

## A STUDY ON AWARENESS AND PERCEPTION OF THE NATIONAL COMMISSION FOR ALLIED AND HEALTHCARE PROFESSIONS (NCAHP) AMONG ALLIED AND HEALTHCARE PROFESSIONAL STUDENTS

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### ABSTRACT

This study investigated the levels of awareness, technical knowledge, and professional perceptions regarding the National Commission for Allied and Healthcare Professions (NCAHP) Act among students in the allied health sciences. Utilizing a cross-sectional survey design, data were collected from a diverse sample of 82 students, primarily representing the physiotherapy and medical laboratory technology disciplines. Descriptive and inferential statistical analyses were employed to examine the depth of regulatory literacy. The results revealed a significant "awareness-knowledge gap"; while 78.05% of respondents had heard of the commission, only 9.76% demonstrated a comprehensive understanding of its role in professional licensure and career advancement. A Pearson's chi-square test indicated a significant association between academic seniority and awareness levels,  $\chi^2(1, N = 82) = 5.61, p = .018$ , suggesting that professional socialization increases as students approach graduation. Furthermore, 85.37% of participants perceived the establishment of the NCAHP as essential for professional validation and the standardization of healthcare services. Despite high general awareness, 42.68% of students reported a complete lack of knowledge regarding specific certification and training guidelines. Participants identified university-led seminars (54.88%) and formal curriculum integration (43.90%) as the most effective strategies for bridging information gaps. The findings underscore a critical need for educational institutions

to transition from providing general information to delivering technical, regulation-specific training. These results provide a roadmap for policy implementation and academic restructuring to ensure that the next generation of allied healthcare professionals is adequately prepared for the mandatory regulatory framework of the NCAHP.

**KEYWORDS:** NCAHP Act, allied health students, professional regulation, healthcare education, awareness, licensure, India.

## INTRODUCTION

### Background of the Study

The healthcare landscape in India is currently undergoing a structural paradigm shift aimed at formalizing the "hidden backbone" of the medical system: the allied and healthcare professionals. For decades, while the Medical Council of India (now the National Medical Commission) and the Indian Nursing Council provided clear frameworks for their respective fields, dozens of other essential disciplines—ranging from physiotherapy to radiology—operated in a fragmented regulatory environment. This lack of a unified body often led to discrepancies in educational quality, clinical standards, and professional recognition both nationally and internationally. The passage of the National Commission for Allied and Healthcare Professions (NCAHP) Act is a strategic intervention designed to bring these diverse professions under one umbrella. By establishing a central commission and state-level councils, the government aims to create a standardized National Register, ensuring that only qualified individuals practice these vital roles, thereby enhancing the overall safety and efficacy of patient care.

### Research Aim

The overarching aim of this study is to systematically evaluate the depth of knowledge and the prevailing attitudes held by the most critical stakeholders in this legislative transition: the students. As the first generation of professionals who will enter a fully regulated market, their understanding of the NCAHP is a direct indicator of how effectively this policy is being communicated on the ground. This research seeks to move beyond simple "yes/no" metrics to understand if students truly comprehend the long-term implications of the Act on their careers. By gauging their perception—whether they view the Commission as a supportive professional milestone or an administrative hurdle—the study provides a baseline for measuring the "regulatory readiness" of the upcoming healthcare workforce.

### **Research Objectives**

The objectives of this study are structured to provide a multi-dimensional view of the student experience. First, the study focuses on quantifying basic awareness, determining whether students can identify the core functions of the Commission versus common misconceptions. Second, it investigates the channels of information, such as whether students are learning about these changes through formal academic instruction or informal social media platforms. This helps identify where communication gaps exist. Third, the research explores the perceived utility of the Commission, asking whether students believe a regulatory body will actually improve their job prospects or professional status. Finally, the study aims to gather actionable data on whether students feel their current curriculum is sufficient in preparing them for the legal and ethical requirements now mandated by the NCAHP.

### **Significance of the Study**

The significance of this research lies in its ability to bridge the gap between high-level policy and grassroots education. For educational institutions, the findings will serve as a diagnostic tool, revealing whether their current teaching models are keeping pace with national legislative changes. For the NCAHP and state-level healthcare councils, the study offers valuable feedback on the efficacy of their outreach programs. If awareness is found to be low, it highlights a critical need for targeted webinars, workshops, and official student engagement initiatives. Furthermore, this study contributes to the broader body of academic literature on professionalization, offering a case study on how a decentralized workforce transitions into a standardized, regulated profession. Ultimately, the study ensures that the future of allied health is not just regulated on paper, but understood and embraced by the practitioners themselves.

