

# REHABILITATION COUNCIL OF INDIA ACT: AN OVERVIEW AND EMERGING ISSUES

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The Rehabilitation Council of India Act was passed by Parliament in 1992 and it came into force in 1993. This is an Act to provide for the constitution of the Rehabilitation Council of India for:

1. Regulating the training of rehabilitation professionals, and
2. Maintenance of a Central Rehabilitation Register

Item 1 relates to the standardization of training under the following sections of the Act:

- 11(1): Universities to be recognised
- 15(1): appoint inspectors to recommend for recognition
- 16(1): appoint visitors to inspect institutions
- 18: Prescription of minimum standards of education for recognition

Item 2 deals with the registration of professionals under the following sections :

- 13(2)(a): hold office
  - (b): practice
  - (c): sign certificates
  - (d): give evidence in the court of law
- Those who are not and do any of the above
- 13(3): could be imprisoned for 1 year or fined Rs. 1000 or both

Though the above Act was passed in 1992 and notified in 1993, the disability sector and NGOs came to know about it only in 1994. Despite the fact that everyone wanted standardization of training and recognition of the people working in the disability field, NGOs working in the area of disability opposed it very strongly. There are two main reasons for this opposition from the disability sector.

The first reason relates to the conceptualisation of the Act and is more fundamental in nature. At a time when the entire world is moving towards advocating the philosophy of mainstreaming/inclusion/integration, viewed objectively and impersonally, the RCI Act is more in the direction of segregation. It makes it mandatory for medical and para-medical

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professionals, teachers, councillors, and volunteers etc., to do RCI approved training and register themselves with RCI before doing any work with the people with disabilities. This means a person with disability to avail of any of the above services (medical, education, therapy etc) will first have to find such professionals who are registered with RCI. It also implies that non-RCI registered professionals would not like to see a person with disability for fear of punitive action by the RCI. This totally alienates people with disabilities and pushes them into a scenario of complete segregation from the rest of the society.

As this Act attempts to cover all levels of service providers in both urban and rural areas, across the length and breadth of the country which is not practicable – it tends to violate the rights of persons with disabilities by being in contravention with specific clauses of the Persons with Disabilities Act:

- The right of persons with disabilities to rehabilitation as defined under section 2(w) of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995
- The tenets of sections 26 and 27 of the same Act, that lay down the provision for access to formal as well as non-formal education in both urban and rural areas.

The second reason pertains to the implementation of the RCI Act. Some of the basic problems are with respect to ---

- Arbitrariness in formulation and implementation
- Inclusion of the clause of disciplinary action against those who failed to comply with the dictates of the Act
- Inadequate definition of the term rehabilitation professional as the educational qualifications to be registered range from a three month certificate course after the X standard to a five year or more post graduate degree qualification in various areas of rehabilitation.

**Some of the crucial implications of the above facts are as follows:**

### **Registration of Professionals**

Only those rehabilitation professionals could register who underwent a course run under the auspices of the RCI. The RCI in its effort to churn out rehabilitation professionals have set minimum standards of education, training and experience. These were unacceptable to rehabilitation

professionals with high qualifications and many years of experience, as dilutions of standard would have adverse impact on quality of care of persons with disability. This has resulted in an undesirable situation where highly qualified rehabilitation professionals were denied registration, whereas persons with a certificate of a one-month's bridge course could.

### **Bridge Courses and Standardisation**

Persons having done one/two months bridge course on disability offered by RCI could administer to the needs of persons with disability. In standardisation, the lowest level of education and experience was considered necessary by the Government, thus the level of functioning and delegation of authority and power should have been in a proportional ratio. The anomaly now is that persons with lowest qualifications could administer to the needs of the disabled but highly qualified professionals could not, because they were not registered.

### **Special Educators, Teachers and the RCI Act**

The RCI Act, 1992 required Special Educators to be registered with the Act but teachers in the normal schools were required to be registered under the National Council of Teacher Education (NCTE) Act. It, therefore, means that children with disability for inclusive education in normal schools could not be taught by regular teachers because these teachers are not registered with the NCTE. This works against the interest of 'Inclusive Education', which could come to a stop.

### **Duplication of Services**

As of today, RCI is duplicating services and does not establish linkages with the existing educational infrastructure in India. For example, the NCTE Act, the AICTE Act, Councils for other para-medical courses with the help of Universities could do the same work related to standardisation of training and registration of professionals.

### **Recommendations**

#### *Role of RCI*

The role of the RCI should be changed. It could be a networking and liaising body-liaising and networking with the concerned Ministry including the HRD Ministry and Department of Education. It should not be a training body.

**Central Registry**

Alternatives to Central Registry should be worked out at the State and District levels. Special Educators should register with the Department of Education, Ministry of HRD and other professionals with their respective parent bodies.

**Punitive Action**

Clause 13 (3) related to punitive action against non-registered professionals should be removed.

