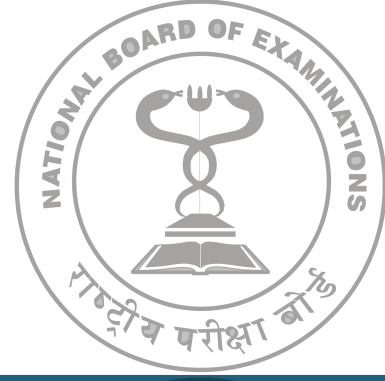


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# 2019



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## Information Bulletin

### Accreditation with National Board of Examinations

- ◆ **Diplomate of National Board (DNB) Programme**
- ◆ **Fellow of National Board (FNB) Programme**

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# 1. Introduction

National Board of Examinations (NBE) was established in 1975 by the Government of India with the prime objective of improving the quality of Medical Education by establishing high and uniform standards of postgraduate examinations in modern medicine on All India basis. NBE conducts post graduate and post-doctoral examinations in approved disciplines leading to the award of Diplomate of National Board (DNB) and Fellow of National Board (FNB).

The setting up of a National Body to conduct post graduate medical examination and training has provided common standards and mechanism of evaluation of minimum level of desired knowledge and competencies and fulfilment of the objectives for which postgraduate courses has been started in medical institutions. Moreover, intra country and international comparison is facilitated with the availability of commonly accepted evaluation mechanism like the DNB. The DNB final examinations are conducted on all India basis on standardized format and multiple assessment tools are used for assessing the candidates knowledge skills and competencies.

## RECOGNITION OF DNB & FNB QUALIFICATION

The nomenclature of the qualification awarded by the National Board of Examinations is "Diplomate of National Board" (DNB) & "Fellow of National Board" (FNB). These recognized qualifications awarded by NBE in various Broad Specialties, Super specialties and Sub-Specialties are approved by the Government of India and included in the First Schedule of IMC Act 1956.

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The holders of NBE qualification awarded after an examination i.e. DNB are eligible to be considered for specialist post / faculty in any hospital including training / teaching institute on a teaching post as faculty member.

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## 2. DNB & FNB Programme

National Board of Examinations administer following DNB & FNB Programme:

### A. Broad Specialty DNB Programme: Post MBBS - 3 Years; Post Diploma - 2 Years

- Anaesthesiology\*
- Anatomy
- Biochemistry
- Dermatology & Venereology\*
- Emergency Medicine
- Field Epidemiology
- Family Medicine#
- Forensic Medicine
- General Medicine
- General Surgery
- Health Administration including Hospital Administration\*
- Immunohematology & Transfusion Medicine
- Maternal and Child Health
- Microbiology
- Nuclear Medicine\*
- Obstetrics & Gynaecology\*
- Ophthalmology\*
- Orthopaedic Surgery\*
- Otorhinolaryngology (ENT)\*
- Paediatrics\*
- Pathology\*
- Pharmacology
- Physical Medicine and Rehabilitation\*
- Physiology
- Psychiatry\*
- Radio Diagnosis\*
- Radio Therapy\*
- Respiratory Diseases\*
- Rural Surgery
- Social and Preventive Medicine

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\* *Post Diploma DNB Programme available in addition to Post MBBS DNB Programme.*

# *Applications shall be invited in due course as accreditation norms for DNB Family Medicine Programme are under revision*

## **B. Super Specialty DNB Programme: 3 Years Programme Post MD/MS/DNB in Broad Specialty**

- Cardiac Anaesthesia
- Cardio Thoracic Surgery
- Cardiology
- Critical Care Medicine
- Endocrinology
- Endovascular & Interventional Radiology
- Gastroenterology
- Gynaecologic Oncology
- Genito Urinary Surgery (Urology)
- Hematology
- Medical Genetics
- Medical Oncology
- Neonatology
- Nephrology
- Neuro Anaesthesia & Critical Care
- Neuro Surgery
- Neurology
- Paediatric Cardiology
- Paediatric Intensive Care
- Paediatric Surgery
- Peripheral Vascular Surgery
- Plastic Surgery
- Rheumatology
- Surgical Gastroenterology
- Surgical Oncology
- Thoracic Surgery



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## **C. Super Specialty DNB Programme: 6 Years Programme Post MBBS**

- Cardio Thoracic Surgery (Direct 6 Years Course)
- Neuro Surgery (Direct 6 Years Course)
- Paediatric Surgery (Direct 6 Years Course)
- Plastic Surgery (Direct 6 Years Course)

## **D. Fellowship Programme: 2 Years Programme Post MD/MS/DM/MCh/DNB in Broad/Super Specialty**

- Arthroplasty
- Breast Imaging (*One Year Programme*)
- Body MR Imaging (*One Year Programme*)
- Cross Sectional Body Imaging (*One Year Programme*)
- Dermatopathology (*One Year Programme*)
- Hand & Micro Surgery
- High Risk Pregnancy & Perinatology
- Interventional Cardiology
- Infectious Diseases
- Laboratory Medicine
- Liver Transplantation
- Minimal Access Surgery
- Neurovascular Intervention
- Paediatric Dermatology (*One Year Programme*)
- Paediatric Hemato - Oncology
- Paediatric Gastroenterology
- Paediatric Nephrology
- Reproductive Medicine
- Spine Surgery
- Sports Medicine
- Trauma Care
- Vitreo Retinal Surgery

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## 3. Applying for NBE Accreditation

### A. General Instructions

- 3.1. National Board of Examinations (NBE) accredits hospitals/ institutions for running DNB programme in various Broad & Super Specialty and Fellowship programme in various sub specialty areas. The list of specialties in which DNB & FNB programme are offered is detailed under Chapter 2.
- 3.2. The grant of accreditation is solely at the discretion of National Board of Examinations and subject to fulfilment of criteria prescribed for NBE accreditation.
- 3.3. Mere online registration of applicant hospital/ online application registration/ payment of accreditation processing fee/ submission of application to NBE/ fulfilment of NBE accreditation criteria does not render an applicant hospital/ institute eligible for grant of accreditation or imply that NBE must accredit the applicant hospital/institute.
- 3.4. National Board of Examinations reserves its absolute rights to alter/modify/delete/amend any or all of the criteria as given in this information bulletin at any stage during the process.
- 3.5. Applicant hospital/institute shall have no rights or equity in their favour merely because they have submitted their application seeking accreditation with NBE.
- 3.6. Applicant hospitals/institutes are required to study the information bulletin and instructions for fulfilment of eligibility criteria before submitting application.
- 3.7. Instructions in this information bulletin are liable to be changed based on the decision taken by NBE from time to time. Please

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refer to the National Board of Examinations' website [www.natboard.edu.in](http://www.natboard.edu.in) for updates.

- 3.8. The existing schedule, pattern, policy and guidelines for accreditation are for ready reference only but are not to be treated for the fact that the NBE is bound to follow the same in future. In case of any ambiguity in interpretation of any of the instructions/terms / rules / criteria regarding the determination of eligibility / grant of accreditation/any of the information contained in the information bulletin the interpretation of National Board of Examinations shall be final and binding on all parties. NBE reserves its rights to relax any of the criteria/ clause if so deemed appropriate in case of grant of renewal/ fresh accreditation.
- 3.9. Submission of false information or fabricated records for the purpose of seeking accreditation may lead to disqualification for accreditation and debarment from seeking accreditation in future as well.
- 3.10. Applications of applicant hospitals/institutes seeking accreditation with NBE which do not fulfil the minimum criteria prescribed may be summarily rejected by NBE at Pre - Assessment stage.
- 3.11. The grant of accreditation by NBE is purely provisional and is governed by the terms and conditions as stated in the accreditation agreement. A copy of the same is sent across to the successful applicant hospitals/institutes for acceptance and adherence. A draft NBE accreditation agreement is available on NBE website for ready reference.
- 3.12. Applicant hospital/institute may kindly note that the use of any agent or agency or any party who is not an employee or office bearer of the applicant hospital/institute for the purpose of preparing, drafting, submitting and/or representing the applicant

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- hospital/institute is strictly prohibited. In the event of such an instance been brought to the notice of NBE, NBE reserves its absolute right to summarily reject the application besides further action as may be deemed appropriate including but not limited to debarment from filing application seeking accreditation in future.
- 3.13. Statements made by the applicant hospital 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).
- 3.14. Applications submitted by the hospital/ institute not found to be compiled in accordance with the prescribed guidelines may not be processed.
- 3.15. *Submission of Additional Information/Compliance:* The applicant hospitals are required to provide correct, updated and factual information at the time of submission of application. Additional information is required to be furnished by the applicant hospitals whenever sought by the National Board of Examinations or if there are changes in the faculty or infrastructure of the applicant hospitals pursuant to the submission of application.
- 3.16. Request will not be entertained for change in specialty/clubbing of applications under any circumstances.
- 3.17. The application has to be submitted as per the guidelines for application forms completion, printing, binding and submission as contained in this information Bulletin and Online Accreditation Application Portal.
- 3.18. Parallel programme (in affiliation with other universities/ organizations) of similar nature with 2 – 3 years (or more) duration shall not be allowed in the same department along with DNB/FNB programme. Hospitals which administer such parallel programme

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shall be required to discontinue with the parallel programme after introduction of DNB/FNB programme in the department over a period of 01 year. If the concerned hospital fails to do so, the respective DNB/FNB programme shall be discontinued.

3.19. All NBE accredited departments are permitted a maximum window of 01 year to discontinue with their parallel programme, if any.

3.20. The jurisdiction for any dispute shall be at New Delhi only.

## **B. Online Accreditation Application Portal**

3.21. Applicant hospitals/institutes shall be required to register online at *Online Accreditation Application Portal (OAAP)* for submission of accreditation application to National Board of Examinations. Hospitals already registered with *Online Accreditation Application Portal* need to login to their *OAAP* account to register & submit the applications

3.22. Applications for seeking accreditation with National Board of Examinations can not be submitted without completing online registration & submission process. Applications submitted without completing online registration & submission process may not be processed.

3.23. Following steps shall be required to be completed in sequence for accreditation application submission:

- **Register a User - Online**
- **Register the applicant hospital - Online**
- **Register an application - Online**
- **Complete the application forms and upload Annexure - Online**
- **Application Compilation and Submission - Offline**

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- 3.24. On behalf of the applicant hospital, an authorized official shall register a username and register an online profile of the applicant hospital. On successful completion of online registration process for applicant hospital, the applicant hospital shall be required to register the application online in the specialty for which accreditation is desired.
- 3.25. On successful application registration and uploading details of payment of accreditation processing fee, the applicant hospital shall be able to complete the Main application form & customised Specialty Specific Application Form and upload relevant annexure *online* and submit the applications *online* to NBE.
- 3.26. The applicant hospital shall be able to print the application forms (Main & Specialty Specific) submitted online and shall be required to submit the duly signed & spirally bound print outs of Main & Specialty Specific Applications with necessary enclosures to NBE by the prescribed cut-off date of application submission.

## C. Register a User - *Online*

- 3.27. **New User Registration:** All hospitals/institutes desirous of seeking accreditation with National Board of Examinations for DNB and/or FNB Programme shall be required to register and create a profile with *Online Accreditation Application Portal (OAAP)*. The applicant hospital can always modify the existing profile by logging in using its user ID and password. If password is lost, it can be retrieved by clicking "*Forgot Your Password*". If the applicant hospital is a first time user, click "*New User?*" to create its profile.
- **Username:** The applicant hospital can choose any user ID comprising of 6 - 20 characters (without any space and/or inverted comma) to create the hospital profile. *Only 01 user ID shall be registered for an applicant hospital for registering all its applications.* Same user ID can not be used for registration for any

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other hospital. If the hospital has already registered with OAAP last year, please do not register again. The hospital can login the portal with existing user ID and password.

- **Email ID:** Email ID chosen by the applicant hospital shall be verified through a system generated OTP for user creation. Same email ID can not be used for registration of any other user concurrently. Therefore, same email ID can not be used for registering different hospitals/different units of the same group of hospitals. Please note that all email correspondence with the applicant hospital shall be done at this email ID only. Correspondence received from any other email ID of the hospital shall not be entertained. All other email IDs provided by the hospital at any earlier occasion to National Board of Examinations shall cease to be considered for purpose of accreditation related correspondence.
- **Mobile No:** Please provide the mobile number of Single Point of Contact (SPOC) for all Accreditation related communications at the applicant hospital. Mobile number of SPoC chosen by the applicant hospital to access the *Online Accreditation Application Portal* shall be verified through a system generated OTP for user creation. Same mobile number can not be used for registration of any other user concurrently. Therefore, same mobile no. can not be used for registering different hospitals/different units of the same group of hospitals. Please note that all telephonic correspondence with the applicant hospital shall be done at this mobile number only. You can always modify the existing profile by logging in using your user ID and password.

## D. Registering the Applicant Hospital - Online

3.28. Online registration of applicant hospital is a 3 step process:

- Profile of applicant hospital
- Senior Functionaries of the applicant hospital
- Upload applicant hospital profile



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3.29. **Profile of the Applicant Hospital:** On successful creation of a user, the online portal will prompt the user to login to continue with registering profile of the applicant hospital.

- **State:** Please choose the state in which the applicant hospital is located.
- **Applicant Hospital Name & Address:** Please choose the name of the applicant hospital from the drop down list. The list is sorted out alphabetically. The name and address of the applicant hospitals already listed herein can not be modified in the online portal, however the pin code can be updated. If any correction/change is required, the applicant hospital can later write to National Board of Examinations through registered email ID of SPoC. If the name of the applicant hospital is not already listed, please choose option, “Others” and provide complete name of the applicant hospital (as per certificate of registration issued by appropriate Govt authorities) with complete address where the hospital is located.
- **Management Type:** Please choose from the options listed the appropriate category under which the applicant hospital falls.
- **Parent Company/Trust/Organization:** Please mention the name of parent organization which owns the applicant hospital.
- **Date since in Clinical Operations:** Please choose the month & year since the applicant hospital started its clinical operations. The certificate of registration of applicant hospital issued by appropriate Govt authorities under applicable acts and rules shall be required to be uploaded to confirm the date since in clinical operations.
- **Single Specialty or Multi Specialty Set Up:** Depending upon the nature of clinical services offered by the applicant hospital, the option should be chosen. If the hospital is offering clinical services



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in multiple specialties, it is considered as a multi-specialty hospital. If the hospital is offering clinical services exclusively in a single specialty area, it is considered as a single specialty centre. Please refer Chapter 4 - Minimum Accreditation Criteria for further details.

- **Total Operational Beds:** Please specify the total number of beds in the applicant hospital which are commissioned for patient care at the time of application submission. Supportive documents issued by appropriate Govt authority such as *State Pollution Control Board certificate* shall be required to be uploaded to confirm the number of beds in the hospital.

3.30. **Senior Functionaries at the applicant Hospital:** Please refer *Comprehensive Training Support Guidelines* detailed in the information bulletin for role of following authorities who are required to be designated by the applicant hospital from its staff for DNB/FNB programme:

- Head of the Institute
  - DNB/FNB Course Director
  - Assistant Programme Co-ordinator
  - Head of the Department
- 
- **Single Point of Contact:** The hospital can identify one of the above mentioned hospital functionaries as the *Single Point of Contact (SPoC)* for the purpose of communicating with National Board of Examinations regarding accreditation related matters. The mobile number and email ID of SPoC **ONLY** shall be used by NBE to communicate with the hospital. Even though contact details are sought under above mentioned 04 heads, all telephonic and email communications related to accreditation shall **ONLY** be sent to the SPoC at the applicant hospital. National Board of Examinations shall not entertain communications from other email IDs/mobile numbers. The applicant hospital shall be able to access the *Online Accreditation Application Portal* using mobile number & email ID of identified SPoC only.

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- If the applicant hospital wants to update the contact details of SPoC while registering, same can be done by clicking at the link “*Update SPoC contact details*”.

3.31. **Upload Applicant Hospital Profile:** On completion of earlier steps successfully, the applicant hospital shall be able to “print” the profile of the applicant hospital as updated on *Online Accreditation Application Portal* by clicking at the link “*Print Hospital Profile*”. It shall be required to print it on an official letter head of the applicant hospital and upload the scanned copy of duly signed and stamped document on the portal through link “*Upload Hospital Profile*”.

3.32. Hospitals already registered with *Online Accreditation Application Portal* need not to register again. They can login to their existing *OAAP* account and proceed to register & complete applications.

## **E. Registering an Application - Online**

3.33. The applicant hospital shall be required to register the application for each specialty online in which accreditation is desired.

3.34. The hospital shall be required to choose one of the DNB or FNB programme administered by National Board of Examinations, and the nature of respective application i.e. Fresh or Renewal, in which the hospital is willing to seek accreditation. The prescribed accreditation fee for applicant specialty should have been paid beforehand as the hospital shall be required to update the details of accreditation processing fee paid for the applicant department. Therefore, the hospital should have fee payment information readily available for updating under requisite fields in online portal. Please refer **Chapter 3I.** for further details regarding accreditation processing fee.

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3.35. On successful verification (by NBE) of submission of requisite accreditation processing fee by the applicant hospital, the links to complete the main application form and specialty specific application form for applicant department *online* shall become activated. The applicant hospital shall be able to complete and submit respective specialty specific application forms *online* for which the accreditation processing fee has been paid. Please refer **Chapter 3G**. for further details regarding application compilation & submission.

3.36. *Acknowledgement of Accreditation Processing Fee Receipt:* The applicant hospital shall be able to download the acknowledgement for receipt of accreditation processing fee for specialty applied for. *A copy of this acknowledgement shall be required to be submitted along with the hard copy application. The acknowledgement receipt shall bear a Unique Online Application Registration ID.* Please preserve the unique ID for future correspondence with National Board of Examinations regarding application.

## **F. Complete the Application Forms and Upload Annexure - Online**

3.37. Once the links to complete the Main & Specialty Specific Applications are activated, the applicant hospital shall be required to complete & submit both the forms online as instructed therein. Detailed instructions to complete the online forms are provided while filling-in the forms. The hospital may refer to the “*May I help you*” link on each webpage of the online application form for readily available information. The information bulletin can also be accessed through each webpage of the application forms.

