



Industry Insights

The turning point: upskilling and reskilling in the Indian healthcare industry

Indian healthcare ecosystem is striving for better efficiency and improved accessibility to quality healthcare services through upskilling and reskilling

India needs the number of skilled Allied Healthcare Professionals (AHPs) to go up by almost [200,000](#) in the coming decade. This includes caregivers, therapists, social health activists



and technicians. It is therefore natural that the government has decided to upskill and retrain the youth under its Skill India Mission 2.0, which is a '*demand-driven and outcome-based approach*'.

AHPs need upskilling and reskilling for better efficiency, reduced cost and improved accessibility to quality healthcare services. [The National Commission for Allied and Healthcare Professions Act](#) introduced by the government in March 2021 aims to standardize and regulate the education and practice of AHPs in India. With the pandemic pushing our healthcare system to the brink of collapse, the significance of upskilling AHPs is now greater than ever.

Widespread digitization of healthcare operations will be successful in delivering efficient services only if India manages to fill the AHP skill-gap. To address this, we must look at creating an ecosystem that is inclusive of all key stakeholders. It can be an effective way to put in place an astute cycle of upskilling of Healthcare Workers (HCWs) and AHPs that can eventually have a force multiplier effect on the healthcare infrastructure. A public-private partnership, for instance, can be the approach [that helps in recruiting and upskilling AHPs](#). India needs the number of skilled AHPs to go up by almost [200,000](#) in the coming decade. This includes caregivers, therapists, social health activists and technicians. It is therefore natural that the government has decided to upskill and retrain the youth under its Skill India Mission 2.0, which is a '*demand-driven and outcome-based approach*'.

Under the [Skill India Mission 2.0](#), there will be a focus on apprenticeship training that is at par with international standards to help align with the needs of Industry 4.0 as well as

supply the world with a better skilled workforce. With a steady decline in employability of youth in healthcare since 2019, mainly due to the COVID-19 pandemic, the [government is now fast-tracking](#) the process of upskilling AHPs through private sector participation to make up for the losses incurred during this period.

Under this initiative, various skill development programs have been put in place across the country and are overseen by 20 central ministries and departments. The Pradhan Mantri Kaushal Vikas Yojana (PMKVY), Craftsmen Training Scheme (CTS), Jan Shikshan Sansthan (JSS) and National Apprenticeship Promotion Scheme (NAPS) are all included under this initiative to [fulfill the core objective of upskilling AHPs](#) for the nation's well-being.

The National Skill Development Fund (NSDF), which was established in 2008 to stimulate, develop and enhance the skills of the youth through developmental programs, has allocated nearly INR 600 crores to the [National Skill Development Corporation \(NSDC\)](#) for implementing schemes under Indian ministries, and both PSUs and private sector projects.

The government is now looking to restructure activities and introduce the Recruit-Train-Deploy (RTD) model initiated by the [Bihar Skill Development Mission \(BSDM\)](#). The RTD model is an innovative and one-of-a-kind initiative that aims for a '*dynamic and demand-based system planning*' to assist the Bihar government in creating an efficient and effective skill ecosystem. Adopting this model will allow the GoI to accentuate innovative schemes by inviting participation from corporates and industries having operations in India and abroad. It will address the issues related to the existing skill development programs and help bypass certain primary processes within the ecosystem.

This will not only solidify the existing roles in healthcare but also create new ones and strengthen the AHP skilling infrastructure.

**This article has been put together by GE based on publicly available sources*



Skilling healthcare professionals for an efficient healthcare infrastructure

Dr Narottam Puri, Principal Advisor, Quality Council of India, Advisor (Medical Ops), Fortis Healthcare and Advisor (Health Services and MVT), FICCI, shares his insights with GE on how skilling healthcare professional (HCPs) and AHPs can strengthen India's healthcare infrastructure in tandem with upcoming digital technologies



Dr Narottam Puri, Principal Advisor, Quality Council of India, Advisor (Medical Ops), Fortis Healthcare and Advisor (Health Services and MVT), FICCI

1. COVID-19 pandemic brought in the glaring deficiencies regarding shortages of skilled healthcare workforce in the country across frontline healthcare workers and Healthcare professionals. We would like to understand your concerted view on the integrated policy reforms & actions needed to bridge the gap of paramedics, technicians, general & specialist nurses, General practitioners & specialist doctors in the country.

