

Dissertation Title

"To design the basic inspection format and the checklist for accreditation of hospitals /institutes to conduct post graduate medical courses and to study and compare the basic statistics of year 2011 and 2012 at the National Board of Examinations"

A Dissertation Proposal for Post Graduate Diploma in Health and Hospital Management

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Roll No: PG/11/040



International Institute of Health Management Research, New Delhi

May, 2013

"To design the basic inspection format and the checklist for accreditation of hospitals /institutes to conduct post graduate medical courses and to study and compare the basic statistics of year 2011 and 2012 at the National Board of Examinations"

A dissertation submitted in partial fulfillment of the requirements

for the award of

Post-Graduate Diploma in Health and Hospital Management

by

Dr. Kanchan Dua

Roll No: PG/11/040



**International Institute of Health Management Research
New Delhi -110075**

May, 2013

Certificate of Internship Completion

Date:....1/4/2013

TO WHOM IT MAY CONCERN

This is to certify that **Dr. Kanchan Dua** has successfully completed her 3 months internship in our organization from January 01, 2013 to April 01, 2013. During this intern she has worked on the project "**To design the basic inspection format and the checklist for accreditation of hospitals /institutes to conduct post graduate medical courses and to study and compare the basic statistics of year 2011 and 2012 at the National Board of Examinations**" under the guidance of me and my team at National Board of Examinations.

We wish him/her good luck for his/her future assignments

(Signature)



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Certificate of Approval

The following dissertation titled "**To design the basic inspection format and the checklist for accreditation of hospitals /institutes to conduct post graduate medical courses and to study and compare the basic statistics of year 2011 and 2012 at the National Board of Examinations**" is hereby approved as a certified study in management carried out and presented in a manner satisfactory to warrant its acceptance as a prerequisite for the award of **Post- Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation

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Certificate of Approval

06 May 2013

The following dissertation titled "**To design the basic inspection format and the checklist for accreditation of hospitals /institutes to conduct post graduate medical courses and to study and compare the basic statistics of year 2011 and 2012 at the National Board of Examinations**" is hereby approved as a certified study in management carried out and presented in a manner satisfactory to warrant its acceptance as a prerequisite for the award of **Post- Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

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FEEDBACK FORM

Name of the Student: Dr. Kanchan Dua

Dissertation Organization: National Board of Examinations under Ministry of Health & Family Welfare

Area of Dissertation: Department of Accreditation, Department of Registration & Counseling, Department of Thesis & Protocols

Attendance: Complete

Objectives achieved: Completion of tasks with sincerity
Timely Completion of Projects Assigned
Timely Submission of Reports and Documents

Deliverables: "To design the basic inspection format and checklist for accreditation of hospitals/ Institutes to conduct Post Graduate Medical courses and to study and compare the basic statistics of year 2011-12 at National Board of Examinations"

Strengths: Good Managerial Skills
Good Communication Skills
Time Management
Professionalism
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Signature of the Officer-in-Charge/ Organization Mentor (Dissertation)

Date: 30/04/2013
Place: New Delhi



Certificate from Dissertation Advisory Committee

This is to certify that **Dr. Kanchan Dua**, a graduate student of the **Post- Graduate Diploma in Health and Hospital Management**, has worked under our guidance and supervision. She is submitting this dissertation titled "**To design the basic inspection format and the checklist for accreditation of hospitals /institutes to conduct post graduate medical courses and to study and compare the basic statistics of year 2011 and 2012 at the National Board of Examinations**" in partial fulfillment of the requirements for the award of the **Post- Graduate Diploma in Health and Hospital Management**.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

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ABSTRACT

To design the basic inspection format and the checklist for accreditation of hospitals /institutes to conduct post graduate medical courses and to study and compare the basic statistics of year 2011 and 2012 at the National Board of Examinations

By

Dr. Kanchan Dua

It is expected that all doctors, both senior and junior, have meaningful, appropriate input to the systems by which health care is delivered and the quality of that health care can be continually improved. There should be a formal system of clinical governance or a quality assurance system that includes clear lines of responsibility and accountability for the overall quality of medical practice.

In order to achieve the same, the quality of medical education which is being provided has to be looked into and governed in a way so that to give the country the best of doctors.

For the post graduate medical education which forms the cornerstone of the country's progress, the Hospitals/Institutes providing the same have to be accredited with NBE/MCI. In order to grant accreditation, these Hospitals/Institutes are inspected thoroughly by specialists from the field and decision taken thereafter.

There has to be a standard format for inspecting the hospitals for giving them the accreditation to conduct DNB courses in order to avoid bias and ensure that each and every aspect is covered. This in turn would ensure that the hospital has the potential to conduct post graduate medical education which forms the cornerstone for a country's progress. Also, there should be a standard checklist for the inspectors so that no aspect

goes untouched or incomplete and each and every point is covered in detail so that a fair decision can be taken based on all the details. A standard format also helps in an efficient and effective decision making.

Also, the statistics have to be made available in order to know the status and make comparisons. The statistics have to be known to draw a comparison from the previous year and between different specialties in order to know the current scenario and deviation from the past.

Thus, a study was done on the current guidelines for accreditation of hospitals/ and basic inspection criteria for accreditation to conduct various post graduate medical courses in various specialties.

A basic format for inspection of Hospitals/Institutes for accreditation to conduct post graduate medical courses in various specialties was designed (Based on the NBE and MCI guidelines which are the two governing bodies in India for Post graduate medical education).

Also, a checklist for the inspectors to gather all the required data to ensure that the information provided by Hospital/institute is correct was made.

In order to get to know about the status of admission and exit examinations for DNB courses, a comparison was made of compare the statistics of various examinations conducted by National Board of Examinations for the year 2011 and 2012.

Also, the statistics of various examinations conducted by National Board of Examinations for the year 2011 and 2012 were analyzed in order to get to know the exact current status and the deviation from the past.

It was seen that there is a 16% increase in no. of applicants appearing for DNB-CET and 28% increase in no. of aspirants for CET-SS. For the fellowship entrance test there was an increase was of 15% in number of aspirants.

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LIST OF ABBREVIATIONS

NBE	NATIONAL BOARD OF EXAMINATIONS
MOHFW	MINISTRY OF HEALTH AND FAMILY WELFARE
DNB	DIPLOMATE OF NATIONAL BOARD
MCI	MEDICAL COUNCIL OF INDIA
DCI	DENTAL COUNCIL OF INDIA
CET	CENTRALIZED ENTRANCE TEST
CET(SS)	CENTRALIZED ENTRANCE TEST (SUPER SPECIALTY)
PD-CET	CENTRALIZED ENTRANCE TEST(POST DIPLOMA)
FMG	FOREIGN MEDICAL GRADUATES
NEET-PG	NATIONAL ELIGIBILITY-CUM-ENTRANCE TEST-POST GRADUATE
PG	POST GRADUATION
ICMR	INDIAN COUNCIL OF MEDICAL RESEARCH
OPD	OUT PATIENT DEPARTMENT
IPD	IN PATIENT DEPARTMENT
OT	OPERATION THEATRE
HOD	HEAD OF DEPARTMENT
ICU	INTENSIVE CARE UNIT
ICCU	INTENSIVE CORONARY CARE UNIT
NICU	NEONATAL INTENSIVE CARE UNIT
PICU	PEDIATRIC INTENSIVE CARE UNIT
FNAC	FINE NEEDLE ASPIRATION CYTOLOGY
CME	CONTINUING MEDICAL EDUCATION

1. INTERNSHIP REPORT

1.1. INTRODUCTION TO ORGANIZATION AND ITS PROFILE

INTRODUCTION TO THE ORGANIZATION AND ITS PROFILE

National Board of Examinations is an organization established by the Ministry of Health, Government of India in the field of Post Graduate Medical Education and Assessment.

NBE conducts examinations in 64 disciplines and subspecialties of modern medicine and has accredited 485 institutions/ hospitals in public and private sector all over the country for the purpose of training of candidates in various specialties in these disciplines.

The examinations conducted by NBE provide a common national benchmark for certification of training and post graduate skills. NBE's focus on quality and standards is reminiscent of excellence in education and assessment.

Government of India, after taking into account the expertise, experience and standing of NBE in the conduct of medical examinations entrusted the conduct of Screening Test for Foreign Medical Graduates; Government has also notified National Board of Examinations for conducting the National Eligibility cum Entrance test for Post Graduate courses (NEET-PG) for gaining entry to MD/MS/PG Diploma courses under various universities/ institutions in the country. NBE has pioneered use of innovative tools for assessment in the country.

NBE grants accreditation for DNB courses to hospitals in various Broad and Super specialties and has laid down norms for recognition of hospitals/ institutions for residency based training.

National Board of Examinations in its continuous endeavor to undertake capacity building and strengthen the Post Graduate Medical Education in the country conducts Continuing Professional Development Workshops for the benefit of post graduate trainees, faculty and specialists/ consultants.

NBE maintains an interface with more than 150,000 medical graduates and over 2500 faculty members annually.

1.2. DEPARTMENT ASSIGNED AND WORK DONE IN THE ORGANIZATION

DEPARTMENT ASSIGNED

1. Thesis and Protocols
2. Department of Accreditation
3. NBE Welfare Committee

PROJECTS ASSIGNED

1. Protocol Processing
2. Verification of the list of candidates for award of Gold medal
3. Member of NBE welfare committee
4. Member of Teacher's nomination awards committee
5. Accreditation of hospitals for DNB training

1. PROTOCOL PROCESSING

- A protocol is a document that explicitly states the reasoning behind and structure of a research project
- Protocols are to be submitted within 3 months of joining the course
- Protocols received at NBE are assessed for eligibility based on certain guidelines

