STRENGTHING OF DISTRICT HOSPITALS
BY COMMENCEMENT OF
DIPLOMATE OF NATIONAL BOARD (DNB)

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DIPLOMATE OF NATIONAL BOARD (DNB)

• A degree awarded by National Board of Examination, New Delhi

• Admission through National level test

• DNB final national level test with
  • Four papers theory
  • Practical examination

• Three years course with Thesis

• Equated with MD/MS, recognized by Govt. of India for teaching positions
Rationale to start DNB

• Countries with adequate skilled health personnel have good health indicators

• Acute shortage of health personnel in rural & remote areas

• The skewed Population-Health Care Personnel ratio in India
  • Doctor-Population of 1:1507
  • Nurse-Population of 1:1207

• Inadequate performance of the public health system
Why doctors not serving in rural

• Delayed process of regular recruitments
• Contractual Jobs and want to do Post graduation
• Inadequate facilities and inappropriate postings
• Appointed health workers
  • Not taking up posts
  • Absenteeism
  • Private practice
Methods tried to retain doctors

• Rural recruitment
• Private practice
• Compulsory service
• Subsidized education for return of service
• Appropriate financial incentives
Methods tried to retain doctors

• Better living conditions, Safe and supportive working environment
• Public recognition measures
• Contracting-in
• Contracting-out
• Purchasing services from the private sector
District hospital as training site

• Bridge between Medical College & Public Health Institute

• Services provided are on par with Tertiary care Hospitals in many specialties

• Covers significant population & case load is heavy in almost all the facilities

• In AP context NHM’s flagship program of strengthening DH is crucial to provide HR
MDEG (Multi Disciplinary Expert Group)

• Existing Infrastructure with minor renovation can be adequate to fulfill the National Board of Examinations guidelines to start DNB Broad Specialty

• The following five disciplines have major demand
  • Anesthesiology
  • Gynecology & Obstetrics
  • General Medicine
  • General Surgery
  • Pediatrics
PROCESS
Essential Prerequisites

• State Govt. owned District Hospital

• A Multi specialty hospital with at least 200 beds offering following services
  • General Medicine
  • General Surgery
  • Obstetrics and Gynaecology
  • Pediatrics
  • Orthopedics
  • Emergency Medicine
Essential Prerequisites

• A Single specialty hospital with at least 100 beds:

• Annexed with a Secondary Node
  • A Medical College/Institute
  • A NBE Accredited Hospital/Institute
Objectives of Secondary Node

Support

Augment

Faculty Development
Teaching Protocols

Secondary Node

District Hospital
Role of the Secondary Node

• Basic Science Teaching & Training

• An adjunct faculty/PG Teacher in the specialty for DNB Programme

• The Ethics & Scientific Research Committee

• Library Facilities

• Rotation in Sub-Specialty Areas
Beds in the Applicant Department

• Minimum required beds in the dept. as per NBE norms (35 each)

  • General Medicine
  • General Surgery
  • Obstetrics and Gynaecology
  • Paediatrics

• Atleast 30% beds should be general beds
Patient Load in the Applicant department

- Minimum OPD 5000 per year
- IPD 1000/year in the department as prescribed by NBE
- General Medicine
- General Surgery
- Paediatrics
- Obstetrics & Gynaecology
Teaching Faculty Needed

- **One PG teacher** above the level of Assistant Professor or above with 5 years of post-graduate teaching – from DME
- **One Senior Consultant** with minimum 8 years experience post MD/MS.
- **One Junior Consultant** with minimum 5 years experience post MD/MS.
- **Two Senior Residents** with PG degree / diploma with more than 2 years experience (as per NBE).
- **One whole time Resident**, MO with or without PG qualification
Flow chart of activities

1. Identifying District Hospital with required Bed strength (200 beds) & HR
2. Signing of MoU with Directorate of Medical Education
3. Payment of Prescribed Fees & Filling up Application for the District Hospital proposed to start the course as per norms
4. Inspection by Team of Officials from National Board of Examinations to the selected DHs
5. Accreditation by National Board of Examinations to commence Courses
Patients and Community

• Good quality infrastructure, equipment and medicines
• Availability of specialist doctors 24X7
• No need to visit quacks for treatment
• Decreased out of pocket expenditure
• Generates good faith about medical profession
District hospital

A Seminar cum conference room

Teaching room adjacent to Ward (Both Male & Female)

A Library Room (With Journals & Books)

Accommodation for students and faculties

Improved equipment and Medicines
District hospital

• Present Infrastructure up gradation

• OPD facility with Examination facility & sitting arrangement for DNB

• Improved OT - discipline wise

• Upgraded Emergency

• CCU/SNCU

• Canteen/Mess for Doctors
District hospital

- Conversion to teaching and research facility
- Increased budget allocation
- Increased number of Working hands
  - Attending faculty, consultants and SRs
  - Post Graduate Trainees
  - Nurses, paramedical and other ancillary Staff
- Outward flow of specialist doctors
- Specialty nursing courses and Para-medical courses like MLT, X-ray/CT technicians
Newly graduated and Inservice doctors

• Chance of getting PG seat

• Specialist jobs in their own districts

• Chances to move out after serving the required bond period

• Chance of transfer to urban area where district hospital is located
Staff posted at district hospital

- Increased job satisfaction due to availability of quality time, decreased work load, timely sanction of leaves, presence of same cadre of people, good accommodation facility and decreased discrimination with respect to faculty of medical colleges
- Chance to present their research and degree activities
- Periodic training, appraisal & supportive supervision from NBE, state and nearest attached medical college
State government

- Continuous output of specialist doctors
- Improved HR, Infrastructure, equipment, medicine
- Good quality health care services
- IT enabled DH
- Improved health status indicators
- Overall increased productivity

Accreditation Work Up

Development & Strengthening

Launch of Programme
Support by NBE

- Faculty development through various faculty development workshops
  - Research Methodology
- NBE Uniform e-learning Resource
- To assist the local institutions to develop into a center of academic excellence
- Formative Assessment Test (FAT) for DNB Trainees Connect to a larger Network
  - NBE Accredited departments across the Country
- Nodal Officer Training Programme
Strengths

• Good patient load at DH
• Making use of available specialist and resources for PG training
• Selection through NEET-PG
• DNB faculties are provided by NHM
• State Commitment
• Wide NBE network
Opportunities

• Commitment from NHM which will allocate budget and required technical inputs

• Chances of getting converted to teaching institute like medical college and running nursing and paramedical courses

• Improved doctor population, specialist population and nurse population ratio
Challenges

• Questionable Availability of quality faculty?

• Even if available will they able to teach?

• Questionable timeframe?

• Pass percentage?
Threat

• Burdening the available specialists with teaching apart from patient care?

• What is the status after producing required number of specialist doctors?

• Even though it is equivalent to MD/MS, will it abolishes discrimination?
THANK YOU