courses and/or programmes, make regulations consistent with this Act and the rules made thereunder.  
(2) In particular, and without prejudice to the generality of the foregoing power, such regulations may provide for all or any of the following matters, namely:
  - a) the management of the property of the Council and the maintenance and audit of its accounts;
  - b) the summoning and holding of meetings of the Council, the times and places where such meetings are to be held, the conduct of business thereat and the number of members necessary to constitute a quorum;
  - c) the resignation of members of the Council;
  - d) the powers and duties of the Chairperson and the Members;
  - e) the mode of appointment of the Committees, the summoning and holding of meetings and the conduct of business of such Committees;
  - f) the tenure office, and the powers and duties of the Secretary-General and other officers and servants of the Council;
  - g) the particulars to be stated, and the proof of qualifications to be given in applications for registration under this Act;
  - h) the fees to be paid on registration, applications and appeals under this Act;

- (i) the appointment, powers, duties and procedure of inspectors and visitors;
  - (j) the courses and period of study and of practical training to be undertaken, the subjects of examination and the standards of proficiency therein to be obtained, in Universities or medical institutions for grant of recognized medical qualifications;
  - (k) the standards of staff, equipment, accommodation, training and other facilities for medical education;
  - (l) the conduct of professional examination; qualifications of examiners and the conditions of admissions to such examinations;
  - (m) the standards of professional conduct and etiquette and code of ethics to be observed by medical practitioners; and
  - (n) the modalities for conducting national exit examination and screening tests under the Act and for issuing eligibility certificate provided thereunder.
  - (o) any other matter for which under this Act provision may be made by regulations.
47. Power of Central Government to give directions – (1) In the discharge of its functions under this Act, the Council shall be guided by such directions on questions of policy relating to national purposes as may be given to it by the Central Government.
- (2) If any dispute arises between the Central Government and the Council as to whether a question is or is not a question of policy relating to national purposes, the decision of the Central Government shall be final.
48. Penalty for falsely claiming to be registered – If any person whose name is not for the time being entered in a register falsely represents that it is so entered, or uses in connection with his name or title any words or letters reasonably calculated to suggest that his name is so entered, he shall be punishable on first conviction with fine which may extend to ten thousand rupees, and on any subsequent conviction with imprisonment which may extend to six months or with fine not exceeding fifty thousand rupees or with both.
49. Penalty for contravention of directions of Council — If a person violates directions or orders of the Council, such person shall be punishable with fine which may extend to ten thousand rupees and in case of second or subsequent offence with fine which may extend to fifty thousand rupees and in the case of continuing contravention with additional fine which may extend to fifty thousand rupees for every day during which the default continues.
50. Offences by companies.—(1) Where an offence under this Act has been committed by a company, every person who at the time the offence was committed was in charge of, and was responsible to, the company for the conduct of the business of the company, as well as the company, shall be deemed to be guilty of the offence and shall be liable to be proceeded against and punished accordingly:
- Provided that nothing contained in this sub-section shall render any such person liable to any punishment provided in this Act if he proves that the offence was committed without his knowledge or that he has exercised all due diligence to prevent the commission of such offence.
- (2) Notwithstanding anything contained in sub-section (1), where an offence under this Act has been committed by a company and it is proved that the offence has been committed with the consent or connivance of, or is attributable to, any neglect on the part of any director, manager, secretary or other officer of the company, such director, manager, secretary or other officer shall also be deemed to be guilty of the offence and shall be liable to be proceeded against and punished accordingly.



Explanation.—For the purposes of this section,—

(a) 'company' means any body corporate and includes a firm or other association of individuals; and

(b) 'director', in relation to a firm, means a partner in the firm.

51. Cognizance of offences.—(1) No court shall take cognizance of any offence punishable under this Act or the rules or regulations made thereunder, save on a complaint made by the Council.

(2) No court inferior to that of a Chief Metropolitan Magistrate or a Chief Judicial Magistrate of first class shall try any offence punishable under this Act.

52. Power to remove difficulties.—(1) If any difficulty arises in giving effect to the provisions of this Act, the Central Government may, by order, published in the Official Gazette, make such provisions not inconsistent with the provisions of this Act as may appear to be necessary for removing the difficulty:

Provided that no order shall be made under this section after the expiry of two years from the date of commencement of this Act.