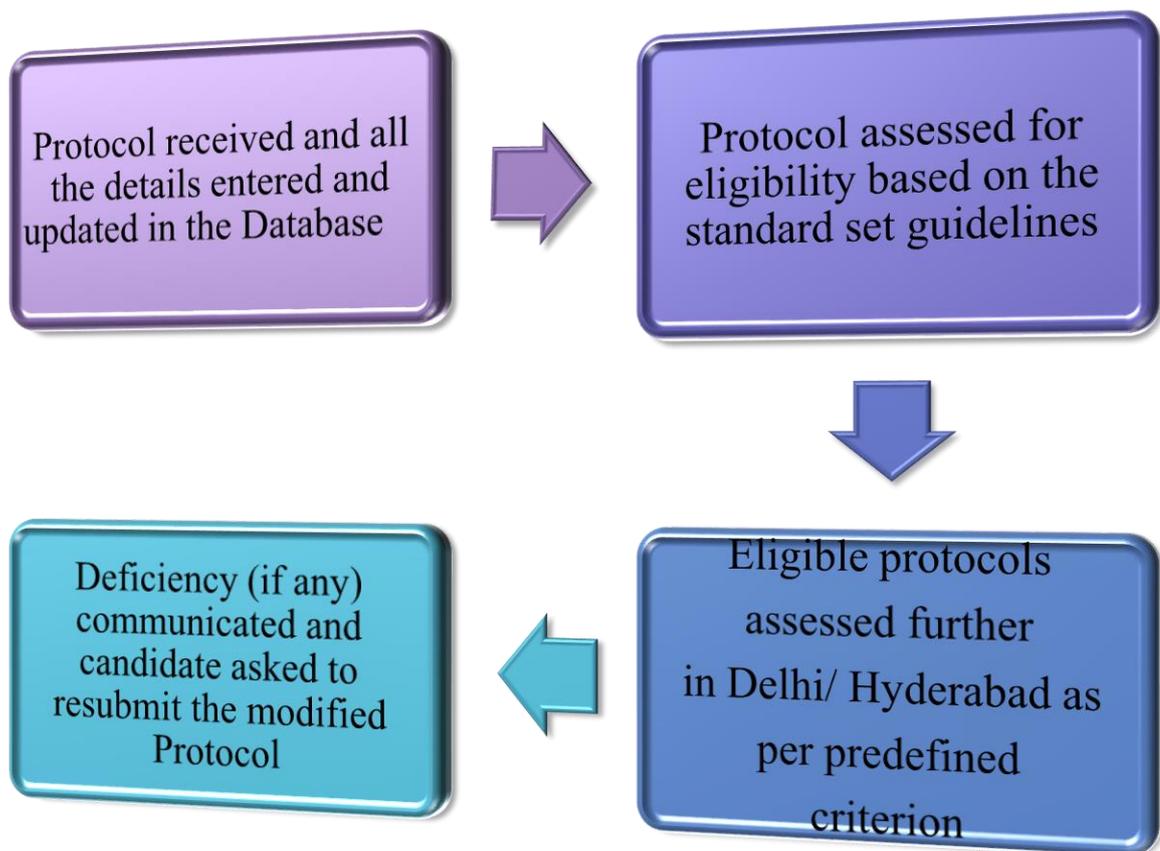
PROCESSING OF PROTOCOLS involves:

- Guidelines for protocols
- Eligibility Determination for Protocol Assessment
- Data management (Coding , Updates and follow up)
- Zone assessment
- Segregation of data
- Analyzing protocols for Study area focused
- Determination of the type of study
- Preparation of lists of Eligible protocols for Assessment at Hyderabad & Delhi NBE Offices.
- Dispatch to Assessment Team
- Preparation of deficiency communication
- Follow up with candidates
- Updating the data
- Co-ordination with NBE Regional Office for Protocol Assessment
- Eligible protocols are assessed further specialty wise at NBE Office Delhi / Hyderabad
- Remarks made by the assessors are communicated to the candidates through letters
- Rectifications are to be made by the candidate accordingly and protocol resubmitted
- Modified protocol submitted by the candidate is reassessed

NEED TO SUBMIT A PROTOCOL

- It states the question you want to answer.
- It encourages you to plan the project in detail, before you start.
- It allows you to see the total process of your project.
- It acts as a guide for all personnel involved in the project.
- It acts as a ‘reminder’ to you and your supervisor (or co-workers) of the initial structure and aims of the project.
- It enables you to monitor the progress of the project.
- It is necessary if you need to apply for funding or ethical approval

PROCESS FLOW



ELIGIBILITY REQUIREMENTS

The protocol should be duly signed by

1. The Head of the institute
2. Thesis guide and
3. The candidate himself/herself failing which the protocol shall not be considered for assessment
4. Also the approval letter of the Ethical / Scientific committee has to be submitted along with the protocol . Submitting the approval letter is a mandatory criteria for eligibility of the protocol irrespective of the type of study.

ETHICAL COMMITTEE (ICMR GUIDELINES)

The composition may be as follows:-

1. Chairperson
2. One - two persons from basic medical science area
3. One - two clinicians from various Institutes
4. One legal expert or retired judge
5. One social scientist/ representative of non-governmental voluntary agency
6. One philosopher/ ethicist/ theologian
7. One lay person from the community
8. Member Secretary

As per revised Schedule Y of Drugs & Cosmetics Act,1940, amended in 2005, the ethics committee approving drug trials should have in the quorum at least one representative from the following groups:

1. One basic medical scientist (preferably one pharmacologist).
2. One clinician
3. One legal expert or retired judge
4. One social scientist/ representative of non-governmental organization/philosopher/ ethicist/theologian or a similar person
5. One lay person from the community.

ELIGIBLE PROTOCOLS

- Eligible protocols are further assessed by the designated assessors of the concerned specialty in Delhi/ Hyderabad
- Coding is done for the various locations across the country and protocols are sent to Hyderabad and are assessed in Delhi likewise

STATE CODING

CODE 2 (To be assessed in Hyderabad)

- Karnataka
- Kerala
- Tamil Nadu
- Orissa
- Madhya Pradesh
- Chattisgarh

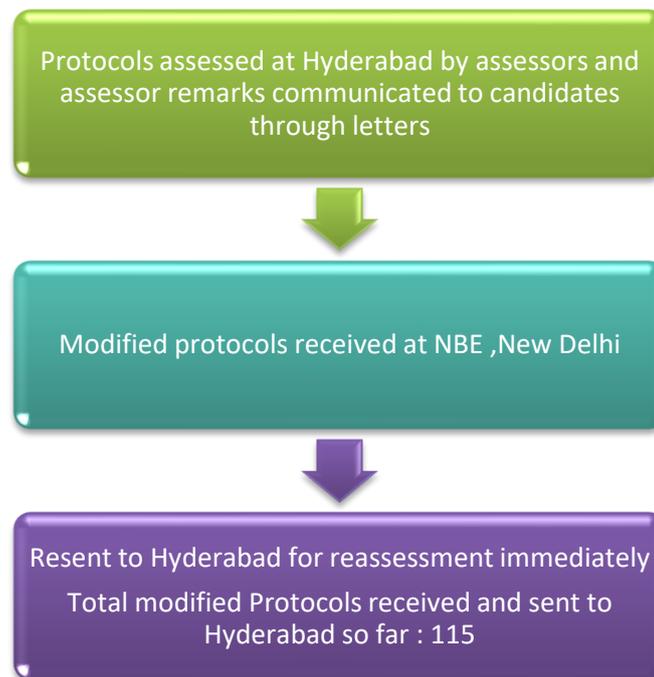
CODE1 (To be assessed in Delhi)

- All the other states including Delhi and Andhra Pradesh are to be assessed at NBE, Regional Office , New Delhi

DEFICIENT PROTOCOLS

- Deficiencies found in the protocols are communicated to the candidates through emails and candidates are asked to rectify the deficiency and resubmit the revised protocol within 10 days of the receipt of the communication
- Modified protocols received are processed again and updated in the database accordingly

MODIFIED ASSESSED PROTOCOLS



ASSESSMENT OF PROTOCOLS (To be started in DELHI)

- Eligible protocols assigned with assessors
- Faculty members of the concerned specialty of the rank of Associate Professor & above to evaluate the concerned specialty from within or around the Medical College/Institute/Hospital at Delhi preferably having prior experience in handling thesis and/or research.
- An honorarium of Rs. 250/- per thesis protocol payable to the co-opted faculty members (include traveling).
- Faculty members may under take assessment of at least 4 thesis protocols in a day & maximum 10 in a single session.

ASSESSMENT REPORT

- Assessment report received for Protocols assessed in Delhi is updated in the database and maintained in candidate's file
- Also, the remarks by the assessors are updated in the database

2. VERIFICATION OF THE LIST OF CANDIDATES FOR AWARD OF GOLD MEDAL

- Gold Medal List for the top performing DNB candidates in December 2011 and June 2012 was prepared
- The list was prepared for 13 specialties in June 2012 and 41 specialties in December 2011.
- Later this prepared list was verified from master sheets of the results and signed

3. MEMBER OF NBE WELFARE ASSOCIATION

It involved organizing Socio-cultural events for the members of NBE

The cultural committee was charged with following duties:

- Conduct small celebrations on the last working day of the month to facilitate any Farewell/Birthday/ Anniversary that falls during the month
- To organize important National / Periodic festivals
- To organize annual get together for benefit of the members with their families

4. MEMBER OF TEACHER'S NOMINATION AWARDS COMMITTEE

Faculty members with leadership position in field of medical sciences provide their indispensable contribution to various activities conducted by NBE. National Board of Examinations honors distinguished faculty members and NBE accredited institutions for their valuable contribution to DNB programme. Medical professionals with proven credentials for their valuable contribution to medical fraternity and NBE accredited Medical college/ Hospital / Institutions with proven track record of their valuable contributions to DNB programme may be nominated for NBE awards

Categories of NBE awards for medical teachers and institutes:

1. Emeritus Teacher
2. Eminent NBE Alumni Teacher award
3. Distinguished DNB Teachers of Excellence Awards
4. Excellence in teaching for DNB programme – NBE Accredited Hospital

Guidelines

- Institutes with proven track record of excellence in DNB training who have enrolled at least nine batches of DNB exit examinations can be nominated for the NBE Award for the Institution
- Nominations are invited from medical professionals of outstanding contributions to various academic activities in prescribed format
- There is no fee for submitting any nomination for any category
- Nomination can be submitted for any category but for one category only one nomination can be submitted. Moreover one faculty member can be nominated for only one category of awards
- Self nomination is not permitted

Database was made based on certain criteria based on the applications and decision would be taken based on a thorough evaluation of the past and present records of the Hospital / Nominees and considering the future prospects.

