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Government of India
Directorate General of Health Services
National Council Secretariat

Kartavya Bhawan-1, New Delhi
Dated: 16th November, 2026

Minutes of Meeting

Subject: Minutes of 17th Meeting of National Council held under the Chairpersonship of Dr. Loveneesh G. Krishna, Director General of Health Services, held on 21st August, 2026.

The undersigned is directed to forward herewith the Minutes of 17th Meeting of National Council held on 21st August, 2026 under the Chairpersonship of Dr. Loveneesh G. Krishna, Director General of Health Services.

This issues with the approval of competent authority.

Dr. B.Srinivas
Deputy Director General

Encl: Minutes of 17th Meeting of National Council

Copy To,
All the Participants

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1. PPS to DGHS, Kartavya Bhawan-1, New Delhi
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Minutes of the 17th Meeting of the National Council for Clinical Establishments (NCCE)

Date: 21.08.2026
Chairperson: Director General of Health Services (DGHS)

The 17th Meeting of the National Council for Clinical Establishments (NCCE) was held on 21.08.2026 under the Chairpersonship of the Director General of Health Services (DGHS). The list of participants is placed at **Annexure-I**.

Agenda Item: Inclusion of Physiotherapy under the Clinical Establishments (Registration and Regulation) Act, 2010

1. Background

1.1 The NCCE was apprised of the matter arising out of **W.P. (C) No. 7588/2016, *Haider Khalid & Ors. vs. Union of India & Anr.***, wherein the prayers, inter alia, relate to recognition of Physiotherapy as a distinct and independent profession, inclusion of Physiotherapy under Section 2(h) of the Clinical Establishments (Registration and Regulation) Act, 2010 (CE Act), and issues concerning the regulatory framework applicable to physiotherapy establishments.

1.2 The Council was further informed that a Technical Committee under the Chairpersonship of DGHS had been constituted to examine the statutory, regulatory and policy implications arising from the matter.

Further, the Technical Committee held meetings on 05.05.2026 and 08.05.2026. In its meeting held on 08.05.2026, the Committee was of the view that *the National Commission for Allied and Healthcare Professions (NCAHP) may develop an appropriate regulatory framework/rules under the NCAHP Act for professions registered thereunder, rather than bringing such professions within the CE Act, which would also facilitate uniform applicability across the country*.

2. Statutory position of Physiotherapy under the CE Act, 2010

2.1 The Council considered the provisions of Sections **2(c) and 2(h)** of the CE Act. Section 2(c) defines a "clinical establishment" in the context of establishments providing services, facilities requiring diagnosis, treatment or care for illness, injury, deformity, abnormality or pregnancy in any recognised system of medicine. Further the Section 2(h) defines "recognised system of medicine" to include Allopathy, Yoga, Naturopathy, Ayurveda, Homoeopathy, Siddha and Unani Systems of medicine, or any other system of medicine as may be recognised by the Central Government.

2.2 The Council deliberated upon the distinction between a "*recognised system of medicine*" under the CE Act and an "*Allied and Healthcare Profession*" under the NCAHP Act, 2021.

2.3 It was noted that Physiotherapy is statutorily recognised as an **Allied and Healthcare Profession under the NCAHP Act, 2021**, with a defined statutory scope of professional

practice. Accordingly, Physiotherapy already has a specific statutory framework governing the profession.

3. Views expressed by Members

During the deliberations, the Members expressed the following views:

3.1 Dr. S. Mathukumar, Member, Board of Unani, Siddha & Sowa-Rigpa, NCISM, was of the view that physiotherapists may be permitted to operate a single-practitioner clinic.

3.2 Dr. Atul Babu Varshney, Member, Board of Ayurveda, stated that he had no specific additional comments and agreed with the decision/recommendation of the Committee.

3.3 Lt. Gen. N. K. Sahoo, President, Dental Advisory/Registration Board, observed that Physiotherapy does not constitute a recognised system of medicine under the CE Act. He further referred to the emergency-care requirements under the CE Act and was of the view that physiotherapists should not be included within the category of a single-doctor clinic under the CE Act.

3.4 Ms. Sherry Lalthangzo, North Eastern Council, was of the view that physiotherapists may be permitted to operate a single-practitioner clinic.

3.5 Dr. Asha Sharma, Indian Nursing Council, observed that Physiotherapy is an Allied Health Profession and expressed the view that physiotherapy practice should be undertaken in association with/under an affiliated medical practitioner.

