

Physiotherapy Education Standards in India — A Narrative Review

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Abstract—This narrative review synthesizes the current landscape of physiotherapy education standards in India, outlining historical development, regulatory framework, curriculum evolution (including the shift toward competency-based education), gaps in quality and uniformity, challenges in regulation and accreditation, and recommendations for strengthening education and practice. The review incorporates citations from statutory bodies, university curricula, professional associations, and academic commentary.

Index Terms—Physiotherapy education, India, curriculum, competency-based, regulation, Rehabilitation Council of India, AICTE, Indian Association of Physiotherapists

I. INTRODUCTION

Physiotherapy education in India has expanded rapidly over recent decades, driven by increased demand for rehabilitation services and the growth of private educational institutions. Despite positive expansion, wide variations in quality, fragmented regulation, and inconsistencies in curriculum delivery persist (Sharma et al., 2020). A thorough understanding of existing standards is essential for improving physiotherapy training.

II. A BRIEF HISTORY AND GROWTH TRAJECTORY

Physiotherapy education formally began in India in the mid-20th century, with structured Bachelor of Physiotherapy (BPT) programs emerging by the 1990s (Kumar & Chakravarty, 2015). Growth accelerated with privatization, resulting in hundreds of colleges and increased enrolment. However, rapid expansion also led to concerns regarding standardization (Gupta et al., 2019).

Regulatory Framework and Professional Bodies
Physiotherapy education is regulated by multiple agencies:

- The National Commission for Allied and Healthcare Professions (NCAHP) Act officially recognised physiotherapy as an independent professional category. By 2024–2025, multiple states have initiated steps toward establishing State Allied & Healthcare Councils, although progress varies (NCAHP, 2021).
- Universities and State Health Science Universities: Govern curriculum implementation, examinations, and institutional affiliation.
- AICTE: Provides regulatory oversight for technical and professional education, including certain physiotherapy programs (AICTE, 2022).
- Indian Association of Physiotherapists (IAP): A professional body promoting standards of practice, though without statutory authority.

This multi-agency structure results in overlapping jurisdiction and inconsistent enforcement (Menon & Joseph, 2021).

Curriculum Evolution Shift to Competency-Based Education

Traditional physiotherapy curricula in India have been largely subject-based. However, many universities including Maharashtra University of Health Sciences (MUHS) and Rajiv Gandhi University of Health Sciences (RGUHS) have transitioned toward competency-based frameworks emphasizing clinical skills, behaviour, and outcome-based assessment (MUHS, 2021; RGUHS, 2020).

Competency-based education aligns Indian standards more closely with global frameworks such as WCPT/World Physiotherapy guidelines (World Physiotherapy, 2019).

Current Standards and Common Elements

Across Indian physiotherapy programs, common components include:

- Program duration: 4 years plus 6 months internship (UGC, 2016).
- Core subjects: Anatomy, Physiology, Biomechanics, Exercise and Electrotherapy, Musculoskeletal, Neuro, Cardiorespiratory, Pediatrics, Community Health, Research.
- Assessment: Theory exams, viva, practicals, logbooks, and OSCE-type evaluations (Pal et al., 2021).

Gaps and Challenges

1. Curriculum Variability: Different universities follow different syllabi, resulting in inconsistent skill levels among graduates (Gupta et al., 2019).
2. Regulatory Fragmentation: Lack of a single statutory council exclusively for physiotherapy contributes to ambiguity (Menon & Joseph, 2021).
3. Faculty Shortage: Rapid institutional growth exceeds availability of trained educators (Sharma et al., 2020).
4. Assessment Limitations: Many colleges rely heavily on theory-based exams instead of structured clinical competency evaluation (Pal et al., 2021).
5. Inclusivity Issues: Reports highlight discriminatory curricular language and limited accessibility for students with disabilities (The Hindu, 2024).
6. Professional Recognition Concerns: Variability in state-level recruitment processes and recognition issues continue (Kumar & Chakravarty, 2015).
7. Weak Research Culture: Limited integration of evidence-based practice and research training (Gupta et al., 2019).

