

# **BULLETIN OF INFORMATION**

## **FOR**

(A) Diplomate of National Board  
in Family Medicine(**New Rules**)

(B) Syllabus and Curriculum for  
candidates and training Institutions



### **NATIONAL BOARD OF EXAMINATIONS**

*(Ministry of Health & Family Welfare, Govt. of India)*

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## **BRIEF ON NATIONAL BOARD OF EXAMINATIONS**

The National Board of Examination was established in 1975 with the primary objective of improving the quality of the Medical Education by elevating the level and establishing standards of post graduate examinations in modern medicine, on an all India basis. The Medical Council of India has laid down standards for post graduate examinations conducted by various universities and other institutions, yet it is felt that the levels of proficiency and standards of evaluation still vary considerably in these institutions and universities. The setting up of a National Body, to conduct post -graduate medical examination was intended to provide a common measurement standard and mechanism for evaluation. There are more than 149 recognized Medical Colleges in the country, in addition to over 325 accredited institutions, imparting DNB in various specialties and super specialties. There are 42 medical disciplines including Family Medicine identified by the Board for which approved training courses are available in the country at present.

### **PREAMBLE**

The present undergraduate medical curriculum and the internship are inadequate to turn out well trained and competent medical professionals to serve the community needs. Preventive, promotive and rehabilitation aspects, which form an integral part of healthy living, have lost focus with most of the medical practitioners. More than 80% of our population comprises of either the rural or the urban poor. They are unable to get access to adequate medical care facilities from the existing hospitals. Moreover, to practice holistic medicine, the treating physician should also understand the social, cultural and economic conditions of the family. Family physicians need to make the optimal use of the resources and judiciously select the investigations for diagnosis. They can form the back bone of health care delivery system and can play a vital role in fulfilling the Rural Health Mission announced by the Government of India:

## **DNB IN FAMILY MEDICINE (NEW RULES)**

Family Medicine is defined as a specialty of medicine which is concerned with providing comprehensive care to individuals and families by integrating biomedical, behavioral and social sciences. As an academic discipline, it includes comprehensive health care services, education and research. A family doctor provides primary and continuing care to the entire family within the communities; addresses physical, psychological and social problems; and coordinates comprehensive health care services with other specialists, as needed. The practitioners in family medicine can play an important role in providing healthcare services to the suffering humanity. The General practitioner's responsibility in Medicare includes management of emergencies, treatment of problems relating to various medical and surgical specialties, care of entire family in its environment, appropriate referrals and follow up. He is the first level contact for the patients and his family. In a country with large population spread over to rural sector, the need for adequately trained, properly qualified, competent general practitioners is acutely felt. The National Board plans to conduct postgraduate degree examinations in Family Medicine leading to Diplomate of the National Board (New Regulations) to fulfill these felt needs of the country.

**The DNB Family Medicine (New Rules) is not included in the First schedule of Medical Council of India. Act 1956.**

**This information booklet is expected to provide the necessary information to the institutions/hospitals which are willing to start DNB Family Medicine (New Rules) and also preliminary information to the candidates who are aspiring to enroll for DNB Family Medicine (New Rules).**

## **II GOAL**

After qualifying the final examinations the candidate should be able to function as a junior consultant (specialist) in Family Medicine. He should be able to render health services to the community by providing health care to all members irrespective of age, sex, culture and socio-economic background. He should be able to decide for appropriate referral in order to provide secondary/tertiary health services when necessary. He should be clinically competent and should be able to take personal responsibility for rendering comprehensive and continuing care of his patients in their own family settings.

## **III OBJECTIVES**

At the end of the training period, the candidate should be able to acquire following competencies for:

1. Effective management of common diseases within the limited resources of family practice setting.
2. Identification of complex health problems and their appropriate referral.
3. Promotion of health and prevention of diseases, and support to the national health programmes.
4. Taking care for disadvantages groups in the community such as the elderly, mentally and physically handicapped persons.
5. Use of behavioral sciences related to family practice.
6. Effective communication with patients, family, colleagues and other health care workers, and community.
7. Domiciliary care and palliative care.
8. Conducting research, and submit it in the form of a dissertation.
9. Management of a wide range of common medical emergencies in the context of family practice with evidence-based medicine.
10. Decision making regarding the need for, and the appropriate and cost-effective use of, modern technological investigations and ability to interpret the results of these investigations.
11. Management, team work and leadership.

