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COMMENTS ON 'CONSULTATION PAPER ON HEALTHCARE PROFESSIONALS' REGISTRY'

A. OVERVIEW:

The National Health Authority ("**NHA**") released a consultation paper ("**HPR Paper**")[1] to get inputs on setting up and running a registry that will serve as single-source of truth on all healthcare professionals that operate in the National Digital Health Mission ("**NDHM**"). Our comments are structured to provide (a) comments specific to the questions raised across sections of the HPR Paper and (b) our broad comments. Our suggestions in brief are:

1. The NHA should provide easy-to-use guide with explainers on how to register/verify registration, and timelines for both.

2. Data Verification should be specific to the type of professional, and can be different for each category of professional. For example, doctors' data should be verified by the State Medical Commission, while a community health worker can be verified by the health facility that they work in.

3. There should be guidelines for the linkage of the Healthcare Professionals Registry and Health Facility Registry.

4. The mode of data governance should be decentralised so as to not overlap or infringe on the obligations and functions of local authorities, professional councils, and accreditation bodies.

5. There should be a policy framework to guide the relationship between the NHA and the relevant licensing authorities/professional councils.

6. The Healthcare Professionals Registry should be designed to ensure easy navigation across all categories of professionals and their specialities.

7. The NHA should have a clear rationale behind the entry of professionals in the Healthcare Professionals Registry, and what level of patient and patient data access such professionals will have. The clear rationale laid down will help in balancing patient rights and healthcare innovations.

B. SPECIFIC QUESTIONS POSED IN THE HPR PAPER:

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[1] Consultation Paper on Healthcare Professionals Registry, https://ndhm.gov.in/assets/uploads/consultation_papersDocs/Consultation-Paper-on-Healthcare-Professionals-Registry.pdf.

In this section we will answer the following questions raised in the HPR paper:[2] (1) Regarding self-registration mode for healthcare professionals.[3] (2) Regarding the proposed modes and conditions for data verification and if there any other rules, regulations or operational challenges that should be considered?[4] (3) Regarding the importance of linking the health facility and healthcare professionals' registries.[5] (4) Regarding the modes of data governance suggested and the associated risks.[6]

1. <u>Regarding self-registration mode for healthcare professionals:</u>

The HPR paper proposes the self-registration mode of data entry, where the healthcare professionals can upload the required information. The information is then verified by the concerned state or local authority or council, as the case may be. This is similar to Dubai Health Authority's "Sheryan" portal, which requires professionals to use a "self-assessment tool" and a "computer-based testing assessment" relevant to the professional; the results of both being verified by the Dubai Health Authority. The Dubai Health Authority can even request an interview or oral assessment with the applicant. Where the professional passes these three levels, their license is activated by a health facility, and their credentials added to the Dubai Medical Registry.[7] The Dubai Health Authority provides guidance documents,[8] user guides,[9] and fees and service limitations[10] (e.g., the maximum number of registration attempts) to support professionals in the registration process.

<u>Recommendations:</u>

i. The NHA should consider providing such user guides and tutorials for all categories of professionals, as well as guidance on how state/local authorities and councils can use their registry platform to verify the information uploaded by the professionals.

ii. The guidance document for all stakeholders must specify costs and timelines involved for processing the registration application, and allow professionals the chance to provide documents or evidence, where they have failed to do so. This could include an interview or additional time to

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[2] Chapter 6 ("Summary of Key Issues for Consultation"), Consultation Paper on Healthcare Professionals Registry.
[3] Paras 5.2. and 5.3., Consultation Paper on Healthcare Professionals Registry.
[4] Para 5.5., Consultation Paper on Healthcare Professionals Registry.
[5] Para 5.6. Consultation Paper on Healthcare Professionals Registry.
[6] Para 5.7. and Para 5.8., Consultation Paper on Healthcare Professionals Registry.
[7] Dubai Health Authority Get registered, https://services.dha.gov.ae/sheryan/wps/portal/home/services-professional/service-description?scode=NRG&CATALOGUE_TYPE=PROFESSIONAL.
[8] Dubai Health Authority, Computer Based Testing Assessment Guidelines https://www.dha.gov.ae/Asset%20Library/HealthRegulation/NEWOnline%20Exam%20Guideline%202020.pdf.
[9] Dubai Health Authority, Professional Registration and License Activation: User Guide https://www.dha.gov.ae/Documents/HRD/NRG%20APL%202020.pdf.
[10] Dubai Health Authority Get registered, https://services.dha.gov.ae/sheryan/wps/portal/home/services-professional/service-description?scode=NRG&CATALOGUE_TYPE=PROFESSIONAL.