From the perspective of skill shortages, it has just been heightened and brought to the fore by the COVID-19 pandemic. There have been multiple attempts made, to try and increase the number of postgraduate and undergraduate seats in medical, nursing, dental colleges and training seats for paramedics and other frontline healthcare workers.

One of the drawbacks that was holding back the development of this entire field in a scientific manner was the fact that the National Commission for Allied and Healthcare Professions Bill, 2020 was pending in the Parliament for quite some time. Now with that being materialized, I believe that we need to address skilling healthcare professionals (HCPs) and AHPs. Some 15-20 years ago, Dr P. C. Reddy of Apollo Group of Hospitals, recommended that to strengthen the healthcare infrastructure, India must look at increasing the number of doctors by two, the number of nurses by three and the number of paramedics by four times. I believe that this stands relevant even for the current industry scenario. In the current context, COVID-19 has provided impetus to the policy domain to observe it carefully from the perspective of not just deficiency of equipment, but also from the perspective of manpower that is going to run that equipment. I still think that the biggest problem that confronts us is not just the numbers, but also the quality of professionals that are graduating out of these institutions/colleges. It is here, I think, that companies such as GE Healthcare have had a huge impact through various skilling and education initiatives and programs.

India has one of the largest numbers of medical colleges at a graduate level. But only about 60,000 doctors, for example, can get into postgraduate medical education. This in turn creates a huge gap in availability of specialist doctors which remains unfulfilled and is potentially thwarting India's bid to strengthen the healthcare workforce. Similar policy deficiencies are observed in dental and nursing colleges that leads to oversupply of dentists and untrained nurses coming into the sector.

I believe COVID has given a spur to the thinking of policy makers to increase the number of seats and quality in medical, nursing, and paramedical colleges to address the learning and skilling gaps.

2. Digital health including healthcare informatics, has a profound impact on the quality of care and efficiency of healthcare delivery. From a quality perspective, what are your views on assurance as an effort to bridge the skilling gap?

Fundamentally, there are three As of healthcare: affordability, availability, and assurance. Assurance stands for quality, and it only manifests after the service has become available and it is affordable. So, from the perspective of the way the world is moving, it is getting increasingly technology driven. It shows how an amalgamation of technology with the right professionals and medicine can transform the healthcare ecosystem. The development of the National Digital Health Mission (NDHM) coupled with AI and Design Thinking is going to spur the affordable and accessible quality healthcare delivery in the country.

What the challenge really will be whether there will be sufficient support, financially, from the government and from other organizations who can work on translating this into action. The trouble is that it is an expensive proposition for institutions which are doing everything manually to now start using technology. In my opinion, this may appear a dream-like situation for people living in small towns or in rural areas. But it is, most definitely, the way to go and will require huge efforts in reskilling and upskilling of both AHPs and HCPs.

3. The National Digital Health Mission (NDHM) in 2020 has been driving digital health adoption. In your view what needs to be done to bring the digital skills of Healthcare Professionals (HCPs) and AHPs in the country up to speed so that there is seamless adoption of NDHM? What role corporate hospitals & diagnostic chains, who have a digital capability in the system, can play in this effort?

The idea behind it is laudable. The success lies in effective implementation and adequate resources both finances and skills needed to be able to execute it. Major large private/corporate hospitals are already using technology in one format or the other and the integration with NDHM will happen in time. The challenge will be adoption of technology by millions of 5-10 bedded small private Nursing Homes and clinics. Adoption in public healthcare system, particularly in PHCs, CHCs and District Hospitals has its own challenges. We also require the wherewithal to protect data and prevent cyberattacks.