3.38. If the applicant hospital is willing to apply for more than one programme, the Main application form is required to be filled-in and submitted online only once. However, each specialty specific application shall be required to be completed and submitted online.

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## G. Application Compilation & Submission

- 3.39. The applicant hospital is required to complete and submit the Main application form and Specialty specific application form(s) *online* at *Online Accreditation Application Portal* as per prescribed calendar of accreditation processing.
- 3.40. On successful submission of both Main and Specialty Specific forms online, the hospital shall be able to take print outs of applications forms filled-in online. The declaration forms for faculty, application forms etc shall be required to be signed at indicated places. It shall be required to spirally bound the duly signed & stamped hard copy print outs of application (i.e. Main Application form and Specialty Specific Application Form) with necessary enclosures and submit to NBE within the prescribed cut-off date.
- 3.41. Please read information bulletin for Accreditation with NBE carefully before start filling application forms.
- 3.42. The applications forms for seeking accreditation with National Board of Examinations comprises of two types of forms:
- Main Application Form
  - Specialty Specific Application Form
- 3.43. Any of these two forms can not be processed in isolation. Both Main and Specialty Specific applications forms make an application complete.
- 3.44. **Main Application Form:** This part of application comprises of information which is common/applicable to all specialties. The main application forms needs to be completed and submitted online only once in an application year. A *single set* of print out of duly signed & stamped spirally bound Main application form

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(with prescribed enclosures) is required to be submitted for seeking accreditation in any number of specialties.

3.45. **Specialty Specific Application Form:** This part of application comprises of specialty specific information and the online forms are unique for each specialty in which accreditation is being sought. The applicant hospital is required to register each specialty online, pay the accreditation processing fee separately for each application, complete & submit the forms online and submit *a single set* of print out of duly signed & stamped spirally bound specialty specific application form (with prescribed enclosures), in original, *for each specialty* in which accreditation is sought.

3.46. The Annexure to be uploaded while completing online forms should be scanned copies of the respective original documents. The photocopies of these originals must be undertaken on A4 size paper and must be clear and legible and duly certified while submitting along with hard copy forms; Following enclosures shall be required to be submitted *in original*:

- Annexure - PG
- Annexure - BS
- Declarations of proposed faculty
- Annexure - Medical Staff
- Annexure - Academic Sessions
- Annexure - MoU - RP (*If applicable*)
- Annexure - Secondary Node (*For District DNB Programme only*)
- Annexure - FT -Secondary Node (*For District DNB Programme only*)
- Undertaking of Principal Secretary Health (*For District DNB Programme only*)
- Annexure - DH Beds (*For District DNB Programme only*)

3.47. The enclosures to be submitted along with application forms should be serially numbered beginning from the first enclosure to

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the last enclosure. The numbering should be clearly stated on top right hand corner of the documents.

3.48. The set of enclosures should be appropriately “flagged” and should be spirally bound with the respective application forms.

3.49. *The application forms should be spirally bound.* Main and each Specialty Specific Application Forms with relevant enclosures should be spirally bound *separately*. Applications submitted as loose papers/ without being bound spirally shall be returned to the applicant hospital/institute without processing. Main and Specialty specific forms should not be bound together.

3.50. The applications along with a covering letter and copy of acknowledgement (as detailed above) must be submitted in a closed envelope as per prescribed calendar for accreditation processing with appropriate superscription.

3.51. Both Main and Specialty Specific applications should reach to National Board of Examinations’ office within the prescribed cut off date as per “*Calendar for Accreditation Processing*”. Applications received after the prescribed cut-off date shall not be processed and returned to the applicant hospital.

## H. Application Status:

3.52. **Application Status:** The online applications submitted by the hospital 2018 onwards can be tracked through *Online Accreditation Application Portal* for status of application processing. Updated processing status of each application submitted shall be reflected on the portal.

3.53. Application forms which have been completed and submitted *online* shall be available for download under *Download/Upload* link. The applicant hospital shall be able to download the pre-

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assessment/post assessment deficiency communications/other communications through *Online Accreditation Application Portal*.

- 3.54. The hospital shall be able to upload only a covering of the compliance (para wise reply) to be submitted to National Board of Examination by clicking *Download/Upload* link against status of respective application. Necessary enclosures/Annexure to the compliance can be submitted through registered email ID of the applicant hospital to [accr@natboard.edu.in](mailto:accr@natboard.edu.in) within the stipulated period.
- 3.55. The hospital shall be required to submit definite compliance to deficiencies noted. Partial or incomplete compliance shall not be considered definite and applications shall be processed based on documents/information furnished to National Board of Examinations. Please be apprised that fulfilment of minimum accreditation requirements is a pre-requisite for grant of accreditation and can not be fulfilled post-facto.
- 3.56. Contact details of assessor appointed by National Board of Examinations for assessment of eligible departments shall also be uploaded on the *Online Accreditation Application Portal* under respective application status.
- 3.57. **NBE Accredited seats:** The accredited hospitals shall be able to view the number of NBE accredited DNB/FNB seats in various departments of the hospital, validity of accreditation, faculty in the department and year to apply for subsequent renewals of accreditation.
- 3.58. **Calendar of Accreditation:** The applicant hospital shall be able to view the prescribed calendar for the application year. National Board of Examinations reserves its rights to modify the same as and when required.



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3.59. **Update Hospital Profile:** While registering profile of the hospital online, the applicant hospital shall be able to modify the details entered any number of times before finally registering hospital profile with NBE.

3.60. Information submitted under various parameters (such as number of operational beds, single or multi specialty, management type, Date of starting clinical operations etc) shall be updated in NBE records only if it is supported with authenticated documents submitted along with the application.

3.61. The hospital shall be able to update the details of hospital functionaries by clicking “*Update Profile*” quick link and logging in its username and password. No other parameter shall be updated in NBE records unless supported with appropriate authenticated documents.

3.62. **Change Password:** The applicant hospital shall be able to update its Password through *Online Accreditation Application Portal*.

## I. Accreditation Processing Fee

3.63. Applicant hospital/institute seeking fresh accreditation or renewal of accreditation in any specialty are required to pay an accreditation processing fee of Rs. 2,00,000/- for each specialty specific application. The online application form fee for each specialty specific application is Rs. 3,000/-.

Application seeking FRESH Accreditation with National Board of Examinations	Rs. 2,00,000/- (Rupees Two Lacs Only) for each application
Application seeking RENEWAL of Accreditation with National Board of Examinations	Rs. 2,00,000/- (Rupees Two Lacs Only) for each application
Please add Rs. 3,000/- to the fees mentioned above towards cost of Application Form.	



3.64. Applicant hospital/institute shall be able to pay the above mentioned fee ***only through RTGS/NEFT*** at any of the branches of Indian Bank or Axis Bank. The National Board of Examinations bank account details are as under:

### INDIAN BANK

ACCOUNT NAME	NBE ACCREDITATION FEES COLLECTION A/C
BANK NAME	INDIAN BANK
BANK ACCOUNT NO	6182342487
IFSC CODE NO-	IDIB000D046
ADDRESS	AGARWAL MALL, 1 <sup>ST</sup> , PLOT NO-3, SECTOR-V, ASHIRWAD CHOWK, NEW DELHI-110075

### AXIS BANK

ACCOUNT NAME	NBE ACCREDITATION FEES COLLECTION A/C
BANK NAME	AXIS BANK
BANK ACCOUNT NO	913020055381656
IFSC CODE NO-	UTIB0000268
ADDRESS	S-266, GREATER KAILASH, PART-II, NEW DELHI - 110048

3.65. Following details of payment made through RTGS/NEFT shall be required to be submitted at the time of online application registration process:

- *Name of Drawee Bank & Name of Drawee Bank Account*
- *Date & Amount of Transaction*
- *Beneficiary Bank*
- *UTR/Bank Transaction number*

3.66. Receipt of Accreditation processing fee in National Board of Examinations account shall be verified based on the above mentioned details provided by the applicant hospital. The verification shall take a maximum of 02 working days. The hospital shall be able to access the main and specialty specific application forms subsequent to successful verification of accreditation processing fee for respective specialty. National Board of Examinations shall not be responsible for delay in

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verification of fee (& consequent delay in completing & submitting the accreditation application forms) if the details provided are incomplete, incorrect or invalid. *It is highly recommended to deposit the fee through RTGS/NEFT only well before the prescribed cut off date.*

3.67. The applicant hospitals shall NOT be able to register any new application and/or upload accreditation processing fee details after the prescribed cut off date for the same. Applications registered online within the prescribed cut off date, successfully verified for receipt of fee and submitted online can only be submitted to NBE in hard copy.

3.68. Verification of fee deposited through Cheque/Demand Draft shall be delayed (subject to time taken in realisation of payment) and verification can not be assured in 02 working days.

- In case of fee being paid by depositing a cheque directly into National Board of Examinations accounts, please mention the cheque no in the column meant for UTR number / Bank Transaction number.
- In case of fees being paid by State/Central Govt. Hospitals/ Institutions through *Treasury/RBI*, please enter details of *Treasury/RBI under Name of Drawee Bank Account*

3.69. Scanned Copy of RTGS/NEFT payment receipt/proof of payment given by the bank shall be required to be uploaded during online application registration process.

3.70. In case of applying for more than one specialty, accreditation processing fee for each application should be paid *separately* and respective RTGS/NEFT payment receipts should be uploaded during online registration of respective application.

3.71. *Partial refund of Accreditation Processing Fee* is admissible under following conditions as per norms:

<b>Refund of Accreditation Processing Fee admissible*</b>	<b>Terms &amp; Conditions</b>
90% of total fees	<p>If the application is withdrawn by the applicant hospital/institute within <i>4 weeks of last date for hard copy application submission</i> to National Board of Examinations,</p> <p>OR</p> <p>Incomplete applications wherein required information/prescribed document(s) are not furnished can be summarily rejected without subjecting them to detailed “Pre-assessment processing” and 10% of accreditation processing fee shall be deducted. Please see below for details.</p>
50% of total fees	<p>If the application is withdrawn by the applicant hospital / institute after <i>4 weeks of last date for hard copy application submission</i> to NBE, however, before assessment of the applicant department by NBE appointed assessor .</p>
50% of total fees	<p>If the application is rejected prior to assessment (by NBE appointed assessor) due to non fulfilment of minimum accreditation requirements and/or the hospital fails to submit definite compliance within stipulated time (if so required) to the Pre - Assessment deficiencies communicated by National Board of Examinations.</p>
No refund shall be admissible	<p>Once the assessment of the applicant department has been conducted by NBE</p>
<p><i>*Application Form Fee of Rs. 3,000/- is non refundable.</i></p>	

3.72.The fees for accreditation will not be carried forward to a future date and/or for another application.

3.73.Application submitted to National Board of Examinations without payment of Accreditation Processing Fees shall not be processed. Defence Institutions are exempted from submitting Accreditation Processing Fees of Rs. 2,00,000/- as per National Board of

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Examinations norms; However, the Application Form Fees of Rs. 3,000/- shall be required to be paid.

3.74. National Board of Examinations shall acknowledge receipt of Accreditation Processing Fees and Application Form Fees only through a system generated receipt at the time of online registration for application. No other communication in this regard shall be sent.

## J. Accreditation Processing Calendar

3.75. Accreditation applications submitted to National Board of Examinations in 2019 shall be processed as per prescribed calendar for the year.

3.76. **Online registration of Accreditation Applications** at *Online Accreditation Application Portal* and payment of Accreditation Processing fee shall start w.e.f. **14th Feb 2019** and can be done latest by **15th March 2019 (23 hrs 59 min)**. No new application (Fresh/Renewal) can be registered beyond this cut off.

3.77. **Receipt of Applications:** Hard copy print outs (with prescribed enclosures) of online submitted applications shall be accepted by National Board of Examinations only till **25th March 2019**. Hard copy applications which are not first completed & submitted online shall not be accepted in hard copy as well.

3.78. **Acknowledgement:** Receipt of each specialty specific application by National Board of Examinations shall be acknowledged to the applicant hospital by **31st March 2019**.

3.79. **Pre-Assessment Processing:** Deficiencies noted, if any, in pre-assessment processing of the application submitted shall be communicated to the applicant hospital as and when processing is completed but *latest by 31st May 2019*.

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3.80. Applications of such departments shall be closed and *Accreditation Processing Fee shall be refunded after deducting 10% of departmental processing charges* as per National Board of Examinations norms which fall under any of the following indicative categories:

3.80.1. *Main Application form is not submitted.*

3.80.2. *Specialty Specific form is not submitted.*

3.80.3. *Any of the forms are not duly completed.*

3.80.4. *Essential documents/enclosures are not uploaded/submitted.*

3.80.5. *Hard copy print outs with enclosures are not received within the prescribed cut off date*

3.80.6. *Application(s) and/or most of the requisite documents are unsigned.*

3.80.7. *Hard copy applications submitted without completion & submission of online application forms.*

3.80.8. *The applicant hospital does not have minimum required beds*

3.80.9. *The applicant hospital has not completed at least 01 year in clinical operations by the last date of hard copy application submission.*

3.81. Those applicant hospitals/departments which prima facie are found **NOT** to fulfil minimum accreditation requirements subsequent to pre-assessment processing shall not be assessed. Applications of such departments shall be closed and *Accreditation Processing Fee shall be refunded after deducting 50% of departmental processing charges* as per National Board of Examinations norms

3.82. Applications which prima facie are found suitable for assessment subsequent to pre-assessment processing shall only be processed for assessment.

3.83. **Compliance submission to Pre - Assessment Deficiencies:** The applicant hospital shall be permitted to submit compliance to deficiencies noted in pre-assessment processing of applications directly to NBE prior to assessment and /or to the NBE appointed assessors at the time of assessment of the department. It shall be mandatory to submit the compliance within the stipulated

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timelines as indicated in pre-assessment deficiency communications. The applicant hospital shall be reminded a maximum of 02 times through system generated emails/SMS to submit compliance to pre-assessment deficiency letter.

3.84. **Assessment of the applicant department:** Applications which prima facie are found suitable for assessment subsequent to pre-assessment processing shall only be processed for assessment.

3.85. The applicant hospital shall be required to be ready for assessment of the department subsequent to completion of the Pre - Assessment processing and NBE communication in this regard.

3.86. The applicant hospital shall be informed about the contact details of NBE appointed assessor through *Online Accreditation Application Portal*. The applicant hospitals shall be required to finalise the date of assessment with the assessor within 30 days of receipt of NBE communication regarding assessor appointment.

3.87. Application of the hospital may be closed if it fails to finalise the date of assessment with the assessor appointed within the stipulated window. The assessor appointed shall offer 02 alternative dates (at least 07 days apart) within the stipulated window to the hospital for scheduling the assessment.

3.88. Assessments of applicant departments shall be completed **latest by 31<sup>st</sup> August 2019**.

3.89. **Post Assessment Processing:** Applications along with the assessment report of NBE appointed assessor & compliance report submitted by the hospital in response to pre-assessment deficiency communication shall be presented before the NBE Accreditation Committee for deciding the matter.

3.90.Applications wherein the NBE accreditation committee decides to review the matter with additional information/documents/compliance shall be apprised of the observations of the committee for compliance by way of a post assessment deficiency communication.

3.91.The applicant hospital shall be reminded NOT more than 02 times to submit definite compliance.

3.92.**Final outcome of the application processing** shall be communicated as and when decided but latest by **31<sup>st</sup> of October 2019**. Applications of hospitals which have not completed minimum 02 years in clinical operations by then or wherein some additional information/compliance has been sought may be delayed beyond this date.

### 3.93.**Calendar for Applications Processing in 2019**

Accreditation Application Process	Cut Off date for the Accreditation Process
Create User & Register Hospital online Register Application online & Upload Accreditation processing fee details Complete & Submit Main & Specialty Applications forms online	15th March 2019
Receipt of Hard Copy Applications at NBE office	25th March 2019
Acknowledgement of Accreditation application	31st March 2019
Pre Assessment Deficiency Communication by NBE	31st May 2019

Pre - Assessment Compliance Submission by the applicant hospital	Time-line stipulated as per Pre-Assessment Deficiency letter
Assessment of eligible departments	31 <sup>st</sup> August 2019
Post Assessment Deficiency Communication by NBE	Only in cases wherein the NBE Accreditation Committee advise review of the matter with additional information/documents/ compliance
Final outcome of the application processing	31 <sup>st</sup> October 2019

*National Board of Examinations may revise the prescribed calendar, if so required.*



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## 4. Minimum Accreditation Criteria

### A. The Applicant Hospital

- 4.1. The applicant Hospital/Institute should be a clinical establishment having requisite infrastructure of minimum prescribed beds providing comprehensive OPD and IPD based medical services *in a single campus*.
- 4.2. Any clubbing of infrastructure, facilities and faculty of multiple hospitals/units of the applicant hospital is not permitted for seeking accreditation in the name of the applicant hospital.
- 4.3. The applicant hospital should have a minimum of 02 years of standing in clinical establishment before it can be considered for commencement of DNB or FNB Programme. However, the hospital can apply for seeking accreditation with NBE after completing 01 year in clinical operations. Processing of such applications may be delayed beyond the prescribed calendar accordingly.
- 4.4. Years in clinical operation should be substantiated with supportive documents such as certificate of registration of applicant hospital under applicable acts & rules. Failure to substantiate the minimum required period in clinical operations (i.e. at least 01 year by the last date of application submission) with supportive documents shall invite closure of application.
- 4.5. Mandatory regulatory/licensing approvals and all statutory requirement/clearance should have been obtained from appropriate administrative authorities/State Govt/Central Govt/ Pollution Control Board/Municipal Corporations/various councils etc for clinical operations of the applicant hospital and valid certifications in this regard (whichever are applicable) should be in possession such as:

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- *Certificate of Registration of the hospital under applicable Acts and Rules*
  - *Valid Fire Safety Certificate from State Fire Department*
  - *Building Complex Occupancy Certificate*
  - *Certificate of Incorporation of Parent Company/ Certificate of Registrar of Society (if applicable)*
  - *AERB approval for operations of Medical Diagnostic Equipments (X-rays, CT Scan, MRI, PET Scan, Linear Accelerator etc)*
  - *Pollution Control Board Certificate issued by State Government for Bio-medical waste Management*
  - *Certificate issued by State Government to the agency which is authorised for Bio-Medical waste management of the applicant hospital*
  - *Other regulatory approvals which may be specific to the specialty applied for seeking accreditation*

## **B. Minimum required beds in the applicant hospital**

4.6. Following categories of hospitals are eligible to seek accreditation with National Board of Examinations for various DNB & FNB Programme as detailed under:

- **Category - 1:** *Multi-Specialty Hospital (offering services in more than 01 specialty area) with at least 200 beds can apply for accreditation in any number of DNB & FNB Programme*
- **Category - 2:** *Multi-Specialty Hospital (offering services in multiple specialty areas) with 150 or more but less than 200 total operational beds in hospital can seek accreditation only in any 03 programme (All DNB or All FNB or DNB & FNB)*
- **Category - 3:** *Multi-Specialty Hospital (offering services in multiple specialty areas) with 100 or more but less than 150 total operational beds in hospital can seek accreditation only in any 01 DNB or FNB programme.*
- **Category - 4:** *Multi-Specialty Hospital (offering services predominantly in 01 specialty area only; Other specialties being*

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ancillary in nature) *with less than 200 total operational beds but at least 100 beds dedicated to predominant specialty area* can seek accreditation in all allied DNB/FNB Programme of that **01 specialty area** which is the area of its predominant practice. For e.g. A 140 bedded predominant neuroscience centre with at least 100 beds dedicated for neurosciences and other specialty services being ancillary in nature can seek accreditation for DNB Neurology, DNB Neurosurgery, DNB Neuroanaesthesia, FNB Neurovascular Intervention Programme. However, a 140 bedded multi-specialty hospital which is not a predominant neuroscience centre (i.e. at least 100 beds are not dedicated to neurosciences) can seek accreditation in any 01 of these 04 neurosciences related programme.

