

Review Article

A Decade Without Audiologists: Persistent Non-Recruitment in Indian Public Health

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ABSTRACT

The National Programme for Prevention and Control of Deafness (NPPCD) was introduced in India to provide early hearing detection and intervention services at district and tertiary healthcare levels. Although the programme plans for a qualified audiologist to be posted at each district facility, our research shows that this has not happened in most public hospitals across India. This finding comes from our review of policy records and Right to Information (RTI) responses covering the years 2014–2024. Instead, Audiometric Assistants and Technicians are routinely substituted, despite lacking statutory recognition or registration.

Under the Rehabilitation Council of India (RCI) Act, 1992, only RCI-registered professionals may practice as Audiologists. In 2021, RCI issued Model Recruitment Rules (MRRs) to standardize qualifications, pay scales, and designation. Yet, no central or state institution has adopted them to date.

This paper analyzes a decade of non-compliance and institutional neglect using legal provisions, budget allocations, and government admissions obtained through RTIs. It concludes that continued misclassification of roles and failure to recruit qualified Audiologists represent violations of statutory, ethical, and programmatic obligations, undermining the rights of persons with hearing disabilities and misusing public funds.

We call for mandatory implementation of RCI's MRRs, audit of NPPCD-compliant staffing, and legal accountability for healthcare providers violating rehabilitation laws. This study is the first to systematically document, through government-verified RTI data, a decade-long administrative failure to implement NPPCD's mandated recruitment of Audiologists, highlighting the policy and rights implications of this neglect

Keywords: Audiologist recruitment, NPPCD, Rehabilitation Council of India, Public health policy India, Disability rights, RCI Act 1992, Healthcare human resources, Misuse of professional titles.

INTRODUCTION

The National Programme for Prevention and Control of Deafness (NPPCD) was introduced by the Ministry of Health & Family Welfare (Ministry of Health and Family Welfare, 2015) to reduce the burden of hearing impairment in India. A critical component of

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this program is the deployment of qualified Audiologists, as recognized under the RCI Act, 1992, to ensure early diagnosis, intervention, and rehabilitative services. This aligns with global frameworks such as the World Health Organization's World Report on Hearing (2021) and the United Nations Convention on the Rights of Persons with Disabilities (CRPD, 2006), which emphasize the right to accessible hearing care and qualified rehabilitation personnel (World Health Organization, 2021; United Nations, 2006). However, more than a decade after the NPPCD's implementation, Audiologists remain systematically absent from institutional frameworks, reflecting a gap between program intent and human resource implementation

This institutional failure directly affects the developmental outcomes of children with hearing impairment, delaying speech-language acquisition, literacy, and cognitive development, and thereby reducing long-term educational and social inclusion opportunities.

This paper draws upon official RTI responses from government hospitals and ministries (2014–2015), reinforced with findings as of 2024, and argues that this longstanding pattern of non-recruitment is not due to administrative delays but reflects a deeper institutional apathy and systemic disregard for both legal mandates and healthcare outcomes.

METHOD

This study adopts a documentary and legal analysis approach. Data were obtained through multiple Right to Information (RTI) applications filed between 2014 and 2015 with government hospitals, ministries, and statutory bodies, including the Directorate General of Health Services (DGHS), the Ministry of Health and Family Welfare (MoHFW), and the Rehabilitation Council of India (RCI). The responses were examined both for factual content and for their administrative language, which reflected administrative positions toward professional recruitment. Particular attention was given to how bureaucratic phrasing in RTI replies revealed implicit resistance to implementing professional standards. These RTI data were complemented by policy documents and follow-up communications up to 2024. This qualitative evidence base provides insight into the systemic neglect of audiological human resources in India's public health sector.

RTI responses were chosen as they are official, legally verifiable documents that represent institutional positions rather than personal opinions, thereby providing a reliable evidentiary base for policy analysis. Despite these clear statutory provisions, most government hospitals continue to appoint or deploy unregistered personnel in violation of the Act, undermining both legal accountability and professional standards

FINDINGS

Background and Literature Context

Previous studies have highlighted the acute shortage of rehabilitation professionals in India and the challenges this poses to inclusive service delivery (Narayan & Deepthi, 2013; RCI, 2021). The World Health Organization's World Report on Hearing (2021) emphasizes that unaddressed hearing loss affects education, employment, and social participation, particularly in low- and middle-income countries. Studies on health workforce planning have also shown that the absence of qualified personnel directly limits program effectiveness (WHO, 2016). In the Indian context, few published works have empirically documented the administrative gaps and regulatory failures affecting audiology practice in public institutions. This study addresses this gap by analyzing RTI evidence and policy responses to examine how the persistent non-recruitment of Audiologists undermines disability-inclusive health systems.

