

National Commission for Allied and Health-care Profession: What does it mean for Respiratory Therapy in India?

INTRODUCTION

Respiratory therapy is an allied health-care profession that exists in India since 1995.^[1,2] With thousands of respiratory therapists (RTs) being trained every year globally, the specialty is being considered as one of the pillars of the critical care and pulmonology communities in the world. In the last couple of years, the world has witnessed the unselfish, fearless contribution made by the RTs during the COVID-19 pandemic.

RTs are created after 3–5 years of rigorous training under diverse settings ranging from the pulmonary function units through the sleep laboratory, to the critical settings of the intensive care unit where they face the most complex situations. Unfortunately, in India, the profession has not been recognized by a vast majority of the medical professionals nor has it been formally recognized by the Government of India. Most Government institutes do not even have the post of a RT. The private sector including the corporates has recognized the profession but has taken advantage of the situation and employed RTs at meager pay scales. This has led to a situation where these trained specialists are driven away from the Indian shores to greener pastures abroad where their contribution is well recognized and respected! The need for the development and maintenance of standards of services and education of these professionals through a national regulatory body has been long overdue.

The National Commission for Allied and Healthcare Professions Bill, 2020 (NCAHP Act) has been implemented by the parliament after a prolonged wait.^[3,4] The act is rendering the regulation, sustainment and benchmarks of education and services offered by the allied and health-care professionals (AHP), appraisal of academic establishments, provision for a Central and State Registry, and formulation of a system to enhance access, research, and development. This step, to an extent, creates diverse category of trained workforce in the field of allied health care and tries to regulate their training and quality of practice. The bill stipulates roughly 15 generic classifications of AHP in the schedule; there is a mention of “respiratory technologist” in the bill; but by the scope of practice, RTs are deemed to be categorized as “therapists,” as mentioned under the category of “health-care professional” in Chapter I. 2. j.^[3] This reflects that a change in nomenclature as well as understanding of their capabilities is required.

Numerous allied health professionals already have regulatory bodies for their respective professions in the form of a statutory council for the regulation of education and practice.^[5]

Although the profession of respiratory therapy in most of the other countries has its own independent council deeming them as recognized practitioners, in India, the profession is still struggling to stand on its own feet for the past 25 years mainly due to the nonexistence of the statutory mechanisms. This article highlights the potential impact that the NCAHP Bill 2020 may have on the profession of respiratory therapy in India.

HOW HAS RESPIRATORY THERAPY FUNCTIONED AS A PROFESSION BEFORE THE NATIONAL COMMISSION FOR ALLIED AND HEALTH-CARE PROFESSIONS BILL?

The Indian Association of Respiratory Care (IARC) was established in 1996 with the idea of unifying all the RTs in India.^[6] It became a registered professional society in the year 2012, under the Karnataka Society Act. Since its inception, IARC acted primarily as a self-regulatory body for the professional practice of RTs in India, being governed by its members. It persistently maintained a database of practitioners, certifications, sanctioning of the members of the profession, verification of qualifications for the overseas employment, continuing medical education, promoting research, and much more. It also launched a self-funded indexed journal, the *Indian Journal of Respiratory Care*. Recently, the society has also established its dedicated academic wing, the Indian Academy of Respiratory Care, with the aim of promoting the academic and research activities of its members, and thereby become the center of academic excellence in Respiratory Therapy. IARC has formulated a unified curriculum, job descriptions, and guidelines for establishing and providing recognition for academic programs. The society is putting efforts to update and unify the current curriculum structures in the institutions where respiratory therapy program is currently offered. The IARC also focuses on establishing state committees where respiratory therapy is a known and an established profession. However, despite valiant efforts by the IARC to promote respiratory therapy as a profession, even today, RTs are an unknown entity among medical professionals in the northern part of our country.

WHAT DOES THE NATIONAL COMMISSION MEAN FOR INDIAN ASSOCIATION OF RESPIRATORY CARE AND RESPIRATORY THERAPY TRAINING?

