Allied Health professionals are involved with the delivery of health or related services pertaining to the identification, evaluation and prevention of diseases and disorders; dietary and nutrition services; rehabilitation and health systems management, other staff such as surgical technicians, emergency medical service personnel, phlebotomists, and radiology technicians are all categorized in the allied health profession. Don’t be surprised to know that physicians and nurses also are allied health professionals but they constitute only a small portion of the healthcare professionals making a difference in our communities.

Allied health workers are autonomous professionals but they are also part of a highly skilled multi-disciplinary team. They all need technical skill and academic ability. They must be happy working with complex equipment and they have to keep up-to-date with fast-moving developments. Their training provides them necessary clinical and technical expertise. They however should be good at communication and able to offer support and encouragement while, working closely with patients who may be anxious and distressed, particularly in therapeutic procedures. Unfortunately the current culture in the health care set up and as a nation on the whole, apart from physicians the only other profession who gained acceptance is nursing where as the rest of all are yet striving to be recognized and puzzled with the questions; who are we? What is our identity? Does the nation we belong to, recognizes us? Values us? When will change come? I feel the whole perspective of allied health professionals is in question.

Looking at the service and career structure at various institutions one can highlight the major areas of concerns as

- Non qualified professionals are practicing
- Limited Training Institutes
- Non uniform Structured Training Program
- No Emphasis on Professional Development
- Career Growth?
- Affiliation with Local, National or Foreign Institution
- Accreditation of these Professions at
  - National
  - International

We feel that there is much to be done to enhance the career and service structure of allied health professionals.

Career Structure

1. Training and Education requirements
2. Resources and Sources
3. Current and future prospects
4. On going educational development programs
Service Structure

1. Problems relating to recruitment and retention.
2. Management structure and development.
3. Development plans for delivery of services.
4. To provide an agreed structure to ensure an optimum input in policy making for all relevant parties.
5. Interaction with other disciplines.

Small effort was done to do the SWOT analysis of current scenario concerning majorly on Recruitment, Retention and Professional Development

<table>
<thead>
<tr>
<th>RECRUITMENT STRENGTHS</th>
<th>RECRUITMENT WEAKNESSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Few institution have competitive edge</td>
<td>1. Space constraint for management staff</td>
</tr>
<tr>
<td>2. Structured on job training program</td>
<td>2. Non availability of qualified trainers</td>
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<td>3. Infrastructure</td>
<td>3. Stipends low</td>
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<td>4. Environment</td>
<td>4. Low fringe benefits (parents medical)</td>
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<tr>
<td>5. Professional growth and grooming</td>
<td>5. No visualization on expansion to hire more trainees</td>
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<td>6. Vacancy factor</td>
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<tr>
<th>RECRUITMENT OPPORTUNITIES</th>
<th>RECRUITMENT THREATS</th>
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</thead>
<tbody>
<tr>
<td>1. Future utilization</td>
<td>1. No defined process of updating staff on new technologies</td>
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<tr>
<td>2. Internally trained personnel</td>
<td>2. Competitive pressure</td>
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<td>3.</td>
<td>3. Overseas migration</td>
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<td>4.</td>
<td>4. Aga Khan University Hospital acts as a launching pad</td>
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<td>5.</td>
<td>5. Inconsistency in respect of clinical and non clinical staff</td>
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<th>RETENTION STRENGTHS</th>
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<tbody>
<tr>
<td>1. Safe &amp; healthy working environment / infrastructure</td>
<td>1. No institutional uniformity in disbursing incentive</td>
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<tr>
<td>2. Post retirement medical facility</td>
<td>2. Annual increment too less</td>
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<tr>
<td>3. Good fringe benefits</td>
<td>3. No defined promotional growth</td>
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<td>4. No down sizing</td>
<td>4. Medical reimbursement not in line with inflation</td>
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<tr>
<td>5. Comprehensive career path.</td>
<td>5. No succession planning</td>
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<td>6. No shift allowance</td>
<td>7. Causal leave (Grade 9 and above) not entitled</td>
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<tr>
<td>8. No professional allowance for non-clinical staff</td>
<td>9. Over worked and stressful</td>
</tr>
</tbody>
</table>
### Retention Opportunities
1. Growing opportunities for staff having more potentials
2. Institute of distance learning program for onward development
3. Launch diploma / degree program in Allied Health Department

### Retention Threats
1. High turnover
2. Strict policies (no overtime for grade 9 & above)
3. Salary structure not segregated between qualified and non-qualified staff (in same grade)
4. On job training program not accredited
5. Career growth too hazy
6. 10% increment on promotions not attractive

### Professional Development STRENGTHS
1. On going professional development (multidimensional).

### Professional Development WEAKNESSES
1. Non credentialed staff
2. No system of licensing
3. No formal training program

### Professional Development OPPORTUNITIES
1. Distance learning program

### Professional Development THREATS
1. No structured professional development progress

**Recommendations**

**Training:**
- Training Institution
- Extension of Educational Resources
- Certification
- Certificate to Diploma and to Degree status.
- Provision of Postgraduate Training.
- Affiliation
- OJT Program
  - Curriculum
  - Tutors
  - Certification
  - Affiliation

**Recruitment:**
- Changes to eliminate some disincentives entering the profession.
- Recruit Allied Health Professional's Faculty (AHP)
- Enhance and consolidate Manpower and Training program
- Process of inviting visiting Faculty
- Comprehensive institutional guidelines for
  - Compensation
  - Remuneration
  - Training of all AHP's.
Retention:
- Human Resource department should play a pro-active approach.
- Interest free loan
- Uniform employment package policy for AHP and Clinical Faculty.
- Enabling Environment
- Sense of ownership

Professional Development:
- Professional Grooming of staff through existing faculty & AHP
- Design Career Development on competency basis.
- Enhance Training and Manpower budget as a component of the annual budget.
- Develop sub specialty in Allied Health
- Develop succession planning

Most Important:
It is recognized that there is a need for change to take place which will have consequences for the future delivery of health care with particular impact on the allied health science service, such as the development of
1. National standards
2. Demand protocols
3. National legislation
4. Accreditation
5. State registration
6. Partnership, etc.

Suggestions:
- Individual council or association which should be registered
- Accreditation Authority.
- Association’s bylaws and regulations
- Association’s Affiliation with International Body
- License
- Association must hold regular meetings / forums / seminars / workshops / training courses etc

Conclusion
In conclusion we would say that allied health science professionals must work in co-operation with each other to continue the development of a progressive and modern health care service which delivers the best possible patient care.