Legal Framework: RCI Act and Professional Scope

As mentioned before, in spite of clear statutory provisions, most government hospitals continue to appoint or deploy unregistered personnel in violation of the Act, undermining both legal accountability and professional standards. The relevance of the RCI Act, therefore, lies in its potential to ensure lawful recruitment and safeguard the quality of audiological services under public health programmes.

The Rehabilitation Council of India Act, 1992, is the primary statute governing the education, licensing, and ethical practice of Audiologists in India. It mandates that:

Only those registered with the RCI may practice as an Audiologist (Section 13).

Unauthorized use of professional titles is punishable by law (Section 14).

The Council can recommend minimum standards for employment and training.

The continuing absence of RCI-registered professionals within public hospitals demonstrates the current relevance of this Act. However, the lack of its implementation and the reluctance of government to control and safeguard competent and ethical audiological services weakens its expected impact. The Act provides both individual protection for professionals and structural safeguards for service quality — both of which are currently being bypassed.

The absence of adherence to these statutory requirements directly affects the design and implementation of national programmes such as the NPPCD. Although the legal framework clearly establishes professional standards and accountability mechanisms, these have not been integrated into operational planning or recruitment procedures. The next section reviews how the NPPCD's policy commitments and financial allocations failed to translate into actual appointments of qualified Audiologists across India.

NPPCD Guidelines and The 12th Five-Year Plan

In its reply dated 27 July 2015, the Directorate General of Health Services (Government of India, 2014) confirmed that under the 12th Five-Year Plan, each implementing district was sanctioned contractual posts for:

1 ENT Surgeon

1 Audiologist

1 Audiometric Assistant

1 Instructor for Hearing Impaired

Funds were allocated and guidelines issued. Despite this, implementation remains minimal. In fact, RTI responses from hospitals in 2015 confirmed (Government of India, 2015) the absence of Audiologist posts (Government of India, 2015) and a follow-up check in 2024 reveals no progress in recruitment, posting, or service delivery.

Institutional Responses: Then and Now

The Right to Information (RTI) mechanism was used as a documentary research tool because it provides authenticated, government-verified responses, ensuring reliability and traceability of data across institutions.

To assess institutional adherence to NPPCD mandates, RTI responses were collected from key government hospitals in 2014–2015 and were followed up with status checks in 2024. These institutions included RML Hospital, Kalawati Saran Hospital, Lady Hardinge Medical College (LHMC), Safdarjung Hospital, VMMC, JIPMER, and PGIMER. Despite policy directives and sanctioned posts, no significant recruitment or reclassification has occurred.

For a comparative summary of institutional responses in 2015 versus 2024, please refer to Table 1 under the “Tables and Figures” section at the end of this manuscript.

These findings confirm that no corrective action has been taken over 10 years, despite repeated RTIs, complaints, and policy recommendations.

This sustained lack of progress reflects system inertia within the NPPCD framework, where administrative approvals exist on paper but execution remains stagnant across institutions.

This institutional silence reflects a deeper pattern of bureaucratic neglect and a lack of accountability toward disability-inclusive public health policy

Rci's Position: Audiologist Must Be Appointed

In continuation with the findings above, it is important to note that the Rehabilitation Council of India (RCI), the statutory regulatory authority, has consistently emphasized the need for employing qualified Audiologists.

In its letter dated 23 November 2015, the Rehabilitation Council of India (RCI) wrote to the Chief Commissioner for Persons with Disabilities (Chief Commissioner for Persons with Disabilities, 2015):

"The Council is of the view that qualified Audiologists should be employed by hospitals and healthcare providers — government or private — for providing quality services to persons with hearing impairment and optimal utilization of audiological infrastructure."

This unambiguous position from a statutory authority makes non-recruitment legally untenable.

The Ministry Of Health & Family Welfare's Evasive Reply

In response to both NHRC and the Chief Commissioner for Persons with Disabilities, the Ministry of Health & Family Welfare (MoHFW) replied on 23 November 2015 that (Government of India, 2015):

To overcome shortage, a DHLS course (Diploma in Hearing Language & Speech) had been launched.

Appointment of Audiologists in district hospitals is state subject.

These responses appear administratively insufficient and misleading:

DHLS holders are not equivalent to Audiologists.

Central hospitals like RML and Safdarjung are under MoHFW, not state.

The same evasive argument continues even in 2024, with no recruitment drives, no amendments to hospital recruitment rules, and no enforcement of standards. Such administrative evasions indicate systemic disregard for statutory compliance and ethical responsibility, as the Ministry continues to deflect its obligations under national law.

Model Recruitment Rules (2021): Ignored Blueprint

The RCI released revised Model Recruitment Rules in 2021, which:

Classify Audiologists and SLPs as Group B Gazetted posts

Mandate RCI registration for appointments

Outline career progression (Grade II → Grade I)

Propose transition rules for existing staff

The non-implementation of these rules appears linked to bureaucratic fragmentation between central and state authorities, unclear jurisdiction over health-care staffing, and limited political priority accorded to rehabilitation services.