The recent attack on AIIMS New Delhi should be a wakeup call. Digitization is a necessary adoption for a better, safer, and quicker healthcare. The underlying word here is safety.

In my opinion, to successfully digitalise the healthcare ecosystem, requires a collaborative approach. The COVID-19 pandemic showed us that both, the public and the private sector, can work together by quickly developing digital solutions and required skilling programmes to address the challenges caused by pandemic. This is where private players like GE Healthcare have risen to the occasion by supporting the industry and government by providing need specific effective and efficient skilling and education programmes. If we focus on reskilling HCPs and AHPs, then, I think we have a very good chance of making this happen at a pace that it should.

4. Do you think digital transformation in healthcare would be something like that of the banking sector? Can we expect this phenomenon to be a gradual shift?

We in healthcare are not yet fully equipped to use technology extensively. There is a need to bridge skill gaps for digital health. If we were to talk to a medical graduate today, for instance, they are so used to using computers as part of their curriculum. However, an individual from the much older batches may find it very difficult to do so. The transition will take time. We must develop the facilities to deliver it and we need more public and CSR funds to develop digital and healthcare skilling programs. Today most of the medical equipment is AI integrated and technology is ever evolving. This is an immediate call to train our technicians, paramedics, nurses, and doctors, and bring them up to speed.

5. What are a few recommendations that you believe can strengthen the healthcare infrastructure in India?

My first recommendation would be creation of a course for healthcare professionals who will be a mid-layer like physician assistants and nursing practitioners. This cadre is commonly used in developed countries to reduce the burden from doctors and specialist clinicians. I am certain it will happen, given the current policy landscape, and it will solve a lot of problems. With that line of thought, creation of specific courses for these cadres is the next step that I believe would benefit the healthcare ecosystem.

The second recommendation would be to focus on safety and quality assurance. While we need to fill the skilling gap, our healthcare system has to align practitioners with appropriate training to practice medicine in their field of competence. For instance, how can a medical professional without any training in pharmacology, pathology or in anatomy and physiology be given the license to treat with steroids or antibiotics? These are some challenges we should look at more closely. We can't have substandard workforce dealing with human life.

My last recommendation is that the public and the private sector must continue to work in tandem. By this, I do not insist on a public private partnership (PPP) that merely exists on paper, but something that contributes to the larger ecosystem. In my years' worth of experience of working with the government, I think the root cause is a lack of trust by

government in private sector motivation to partner in such initiatives. Similarly, excessive government intervention and uncertain regulatory environment have affected outcomes in the marketplace, making the private players unwilling to work with the public sector. With that said, the scenario is proactively changing and now we do find quite a few public-private partnerships working towards strengthening the healthcare infrastructure in India.

**This article has been put together by GE based on inputs from Dr. Narottam Puri*



Impact

Skilling the next generation of health care professionals (HCPs)

At GE Healthcare, we understand the healthcare industry is ever evolving. For years, we have been striving to make healthcare accessible and affordable through development of disruptive, low-cost technologies and healthcare delivery systems. A critical element missing in the emerging environment is a disruptive, low-cost technologies and healthcare delivery systems. A critical element missing in the emerging environment is an inclusive and sustainable healthcare solution that addresses the healthcare needs of the general populace. The challenge for an efficient delivery of good-quality healthcare is the absence of skilled and well-trained Healthcare Professionals (HCPs). The availability of such HCPs is seemingly low, while the demand has been on a continual rise.



We, at GE Healthcare, deliver valuable training and up-skilling solutions aimed at improving outcomes for health systems

Since the healthcare requirements tend to be life-sensitive, it is imperative that the demands be proactively met. To action this, GE Healthcare works with governments, clinicians, private operators and NGOs to deliver valuable training and up-skilling solutions aimed at improving outcomes for health systems and patients. Through these efforts, we have successfully upskilled 26,000+ beneficiaries. Further, we continue to develop training programs and advance partnerships to train India's youth and make an impact.