1.3. MANAGERIAL TASKS DONE

MANAGERIAL TASKS DONE:

1. Protocol Assessment:

- Protocol assessment was started in NBE Regional Office New Delhi for the first time all the protocols were to be arranged in a format which was easily retrievable and traceable. Being the sole person responsible for doing all this , the responsibility was too much and required a format which could be followed on in the future
- The fields were to be defined in the way so that they provide information sufficient to take any kind of decision required in the future with respect to the candidate
- Study was done to define the Ethical criteria to be followed in the future as well
- Proformas were made for Protocol Assessment
- Remuneration forms were made for the assessors
- Research on the type of study done by the candidate was done in which the type of study conducted was found by going through the protocol out and a database was made in order to find out the trend in the type of studies being done by the candidates
- A distinction was made between observational and interventional studies
- Percentages of the various types of studies done were found out based on the database made
- The study area focused on in the study was defined and a database created to know the trend

2. NBE WELFARE COMMITTEE

- Events management
- Cultural events conducted
- Food and logistics management
- Budget management
- Time management
- Relationship building

1.4. REFLECTIVE LEARNING

REFLECTIVE LEARNING

- NBE is a countrywide prestigious highly reputed organization under Ministry of Health and Family Welfare and being a part of such an organization was an opportunity to get to learn about how confidential matters are to be dealt with in a way that does not leave any chance of even a slightest mistake dealing with people older in age and learning from their experience
- Working under pressure
- Managing people older than your age in a way that does not hurt their self esteem

2. DISSERTATION

2.1. INTRODUCTION

INTRODUCTION

- NBE accredits hospitals / institutions for running DNB(Broad and Super Specialty Courses) and Fellowship programme of National Board of Examinations. Mere fulfillment of accreditation criteria does not render an applicant hospitals / institutes eligible for grant of accreditation or imply that NBE must accredit the applicant hospital/institute. National Board of Examinations reserves its absolute rights to alter/modify/delete/amend any or all of the criteria as given in this application form at any stage during the process. Statements made by the applicant hospital / institutes shall be certified by the Head of the Institute at appropriate place and the claims made in the application shall be supported by relevant document(s).
- Producing false information or fabricated records shall lead to disqualification for accreditation and debarment from grant of accreditation in future as well. The applicant hospitals / institutes seeking accreditation who do not fulfill the criteria may be summarily rejected by NBE at the preliminary stage.

2.2. RATIONALE OF STUDY

RATIONALE OF STUDY

- There has to be a standard format for inspecting the hospitals for giving them the accreditation to conduct DNB courses in order to avoid bias and ensure that each and every aspect is covered
- This in turn would ensure that the hospital has the potential to conduct post graduate medical education which forms the cornerstone for a country's progress.
- Also, there should be a standard checklist for the inspectors so that no aspect goes untouched or incomplete and each and every point is covered in detail so that a fair decision can be taken based on all the details.
- A standard format also helps in an efficient and effective decision making
- Also, the statistics have to be made available in order to know the status and make comparisons
- The statistics have to be known to draw a comparison from the previous year and between different specialties in order to know the current scenario and deviation from the past.

PROBLEM STATEMENT:

- For the inspection of hospitals for the accreditation to conduct DNB courses, there should be a standard format to ensure that each and every detail and aspect is covered and no single point is left uncovered or ignored.
- Also there should be an inspection form specialty wise to cover different aspects which vary for every specialty and a common form which covers general hospital details and aspects fulfilling minimum criteria for quality education to the medical post graduate students.
- The figures have to be made available of the current statistics in order to draw a comparison from the previous year and between different specialties.

2.4. RESEARCH METHODOLOGY

RESEARCH METHODOLOGY

THE RESEARCH DESIGN

1. The study design: The study used a quantitative research methodology. Type of study is descriptive study. The present study was carried out at NBE during December 2012 to April 2013.
2. Study population:
Hospitals accredited by NBE for conducting DNB courses and candidates registered for DNB courses for the year 2011-12 and the ones taking their exams in year 2012.

Selection criteria:

- a) Inclusion criteria for sampling:
 - Hospitals accredited by NBE for the year 2012 for conducting DNB courses
 - Candidates registered for year 2011 and 2012
 - Candidates taking the exam for the year 2011 and 2012
 - Protocols received for the candidates registered in year 2012
- b) Exclusion criteria for sampling:
 - Candidates taking their exam before 2012 are not considered
 - Protocols for candidates registered before 2012 are not considered
3. Tools used
Guidelines on “Accreditation of Hospitals / Institutes for post graduate medical education” will be obtained
Guidelines for “Assessment of protocols at NBE” will be obtained
4. Tools preparation
The entire study was conducted in following steps:
 - 1) Objective: To design the basic inspection format and the checklist for accreditation of hospitals /institutes to conduct post graduate medical courses and to study and compare the basic statistics of year 2011 and 2012 at the National Board of Examinations
 - 2) Data was collected from the guidelines and forms for accreditation available at the official website of NBE and MCI . (Annexure A)
 - 3) The statistics were collected from the various departments at NBE
5. Data collection
Data was collected from “Department of Registration and counseling” ,“Department of Accreditation” and “Department of Thesis and Protocols” at NBE.

The guidelines for accreditation were taken from the official website of NBE and MCI.

The inspection forms of various institutes were taken from official website of NBE

6. Data analysis

The statistics were analyzed in MS Excel

2.4. REVIEW OF LITERATURE

REVIEW OF LITERATURE

The National Board of Examinations was established in 1975 on the basis of the Report of a Working Group set up by the then Prime Minister Smt. Indira Gandhi. The terms of reference of the working group set up in 1975 by the Government of India were:

- a) To examine the need for uniformity in the standard of examination for the award of postgraduate degrees and diplomas and, if necessary, to suggest ways and means of achieving it either through one or more national examining bodies, in replacement of or in addition to the existing system, or by any other method whereby the standard of postgraduate examinations in various specialties of medical sciences could be improved.
- b) To recommend the nature, composition, scope of functions and power of such national examining body/bodies in the context of the proposal made by the Indian Academy of Medical Sciences and the Association of Surgeons of India in this respect.

The Working Group in its Report recommended that there was an urgent need for an organization that could conduct postgraduate examinations at national level of high academic standards to ensure:

- a) A high quality of medical services given to the people by doctors certified by such examinations;
- b) Raising of standards of medical education in general;
- c) Availability of prestigious qualifications within the country comparable to similar qualifications given in foreign countries and thus minimize the tendency of medical graduates to go abroad to acquire these degrees;
- d) National integration.

The National Board of Examinations functioned as a wing of the National Academy of Medical Sciences from 1975 to 1982 and the Government of India, after a review, took a policy decision to make it an independent autonomous body with effect from March 1, 1982 under the Ministry of Health and Family Welfare.

Since 1982 the NBE has been functioning as an independent autonomous body. NBE is the only examining body of its kind in the country in the field of medical sciences. Continuing evaluation of quality and validity of the measurement mechanism and standards of examinations by constant interaction with experts in various disciplines of modern medicine and allied specialties are among its important activities.

NBE conducts examination in 62 specialties and has accredited more than 470 institutions/hospitals in public and private including corporate sector hospitals all over the country for the purposes of training of candidates in various specialties to take the Board's examinations.

Considering the fact that India has the expertise in various sub-specialty areas with centers having high tech equipment and trained manpower performing exceptional quality work and also keeping in mind the need to increase manpower that can render highest degree of professional work the National Board is also conducting Fellowship programme in 16 sub-specialties.

The Board at present conducts postgraduate and postdoctoral examinations in approved specialties leading to the award of Diplomate of National Board. The Medical Council of India has laid down standards for postgraduate examinations conducted by various medical colleges and affiliated to concerned universities and other institutions, yet the levels of proficiency and standards of evaluation vary considerably in these institutions. NBE provides a common national standard for assessment of postgraduate and postdoctoral training.

The Diplomate qualifications awarded by the National Board of Examinations have been equated with postgraduate degree and postdoctoral level qualifications of universities by the Government of India Ministry of Health and Family Welfare. The holders of Board's qualifications awarded after an examination are eligible to be considered for specialists posts in any hospital and for teaching positions at academic institutions. The holders of Board's qualification awarded after an examination i.e. DNB are eligible to be considered for specialists post / faculty in any hospital including training / teaching institution on a teaching post / as faculty members / teacher / Assistant Professor / lecturer.

The Government of India, after taking into account the expertise and experience gained by the Board in the conduct of fair examinations entrusted the conduct of Screening Test for Foreign Medical Graduates from 2002 onwards.

National Eligibility-cum-Entrance Test-PG is the eligibility-cum-ranking examination prescribed as the single entrance examination to various MD/MS and PG Diploma

Courses under ambit of Post Graduate Medical Regulations notified by Medical Council of India with approval of the Ministry of Health and Family Welfare. Qualifying NEET-PG is mandatory for gaining entry to MD/MS/PG Diploma Courses under various universities /institutions in the country.

Ministry of Health and Family Welfare, Government of India has notified National Board of Examinations for conducting the National Eligibility-cum-Entrance Test for Post Graduate courses (NEET-PG).(1)

ACCREDITATION PROCEDURE AND PROCESS:

It is expected that all doctors, both senior and junior, have meaningful, appropriate input to the systems by which health care is delivered and the quality of that health care can be continually improved. There should be a formal system of clinical governance or a quality assurance system that includes clear lines of responsibility and accountability for the overall quality of medical practice. (3)

As per Medical Council Of India Guidelines:

The goal of postgraduate medical education shall be to produce competent specialists and/or Medical teachers.

1. who shall recognize the health needs of the community, and carry out professional obligations ethically and in keeping with the objectives of the national health policy
2. who shall have mastered most of the competencies, pertaining to the speciality, that are required to be practiced at the secondary and the tertiary levels of the health care delivery system;
3. who shall be aware of the contemporary advance and developments in the discipline concerned;
4. who shall have acquired a spirit of scientific inquiry and is oriented to the principles of research methodology and epidemiology; and
5. who shall have acquired the basic skills in teaching of the medical and paramedical professionals;

Minimum requirements for a Post Graduate institution:

(a) An institution conducting both undergraduate and Post Graduate teaching shall satisfy the minimum requirement for undergraduate training as per prescribed guidelines and shall also fulfill additional requirements for Post Graduate training depending on the type of work being carried out in the department. The extra staff required to be provided in various departments

(b) A Department imparting only Post Graduate training shall:-

- i. Provide facilities consistent with the all round training including training in basic medical science and other departments related to the subject of training as recommended
- ii. Have as many autopsies, biopsies and cytopsies as possible for teaching purposes; and
- iii. Make available facilities of ancillary department for coordination of Training.

Bed Strength in Clinical Departments

A department to be recognized for training of Post Graduate students, shall have not less than 60 (Sixty) beds each of General Medicine, General Surgery, Obstetrics and Gynecology, 30 (thirty) beds each for others incase of M.D/M.S. and diploma and 20 (twenty) beds each in case of D.M./M.Ch

Out – patient departments

There shall be adequate space and sufficient number of examination cubicles available in the out – patient Department. Besides the general outpatient services, Speciality Clinics shall also be available for the training of post-graduate students in the relevant broad and super speciality;

To determine the number of students who may be admitted for training, outpatient attendance, work turnover and ambulatory care also have to be taken into consideration.

Laboratory Facilities

The institution shall have adequate laboratory facilities for the training of the Post Graduate students, and such laboratories shall provide all the investigative facilities required and shall be regularly updated keeping in view the advancement of knowledge and technology and research requirements, and for training of students in non-clinical departments, proper and contemporary laboratory facilities shall be made available.