As of 2024, not a single government hospital or public health institution has implemented these Model Rules (Rehabilitation Council of India, 2021), making them effectively defunct, despite being released by a statutory regulator.

Legal And Policy Violations

The situation today constitutes clear violations of:

RCI Act, 1992 – misuse of titles, unregistered practice

RPwD Act, 2016 – denial of rehabilitation services to persons with disabilities

Article 41 of the Constitution – right to public assistance in case of disability

Budgetary mismanagement – costly equipment (Government of India, 2014) purchased without professionals to operate it

Public funds have been spent, infrastructure created, and guidelines issued – but without qualified professionals, the system remains functionally incomplete. Taken together, these correspondences reveal a pattern of denial that transcends administrative excuses and enters the domain of legal non-compliance.

DISCUSSION

The findings of this study reveal more than administrative delay; they demonstrate a persistent structural disconnect between statutory mandates and public health implementation. Despite sanctioned posts, budget allocations, and clearly defined professional standards under the RCI Act (1992), institutional responses over a ten-year period show no meaningful movement toward compliance. The RTI evidence confirms that non-recruitment is not episodic but systemic.

A key pattern emerging from the RTI replies is bureaucratic deflection. Repeated references to “health being a state subject” and reliance on substitute cadres such as DHLS-trained personnel indicate an administrative strategy of responsibility shifting rather than resolution. This suggests that policy commitments under NPPCD operate symbolically at the guideline level but lack enforcement mechanisms at the operational level. Such fragmentation between central policy design and institutional execution weakens programme credibility.

From a developmental perspective, the consequences are significant. Early childhood hearing loss requires timely, specialised intervention to prevent long-term speech, language, and cognitive delays. The absence of qualified Audiologists within district and tertiary hospitals delays diagnosis, reduces rehabilitation quality, and increases the likelihood of preventable educational exclusion. The World Health Organization (2021) emphasises that early hearing care yields substantial long-term social and economic returns; therefore, prolonged non-recruitment represents not only a rights violation but also a loss of human capital.

The findings also illustrate broader governance challenges within India’s disability sector. While the RCI regulates professional standards and the RPwD Act (2016) guarantees rehabilitation rights, health workforce planning remains administratively disconnected from disability legislation. This institutional fragmentation allows statutory provisions to exist without enforcement. The decade-long persistence of this gap indicates that the issue is structural rather than procedural.

Comparatively, countries that have integrated audiologists into community-level hearing programmes demonstrate improved early detection and intervention outcomes. The absence of similar integration within NPPCD suggests that the programme’s design has not translated into accountable human-resource planning. Without clear monitoring mechanisms and mandatory staffing audits, sanctioned posts risk remaining nominal commitments.

Taken together, these findings suggest that the non-recruitment of Audiologists is not merely a human-resource shortage but a governance failure affecting disability justice, health equity, and inclusive development. Addressing this gap requires structural

alignment between policy mandates, statutory regulation, and institutional accountability mechanisms.

CONCLUSION

Ten years after formal complaints were lodged and RTIs submitted, nothing has changed. The same hospitals (Government of India, 2015), the same ministries, and the same statutory silence continues. This is no longer a bureaucratic lapse, it is a systemic defiance of the law, a betrayal of professionals, and a disservice to citizens who depend on public health systems. The persistence of these patterns over a decade underscores not merely administrative inertia but a structural indifference toward the rights of persons with hearing disabilities. Without immediate structural reform and statutory enforcement, Audiology in India will continue to operate in a legal vacuum and professional neglect.

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RECOMMENDATION

1. Mandatory enforcement of the 2021 RCI Model Recruitment Rules in all government institutions.
2. Central MoHFW directive to all hospitals receiving NPPCD funding to appoint RCI-registered Audiologists.
3. Immediate reclassification of qualified assistants into proper grades under a one-time transition rule.
4. Judicial or quasi-judicial oversight through CCCPwD or writ petitions in High Courts.
5. Audit of NPPCD implementation to assess recruitment compliance and equipment usage.

DATA AVAILABILITY STATEMENT

The data supporting this study consist of publicly available Right to Information (RTI) responses and official communications with ministries and statutory bodies. Copies of RTI replies and related documents are available from the author upon reasonable request.

Table 1: RTI Findings (2014–2015) and Current Status (2024)

Institution	2015 Status	2024 Status	Change?
RML Hospital, New Delhi	No Audiologist; Technician employed	Same situation persists	✗ No Change
Kalawati Saran Hospital	Assistant with Audiology degree; no Audiologist	Same; assistant with Audiology degree	✗ No Change
Lady Hardinge (LHMC)	No sanctioned post	Still vacant	✗ No Change
Safdarjung & VMMC	No sanctioned post	Still none	✗ No Change
JIPMER /PGIMER?	Awaiting recruitment rules	Still pending	✗ No Change

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