We provide skill-enhancement programs for HCPs through various courses in multiple care areas including radiology, cardiology, critical care, fetal medicine and leadership training across states in India.

The company has partnered with leading healthcare and education experts to set up healthcare education and training institutes that will provide accredited skill building programs for Class 12 pass eligible students and skill enhancement programs for existing healthcare professionals. Along with our partners, we aim to train 10,000 youth in various technical areas of healthcare. An overview of our partnership with central and state skill development missions and with industry are as follows:

National Skills Development Corporation:

The Ministry of Skill Development and Entrepreneurship (MSDE) had undertaken a program to create a pool of trained/skilled COVID warriors as per the standardized skilling ecosystem. Accordingly, the 'Customized Crash Course Programme for COVID Warriors' was designed as a special program for its effective implementation under the Pradhan Mantri Kaushal Vikas Yojana 3.0 (PMKVY 3.0). As a training and implementation partner, GE Healthcare focussed on creating a pool of trained/skilled COVID warriors while ensuring placement of beneficiaries with primary healthcare and critical care institutions. Currently, more than 1000+ candidates are registered under the scheme.

Uttar Pradesh Skill Development Mission (UPSDM):

A National Skill Development Policy was launched in 2009 with the aim of skilling 500 million people by 2022. Under the national plan, Uttar Pradesh aims to skill over 4 million youth by the end of the 12th Five Year Plan. To achieve this target and provide employable skills to the youth of the state, the Uttar Pradesh Skill Development Mission (UPSDM) had been instituted. GE Healthcare, as of today has, enrolled more than 2,500 candidates and is conducting trainings in various districts of Uttar Pradesh in healthcare sector.

Karnataka Skill Development Corporation:

GE Healthcare has been associated with the Karnataka Skill Development Corporation since July 2021. Our first training center, which was established amidst the peak of the COVID-19 pandemic, has been supporting communities from lower socio-economic backgrounds. The students can benefit from this 6-month training (3 months classroom + 3 months on-job training) and strengthen the state's healthcare system. Today, we have established five centers and have 600 beneficiaries enrolled in this scheme out of which a total of 192 students have been successfully placed with a 100% placement observed at the Hoskote Center while 240 students are pursuing their on-job training.

Odisha Skill Development Authority:

In 2022, not only have we, at GE Healthcare, expanded our current skilling initiatives, but also signed a memorandum of understanding (MoU) with the Odisha Skill Development

Authority for launching centres at five locations across Odisha for training 1,500+ beneficiaries.

Rajasthan State Skill Mission (RSLDC):

Another memorandum of understanding (MOU) was signed with the Rajasthan State Skill Mission (RSLDC) to train an additional 1,500 beneficiaries in the state.

USAID Supported Initiative SAMRIDH:

The USAID Supported Initiative - SAMRIDH in collaboration with GE Healthcare, imparted COVID-19 preparedness training to more than 6,000 healthcare workers across India and successfully imparted training to 6,288 beneficiaries ranging from Community Health Workers (CHWs) to doctors covering the length and breadth of the nation.

HDFC Bank's Parivartan:

In collaboration with HDFC Bank and United Way Delhi, we launched Employability Skills Program 'Parivartan' with an aim to train 7,000+ paramedic youth in various technical and operational areas of healthcare. The initiative focuses on improving the patients' last mile experience by training students from over 13 states including Andhra Pradesh, Assam, Bihar, Delhi NCR, Goa, Gujarat, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Punjab, Telangana, and Uttarakhand.

The road to a better future for healthcare has many milestones, most important among them is ensuring our healthcare workforce is well equipped. Even as we focus on the innovations to keep the wheels turning, without skilled HCPs, we will not be able to drive the change. At GE Healthcare, we are taking significant steps in this direction.

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