(2) Every order made under this section shall be laid, as soon as may be after it is made, before each House of Parliament.

53. External review – three shall be conducted a review, every 5 years, of the functioning of this Council by an independent committee appointed by the Government of India.

54. Repeal and Savings – (1) The Indian Medical Council Act, 1956; The Pharmacy Act, 1948; The Dentists Act, 1948; The Indian Nursing Council Act, 1947; The Rehabilitation Council of India Act in 1992 is hereby repealed.

(2) Notwithstanding such repeal, anything done or any action taken under the provisions of the aforesaid Act, shall, in so far as such thing or action is not inconsistent with the provisions of this Act, be deemed to have been done or taken under the provisions of this Act as if the said provisions were in force when such thing was done or such action was taken and shall continue in force accordingly until superseded by anything done or any action taken under this Act.

(3) All assets, rights, charges, claims and authorities vested in and any claims or liabilities pending against the repealed bodies constituted under the above Acts shall, from the date of coming into force of this Act, vest in the Council.

## **SOME FACTS OF PREFIXING DR. INFRONT OF NAME**

1. The word meaning of Dr. is to teach.
2. Only P.hD or M.D. is allowed to write Doctor as a matter of legal right, rest all write Dr. by tradition and convention. (As per Court Order)
3. Because your patient calls you Doctor. you write Dr. before your Name. There is a traditional History of writing Doctor in front of Name to identify one in front of patient.
4. Like other associations in Health Care IAP has also resolved in 1985 that all Physiotherapist will write Dr. in front of his name and suffix it with (P.T.) to identify himself / herself as Physiotherapist. so, all our members write is as per rules of association.
5. In most countries like U.K., USA and even in organization like FRCS health practitioners do not write Dr. in front of their name.

As per resolution we request all our members not to get distracted from the misleading news and, report to IAP office if any problem comes regarding this issue.

**Dr. Sanjiv K. Jha.**  
General Secretary, IAP

**PLEASE QUOTE YOUR MATTER FROM THESE LINES FOR  
VARIOUS LEVELS OF REPRESENTATION.**

**IMPORTANT FACTS OF PHYSIOTHERAPY**

- ❖ PHYSIOTHERAPY ORIGINATED in China circa 2500 BC. Hippocrates described massage & hydro therapy in 460 BC. PHYSIOTHERAPY ORIGINATED MUCH BEFORE MOST OF THE BRANCHES OF ALLOPATHY.
- ❖ PHYSIOTHERAPY IS 4½ YEARS COURSE. ALONG WITH P.G AND PHD OF ANOTHER 3 YEARS [TOTAL 10 YEARS OF PROFESSIONAL EDUCATION AND TRAINING].
- ❖ PHYSIOTHERAPY IS ALLIED HEALTH SCIENCE ALL OVER THE WORLD NOT A PARAMEDICAL STREAM. (ALSO APPROVED BY MINISTRY OF LAW) GOVT. OF INDIA.
- ❖ PHYSIOTHERAPISTS ARE INDEPENDENT PRACTITIONER ALL OVER THE WORLD INCLUDING DEVELOPED COUNTRIES LIKE USA, CANADA, AUSTRALIA, New Zealand and even in Bangladesh and Pakistan
- ❖ PHYSIOTHERAPISTS USE PHYSICAL MODALITIES LIKE ELECTRICAL MACHINES, LIGHT, SOUND AND EXERCISE ETC. USED IN ORTHOPAEDICS, NEUROLOGY, SPORTS INJURIES, CARDIOTHORACIC PEADIATRICS, AND MANY OTHER BRANCHES AND SPECIALISATION
- ❖ THERE IS NO SIDE EFFECT OF PHYSIOTHERAPY TREATMENT.
- ❖ PHYSIOTHERAPIST AND PHYSIOTHERAPY ASSISTANT ARE DIFFERENT ACTUALLY HAVING DIFFERENT QUALIFICATION AND NATURE OF JOB AND RESPONSIBILITIES.
- ❖ PHYSIOTHERAPISTS SALARY WAS ALMOST EQUIVALENT TO OTHER MEDICINE PRACTITIONER FROM 1ST TO 3<sup>RD</sup> PAY COMMISSION.

