

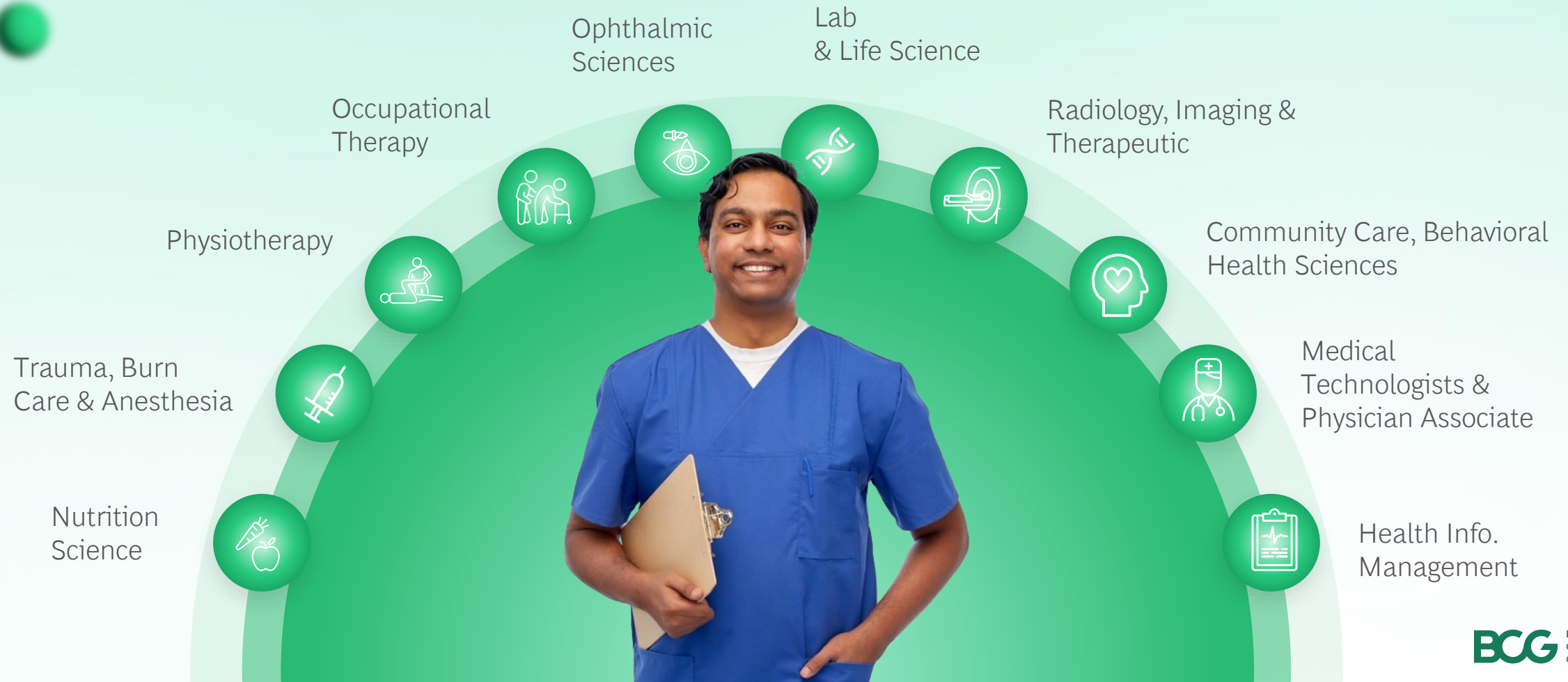


Allied Healthcare Professionals In India

Closing the skill gap and **opening** new opportunities.

