

**Minutes of The Meeting on Introduction and Scaling up of DNB Course on 12-01-2015 at NTR Health University.**

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

**KEY MEMBERS:**

<b>SI No.</b>	<b>Name of the Invitees</b>	<b>Designation</b>
1	Shri. Kamineni Srinivas	Minister for Health & Medical Education, Andhra Pradesh
2	Dr. Ravi Raju	Vice-Chancellor, NTRUH
3	Dr S. K. Rao	Director General, ASCI
4	Dr. Satya Narayana	Assistant Professor, Public Health Foundation of India
5	Dr. Shantha Rao	Directorate of Medical Education,
6	Dr. V. Lakshmana Rao	Medical Superintendent, Area Hospital Tuni, East Godavari
7	Dr. D. Ramesh	
8	Dr. K.Venkateshwar Rao	Director and Professor, Innova Hospital
9	Dr. R. Sasank	Principal, Siddhartha Medical College
10	Dr. K.Prakash	Superintendent, DHQ Hospital, Rajahmundry
11	Dr. A.V.R. Mohan	Medical Superintendent, DH, Eluru
12	Dr. S. Babulal	Registrar, NTRUHS
13	Dr. D.S. Raju Naidu	Vice Principal
14	Dr. C. Padmavathy	RMO,GGH Anantapur
15	Dr. Suryakumari	Superintendent, GGH, Guntur
16	Dr. M. Krishna Naik	Dy. Superintendent, GGH, Kurnool
17	Dr. G.S Rama Prasad	Principal, Kurnool Medical College
18	Dr. T. Venugopal	Superintendent, Guntur
19	Dr. G. Somasundara Rao	Medical Superintendent, AH Machilipatnam
20	Dr. D Bhaskara Rao	
21	Dr. R. Damodara Reddy	Medical Superintendent, AH Tadepalligudem
22	Dr. G. Krishna Murthy	Director(R&D), NTRUHS
23	Dr. C.V. Rao	Gitam
24	Dr. S. Praveen	Medical Superintendent, AH Ramachandrapuram
25	Dr. M Prasada Rao	Medical Superintendent, CHC
26	Dr. G. Prabhakar Rao	Medical Superintendent, CHC
27	Dr. G. Raghu	DH, Kurnool District
28	Dr. R. Mahalakshmi	Principal, RMC
29	Dr. N. Subba Rao	Vice President, Andhra Medical College
30	Dr. R. Eswara Prasad	Medical Superintendent, DH Tenali
31	Dr. M. V Swamy	DH. Tenali
32	Dr. J Suresh Babu	Incharge RMO, Tenali
33	Dr. S.S. Amarendra Babu	Superintendent, Area Hospital, Amalapuram
34	Dr. K. Karthik	Area Hospital, Rampachodavaram

35	Dr. K.V.S. Satyanarayana	Area Hospital, Gudivada
36	Sri.D. Chakrapani	Director- CIPS
37	Mr. Avik Chakraborty	Project Research Associate-CIPS
38	Mrs. Blessy Thomas	Junior Project Associate-CIPS
39	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:** Dr. S.K. Rao welcomed all the participants on behalf of CIPS and requested all the participants to introduce themselves.

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 13<sup>th</sup> 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 in Assam for providing health care services at Primary Health Centres and Sub Centres, integration of medical education with Primary and secondary health care systems at CMC, Vellore and MGIMS, Wardha were conducted. CIPS has also been in the forefront of replicating the practice of Vision Centres established LV Prasad Eye Institute and Aravind Eye Care System at 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. The other focus area include Medical Diagnostics where the costs are escalating as citizens are subjected to irrational prescription of tests. Public Hospitals have a role to play in bringing down these costs. The issue of weak linkage between the pharmacy and medical education was also discussed. In addition to

this, the work done by organization like National Pharmaceutical Pricing Authority (NPPA) was commended and the following suggestions were put forth:

- a) Knowledge must be spread
- b) Each PHC must have a list of essential medicines along with their prices.

Dr. Ravi Raju, Vice Chancellor, NTRUHS, Vijayawada at the outset, gave a brief overview on what the university does. He said that several new courses will soon be started and also attributed the matter of medico legal problems and other issues to the wide gap that exists between the doctors and the patients. He suggested that this gap can be bridged by bringing intermediaries like Nursing Assistants, Physician Assistants and etc in both the systems of medicines. Specialized paramedical workers can be produced through the introduction of courses like neurology assistants, anaesthesia technicians, Dialysis technicians etc. and also by instituting training programme for nurses and specialized MSc. Nursing programmes across the state. It has also been proposed that new courses in super specialities like Surgical Gastroenterology, Neonatology and those that have become non-existent after the state bifurcation will be started. It was also proposed to upscale the research activities by establishing an R&D wing and to have high end laboratories in the university itself.

In the Indian System of medicine, it was suggested to increase the number of colleges and also begin a BSc Course in Naturopathy and Unani Medicines.

