

Minutes of The Meeting on Introduction and Scaling up of DNB Courses in Public Hospitals at Centre for Innovation in Public Systems (CIPS) on 06-01-2015 from 03:30PM to 06:00PM on Introduction and Scaling up of DNB Course.

CHAIR: Dr. S.K. Rao Director General, ASCI, Hyderabad

KEY MEMBERS:

SI No.	Name of the Invitees	Designation
1	Sri. Suresh Chanda, IAS	Principal Secretary, Medical and Health, Government of Telangana
2	Sri.D. Chakrapani	Director- CIPS
3	DrS. K. Rao	Director General, ASCI
4	Dr. K. Veena Kumari	Commissioner, Telangana Vaidya Vidhaana Parishad
5	Dr. Putta Srinivas	Directorate Medical Education, Telangana
6	Dr. Srinath Reddy	President, PHFI, New Delhi
7	Dr. Jayaprakash Narayan	Loksatta
8	Dr. K.Venkateshwar Rao	Director and Professor, Innova Hospital
9	Dr. Balaraju	Vice President Medical Services, Yashoda Hospital
10	Dr. S.S. Reddy	Apollo Hospital
11	Dr. Narendranath	Director, NIMS
12	Dr. M.Chandrashekar	Former Superintendent, Gandhi Hospital
13	Dr. M. Ramadevi, MD	Medical Superintendent Government General Hospital, Nizamabad
14	Dr. Gullapalli. N. Rao	Chairman, L.V. Prasad Eye Institute
15	Dr. M. Ramani	Principal, Osmania Medical College
16	Dr. R.D. Ravindran	Chairman, Aravind Eye Care System, Madurai
17	Dr. Venkatesh	Chief Medical Officer, Aravind Eye Care System
18	Dr. B. Bheem Singh	Medical Superintendent, District Hospital, Nizamaba
19	Dr. M. Alimelu Rao	Associative Professor of Paediatrics, Government Medical College Nizamabad
20	Dr. S. Sreelatha	Principal, Gandhi Medical College.
21	Dr. B. Sheshadri	RMO, Gandhi Hospital
22	Dr. A. Rajasekhar Babu	Special Officer, TSVVP
23	Dr. C Narender Kumar	Assistant Professor, Hospital Administration ,Government Medical College, Nizamabad
24	Dr. Ramesh Chandra Sethi	Programme Officer-CIPS
25	Mr. Avik Chakraborty	Project Research Associate-CIPS
26	Mrs. Blessy Thomas	Junior Project Associate-CIPS
27	Ms. Swetha Chandrasekar	Junior Project Associate-CIPS

Agenda

Objectives

To initiate and scale up Diplomate of National Board (DNB) courses in Government Hospitals.

Background

DNB is a three year PG course equivalent to MS/MD Programmes. This course is conducted by the National Board of Examinations, New Delhi an equivalent body to Medical Council of India. This course is a potential solution to the current issue of shortage of medical Specialists in the Public Health Sector by increasing the number of Specialists doctors and strengthening the Public Health System.

Key Notes

Shri. D. Chakrapani gave a brief introduction of all the participants to Dr. Ravindran and Dr. Venkatesh who joined the meeting through a video call. Dr. S.K. Rao welcomed all the participants on behalf of CIPS.

Shri. D. Chakrapani gave a small introduction on journey of Centre for Innovations in Public Systems. This organization was established as an autonomous body with funding from Government of India through 13th finance Commission in the year 2010. The major focus lies on identifying, documenting and perhaps may be replicating innovative practices in four sectors namely- Health, Education, Urban Governance and E Governance for enhancing public services. In the health sector, programmes like three year RMP have been started in Assam for providing health care services at Primary Health Centres and Sub Centres. CIPS has also been in the forefront of replicating the practice of Vision Centres established by LV Prasad Eye Institute and Aravind Eye Care System at the common service centres and Primary Health Centres for enhancing Eye care. On the same lines, CIPS is also in the forefront of starting DNB courses in Public Health Institutions. This has the effect of providing and enhancing manpower in all faculties at post-graduation level in addition to providing clinical efforts that has been overwhelmingly used by the private hospitals. This has been primarily done in few public hospitals.