- **Category - 5: Single Specialty Hospital** (offering services *exclusively in 01 specialty area only*) *with at least 100 beds* can seek accreditation in all allied DNB & FNB Programme of that **01 specialty area**. For e.g an exclusive Cardiac Sciences centre with 100 beds can apply for DNB Cardiothoracic Surgery, DNB Cardiology, DNB Cardiac Anaesthesia, FNB Interventional Cardiology Programme. A 100 bedded multi-specialty hospital in contrast can seek accreditation in any 01 of these 04 Cardiac Sciences programme.
- Some examples of 01 specialty area and respective eligible DNB/ FNB programme which single specialty centre or predominant practice centres can seek accreditation in are as under:
  - *Maternal & Child Health centres: DNB Obstetrics & DNB Paediatrics, Neonatology, FNB Reproductive Medicine, FNB High Risk Pregnancy*
  - *Mental Health centres: DNB Psychiatry*
  - *Oncology centre: DNB Radiotherapy, DNB Surgical Oncology, DNB Medical Oncology*
  - *Urology-Nephrology centres: DNB Urology, DNB Nephrology*

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- *Orthopaedic & Plastic Surgery centres: DNB Orthopaedic Surgery, DNB Plastic Surgery, FNB Hands & Micro Surgery, FNB Spine Surgery, FNB Sports Medicine, FNB Trauma Care*
  - *Neuroscience Centres: DNB Neurology, DNB Neurosurgery, DNB Neuroanaesthesia, FNB Neurovascular Intervention Programme*
  - *Cardiacscience Centre: DNB Cardiothoracic Surgery, DNB Cardiology, DNB Cardiac Anaesthesia, FNB Interventional Cardiology Programme*

4.7. In case of exclusive centres for specialties wherein clinical care is primarily day care or consultation based such as Endocrinology, Rheumatology, Gastroenterology, Dermatology, ENT, Ophthalmology, Reproductive Medicine etc, the work load shall be evaluated based on OPD case load, cross-referencing between the departments, day care surgeries (if applicable) etc. The bed requirement for such single specialty hospitals shall be minimum prescribed workload linked:

- *Work Load in Medical Specialty: Total OPD, number of OPD procedures, cross-referencing between the departments.*
- *Work load in Surgical Specialty: Total Surgical volume (Major and Minor Surgeries) including day care surgeries.*

4.8. Please refer Frequently Asked Questions for case scenarios for various categories of applicant hospitals.

4.9. The total number of operational beds in the hospital (as claimed to be authorized for commissioning) should be certified with supportive documents such as “Consent to Operate” authorization from State Pollution Control Board (SPCB).

4.10. The consent/authorization for claimed total beds should have been granted by SPCB by the last date of application submission. Failure to substantiate the claimed number of total operational beds in the hospital with supportive documents shall invite closure of the application.

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## C. Minimum required beds in the applicant department

4.11. The applicant hospital should have a minimum number of operational beds in each applicant department as per prescribed NBE norms. The minimum prescribed beds for each specialty are detailed below.

4.12. **General Beds:** General Beds are those 'earmarked' beds / cases whose patients shall be accessible at all times for supervised clinical work to DNB trainees. Data of patients admitted on such beds or such cases shall be accessible to DNB trainees for research purposes subject to applicable ethical guidelines and clearances from Institutional Ethics Committee & institutional policies. The applicant department should have a minimum of 30% beds under this category.

### 4.13. Beds & other Infrastructural requirement in Broad Specialty Disciplines:

Patient care facilities (OPD, IPD, OT, ICUs, Labs, Equipments etc) as applicable for the specialty applied for should be available.

Departments	Minimum Beds required in the department
<ul style="list-style-type: none"><li>• General Medicine</li><li>• General Surgery</li><li>• Obstetrics &amp; Gynaecology</li><li>• Paediatrics</li><li>• Respiratory Diseases</li></ul>	35 beds; At least 30% should be General beds

<ul style="list-style-type: none"> <li>• Physical Medicine and Rehabilitation</li> <li>• Psychiatry</li> <li>• Radio Therapy</li> <li>• Orthopaedic Surgery</li> </ul>	<p>25 Beds; At least 30% should be General beds</p>
<ul style="list-style-type: none"> <li>• Anaesthesiology</li> <li>• Anatomy</li> <li>• Biochemistry</li> <li>• Dermatology &amp; Venereology</li> <li>• Forensic Medicine</li> <li>• Health Administration including Hospital Administration</li> <li>• Immunohematology &amp; Transfusion Medicine</li> <li>• Ophthalmology</li> <li>• Microbiology</li> <li>• Nuclear Medicine</li> <li>• Otorhinolaryngology (ENT)</li> <li>• Pathology</li> <li>• Pharmacology</li> <li>• Social and Preventive Medicine</li> <li>• Physiology</li> <li>• Radio Diagnosis</li> </ul>	<p>Reference is made to optimal case load in clinical disciplines and labs/associated facilities in Pre/ Para clinical disciplines.</p> <p>Essential equipments and specialty specific modalities required should be available. In certain disciplines, access to IPD services and operative infrastructure shall be assessed.</p> <p>For DNB Radiology Programme, the department of Radio-Diagnosis should be an integral part of the hospital and must have imaging modalities of CR/DR, Fluoroscopy, Mammography, ultrasound machines including at least one colour Doppler, Spiral / multi slice CT &amp; MRI facilities and facilities for cath-lab/interventional radiology. The department should be in possession of all regulatory clearances namely AERB / Bio-medical radioactive waste management / radiation physics and radiology workstation. The department should offer hands on training facilities for all modalities of Radio-diagnosis</p>

<ul style="list-style-type: none"> <li>Emergency Medicine</li> </ul>	<p>10 ER Beds; 15 ICU beds (MICU, SICU, PICU, ICCU) in the hospital</p> <p>At least 15 ICU beds in the hospital of which minimum 3 should be ventilated beds and all should have required facilities for bed side monitoring of critical patients</p> <p>24 hr Ambulance services adequately equipped for onsite resuscitation and transfer of critically injured/ill patients with trained manpower</p> <p>24 hr adequately equipped in-house blood storage facility; Hospitals wherein component preparation facility is not available in-house, a tie up with nearby blood bank shall be required</p>
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#### 4.14.Beds in Super Specialty Disciplines

Patient care facilities (OPD, IPD, OT, ICUs, Labs, Equipments etc) as applicable for the specialty applied for should be available.

Departments	Minimum Beds required in the department
<ul style="list-style-type: none"> <li>Gynaecologic Oncology</li> </ul>	<p>Dedicated 15 bedded Gynaecologic Oncology division in the applicant hospital. At least 30% should be General beds</p> <p>The applicant hospital should preferably have an in-house Medical Oncology, Radiation Oncology, Surgical &amp; Cytopathology and Radiology set up. However, adequate provisions made under a documented Memorandum of Understanding with another recognized centre shall also suffice the requirement for the same.</p>

<ul style="list-style-type: none"> <li>• Cardio Thoracic Surgery</li> <li>• Cardiology</li> <li>• Genito Urinary Surgery (Urology)</li> <li>• Hematology</li> <li>• Medical Oncology</li> <li>• Nephrology</li> <li>• Neuro Surgery</li> <li>• Neurology</li> <li>• Paediatric Cardiology</li> <li>• Paediatric Surgery</li> <li>• Peripheral Vascular Surgery</li> <li>• Plastic Surgery</li> <li>• Surgical Gastroenterology</li> <li>• Surgical Oncology</li> <li>• Thoracic Surgery</li> </ul>	<p>20 beds; At least 30% should be General beds</p>
<ul style="list-style-type: none"> <li>• Critical Care Medicine</li> </ul>	10 ICU Beds
<ul style="list-style-type: none"> <li>• Neonatology</li> </ul>	10 NICU Beds
<ul style="list-style-type: none"> <li>• Neuro Anaesthesia &amp; Critical Care</li> </ul>	10 Neuro ICU beds
<ul style="list-style-type: none"> <li>• Cardiac Anaesthesia</li> </ul>	10 CT ICU beds
<ul style="list-style-type: none"> <li>• Paediatric Intensive Care</li> </ul>	10 PICU Beds
<ul style="list-style-type: none"> <li>• Endocrinology</li> <li>• Gastroenterology</li> <li>• Medical Genetics</li> <li>• Rheumatology</li> </ul>	<p>Primarily day Care/Consultation based Specialty; Bed requirement is work load related; Department should have minimum prescribed patient load</p>



<ul style="list-style-type: none"> <li>• Endovascular &amp; Interventional Radiology</li> </ul>	<p>Hospital/Institute should have dedicated Endovascular &amp; Interventional Radiology facilities having following equipment under one roof / one campus:</p> <ul style="list-style-type: none"> <li>• CT capable of CT angiography (16 slice or Better)</li> <li>• MRI 1.5 T or Better</li> <li>• Advanced Colour Doppler</li> <li>• Digital Subtraction Angiography (Single or Bi-plane) with C Arm.</li> </ul>
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#### 4.15. Bed requirement for Fellowship Programme

Patient care facilities (OPD, IPD, OT, ICUs, Labs, Equipments etc) as applicable for the specialty applied for should be available.

Sub - Specialty	Minimum Beds required in the department
<ul style="list-style-type: none"> <li>• Arthroplasty</li> <li>• Hand &amp; Micro Surgery</li> <li>• High Risk Pregnancy &amp; Perinatology</li> <li>• Interventional Cardiology</li> <li>• Infectious Diseases</li> <li>• Liver Transplantation</li> </ul>	<p>Fellowship Programme are sub-specialty skill based programme wherein requirement of beds &amp; IPD services can be part and parcel of the main clinical department;</p> <p>The hospital should have minimum beds in respective broad/super specialty department and required case load and spectrum of diagnosis in respective sub-specialty.</p>

<ul style="list-style-type: none"> <li>• Minimal Access Surgery</li> <li>• Pediatric Hemato Oncology</li> <li>• Paediatric Gastroenterology</li> <li>• Paediatric Nephrology</li> <li>• Spine Surgery</li> <li>• Sports Medicine</li> <li>• Trauma Care</li> <li>• Vitreo Retinal Surgery</li> </ul>	<p>Fellowship Programme are sub-specialty skill based programme wherein requirement of beds &amp; IPD services can be part and parcel of the main clinical department;</p> <p>The hospital should have minimum beds in respective broad/super specialty department and required case load and spectrum of diagnosis in respective sub-specialty.</p>
<ul style="list-style-type: none"> <li>• Reproductive Medicine</li> <li>• Laboratory Medicine</li> </ul>	<p>Reference is made to optimal case load and labs/associated facilities.</p>
<ul style="list-style-type: none"> <li>• Liver Transplantation</li> </ul>	<p>The department should be conducting Liver Transplants for at least last 07 years; At least 60 liver transplants should be performed in a year by the applicant department.</p>
<ul style="list-style-type: none"> <li>• Body MR Imaging</li> </ul>	<p>Hospital/Institute should have dedicated body MR imaging facilities having following equipment under one roof / one campus.</p> <ul style="list-style-type: none"> <li>• MRI Scan having at least one 1.5 Tesla or above</li> <li>• Should have all dedicated MRI Coil</li> <li>• Must have PACS</li> </ul>

<ul style="list-style-type: none"> <li>• Cross Sectional Body Imaging</li> </ul>	<p>Hospital/Institute should have dedicated body imaging facilities having following equipment under one roof / one campus:</p> <ul style="list-style-type: none"> <li>• At least one 16–detector row computed tomography (CT)</li> <li>• 3D and 4D ultrasound</li> <li>• Retroplate/Retrofit Digital X-ray</li> <li>• Body imaging with Fluoroscopy</li> </ul>
<ul style="list-style-type: none"> <li>• Breast Imaging</li> </ul>	<p>Hospital/Institute should have dedicated breast imaging facilities having following equipment under one roof / one campus:</p> <ul style="list-style-type: none"> <li>• Digital mammography</li> <li>• High Resolution Ultrasound with Elastography</li> <li>• One breast Imaging MRI Coil</li> <li>• Breast tomosynthesis ( Twinning arrangement with other medical institution / Hospital)</li> <li>• Stereotactic Biopsy</li> <li>• Vacuum assisted breast biopsy device</li> </ul>

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- Neurovascular Intervention

A dedicated division of *Neurovascular Interventions* should be there in the applicant hospital.

The applicant hospital should have an in-house Neurology, Neurosurgery and Neuroradiology set up.

The requirement of beds can be part & parcel of main clinical department. The hospital should have minimum beds in parent super-specialty department (Neurology/Neurosurgery) with minimum sub-specialty case load & spectrum of diagnosis as mentioned under patient load.

The department should have Neurovascular Intervention facilities having following equipment:

- *Cath lab with Digital Subtraction Angiography (Single or Bi-plane) with roadmap*
- *Multi-slice CT*
- *At least 1.5 T MRI*
- *USG with Colour Doppler*
- *Sophisticated Anaesthesia module with monitoring*

- Paediatric Dermatology

A dedicated department of dermatology with running in-house department of Paediatrics and Emergency Medicine in the applicant hospital. The department of dermatology should have access to admission of patients and intensive care unit facilities.

Minimum 5 beds should be dedicated for Paediatric Dermatology.

Supportive services such as Pathology, Microbiology, Biochemistry or a well-equipped central clinical laboratory and Radiology should be available. Preferably a Paediatric ICU in the hospital.

The department should preferably be running specialty clinics such as Paediatric vascular/genetic/bullous dermatoses clinics. Presence of other paediatric specialties like Paediatric rheumatology / immunology / Genetics, if running would be preferred too.

Should have procedure room where skin biopsies, electrosurgery/ radiofrequency and patch testing are performed.

**Minimum required equipments in the department:**

*Dermoscope, microscopic slides, microscope, skin biopsy punch, surgical blades, sterile needles, electrosurgery/ radiofrequency surgery equipment, cryosurgery equipment, patch testing kit and preferably relevant lasers.*

- Dermatopathology

A dedicated department of dermatology with running in-house department of Pathology in the applicant hospital with access to fully equipped Pathology laboratory with facilities for specimen processing, staining and immunostaining and cytology.

The running department of Dermatology with access to good pathology back up with facilities for specimen processing including staining and immunostaining and cytology.

The department should preferably be running Clinical-pathologic/ Dermatology Grand Rounds where patients with unusual skin diseases are presented in a conference setting along with the skin biopsy and the clinical findings are correlated with the biopsy findings.

It should have a teaching slide bank of at least 300-400 slides. It should have procedure room where skin biopsies / cytology is carried out.

**Minimum Equipment required in the department:**

- *Teaching Microscope*
- *Immunofluorescence microscope*
- *Equipment for sectioning*
- *Hematoxylin and Eosin and other Special Stains*
- *Immunoperoxidase staining is preferable*

4.16. The hospitals, wherein there is no segregation of beds under separate clusters/wards, shall have to demonstrate conformity of

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a minimum case load (OPD and IPD) in respective departments, as verifiable through computerised HIS data/Medical Records, with accreditation standards. Quarterly statements of IPD in applicant departments shall be available for verification.

## D. Faculty

4.17. The applicant hospital should have minimum required faculty in each applicant department.

4.18. In case of most of the DNB & FNB Programme, the applicant department should have at least 02 *full time* consultants as under:

- **DNB Broad Specialty Programme:**  
1 PG Teacher + 1 Senior/Junior Consultant
- **DNB Super Specialty Programme:**  
1 PG Teacher + 1 Senior/Junior Consultant
- **FNB Programme:**  
1 Senior Consultant + 1 Senior/Junior Consultant

However, programme specific requirements may vary and are detailed below.