3.6 Prof. S. Kavimani, Pharmacy Council of India, participating virtually, was of the view that physiotherapists may be permitted to operate a single-practitioner clinic.

3.7 Vaidya Santosh Nevpurkar, NCPOP, Ministry of Ayush, participating virtually, was of the view that physiotherapists may be permitted to operate single-practitioner clinics once they become competent to manage emergency medical conditions.

3.8 Dr. Anand Prakash Kapoor, Indian Medical Association, was of the view that physiotherapists should not be permitted to operate as a single-doctor clinic.

3.9 Prof. (Dr.) Mohammad Mazahir Alam, National Commission for Homoeopathy, observed that under the CE Act, a single-doctor clinic should be operated by a person appropriately qualified under a recognised system of medicine.

3.10 Dr. Umesh Balonda, Secretary, NCAHP and Dr. Yagna Shukla, Chairperson, NCAHP, submitted that physiotherapists receive training to an extent in emergency stabilisation, though they are not authorised to prescribe medicines. They were of the view that physiotherapy may be covered within the CE Act.

4. Deliberations of the Council

4.1Scope and objectives of the CE Act

- The Council noted that, upon perusal of the Cabinet note of the Clinical Establishment Act 2010, it is evident that the CE Act was enacted *inter-alia* to enforce uniform medical standards and ensure emergency medical help and safe practices to the patients thereby addressing the frequent concerns about quality of health care services raised by the general public and wider variety of stakeholders (page 1 para 2 and para 8 of Cabinet Note for Enactment of Clinical Establishment Act 2010 dated 18.01.2010 refers). Thus, the Act seeks to ensure standards of healthcare services, patient safety and safe clinical practices in establishments covered under the Act.
- It was observed that the CE Act regulates clinical establishments such as hospitals, nursing homes and clinics falling within its statutory definition, including requirements relating to standards and emergency medical care.

4.2 Emergency medical care requirements

- The Council considered Section 12(2) of the CE Act, which requires a clinical establishment to undertake necessary medical examination and provide treatment required to stabilise an individual presenting with an emergency medical condition.
- It was observed that emergency medical stabilisation may require appropriately qualified medical personnel capable of assessing and managing acute medical conditions, including prescription of pharmaceuticals where clinically indicated.
- *The Council noted that stand-alone physiotherapy establishments are not authorised or equipped to independently diagnose and manage medical emergencies or prescribe pharmaceuticals, these functions being outside the defined scope of physiotherapy practice.* The implications of applying the emergency-care obligations of the CE Act to stand-alone physiotherapy establishments were accordingly deliberated upon.

4.3. Regulatory uniformity across States/UTs

- The Council was apprised that the CE Act has presently been adopted by 19 States/UTs, while the remaining 17 States/UTs are governed by their respective State/UT regulatory frameworks.
- In contrast, the NCAHP Act, 2021 has *pan-India applicability* and provides a national statutory framework for the Allied and Healthcare Professions covered thereunder.
- The Council observed that bringing stand-alone physiotherapy establishments under the CE Act could therefore result in differential regulatory requirements across States/UTs, in addition to the professional regulatory framework already applicable under the NCAHP Act.

4.4. Possibility of overlapping regulatory jurisdictions

- The Council noted that Physiotherapy is one amongst several Allied and Healthcare Professions regulated under the NCAHP Act.
- It was deliberated that bringing one Allied and Healthcare Profession separately within the ambit of the CE Act could potentially lead to similar requests from other Allied and Healthcare Professions (more than 50 Allied Health Professions).

- Such an approach could give rise to overlapping regulatory jurisdictions, duplication of regulatory requirements, fragmentation of the statutory framework and administrative complexity. A consistent regulatory approach for Allied and Healthcare Professions under the NCAHP Act was therefore considered relevant.
- Moreover, overlapping jurisdictional frameworks under the two Acts, namely the Clinical Establishments Act, 2010 and the NCAHP Act, 2021, may lead to regulatory duplication and ambiguity, thereby diluting the distinct objectives sought to be achieved under the respective statutory frameworks and creating avoidable confusion in their implementation.