Following the introduction, Dr. Srinath Reddy, President, PHFI, said that the National Board of Examinations successfully conducted courses by avoiding controversies. The national level entrance exams, foreign medical graduate screening tests have been entrusted with the NBE. All of these exams are computerised and conducted at the national level. Almost a lakh students go through the PG entrance test. Now, NBE has successfully established the standards of National entrance and exit level examinations. NBE has around 460 hospitals accredited by it. This number has been brought down essentially to impose rigorous standards. About 70-75% of institutes that DNB are private. Some of the public hospitals like Railway hospitals, Army Hospitals, BHEL Hospitals, Bhabha Atomic Research Centre Hospitals etc are affiliated to NBE. Fairly a large number of postgraduates get trained each year from the multiple courses of DNB. However one of the areas that needs an innovation in

terms of the approach undertaken is strengthening of the District Hospitals. During a discussion on Universal Health Coverage in Planning Commission, one of the recommendations made was that the district hospitals must be strengthened not only by increasing the health care service delivery but also build capacity to function as good teaching and training institutions. All new medical colleges must be attached to a District Hospital where district medical colleges do not exist. This has not picked up immediately though there was a mention in the 12th plan. Government of West Bengal approached NBE with a request to strengthen their district hospitals and make them start the DNB Centres. Several discussions were held in the board where questions related to quality, standards. Teaching facilities, research were raised. One of the methods suggested was to link up the district hospitals with Government medical colleges. State government to look at the district hospitals as teaching hospital, give proper faculty designation to the specialists working there. The following were the requirements:

- The district hospital must have a bed strength of 200
- They must have General Medicine, General Surgery, Obstetrics and Gynaecology, Paediatrics, Orthopaedics and Emergency Medicine Departments/ wings with support facilities from Anesthesia and Lab medicine.
- Each student must be assigned to a thesis guide at the medical college so that connectivity is maintained.
- Periodical visits to medical colleges must be made for utilising library facilities and discussing the research projects. Research was primarily brought into this course and made mandatory as it wouldn't be considered on par with other PG courses unless there is a research component by the MCI.
- An ethical committee in every medical college to screen the research work
- Visit to the district hospital will facilitate i) to bring a greater degree of expertise and ii) Familiarise with field reality

This will strengthen the connection between the medical colleges and health systems. West Bengal has the affiliations available and is smoothly functioning at the moment. He concluded his talk by saying that opportunities must be created so as to replicate this model not only to increase the number of specialists but also to strengthen the district hospitals. He also suggested that special quota must be reserved for Government sponsored candidates. Apart from this he made a request to the state of Telangana to take up

a) three year Rural Medical Practitioners(Bsc. Community Health)

c) Transforming Primary Health Care by deploying the use of technology-Swasthya Slate

Post this talk, a presentation was made by colleagues from Nizamabad on how DNB can be initiated, scaled up and the challenges faced.

Discussion

Questions with regards to bed strength stipulation were raised. The questions were taken by Prof. Srinath Reddy who said that the rule has not been retrospectively set and also that relaxation in terms of bed strength would be given only in case of Family Medicine as they have tie up with community health programmes.

Following the presentation, Shri. Suresh Chanda, Principal Secretary, Government of Telangana gave his view points-

- There should be no difference between a medical college requirement and DNB college requirement.
- He said that if DNB courses are to be started in Government colleges, then all the required resources must be available with them rather than affiliating and sharing resources.

Dr. Jayaprakash said that the entry restrictions must be minimized and the exit regulations must be made more stringent to provide quality manpower to suit the requirement. He quoted an example of UK having MRCP and FRCS courses the end of which marks the beginning of a candidate's learning.

Discussion

Prof. Srinath Reddy said that standards should be improved across the board in both types of institutions- MCI and DNB. He also mentioned that- ideally the district hospitals must be linked up with Government colleges and that if District Hospitals and the PHCs are strengthened, almost 95% of the problems can be addressed without having to go to a tertiary care hospital. He also mentioned that the requirements for district hospital will not be scrutinized as for the medical colleges implying that district hospitals would need some lag time for the standards to be improved. It's scenario where both teachers and the students are mutually benefitted.

Dr. Putta Srinivas, Directorate Medical Education, introduced himself and then gave his opinion. He highlighted the problem of severe competition for PG seats in the state and said that DNB courses can be started provided there is one senior consultant as a professor who has teaching experience. He also mentioned about the MCI stipulation that a single department cannot run two kinds of PG programs viz MS and DNB.