12. For solving patient problems within a particular socio-cultural setting, harnessing available community services.
13. To organize and actively engage in community care programmes, focusing on promoting and maintaining health of the community.

#### **IV. GENERAL INFORMATION FOR CANDIDATES**

- IV.1. A candidate holding medical qualification registrable under the Medical Council of India Act 1956 and such other qualification as may be recognized by the Medical Council of India from time to time, is eligible to take the Board's examination. Candidates are required to register with the Board for getting required training as a DNB candidate in a Hospital/Medical College recognized by NBE/MCI/Univ. for the purpose of training.

There will be no CET-NBE examination. A candidate for the examinations in Family Medicine (**new rules**) is required to pass only the Final Examination of the Board (Theory & Practical).

- IV.2. The Final Examination of the Board will be held twice a year.
- IV.3. Applications for admission to the examination should reach NBE by the specified dates.
- IV.4. Statements made by the candidate in the application form shall be certified by the head of the institution at the appropriate place and the application shall be supported by the relevant documents. Candidates who are not in service shall get their forms signed by a Gazetted Officer.
- IV.5. Application of candidates producing false or fabricated records will not be considered and the candidate will be further debarred from appearing in future examinations.
- IV.6. Candidates should go through the bulletin carefully for eligibility criteria before writing to the Board's office. Queries pertaining to eligibility and other issues will only be entertained if the information requested is not given in bulletin or on website [www.natboard.nic.in](http://www.natboard.nic.in)
- IV.7. Incomplete applications or application not in accordance with instructions, will not be considered. In such cases, the examination fee will not be refunded.
- IV.8. Fee will neither be carried forward to a future date nor refunded under any circumstances.
- IV.9. Instructions in the bulletin are liable to changes based on decisions taken in the Governing Body from time to time. However candidates will be

- governed by the Information of Bulletin vide which they were registered for determining the eligibility. So far the theory & practical examinations are concerned they will be governed by the information bulletin vide which they are applying for the theory examinations.
- IV.10 Request will not be entertained for change in date/center for theory and practical examinations under any circumstances.
- IV.11. Absentees from the examination will forfeit their examination fee.
- IV.12 A Duplicate Degree certificate will only be issued to the Final pass candidate either through mail or in person or to the authorized representative of the candidate on receipt of an affidavit regarding non-receipt of the original degree. Request to be accompanied by DD of Rs. 500/- in favour of National Board of Examinations payable at New Delhi. Possession of original and duplicate at any point of time by the candidate will call for action deemed fit by the Board.
- IV.13 Photocopy of the filled in application form must be retained by the candidate for future use/correspondence.
- IV.14 **All certificates (photocopies) should be attested by a Gazetted Officer. Unattested copies will not be accepted.**
- IV.15 Result/Registration number and Roll number for Final Examinations can also be seen on the website [www.natboard.nic.in](http://www.natboard.nic.in)
- IV.16 The candidates are required to submit thesis and also a log book duly certified by their supervisors for the final examination of the Board.
- IV.17 Every candidate, at the time of practical examination, will be required to produce performance record (log book) containing details of the work done by him/her during the entire period of training as per requirements of the log book. It should be duly certified by the supervisor as work done by the candidate and countersigned by the administrative Head of the Institution. In the absence of production of log book, the result will not be declared. However, a certificate to this effect has to be attached alongwith the application form for eligibility purposes. The supervisor would also offer his remarks on the training received by the candidates in the log book.
- IV.18 All Payments are to be made by crossed Bank Draft in favour of **National Board of Examinations** payable at New Delhi.
- IV.19 Thesis/ Dissertation to be submitted along with the prescribed assessment fee of Rs. 1,500/- through Bank draft 6 months prior to commencement of examination.