Equipment

The department shall have adequate number of all equipments including the latest ones necessary for training and as may be prescribed by the Council for each speciality from time to time. (2)

As per NBE guidelines,

Minimum Criteria for accreditation is:

1. HOSPITALS

The applicant hospital / institute should be a clinical establishment having requisite infrastructure of at least 200 beds providing comprehensive OPD/IPD based medical services in a single campus. Combination of multiple such places or such establishments shall not be accepted. The applicant hospital / institute should have the mandatory regulatory/licensing approval from the local authority / government for running such establishment, and all statutory requirement / clearances from local authority / government agencies such as municipal, bio hazards/ waste managements, nuclear based managements, use of isotope, PNDT, fire safety, building completion etc. shall be in order and a declaration to this effect shall be furnished by the Head of the Hospital / Institute at the time of submitting the application for specialties such as family medicine. Arrangement for field posting of candidates in primary / community health centers or urban health centers where they get exposure as first contact physician is required to be submitted along with application form.

2. TEACHING EXPERIENCE

At least one of the consultants in the department should have teaching experience of 5 years, as a post graduate teacher. For the purpose of teaching experience the services rendered as a PG teacher in a recognized university or NBE accredited hospital shall be acceptable, provided the consultant has acted as a guide / co-guide for a PG student or a PG student trained in the recognized department has qualified DNB /MD /MS qualifications.

CRITERIA FOR FACULTY

For the purpose of teaching experience, the faculty member should have supervised thesis work as lead or co-faculty, at least two post graduates in three years and at least 3 theses should be submitted and are accepted by the NBE.

3. RESEARCH EXPERIENCE

The consultants / faculty in the department should have a total of 5 research publications in indexed journals as a lead author, and / or three theses completed / accepted by NBE. At least one publication should have been published within the last 2 years

4. SENIOR RESIDENT

At least 2 senior residents are absolutely essential as part of the criteria. Must possess valid degree qualification, the degree should not have been awarded not more than 42 months from the date of filing the application.

5. COMPREHENSIVE TRAINING SUPPORT

The department should have facilities for thesis support, museum, for teaching specimen, library facility and designated faculty members and staff who can take charge of the training programme and can also act as authority for compliance of training programme. The applicant hospital shall designate the following authorities from its staff for DNB programme:

- **Head of the Institute (Administrative)** as: Nodal Compliance officer for rules and regulations governing the programme as prescribed by NBE.

- **Course Director/(DNB Coordinator):** Designated Head of Concerned Department as the Academic Head of the Programme
- **Assistant Programme Coordinator:** As the resource person for DNB trainees either from the management or academic staff, to maintain establishment and related functions related to the DNB courses and trainees.

6. STIPEND /WAGE/REMUNERATION /SALARY

A monthly fee / remuneration / wage or salary that may be paid as a consolidated figure or under heading of fees or allowance to the DNB trainees by the management of the hospital / institute concerned

7. GENERAL BEDS

Beds wherein the patients are admitted at cost / subsidized and the DNB trainees are allowed access to these patients as part of their clinical teaching

8. WHOLETIME BASIS

The hospital concerned shall be the principal place of practice of these consultants and the consultant shall have no other institutional attachments/affiliation with other hospitals. Part time and visiting consultant shall not be considered as a part of the faculty. They may provide additional support for the training.

GENERAL CRITERIA

MINIMUM CRITERIA FOR EACH SPECIALTY(For one candidate)

** For training of two candidates the minimum number of beds are General beds should be 1.5 times the number of required for intake of one Candidate as mentioned above.

HOSPITAL TOTAL BEDS: 200

Broad Specialities	Indoor Beds in the specialty	General Beds* in the specialty	Outpatient attendance per year	General * OPD	Inpatient occupancy per year	General Bed * occupancy
General Medicine, General Surgery, OBG, Pediatrics, Respiratory Disease	35	30%	5000	30%	1000	30%
DVD	10	30%	5,000	30%	200	30%
ENT, Ophthalmology, Orthopedics, Psychiatry, Radiotherapy	25	30%	5,000	30%	1000	30%
Radio Diagnosis	<p>The Department of Radio Diagnosis should be an integral part of 200 bedded hospital and must have imaging modalities of CR/DR, fluoroscopy / Image Intensifier, Mammography, at least 3 ultrasound machines including at least one color Doppler, spiral/ multi slice CT & MRI facilities and facilities for cathlab/ invasive radiology. The department should be in possession of all regulatory clearances namely AERB/ bio-medical radioactive waste management / radiation safety etc., comprehensive training support for radiation physics and radiology workstation. The department should offer hands on training</p>					

	facilities for all modalities of Radiodiagnosis
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For single specialty set-ups as Ophthalmology, Pediatrics, Oncology etc, the total number of beds should at least 100 beds. For General Specialties, such as, Medicine, Surgery, Anesthesia, OBGY, Orthopedics and Radio-diagnosis etc, the minimum beds shall be 200.

Super Specialities	Indoor Beds in the specialty	General Beds* in the specialty	Outpatient attendance per year	General * OPD	Inpatient occupancy per year	General Bed * occupancy
Cardio-thoracic Surgery, G.I Surgery, Neuro Surgery, Plastic Surgery Pediatric Surgery, Surgical Oncology, Genito-urinary Surgery, Peripheral Vascular Surgery	20	30%	3500	30%	1000	30%
Cardiology, Endocrinology, Gastroenterology, Nephrology, Neurology, Neonatology, Medical Oncology	20	30%	3500	30%	1000	30%

*General ward beds are those 'earmarked' beds / cases whose patients are to be looked after by DNB trainees under the supervision of Consultants and charged at cost only, with no special fees or profit.

STAFF: -(COMMON FOR ALL SPECIALTIES)

S.No.	Particulars	For One Candidates	For Two Candidates
a	Senior Consultant with 8 Years experience after MD/MS/DNB/DM/MCh in the specialty applied for (on whole time basis)	1	2
b	Junior Consultant with 5 Years experience after MD/MS/DNB/DM/MCh in the specialty applied for (on whole time basis)	1	2
c	Whole time Senior Residents with postgraduate qualification in the specialty applied for	2	2
d	Resident with or without postgraduate qualification	1

As per the minimum criteria for accreditation, at least two consultants should be working on a whole time basis, i.e., the hospital concerned shall be the principal place of practice of these consultants and the consultant shall have no other institutional attachments/affiliation with other hospitals. Part time and visiting consultant shall not be considered as a part of the faculty. There should be at least one consultant available on whole time basis with the hospital in the concerned department for each trainee (in an academic year) to act as a supervisor/guide of the trainee. A declaration to the effect of principal place of practice and such other clinics/affiliations shall be furnished at the time of submitting the application.

At least one of the consultants in the department should have teaching experience of 5 years, as a post graduate teacher either in a University set up or NBE (DNB programme). For the purpose of teaching experience, the services rendered as a PG teacher in an NBE accredited hospital shall be acceptable, provided the consultant has acted as a guide or co-guide for two DNB PG students or at least two PG students trained in the recognized department having qualified their DNB Final Examinations and at least three theses should have been produced in the DNB programme under supervision of the consultants and accepted by NBE over a three years period (one cycle of accreditation).

The consultants/faculty in the department should have a total of 5 research publications in indexed journals as a lead author (first / second). At least three theses should have been produced in the DNB programme under supervision of the consultants and accepted by NBE over a three years period (one cycle of accreditation).

EMERGENCY MEDICAL / CRITICAL CARE

Should have 24 hours emergency services having adequate number of beds with supportive facilities for resuscitation and good medical cover, including Surgery O.T.

FOR SURGICAL SPECIALTIES

- Adequate number of operation theatres
- Adequate equipments as required for the concerned specialty
- Anesthesiologists both for the hospital service and training of candidates
- Other para medical staff to help in the operation theatre
- Intensive care unit for surgical emergencies
- Post operative ward.

SUPPORTIVE SERVICES

- Radiology and other essential contrast studies
- Clinical Hematology
- Clinical Microbiology
- Clinical Pathology/Histopathology and Cytology
- Any special investigative procedures required for the concerned speciality.

- Department of Dietetics with trained dietician

PHYSICAL FACILITIES

OUTPATIENT DEPARTMENT

The hospital should possess adequate space for

- Registration of patients along with facilities for record keeping.
- Adequate number of rooms for examining the patients in privacy.
- Case conference room (OPD) teaching room.
- One or more side rooms for OPD procedures such as pleural aspirations dressings plaster application, minor operation rooms etc.
- Site laboratory to provide immediate facilities, for routine investigative procedures.

INPATIENT DEPARTMENT

The hospital should possess adequate space for doctor's duty room with adequate toilet, adequate space for each bed and in between for side laboratory, for clinical investigations and separate room for clinical conference (ward teaching).

TEACHING AND TRAINING FACILITY

TRAINING IN BASIC SCIENCES

The facilities for training/teaching in Basic Sciences concerning the specialties are required to be fulfilled.

The hospital seeking accreditation should arrange appropriate number of lectures/demonstrations /group discussions / seminars in Basic sciences as related to the specialty concerned. Please annex proposed schedule for basic sciences training with application. Accredited hospitals should also give each of their DNB trainees a mandatory one month rotation training each year, (in addition to the routine duties) in their Hospital's Laboratory so as to enable them to gain knowledge in Laboratory procedures in subjects like Pathology, Histopathology, Biochemistry, Microbiology, Genetics

The institution may also arrange for training in all Basic Sciences as per the curriculum.

An undertaking to this effect is to be submitted to NBE while applying for Accreditation. An undertaking from the Principal of a Medical College or undertaking from the Specialist/ faculty member of the concerned specialty needs to be submitted with

the application form regarding consent of the specialist / faculty for training in basic sciences

GUESTLECTURES

Guest lectures shall be arranged by the accredited institute / hospital for topics / area of curriculum that require specific attention / focus and/or can not be covered as a matter of routine

ROTATIONALTRAINING AND POSTING AT OTHER INSTITUTES

May be undertaken with prior approval of NBE for a period not exceeding three months in entire duration of 3 years course, 2 months for 2 years DNB programme.(1)

2.5. GENERAL AND SPECIFIC OBJECTIVES

GENERAL AND SPECIFIC OBJECTIVES

General objective:

To design the basic inspection format and the checklist for accreditation of hospitals /institutes to conduct post graduate medical courses and to study and compare the basic statistics of year 2011 and 2012 at the National Board of Examinations

Specific Objectives:

1. To study the current guidelines for accreditation of hospitals/ institutes for post graduate medical education
2. To study the basic inspection criteria for accreditation of hospitals /institutes to conduct various post graduate medical courses in various specialties.
3. To design the basic format for inspection of Hospitals/Institutes for accreditation to conduct post graduate medical courses in various specialties
4. To make a checklist for the inspectors to gather all the required data to ensure that the information provided by Hospital/institute is correct
5. To analyze and compare the statistics of various examinations conducted by National Board of Examinations for the year 2011 and 2012
6. To study in detail and compare the admission statistics of year 2012 in various specialties as compared to year 2011 at National Board of Examinations.
7. To analyze the final pass percentage of candidates in various specialties for the year 2012 at National Board of Examinations.
8. To study the protocol submission and assessment status for the year 2012 at NBE for various DNB specialties
9. To analyze the type of studies being conducted by the candidates registered in year 2012 at NBE for DNB specialties.