- ❖ PHYSIOTHERAPY PROFESSION SUFFERED BIGGEST LOSS AND DAMAGE DUE TO NEGLIGENCE AND PROFESSIONAL RIVERLY IN LAST 38 YEARS
- ❖ THE DAMAGE OF THIS NATURE IS NOW BEING PAID BY NEW UPCOMING PROFESSIONALS AND SOCIETY.
- ❖ RECRUTMENT RULES WAS NOT CHANGED SINCE LAST 38 YEAS ONLY IN PHYSIOTHERAPY WHICH WAS THE RESPONSIBILITY OF GOVT. OF INDIA.
- ❖ FIRST TIME THESE ALL MATTERS WAS ACNOWLEGED AND APPROVED BY PARLIAMENTARY COMMITTEE OF HEALH AND RAJYASHABHA - A RAY OF HOPE HAS COME. (31ST REPORT OF COMMITTEE)
- ❖ AGAIN IT SHOULD NOT BE THROWN TO DUSTBEEN AS IT WAS DONE TWO TIMES PREVIOUSLY DUE TO HIPPOCRACY,HIARRCHY AND PREJUDICED NATURE OF DEPARTMRNT OF HEALTH AND CRUSH THIS PROFESSION TO DEATH.
- ❖ THERE IS 25000 PHYSIOTHERAPIST,25000 PHYSIOTHERAPY STUDENTS AND 2 LAKH ASSOCITED PEOPLE WORKING IN INDIA AND SERVING THE SOCIETY AT VARIOUS LEVELS.
- ❖ ITS LONG AWAITED COUNCIL IT SHOULD BE GIVEN AS APPROVED BY PARLIAMENTRY HEALTH COMMEETEE.

**" GIVE US COUNCIL,SAVE OUR SOCIETY AND PROFESSION  
OUR COUNTRY GOT INDEPENDENCE WHEN WE WILL."**

**UGC REGULATIONSS ON MINIMUM QUALIFICATIONS FOR  
APPOINTMENT OF TEACHERS AND OTHER ACADEMIC STAFF IN  
UNIVERSITIES AND COLLEGES AND MEASURES FOR THE  
MAINTENANCE OF STANDARDS IN HIGHER EDUCATION**

**4.4.7. QUALIFICATIONS, EXPERIENCE AND OTHER ELIGIBILITY  
REQUIREMENTS FOR APPOINTMENT OF PHYSIOTHERAPY TEACHERS**

**1. ASSISTANT PROFESSOR:**

- 1.1. Bachelor Degree in Physiotherapy (B.P/T./B. Th./P./B.P.Th.), Masters in Physiotherapy (M./P.Th/M.Th.P/M.Sc. P.T/M.PT.) with at least 55% of marks from recognized University.
- 1.2. NET/SLET/SET shall not be required for such Masters Programmes in disciplines for which NET/SLET/SET is not conducted subject to the conditions stipulated in these Regulations in clause.3.3.3.

**2. ASSOCIATE PROFESSOR:**

Master in Physiotherapy (M.P.T./M.P.Th./M.Th.P/M.Sc. P.T.) with 5 years total experience as Assistant Professor.

Desirable : Higher qualification such as Ph. D in any discipline in Physiotherapy recognized by U.G.C.. 13

**3. PROFESSOR:**

- 3.1. Masters in Physiotherapy (M.P.T. / M.P.Th./M.Th.P/M.Sc. P.T.) with 10 years total experience including 3 years experience as Associate Professor (Physiotherapy);
- 3.2. Ph. D. in any discipline in Physiotherapy recognized by U.G.C..
- 3.3. A minimum score as stipulated in the Academic Performance Indicator (API) based Performance Based Appraisal System (PBAS) developed by UGC in these Regulations shall be a mandatory requirement for all the posts specified under 4.4.6 and -4.4.7.
- 3.4. The appointment of allied field shall be at the lowest level of Assistant Professor.

**4. PRINCIPAL / DIRECTOR / DEAN:**

- 4.1. Masters in Physiotherapy (M.P.T./M.Th.P/M.Pth./M.Sc. P.T.) with atleast 10 years total experience, including experience as Professor (Physiotherapy).
- 4.2. Senior most of the Professor shall be the Principal / Director / Dean.
- 4.3. Ph. D. in any discipline in Physiotherapy recognized by U.G.C..
- 4.4. A minimum score as stipulated in the Academic Performance Indicator (API) based Performance Based Appraisal System (PBAS) developed by UGC in these Regulations shall be a mandatory requirement for all the posts specified under 4.4.6 and -4.4.7.
- 4.5. The appointment of allied field shall be at the lowest level of Assistant Professor.