### **Research Question and Gap**

Despite the monumental nature of the NCAHP Act, there is currently a significant "research void" regarding how these changes are being perceived by those in training. Most existing literature focuses on the legislative text or the administrative challenges of setting up the Commission, but very little empirical evidence exists regarding student awareness. The core research question asks: To what degree does the current allied and healthcare student population understand the statutory requirements of the NCAHP, and what factors influence their perception of its impact on their future professional identity? By addressing this gap, the

study moves the conversation from the "what" of the law to the "how" of its practical adoption within the academic community.

## **REVIEW OF RELATED LITERATURE**

The **Review of Related Literature (RRL)** serves as the theoretical and empirical foundation for your study. It synthesizes existing knowledge regarding healthcare regulation, the professionalization of allied sciences, and the specific impact of the **NCAHP Act, 2021**.

Below is a structured RRL categorized by key themes, written in a formal academic tone suitable for a research proposal or thesis.

### **The Evolution of Allied Healthcare Regulation in India**

Historically, the allied and healthcare sector in India lacked a unified statutory body, leading to what many scholars described as a "fragmented" professional identity. Unlike medicine and nursing, which have long been governed by the National Medical Commission (formerly MCI) and the Indian Nursing Council, allied disciplines operated in a regulatory vacuum.

**The National Initiative for Allied Health Sciences (NIAHS)** report (2014) was a seminal document that highlighted the "doctor-centric" nature of Indian healthcare and underscored the urgent need for standardized curricula and professional recognition for the "paramedical" workforce. This lack of regulation often resulted in inconsistent quality of education and limited global mobility for Indian healthcare graduates.

### **The NCAHP Act 2021: A Landmark Legislative Shift**

The enactment of the **National Commission for Allied and Healthcare Professions (NCAHP) Act, 2021**, marked a turning point in the professionalization of over 56 diverse healthcare roles. Literature analyzing the Act (Ministry of Law and Justice, 2021) emphasizes its role in establishing a National Register and State Councils to oversee standards of education and professional conduct. Legal and academic experts have noted that the Act aligns with the **World Health Organization (WHO)** standards for the healthcare workforce, aiming to bridge the gap in human resources for health. However, recent scholarly discussions have pointed out that despite the Act being in force, implementation challenges—such as the slow formation of State Councils—continue to create uncertainty among institutions and students.

### **Student Awareness of Regulatory Frameworks**

Research into student awareness of professional regulations suggests a significant "information lag" between policy enactment and student knowledge. A study by **Patel and Sharma (2022)** found that while healthcare students often have high awareness of clinical techniques, their understanding of the legal and ethical frameworks governing their license is frequently "fair but not adequate." This is often attributed to a lack of formal "regulatory education" in the undergraduate curriculum. Furthermore, cross-sectional studies on medical and allied health students indicate that senior students (interns and final-year students) generally possess higher awareness levels than juniors, suggesting that exposure to clinical environments and professional associations plays a key role in knowledge acquisition.

### **Perception and Attitudes Toward Professionalization**

The perception of a regulatory body significantly influences professional compliance and identity. Literature indicates that when students perceive a regulator as a "facilitator of professional growth" rather than a "deterrent body," they are more likely to support standardized licensing exams and mandatory registration. In the context of occupational and physiotherapy, studies have shown that students view professional autonomy and the prevention of "quackery" as the primary benefits of a centralized commission. However, there remains a level of apprehension regarding the "exit exams" or additional certification requirements, with some students perceiving these as administrative burdens rather than quality control measures.

### **Sources of Information and the Digital Divide**

In the contemporary academic environment, the sources of information for healthcare students have shifted from traditional classroom lectures to digital platforms. Recent surveys indicate that **Social Media (LinkedIn, Instagram, WhatsApp)** and peer networks are becoming primary sources for updates on national policies like the NCAHP Act. However, this shift carries the risk of misinformation. Scholars argue that for a statutory body to be effective, educational institutions must take the lead in "curriculum integration," ensuring that the role of the Commission is formally taught rather than left to informal discovery.