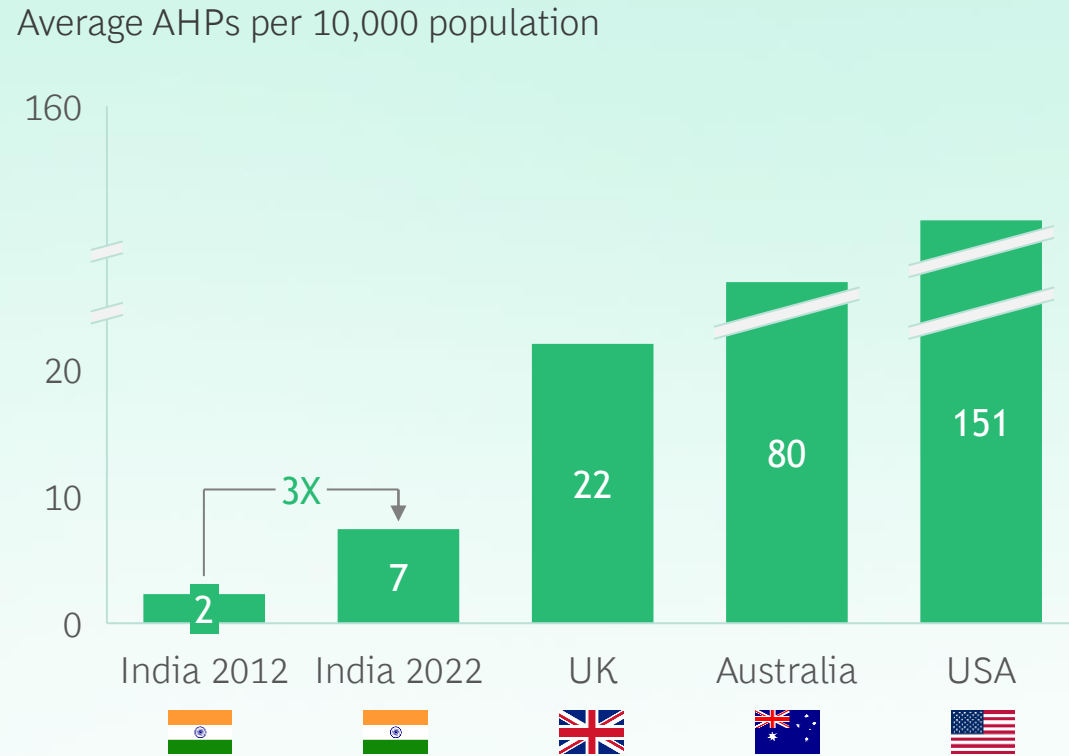


The Allied health profession consists of 10 categories of professionals covering 55 different roles



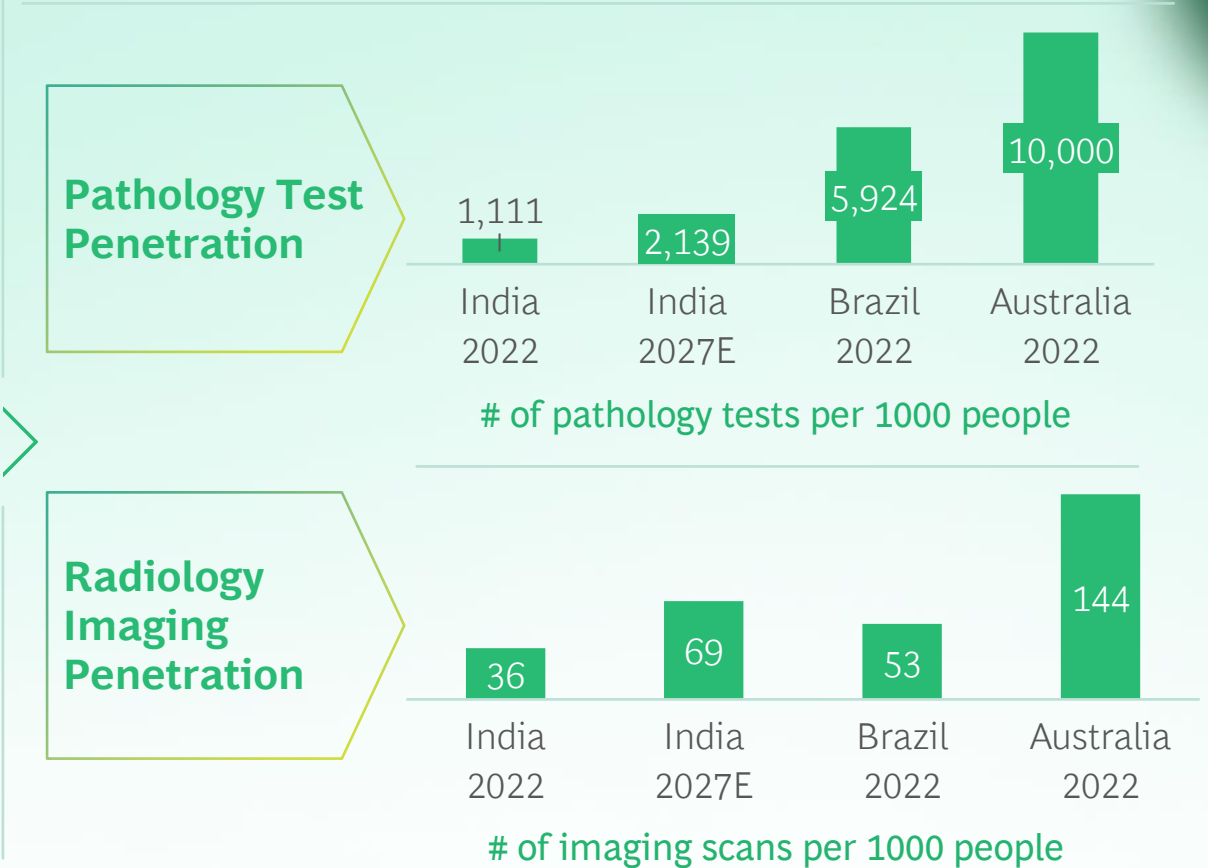
India has a large shortage in the Allied Healthcare space, likely to expand further with growing demand...