Current Scenario (2023–2025)

India vs Global Current Scenario (Comparative Overview)

The current state of physiotherapy education in India must be interpreted in the context of global trends. Many international frameworks particularly those from World Physiotherapy, WCPT, CAPTE (USA), HCPC (UK), and Australian Physiotherapy Council serve as benchmarks for comparison.

A. Regulatory Structure: India vs Global

Component	India	Global (UK/USA/Australia)
Regulatory Authority	Multiple bodies (NCAHP Act, Universities, State Councils)	Single national statutory body (HCPC, CAPTE, APC)
Licensing Exam	Not yet implemented	Mandatory national licensing (NPTE, HCPC, AHPRA)
Registration	state councils	Centralized national registration

B. Curriculum and Competency Standards

Aspect	India	International Standard
Competency-Based Curriculum	Expanding (MUHS, RGUHS, KNRUHS)	Fully established; mandatory competency mapping (WCPT, CAPTE)
Clinical Hours	Varies widely (800–1200 hrs)	Consistent, regulated minimum hours
OSCE / WPBA	Adopted but inconsistent	Mandatory, standardized globally
Evidence-Based Practice	Present but variable	Strongly embedded; research-heavy

C. Faculty and Infrastructure

Aspect	India	Global
Faculty Qualifications	Highly variable	Strict entry requirements + accreditation checks
Simulation Labs	Growing slowly	Standard component in modern programs
Clinical Exposure	College-dependent	Nationally mandated, audited

D. Research and Professional Development

Aspect	India	Global
Undergraduate Research	Increasing but inconsistent	Strong research culture; compulsory projects
Postgraduate Opportunities	Widespread but variable quality	Highly structured masters + fellowship pathways

E. Graduate Employability and Workforce Alignment

Aspect	India	Global
Workforce Demand	Rapidly increasing (PMJAY, geriatric rehab)	Stable but specialised demand
Job Market Preparedness	Variable	Standardized competency benchmarks
Recognition of Profession	Improving; transitioning to NCAHP	Fully recognised healthcare profession

Summary of Comparative Insights

- India is rapidly progressing but still behind global benchmarks in unified regulation, assessment uniformity, and mandatory licensing.
- Competency-based curriculum adoption is moving in the right direction, but implementation capacity varies.
- Global standards emphasise strong research culture, strict accreditation, and robust clinical governance, areas where India is still evolving.
- India’s growth is accelerated by government health expansion, making the refinement of education standards more urgent.

III. CURRENT SCENARIO (2023–2025)

Overview

Physiotherapy education in India between 2023 and 2025 has undergone notable transformation driven by regulatory changes, institutional expansion, technological integration, and global alignment pressures. This section expands the current scenario with deeper analysis and state-wise developments.

1. Implementation of the NCAHP Act, 2021

The National Commission for Allied and Healthcare Professions (NCAHP) Act officially recognised physiotherapy as an independent professional category. By 2024–2025, multiple states have initiated steps toward establishing State Allied & Healthcare Councils, although progress varies (NCAHP, 2021). This reform marks the beginning of India’s move toward a unified national regulatory structure.

2. Expansion of BPT/MPT Seats Nationwide

The rapid increase in private physiotherapy colleges has continued, with several states Maharashtra,

Karnataka, Tamil Nadu, and Telangana showing the highest growth (Sharma et al., 2020). While this improves accessibility, issues of faculty shortages and infrastructure gaps remain prominent.

3. Shift to Competency-Based Curriculum (CBC)

Health universities have expanded and refined competency-based frameworks:

- MUHS (Maharashtra): Fully implemented CBC with structured clinical competencies, early clinical exposure, and OSCE mandates (MUHS, 2021).
- RGUHS (Karnataka): Updated CBC emphasising professional behaviour benchmarks and research integration (RGUHS, 2020).
- KNRUHS/Dr. MGR University: Introduced revised logbooks, WPBA (Workplace-Based Assessments), and skill-based modules.