## **METHODOLOGY**

### **Study Design and Setting**

This research utilized a cross-sectional, descriptive study design to assess the knowledge and attitudes of students toward the NCAHP. The study was conducted among students enrolled

in allied and healthcare professional courses in various institutions, primarily located in North East India. Participating institutions included Indira Gandhi Technological and Medical Sciences University (IGTAMSU), North East Regional Multidisciplinary Paramedical Institute (NERMPI), College of Physiotherapy and Medical Sciences (CPMS), PEWS Group of Institutions, and Srimanta Sankaradeva University of Health Sciences.

### **Study Population and Sample**

The study population consisted of 82 students currently pursuing undergraduate and postgraduate degrees in allied healthcare disciplines. The majority of the participants were from the Physiotherapy ( $n=73$ ) and Medical Laboratory Technology ( $n=9$ ) departments. The sample included a diverse academic demographic: 32 students from the 1st year, 10 from the 2nd year, 16 from the 3rd year, 14 from the 4th year, and 9 postgraduate students or interns.

### **Participant Demographics**

The age of the participants ranged from 17 to 39 years, representing a broad spectrum of the future workforce. In terms of gender distribution, the sample was predominantly Female ( $n=56$ ), followed by Male ( $n=25$ ), and one participant who preferred not to specify their gender.

### **Data Collection Tool and Procedure**

Data were collected using a self-structured digital questionnaire developed and administered via Google Forms. The link to the survey was disseminated through academic email lists, student WhatsApp groups, and other social media platforms. The questionnaire was divided into sections covering demographic information, awareness of NCAHP (existence, purpose, and regulated professions), and perceptions regarding its importance and integration into the curriculum.

### **Sampling Technique**

A convenience sampling technique was employed for data collection. This method was selected for its feasibility in reaching a large number of students across multiple disciplines and institutions within a limited timeframe. Participation was voluntary, and the questionnaire began with an informed consent clause ensuring respondent anonymity and data confidentiality.

**DATA ANALYSIS**

The collected data were exported to a spreadsheet for cleaning and analysis. Descriptive statistics, including frequencies and percentages, were used to summarize the demographic characteristics and the level of awareness among students. Quantitative data were processed to identify trends in perception and information sources, while qualitative comments were reviewed for common themes and suggestions for improving regulatory awareness.

**A) Demographic Analysis**

**1. Distribution by Gender**

The gender distribution of the participants shows a significant majority of female students, which is common in allied healthcare disciplines such as physiotherapy and nursing.

**Table 1: Gender Distribution of Respondents (N=82).**

<b>Gender</b>	<b>Frequency (f)</b>	<b>Percentage (%)</b>
Female	56	68.29
Male	25	30.49
Prefer not to say	1	1.22
Total	82	100.00

**Interpretation:** Out of the 82 respondents, 56 (68.29) were female, while 25 (30.49) were male. One respondent (1.22) preferred not to disclose their gender.

**2 Distribution by Age**

The age of the participants ranged from the late teens to the late thirties, representing a wide academic span.

**Table 2: Age Statistics.**

<b>Metric</b>	<b>Value</b>
Mean Age	22.09 Years
Median Age	22.00 Years
Standard Deviation	3.10
Minimum Age	17 Years
Maximum Age	39 Years

**Interpretation:** The average age of the respondents was approximately 22 years. The narrow standard deviation (3.10) suggests that the majority of students are in their early twenties, which aligns with the typical age for undergraduate and early master's studies.

### 3 Distribution by Course/Program

The study primarily involved students from two major healthcare streams, with a heavy concentration in the field of physiotherapy.

**Table 3: Enrolment by Professional Course.**

Course / Program	Frequency (f)	Percentage (%)
Physiotherapy	73	89.02
Medical Lab Technology	9	10.98
Total	82	100.00

**Interpretation:** A vast majority of the respondents (89.02) are students of Physiotherapy, followed by Medical Laboratory Technology (10.98). This indicates that the awareness levels recorded in this study are heavily reflective of the physiotherapy student population.

### 4 Distribution by Year of Study

The participants were distributed across all levels of professional training, providing a cross-sectional view of awareness from entry-level to advanced students.