Low Allied Health capacity compared to other economies



30-40% unfulfilled demand

Demand Expected to increase further

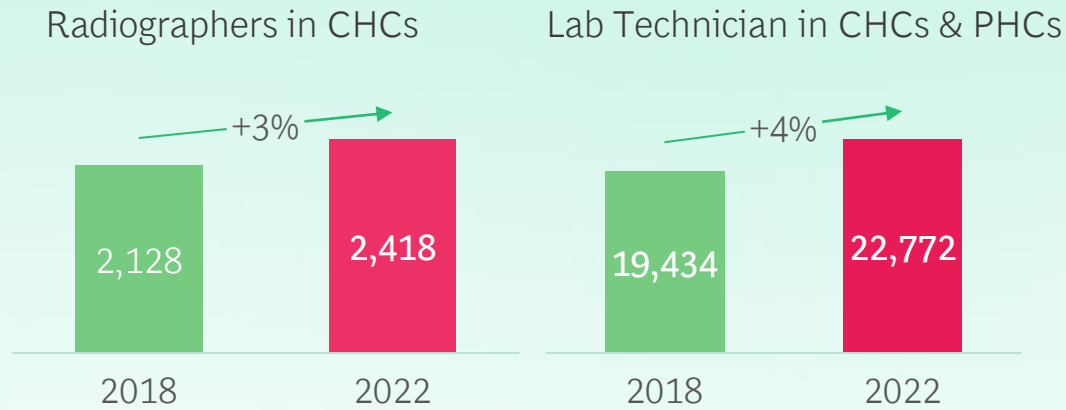


Additional demand of 2-3M AHPs in the decade

Source: AHPF Website, Australian Govt Dept of Health website, Statista, Press search, BCG analysis

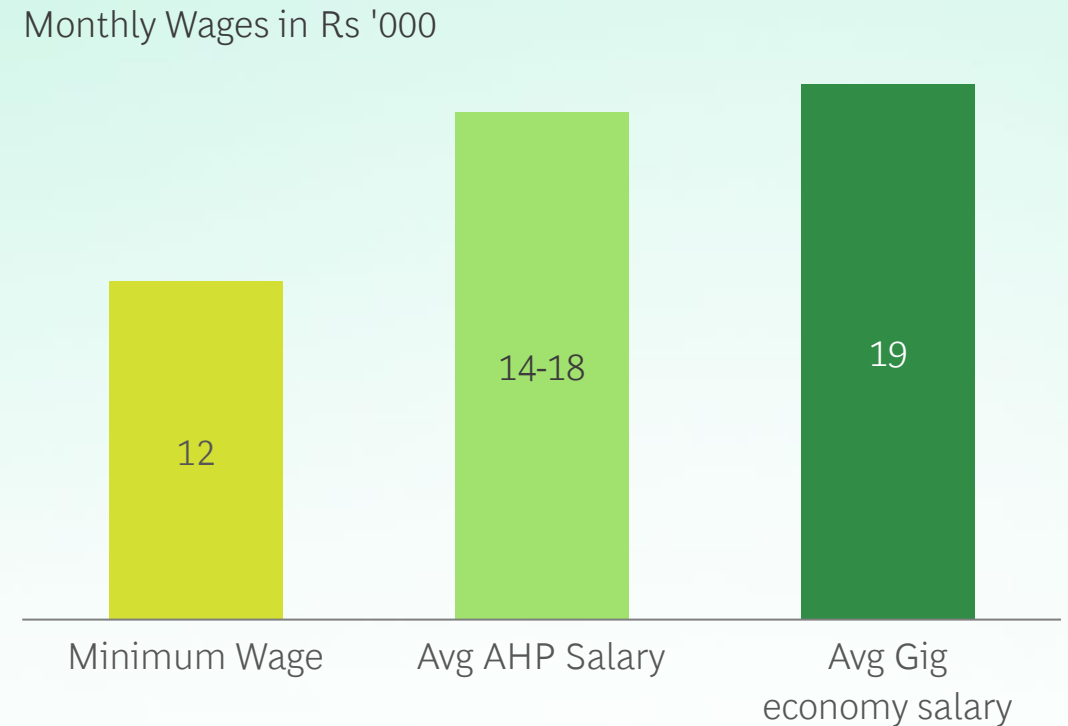
...however, it also faces a unique anti 'demand-supply' dynamic with low growth in supply coupled with low wages