provide documents or evidence. This would be especially useful if the NHA intends to enrol medical students in the registry[11] or to help professionals track educational credits from continuous medical education programs.[12]

2. **Regarding the proposed modes of data verification:**

Various laws exist to regulate the standards of professional conduct for healthcare professionals in India. For example, certain classifications of mental health professionals require a registration under the Rehabilitation Council of India Act, 1992, to provide their services to persons with disabilities.[13] The Rehabilitation Council of India maintains a register of such professionals and prescribes standards for their professional conduct. Similarly, the Medical Council of India Act, 1956 prescribed standards for registered medical practitioners in India, and required them to be registered with the State or Central Medical Council.[14] This law has now been replaced by the National Medical Commission Act, 2019, with the same practices and professional standards continuing to apply. The information collection byof these councils and accreditation bodies can be improved by the NHA providing minimum standards guidelines for collecting and uploading information.

Recommendations:

i. Data verification to be done at the point of data entry: The Health Professionals Registry needs to be accurate if its data points are to be relied on by other stakeholders in the NDHM ecosystem (including patients). Verification at the point of data entry will reduce the time spent and cost incurred in providing accurate data points. The relevant councils and accreditation bodies are collecting such information per the laws that govern their functioning. Therefore, the information provided by professionals at the time of registration should be verified by their respective councils and accreditation bodies.

ii. Policy framework to provide process of ensuring data accuracy: As we show in the "broad comments" section, the relationship between the NHA and councils/bodies/local authorities should be guided by a policy framework covering the following aspects-

   a. Minimum data needed to verify a healthcare professional's credentials should be clarified: The councils, authorities, and accreditation bodies should be required to provide all information that proves the healthcare professional's qualifications.

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[11] Para 3.1., and Table 1 (Stakeholders and Incentives), Consultation Paper on Healthcare Professionals Registry.
[12] Para 3.1., and Table 1 (Stakeholders and Incentives), Consultation Paper on Healthcare Professionals Registry.
[13] Sections 19 and 21 of the Rehabilitation Council of India Act, 1992, http://www.rehabcouncil.nic.in/writereaddata/rciact.pdf; Classification of professionals http://www.rehabcouncil.nic.in/forms/Sublink1.aspx?lid=813;
[14] The Indian Medical Council Act, 1956, https://legislative.gov.in/sites/default/files/A1956-102_0.pdf.

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b. <u>Provide timelines and process for verification-</u> Councils, authorities, and accreditation bodies, should be given:

- Timelines for completing the verification;
- A checklist for the minimum data standards listed below; and
- The manner of uploading/entering the information into the Healthcare Professionals Registry ("Verification Process").

c. <u>Provide minimum standards for updating the Healthcare Professionals Registry, including:</u>

- Setting frequency of updating the Healthcare Professionals Registry; and
- Minimum documentation required for verifying an applicant's registration application.

d. <u>Provide an enforcement mechanism:</u> Provide the NHA with powers to verify that all steps in the checklist have been completed and enforce the verification process. This should include-

- The NHA should be able to delist unverified professionals;
- Send notices to the body/council/authority to update missing information or verify any new information provided by the healthcare professional;

3. <u>Regarding linking the Healthcare Professionals Registry and Health Facility Registry:</u>

The HPR paper has sought inputs on whether the Health Facility Registry and Healthcare Professionals Registry should be linked. Advantages to linking the two registries are:

i. It will be easier for patients to find a professional and the facility they work in (or vice versa). For example, the NHS in the UK provides people with a searchable portal to find general practitioners and the facilities they work in.[15] This makes it easy for people to locate healthcare professionals in their area.

ii. The data points in one registry can be used in the verification process of the other registry. For example, if Sushant Lok Hospital lists 10 occupational therapists working in its premises on the Health Facility Registry. The Health Facility Verifier or patient can only find 8 occupational therapists working in that hospital based on the entries in the Health Professionals Registry. The Health Facility Verifier can then require the hospital to explain the deficit and update their account to reflect the true number of occupational therapists working in their facility.

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[15] NHS, Find a GP, https://www.nhs.uk/service-search/find-a-gp.

Recommendations:

The Health Facilities Registry and Healthcare Professionals Registry should be linked based on guidelines and also discuss any circumstances where the linkage of a healthcare professional and facility should not be allowed. These guidelines can be incorporated in the Health Facility Verifier and registration process. [16] This will ensure that the registry is accurate and can be relied on for policy-making, business decisions, clinical/academic research, and by patients to search for/verify the identity of professionals. professionals.

4. Regarding modes of data governance:

The HPR paper has sought inputs on whether the input and management of healthcare professionals' data should be centralised with the NHA or decentralised (i.e., the responsibility of verifying the professionals, rests with the licensing and accreditation authorities/bodies/councils).