4.5 Statutory Status and Provisions for Physiotherapists

The Council observed that the question was not whether Physiotherapy is an independently recognised healthcare profession, since such statutory recognition already exists under the NCAHP Act, but whether *stand-alone physiotherapy establishments should additionally be brought within the regulatory ambit of the CE Act.*

According to NCAHP Act, a duly qualified and appropriately registered physiotherapist may independently assess and manage patients for physiotherapy indications within the lawful scope, including examination, investigation, treatment and advice *relating to functional dysfunction, disability, healing and pain using exercise, mobilisation, manipulation, electrical and thermal agents and other electrotherapeutic modalities*.

4.6 The Council was of the view that regulation under the NCAHP Act provides the more specific statutory framework for the professional practice of Physiotherapy, whereas the CE Act would continue to apply to hospitals, nursing homes, clinics and other establishments falling within its statutory definition and capable of providing quality emergency medical care to a patient.

5. Recommendations of the Council

After detailed deliberation, the Council arrived at the following recommendations:

5.1 Physiotherapy is already statutorily recognised as an Allied and Healthcare Profession under the NCAHP Act, 2021, with a defined scope of independent professional practice under the act. The existing provisions under NCAHP may be used to frame the regulations governing the regulatory framework of Physiotherapy professionals and all allied health care professionals.

5.2 Inclusion of stand-alone physiotherapy establishments under the CE Act is not fitting due to lack of authority to diagnose every medical condition, prescribe medications and perform reserved medical procedures necessary to manage a medical health emergency situation. Hence any amendment of the CE Act is not warranted.

5.3 Moreover, the CE Act 2010 is not uniformly applicable across all States/UTs, whereas the NCAHP Act 2021 is a Central legislation enacted by Parliament and provides a pan-India uniform statutory framework.

5.4 Accordingly, the Council recommended that *Physiotherapy, being an Allied and Healthcare Profession covered under the NCAHP Act, 2021, and stand-alone physiotherapy establishments operating within the defined scope of physiotherapy practice, need not be separately included under the Clinical Establishments (Registration and Regulation) Act, 2010***.**

5.5 It was further clarified that where physiotherapy services are provided as part of a hospital, nursing home, clinic or other establishment falling within the definition of "clinical establishment" under Section 2(c) of the CE Act, such services may continue to be provided within the defined scope of physiotherapy practice under the NCAHP Act, 2021. The applicability of the CE Act to the clinical establishment itself shall continue to be governed by the provisions of the Act.

5.6 The above deliberations and recommendations may be taken into consideration while preparing the appropriate response/submission on behalf of the Union of India in **W.P. (C) No. 7588/2016*, Haider Khalid & Ors. vs. Union of India & Anr.***

The meeting ended with a vote of thanks to the Chair.

Annexure-I: List of Participants

List of Particpants

- Dr. S. Mathukumar – Member, Board of Unani, Siddha & Sowa Rigpa (NCISM), New Delhi
- Dr. Asha Sharma – Indian Nursing Council, New Delhi
- Shri Abhijit Chakraborty – National Medical Commission (NMC)
- Dr. Umesh Balonda – Secretary, NCAHP
- Dr. Yagna Shukla – Chairperson, NCAHP
- Lt. Gen. N. K. Sahoo – President, Dental Advisory/Registration Board (DARB), NDC, MoHFW
- Ms Sherry Lalthangzo – North Eastern Council (NEC)
- Dr. Atul Babu Varshney – Member Board of Ayurveda
- Prof S. Kavimani – Pharmacy Council of India (Virtual mode)
- Vaidya Santosh Nevpurkar – NCPOP, Ministry of Ayush (Virtual)
- Dr. Anand Prakash Kapoor – Indian Medical Association (IMA)
- Prof. (Dr.) Mohammad Mazahir Alam – National Commission for Homoeopathy (NCH), Member, Board of Ethics & Registration
- Shri Divyanshu Kr. Yadav – Bureau of Indian Standards (BIS), New Delhi
- Shri Ghulam Mustafa Joint secretary
- Dr. B. Srinivas – DDG, DGHS
- Shri Rajesh Kumar Verma – Deputy Secretary MS Section MoHFW
- Dr Tushar Nanasaheb Nale, ADG Dte GHS MoHFW
- Ms. Fathima Sinin Section Officer MS Section MoHFW
- Shri Dheeraj Singh ASO MS Section MoHFW
- Ms. Sonalika Bhargava, Legal Assistant, NCS