Respiratory therapy in India was adapted from the professional practice that was successfully established in the United States of America since 1940s.^[2] In the US, respiratory therapy as a

profession has been standardized over the years, allowing the RTs to receive the same skill-based training anywhere within the country. In India, the multitude of efforts taken by the IARC lacks legal sanctity. This lack of legislative power has become a major loophole, which is manipulated by various institutes that are “offering RT programs.” Regrettably, these institutes with large number of respiratory therapy students do not have the required faculty members as well. The minimum syllabus required is taught affecting the quality of training being imparted. The programs in India range from certificate courses, diplomas, 3-or 4-years’ Bachelors’ and Masters’ program in respiratory therapy. Approximately 45 institutions offer these training programs, predominantly in the southern part of the country with no common minimum program between them.^[7,8]

When the NCAHP bill and the council that is formed begins to function, the biggest impact on the respiratory therapy profession will be the standardized and unified curriculum for RTs. It will not only officially recognize the profession but also set standards in the form of a common curriculum or national operating standards on the training of all the AHPs. The minimum set standards can be adopted from the existing institutions as part of their curriculums as well as to guide new institutions to follow the set standards for starting the program. This will pave the way for the development of advanced and specialized trainings in the latest technology and therapies allowing RTs to remain up-to-date.

WHAT DOES THE NATIONAL COMMISSION FOR ALLIED AND HEALTH-CARE PROFESSIONS MEAN FOR RESPIRATORY THERAPY PROFESSION?

At present, there is no authorized central or state council that governs respiratory therapy profession in India. This is the major reason for the wide variation in the syllabus and the standard of training seen within the country. The absence of a central authorizing body gives rise to a lack of identity to the profession itself. It is also unfortunate that since the profession is concentrated in the Southern parts of the country, the voice of the RTs as a profession has not been able to attract the attention of the decision-making authorities of the central Government. This has also led to a saturation of jobs and opportunities in one part of the country with no takers in the rest of the country due to the lack of recognition.

The current COVID-19 pandemic that affected millions of people globally as well as in India^[9] was an eye-opener to many. It showed the lack of a robust health-care system and a shortage of trained skilled professionals to handle the vast volume of patients.^[10] Respiratory therapy in countries like USA started getting due recognition that it deserved. In many parts of India, for the first time, recognition came the way of RTs, especially in certain central Indian states. Some of the hospitals in the central region of India recognized the importance of RTs during this pandemic, and an active recruitment was done, reflecting the pivotal role of RTs as frontline clinicians in COVID-19 crisis.

The NCAHP act will be of great benefit to the respiratory therapy community. With the recognition from the government, perhaps a licensing process will exist to improve the profession, multifold. It is expected that the council will unify the entry-level qualification, have a homogenous course duration, uniform curricula, and consistent educational resources. This should also ensure a common structure of available facilities including qualified faculty members for training. Institutes that have so far unscrupulously exploited students in the name of training would be more careful in the future. The new act shall provide immense opportunities for the respiratory therapy educators to design an effective, evidence-based teaching, and assessment strategies in collaboration with the clinical practitioners, thereby helping to prepare the students to transform their education into practice. The roles and responsibilities of the RTs will be standardized along with the training, and perhaps, the scope of practice will increase exponentially. Most importantly, more jobs will be created across the country allowing RTs to work and be of service to the patients.

One hopes that with the recognition conferred by NCAHP on respiratory therapy as a profession, many of the complexities associated with teaching and training would disappear. RTs would be recognized for their expertise in their field and be treated with respect and recognition. The remuneration for their expertise should improve based on their skills and what they can offer society at large. The role of the RTs in the intensive care unit, the pulmonology laboratories, and during ECMO runs should make them the ideal pillars on which the medical profession should primarily depend on.

CONCLUSION

The health-care systems in India have advanced significantly over the years. The COVID-19 pandemic has brought special attention on the respiratory therapy profession as a whole. Due to the revolutionary advances in the diagnostic and therapeutic areas including acute care settings, there has been a quantum leap in the demand for RTs, as they play a crucial role in patient care starting from prehospital care, continuing with emergency, and critical care to pulmonary rehabilitation and home care. Inclusion of respiratory therapy as a separate entity is essentially and urgently required in the NCAHP Act. In most of the developed countries and in the Middle Eastern countries, it is the government who regulates the practice of respiratory therapy. The terms “respiratory therapy” and “RT” are legally protected titles in those countries. Registration and licensure with the council or regulatory body shall be considered as a mandatory prerequisite for the practicing of respiratory therapy in India. Unless respiratory therapy is included in the NCAHP Act, the efforts to regulate practice variations, quality, and uniformity of education and delivery of service would continue to remain futile. It shall be in the interest of the humankind and the nation, that the Government of India, Ministry of Health, and all the authorities of the interim council, urgently amend the current schedule and bring the profession of respiratory therapy under the NCAHP Act, 2020.

The NCAHP bill is considered to very relevant and timely for RTs and IARC to mirror and advance toward endorsing the values that endow the RTs to constructively engage in their indisputable role in the multidisciplinary patient care.

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