

Concept Note regarding starting of Certificate courses

Manpower for providing healthcare services has been described as 'the core of the health system in any country'. It is one of the most important facets of healthcare systems and an important component of health policies. In India, there is lack of data regarding the number of the members of the health workforce as more than half the healthcare professionals work in the unorganized private sector. It is uncertain how many specialist doctors are available in the country, which suffers from a shortage of such doctors. There is an imbalance in the urban-rural distribution of specialists, with more specialists being available in the urban areas. There is an urgent need to develop the healthcare infrastructure and health workforce. Various measures are required to address the shortage of skilled health manpower in rural areas. At the national level the density of doctors of all types (Allopathic, Ayurvedic, Unani and Homeopathic) in 2001 was 80 doctors per 100,000 of the population and the density of nurses was 61 per 100,000. The comparable figures for China were 148 for doctors and 103 for nurses. The lack of trained health professionals was obviously a major constraint on our ability to achieve health delivery in a short period

In an Article titled "Served by Indians" by Dr Devi shetty in the Times of India on 1st February 2018 it was suggested to:

- I) Short-term training course and interactive portal for homecare health workers "40 day ladies" training, (with short term training courses) recognition and licensing for nursing and other paramedical health workers with high job potential.
- II) Financing of Cost of training or rural poor,
- III) Making healthcare delivery inclusive and not the exclusive domain of doctors;
- IV) Converting 600 district hospitals as medical nursing and paramedical schools to train 5 million doctors, nurses and paramedics for the global requirement;

V) To provide more jobs creating a parallel medical education predominantly for the Western market through high quality affordable medical education;

VI) Making India the health service provider for the World

In addition to the above listed suggestion, the discussion also covered possible measures to augment supply for medical and paramedical staff for public and private hospitals within Karnataka.

Various meetings were held to discuss above issues and in one of the meetings chaired by Additional chief secretary it was discussed for augmenting paramedical resources in the State, following 4 options should be considered.

i) Certificate courses for skills and knowledge lower than the levels expected in current paramedical diploma and graduate degree courses.

These certificate course need to be recognized by the concerned regulatory councils and / or by the State Government. Possibility of bringing these course under the National Skill Qualification Framework (NSQF) should be explored so that the holders of these certificates can get credits and can have the option to join diploma and degree courses.

ii) Certificate courses for specialized skills and knowledge higher than the levels expected in current paramedical diploma and degree courses.

The need for such paramedical resources is expected to be in the hospitals providing tertiary care or specialized treatments.

These courses need to be recognized by the concerned regulatory councils and / or by the State Government. The courses should also be brought under the NSQF so that the certificate holders get option of moving to graduate or post-graduate course.

iii) Strengthening hands on training in existing courses

The current diploma and graduate degree courses should be restructured to enhance proportion and rigour of hands-on training through integrated courses. These courses should move from internship model to apprenticeship model so that the disconnect between the training perspective and employability skills can be bridged. Private major hospitals can be encouraged to take up apprentices.

The apprenticeship model through the stipend may also help in mitigating the cost to be borne by the trainees to become ready for the employment.

iv) Certificate courses for cross-functional skills.

These courses should aim at building cross-functional skills such as nursing, OT support skills, pharmacy knowledge, diagnostic skills, etc. The staff with such cross-functional skills can help health establishments in optimum utilization of human resources.

It was also discussed to have a brainstorming workshop inviting representatives from HFWD, Medical Education Department, RGUHS, Karnataka State Nursing Council, Karnataka State Pharmacy Council and Karnataka State Paramedical Board, major private hospitals, and Healthcare Skill Council to develop a roadmap and appropriate regulations for the certificate courses and the integrated courses.

Based on the above discussions it was decided to have a workshop at Rajiv Gandhi university of Health sciences to form a committee with following Terms of reference:

1. To discuss the need for starting of skill based courses.
2. To Enlist the courses that needs to be started.
3. To develop a framework for implementation and monitoring of these courses.
4. To identify the gaps in health manpower development.
5. To make recommendations for certification and registration of these courses.
6. To develop guidelines for starting of these courses and recommend suitable placement post completion.