- IV.20 NBE reserves the right to withdraw permission, if any, granted inadvertently to any candidate who is not eligible.
- IV.21 Migration from one institution to another against the seat of the Board will be considered on mutual acceptance from the concerned institutions after obtaining 'No objection certificate' at the discretion of NBE. The decision of the NBE shall be final in this regard.
- IV.22 Candidates are advised to read the registration rules carefully at the time of start of their training.
- IV.23 **All the correspondence should be addressed to the Executive Director, National Board of Examinations, Mahatma Gandhi Marg, Ansari Nagar, New Delhi-110029.**

## V. FEE STRUCTURE

V.1 The fee is payable only through a bank draft issued from Nationalized Bank mentioned in this bulletin and drawn in favour of **NATIONAL BOARD OF EXAMINATIONS payable at New Delhi**, along with the applications by the stipulated dates.

- V.2 (A) **Registration Fee-** Rs. 450/-  
(to be remitted alongwith Exam Fee)
- (B) **Examination Fee**
- |                                    |            |
|------------------------------------|------------|
| i) Final Exam (Theory & Practical) | Rs. 3000/- |
| ii) Practical Only                 | Rs. 3000/- |
| iii) Late Fee                      | Rs. 500/-  |
| iv) Thesis Fee                     | Rs. 1500/- |
- (To be remitted at the time of Thesis submission)
- (C) **Enrolment Fee** Rs.1000/-  
  
(Within 2 months of passing the final Examination (for the award of Board's degrees)
- (D) **Inabsentia fee –** Rs. 500/-  
  
(to be paid for the award of Board's degree in absentia.)

V.3 Absentees from the examination will forfeit their examination fee.



## **VI REGISTRATION FOR CANDIDATES**

VI.1 Candidates are required to register with the Board within one month from the date of joining a hospital/Institution recognized for training. After joining an Institution the candidates has to submit his registration form to NBE duly completed in all respects through the head of the Institution with all necessary enclosures. Registration form can be downloaded from our website [www.natboard.nic.in](http://www.natboard.nic.in).

### **VI.2 STARTING OF SESSION**

The session begins in July and January. The Institution will follow July to June or January to December session strictly as per the accreditation given to them. Candidates joining an Institution by 15<sup>th</sup> March (January to December session) or 15<sup>th</sup> September (July to June) session of every year can take the theory examination preceding the completion of training but their results will be declared on submission of completion certificate of 3 years of training.

### **VI.3 REGISTRATION PROCESS**

VI.a After checking the eligibility for the registration (and if found in order) the candidate will be registered and the registration number will be sent to the institution by post. This will also be displayed on the website. All incomplete forms will be rejected and the reasons for rejection will be displayed on the website. In case of deficiencies, the candidate/institution is required to comply with the deficiencies within 30 days of publication of deficiencies, failing which the said candidate will not be registered.

VII.b The list of the accredited institutions for training is given in Annexure. The candidates are required to undergo continuous full time 3 years of training/part time (minimum 20 hrs per week). Migration from one institution to another against the seat of the Board will be considered on mutual acceptance from the concerned institutions after obtaining 'No objection certificate' at the discretion of NBE. The decision of the NBE shall be final in this regard.

## **VII FINAL EXAMINATIONS**

### **VII 1 ELIGIBILITY CRITERIA FOR CANDIDATES**

1. Any medical graduate with MBBS qualification, who has completed internship and is registered with MCI/State Medical Council (Age limit upto 50 years) can register with the Accredited Institutions for 3 years of training/part time (minimum 20 hrs per week in 3 years)
2. Foreign medical graduates who have passed the screening test conducted by NBE and are registered permanently or \*provisionally with MCI/State Medical Council.  
  
\* should have been registered permanently before the start of the theory examination of the Board.
3. In service candidates from Defence, Central/State Government, Railways, Public sector institutions.

### **VII 2 Duration of Course – Full Time : 3 Years**

Part Time : Minimum 20 hours per week for 3 years

**VII 3** There is no CET- NBE examination to join the course. The accredited Institutions will select suitable candidates with aptitude for general practice, their concerns & compassion to live & work within communities. The candidates will be evaluated for various technical skills, medical skills and communications skills at the end of 12-18 months by the Institution concerned and report sent to the Board.