Supply of AHPs has not grown disproportionately



Awareness of Allied Healthcare roles in the target school-going population

Wages for AHPs are low, often near minimum wages



The Allied health profession is currently trapped in a vicious circle

30 - 40% shortage of professionals across pools

6 | Lack of awareness, low willingness to pursue courses, preference to gig-economy choices, lower quality talent attracted to trainings

5 | Low job satisfaction, leading to low word-of-mouth and referrals

4 | This further reduces employer effort and inclination towards upskilling and creating career progression pathways



1 | Mushrooming of training centres; but with limited oversight on quality; low placement rates

2 | High variability in quality of pass-outs; low fit with required skills at healthcare centres

3 | Low pay, third-party payrolls leading to high attrition rates

Rapid proliferation of training institutions for AHPs...



~61-67%

of training centres established within last five years
(*Lab or Dialysis Technician in U.P.)

...however, training quality below expectations



77%

Colleges scored below quality benchmark in terms of skills of qualified students

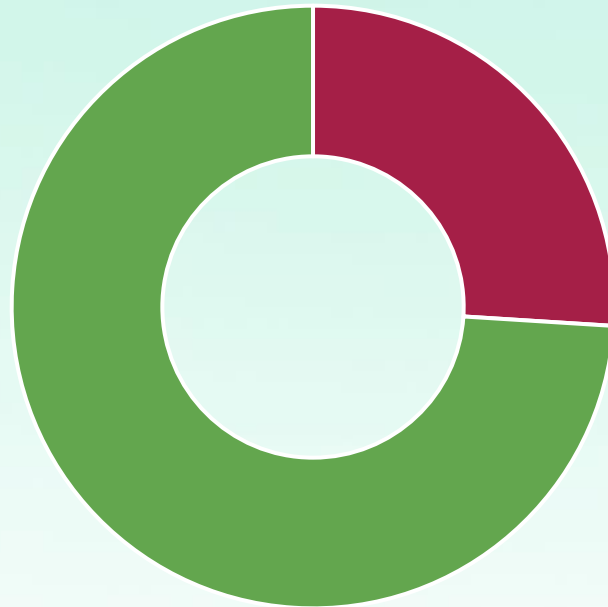


Candidates were not confident about their job opportunities or placements in reputed centres

Source: UPSMFAC Website, [Press article](#), BCG analysis

Improving availability, but with high variability in the quality of Allied Health professionals