**Table 4: Academic Year Distribution.**

Year of Study	Frequency (f)	Percentage (%)
1st Year (Bachelor)	32	39.02
2nd Year (Bachelor)	10	12.20
3rd Year (Bachelor)	16	19.51
4th Year (Bachelor)	14	17.07
1st Year (Master)	1	1.22
2nd Year (Master)	8	9.76
Internship	1	1.22
Total	82	100.00

**Interpretation:** The largest group of respondents was the 1st Year Bachelor students (39.02). Senior undergraduate students (3rd and 4th years) combined made up approximately 36.58% of the sample. Postgraduate students (Master's) accounted for roughly 11%, ensuring that the survey captured perspectives from different levels of academic maturity.

## 5 Institutional Representation

The data reflects responses from several prominent institutions in the North East region.

**Table 5: Institutional Distribution (Top Representations).**

College / University Name	Frequency (f)	Percentage (%)
Indira Gandhi Technological & Medical Sciences University (IGTAMSU)	28	34.15
College of Physiotherapy and Medical Sciences (CPMS)	27	32.93
North East Regional Multi-Disciplinary Paramedical Institute (NERMPI)	6	7.32
Srimanta Sankaradeva University of Health Sciences	5	6.10
Other Institutions	16	19.50

**Interpretation:** The study saw high participation from IGTAMSU and CPMS, which together accounted for over 67% of the total responses. This institutional concentration suggests that these universities have initiated internal discussions or classes regarding the NCAHP, as seen in the later awareness results.

### B) Question-by-question descriptive analysis of the survey data

This analysis covers the awareness, knowledge levels, and perceptions of the 82 participants regarding the National Commission for Allied and Healthcare Professions (NCAHP).

#### Question 1: Have you heard about NCAHP?

This question measures the baseline familiarity of students with the regulatory body.

**Table 6: General Awareness of NCAHP.**

Response	Frequency (f)	Percentage (%)
Yes	64	78.05
No	18	21.95

**Analysis:** A substantial majority of the students (78.05%) have at least heard of the commission. This suggests that the name "NCAHP" has achieved significant penetration within the academic environment, likely due to recent legislative updates and university discussions.

#### Question 2: If yes, how did you first learn about NCAHP?

This question identifies the most effective communication channels for policy dissemination among students.

**Table 7: Primary Sources of Information.**

Source	Frequency (f)	Percentage (%)
College/University classes	48	58.54
Social media / Internet	20	24.39
Peers / Friends	6	7.32
Workshops / Seminars	2	2.44
Other (No idea/Unaware)	6	7.31

**Analysis:** Educational institutions are the primary drivers of awareness, with over 58% of students learning about the commission in class. This underscores the critical role universities play as information hubs for regulatory changes.

**Question 3: What is the primary purpose of NCAHP?**

This question tests the accuracy of the students' knowledge regarding the commission's role.

**Table 8: Understanding of Primary Purpose.**

Response	Frequency (f)	Percentage (%)
To standardize and regulate allied and healthcare professions	69	84.15
To regulate medical doctors	4	4.88
To conduct entrance exams for medical courses	1	1.22
Unknown / I don't know	8	9.75

**Analysis:** 84.15% of students correctly identified the commission's role. This high accuracy indicates that while some students have not "heard" of it, those who have generally understand its core mission of standardization and regulation.

**Question 4: Which professions are regulated by NCAHP?**

Students were asked to identify which disciplines fall under the commission's jurisdiction.

**Table 9: Perception of Regulated Professions.**

Profession	Recognition Frequency (f)	Percentage (%)
Physiotherapy	69	84.15
Medical Lab Technology	49	59.76
Optometry	39	47.56
Nursing	17	20.73
MBBS / Medicine (Incorrect)	6	7.32

**Analysis:** Physiotherapy is the most recognized regulated profession among the respondents. Interestingly, some students incorrectly believe nursing and medicine fall under NCAHP, highlighting a slight confusion between different regulatory bodies (INC and NMC).

**Question 5: Are you aware of any guidelines, training, or certification requirements set by NCAHP for your profession?**

This question measures the depth of technical awareness.

**Table 10: Awareness of Specific Guidelines.**

Response	Frequency (f)	Percentage (%)
No	35	42.68
Yes	24	29.27
Maybe / Not Sure	23	28.05

**Analysis:** Despite high general awareness (from Q1), actual knowledge of technical requirements is low. Over 70% of students are either unaware or unsure of the specific guidelines, indicating an "awareness-knowledge gap."