### **VII 4 INSTITUTIONS WHERE CANDIDATES CAN BE REGISTERED FOR TRAINING**

1. All hospitals attached to Government and Private medical colleges.
2. All Government hospitals including General hospitals, District hospitals, E.S.I. Defence, Railways etc.
3. Any Multispeciality hospital already accredited to NBE (Single Specialty hospitals are not eligible).
4. All public sector hospitals, Corporation, Port Trust, Mission hospitals and multispeciality private hospitals.

## **VII 5 THE MINIMUM REQUIREMENT FOR HOSPITALS ARE:**

- i. The hospital should have full time consultants with postgraduate qualification MD/MS or DNB or equivalent, in internal medicine, general surgery, OBG, Pediatrics, and full time/part time/visiting consultants in other specialties.
- ii. The hospital should have a minimum number of 50 indoor beds (for 2 candidates) and a minimum of 100 indoor beds (for 4 candidates).
- iii. The hospital should have casualty/emergency medicine department including availability of anesthetists and blood transfusion services.
- iv. The hospital should have clinical laboratory investigation facilities, viz, Biochemistry, Microbiology, Pathology etc.
- v. Faculties for teaching in small groups, seminars, bed site clinics etc.
- vi. Library with standard text books and journals and access to internet.
- vii. The institutions which are keen on starting the programme shall fill in the forms available at NBE office or download the inspection form from internet, giving details of infrastructure, staff and facilities. The accredited institutions shall then send the names of candidates selected along with registration form and required documents for registration with NBE.

## **VII 6 THE FINAL EXAMINATION WILL CONSIST OF TWO PARTS (THEORY & PRACTICAL)**

**(A) Theory – following** 4 papers of 100 marks and 3 of hours duration each

**PAPER I** - Medical and Allied Sciences including Cardiology, Gastroenterology, Geriatrics, Dermatology, Psychiatry, Neurology and Nephrology, Radiology and other diagnostic procedures.

**PAPER II** - Surgery and Allied Sciences including ENT, Ophthalmology, Orthopaedics and Anaesthesia.

**PAPER III** - Maternal and Child Health including their community Health Care Management.

**PAPER IV** - Applied Basic Sciences and comprehensive community health care and knowledge of normal development of health and disease.

## **(B) CLINICAL PRACTICAL AND VIVA-VOCE**

### **VII 7 Declaration of Result**

- (a) Candidates who have obtained a minimum of 40% in each of the theory papers and minimum of 50% in aggregate of all the four theory papers will be declared successful and will be allowed for the practical examination
- (b) Only a candidate who is declared successful in Final theory Examination will be allowed to appear for the practical examination immediately following the theory examination.
- (c) Candidate who obtain 50% in the aggregate of Theory & Practical and not less than 50% in Practical/Clinical portion in the examination will be declared to have passed the Final Examination.
- (d) **Number of attempts in practical examinations**

If he/she fails or does not appear in the immediate Practical examination after the theory examination, this will be taken as an attempt.

He/she will be allowed two more chances of practical examinations within two years of passing the theory examination but after paying full examination fees.

Candidates applying for the Practical examination only at their 2<sup>nd</sup> and 3<sup>rd</sup> attempt and absenting themselves at the time of practical examination shall be treated as absentees and fees forfeited. This will also be treated as an attempt.

**VII 8** Centres for practical examination are in India only. Candidates will be informed individually by writing and on internet before 21 days prior to the commencement of the practical examinations. Practical centrewise list of pass candidates will also be displayed on the website: **[www.natboard.nic.in](http://www.natboard.nic.in)**.

**Note :** Request for change in dates and centres of theory and practical examinations will not be entertained under any circumstances.

## VIII THESIS

The candidates are required to submit a thesis at the end of three years of training as per the rules and regulations of the Board. Subjects like Tropical Medicine. Community Health may also be chosen.

### **GUIDELINES FOR SUBMISSION OF THESIS/DISSERTATION BY CANDIDATES**

#### **Preamble**

Research shall form an integral part of the education programme of all candidates registered for Diplomat of NB degrees of the Board. The Basic aim of requiring the candidates to write a thesis/dissertation is to familiarise him/her with research methodology. The members of the faculty guiding the thesis/dissertation work for the candidate shall ensure that the subject matter selected for the thesis/dissertation is **feasible, economical** and **original**.