4.19. **PG Teacher:** A senior consultant (see below) can qualify as a PG teacher if he/she fulfils one of the following experience requirements :

- **Criteria - 1:** A teaching experience of 5 years in the specialty in a University setup as Assistant Professor / Associate Professor / Professor in the specialty in a recognized teaching institute/ medical college **OR**
- **Criteria - 2:** A teaching experience of 5 years in the specialty in a NBE accredited department for DNB programme wherein the consultant has acted as a guide / co-guide for two DNB PG

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students and at least three theses have been produced in the DNB programme under supervision of the consultants and accepted by NBE during association of the consultant with that department **OR**

- **Criteria – 3:** A clinical experience of at least 10 years in an organised clinical setup provided that he/she is willing to undertake the following in format prescribed:
  - Intent to be a teacher for DNB Programme.
  - Role proposed to play as a teacher for DNB Programme.
  - Failure to abide by the above said undertaking may be a ground for withdrawal of accreditation.

#### 4.20. **Broad Specialty:**

- **Sr. Consultant:** Should have a minimum of 8 years of experience after qualifying MD / MS/ DNB or equivalent in the specialty concerned.
- **Jr. Consultant:** Should have a minimum of 5 years of experience after qualifying MD/ MS/ DNB or equivalent in the specialty concerned.
- *The qualification in the specialty should be a recognized qualification as per the provisions of IMC Act.*

#### 4.21. **Super Specialty:**

- **Sr. Consultant:** Should have a minimum of 5 years of experience after qualifying DM/MCh/DNB or equivalent in the specialty concerned.
- **Jr. Consultant:** Should have a minimum of 2 years of experience after qualifying DM/MCh/DNB or equivalent in the specialty concerned.
- *The qualification in the specialty should be a recognized qualification as per the provisions of IMC Act.*



4.22. The minimum eligible qualifications & required minimum exclusive experience in the specialty to qualify as Senior or Junior consultants for different DNB & FNB Programme are indicated as under:

**Minimum Eligible Qualification & Experience of Faculty**  
**Broad Specialty Programme**

Specialty	Minimum Eligible Qualification(s)	Minimum Experience after PG in Minimum Eligible Qualification	
		Senior Consultant	Junior Consultant
Anaesthesiology	DNB/MD (Anaesthesia) OR equivalent	8 Years	5 Years
Anatomy	DNB/MD/MS (Anatomy) OR equivalent	8 Years	5 Years
Biochemistry	DNB/MD (Biochemistry) OR equivalent	8 Years	5 Years
Dermatology & Venereology	DNB/MD (Dermatology , Venereology & Leprosy) OR equivalent	8 Years	5 Years
Forensic Medicine	DNB/MD (Forensic Medicine) OR equivalent	8 Years	5 Years
General Medicine	DNB/MD (General Medicine/Internal Medicine) OR equivalent	8 Years	5 Years
General Surgery	DNB/MS (General Surgery) OR equivalent	8 Years	5 Years
Health Administration including Hospital Administration	DNB/MD (HAH) OR equivalent	8 Years	5 Years
Immunohematology & Transfusion Medicine	DNB/MD (IHTM/ Transfusion Medicine) or DNB/MD (Pathology) OR equivalent	8 Years	5 Years
Microbiology	DNB/MD (Microbiology) OR equivalent	8 Years	5 Years
Nuclear Medicine	DNB/MD (Nuclear Medicine) OR equivalent	8 Years	5 Years
Obstetrics & Gynaecology	DNB/MS/MD (Obstetrics & Gynaecology) OR equivalent	8 Years	5 Years

Ophthalmology	DNB/MS/MD (Ophthalmology) OR equivalent	8 Years	5 Years
Orthopaedic Surgery	DNB/MS (Orthopaedics) OR equivalent	8 Years	5 Years
Otorhinolaryngology (ENT)	DNB/MS (ENT) OR equivalent	8 Years	5 Years
Paediatrics	DNB/MD (Paediatrics) OR equivalent	8 Years	5 Years
Pathology	DNB/MD (Pathology) OR equivalent	8 Years	5 Years
Pharmacology	DNB/MD (Pharmacology) OR equivalent	8 Years	5 Years
Physical Medicine and Rehabilitation	DNB/MD (Physical Medicine & Rehabilitation ) OR equivalent	8 Years	5 Years
Physiology	DNB/MD (Physiology) OR equivalent	8 Years	5 Years
Psychiatry	DNB/MD (Psychiatry) OR equivalent	8 Years	5 Years
Radio Diagnosis	DNB/MD (Radio Diagnosis) OR equivalent	8 Years	5 Years
Radio Therapy	DNB/MD (Radiotherapy) OR equivalent	8 Years	5 Years
Respiratory Diseases	DNB/MD (Tuberculosis & Respiratory Diseases / Respiratory Diseases/ Pulmonary Medicine) OR equivalent	8 Years	5 Years
Social and Preventive Medicine	DNB/MD (Social & Preventive Medicine / Community Medicine) OR equivalent	8 Years	5 Years

Emergency Medicine	2 Full time Consultants;  01 Senior Consultant 01 Senior/Junior Consultant	<p><b>Senior Consultant:</b> Should possess recognized MD (or equivalent qualification) in Emergency Medicine and 5 years post PG experience or</p> <p>Recognized MD/MS/DNB (or equivalent qualification) in General Medicine/Anesthesiology /General Surgery) and 8 years post PG experience</p> <p><b>Junior Consultant:</b> Should possess recognized MD (or equivalent qualification) in Emergency Medicine and 3 years post PG experience or</p> <p>Recognized MD/MS/DNB (or equivalent qualification) in General Medicine/Anesthesiology /General Surgery) and 5 years post PG experience</p>
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**Minimum Eligible Qualification & Experience of Faculty  
Super Specialty Programme**

Specialty	Minimum Eligible Qualification(s)	Minimum Experience after qualifying Minimum Eligible Qualification	
		Senior Consultant	Junior Consultant
Cardiac Anaesthesia	FNB/DM (Cardiac Anaesthesia) OR  DNB/MD (Anaesthesia) OR equivalent	5 Years of experience after FNB/DM (Cardiac Anaesthesia) OR  8 Years of exclusive experience in Cardiac Anaesthesia after DNB/MD (Anaesthesia)	2 Years of experience after FNB/DM (Cardiac Anaesthesia) OR  5 Years of exclusive experience in Cardiac Anaesthesia after DNB/MD (Anaesthesia)
Cardio Thoracic Surgery	DNB/M.Ch (Cardio Thoracic Surgery / Cardio Thoracic and Vascular Surgery) OR equivalent	5 Years	2 Years
Cardiology	DNB/DM (Cardiology) OR equivalent	5 Years	2 Years
Critical Care Medicine	FNB/DM (Critical Care Medicine) OR  DNB/MD (Anaesthesia/ General Medicine/ Respiratory Diseases)  OR equivalent	5 Years of experience after FNB/DM (Critical Care Medicine) OR  8 Years of exclusive experience in Critical Care Medicine after DNB/MD (Anaesthesia/General Medicine/Respiratory Diseases)	2 Years of experience after FNB/DM (Critical Care Medicine) OR  5 Years of exclusive experience in Critical Care Medicine after DNB/MD (Anaesthesia/General Medicine/Respiratory Diseases)

Endocrinology	DNB/DM (Endocrinology) OR equivalent	5 Years	2 Years
Endovascular & Interventional Radiology	DNB/MD (Radio Diagnosis) OR equivalent	10 Years	5 Years
Gastroenterology	DNB/DM (Gastroenterology) OR equivalent	5 Years	2 Years
Genito Urinary Surgery (Urology)	DNB/DM (Urology/Genito-Urinary Surgery) OR equivalent	5 Years	2 Years
Gynaecologic Oncology	DNB/MCh (Gynaecologic Oncology) OR	5 Years of exclusive experience after DNB/M.Ch (Gynaecologic Oncology) OR	2 Years of exclusive experience after DNB/M.Ch (Gynaecologic Oncology) OR
	DNB/MD/MS(Obstetrics & Gynaecology) OR equivalent	8 Years of exclusive experience in Gynaecologic Oncology after DNB/MS/MD (Obstetrics & Gynaecology)	5 Years of post PG experience of which 3 years of exclusive experience in Gynaecologic Oncology after DNB/MS/MD (Obstetrics & Gynaecology)
<p>The hospital should have provisions for a Tumour Board. Apart from the division of Gynaecologic Oncology, following specialists should be available either on full time or visiting basis to provide necessary supportive care to the Gynaecologic Oncology patients in the hospital and requisite training to DNB trainees:</p> <p>Radiation Oncologist Medical Oncologist Radiologist Pathologist</p>			
Hematology	DNB/DM (Hematology/ Clinical Hematology/ Haemato-Pathology) OR	5 Years of experience after DNB/DM (Hematology/ Clinical Hematology/ Haemato-Pathology) OR	2 Years of experience after DNB/DM (Hematology/ Clinical Hematology/ Haemato-Pathology) OR
	DNB/MD(General Medicine/Pathology) OR equivalent	8 Years of exclusive experience in Hematology after DNB/MD (General Medicine/Pathology)	5 Years of exclusive experience in Hematology after DNB/MD (General Medicine/Pathology)
Medical Oncology	DM/DNB (Medical Oncology) OR equivalent	5 Years	2 Years
Neonatology	DM/DNB (Neonatology) OR equivalent	5 Years	2 Years
Nephrology	DNB/DM (Nephrology) OR equivalent	5 Years	2 Years

Neuro Anaesthesia & Critical Care	DM (Neuro -Anaesthesia) OR DNB/MD (Anaesthesia) OR equivalent	5 Years of experience after DM (Neuroanaesthesia) OR 8 Years of exclusive experience in Neuroanaesthesia after DNB/MD (Anaesthesia)	2 Years of experience after DM (Neuroanaesthesia) OR 5 Years of exclusive experience in Neuroanaesthesia after DNB/MD (Anaesthesia)
Neuro Surgery	DNB/M.Ch (Neuro Surgery) OR equivalent	5 Years	2 Years
Neurology	DNB/DM (Neurology) OR equivalent	5 Years	2 Years
Paediatric Cardiology	DNB/DM(Cardiology) after DNB/MD Paediatrics OR FNB (Paediatric Cardiology) OR DNB/MD (Paediatrics) OR equivalent	5 Years of experience after DNB/DM (Cardiology) after DNB/MD (Paediatrics) OR 5 Years of experience after FNB (Paediatric Cardiology) OR 8 Years of exclusive experience in Paediatric Cardiology after DNB/MD (Paediatrics)	2 Years of experience after DNB/DM (Cardiology) after DNB/MD (Paediatrics) OR 2 Years of experience after FNB (Paediatric Cardiology) OR 5 Years of exclusive experience in Paediatric Cardiology after DNB/MD (Paediatrics)
Paediatric Intensive Care	DM/FNB (Paediatric Intensive Care/ Paediatric Critical Care) OR DNB/MD (Paediatrics) OR equivalent	5 Years of experience after FNB/DM (Paediatric Intensive Care/ Paediatric Critical Care) OR 8 Years of exclusive experience in Paediatric Intensive Care after DNB/MD (Paediatrics)	2 Years of experience after FNB (Paediatric Intensive Care) OR 5 Years of exclusive experience in Paediatric Intensive Care experience after DNB/MD (Paediatrics)
Paediatric Surgery	DNB/M.Ch (Paediatric Surgery) OR equivalent	5 Years	2 Years

Peripheral Vascular Surgery	DNB/M.Ch (Peripheral Vascular Surgery / Vascular Surgery / Cardio Thoracic and Vascular Surgery) OR	5 Years of exclusive experience after DNB / M.Ch (Peripheral Vascular Surgery / Vascular Surgery / Cardio Thoracic and Vascular Surgery) OR	2 Years of exclusive experience after DNB / M.Ch (Peripheral Vascular Surgery / Vascular Surgery / Cardio Thoracic and Vascular Surgery) OR
	DNB/MS (General Surgery) OR equivalent	8 Years of exclusive experience in PVS after DNB/MS (General Surgery)	5 Years of exclusive experience in PVS after DNB/MS (General Surgery)
Plastic Surgery	DNB/M.Ch (Plastic Surgery) OR equivalent	5 Years	2 Years
Rheumatology	DNB/DM (Rheumatology) OR	5 Years of experience after DNB/DM (Rheumatology) OR	2 Years of experience after DNB/DM (Rheumatology) OR
	DNB/MD (General Medicine) OR equivalent	8 Years of exclusive experience in Rheumatology after DNB/MD (General Medicine)	5 Years of exclusive experience in Rheumatology after DNB/MD (General Medicine)
Surgical Gastroenterology	DNB/M.Ch (Surgical Gastroenterology / G.I. Surgery) OR equivalent	5 Years	2 Years
Surgical Oncology	DNB/M.Ch (Surgical Oncology) OR equivalent	5 Years	2 Years
Thoracic Surgery	DNB/M.Ch (Thoracic Surgery / Cardio Thoracic and Vascular Surgery) OR	5 Years of exclusive experience after DNB / M.Ch (Thoracic Surgery / Cardio Thoracic and Vascular Surgery) OR	2 Years of experience after DNB / M.Ch (Thoracic Surgery / Cardio Thoracic and Vascular Surgery) OR
	DNB/MS (General Surgery) OR equivalent	8 Years of exclusive experience in thoracic surgery after DNB / MS(General Surgery)	5 Years of exclusive experience in thoracic surgery after DNB / MS(General Surgery)
Cardio Thoracic Surgery (Direct 6 Years Course)	DNB/M.Ch (Cardio Thoracic Surgery / Cardio Thoracic and Vascular Surgery) OR equivalent	5 Years	2 Years
Neuro Surgery (Direct 6 Years Course)	DNB/M.Ch (Neuro Surgery) OR equivalent	5 Years	2 Years

Paediatric Surgery (Direct 6 Years Course)	DNB/M.Ch (Paediatric Surgery) OR equivalent	5 Years	2 Years
Plastic Surgery (Direct 6 Years Course)	DNB/M.Ch (Plastic Surgery) OR equivalent	5 Years	2 Years

**Minimum Eligible Qualification & Experience of Faculty**  
**Fellowship Programme**

Specialty	Minimum Eligible Qualification(s)	Minimum <i>exclusive</i> Experience after qualifying Minimum Eligible Qualification	
		Senior Consultant	Junior Consultant
Arthroplasty	DNB/MS (Orthopaedics) OR equivalent	8 Years	5 Years
Breast Imaging	DNB/MD (Radio Diagnosis) OR equivalent	8 Years	5 Years
Dermatopathology	MD/DNB or equivalent in the specialty of Dermatology	8 years of post PG experience of which at least 5 years of exclusive experience should be in Dermatopathology after qualifying DNB/MD or equivalent recognized qualification in Dermatology	5 years of post PG experience of which at least 2 years of exclusive experience should be in Dermatopathology after qualifying DNB/MD or equivalent recognized qualification in Dermatology
	Adjunct Pathologist as teaching faculty. Experienced technical staff for biopsy / staining/ immunostaining		
Hand & Micro Surgery	DNB/MS (Orthopaedics) OR	8 Years of exclusive experience after DNB/MS (Orthopaedics) OR	5 Years of exclusive experience after DNB/MS (Orthopaedics) OR
	DNB/M.Ch (Plastic Surgery) OR equivalent	5 Years of exclusive experience after DNB/M.Ch (Plastic Surgery)	2 Years of exclusive experience after DNB/M.Ch (Plastic Surgery)
High Risk Pregnancy & Perinatology	DNB/MS (Obstetrics & Gynaecology) OR equivalent	8 Years	5 Years



Interventional Cardiology	DNB/DM (Cardiology) OR equivalent	5 Years	2 Years
Infectious Diseases	DNB/MD (General Medicine/Internal Medicine) OR equivalent	8 Years	5 Years
Laboratory Medicine	DNB/MD (General Medicine/Internal Medicine) OR equivalent	8 Years	5 Years
Liver Transplantation	DNB/M.Ch (Surgical Gastroenterology/G.I. Surgery) OR equivalent	5 Years	2 Years
Minimal Access Surgery	DNB/MS (General Surgery) OR equivalent	8 Years	5 Years
Neurovascular Intervention	MCh/DNB/DM or equivalent post- doctoral qualification in either Neurosurgery or Neurology or Neuroradiology OR  MD/DNB or equivalent in the specialty of Radio diagnosis	5 years of exclusive experience in Neurovascular Interventions after qualifying MCh/DNB/ DM or equivalent post- doctoral qualification in either Neurosurgery or Neurology or Neuroradiology OR  10 years of exclusive experience in the area of neurovascular interventions after qualifying MD/DNB or equivalent in the specialty of Radio diagnosis	2 years of exclusive experience in Neurovascular Interventions after qualifying MCh/DNB/ DM or equivalent post- doctoral qualification in either Neurosurgery or Neurology or Neuroradiology OR  5 years of exclusive experience in the area of neurovascular interventions after qualifying MD/DNB or equivalent in the specialty of Radio diagnosis



Paediatric Dermatology	MD/DNB or equivalent in the specialty of Dermatology	8 years of post PG experience of which at least 5 years of exclusive experience should be in Paediatric Dermatology after qualifying DNB/MD or equivalent recognized qualification in Dermatology	5 years of post PG experience of which at least 2 years of exclusive experience should be in Paediatric Dermatology after qualifying DNB/MD or equivalent recognized qualification in Dermatology
	Adjunct Paediatrician as teaching faculty. One nurse to assist in OPD / during procedures is preferable. One auxiliary helper		
Paediatric Hemato-Oncology	DNB/DM (Hematology/ Medical Oncology) after DNB/MD Paediatrics OR	5 Years of experience after DNB/DM (Hematology/ Medical Oncology) after DNB/MD (Paediatrics) OR	2 Years of exclusive experience after DNB/DM (Hematology/ Medical Oncology) after DNB/MD (Paediatrics) OR
	FNB (Paediatric Hemato-Oncology) OR	5 Years of experience after FNB (Paediatric Hemato-Oncology) OR	2 Years of experience after FNB (Paediatric Hemato-Oncology) OR
	DNB/MD (Paediatrics) OR equivalent	8 Years of exclusive experience in Paediatric Hemato-Oncology after DNB/MD (Paediatrics)	5 Years of exclusive experience in Paediatric Hemato-Oncology after DNB/MD (Paediatrics)
Paediatric Gastroenterology	DNB/DM (Gastroenterology) after DNB/MD Paediatrics OR	5 Years of experience after DNB/DM (Gastroenterology) after DNB/MD (Paediatrics) OR	2 Years of experience after DNB/DM (Gastroenterology) after DNB/MD (Paediatrics) OR
	FNB (Paediatric Gastroenterology) OR	5 Years of experience after FNB (Paediatric Gastroenterology) OR	2 Years of experience after FNB (Paediatric Gastroenterology) OR
	DNB/MD (Paediatrics) OR equivalent	8 Years of exclusive experience in Paediatric Gastroenterology after DNB/MD (Paediatrics)	5 Years of exclusive experience in Paediatric Gastroenterology after DNB/MD (Paediatrics)