26% employers find it 'difficult' to get skilled AHPs

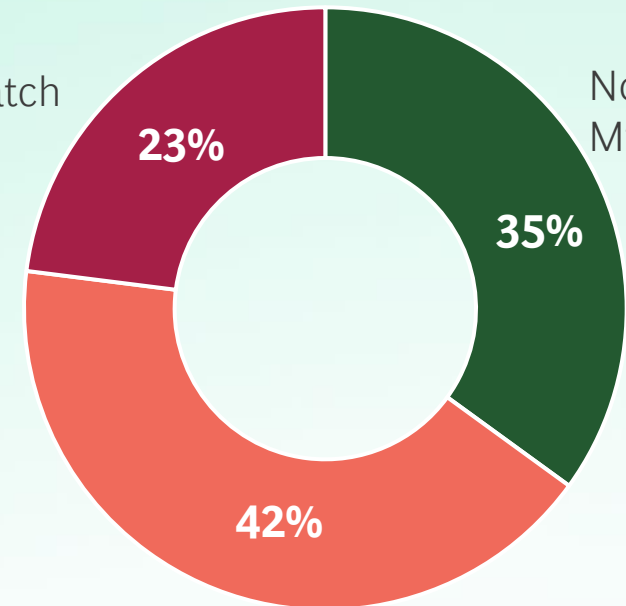


26%
Believe it is 'Difficult' to find trained AHPs

74%
Believe it is 'Feasible' to find trained AHPs

65% find mismatch in skillset of the available AHPs

High Mismatch



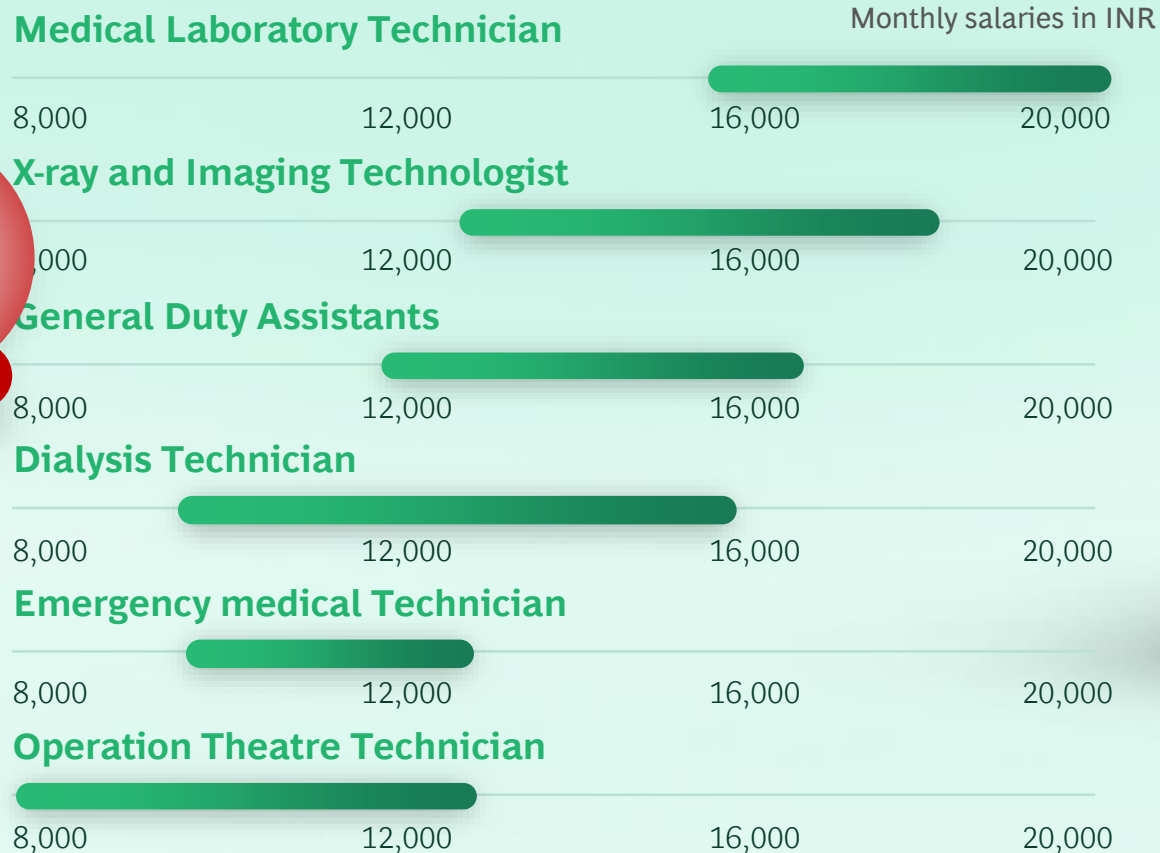
Mismatch

No Mismatch

Pay scales are lower, leading to higher staff churn

Salaries for Allied Health professionals continue to be low..

...leading to higher attrition



...further reducing upskilling opportunities

Source: [Employer Survey – Tech Mahindra Foundation](#), BCG analysis

Low job satisfaction leading to low referral and word of mouth

Satisfaction on work
Content and Growth
Opportunities

47%

Looking at themselves
in the same company
1 year from now

72%

Looking at
themselves in the
same profession 5
years from now

61%

Will recommend
AHP career
pathways to others

55%

Lower overall interest in pursuing the Allied Healthcare profession



Allied Healthcare Worker

- + Stable Income
- + Inclusion in formal economy
- Low Social Respect
- Long training period; 2 Year Diploma
- Initial Fee
- Lower Pay



Gig Economy Worker

- + Higher Salary
- + Immediate Gratification
- + Low entry barriers; no upfront investment
- Higher Variability in pay
- Limited growth opportunity



6

Strong foundation created via policy action to break the cycle; but would be a tall order to drive implementation



Let's discuss