#### **Guidelines**

The thesis may be normally restricted to the size to 100 pages. To achieve this following points may be kept in view;

- (i) Only contemporary and relevant literature may be reviewed.
- (ii) The techniques may not be described in detail unless any modification/innovations of the standard techniques are used and reference may be given.
- (iii) Illustrative material may be restricted.
- (iv) Since most of the difficulties faced by the residents relate to the work in clinical subject or clinically oriented laboratory subjects the following steps are suggested:
  - (a) For prospective study, as far as possible, the number of cases should be such that adequate material, judged from the hospital attendance, will be available and the candidate will be able to collect the case material within a period of 6-12 months so that he/she is in a position to complete the work within the stipulated time.
  - (b) The objectives of the study should be well defined.
  - (c) As far as possible, only clinical or laboratory data of investigations

- (d) Technical assistance, wherever necessary, may be provided by the department concerned. The resident of one speciality taking up some problem related to some other speciality should have some basic knowledge about the subject and he/she should be able to perform the investigations independently, wherever some specialised laboratory investigations are required a co-guide may be co-opted from the concerned investigative department, the quantum of laboratory work to be carried out by the candidate should be decided by the guide and co-guide by mutual consultation.
  - (e) The Clinical residents may not ordinarily be expected to undertake experimental work or clinical work involving new techniques, not hitherto perfected or the use of chemicals or radio isotopes not readily available. They should however, be free to enlarge the scope of their studies or undertake experimental work on their own initiative but all such studies should be feasible within the existing facilities.
  - (f) The residents should be able to use freely the surgical pathology/autopsy data if it is restricted to diagnosis only, if however, detailed historic data are required the resident will have to study the cases himself with the help of the guide/co-guide. The same will apply in case of clinical data.
- (II) Statistical methods used for analysis should be described in detail.

**Rules for Submission of Thesis/ Dissertation by candidates for DNB**

- (i) The protocol of Thesis/ Dissertation should be submitted to the office of the NBE through head of the institutions within three (3) months of joining the training in Medical college/university/DNB accredited institution.
- (ii) No correspondence will be made in regard to acceptance of the protocol except only in the case of rejected protocols for which individual will be informed by office through mail/website.
- (iii) The guide will be a recognized PG teacher in Medical college or university or NBE Accredited institutions. The teacher should have the experience of 5 years in speciality after obtaining the post graduate degree. The certificate of PG teaching and being Guide recognized by University/NBE must be enclosed alongwith thesis/dissertation. The Guide can guide one MD/MS candidate and one university diploma candidate desirous of taking the DNB examination, or one direct NBE candidate. Total number of candidates should be two including all sources.

- (iv) Candidates who will be appearing in the subject under the heading Super Speciality (like Cardiology & Cardio Thoracic Surgery etc.) need not write their thesis/dissertation if they have already written their thesis during their MD/MS/NBE examinations. However they have to submit a proof in support of their having written thesis during their MD/MS examination.
- (v) If the candidates appearing in the broad specialities have already written their thesis in the MD/MS examination, they need not submit the thesis/dissertation. However they are required to submit a copy of the letter accepting the thesis by the University.
- (vi) If thesis is rejected or needs to be modified for acceptance, the Board will return it to the candidate with suggestion of assessors in writing for modification. The result of such candidate will be kept pending till the thesis is modified or rewritten, accordingly as the case may be and accepted by the assessors of the Board.
- (vii) If any unethical practice is detected in work of the Thesis, the same is liable to be rejected. Such candidates are also liable to face disciplinary action as may be decided by the Board.
- (viii) The thesis is to be submitted 6 MONTHS before the commencement of the DNB examination alongwith thesis evaluation fees of Rs. 1500/- drawn in favour of NATIONAL BOARD OF EXAMINATIONS - payable at New Delhi, for evaluation. Theory result of the candidates whose thesis/dissertation are accepted by the Board will be declared.

### **Guidelines for Writing of Thesis/Dissertation**

**Title** - Should be brief, clear and focus on the relevance of the topic.

**Introduction** – Should state the purpose of study, mention lacunae in current knowledge and enunciate the Hypothesis, if any.