Paediatric Nephrology	DNB/DM (Nephrology) after DNB/MD Paediatrics OR	5 Years of experience after DNB/DM (Nephrology) after DNB/MD (Paediatrics) OR	2 Years of experience after DNB/DM (Nephrology) after DNB/MD (Paediatrics) OR
	DNB/MD (Paediatrics) OR equivalent	8 Years of exclusive experience in Paediatric Nephrology after DNB/MD (Paediatrics)	5 Years of exclusive experience in Paediatric Nephrology after DNB/MD (Paediatrics)
Reproductive Medicine	DNB/MS (Obstetrics & Gynaecology) OR equivalent	8 Years	5 Years
Spine Surgery	DNB/MS (Orthopaedics) OR DNB/M.Ch (Neuro Surgery) OR equivalent	8 Years of experience after DNB/MS (Orthopaedics) OR	5 Years of experience after DNB/MS (Orthopaedics) OR
		5 Years of experience after DNB/M.Ch (Neuro Surgery)	2 Years of experience after DNB/M.Ch (Neuro Surgery)
Sports Medicine	DNB/MS (Orthopaedics) OR equivalent	8 Years	5 Years
Trauma Care	DNB/MD/MS (Anesthesiology / General Surgery / Orthopaedics) OR	8 Years of experience after DNB/MD/MS (Anesthesiology / General Surgery / Orthopaedics) OR	5 Years of experience after DNB/MD/MS (Anesthesiology / General Surgery / Orthopaedics) OR
	DNB/M.Ch (Neuro Surgery) OR equivalent	5 Years of experience after DNB/M.Ch (Neuro Surgery)	2 Years of experience after DNB/M.Ch (Neuro Surgery)
Vitreo Retinal Surgery	DNB/MS (Ophthalmology) OR equivalent	8 Years	5 Years
Body MR Imaging	DNB/MD (Radio Diagnosis) OR equivalent	Department should have at least 02 Senior and 01 Junior Consultant:  One Senior Consultant should have a minimum of 15 years of experience and another Senior Consultant should have a minimum of 8 years of experience in body MR imaging after qualifying DNB/MD (Radio Diagnosis)	5 Years

Cross Sectional Body Imaging	DNB/MD (Radio Diagnosis) OR equivalent	Department should have at least 02 Senior and 01 Junior Consultant:  One Senior Consultant should have a minimum of 15 years of experience and another Senior Consultant should have a minimum of 8 years of experience in Cross Sectional Body Imaging after qualifying DNB/MD (Radio Diagnosis)	5 Years
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4.23. In case of *nascent specialties*, National Board of Examinations may consider a faculty with recognized PG degree qualification in allied/parent specialties with adequate experience in the area of applicant specialty in a recognized department or may relax the minimum experience required. However, the exclusive experience of faculty in applicant specialty should be substantiated with work experience certificates and research publications.

4.24. **Research Experience:** The faculty in the applicant department (collectively) should have a minimum of 5 *research activities* to their credit. These research activities includes publications such as research papers, review articles, case reports, abstracts etc; presentations such as papers/posters presented in conferences etc.

4.25. **Senior Residents:** 2 (two) Senior Residents are *desirable* in the department. They must possess recognized Degree/Diploma qualification in the specialty.

- In Broad specialties disciplines, the degree/diploma should not have been awarded more than 60 months earlier from the date of filing the application. Sr. Residents with diploma qualification must possess minimum of 2 years of Post diploma experience in the specialty concerned.

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- In super specialty disciplines, Senior residents with respective broad specialty qualification and above stated experience shall be acceptable. Faculty with DM/MCh/DNB (SS) qualification shall be accepted as Senior Residents till such time they qualify to become Junior Consultants.
- 4.26.Sr. Residents pursuing any academic programme in the department (DNB Super Specialty/DM/MCh/Fellowship/any other) after qualifying PG Degree qualification shall be considered as *Academic Sr. Resident*. Those who are not pursuing any such academic programme shall be considered as *Non Academic Senior Residents*.
- 4.27. Proposed faculty in the applicant department shall be required to submit a declaration form in the prescribed format while submitting application to NBE. The supportive documents for declaration furnished shall be required to be submitted at the time of assessment of the department to National Board of Examinations appointed assessor.
- 4.28. The applicant hospital shall be required to verify the correctness and veracity of each content of faculty declaration forms and endorse the same as true and correct. The applicant hospital shall be equally responsible besides the faculty himself/herself for any misdeclaration or misstatement, in the event of declaration turning out to be either incorrect or any part of this declaration subsequently turning out to be incorrect or false.
- 4.29. **Full time status of Faculty:** The applicant hospital shall be the principle place of practice of the consultants in the department and the consultants shall have no other institutional attachments/affiliation with other hospitals/other units of the applicant hospital, however, the consultants are allowed to have their own private practice in a non-academic independent setup.
- 4.30. *Part time and visiting consultant shall not be considered as a faculty for the NBE Accredited programme and shall not be*

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counted towards minimum required faculty for the purpose of accreditation of the applicant department.

4.31.NBE may verify the full time status of faculty in the hospital concerned through a set of documents including but not limited to, declaration form of faculty, undertaking for principle place of practice (Annexure 'FT'), Form-16, Form-26AS of faculty, Salary statements, HIS data etc.

4.32.Details of PG teaching/Clinical experience/thesis guidance experience of the PG teacher shall be required to be submitted as per prescribed format of "Annexure-PG".

4.33.**Thesis Guide/Co-Guide:** Thesis Guides/Co-Guides can be assigned for DNB trainees only from the eligible and approved faculty for the programme as detailed above.

- The accredited department should identify suitable faculty for DNB Programme who qualifies as thesis guides/co-guides as per applicable NBE norms detailed below.
- *Sr. Consultants* working on full time basis with the applicant hospital can be guide/co-guide of *DNB trainees* in respective department.
- Senior Consultants who qualify as PG teachers as per National Board of Examinations norms can be a *Guide* for a *maximum of two DNB trainees* in an academic year and can be a *Co-Guide* to *other DNB trainees* in the department. Senior Consultants who do not qualify as PG teachers can guide a *maximum of one DNB trainee* in the department in an academic year.
- Specialities wherein Post Diploma candidates are also admitted, they can be guide to above stated number of trainees of each stream (i.e Primary and Secondary).

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- Junior Consultants can only co-guide a DNB trainee in the applicant department. Senior and Junior Consultants can only be co-guides to DNB trainees of other departments. *Junior Consultants, Senior Residents and Adjunct/Part time/Visiting Consultants can not be assigned as thesis guides.*

4.34. **Changes in Faculty Status:** The applicant department once accredited with National Board of Examinations is required to maintain the minimum required staff position at all times. No changes in the faculty be made within the period of accreditation. However, under extreme circumstances if the Faculty/Guide present at the time of assessment is to be replaced, *the same be carried out within 3 months under intimation to the NBE.* In case of any change in faculty during the accredited period, it shall be required to induct only eligible faculty as a replacement of faculty who has left or introducing a new faculty altogether. The hospital may refer to the latest Information Bulletin for Accreditation with NBE for criteria so prescribed for being an eligible faculty for DNB/FNB programme.

4.35. Newly introduced faculty in the accredited department shall be required to submit his/her declaration form in the prescribed format with supportive documents such as Additional Qualification Registration Certificate (AQRC), Form 26AS, letter of appointment issued by the accredited hospital and relieving letter from last employer, if any.

4.36. The faculty status in the department shall be reviewed annually with each annual review conducted by NBE. The hospital shall be required to confirm availability of minimum required faculty for continuation of accreditation during the provisionally accredited period.

4.37. Details of newly introduced faculty in the department can be updated through *Online Accreditation Application Portal. Approved*

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*faculty status in the department shall be reflected on **Online Accreditation Application Portal**. It shall be the foremost responsibility of the accredited department to refer to the same for any corrections/update/changes.*

- 4.38. Each consultant who has been shown as faculty for DNB/FNB programme will devote *at least 10 hour per week* for teaching/training in terms of case discussion, seminar, ward round, journal club etc. for DNB/FNB trainees. This is in addition to his/her assigned clinical & other hospital responsibilities.
- 4.39. The minimum teaching programme per week shall comprise of 5 hours of didactic teaching (Seminars, Journal Clubs, Lectures etc) and 5 hours of clinical/bed side teaching. Each consultant will have to attend NBE CMEs or faculty development workshops as conducted by NBE time to time.
- 4.40. The applicant hospital shall maintain details of its full time faculty for DNB/FNB programme on its official website indicating their designations and time period of availability in the hospital.

## **E. Patient Load**

- 4.41. The applicant department should have minimum required patient load in OPD registrations and/or IPD admissions as detailed below. The hospital shall be required to furnish total and “general” patient load in the department for last 02 years. Hospitals which have completed 01 year in clinical operation at the time of application submission shall be required to furnish the patient load of the application year by the end of the year.
- 4.42. General patients shall be accessible at all times for supervised clinical work to DNB & FNB trainees. Data of such cases shall be accessible to DNB & FNB trainees for research purposes subject to applicable ethical guidelines and clearances from Institutional



Ethics Committee & institutional policies. The applicant department should have a minimum of 30% patients under this category.

4.43. In surgical disciplines, details of surgical case load shall be required for last 02 years in terms of major and minor surgeries performed by the department. Spectrum of clinical/surgical diagnosis available in the department for last 02 years shall be required to be furnished in the application form as per prescribed formats.

4.44. National Board of Examinations may verify the patient load data furnished in application submitted with supportive documents such as HIS records, OT registers etc.

**4.45. Patient Load Required in Broad Specialty Disciplines:**

Departments	Minimum Patient Load per year
<ul style="list-style-type: none"> <li>• General Medicine</li> <li>• General Surgery</li> <li>• Obstetrics &amp; Gynaecology</li> <li>• Paediatrics</li> <li>• Respiratory Diseases</li> <li>• Physical Medicine and Rehabilitation</li> <li>• Psychiatry</li> <li>• Radio Therapy</li> <li>• Orthopaedic Surgery</li> </ul>	<p>Total OPD: 5000; at least 1500 General</p> <p>Total IPD: 1000; at least 300 General</p> <p>In certain disciplines, cross referred cases from other departments shall be considered towards IPD admissions.</p>



<ul style="list-style-type: none"> <li>• Ophthalmology</li> <li>• Otorhinolaryngology (ENT)</li> </ul>	<p>Total OPD: 5000; at least 1500 General</p> <p>IPD : Primarily Day Care/ Consultation based Specialty; Department should have adequate surgical case load and spectrum of diagnosis to support PG teaching &amp; training</p>
<ul style="list-style-type: none"> <li>• Dermatology &amp; Venereology</li> </ul>	<p>The Annual Dermatology OPD attendance should be at least 20,000. 30% patient load should be “General”.</p> <p>IPD : Primarily Day Care/ Consultation based Specialty; Department should have adequate spectrum of diagnosis to support PG teaching &amp; training</p>
<ul style="list-style-type: none"> <li>• Anaesthesiology</li> <li>• Anatomy</li> <li>• Biochemistry</li> <li>• Forensic Medicine</li> <li>• Health Administration including Hospital Administration</li> <li>• Immunohematology &amp; Transfusion Medicine</li> <li>• Microbiology</li> <li>• Nuclear Medicine</li> <li>• Pathology</li> <li>• Pharmacology</li> <li>• Social and Preventive Medicine</li> <li>• Physiology</li> <li>• Radio Diagnosis</li> </ul>	<p>Reference is made to optimal case load in clinical disciplines and labs/associated facilities in Pre/Para clinical disciplines.</p> <p>Departments should have adequate case load and case mix (spectrum of diagnosis) in all essential modalities to support PG teaching &amp; training</p>

<ul style="list-style-type: none"> <li>Emergency Medicine</li> </ul>	<p>At least 6000 Emergency Room visits per year;</p> <p>Adequate case mix (spectrum of diagnosis) in the department</p>
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#### 4.46. Patient Load Required in Super Specialty Disciplines:

Departments	Minimum Patient Load per year
<ul style="list-style-type: none"> <li>Cardio Thoracic Surgery</li> <li>Cardiology</li> <li>Genito Urinary Surgery (Urology)</li> <li>Hematology</li> <li>Medical Oncology</li> <li>Nephrology</li> <li>Neuro Surgery</li> <li>Neurology</li> <li>Paediatric Cardiology</li> <li>Paediatric Surgery</li> <li>Peripheral Vascular Surgery</li> <li>Plastic Surgery</li> <li>Surgical Gastroenterology</li> <li>Surgical Oncology</li> <li>Thoracic Surgery</li> </ul>	<p>Total OPD: 3500; at least 1000 General</p> <p>Total IPD: 1000; at least 300 General</p> <p>In certain disciplines, cross referred cases from other departments shall be considered towards IPD admissions.</p> <p>The spectrum of diagnosis available in the department shall be required to be furnished as per prescribed format.</p>
<ul style="list-style-type: none"> <li>Critical Care Medicine</li> <li>Neonatology</li> <li>Paediatric Intensive Care</li> </ul>	<p>Total ICU admissions: 1000; at least 300 General</p> <p>DNB CCM (MICU, SICU, ICCU admissions);</p> <p>DNB Neonatology (NICU admissions);</p> <p>DNB PIC (PICU admissions)</p>

<ul style="list-style-type: none"> <li>• Neuro Anaesthesia &amp; Critical Care</li> <li>• Cardiac Anaesthesia</li> </ul>	<p>Total IPD of respective Surgical department: 1000; at least 300 General</p> <p>Department should perform adequate surgical procedures to support PG teaching &amp; training</p>
<ul style="list-style-type: none"> <li>• Endocrinology</li> <li>• Gastroenterology</li> <li>• Medical Genetics</li> <li>• Rheumatology</li> </ul>	<p>Primarily day Care/Consultation based Specialty</p> <p>Total OPD: 3500; 1000 should be General.</p> <p>Adequate lab based training provisions as prescribed by National Board of Examinations for DNB Medical Genetics</p>
<ul style="list-style-type: none"> <li>• Gynaecologic Oncology</li> </ul>	<p>300 IPD admissions in a year. Cases admitted with Gynaecologic Oncology diagnosis in another allied department shall also be considered</p> <p>700 OPD registrations in a year. Follow-up visits shall also be considered</p> <p>At least 100 radical surgeries in a year. Spectrum of diagnosis should include all premalignant, suspected malignant and malignant conditions in the female reproductive tract and details shall be required to be furnished as per prescribed format.</p>

#### 4.47. Patient Load Required in Fellowship Disciplines:

Sub - Specialty	Minimum Patient Load per year
<ul style="list-style-type: none"> <li>• Arthroplasty</li> <li>• Breast Imaging</li> <li>• Body MR Imaging</li> <li>• Cross Sectional Body Imaging</li> <li>• Hand &amp; Micro Surgery</li> <li>• High Risk Pregnancy &amp; Perinatology</li> <li>• Interventional Cardiology</li> <li>• Infectious Diseases</li> <li>• Liver Transplantation</li> </ul>	<p>Fellowship Programme are sub-specialty skill based programme wherein requirement of beds &amp; IPD services can be part and parcel of the main clinical department;</p> <p>The hospital should have minimum beds in respective broad /super specialty department and required case load and spectrum of diagnosis in respective sub-specialty.</p>
<ul style="list-style-type: none"> <li>• Minimal Access Surgery</li> <li>• Pediatric Hemato Oncology</li> <li>• Paediatric Gastroenterology</li> <li>• Paediatric Nephrology</li> <li>• Spine Surgery</li> <li>• Trauma Care</li> <li>• Vitreo Retinal Surgery</li> </ul>	
<ul style="list-style-type: none"> <li>• Reproductive Medicine</li> <li>• Laboratory Medicine</li> </ul>	Reference is made to optimal case load and labs/ associated facilities.
<ul style="list-style-type: none"> <li>• Body MR Imaging</li> </ul>	<p><i>Minimum Case load per Year:</i>            Body CT: 7500            Body MR: 7500</p>
<ul style="list-style-type: none"> <li>• Cross Sectional Body Imaging</li> </ul>	<p><i>Minimum Case load per Year:</i>            Body CT: 5000            Body MR: 7500</p>

<ul style="list-style-type: none"> <li>Breast Imaging</li> </ul>	<p><i>Minimum Case load per Year:</i>  Mammography: 1500  Breast MRI: 150  Ultrasound Guided Pre-operative needle localizations/ Core Biopsy (Stereotactic/ FNAC/ Axillary Lymph node Biopsy): 250</p>
<ul style="list-style-type: none"> <li>Liver Transplantation</li> </ul>	<p>At least 60 Liver Transplants annually.</p>
<ul style="list-style-type: none"> <li>Paediatric Dermatology</li> </ul>	<p>Dedicated Paediatric dermatology OPD for 2 years, separate from adult OPD running for at least 2 years.</p> <p>The Annual Paediatric clinic attendance pertaining to subspecialty be at least 6000. Direct patient management and hand on training should be permitted.</p> <p>The spectrum of diagnosis available in the department shall be required to be furnished as per prescribed format.</p>
<ul style="list-style-type: none"> <li>Dermatopathology</li> </ul>	<p>The Annual Dermatology attendance should be at least 20,000. Direct patient examination and performing biopsies should be permitted. The spectrum of diagnosis available in the department shall be required to be furnished as per prescribed format.</p>

<ul style="list-style-type: none"> <li>• Neurovascular Intervention</li> </ul>	<p>At least 100 Diagnostic Cerebral and Spinal Angiograms per annum</p> <p>At least 50 Therapeutic Neurovascular Interventions per annum including the following:</p> <ul style="list-style-type: none"> <li>• <i>Cerebral Thrombolysis – Arterial &amp; Venous</i></li> <li>• <i>Internal Carotid &amp; External Carotid Angioplasty &amp; Stenting</i></li> <li>• <i>Endovascular treatment of brain &amp; spine Aneurysm</i></li> <li>• <i>Endovascular treatment of AVM, Dural fistulas and other malformations of brain &amp; spine</i></li> <li>• <i>Balloon test occlusion</i></li> <li>• <i>Pre-Op embolization</i></li> <li>• <i>Inferior Petrous sinus sampling</i></li> <li>• <i>Percutaneous embolization</i></li> </ul>
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## F. Physical Facilities & Supportive Services

4.48. **Out Patient Department:** The applicant hospital should possess adequate space for:

- Registration of patients along with facilities for centralised & computerised record keeping with proper indexing (such as HIS data etc)
- Adequate number of rooms for examining the patients in privacy.
- Case conference room/teaching room in OPD area
- One or more side rooms for OPD procedures such as pleural aspirations dressings, plaster application, biopsy, minor operation rooms etc.
- Side laboratory to provide immediate facilities, for routine investigative procedures etc

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4.49.**In-Patient Department:** The hospital should possess adequate space for doctor's duty room with adequate facilities for toilet, adequate space for each bed and in between, for side laboratory, for clinical investigations and separate room for clinical conference (ward teaching) etc.