## **ADVERTISEMENT TARIFF AS FOLLOWS :**

All the advertisements / listings in the placements section in the website are subject to the approval of General Secretary's office. Payment has to be sent to General Secretary's office with a letter

### **NEWS LETTER**

Back outer (Colour) Rs. 20,000/-  
Front Inner cover (colour) Rs. 16,000/-  
Back Inner Rs. 15,000/-  
Inside Colour Rs. 15,000/-  
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Back outer –colour Rs. 25,000/-  
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Back Inner Colour Rs. 18,000/-  
Full Page Black & White Rs. 7,000/-

### **IAP WEBSITE TARIFF**

Tariff : Tariff for all the categories are only for three months

Kindly Contact - The Secretary, IAP for more details.  
Individual Members Resume Placement

Rs. 2500/- Link Pages  
Rs. 3000/- Home page

IAP Recognized Institutes only.\ For Equipment Companies\others companies

**Banner.** Rs.15,000/- Home page  
. Rs.10,000/- Link Pages

**Bottom Scroll:** Rs.5,000/- Home page

**Bottom Scroll.** Rs.2,500/- Link Pages

Payments have to be made through demand draft drawn in favour of  
“**Indian association of physiotherapists**” and should be payable at INDORE.  
Placements are subjects to availability of space and all the rights are reserved with IAP.

No claims will be entertained in this regard.  
Call Gen Secretary's Office for further clarification Gen Secretary-IAP

**KIND ATTENTION**  
**IAP Journal through Website**

Dear Members,

This is to bring to our kind notice that the General Body of IAP has passed the following resolution during its Annual General Body Meeting held on 10th January- 2008 at Dehradun.

**Resolution:**

“It is here by resolved that the IAP Journal will be posted to members through IAP official Website periodically. Those who wish to receive a hard copy free of cost by post should register with IAP office (specified in the application for Journal Registration) in writing to IAP General Secretary's Office with an attested Copy of their IAP Life /Active Ordinary Membership Certificate. Members who submitted such application will receive Printed Copy of IAP Journal regularly until it returns back from post undelivered”. This comes into immediate effect from the year 2008.

Hence members those who wish to receive a Printed Copy of IAP Journal regularly should register with IAP Office by submitting an application (Model Application Form Published in this News Letter - Aug. 2008 & Dec. 2008) in writing with an attested copy of IAP Life/ Active Ordinary Membership Certificate/ Card.

Dr. Sanjiv Kumar Jha  
General Secretary - IAP

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**KIND ATTENTION**  
**IAP ACTIVITY THROUGH WEBSITE**

Dear Members,

We are all set to start all activities of IAP like online payment, online communication, online mail & online search. Please register for IAP web mail at nominal cost to avail all these facilities without any difficulty. It is advisable that we all should have our own email through IAP website to identify as IAP member and communicate online.

Dr. Sanjiv Kumar Jha  
General Secretary - IAP



# THE INDIAN ASSOCIATION OF PHYSIOTHERAPISTS

“Registration form to receive IAP Journal through Post”

## MODEL APPLICATION FORM FOR IAP JOURNAL

Please note :

1. To be filled Names as per the I.A.P. Membership Certificate / Degree Certificate
2. Fill in block letters.
3. Attach a copy of the I.A.P. Life/ Active Ordinary Membership Certificate/Card

Title : Dr./Mr./Mrs.: Name .....

..... PHYSIOTHERAPIST

Sex : Male / Female.....I.A.P. Registration Number : .....

Address : .....

.....

.....

City / Town : .....

State: .....Pin Code:.....

Tel.No..... Mobile No.....

E-mail id : .....

Siganture

Please send your filled application to : General Secretary, IAP

Please Note :

- 1) Ordinary members must register every year with the Copy of membership Card.
- 2) IAP Office may suspend posting IAP Journal for the reason specified in the resolution passed by GB regarding IAP Journal.
- 3) Please enclose attested copy of your IAP Life membership Certificate.