2.6. RESULTS AND FINDINGS

RESULTS AND FINDINGS

The year 2011-12 has been an important milestone for the National Boards of Examinations. NBE completed 30 years of its inception as an independent autonomous organization in the field of Post graduate medical education . During the year , NBE continued its progressive journey achieving excellence in Post graduate medical education , assessment and research with greater enthusiasm and equitable participation . NBE conducted DNB CET,CET-SS,PD-CET, Screening test and Fellowship Entrance examinations during the year for the total of 43,782 candidates.

Final/Exit examinations were conducted by NBE for 7652 candidates at 449 examination centres in the country ,NBE maintained an interface with more than 51,434 candidates and 3177 faculty members to execute the above mentioned activities successfully.

NBE augmented its infrastructure at Head quarters by developing an annexe office adjacent to the operational office at Dwarka.

NBE introduced the revised scheme for entrance to CET-SS and Post Diploma courses by the way of centralized counseling conducted by NBE. The existing counseling scheme for DNB Broad Specialties was further strengthened. NBE took landmark decisions towards introduction of computer based testing and strengthening the reservations for persons with disabilities, Scheduled castes ,Scheduled tribes and other backward classes.

NBE proactively participated in the consultation proposed NCHRH bill , 2011 and equivalence of DNB with MD/MS qualifications with Ministry of Health and Family Welfare and Parliament of India.

ACTIVITIES UNDERTAKEN DURING 2011-12

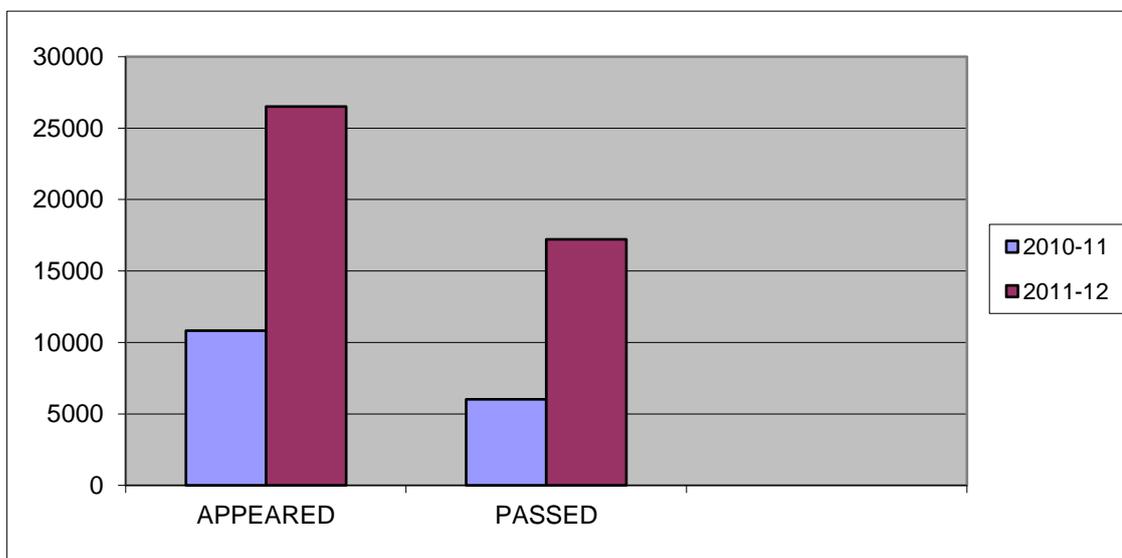
1. EXAMINATIONS

The National Board of Examinations conducts examinations in a planned and scientific manner with regards to validity and reliability of assessors. A

soundexamination linked with evidence in educational research and evaluationsystem reduces subjectivity and promotes conformity. The intention is toensure professional competence and quality assurance through scientificallystructured tests keeping in view the objectives of the NBE. Structured trainingand practical/clinical/viva-voice examinations and a continuous review ofevaluation processes are the major thrust areas for achieving this goal.Written examinations of the Board are conducted twice every year on thesecond Saturday and Sunday of June and December. In Broad specialties andSuper specialties, the examination is conducted in two parts viz. CentralizedEntrance Test (CET) and Final. During the year 2011-2012, the writtenexamination were conducted in 47 specialties at 12 centers in India, namelyBangalore, Bhopal, Chennai, Chandigarh, Delhi, Guwahati, Hyderabad,Kolkata, Mumbai, Nagpur, Panaji and Trivandrum. The practical examinationsin all the specialties are conducted in India. During the year 2011-2012 thepractical examinations were held in 449 centers all over the country.

CENTRALIZED ENTRANCE TEST (CET): There is a common CET for entry toall DNB Broad specialty courses. Candidates who have completed theircompulsory internship after graduation are eligible to take the CET examination.The CET is of the MBBS exit standard, consisting of two objective type paper ofthree hours duration each there being 180 multiple choice questions in eachpaper.

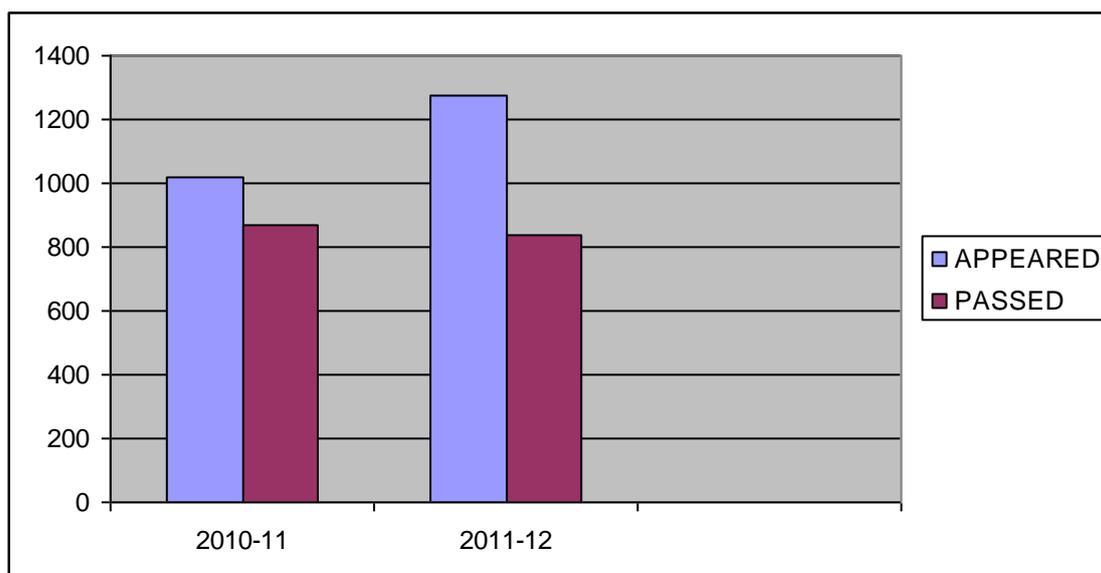
During the year 2011-12, 26509 candidates appeared out of which 17209candidates passed the CET examination. There is 160% increase in thenumber of applicants for the DNB-CET during 2011-12.



	APPEARED	PASSED
2010-11	10816	6028
2011-12	26509	17209

b. CENTRALIZED ENTRANCE TEST (SUPER-SPECIALTIES): CET - SS is an entrance examination and essential pre-requisite for entry to post MD/MS/DNB3-year Super Specialty courses. Candidates in possession of Post Graduate qualification are eligible to take the CET-SS examination.

During the year 2011-12, 1016 candidates appeared in CET-SS out of which 868 candidates passed the CET-SS examination. There is an increase of 28% in the no. of aspirants for CET-SS.



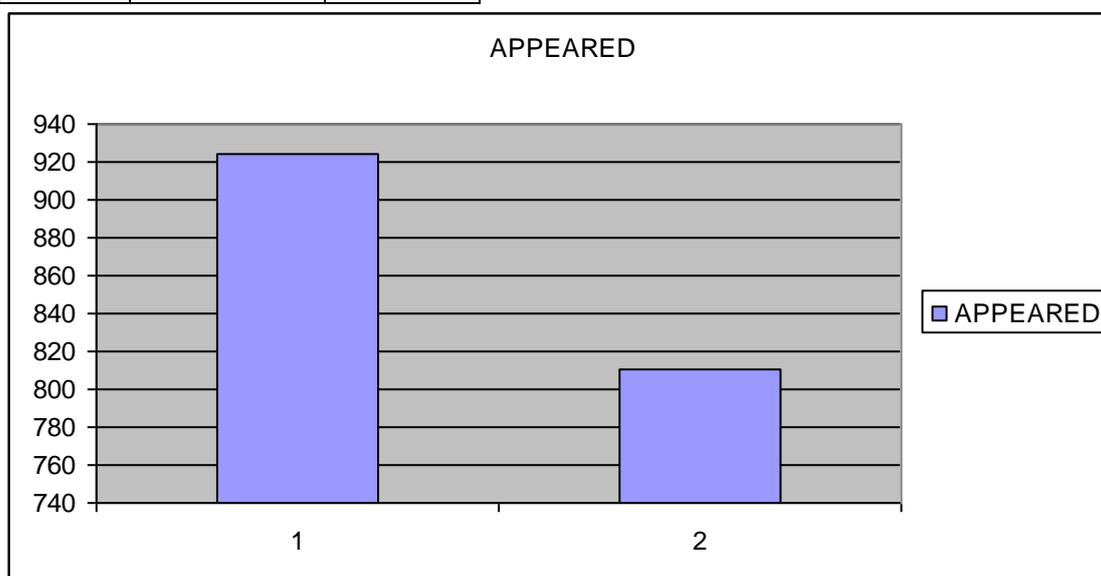
	APPEARED	PASSED
2010-11	1016	868
2011-12	1275	835

c) CENTRALIZED ENTRANCE TEST (POST-DIPLOMA): The POST DIPLOMACET is an entrance examination for entry to the DNB Broad Specialty

secondary seats and introduced for the first time in 2011-12. Candidates having recognized Post Graduate Diploma qualification can apply for Post Diploma-CET (PD-CET) Examination in the same Broad Specialty.