4.50.**Emergency Medical/ Critical Care:** The applicant hospital should have 24 hours emergency and critical care services having adequate number of beds with supportive facilities for resuscitation and good medical cover, including Emergency Surgery O.T., ICU etc

4.51.**OT Complex:** Hospitals seeking accreditation with NBE in surgical specialties should have:

- Adequate number of operation theatres: Modular/Major/Minor
- Essential Surgical & Anaesthesia equipments in OT, Post Op Care area and Intensive Care units
- Anaesthesiologists both for the hospital service and training of candidates
- Other Allied Health/Para medical staff
- Intensive Care Unit for surgical emergencies/critical care of patients
- Post operative ward/Recovery Area.
- Simulation/Skill Lab based hands on training provisions for training of DNB trainees

4.52.**Supportive Services:** The applicant hospital should have provisions for necessary supportive services for patient care as well as training of DNB & FNB trainees such as:

- Radiology & Essential Imaging modalities
- Clinical Biochemistry
- Clinical Haematology
- Clinical Microbiology
- Surgical Pathology/Histopathology, Cytology
- Blood Bank/Storage

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- Dietetics department with qualified dietician
  - CSSD
  - Medical Record Department
  - Any special diagnostic or therapeutic support service required for the applicant department

## G. Teaching & Training Facilities

4.53. **Training in Basic Sciences:** The applicant hospital is required to make provisions for training & teaching of DNB & FNB trainee in applied basic sciences as relevant to the applicant specialty.

4.54. The applicant hospital is required to arrange appropriate number of lectures/demonstrations/group discussions/seminars in applied basic sciences as relevant to the applicant specialty.

4.55. As per NBE criteria the hospital should have one of the following provisions for applied basic science teaching & training:

- A team comprising of in-house faculty from *relevant surgical disciplines* (such as General Surgery, Obstetrics & Gynaecology, Orthopaedics, Surgical Super Specialty etc) to provide applied anatomy teaching/training and faculty from relevant medical disciplines (such as General Medicine, Paediatrics, Medical Super specialties etc) to provide applied physiology & pharmacology teaching/training to the DNB trainees as applicable to the applicant specialty may be constituted. The biochemist, microbiologist & pathologist with PG degree qualifications in the hospital shall supplement the above team for applied basic science training, **'OR'**
- Specialists in basic sciences can visit the applicant hospital as adjunct/guest faculty to impart the applied basic science teaching/training to DNB trainees of the applicant hospital as relevant to the applicant specialty, **'OR'**



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- A tie up with other institution (e.g. a medical or dental college/ university/institute) may be undertaken to provide applied basic science teaching/training. A Memorandum of Understanding (MoU)/Permission letter from the Head of Institute of respective Medical or Dental College/University/ Institute should be submitted confirming to the said arrangement.
  - Details of identified in-house/visiting faculty specifying their PG degree qualifications for training in basic sciences specialties shall be required to be submitted as per prescribed format (**Annexure 'BS'**).
  - A detailed basic science teaching/training program to be covered along with ways to impart the same should also be prepared for review of NBE, if so required. A record of academic sessions conducted shall be required to be retained after commencement of the programme for verification by NBE, if so required.

4.56. Accredited hospitals should also rotate their DNB & FNB trainees for one month in each year (in addition to the routine duties) in their hospital's laboratory so as to enable them to gain knowledge in laboratory procedures related to Pathology, Histopathology, Biochemistry, Microbiology, Genetics etc.

4.57. **Institutional Ethics Committee:** Hospital should have an Institutional Ethics Committee (IEC) which is multidisciplinary and multi-sectorial in composition. The Institutional Ethics Committee (IEC) shall review all ethical aspects of the project proposals received by it from DNB trainees in an objective manner & shall provide advice to researchers on all aspects of the welfare and safety of the research participants after ensuring the scientific soundness of the proposed research through appropriate Scientific Review Committee.

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4.58. The applicant hospital / institute is required to have an Institutional Ethics Committee (IEC) as per Biomedical Research Guidelines of ICMR. It should be registered with the Drug Controller General of India (DCGI).

4.59. The number of persons in an ethics committee should be kept fairly small (8 - 12 members). It is generally accepted that a minimum of five persons is required to form the quorum without which a decision regarding the research should not be taken. The IEC should appoint from among its members a Chairman *who should be from outside the Institution* and should not be head of the same Institution to maintain the independence of the Committee. The Member Secretary should be from the same Institution and should conduct the business of the Committee. Other members should be a mix of medical/ non-medical, scientific and non-scientific persons including lay persons to represent the differed points of view. The composition may be as follows:

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

4.60. In case the institution does not have an Institutional Ethics Committee (IEC) registered with DCGI, the applicant hospital may tie up with a nearby institution to utilise its DCGI registered IEC. A Memorandum of Understanding in this regard shall be required to be submitted.

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4.61. A cluster of NBE accredited institutes in the region may also compose an ethics committee as per above guidelines to review research work of all participating institutions.

4.62. **Scientific Research Committee/Institutional Research Committee:** In addition to the IEC, the applicant hospital should also have an Institutional Research Committee/Scientific Research Committee (SRC) to mentor & review research projects in the hospital comprising of following members as per NBE guidelines:

- *Head of the Institute - Shall be the Chairman of the Committee*
- *Statistician*
- *Local teaching faculty of the level of Professor/Sr. Consultant from other hospitals/institutions*
- *Guide & Co-Guide(s) of concerned DNB trainee*
- *Basic Sciences Faculty*

4.63. Further members can be incorporated as a part of the above committee and all faculty members including Guide, Co-Guides will act as ex-officio members.

4.64. SRC has to be constituted in-house (as per composition prescribed above) as it includes thesis guides of DNB candidates. The thesis protocols of DNB trainees shall be required to be approved by the IEC and SRC.

4.65. **Library facilities:** The applicant department should have subscribed to at least 04 journals in the specialty applied for. Please refer respective curriculum available on NBE website for recommended readings. At least 02 of these 04 journals should be international. Electronic journals are acceptable and it is not mandatory to have print journals. Subscription of journals should be accessible to DNB & FNB trainees.

4.66. Whereas the requirement of minimum 04 journal subscription (at least 02 of which are international) shall be followed up at the time

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of grant of fresh accreditation and with each subsequent annual review, it shall not be a limiting parameter for deciding grant or non-grant of accreditation at the time of *fresh accreditations*.

4.67. For departments which are seeking *renewal of accreditation*, it shall be an essential requirement to have valid subscriptions of minimum required journals as per NBE norms.

4.68. The recommended text books and reference books in the specialty applied for shall be required to be made available in the hospital library. NBE appointed assessor shall be verifying the subscription of journals and purchase of books against relevant documents at the time of NBE assessment. Subscription of journals should be in the name of applicant hospital.

# 5. Guidelines for Accredited Hospital

## A. Rotational Posting Guidelines

5.1. *Rotational Postings of DNB & FNB trainees:* DNB & FNB trainees can be rotated outside the applicant hospital as per guidelines detailed below:

Nature of Rotation	Purpose/Reason	Tentative Period of rotation
<p>Rotation of trainees outside the applicant hospital (for exposure in areas which are deficient in-house) to another NBE/MCI recognized centre</p> <p>A memorandum of understanding is required to be submitted as per prescribed <i>Annexure - MoU (RP)</i></p>	<p>Hospital applying for Direct 6 year courses with its General Surgery department not accredited for DNB programme is required to rotate its trainees for training in basic principles of surgery to a NBE/MCI recognized General Surgery department.</p>	9 months
	<p>Applicants in General Surgery/ Anaesthesia/ Radiology / Ophthalmology/ Pathology/ other department where some of the sub-specialty rotations not available in-house can rotate its trainees to another recognized centres.</p>	03 – 06 months
	<p>District Hospitals owned by State Govt. need to rotate its trainees to Annexed Secondary nodes for exposure in deficient in-house departments (<i>Annexure - Secondary node to be completed</i>)</p>	6 months – 01 year
<p>Externship for skill enhancement to centres of excellence; <i>Subject to availability and requirements</i></p>	<p>Direct 6 year course candidates in the 6<sup>th</sup> year of their training can be rotated to one of the centres of excellence for additional skill enhancement in specialized procedures</p>	01 year ; Maximum 06 months at one centre of excellence
<p>Externship on mutual exchange basis; <i>Subject to mutual agreement between trainees and institute</i></p>	<p>A DNB / FNB trainee may be rotated to a NBE accredited department of another hospital by mutual exchange between accredited hospital / institution</p>	<p>Maximum period of 3 months in a 3 years training programme &amp; 2 months in a 2 year training programme</p>

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- 5.2. The externship of DNB/FNB trainees is not automatic. Prior approval of National Board of Examinations is mandatory.
- 5.3. Placement of DNB & FNB trainees in hospitals/institutions that are not accredited with NBE or MCI or Government of India is not permitted.
- 5.4. **The rotation shall be a hands on experience and not mere observership.**
- 5.5. The parent hospital/institute have to monitor the training of its candidates. The thesis guide of the candidate shall continue to provide teaching and mentoring support during this period to the trainee.
- 5.6. The stipend of the candidate during this period of training outside the hospital / institute in another accredited institute shall be borne by the parent institute itself.
- 5.7. Both the partnering institutes shall mutually agree on the nature of responsibilities of the respective hospital / institute. A Memorandum of Understanding shall be signed between both the partnering hospitals/institutes as per prescribed Annexure - MoU (RP).
- 5.8. **Externship on mutual exchange basis** may be permissible only on approval of NBE provided that:
- Both the departments are accredited/recognized for PG Degree Programme (DNB/MD/MS etc) in the applicant specialty
  - Both the departments consent for the mutual exchange of trainees
  - Both the trainees consent for the exchange programme
  - Both the trainees are in similar year of their training

- e. Both the departments undertake to impart training to exchanged candidates as per prescribed curriculum
- f. General guidelines for any externship shall be abided to
- g. Trainees shall furnish externship certificate along with Training completion certificate for their DNB Final Examination.

## B. Training Charges & Fee Guidelines

5.9. The training charges/fee structure for DNB & FNB Training is as follows:

Heads	Charges* (in INR) per year
• Tuition fees	50,000/-
• Library fees	10,000/-
• Annual Appraisal fees	10,000/-
• Accommodation Charges	10,000/-

*\*Maximum Permissible Limit: Accredited institutions are at liberty to charge fees which is less than indicated under respective category. The fee can not be higher than this amount.*

- *Tuition Fee:* The tuition fees shall cover the cost incurred for accreditation, institutional DNB office, infrastructure and HR expenses, guest lecture, thesis support, administrative support expenses.
- *Library fees:* Institute can charge library fees if the library facilities so provided have subscription to at least 4 journals out of which 2 have to be paid journals and one international journal and latest provisions of all types of textbooks in the specialty concerned.
- *Annual Appraisal fees:* The appraisal fees shall cover the arrangements made for the purpose of appraisal of trainees and examiner remuneration.

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- *Accommodation Charges:* Electricity and other consumables can be charged on actual basis by the hospital depending upon institutional policy.

#### 5.10. **General Fee guidelines:**

- The fees shall be collected annually and has to be paid by the trainee at the start of each academic year.
- In the 1<sup>st</sup> year the fees has to be paid on joining the accredited hospital while the fee for 2<sup>nd</sup> & 3<sup>rd</sup> year has to be paid within 4 weeks of the start of the academic year.
- In the 2<sup>nd</sup> & 3<sup>rd</sup> year, the hospital can charge fees at half yearly basis which shall be sole discretion of the hospital only.
- In any circumstances the fee shall be non-refundable to the candidates, if he/she leaves DNB/FNB training after joining the programme. However, the hospital will have to transfer 10% of the fees collected from the candidate to NBE in such a case on prorata basis within one month of candidate's leaving the programme.
- The fee shall be paid by the candidate only through Demand Draft/ Cheque/ electronic transfer and under no circumstances by cash.
- The accredited hospital cannot charge any other fees like capitation fees, security deposit, security bond, and caution bond in the form of cash, fixed deposit, bank guarantee, and agreement by any instrument whatsoever. However, State Govt owned District Hospitals applying under District DNB Programme can implement a service bond with prior approval of National Board of Examinations.
- It is not mandatory or binding on the hospital to charge maximum fees or any part thereof from the trainee resident doctors.



- The accredited hospital cannot charge any fees or an amount in any form, over and above the ceiling amounts prescribed above.
- The accredited hospital shall prepare income and expenditure statement on an annual basis in respect of fee so collected from the DNB/FNB trainees and the expenditure so incurred on the item heads specified. This annual information shall be furnished to NBE within 15 days from the year-end, i.e. by 15th January and 15th July for accreditation beginning January and July respectively.
- The accredited hospital shall make necessary provisions for appraisal of the DNB candidates as per guidelines notified by the National Board of Examinations time to time. In the event the hospital is found not complying with the guidelines so prescribed/ not conducting appraisals, the hospital shall have to refund the appraisal fees (Rs. 10,000/- per annum) to DNB trainees and appropriate penal action shall be taken by NBE against the accredited hospital.
- The corpus collected has to be spent for the benefit of DNB/FNB trainees as per the defined item heads only. The corpus cannot be re-appropriated/ utilised for any other kind of expenses.

## C. Stipend Guidelines

5.11. Paying stipend to the DNB & FNB candidates is compulsory.

5.12. According to the NBE stipend policy, the hospital shall have to pay the DNB/FNB Candidate a *basic stipend as follows or basic stipend according to state government policy* (whichever is higher):

### Post MBBS DNB (Broad Specialty) Programme:

Year of DNB Training	Stipend (in INR) per month
• First Year	25,000/-
• Second Year	27,000/-
• Third Year	29,000/-

## Post Diploma DNB (Broad Specialty) Programme:

Year of DNB Training	Stipend (in INR) per month
• First Year	27,000/-
• Second Year	29,000/-

## DNB (Super Specialty) Programme:

Year of DNB Training	Stipend (in INR) per month
• First Year	32,000/-
• Second Year	34,000/-
• Third Year	36,000/-

*NB: 4th, 5th & 6th year trainees of a Direct 6 year DNB programme shall be paid stipend equal to 1st, 2nd & 3rd year trainees of a DNB super specialty programme respectively provided that they clear the DNB Part-I Examination.*

## FNB Programme:

Year of FNB Training	Stipend (in INR) per month
• First Year	32,000/-
• Second Year	34,000/-

5.13. The phrase “*basic stipend according to state government policy*” in para above should be interpreted for different states as detailed under:

Categories of States	The phrase “ <i>basic stipend according to state government policy</i> ” in NBE stipend guidelines should be interpreted as under:	
	For DNB Broad Specialty trainees	For DNB Super Specialty & FNB trainees
States where the stipend to MD/MS and DM/MCh trainees of State Govt Medical Colleges is paid as a <i>consolidated sum</i> (without any break-up of basic pay and allowances)	The consolidated sum paid to MD/MS trainees of State Govt Medical Colleges	The consolidated sum paid to DM/MCh trainees of State Govt Medical Colleges

<p>States where the stipend paid to MD/MS and DM/MCh trainees of State Govt Medical Colleges is structured as a “<i>Basic pay plus various allowances</i>” and paid as per recommendations of 7<sup>th</sup> CPC</p>	<p>Pay level 10 of 7th CPC  {Cell 1, 2 and 3 of pay level 10 in pay matrix of 7<sup>th</sup> CPC correspond to first, second and third year of training respectively}</p>	<p>Pay level 11 of 7th CPC  {Cell 1, 2 and 3 of pay level 11 in pay matrix of 7th CPC correspond to first, second and third year of training respectively}</p>
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5.14. Parity to the *basic stipend* paid by respective State government should be maintained and rates of stipend may kindly be periodically revised.

5.15. It is also desirable that the hospital provides accommodation to their trainees in addition to their stipend. A compliance statement to this effect has to be furnished by the accredited hospital while forwarding the DNB/FNB candidate registration form.

5.16. NBE has no objection to the payment of a sum exceeding the amount stipulated, according to the paying capacity of the institution and work load of the trainees.