Dr, Narendranath, Director Nizam Institute of Medical Sciences, said that conferring of fellowship on somebody is not the end of training. Each speciality decides its requirement. He also told that uniform rules needn't be applied.

Dr. G. N. Rao, Chairman LVPEI, suggested that the following:

- a) The district hospitals should be attached to medical colleges exclusively for clinical rotation and other stipulations in terms of infrastructure must not be imposed.
- b) There should be education programmes for the educators. He expressed the need to form a cadre of educators.

Dr. Ravindran, Chairman, Aravind Eye Care System, Madurai who joined the meeting through video call said that four hospitals of the Aravind Eye Care system run DNB course with an annual intake of 28 students. He said that starting of DNB would go a long way as this would provide healthcare to a large mass of population. He mentioned the challenges that would be faced while adopting this course which are:

- i) Selecting the ideal department through the correct set of clinicians
- ii) Creating man power

These can be overcome by establishing linkages with medical colleges and also by creating such a model in few districts which will facilitate in creating academic excellence.

Dr. Chandrasekar, DNB Inspector said that a disparity exists between the number of UG and PG seats. Hence many of them opt for paid seats. This has an impact on the quality of manpower produced. He went to one of the district hospitals in West Bengal where DNB courses have been started and its performance was found to be satisfactory. He insisted that the standards of doctors be improved. He concluded his talk by saying that DNB involves minimum cost outlays and offers PG in a number of subjects that are not provided by the other counterpart.

Dr. Balaraju, Former Superintendent of Gandhi Hospital, said that in DNB, the entrance exam and selection are centralized. It also facilitates one to one teaching which is more effective than one to many kind of teaching. He raised a word of apprehension that the DNB students shouldn't be exposed to strikes and the lapses of MCI should not be repeated.

Dr. Veena Kumari, Commissioner, Telangana Vaidya Vidhaana Parishad said that the post graduate students should be motivated to work in rural areas. She extended her support towards initiation of DNB Course.

Dr. SS Reddy, Apollo Hospital said that the pass rate in medical examinations is very high in the country. There should be strict scrutiny. The students currently lay more emphasis on passing the exams than gain knowledge. He insisted that a study on the normal values of Indian population be established as everything today is based on the foreign standards. He suggested the following:

- i) Introduction of part time consultants and practitioners from the private sector.
- ii) Improve Pre and para clinical training.
- iii) The young medical graduates have to be put in areas where infrastructure is available and the guidance of a senior faculty is available.

Dr. Jayaprakash, Loksatta, suggested that the allocation of time for compulsory rural services be divided in way where the students get about 4 months at CHCs, 4 months in district hospitals and 4 months in a Government hospital in a department of their choice.

Dr. Ramani, Principal Osmania Medical College said that DNB is superior to other PG Programmes owing to the standards of the DNB exam. She extended her support to the conduct of DNB in few subjects.

Dr. Venkateshwar Rao, Director and Professor, Innova Hospital, made the following suggestions-

- a) Issuing of an executive order to utilise experienced people from the private sector to strengthen the training process.
- b) New under graduates must never be posted in primary health centres.

He also suggested the recognition of medical colleges that are attached to district hospitals for running the DNB courses with the only plea that the workings hours are properly dissipated between various candidates.

Dr. B. Sheshadri RMO, Gandhi Hospital suggested that communication between the medical systems must be strengthened and that the concept of introducing DNB course in secondary care level will serve as a major solution in bridging gaps and strengthening the hospitals.

Concluding Note

Dr. S.K. Rao concluded the session by putting sharing the following:

- a) Adopt a holistic approach
- b) Bring in a system of rewards and recognitions
- c) Lay emphasis on what is good and can be replicated.

Way Forward

Shri. D. Chakrapani put forth the following points:

- a) Requested the Principal Secretary of Telangana to take a look at three year RMP programme.
- b) Structured interaction between medical professionals and ECIL. He requested the Director of Medical Education to take it up on board so as to bring down the cost of medical diagnostics.
- c) Vision Centres to be established in PHCs
- d) A major mission mode project is coming up in Health. He made a request to set up a nucleus group and see through that proposals are made.
- e) There has to be Continuous Medical Education
- f) Equipment maintenance must be given a priority by setting up small cells.

The meeting adjourned at 6:00pm.