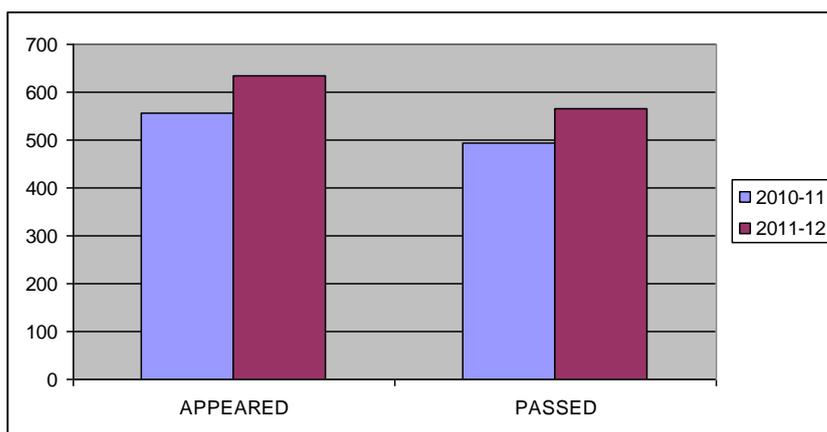
During the year 2011-12, a total of 1735 candidates appeared for the PD-CET examination in August 2011 & January 2012.

	APPEARED	PASSED
Aug-11	1	924
Jan-12	2	811



d) FELLOWSHIP ENTRANCE EXAMINATION - This examination is held once in a year in the month of January for entry to fellowship courses. During the period under report, 633 candidates appeared and 567 candidates passed the Fellowship Entrance Examination. There is an increase of approx. 15% in number of aspirants.

	APPEARED	PASSED
2010-11	556	493
2011-12	633	567



e) COUNSELING & REGISTRATION : Earlier, the admission of candidates to the hospitals/institutions against the accredited seats both for Primary and Secondary seats in various specialties was made by the hospitals/institutions at their own level. To bring in an element of transparency and fairness, the National Board of Examinations introduced the admission of candidates against these seats on the basis of centralized counseling of candidates who qualify the Centralized Entrance Test (CET) conducted by the NBE. During the period under report, Centralized counseling for admission to DNB-Broad Specialty, DNB-Super Specialty, DNB-Post Diploma and Fellowship course was conducted by the NBE for July 2011 and January 2012 session. The registration status is as follows:

SESSION	TOTAL SEATS
DNB-Broad Specialty July 2011	939
DNB-Super Specialty 2012 Session	392
DNB-PDCET July 2011	407
CET January 2012 (Including Direct 6 years)	1386
DNB-PDCET January 2012	763
Fellowship 2012 session	149

f) DNB FINAL EXAMINATION: Candidates registered with NBE as a DNB trainee or in possession of MD/MS in the concerned specialty can appear in the DNB Final Examination after completing their requisite training. Final theory examination consists of 4 papers of 3 hours duration on each consisting of short answer/essay type

questions. Candidates successful in the DNB Final Examinations are eligible to appear in DNB Final Practical Examination. During the Year 2011-12, 449 practical centres were engaged by NBE. The specialty wise results for the year 2011-12 for DNB Final Examinations is given below:

BROAD SPECIALTIES

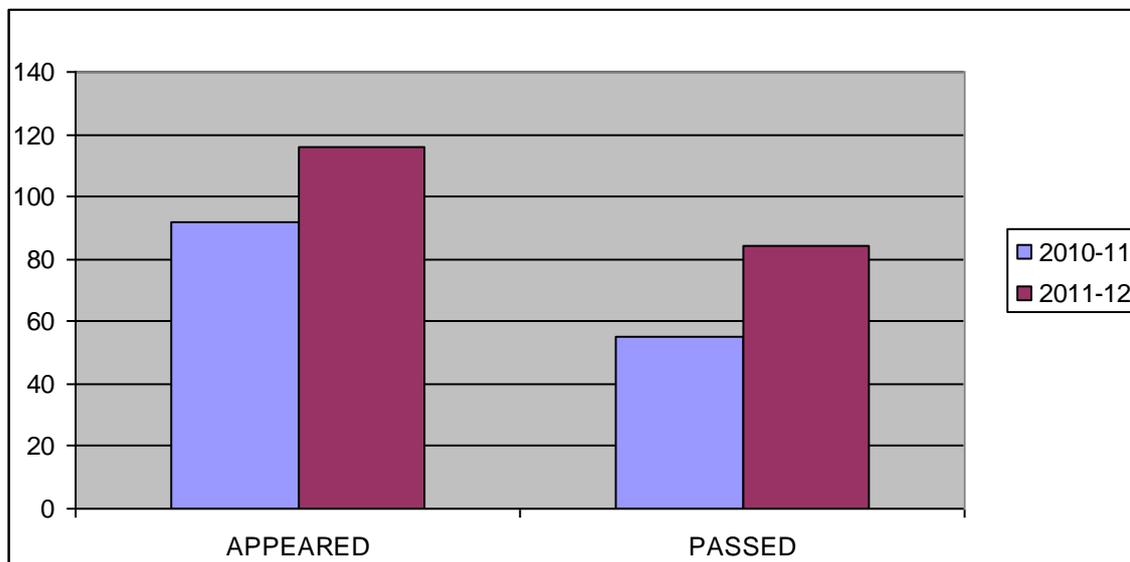
SR. NO.	SUBJECT	APPEARED	PASSED	%
1	Anaesthesiology	742	349	47
2	Anatomy	16	4	25
3	Biochemistry	8	4	50
4	Dermatology & Venereology	84	29	35
5	Family Medicine	307	99	32
6	Forensic Medicine	3	0	0
7	General Medicine	810	338	42
8	General Surgery	629	249	40
9	Health Administration Including Hospital Administration	8	7	88
10	Immuno-Hemat And Transfusion Medicine	5	5	100
11	Maternal and child health	1	0	0
12	Microbiology	18	12	67
13	Nuclear Medicine	25	11	44
14	Obstetrics and Gynaecology	1042	643	62
15	Ophthalmology	444	265	60
16	Orthopaedics	711	438	62
17	Otorhinolaryngology	165	83	50
18	Paediatrics	939	218	23
19	Pathology	154	114	74
20	Pharmacology	2	2	100
21	Physical Medicine and Rehabilitation	13	11	85
22	Physiology	9	7	78

23	Psychiatry	80	47	59
24	Radiodiagnosis	631	246	39
25	Radio Therapy	58	26	45
26	Respiratory Diseases	120	46	38
27	Rural Surgery	10	5	50
28	Social and Preventive Medicine	18	9	50

SUPERSPECIALTIES

SR. NO.	SUBJECT	APPEARED	PASSED	%
29	Cardio Thoracic Surgery	165	113	68
30	Cardiology	13	9	69
31	Endocrinology	21	10	48
32	Gastroenterology	70	30	43
33	Genito Urinary Surgery (Urology)			
34	Medical Oncology	12	8	67
35	Neonatology	21	13	62
36	Nephrology	35	22	63
37	Neuro Surgery	55	42	76
38	Neuro Surgery Part-I	36	17	47
39	Neurology	20	18	90
40	Paediatric Surgery	10	3	30
41	Paediatric Surgery Part-I	6	6	100
42	Peripheral Vascular Surgery	6	6	100
43	Plastic Surgery	19	18	95
44	Plastic Surgery Part-I	10	5	50
45	Rheumatology	6	6	100
46	Surgical Gastroenterology	41	32	78
47	Surgical Oncology	31	17	55

g) FELLOWSHIP EXIT EXAMINATION–These examinations are held for assessing the candidates who have undergone 2 years of training as a fellowship trainee. During the year under report Fellowship exit examination was held in May-June 2011 in which 116 candidates appeared and 84 passed.

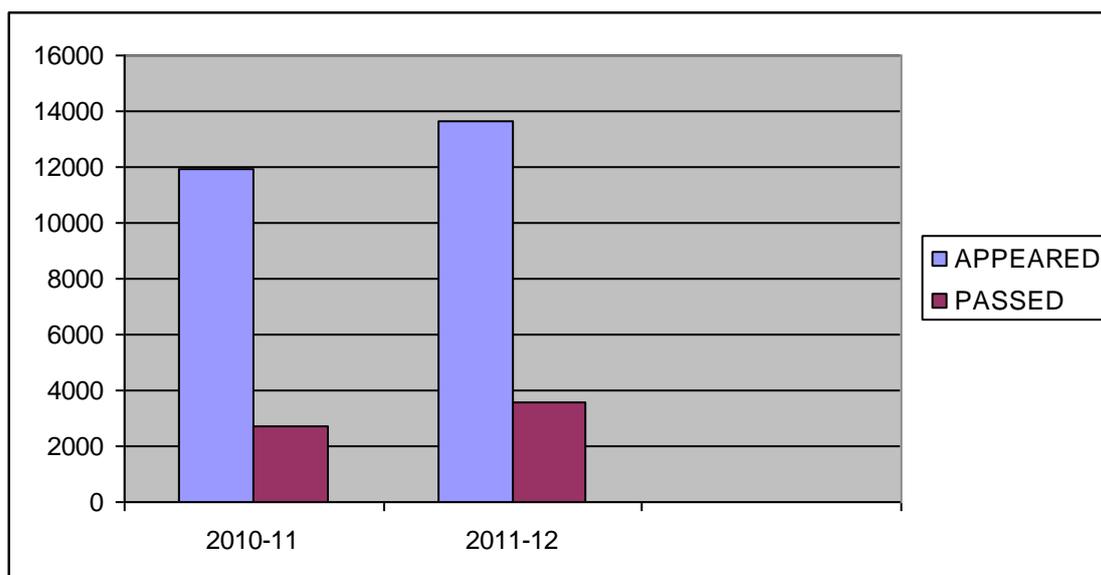


	APPEARED	PASSED
2010-11	92	55
2011-12	116	84

h) SCREENING TEST FOR FOREIGN MEDICAL GRADUATES: The Government of India has entrusted the conduct of Screening Test under Screening Test Regulation 2002 for the candidate who have undergone medical training abroad to the National Board.

The test is conducted as per the scheme approved by Hon'ble Supreme Court of India in March and September every year. During the year 2011-12, 13630 candidates appeared out of which 3537 candidates passed the FMG examination.

	APPEARED	PASSED
2010-11	11926	2707
2011-12	13630	3537



2. POST DOCTORAL FELLOWSHIP PROGRAMMES

India has expertise in various sub-specialty areas, with medical institutions having requisite technology and trained manpower delivering high quality medical services. There are many young medical postgraduates with aptitude for higher learning and considering the need to increase manpower that can render highest degree of professional work, the National Board has started Postdoctoral Fellowship courses.