## D. Appraisal Guidelines

5.17. Formative Assessment Test shall be conducted as per the guidelines/policy made available time to time on NBE website. Formative assessment includes various formal and informal assessment procedures by which evaluation of student’s learning, comprehension, and academic progress is done by the teachers/faculty to improve student attainment.

5.18. On the basis of above appraisal of DNB/FNB trainees, NBE may analyse and review the academic strength of the accredited hospital where the trainees are undergoing their training.

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5.19. Details of appraisal guidelines (Formative Assessment Test etc) are notified on National Board of Examinations website [www.natboard.edu.in](http://www.natboard.edu.in)

## E. Comprehensive Training Support Guidelines

5.20. The accredited department should have facilities for thesis support, teaching aids, specimen, library facility and designated faculty members and staff that can take charge of the training programme and can also act as nodal authority for compliance of training programme.

5.21. The applicant hospital shall designate the following authorities from its staff for DNB/FNB programme:

- **Head of the Institute (Administrative) or duly authorized nominee as Director (Medical) or Director (Academics):** Nodal Compliance officer for rules and regulations governing the programme as prescribed by NBE.
- **DNB/FNB Course Director:** A common designated academic head for all DNB & FNB Programme at the applicant hospital. One of the faculty of a DNB/FNB Programme of the rank of Senior Consultant can be designated as course director.
- **Assistant Programme Coordinator:** As the resource person for DNB/FNB trainees either from the management or academic staff, to maintain establishment and related functions related to the DNB/FNB courses and trainees.
- **Head of the Department:** Designated head of the applicant department shall be responsible for all administrative formalities (such as verifying faculty declarations, signing applications/ various documents on behalf of the applicant department etc)

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with NBE related to DNB/FNB Programme as well as deciding the academic & duty/posting roster of DNB/FNB trainees. Senior Consultant who qualifies as PG teacher also can be designated as HOD for DNB programme. A senior consultant can be designated as HOD for FNB Programme.

5.22. It is mandatory that the applicant hospital nominates the aforesaid functionaries for the DNB/FNB programme and indicate the same prominently with contact telephone no, mobile no and email-ID at the Notice Board for DNB/FNB trainees. The details may be shared on NBE website for ready reference of DNB & FNB trainees.

5.23. Any of them can be assigned as a Single Point of Contact (SPOC) for accreditation purposes as already detailed under Chapter 3.

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## 6. District DNB Programme at State Govt owned District/General/Civil hospitals

- 6.1. State Govt. willing to start DNB Programme at State Govt owned District/General/Civil hospitals shall have to identify potential hospitals which meet the minimum accreditation requirements as detailed under chapter 4. However, the applicant district hospital shall be able to utilise the facilities and infrastructure of annexed Secondary node for the purpose of training of DNB trainees at the applicant district hospital.
- 6.2. The Annexed Secondary node (a recognized Medical college or PG Medical Institute/NBE accredited Govt. hospital) can supplement following requirements at the applicant district hospital:
- Basic Science teaching and training
  - Library Facilities
  - Research Support
  - Hands on training
  - Rotational Posting in Sub-specialty areas
  - Adjunct PG teacher
- 6.3. The State Govt will be required to ensure that an operational tie up with annexed secondary node, the facilities/infrastructure of which are proposed to be utilised for training of DNB trainees at applicant district hospital, continues uninterrupted for the period of accreditation.
- 6.4. No changes in the faculty should be made within the period of accreditation. However, under extreme circumstances if the Faculty/Guide present at the time of assessment at any of the applicant district hospital or adjunct PG teacher of annexed secondary node is to be replaced, the same be carried out within 3

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months under intimation to the NBE and minimum faculty status shall be maintained under any circumstances.

- 6.5. The selection of DNB candidates at above mentioned district hospitals shall be made only through the Centralised Merit Based Counseling conducted by the National Board of Examinations for admission to DNB courses in every admission session as per time schedule & guidelines notified by NBE. **There shall be no other admission methodology for DNB courses.**
- 6.6. There is no provision for protection of seats for in-service candidates as per NBE norms. Except for the constitutional reservations as may be applicable in Govt owned institutions, all DNB seats are open seats for all India candidates. Service bonds for DNB trainees, if any applicable in the state, can be implemented only after prior information to and approval of NBE.
- 6.7. The State Govt will be required to facilitate participation of faculty from the applicant district hospitals/annexed secondary node in periodic faculty development/training of trainer's workshop.
- 6.8. The State Govt. shall be required to ensure that DNB training at applicant district hospitals is carried out in accordance with prescribed NBE guidelines only.
- 6.9. *An undertaking of the Principal Secretary (Health) to the State Govt confirming to the same shall be required to be submitted as per prescribed format along with Main application form - District DNB Programme*
- 6.10. An undertaking for above mentioned tie up shall also be required to be submitted by the annexed secondary node as per prescribed **Annexure – Secondary Node** along with *Main Application Form - District DNB Programme*. The tie up may be undertaken only for those areas which are deficient in-house. For e.g. If the applicant

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hospital has its own PG teachers, the adjunct PG teachers from annexed secondary node are not required.

6.11. In case of adjunct PG teacher(s) from annexed secondary node, an undertaking duly signed by the adjunct faculty and Head of the Institution of the Annexed Secondary Node confirming his/her consent to be an Adjunct PG teacher for District DNB Programme shall be required to be submitted along with respective Specialty specific Application Form (**Annexure – FT – Secondary Node**)

6.12. The applicant district hospitals shall be required to submit *Main application form - District DNB Programme* and the specialty specific application form.

6.13. It is mandatory to submit following documents along with the *Main application form - District DNB Programme* apart from other prescribed enclosures:

- *Undertaking of the Principal Secretary (Health) to the State Govt*
- *Annexure - Secondary node*
- *Annexure - FT - Secondary node*
- *Annexure - DH Beds*

6.14. The State Govt shall have to identify a *Single Point of Contact (SPOC)* at three different levels:

- Directorate of Health Services (DHS) - *Nodal Programme Co-ordinator*
- Applicant Hospital - *DNB Course director*
- Annexed Secondary node

6.15. The applicant district hospital should register online using email ID and mobile number of SPOC at applicant hospital. The SPOC at DHS level i.e. Nodal Programme Coordinator shall not be able to use same email ID and mobile number for multiple hospitals. All communications regarding applications submitted shall be copied to Nodal Programme Co-ordinator also.



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## 7. Communication Protocol for Accreditation Purposes

- 7.1. The preferred mode for handling the accreditation related query shall be by email. The emails may be sent to [accr@natboard.edu.in](mailto:accr@natboard.edu.in)
- 7.2. Ordinarily, telephonic query will not be entertained; in case of the telephonic query the following information shall not be revealed under any circumstances:
- *Internal movement of file*
  - *Decision of NBE regarding grant/non-grant of accreditation*
  - *Any claim/counter claim thereof*
  - *Dates & venue of NBE meetings or name of the NBE officers or office bearers*
  - *Any information which in the opinion of NBE can not be revealed.*
- 7.3. The following updates shall be provided by NBE to the applicant hospital through *Online Accreditation Application Portal (OAAP)*:
- *Acknowledgement for receipt of application and accreditation processing fee*
  - *Deficiencies noted in Pre-Assessment processing of application*
  - *Details of assessors appointed in case of assessment for accreditation*
  - *Deficiencies noted in Post-Assessment processing of application, compliance reports, assessment report*
  - *Final decision towards accreditation*
- 7.4. The applicant hospital shall be required to submit their compliance electronically from their registered email ID of *Single Point of Contact (SPOC)* for expeditious processing. The covering letter can be uploaded on *Online Accreditation Application Portal*.
- 7.5. Communication shall only be processed if the same is issued by authorized office bearer of the applicant hospital and arising from official email ID of SPOC registered with National Board of

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Examination. In case of any changes in the SPoC, the hospital shall be required to first update the details of new SPoC on OAAP, before correspondence with new SPoC can be accepted by NBE.

7.6. Queries shall not be entertained from persons claiming themselves to be representative, associates or officiates of the applicant institute/ hospital.

7.7. Contact details of *Single Point of Contact (SPOC)* at Department of Accreditation, National Board of Examinations are as under:

- **Email ID:** [accr@natboard.edu.in](mailto:accr@natboard.edu.in)
- **Phone No:** 011-45593060

7.8. All correspondence should be sent as follows:

- **By Mail:**

National Board of Examinations,  
Medical Enclave,  
Ansari Nagar,  
New Delhi -110029

- **By e-mail:** [accr@natboard.edu.in](mailto:accr@natboard.edu.in)
- **Through Online Accreditation Application Portal:** Only covering letter in response to Pre/Post Assessment deficiency communications; Annexure to be emailed or sent through post.
- **By Fax:** Submission of documents by fax is not recommended and such documents may not be taken on record by NBE.

7.9. The accredited hospital shall communicate with NBE in registration related matters at [reg@natboard.edu.in](mailto:reg@natboard.edu.in) and counseling related matters at [counseling@natboard.edu.in](mailto:counseling@natboard.edu.in) and [seatmatrix@natboard.edu.in](mailto:seatmatrix@natboard.edu.in) or any other email ID/online portal as prescribed by NBE for this purpose. Emails related to counseling and registration matter shall NOT be addressed to accreditation section of NBE at [accr@natboard.edu.in](mailto:accr@natboard.edu.in)

## 8. Frequently Asked Questions

FAQs from Applicant hospitals	ANSWERS
<b>What is the first step in applying for accreditation with NBE?</b>	Please read the information bulletin carefully before you begin the process of application submission. The information bulletin can be downloaded from NBE website <a href="http://www.natboard.edu.in">www.natboard.edu.in</a> as well as from the login page of <i>Online Accreditation Application Portal</i> .
<b>National Board of Examinations (NBE) offer DNB &amp; FNB Programme in which specialties?</b>	The list of specialties wherein NBE offers DNB & Programme is detailed under Chapter 2A, 2B, 2C & 2D.  National Board of Examinations has introduced following new programme in 2019: DNB Gynaecologic Oncology FNB Paediatric Dermatology FNB Dermatopathology FNB Neurovascular Intervention
<b>What is the prescribed calendar for application submission?</b>	The applicant hospitals shall be able to register online w.e.f. 14-02-2019 to 15-03-2019. The hard copy applications should reach National Board of Examinations office latest 25-03-2019.
<b>Can we (the applicant hospital) submit hard copy applications without online completion &amp; submission of application?</b>	No; Online registration of applicant hospital and each application to be submitted is a mandatory step in application submission process.  The hospital shall be required to complete and submit each application online and hard copy print outs of such online submitted applications shall be submitted through post along with requisite enclosures.

FAQs from Applicant hospitals	ANSWERS
<p><b>What if our application is delayed due to postal reasons?</b></p>	<p>The online registration process shall end on 15-03-2019 (23 hrs 59 min) itself. The hospitals shall not be able to register any new applications after 15-03-2019. However, the hard copy print outs of applications shall be accepted till 25-03-2019.</p> <p>Any hard copy print outs of applications received after 25-03-2019 shall not be accepted and returned to the applicant hospital. The corresponding online applications shall also not be processed and closed. Accreditation processing Fee shall be refunded after deducting 10% processing charges.</p>
<p><b>How will we come to know if the renewal application is required to be submitted in year 2019?</b></p>	<p>Please refer Online Accreditation Application Portal (OAAP). Validity of accreditation and time to apply for renewal is indicated for each ongoing DNB/FNB programme at the hospital.</p>
<p><b>Can applications seeking renewal of accreditation be submitted at any time during the year of expiry of accreditation?</b></p>	<p>No; renewal applications due for a particular year are required to be submitted through OAAP within the prescribed window for application submission. Renewal applications submitted after the expiry of accreditation are treated as fresh applications.</p>

FAQs from Applicant hospitals	ANSWERS
<p><b>What are steps involved in submission of application for accreditation to NBE?</b></p>	<p>Following steps shall complete the process:</p> <ol style="list-style-type: none"> <li>1. Online registration of the applicant hospital for NBE accreditation at <i>Online Accreditation Application Portal</i>. Please refer chapter 3 for steps involved.</li> <li>2. Login your username &amp; password to access home page on <i>Online Accreditation Application Portal</i>.</li> <li>3. Online registration of application for the specialty in which accreditation is sought. Please refer chapter 3.</li> <li>4. Uploading details of accreditation processing fee already paid through RTGS. Please refer chapter 3.</li> <li>5. Online completion &amp; submission of main &amp; specialty specific application forms subsequent to verification of fee receipt by NBE and activation of application forms links.</li> <li>6. Hard copy print outs of application forms submitted online to be duly signed &amp; stamped at appropriate places and spirally bound with requisite enclosures for submission to NBE. Please refer chapter 3.</li> <li>7. Submission of both Main &amp; Specialty specific application to NBE within the prescribed cut-off date.</li> </ol>
<p><b>The name of our hospital is not listed in the drop down list of applicant hospitals? What should we do?</b></p>	<p>Most of the hospitals which have been associated with NBE earlier are included in the drop down list.</p> <p>If your hospital is not listed, please choose the option "OTHERS" at the top of the list and mention name and address of the hospital.</p>

FAQs from Applicant hospitals	ANSWERS
<p>The name and/or address of our hospital is listed in drop down list but it requires correction. What should we do?</p>	<p>Please choose the name and address already listed to proceed with the online registration. At this stage, you shall not be able to update the same as it would require updation in NBE database. You should write to NBE with supportive documents for any updation in name &amp; address of the hospital.</p>
<p>Can we use same mobile number or email ID to register two different hospitals/two different units of the same group of hospitals?</p>	<p>No; the online registration process will not allow use of same mobile number or email ID for registering two users (hospitals). <b>The Single Point of Contact (SPOC) for two different hospitals/two different units of the same group of hospitals can not be same.</b> Registration of mobile number and email ID shall be verified through system generated OTPs. All accreditation related communications shall be sent ONLY to registered mobile number &amp; email ID.</p>
<p>Who can be assigned as Head of the Institute, DNB/FNB Course Director, Assistant Programme Co-ordinator and HOD for NBE accreditation purposes?</p>	<p>Please read chapter 5 of the information bulletin for details.</p>
<p>Shall we be able to update the hospital profile later, if required?</p>	<p>While creating the profile the details can be updated. Once the profile is registered, the hospital shall be able to update the details of hospital functionaries by clicking "Update Profile" quick link and logging in its username and password. No other parameter shall be updated in NBE records unless supported with appropriate authenticated documents</p>

FAQs from Applicant hospitals	ANSWERS
<p><b>Some other user seems to have created the profile of our hospital? What should we do?</b></p>	<p>Only one user of the hospital should register the applicant hospital. The system will prompt you if some other user has already created profile of the same hospital. If you have not already done that please proceed to register. National Board of Examinations shall identify the authentic user who would complete the process as per prescribed steps.</p>
<p><b>The process of registration/online form completion got interrupted before submission and we are logged out. What should we do?</b></p>	<p>Please login your username and password again and the registration process/online application form completion will continue from the same step till it was saved by the user.</p> <p>The hospital can complete the online application form in multiple sessions.</p>
<p><b>Is it necessary to print the hospital profile and upload on the portal?</b></p>	<p>Yes; this shall identify the authentic users in case someone else register profile of your hospital wrongly. Before uploading the hospital profile, please recheck the details entered for accuracy.</p>
<p><b>Shall we be required to pay the accreditation processing fee through online payment gateway in this portal?</b></p>	<p>No; the accreditation processing fee shall be required to be paid through RTGS before the hospital starts Online Application Registration. The portal shall only require following details of fee paid through RTGS/NEFT to be uploaded:</p> <ul style="list-style-type: none"> <li>Name of Drawee Bank</li> <li>Name of Drawee Account</li> <li>Bank transaction number / UTR number</li> <li>Date of transaction</li> <li>Beneficiary Bank</li> <li>Scanned copy of RTGS/NEFT payment receipt given by bank/proof of transaction</li> </ul>



FAQs from Applicant hospitals	ANSWERS
<p><b>Can we pay accreditation processing fee for multiple applications in a single RTGS transaction?</b></p>	<p>No; the hospital shall be required to pay requisite fee for each specialty specific application separately. The system will not allow to enter any amount other than prescribed for a single application. Please upload copy of RTGS/NEFT payment receipt for respective application during the process.</p>
<p><b>We are unable to access the application forms though we have paid the accreditation processing fee and also uploaded the relevant proof of payment?</b></p>	<p>The applicant hospital should be able to access the web links for the Main and Specialty Specific application forms subsequent to verification of receipt of fee by National Board of Examinations.</p> <p>The process of verification shall take a maximum of 02 working days. On successful verification, the link for completing the application forms shall be activated.</p>
<p><b>Can we fill same specialty specific application form for different specialties?</b></p>	<p>No; each specialty specific form is customised for that specialty only and can not be used for any other specialty.</p>
<p><b>Can we use the web link of application forms activated by some other users (hospital)?</b></p>	<p>Even though the specialty specific application forms for a particular specialty are same for all applicant hospitals, the Online Application Registration ID is unique for each user (hospital) and the system shall not allow submission of application forms using web links activated by other hospitals.</p>



FAQs from Applicant hospitals	ANSWERS
<p><b>How do we get the Unique Online Applications Registration ID?</b></p>	<p>On successful completion of <i>Online Application Registration</i>, the hospital shall be able to download an acknowledgement receipt for registered application.</p> <p>The acknowledgement receipt shall bear this unique ID. Please retain this unique ID for future correspondence with NBE.</p>
<p><b>How long will it take for completion of processing of our application?</b></p>	<p>From 2018 onwards, the National Board of Examinations has prescribed a calendar for accreditation application processing. Please refer chapter 3J for details of calendar prescribed for 2019. The application processing shall be completed in line with the prescribed calendar.</p>
<p><b>How will we come to know the processing status of our applications?</b></p>	<p>The applicant hospital shall be able to track the current status of each application submitted online through <i>Online Accreditation Application Portal</i>.</p> <p>The status shall be updated at each step as and when the processing at that step is completed but not later than the prescribed calendar for respective step.</p>
<p><b>How will NBE communicate with the hospital regarding applications submitted in 2019?</b></p>	<p>NBE shall communicate mostly through Online Accreditation Application Portal. The communications shall be upload on the portal of respective hospital by NBE.</p>