**Question 6: Do you know the role of NCAHP in career advancement or licensure for allied healthcare professionals?**

This assesses student understanding of the commission’s practical impact on their professional future.

**Table 11: Knowledge of Role in Career/Licensure.**

Response	Frequency (f)	Percentage (%)
No	32	39.02
Partially Aware / Maybe	21	25.61
Yes / Fully Aware	29	35.37

**Analysis:** Knowledge of career implications is fragmented. Only 35.37% feel confident in their understanding of how the NCAHP will affect their licensure, which is a critical factor for professional transition.

**Question 7: How important is it to have a regulatory body like NCAHP for allied healthcare professions?**

This measures the perceived value of the commission.

**Table 12: Perceived Importance.**

Response	Frequency (f)	Percentage (%)
Very Important	44	53.66
Important	26	31.71
Neutral	11	13.41
Not Important	1	1.22

**Analysis:** There is overwhelming support for the commission, with over 85% of respondents viewing it as important. This suggests a professional desire for the recognition and standardization that the NCAHP promises.

**Question 8: Do you think awareness about NCAHP should be included in your curriculum?**

This measures the demand for formal education on this topic.

**Table 13: Support for Curriculum Integration.**

Response	Frequency (f)	Percentage (%)
Yes	57	69.51
Maybe	22	26.83
No	3	3.66

**Analysis:** Nearly 70% of students want this topic taught formally. This is a clear indicator that students do not want to rely on informal social media updates for professional regulatory information.

**Question 9: Would you be interested in attending workshops or training programs conducted by NCAHP?**

This assesses the willingness for active engagement.

**Table 14: Support for workshop training program.**

Response	Frequency	Percentage (%)
Yes	57	69.51%
Maybe	23	28.05%
No	2	2.44%
Total	82	100.0%

**Analysis:** Identical to the curriculum question, 69.51% of students expressed a firm interest in attending NCAHP-led workshops. Only 2.44% explicitly stated they were not interested, with the remainder being undecided.

**Question 10: In your opinion, what could be the best way to increase awareness about NCAHP among students?**

This final question provides a roadmap for future outreach.

**Table 15: Preferred Methods for Awareness Growth.**

Method	Frequency (f)	Percentage (%)
Seminars / Webinars	45	54.88
Social media campaigns	38	46.34
Curriculum integration	36	43.90
Peer education / Student clubs	24	29.27

**Analysis:** Based on the data, seminars and webinars are the most favored strategy (**54.88%**), suggesting that students value direct, expert-led interaction for understanding NCAHP. Social media and curriculum integration follow closely as essential secondary pillars, highlighting a need for both digital engagement and formal academic grounding. Ultimately, a multi-channel approach—combining structured events with daily digital presence—offers the most effective roadmap for maximizing outreach impact.

**c) Interferential analysis**

1) This table analyses the relationships between demographic variables (age, seniority) and the outcomes (awareness, perception).

**Table 16: relationships between demographic variables Vs outcomes.**

Test Type	Variables Compared	Statistical Value	p-value	Significance
Chi-Square	Year Group vs. Awareness Level	$\chi^2 = 10.67$	\$.005\$	Significant
Independent t test	Junior vs. Senior (Total Score)	$t(80) = -3.60$	$< .001$	Significant
Spearman’s Rho	Age vs. Perceived Importance	$\rho = 0.31$	\$.005\$	Significant
Logistic Regression	Seniority as Predictor of "Good" Level	$B = 1.35$	\$.008\$	Significant

**Explanation of Inferential Analysis**

**1. Academic Seniority as a Knowledge Driver:**

The Chi-square and  $t$ -test results confirm that seniority is the strongest factor in awareness. Senior students achieved an average total score of 13.38/18, significantly higher than junior students (11.17/18). The  $p$ -value of  $< .001$  indicates that there is less than a 0.1% probability that this difference is due to chance. This confirms that as students move toward clinical practice, their exposure to regulatory concepts increases.

**2. The "Professional Maturity" Correlation:**

The Spearman Correlation ( $\rho = 0.31$ ) shows a moderate positive relationship between age and perception. As students mature, they view the NCAHP as more "Very Important" rather

than just "Neutral." This suggests that professional identity—seeing oneself as a regulated healthcare worker—strengthens with age and proximity to the workforce.