Well equipped centers, after due procedure have been identified in the concerned specialties for imparting hands on training. Candidates with DNB/MD/MS/DM/MCH qualification in the concerned specialty are eligible to pursue NBE fellowship training. Selection is based on an entrance test and centralized counseling. The trainees go through a structured training programme, maintain performance record books and undergo examination at the end of the training. Successful candidates are awarded the fellowship of National Board at the annual convocation. The sub-specialties in which the fellowship Programmes are available are as follows:

- Critical Care Medicine • Hand & Micro Surgery
- Reproductive Medicine • Trauma Care
- Cardiac Anesthesia • Pediatric Hemato Oncology
- Minimal Access Surgery • Pediatric Intensive Care
- Vitreo Retinal Surgery • Laboratory Medicine
- Interventional Cardiology • Infectious Disease
- Pediatric Cardiology • High Risk Pregnancy & Perinatology Spine Surgery

3 ACCREDITATION

NBE is the prime national level organization that has set a mechanism for imparting teaching and training in the sphere of higher medical education at various hospitals /institutions in the public or private sector. There are many excellent hospitals in the public sector, Armed Forces and in private sector all over the country with adequate infrastructure and clinical resources that can be gainfully employed for PG medical education. Multi-specialty and high specialty hospitals are also coming up in the corporate sector. NBE encourages the tapping of this rich resource available in the country for training and teaching in higher medical education. Care is taken to ensure highest quality of training, through a mechanism of inspection, monitoring and review on the basis of guidelines framed by experts. NBE grants accreditation for DNB courses to hospitals in various Broad and Super specialties. NBE has laid down norms for recognition of hospitals/institutions, which seek to train candidates. NBE has standard inspection forms to obtain general information and specific information. During the year 2011-12, two meetings of the Accreditation Committee were held on 13th September 2011 and 22nd January 2012. The committee recommended accreditation to 125 fresh departments of various hospitals accounting for an annual intake capacity of 163 students in different specialties. In addition 519 specialties of accredited institutions/ hospitals were given renewal for 930 seats for a further period of three years. The total number of NBE accredited institutes/hospitals as on 31.3.2012 stands at 490 conducting training in various DNB courses as detailed below –

DNB Course	Total No of seats
Primary course	2294
Super Specialty	559
Post Diploma	1358
Fellowship	155
Total Seats	4366

4. CONTINUING MEDICAL EDUCATION PROGRAMME/WORKSHOPS

Satellite based interactive CME (teleconferencing) sessions for DNB candidates and institutions and interactive CME radio-counseling sessions. The NBE has entered into an agreement with the IGNOU in this regard in 2006. These sessions provide two way audio and one way video interaction between the subject experts and DNB students and is held once a week.

Based on NBE guidelines and the guidelines given by MCI the basic format for any hospital should be :

BASIC FORMAT FOR INSPECTION (ACCREDITATION FOR POST GRADUATE MEDICAL EDUCATION)

Particulars of the Inspector

Inspection Date _____

Name: _____

Specialty: _____

Designation: _____

1. GENERAL INFORMATION

1.1. Name and address of the hospital

1.2. Name of the specialty applied for post graduate programme:

1.3. Particulars of Head of the Institution (Director/Dean/Principal/MS):

- Name:
- Designation:
- Specialty:

1.4.Particulars of Head of the Department

- Name:
- Designation:
- Specialty:

1.5.Previous Inspection of hospital if any:

- Date
- Purpose
- Deficiencies pointed out, if any

1.6.Purpose of present Inspection:

- Fresh accreditation of hospital/Institution for starting the course
- Renewal of accreditation of hospital/Institution for running the course.
- Surprise Inspection for suspected violation of norms/guidelines.

1.7.If course already started, year wise number of post graduate students admitted and available PG teachers during the last three years:

Year	Names of students admitted	Names of recognized PG teachers against whom the students were admitted.

2. HOSPITAL FACILITIES

2.1. Number of beds in the hospital:

Total	General*	Paying	Subsidized

2.2. Number of indoor admissions during the last three years in all specialties:

Year	Total	General*	Paying	Subsidized

2.3. Number of indoor admission during the last three years in specialty applied for:

Year	Total	General*	Paying	Subsidized

2.4. Number of OPD attendance during the last three years in all specialties

Year	Total	General*	Paying	Subsidized

2.5.Number of OPD attendance during the last three years in the specialty applied

for:

Year	Total	General*	Paying	Subsidized

2.6.Library:

- Total No. of Books in the Library :

- Total No. of Books in the Specialty applied for :

- Purchase of latest editions in last 3 years :

- Journals:
 - Indian : (Numbers)

 - International : (Numbers)

- Year/month upto which Indian Journals available :

- Year/ month upto which Foreign journals available :

- Internet /Medlar/ Photocopy facilities :
 - Available/ Not available (with number of computers)

- Teleconferencing reception equipment :
 - Available/ Not available

- Learning material/CD/DVD's for students :
Available/ Not available

- Library timings and days:

- Library staff (details)

2.7.Lecture theatres:

	Number	Size	Seating capacity
Seminar Rooms			
Demonstration Rooms			

2.8.Hostel facilities:

Accommodation (No. of rooms) available

2.9.Residential staff quarters:

Number (Category wise)

2.10. Committees:

(Specify number of meetings of these bodies held annually & minutes thereof)

- Scientific Committee (Constitution)

- Ethical Committee (Constitution)

2.11. Please comment on adequacy and quality of the relevant physical facilities in the hospital/institution:

2.11.1. Out Patient

- No. of OPD rooms

- Patient Examination arrangement:
 - Adequate/ Inadequate

- Teaching Space
 - Adequate / Inadequate

- Waiting area for patients/attendants
 - Adequate / Inadequate

2.11.2. In Patient

- Average Bed occupancy rate _____

- Indoor Space
 - Adequate / Inadequate

- Dressing Room

- Adequate / Inadequate
- Examination Room
 - Adequate / Inadequate
- Isolation room
 - Adequate / Inadequate
- Doctors duty rooms
 - Adequate / Inadequate
- Waiting area for attendants.
 - Adequate / Inadequate

2.12. Laboratories

2.12.1. Central Laboratory

- Controlling Department
- Working Hours
- Investigative work load (for last three years)

S.No	Investigations	Year		

2.12.2. Central research laboratory

- Whether there is any Central Research Lab?

- Administrative Control

- Staff

- Equipment

- Work load

2.13. Operation theatre

- Numbers :
 - Number of minor OTs :
 - Number of major OTs :
- Equipments in OT :
- AC/Non AC :
- Lighting arrangement :
- Equipment in Anesthesia Department :
- Special equipments (Monitoring Aids, Cardiac Defibrillator, Respirators etc) :
- Anesthetic drugs :
- Pre-Anesthetic Clinic :
- Resuscitation arrangement :
- Pain Clinic :
- Total Anesthesia staff :
- Average No. of cases operated daily
 - Major :
 - Minor :

2.14. Postoperative wards

- AC/Non AC :
- Numbers :
- Equipments in Post op department :
- Total Post Op staff :
- Average No. of daily post op cases :

2.15. Labour rooms

- Number of Labour rooms :
 - Septic :
 - Clean :
- Equipments in Labour room :
- Total staff :
- Average No. of daily cases :

2.16. Neonatology unit

- No. of beds :
- Equipments :
- Total Staff :

2.17. Emergency Department

- Available Space
- No. of beds :
- Equipment(s) :
- Available staff (Medical/Paramedical) :
- No .of cases (Average daily attendance of patients) :
- Investigative facilities available (round the clock) :
- Facilities available :

2.18. Intensive care facilities

i) ICU Wards

- No. of beds
- Equipment
- Average bed occupancy

ii) ICCU

- No. of beds
- Equipment
- Average bed occupancy

iii) NICU

- No. of Beds
- Equipment
- Average bed occupancy

iv) PICU

- No. of beds
- Equipment
- Average bed occupancy

v) Dialysis

- No. of beds
- Equipment
- Average bed occupancy

2.19. Any other, specify

3. SUPPORTIVE SERVICES

3.1.Pathology

- Haematology
- Histopathology
- FNAC
- Cytology

3.2.Biochemistry

- Blood Chemistry
- Endocrinology
- Other fluids

3.3.Microbiology

- Bacteriology
- Serology
- Mycology
- Parasitology
- Virology
- Immunology

Radiology

- Plain X-rays
- CT Scan
- MR Scan
- Mammography
- Ba Studies/IVP
- Ultra-sonography
- Others

3.4.Blood bank

- Valid License : Yes/No
- No. of blood units available :
- Average blood units consumed daily :

- Facilities of blood components available : Yes/No
- Nature of Blood storage facilities
(Whether as per specifications) : Yes/No
- All blood Units tested for Hepatitis C,B,HIV : Yes/No

3.5. Central supply of O₂, Anesthetic gases & suction :

3.6. Central Sterilization Deptt

3.7. Laundry:

- Manual/ Mechanical.
- Services: Adequate/Inadequate

3.8. Kitchen

- Available/ Not available

3.9.3.10 Incinerator

- Available/ Not available.
- Functional/ not functional
- Capacity

3.10. Medical Record Section

- Computerized/ Not computerized
- Record of interesting/fatal cases
- Medical Record Register

3.11. Recreational facilities

4. ACADEMIC ACTIVITIES

4.1.CMEs/Conferences/Seminar/Workshops organized in last three years

S.No	CMEs/Conferences/Seminar/Workshops	Date of CME	Organizer (In association/ Independent)

4.2.4.3 Any other academic training programme being run by the institute:

S.No	Name of the Programme	Started since	Affiliated with

4.3. Interaction with other Trainees (Only for renewal case)

Please offer comments based on your interaction with DNB trainees at the institute

- Appraisal conducted in last accreditation cycle
- Academic Classes being conducted regularly
- Teleconferencing facilities being provided
- Library facilities being provided
- Internet facility being provided
- Hostel facilities being provided
- Research support being provided
- Stipend paid regularly as per norms
- Hands on training being provided
- Skill labs/simulation based training being provided
- Any complaints being made by trainees regarding training imparted