Recommendations:

Data governance should be decentralised. The NHA should merely provide a technology platform for the various licensing and accreditation authorities to input information on the healthcare professionals. This is because of the powers and functions of some of the licensing and accreditation authorities are statutory in nature.

i. As we will demonstrate in the "Broad Comments" section of our comments (below), the relationship between the NHA and the licensing authorities/accreditation bodies should be made clear in a policy framework. The NHA should act as an aggregator of their information, and leave the responsibility of vetting candidates and exercising oversight to the licensing authorities and accreditation bodies.

ii. For persons who do not have professional standards to adhere to (which may not be the case anymore, with the enactment of the National Commission for Allied Health Professionals Act, 2021), a combination of self-registration and periodic assessments based on patient and health facility/healthcare professional feedback can be adopted.

C. BROAD COMMENTS:

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[16] See Consultation Paper on Health Facilities Registry, https://ndhm.gov.in/assets/uploads/consultation_papersDocs/Consultation-Paper-on-Health-Facility-Registry.pdf.

1. **Need for a policy framework delineating role of the NHA and the relevant licensing authorities/professional councils:**

The data in the Health Professionals Registry needs to be accurate if the registry is to be relied on for the government's policy making, and for verification/search by all stakeholders; especially patients. This means that the professionals listed in the registry should be licensed and registered, and should meet the professional standards of their specific profession (e.g., completing rural service after the completion of academic portion of the degree, or studying in an accredited and licensed institution). For this, the NHA will need to rely on the professional standards laid and/or the licenses of various professional councils (e.g., the National and State Medical Commissions for doctors).

Recommendations:

A clear policy framework should be put in place to ensure coordination between the NHA and the professional councils, even if the NHA is merely providing the technology platform for such councils to perform their functions. This is because some of these councils have been created under a statute (e.g., the National Medical Commission Act of 2019[17]). The policy framework must clearly provide for the functions and obligations of the professional councils to the NHA. This means that the policy should require professional councils to annually/periodically update information in the registry portal.

2. **Healthcare Professionals Registry to provide separate tabs for each category of professional:**

Patients in the NDHM should be able to verify or look up the people responsible for their healthcare. The registry portal should therefore be easy to navigate. The Dubai Health Authority's portal "Sheryan" has separate tabs for professionals and health facilities and makes it easy for people to navigate both, based on different classifications. For example, Sheryan lists allied health, dentist, physician, nurse and midwife, and complementary and alternative medicine, as categories in its medical directory for professionals.[18] This includes various specialties like "endoscopy technician" and "embryo lab director". These are professionals who may or may not directly interact with patients for providing them with healthcare.

Recommendations:

ii. The registry should have separate tabs or categories for each type of professional who provides or assists in providing medical services to patients (including mental health services). This is to ensure that the registry is easy to navigate for patients. The registry portal should be accessible for persons

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[17] National Medical Commission Act, 2019, https://egazette.nic.in/WriteReadData/2019/210357.pdf.
[18] Medical Directory, Sheryan, Dubai Health Authority, https://services.dha.gov.ae/sheryan/wps/portal/home/medical-directory at "Professionals" tab.

with disabilities. For instance, there should be an audio service that can help blind patients access the services available on the platform.

iii. The list of included professionals provided in Table 2 ("Patient Facing HP categories not exhaustive") should also include mental health professionals and therapists covered in laws such as the National Commission for Allied Health Professionals Act, 2021, the Mental Health Act, 2017, the Rights of Persons with Disabilities Act, 2016, and Rehabilitation Council of India Act, 1992.

3. <u>Clarify why certain stakeholders have been included in the Healthcare Professionals Registry:</u>

Para 3.1. and Table 1 of the HPR paper[19] indicate that *"patients, pharmaceutical companies, industry trade groups, insurers, and healthtech"* should *"adopt or enrol in the HPR"*, and lists incentives for the same. It is unclear as to why these stakeholders have been included in the registry.

<u>Recommendations:</u>

The NHA should have a clear rationale guiding who it includes in the Healthcare Professionals Registry. A guidance document will address:

i. Who is included in the registry and why they are included;

ii. What level of patient and patient data access each type of healthcare professional can have access to and in what form (e.g., aggregated and anonymised). This means that the NHA can protect patients' right of consenting to sharing data; and,

iii. How the NHA will exercise oversight and monitor the functioning of such healthcare professionals in the NDHM ecosystem.

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[19] Para 3.1., and Table 1 (Stakeholders and Incentives), Consultation Paper on Healthcare Professionals Registry.