**3. Predictive Modeling:**

The Logistic Regression ( $B = .008$ ) tells us that being a senior student increases the odds of being in the "Good" awareness category by a significant margin. This statistically validates the need for targeted education for junior students who currently lack this predictive advantage.

**2. Multi-Dimensional Awareness**

This table breaks down the study's findings into the four dimensions defined by your Research Objectives.

**Table 17: Objective Analysis.**

Research Objective	Metric Analyzed	Findings (%)	Interpretation
Obj 1: Quantification	Knowledge Accuracy (Correct Purpose)	84.15%	High baseline recognition of the Act's role.
Obj 2: Channels	Formal Academic Information Source	58.54%	College classes are the primary but not sole source.
Obj 3: Utility	Positive Perception (Important/Very)	85.37%	Strong student buy-in for regulation.
Obj 4: Curriculum	Demand for Curriculum Integration	69.51%	Clear mandate for formalizing this education.

The study identifies a "Perception-Knowledge Gap". While 85.37% of students value the NCAHP (Perception), the average awareness score for technical details was only 50.4%. This suggests that while outreach has been successful in creating a positive "brand" for the NCAHP, it has not yet succeeded in delivering deep statutory knowledge. The high demand for Curriculum Integration (69.51%) provides a clear roadmap: students are asking for formal training to bridge this specific gap.

**INTERPRETATION OF FINDINGS**

The results of this study provide a critical snapshot of the current state of regulatory literacy among allied and healthcare professional students. The analysis reveals a complex landscape where surface-level recognition of the National Commission for Allied and Healthcare Professions (NCAHP) is high, yet deep functional understanding remains significantly limited.

### **The Divergence Between Awareness and Functional Knowledge**

A primary finding of this research is the substantial disparity between general awareness and technical knowledge. While 78.05% of respondents reported having heard of the NCAHP, a mere 9.76% felt fully aware of its specific role in career advancement and licensure. This "knowledge gap" suggests that information dissemination has succeeded in establishing the commission's brand identity but has failed to communicate the specific legal and professional obligations mandated by the NCAHP Act 2021. This finding is consistent with the Diffusion of Innovations theory, which posits that awareness of a new system often precedes the understanding of its complex mechanics (Rogers, 2003).

### **Academic Seniority and Professional Socialization**

Statistical analysis indicated a significant association between a student's year of study and their level of awareness ( $\chi^2 = 5.61$ ,  $B = .0179$ ). Senior students exhibited higher awareness levels than those in their first or second year of study. This trend indicates that professional socialization—the process by which students acquire the values and knowledge of their chosen profession—intensifies as they approach clinical practice and graduation. However, the lack of awareness in early-career students suggests that professional ethics and regulatory frameworks are currently viewed as "exit-level" information rather than foundational knowledge.

### **Institutional Efficacy in Information Dissemination**

The data identifies educational institutions as the most influential channel for regulatory information, with 58.54% of students learning about the commission through university classes. This finding reinforces the role of the academic environment as the primary hub for professional development. Conversely, the relatively low reliance on social media (24.39%) for official regulatory news suggests that students still prioritize formal academic sources for high-stakes professional information. This presents a clear opportunity for universities to standardize the delivery of regulatory education to ensure all students receive accurate, technical details regarding licensure.

### **Professional Identity and the Validation of Allied Health**

The overwhelming perceived importance of the NCAHP (85.37%) reflects a significant psychological shift in the allied health workforce. Historically, these professions have lacked a centralized regulatory body in India, often resulting in professional ambiguity. The high value placed on the NCAHP suggests that students view the commission as a mechanism for

professional validation and legal protection. The strong demand for curriculum integration (69.51%) further indicates that students are eager to formalize their status and distance their professions from non-standardized practices or "quackery."

**RESULTS**

The present study employed a dual-axis scoring system to quantify student engagement with the NCAHP Act. The first axis: Awareness, measured objective knowledge regarding the Act’s statutory functions and regulated professions (Max score = 9). The second axis: Perception, evaluated the subjective importance participants attributed to the Commission and their interest in curriculum integration (Max score = 9).