He also said that starting of DNB courses in selective subjects at district and taluk hospitals having required faculty can enhance the care delivered to people and also increase the number of specialists. The aim of the university is to maintain 1:1 ratio of UG doctors to PG. In Andhra Pradesh there are about 2300 MBBS seats and nearly 1500 PG seats. Maintaining 1:1 ratio can easily bridge the gap of unavailability of specialists. Currently this ratio is being maintained at the UT of Delhi and the state of Punjab. With the introduction of DNB courses, the gap can be bridged thereby making specialists available at PHCs and Secondary care institutions.

Shri. Chakrapani gave a gist of the meeting on DNB that was convened on 6<sup>th</sup> January 2015 at CIPS office-

- This meeting was attended by Prof. Srinath Reddy, President PHFI, Principal Secretary of the state of Telangana, Dr. Jayaprakash Narayana, Dr. Narendranath, Director NIMS, Dr. SS Reddy, two former medical superintendents who are currently working as DNB Inspectors in the Private Sector, Dr. G N Rao, Chairman, LVPEI and many other distinguished guests.
- All the guests were of the unanimous view that DNB should be started in the Public Institutions.
- This course has been started in six district hospitals in West Bengal.
- It has also been decided that the entry into DNB programmes must not be hampered by stringent rules and the standards for examinations and qualifications for the fellowship be mentioned clearly.
- There should be exit regulations.

- In a medical college, the DNB Programme cannot be conducted in departments that run other PG courses.
- Prof. Srinath Reddy would be endorsing the commencement of DNB Programme to the executive director, Mr. Bipin Batra.

He also mentioned that the Principal Secretary of Health, Shri L.V. Subramanyam felt that DNB Programme is good and must be commenced in Public Hospitals with about 150 beds.

Post this session, Dr. Satyanarayana, Assistant Professor PHFI gave a presentation on DNB Courses. He summarized the activities of PHFI in the following:

- a) Public Health Research
- b) Public Health Education
- c) Public Health Training Activities and Advocacy

#### Summary of the Presentation-

- There are few Public Health Policies on lines of which DNB is promoted. They are-
  - i) Identification of low cost organizational, managerial and technical solutions.
  - ii) Development of sustainable, operable and replicable models.
  - iii) Scientific credibility, financial feasibility, operational stability, Political viability and implementer's acceptability.
- There is dearth of medical specialists in government hospitals with 50% vacancy levels.
- Illegal capitation fee, salary, work environment, work load etc are some of the challenges faced to retain specialists in Government Hospitals.
- Roughly around 4560 DNB seats per year for the country was estimated as the requirement.
- A feasibility study was made on DNB Courses in 7 District Hospitals in Karnataka. They were compared on the basis of requirements for starting DNB Courses. It was found that lack of teaching staff is the biggest drawback.
- Of all the people interviewed as a part of this study, almost everyone unanimously felt that DNB will improve the infrastructure of the hospital, provide better services, students will be exposed to a variety of cases. All these benefits can be reaped at minimal expenditure.
- There should be a Memorandum of Understanding of district hospitals with the nearest medical college for teaching assistance and monitor the research programme.
- Precisely DNB course will help in meeting immediate specialist's requirement and strengthen the district hospitals.

Dr. Ravi Raju shared his thoughts and views on DNB and threw open the forum for discussion.

Dr. Venkateshwar Rao, former superintendent KGH, Vishakapatnam said that meeting the specialist requirement in the district hospitals is a long felt need.

DNB is a very innovative idea. He shed some light on the current existing scenario where there is severe shortage of specialists leading to a lot of vacancies. With strict MCI Guidelines, the government colleges initiated a system of transferring the faculty for inspection. Therefore with the existing rules, it is highly essential to increase the number of seats which cannot be done as there isn't adequate faculty and DNB is a way out. Some of his suggestions were:

- a) Having a combined exit exam for DNB and other PG Programmes will help assess the real quality of the doctors.
- b) DNB should be encouraged provided the faculty and financial constraints are met.
- c) In today's scenario, medicine is not empirical but is evidence based. Government is not in a position to offer gadgets hence, Public Private Partnership can be encouraged or maybe outsources so as to reduce the financial constraints to the Government.
- d) Maintenance of the hospital is very essential. However separate grants are not offered. Some funds or other sources must be allocated to the administrator towards maintenance.
- e) Honorary/ Part-time system where highly experienced doctors settled in the district hospitals can be enrolled as faculty to teach the DNB Students.
- f) There must be an exchange programme where the DNB students spend six months in a Government medical college experiencing library and other facilities and the PG students in District Hospital. This will create a win-win situation.
- g) The problem of lowering of standards should be addressed.
- h) The present system of tough entry and easy exit must be modified/changed.

## **Discussion**

Dr. Ravi Raju raised a point regarding stipends that must be given to the DNB Students. Dr. Shantha Rao, DME Andhra Pradesh said that it has been made mandatory by the National Board of Examinations that some amount of stipend that is approved by the respective State Government must be given by the admitting institution.