FAQs from Applicant hospitals	ANSWERS
<p><b>What all updates shall be given regarding application processing status?</b></p>	<ul style="list-style-type: none"> <li>• Acknowledgement of receipt of application and accreditation processing fee</li> <li>• Pre-Assessment processing status</li> <li>• Pre-Assessment deficiency communication status/ compliance receipt status</li> <li>• Pre-Assessment processing completion status &amp; outcome</li> <li>• Assessment status</li> <li>• Assessment Report receipt status</li> <li>• Post-Assessment processing status</li> <li>• Final Outcome of application processing</li> </ul>
<p><b>What are the minimum accreditation requirements?</b></p>	<p>Please read information bulletin (chapter 4 in particular) thoroughly for details of minimum accreditation criteria</p>
<p><b>We are in clinical operations since last 01 year. Can we apply for seeking accreditation for DNB/FNB programme</b></p>	<p>Yes; the applicant hospital should be in clinical operations for at least 02 years for grant of accreditation &amp; commencement of the programme. The hospital should have completed at least 01 year at the time of submission of application. NBE shall utilise the 2nd year for application processing and seek relevant data for 2nd year before processing application for final outcome.</p>
<p><b>How many minimum beds, patient load, faculty etc are required for the specialty we are willing to apply for?</b></p>	<p>The minimum requirement of beds, patient load, faculty etc are detailed in the information bulletin under chapter 4. You may also find details of specialty specific requirements in respective application forms.</p>

FAQs from Applicant hospitals	ANSWERS
<p><b>What does Single specialty or Multi Specialty mean?</b></p>	<p>If the applicant hospital is providing medical services in an exclusive specialty area such as Neuroscience centres, Cardiac Science centres, Ophthalmology centres etc, it is considered single specialty setup. Those offering medical services in multiple specialty areas are considered multi-specialty set up.</p> <p><i>A hospital which is applying for accreditation of only 01 department but offering medical services in multiple specialty areas is not considered as a single specialty set up.</i> The applicant hospitals must ensure the availability of minimum operational beds in the hospital as per prescribed norms for single/multi-specialty set up before applying.</p>
<p><b>A multi-specialty hospital is eligible to apply for how many DNB &amp; FNB Programme?</b></p>	<p>A multi-specialty hospital with 200 or more beds can seek accreditation in any number of DNB &amp; FNB Programme (provided that accreditation requirements for applicant departments are met)</p> <p>A multi-specialty hospital with 150 or more but less than 200 beds can seek accreditation in any 03 DNB &amp;/or FNB Programme (provided that accreditation requirements for applicant departments are met). All 03 could be DNB or FNB or a mix of DNB &amp; FNB.</p> <p>A multi-specialty hospital with 100 or more but less than 150 beds can seek accreditation in any 01 DNB or FNB Programme (provided that accreditation requirements for applicant department is met).</p> <p>A multi-specialty hospital with less than 200 beds but at least 100 beds dedicated to 01 specialty area can seek accreditation in all allied DNB &amp; FNB Programme of that predominant practice area (provided that accreditation requirements for applicant departments are met).</p>

FAQs from Applicant hospitals	ANSWERS
<p>Ours is a 160 bedded multi-specialty hospital offering many specialty services but our predominant practice is in orthopaedic surgery with 100 beds dedicated to orthopaedic surgery &amp; allied specialties. Are we eligible for 03 programme or more?</p>	<p>Your hospital fall under Category - 4 as mentioned in Chapter - 4 of this information bulletin. You are eligible to apply in all allied DNB &amp; FNB Programme such as DNB Orthopaedic Surgery, DNB Plastic Surgery, FNB Hands &amp; Micro Surgery, FNB Spine Surgery, FNB Sports Medicine, FNB Trauma Care.</p>
<p>Ours is a 110 bedded hospital offering maternal &amp; child health services. Other departments are only supportive in nature. 100 beds are dedicated to Obstetrics &amp; Gynaecology and Paediatrics department combined together. How many programme we can apply for?</p>	<p>Your hospital fall under Category - 4 as mentioned in Chapter - 4 of this information bulletin. You are eligible to apply in all allied DNB &amp; FNB Programme such as DNB Obstetrics &amp; Gynaecology, DNB Paediatrics, DNB Neonatology, FNB Reproductive Medicine, FNB High Risk Pregnancy.</p>
<p>How does Category - 4 hospitals differs from Category - 5 hospitals in terms of Chapter - 4 of this information bulletin?</p>	<p>Category - 5 hospitals are 100 bedded exclusive (single) specialty hospitals offering medical services in only 01 specialty area. If such hospitals happen to add some additional medical services in their profile maintaining at least 100 beds in that predominant specialty area, they would happen to fall under Category - 4 and would continue to be eligible for all allied programme of that specialty area.</p>
<p>Ours is a 20 bedded exclusive ophthalmology hospital. Are we eligible to apply?</p>	<p>Yes, provided that the accreditation requirements for DNB Ophthalmology are met. Being primarily a day care specialty, there are no minimum prescribed beds in the hospital. Exclusive Dermatology set up, Gastroenterology set up, Endocrinology set up, Rheumatology set up, ENT set up fall under day care category.</p>
<p>We are less than 100 bedded single specialty hospital. Can we apply for seeking accreditation with National Board of Examinations?</p>	<p>Yes, provided that the specialty run by the hospital is a day care specialty as detailed under chapter 4 and the hospital is providing medical services exclusive in that day care specialty.</p>

FAQs from Applicant hospitals	ANSWERS
<p><b>We are a group of hospitals registered separately. Can we seek accreditation under a common name?</b></p>	<p>No; clubbing of infrastructure, facilities, faculty etc of multiple hospitals/multiple units of the same hospital which are not located in a single campus is NOT permitted.</p>
<p><b>What does operational beds mean?</b></p>	<p>The minimum beds required in the applicant hospital as per NBE norms should be commissioned for patient care. This does not equate to sanctioned bed strength/bed capacity of the hospital.</p> <p>The hospital shall be required to submit consent to operate certificate issued by respective State Pollution Control Board (SPCB) confirming to authorization granted for proposed operational beds.</p> <p>If the hospital claims to have number of operational beds more than authorized in SPCB certificate submitted, same shall not be considered unless an updated/renewed certificate issued by SPCB by the last date of application submission is furnished.</p>
<p><b>What are “General Beds”? Are these free or subsidised beds?</b></p>	<p>General Beds are those ‘earmarked’ beds / cases whose patients shall be accessible at all times for supervised clinical work to DNB trainees. The applicant department should have a minimum of 30% beds &amp; patients under this category. The term general is unrelated to cost of treatment.</p>
<p><b>What is the upper age limit to qualify as faculty for DNB/FNB Programme?</b></p>	<p>75 years</p>

FAQs from Applicant hospitals	ANSWERS
<p><b>What are the minimum eligible qualifications for faculty?</b></p>	<p>The faculty should be in possession of a recognised PG degree qualification in respective specialty.</p> <p>The hospital shall be required to ensure that the minimum eligible qualification of proposed faculty for the programme is duly recognized as per provisions of the IMC Act. The list of minimum eligible qualification is mentioned under chapter 4.</p>
<p><b>Is there any relaxation in minimum eligible qualification of faculty?</b></p>	<p>In specialties which are now well established in the country, there is no such relaxation.</p> <p>However, in nascent specialties, faculty with minimum eligible qualification in respective broad/parent specialty is considered provided that the faculty has minimum exclusive experience in the applicant specialty which should be substantiated with work experience certificates and/or research publications.</p>
<p><b>Some of our faculty have obtained their PG degree qualifications in the specialty from abroad. Can they be considered as faculty for DNB Programme?</b></p>	<p>Yes, provided that their PG degree qualifications are duly recognized as per provisions of IMC Act and equivalent to the minimum eligible qualification prescribed for being a faculty for the programme.</p>
<p><b>Can we use scanned signatures in Application/Annexure/Declarations etc?</b></p>	<p>No; the application and all required Annexure as prescribed by NBE (Faculty declaration, Annexure - BS, Annexure - PG etc should be signed by respective faculty/authority in original.</p>

FAQs from Applicant hospitals	ANSWERS
<p><b>Who are considered as faculty for DNB/FNB Programme in the department?</b></p>	<p>Faculty proposed for DNB or FNB Programme should be:</p> <ol style="list-style-type: none"> <li>1. In possession of a recognised minimum eligible qualification in the specialty</li> <li>2. Having minimum prescribed experience after qualifying minimum eligible qualification in the specialty</li> <li>3. Employed with the applicant hospital on full time basis i.e. the applicant hospital should be their primary place of practice and they should have no attachments with other hospitals/ institutions, though they are permitted to have their own private practice in an independent set up.</li> </ol>
<p><b>How do we confirm the full time status of the faculty to NBE?</b></p>	<ol style="list-style-type: none"> <li>1. The applicant hospital shall be required to submit the faculty declaration under signatures of the proposed faculty with endorsement by HOD and Head of the Institute, confirming that the applicant hospital is the primary place of practice of the faculty and he/she does not work at any hospital other than the applicant hospital or his/her own private practice.</li> <li>2. Form 16 issued by the applicant hospital to the faculty should confirm to the remuneration drawn in line with his/her qualifications, experience and remuneration drawn by his/her peers in the hospital/city of similar rank. If there is a discrepancy, the hospital can still prove its submission regarding full time of faculty by submitting Form 26AS of the faculty (to confirm no other institutional attachments) and HIS data of applicant department (to confirm the patient registrations under him/her).</li> </ol>



FAQs from Applicant hospitals	ANSWERS
<p><b>We do not issue form 16 to the faculty but we issue form 16 A.</b></p>	<p>Form 16 A should be submitted for latest 04 quarters along with faculty declarations to ascertain full time status of the faculty. However, <b>Form 16/16A are not required to be submitted along with the application though same shall be verified at the time of assessment by NBE appointed assessor.</b></p>
<p><b>We are the owner of the hospital and can not submit form 16. What should we do?</b></p>	<p>A certified copy of Ownership/ Partnership deed should be submitted confirming your assertion.</p>
<p><b>Can we submit Form 16/16A generated in-house ?</b></p>	<p>No; Form 16/16A downloaded from the website of TRACES should only be submitted.</p>
<p><b>Can salary statements be submitted instead of form 16?</b></p>	<p>In case of a faculty who has recently joined the hospital and form 16/16A are not generated, the hospital can submit his/her bank transfer statements for remuneration drawn <i>duly signed by the faculty and the institute head.</i></p> <p>However, over the period of application processing, the hospital shall be required to furnish form 16/16A for respective period.</p>



FAQs from Applicant hospitals	ANSWERS
<p><b>Can we appoint another faculty in lieu of someone whose name was mentioned in the application but he/she left the hospital after application submission or found not suitable by NBE in pre-assessment processing?</b></p>	<p>Yes; the applicant hospital can propose another suitable faculty by the time of NBE assessment but it shall be required to submit all requisite documents for newly appointed faculty such as faculty declaration, Form 16/16A or salary statements for at least 03 consecutive months, within the permissible limits of accreditation calendar.</p> <p><i>Introduction of faculty subsequent to NBE assessment of the department shall not be permissible for seeking accreditation.</i></p> <p><i>Subsequent to grant of accreditation, changes in faculty shall be governed by the terms &amp; conditions of the accreditation agreement.</i></p>
<p><b>How many PG teachers do we need to have in a department?</b></p>	<p>Departments seeking accreditation for DNB programme should have at least 01 PG teacher as per NBE PG teacher criteria.</p> <p>More the number of PG teachers, more the DNB seats the department qualify for provided that other accreditation requirements are also met.</p>

FAQs from Applicant hospitals	ANSWERS
<p><b>How many consultants do we need to have in a department?</b></p>	<p>Departments seeking accreditation for DNB/FNB programme should have at least 02 consultants in case of most of the specialties. One of them should qualify as Senior consultant &amp; PG teacher. The other consultant may be a PG teacher or a senior consultant or a junior consultant. More the number of faculty, more the DNB/FNB seats the department qualify for provided that other accreditation requirements are also met.</p> <p>Some specialties have their unique faculty requirement such as Family Medicine, Body MR Imaging, Cross Sectional Body Imaging etc. Details for the same are indicated in Chapter 4 under minimum eligible qualifications.</p>
<p><b>Can same faculty be counted for two different DNB Programme?</b></p>	<p>No; same faculty can not be counted for the purpose of accreditation of more than one DNB programme concurrently. Same faculty can not be counted for the purpose of accreditation of more than one FNB programme concurrently.</p> <p>However, same faculty can be counted for the purpose of accreditation of a DNB &amp; a FNB Programme in the same hospital.</p> <p>In case of applicant medical colleges, the proposed faculty for DNB programme should not have been counted as a teaching faculty for any PG training programme (MD/MS/DM/MCh/ Diploma) in the college.</p>

FAQs from Applicant hospitals	ANSWERS
<p><b>Can we submit documents in regional language?</b></p>	<p>It is required to submit certified translated copies of documents in Hindi or English which have been issued in regional languages such as regulatory approvals, appointment orders of faculty etc.</p>
<p><b>Form 16 of some of our full time faculty are not issued by the hospital; instead issued by another employer to whom the hospital has outsourced the department clinical services. Can they still be counted for the purpose of accreditation?</b></p>	<p>In case of “group practices” or faculty being employed through another employer/outsourcing agency/faculty, following documents shall be required to substantiate full time status of faculty in the applicant hospital:</p> <ol style="list-style-type: none"> <li>1. A copy of MoU between the applicant hospital &amp; outsourcing agency (another “Group”/“Faculty”) through which the proposed faculty are employed at the applicant hospital. The MoU should confirm that the said agency/group has not posted the proposed faculty to work at any hospital other than the applicant hospital.</li> <li>2. Form 16 issued by the applicant hospital to the outsourcing agency</li> <li>3. Form 16 issued by the outsourcing agency to the faculty</li> </ol>
<p><b>Can our academic residents be counted as SR?</b></p>	<p>Yes; provided that they fulfil the minimum qualification and experience requirements. Academic residents with diploma qualifications should have at least 02 years of experience post PG diploma but not more than 05. Academic residents with PG degree qualifications should have not more than 05 years of experience post PG.</p> <p>Please be apprised that SR in the applicant department are only <i>desirable</i>.</p>

FAQs from Applicant hospitals	ANSWERS
<p><b>Some of our support services are outsourced to an agency and located outside campus of the hospital? Is that provision acceptable?</b></p>	<p>Support services such as lab services, imaging, blood bank can be outsourced.</p> <p>A Memorandum of Understanding (MoU) shall be required to be undertaken confirming to the said tie up and provisions made for exposure of DNB/ FNB trainees in those areas.</p>
<p><b>Can CT/MRI be outsourced if we are applying for DNB Radio-diagnosis Programme?</b></p>	<p>All essential imaging modalities should be located in-house within the campus (could be outsourced under a MoU as detailed above) if the hospital is applying for DNB - Radio-diagnosis.</p>
<p><b>We are a private hospital located in a remote area. Can we apply under District DNB Programme?</b></p>	<p>No; District DNB Programme is exclusively for State Govt. owned District/ General/ Civil hospitals.</p>
<p><b>What is a Secondary node?</b></p>	<p>Under District DNB Programme, there is a provision for annexing the applicant hospital with a secondary node for the purpose of supplementing training in areas which are deficient in-house. Following institutions which are owned by/under direct control of Govt can serve as a secondary node:</p> <ol style="list-style-type: none"> <li>1. A recognized Medical College in vicinity</li> <li>2. A NBE accredited Govt hospital</li> </ol>
<p><b>Are there any recommended books &amp; Journals in the specialties?</b></p>	<p>Yes; in most of the specialties the recommended readings can be downloaded as Annexure - Recommended reading under download annexure link on OAAP.</p> <p>Purchase orders/quotations are not acceptable as definite proof of subscription. Certified copy of invoice &amp; payment is mandatory.</p>

FAQs from Applicant hospitals	ANSWERS
<p><b>How many minimum number of journal subscriptions shall be required?</b></p>	<p>The hospital should subscribe at least 04 journals. At least 02 of them should be international.</p> <p>Requirement of journal subscription for <i>fresh accreditation</i> is desirable but it is mandatory to have valid subscription of minimum prescribed journals at the time of <i>renewal of accreditation</i>.</p>
<p><b>Do we need to buy only print journals or e-journals are acceptable?</b></p>	<p>e-journals are acceptable. Following documents should be submitted confirming to subscription of e-journals:</p> <ol style="list-style-type: none"> <li>1. Certified copy of agreement between the publisher and the applicant hospital</li> <li>2. Certified copy of Tax invoice &amp; Payment receipt issued by the publisher in name of the applicant hospital</li> <li>3. Details of specialty packages subscribed as a component of e-journal subscription.</li> </ol>
<p><b>Will there be any post assessment deficiency communication sent to the hospital?</b></p>	<p>Applications along with the assessment report of NBE appointed assessor &amp; compliance report submitted by the hospital in response to pre-assessment deficiency communication shall be presented before the NBE Accreditation Committee for deciding the matter.</p> <p>Applications wherein the NBE accreditation committee decides to review the matter with additional information / documents / compliance shall be apprised of the observations of the committee for compliance.</p>

FAQs from Applicant hospitals	ANSWERS
<p><b>How will we come to know the final outcome of application?</b></p>	<p>In case of grant of accreditation, status shall be updated on OAAP and NBE Accreditation Agreement shall be uploaded. System generated email shall update the hospital of the same.</p> <p>In case of non - grant of accreditation or review of matter with additional information/clarification, the letter shall be uploaded on OAAP communicating the same. System generated email shall update the hospital of letter upload on OAAP by NBE.</p>