Despite these developments, many institutions still struggle with OSCE standardization and faculty readiness (Pal et al., 2021).

4. Digital & Simulation-Based Learning Growth

Post-pandemic reforms accelerated:

- virtual anatomy software,
- simulation mannequins for emergency physiotherapy training,
- tele-rehabilitation clinical posting modules.

However, disparities in affordability create unequal learning experiences between rural and urban colleges.

5. Increasing Alignment with Global Standards

More institutions now reference the World Physiotherapy (2019) Global Competency Framework. Key adopted elements include:

- professionalism and ethics training,
- communication competencies,
- evidence-based practice.

Yet, India still lacks a national uniform entry-level competency document.

6. Growing Student Advocacy & Calls for National Licensing Exam

Student groups and physiotherapy associations have demanded:

- a National Licensing Examination (similar to medical or nursing boards),
- minimum internship stipend policies,

- standardised clinical posting hours (IAP, 2023). These discussions gained momentum after multiple reports of inconsistent internship experiences.

7. Increasing Rehabilitation Demand in India

Government initiatives such as PMJAY, Ayushman Bharat Health Infrastructure Mission, and geriatric/rehab expansion have increased the demand for trained physiotherapists (UGC, 2016). This places pressure on institutions to enhance competency standards.

8. Curriculum Reform for Disability-Inclusive Language

2024 investigations highlighted outdated terms in syllabi (e.g., “handicapped”). Universities have since begun updating curricula to incorporate person-first, rights-based terminology (The Hindu, 2024). This shift aligns with the RPwD Act (2016) principles.

9. Strengthening Research Culture

Many universities now require:

- mandatory final-year research projects,
- journal club participation,
- submission of at least one manuscript (in some MPT programs).

However, insufficient faculty research experience limits quality (Gupta et al., 2019).

10. State-Wise Distribution (2023–2025)

State / Region	Key Developments
Maharashtra	Full CBC rollout, increased digital tools, strong clinical networks.
Karnataka	High private-sector growth, diverse clinical postings, early OSCE adoption.
Tamil Nadu	Strengthening research culture; MGRU revisions on disability-inclusive terms.
Telangana	Rapid seat expansion; KNRUHS updated logbooks and competencies.
Kerala	Strong teaching-hospital integration; high student advocacy activity.
North India (Delhi, UP)	Increase in private colleges; variation in internship quality.

Recent Debates and Developments

Recent discussion has focused on:

- Rights-based language in curricula, driven by advocacy groups (The Hindu, 2024).

- Calls for the establishment of a National Physiotherapy Council to unify accreditation (IAP, 2023).
- Legal debates about professional equivalence and statutory recognition (Menon & Joseph, 2021).

IV. RECOMMENDATIONS

1. Develop a national competency framework for uniform implementation across all institutions.
2. Strengthen clinical assessment using OSCEs and workplace-based evaluation.
3. Invest in faculty development, clinical educator training, and postgraduate teaching qualifications.
4. Enhance clinical partnerships between institutions and hospitals.
5. Improve inclusivity through curriculum reform aligned with rights-based approaches.
6. Strengthen research capacity among students and faculty.
7. Clarify statutory recognition and implement unified accreditation.

Limitations

As a narrative review, this work synthesizes available literature and policy documents but does not use systematic review methodology. Grey literature and institutional policies may not be comprehensively represented.

V. CONCLUSION

Physiotherapy education in India is progressing toward competency-based approaches, yet challenges persist in standardization, regulation, inclusivity, and assessment. Policy-level reform, unified accreditation, and emphasis on faculty and clinical training are essential steps for building a robust and future-ready physiotherapy education framework.

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