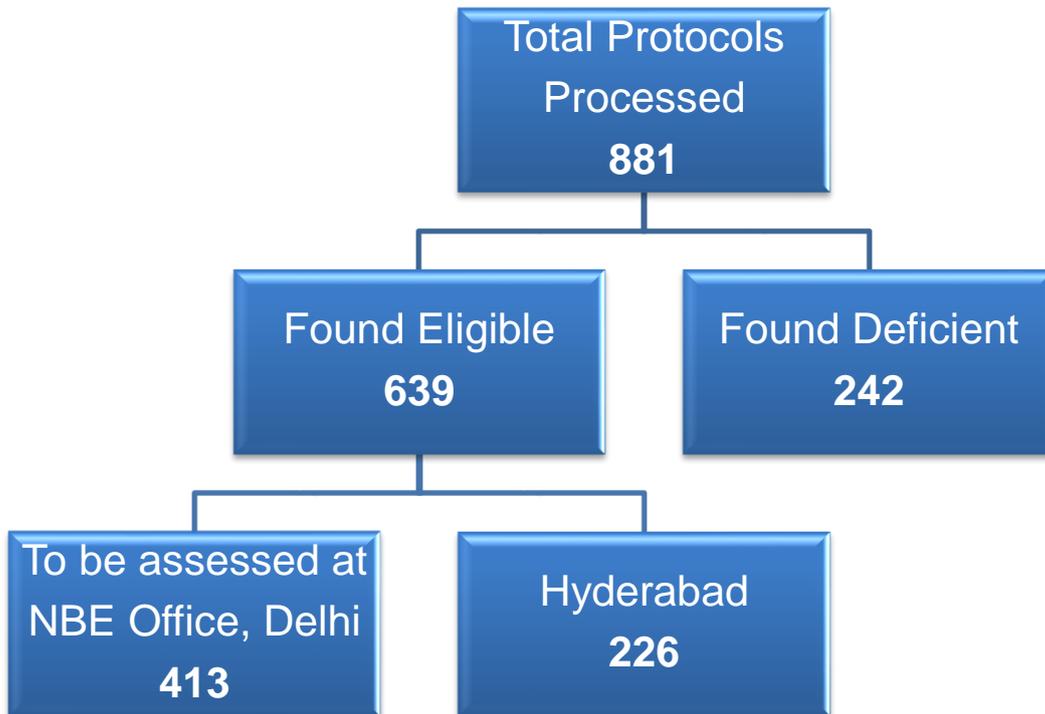
Signature of the Inspector

Date:

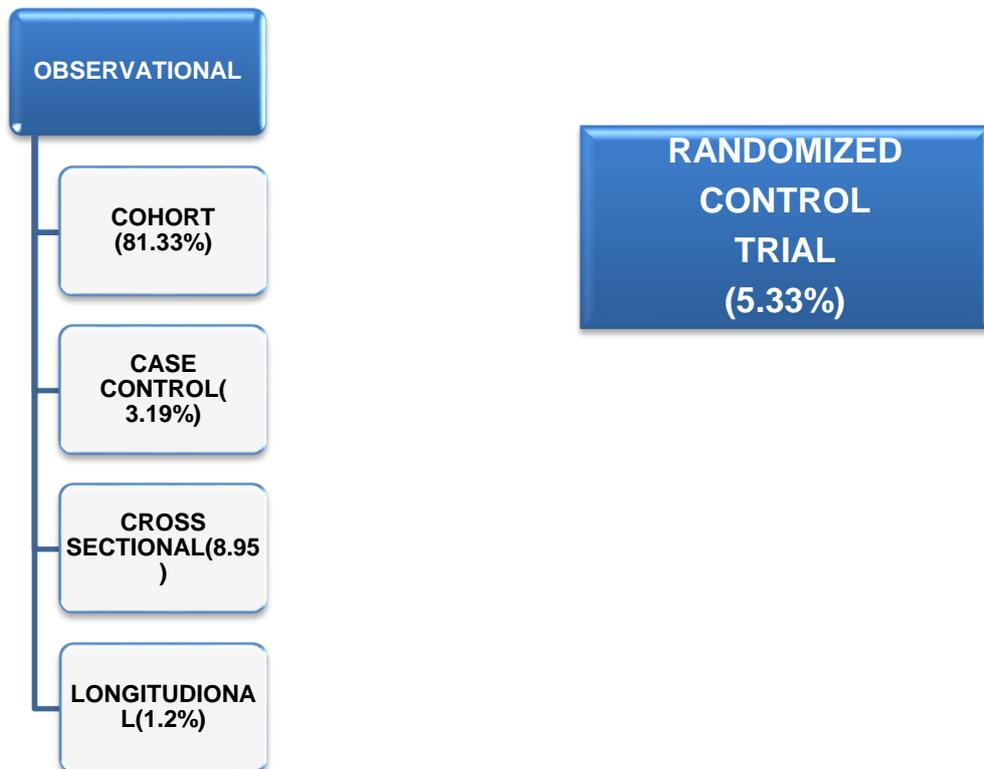
PROTOCOL ASSESSMENT STATUS FOR 2012 REGISTERED CANDIDATES:

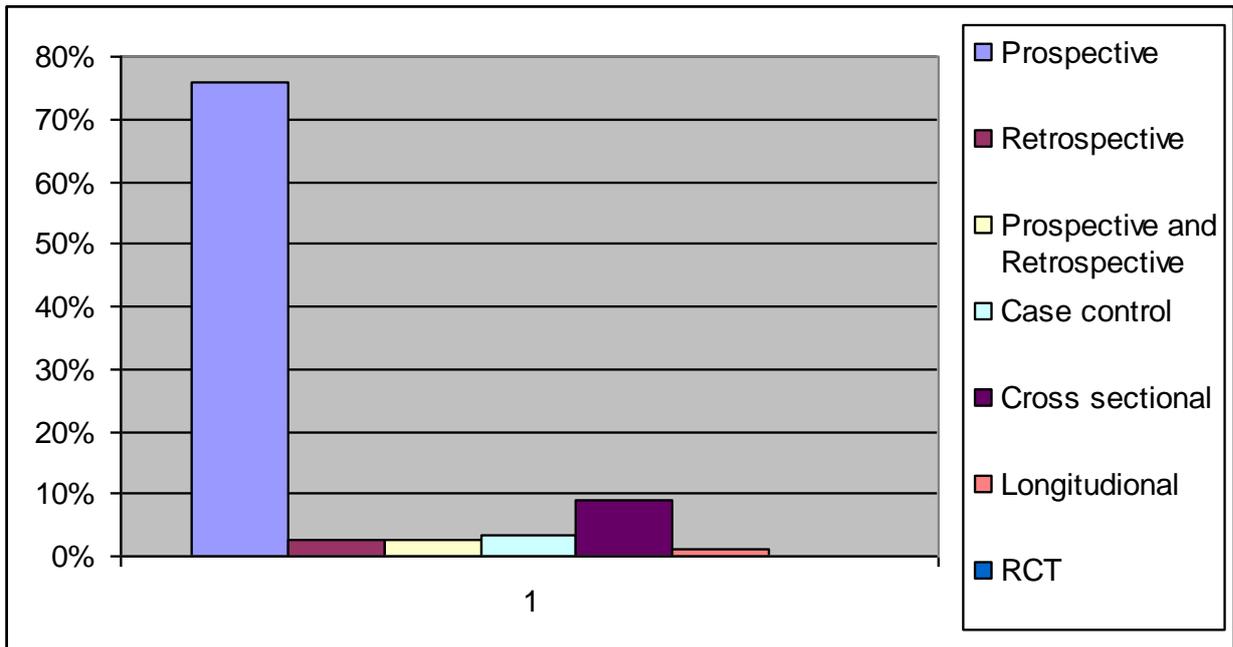
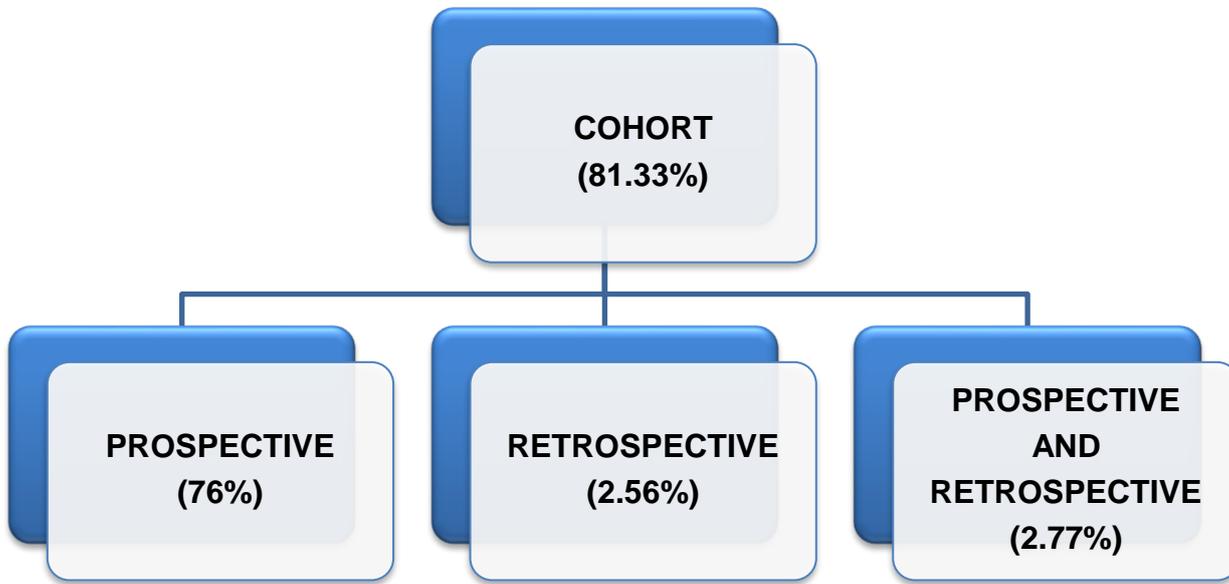
Processing Status	Figures	Remarks
Registered Candidates of Year 2012	2848	Jan 2012 Admission Session – 1857 July 2012 Admission Session - 991
Total Protocols Received	1603	Jan 2012 Admission Session – 952 July 2012 Admission Session - 454
Protocols under assessment	722	1000 protocols were sent to NBE Regional Office, Hyderabad of which 722 were of 2012 admission session.
Protocols ready for Onsite Assessment	639	Eligibility has been determined for all of them; have been found to be furnished by candidates as per norms.
Deficient protocols returned to candidates for rectification of deficiency	242	Deficiency is being communicated to candidates

Processing status



NATURE OF STUDY





2.7. DISCUSSION

DISCUSSION

The format has been designed according to the standard guidelines given by MCI and NBE so that all the information required for decision making has been included in the form of questions and checklists to gather all the required information in most efficient and effective manner.

2.8. CONCLUSION AND RECOMMENDATION

CONCLUSION AND RECOMMENDATIONS

The checklists made should be followed and looked after in order to get the right and detailed information for effective decision making

Also , all the points mentioned should be looked into and all the details gathered so that the final decision taken for granting the accreditation is fair and upto the required standards.

LIMITATIONS:

The major limitation was the issue of confidentiality.

NBE being a very prestigious and highly known for its standards organization maintains the level of confidentiality at every step and aspect and it was not possible to publish and disclose the information.

Therefore this study was done keeping in mind that none of the information is let out and all the standards are maintained.

3. REFERENCES

REFERENCES

1. <http://www.natboard.edu.in/>
2. <http://medicalcouncilofindia.co.in/>
3. <http://www.mcnz.org.nz/assets/Forms/Application-for-accreditation-as-an-approved-practice-setting.pdf>