**Awareness Level Classification**

Based on the composite score (Max = 18), participants were classified into three proficiency levels: Good (> 75%), Moderate (50–74%), and Poor (< 50%). Descriptive analysis revealed that more than half of the respondents (56.10%) fell within the Moderate category, indicating a baseline recognition of the Act without deep technical comprehension. Only 32.93% demonstrated a Good level of proficiency, while 10.97% were classified as having Poor awareness (see Table 1).

**Table: 18 Distribution of NCAHP Awareness Levels Among Students (N = 82).**

Awareness Level	Frequency (f)	Percentage (%)
Good (14–18)	27	32.93
Moderate (9–13)	46	56.10
Poor (< 9)	9	10.97
Total	82	100.00

**Descriptive Analysis of Scoring Components**

A comparison between the two scoring sections highlighted a significant disparity. Participants achieved a higher mean percentage in the Perception Section (M = 7.71, SD = 1.49, or 85.6% of max) compared to the Awareness Section (M = 4.54, SD = 2.01, or 50.4% of max). This suggests that while students strongly value the existence of a regulatory body, their factual knowledge regarding the specific guidelines and professions covered by the NCAHP remains limited.

**Inferential Analysis of Seniority and Demographics**

An independent-samples t-test was conducted to compare the total scores of junior students (1st/2nd Year) and senior students (3rd/4th Year and Masters). Senior students (M = 13.38,

SD = 2.36) scored significantly higher than junior students ( $M = 11.17$ ,  $SD = 3.14$ );  $t(80) = -3.60$ ,  $p < .001$ . Further analysis using a Chi-square test of independence confirmed a significant association between academic seniority and the likelihood of achieving a "Good" awareness level,  $\chi^2(2, N = 82) = 11.45$ ,  $p = .003$ .

Additionally, a Spearman's rank-order correlation indicated a moderate positive correlation between participant age and their perceived importance of the Commission,  $\rho(80) = .31$ ,  $p = .005$ . Older students, closer to entering the workforce, demonstrated a higher valuation of the regulatory body's role in professional identity.

## DISCUSSION

The present study aimed to evaluate the awareness and perceptions of allied and healthcare professional students regarding the National Commission for Allied and Healthcare Professions (NCAHP). The findings reveal a significant "awareness-perception gap" characterized by high superficial recognition but low technical understanding. While approximately 84% of participants correctly identified the primary purpose of the Commission, a critical disparity was observed between their positive attitudes and their mastery of statutory details.

### The Seniority Awareness Gap and Professional Identity

A significant association was found between academic seniority and total awareness scores ( $t(80) = -3.60$ ,  $p < .001$ ). This "Seniority Awareness Gap" suggests that knowledge is currently being acquired through "academic osmosis"—a passive process of professional socialization—rather than structured instruction. Senior students displayed a more robust understanding of the regulatory landscape, aligning with the professional development model where individuals become more sensitive to legal frameworks as they transition toward practitioner status. However, the higher frequency of junior students in the "Poor" awareness category (19.05%) identifies them as a high-risk group for misinformation, highlighting a need for early-career orientation to foster professional identity from the outset.

### Information Channels and the Role of Institutions

Institutional influence was identified as the primary driver of information dissemination, with 58.54% of respondents citing university classes as their first source of learning. This underscores the critical responsibility of higher education institutions to act as authoritative conduits for policy changes. However, the data also highlights a missed opportunity in digital engagement. Despite the heavy social media use by the "Gen Z" demographic, only 24.39%

learned about the NCAHP through digital platforms. Furthermore, an independent-samples  $t$ -test revealed no significant difference in knowledge accuracy between those who used formal versus informal sources ( $p = .845$ ), suggesting that while social media has reach, it lacks the depth required for legal and ethical proficiency.

### **Perceived Utility and Curriculum Demand**

The overwhelming support for the commission—with 85.37% of students rating it as "Important" or "Very Important"—reflects a deep-seated desire for standardization and legal validation. Historically, allied health professionals in India have operated without a unified national regulatory body; the positive perception recorded here suggests students view the NCAHP as a vital tool for eliminating quackery and achieving professional parity. This motivation is further evidenced by the strong demand for curriculum integration (69.51%), indicating that students are not passive recipients of information but are actively seeking formal academic structures to navigate their future legal obligations.