Shri Chakrapani put forth the following points:

- a) There is an innovative method to address the problem of sourcing stipends. For instance, NRHM funds the three year rural medical practitioner programme in Assam by including this in the PIP of the respective state. Similar step can be taken in case of DNB Programme where a properly structured proposal can be made to the GOI to include under National Health Mission.
- b) The amount paid to a PHC doctor (employee of Government) undertaking MS/MD programme by staying away from PHC and working in a tertiary care, can also be paid to DNB Students.
- c) Examine possibilities of integrating this with the NHM and CSR activities of corporates to meet the stipend requirements.

- d) Make a proposal to Mission Mode Project in Health about the DNB Courses addressing the problem of shortage of specialists.

Dr. Shantha Rao said that a series of meetings have been conducted to understand the gaps in the quality of medical education and the first referral system in the Government of Andhra Pradesh. There is absolute and relative deficiency in the specialists in public hospitals (District). There is a deficiency of super speciality services at medical college level and deficiency of broad speciality in district hospitals. Hence ways of making the programme robust, viable and academically sound must be looked at.

### **Discussion**

An idea was put forth where all the district and area hospitals are to be taken into the arena of Directorate of Medical Education. Also a proposal to create a Directorate of Health Services is in pipeline so as to establish links between the medical college/hospitals and the district and area hospitals. Till the DNB courses are standardized and strengthened internally, the district hospitals can be linked with a medical college. West Bengal district hospitals have a MoU with the nearest medical college to share resources and also to conduct training programmes. The district level trainers can be converted into faculty at the medical colleges.

Shri. Kamineni Srinivas, Hon'ble Minister for Health Andhra Pradesh endorsed the opinion that the DNB Programmes may be started wherever possible in the interest of medical education and health and medical requirements of the people. He also quoted the status of medical care in the US where the shortage of specialists is resolved by bringing Physician Assistants and other paramedics.

Shri. Chakrapani made the following submissions:

- Request to have continuous medical education programmes
- Request to conduct a number of short term fellowship programmes for the doctors by taking the CMC, Vellore model as an example.
- Request to examine the starting of paramedical courses with respect to the existing infrastructure in the government hospitals under the AP Paramedical Board.
- Examine the benefits that can be drawn from starting different paramedical courses including maintenance of the hospital equipments.
- Networking relationship must be established between premiere research institutions like IICT, CCMB, IISc, ICMR, NIE and the university of health sciences. The knowledge of research findings must be available to the doctors.
- Emphasized the need to disseminate information related to drug pricing and make it available at all the PHCs, CHCs etc.
- Audit of prescriptions as done by the state of Tamil Nadu at regional level.
- Integration of District Headquarters hospital and Primary Health Centres.
- The government of Telangana with the help of LVPEI will be setting up Vision Centres.

Dr. Ram Prasad, Principal Kurnool Medical College, said that-

- a) There are a number of doctors with more than 5 years of service experience but are not a part of faculty in teaching hospital can be used as guides. Besides the guide, there should be two other persons who can assist in teaching, such doctors can be taken from local areas.
- b) Persons with MD/MS qualification engaged in private practice can also act as co-consultants.
- c) The resident specialists (post MD) can also be taken to augment teaching.
- d) Paediatrics, Obstetrics and Anaesthesia are the primary focus areas as they come under NRHM.
- e) The Hospital co-ordinators are empowered to take in specialists.
- f) Posting an MD in a taluk hospital as Civil Surgeon will be useful.
- g) Service quota cannot be applied.
- h) Create a memorandum of understanding with a teaching Hospital.

Dr. Santha Rao put across the following points-

- a) There are about 7-8 district headquarters hospital where gap analysis can be done. There are buffer systems that will indicate where the specialist man power needs to be deployed.
- b) Issues related to labs, seminar halls etc are not seemingly big issues for the Government. They can be easily sorted out.
- c) There should be an Academic Staff College situated at the University that will take care of the training programmes and periodical retraining of doctors.

### **Summary**

Dr. Satyanarayana finally summed up the session by saying that if DNB Courses are being commenced in a district hospital, a request has to be put forth to the DNB Board. The DNB Board would then visit the hospital for inspection. The session was then concluded on a note that this initiative is an innovative method of increasing the specialists and that this can begin with district hospitals and can then be taken forward to area hospitals.

### **Concluding Note**

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

- a) Adopt a holistic approach
- b) Do what is within the reach
- c) Lay emphasis on what is good and can be replicated.
- d) Try and implement what is good and innovative.

### **Way Forward**

- Conduct rapid assessment of district hospitals in the state of Andhra Pradesh to check the current status of infrastructure and compare it against the DNB requisites and get started.

- Seek assistance for commencing these courses in terms of infrastructure and stipend for students by formulating suitable proposals to be included in the PIP of the action plan under National Health Mission.

The meeting adjourned at 6:00pm.