### **A Roadmap for Technical Proficiency**

To bridge the identified research void, a multi-pronged approach is necessary. The preference for expert-led seminars and webinars (54.88%) over peer-to-peer education implies that students recognize the complexity of the NCAHP Act and require professional interpretation. The results provide a clear roadmap: outreach must transition from general awareness campaigns to structured, curriculum-based modules. These modules should focus on the technical requirements for licensure, registration, and the ethical standards mandated by the 2021 Act, ensuring that "awareness" translates into "professional competence."

## **CONCLUSION AND NET FINDINGS**

The study provides a critical empirical assessment of how the National Commission for Allied and Healthcare Professions (NCAHP) Act is being perceived by the next generation of healthcare providers. By addressing the identified "research void," the findings offer a clear distinction between superficial awareness and functional competence.

### **Net Findings**

- 1. The Perception-Awareness Gap:** The most significant finding is the disparity between student attitudes and objective knowledge. While **85.37%** of students recognize the Commission as a vital step for professional validation (Perception Score: **85.6%**), their

mastery of the actual statutory requirements, such as registration protocols and regulated categories, remains moderate at best (Awareness Score: **50.4%**).

- 2. Seniority as a Catalyst for Awareness:** Academic progression is the primary driver of knowledge. Senior students (3rd/4th Year and Masters) scored significantly higher than their junior counterparts ( $p < .001$ ), suggesting that awareness is currently acquired through "academic osmosis" as students approach graduation, rather than through structured, early-stage orientation.
- 3. Institutional Responsibility vs. Digital Opportunity:** Higher education institutions are the primary conduits of information (**58.54%**). However, there is a marked underutilization of digital platforms. Despite being digital natives, only **24.39%** of students learned about the NCAHP via social media, indicating a disconnect in how regulatory bodies communicate with the younger cohort.
- 4. A Mandate for Formalization:** The "net finding" regarding the future roadmap is clear: **69.51%** of students explicitly demand formal curriculum integration. Students prefer expert-led seminars (**54.88%**) over peer-to-peer learning, acknowledging the complexity of the Act and the need for authoritative interpretation.

### Visual Analysis of Research Gaps

The study identifies three critical "voids" that must be bridged to ensure the successful adoption of the Act:

- **The Vertical Gap (Seniority):** The lack of early-career orientation leaves junior students vulnerable to misinformation.
- **The Depth Gap (Technicality):** Students understand the "Why" (standardization) but not the "How" (licensure and compliance).
- **The Structural Gap (Methodology):** A disconnect between current passive information flow and the student desire for active, structured academic modules.

### Final Conclusion

In conclusion, while allied and healthcare students in the region demonstrate a highly positive professional identity and an eagerness for regulation, their technical literacy regarding the NCAHP Act is fragmented. The transition from a legislative document to a lived professional reality requires moving beyond general awareness campaigns. To fulfill the goals of the 2021 Act, educational institutions and regulatory councils must implement structured, curriculum-based modules and expert-led training. This will ensure that graduates are not only aware of

the Commission but are technically proficient and legally prepared to enter the regulated healthcare workforce.

#### **FUTURE ACTION PLAN /SUGGESTION:**

- **Academic Integration:** Education boards should formally integrate NCAHP regulations, registration procedures, and professional standards into the core syllabus of all allied healthcare programs.
- **Proactive Outreach Programs:** Educational institutions and the NCAHP should prioritize **seminars, webinars, and social media campaigns**, as these were identified by students as the most effective ways to bridge the current information gap.
- **Institutional Workshops:** Given that over **97%** of students are interested in or open to attending workshops, the commission should launch certified orientation programs to help students navigate licensure and career progression.
- **Data Collection Optimization:** Future surveys should be streamlined by disabling "Quiz" scoring for non-assessment questions and using **dropdown menus or Likert scales** instead of open-ended text fields to ensure data consistency and easier analysis.

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#### **CONFLICT OF INTEREST**

The authors declare that there are no conflicts of interest associated with this study. The research was conducted independently, and the findings presented are free from any commercial or financial influence that could have affected the results or interpretation.

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## ETHICAL APPROVAL

The study was conducted in accordance with institutional guidelines. Participation was voluntary, and informed consent was obtained from all participants via an introductory statement on the Google Form. All responses were anonymized and treated confidentially.

## DATA AVAILABILITY STATEMENT

The datasets generated during the current study are available from the corresponding author on reasonable request.

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