**Review of Literature** – Should be relevant, complete and current to date.

**Material and Methods-** Should include the type of study (prospective, retrospective, controlled double blind) details of material & experimental design procedure used for data collection & statistical methods employed; statement of limitations ethical issues involved.

**Observations**– Should be Organized in readily identifiable sections Having correct analysis of data be presented in appropriate charts, tables, graphs & Diagram etc. These should be statistically interpreted.

**Discussion-** Observations of the study should be discussed and compared with other research studies. The discussion should highlight original findings and should also include suggestion for future.



## **Summary and Conclusion**

**Bibliography** - Should be correctly arranged in Vancouver pattern.

**Appendix**—All tools used for data collection such as questionnaire, interview schedules, observation check lists etc should be put in the annexure.

## IX CENTRES FOR THEORY EXAMINATIONS

### Centers in India (For DNB Final theory exam.)

Sl. No.	Place
1.	Ahmedabad
2.	Bangalore
3.	Bhopal
4.	Mumbai
5.	Nagpur
6.	Kolkata
7.	Delhi
8.	Guwahati
9.	Hyderabad
10.	Chennai
11.	Lucknow
12.	Trivandrum
13.	Panaji
14.	Patna
15.	Chandigarh
16.	Varanasi

**Choice of center: The candidates are required to give the choice of their center.**

1. 1<sup>st</sup> Preference \_\_\_\_\_
2. 2<sup>nd</sup> Preference \_\_\_\_\_

The candidate will be allotted the center of 1<sup>st</sup> choice. However, in the event of any difficulty/problem, he/she may be allotted the center of 2<sup>nd</sup> choice.

The exact venue will be informed to the eligible candidates by post through admit card. The list of eligible candidates and venue of theory examinations will also be displayed on the website [www.natboard.nic.in](http://www.natboard.nic.in).

## X SYLLABUS

- X(1) Knowledge and skills for life-saving procedures:  
Medical, Obstetric, Paediatric, including neonatal resuscitation, Surgical and Trauma.
- X(2) Maternal and child health : prevention, screening , health education, nutritional guidance and immunization, ante-natal and post-natal check up, well baby clinic and family planning procedures. Age-specific risk assessment including cancer risk, adolescent health and lifestyle guidance.
- X(3) Principles of anaesthesia: local, regional and intravenous sedation
- X(4) Paediatrics :Growth and development, infectious diseases, malnutrition, immunization and common paediatric illnesses.
- X(5) General Medicine:Initial management of all symptoms/health problems, recognition, assessment, management, follow-up of common medical conditions in the community, prevention and health promotion, geriatric problems in the community, palliative care of terminally ill patients, poisoning, chronic disease conditions; hypertension, diabetes, asthma ischaemic heart disease, obesity, epilepsy and osteoarthritis.
- X(6) Diseases of public health importance. e.g., - tuberculosis, leprosy, HIV/AIDS, STD and malaria.
- X(7) Reproductive and sexual health problems including HIV/STD.
- X(8) Common dermatological problems and investigations.
- X(9) Mental health problems in a community setting:Common psychological problems pertaining to life-cycle, behavioural problems, substance abuse, domestic violence, psychoneurosis, anxiety and depression, dementia and identification of at risk patients by age, sex and environment.
- X(10)Orthopaedics :Reduction of simple fractures and dislocations, trauma management and fundamentals of physiotherapy.
- X(11) Common ophthalmological problems, both curable and incurable.
- X(12) Common problems in otorhinolaryngology.
- X(13) Oral health: management of dental emergencies and preventive measures.
- X(14) Occupational health.

- X(15) Radiodiagnosis: Interpretation of x-rays, preparation for radiological and imaging procedures, understanding interpretation and limitations of other imaging technologies.
- X(16) Hospital and practice management :Management science/organization, management of clinics, resource management, financial management, accounting and auditing and health economics and health insurance schemes.
- X(17) Basic epidemiology and clinical epidemiology.
- X(18) Biostatistics.
- X(19) Behavioral and social sciences related to family medicine.
- X(20) Research methodology – use of quantitative and qualitative research methods, use of statistical packages, writing scientific papers.
- X(21) Critical appraisal of literature and evidence-based medicine.
- X(22) Communication skills with patients, peers, through media and publications.
- X(23) Legal and ethical considerations in family practice, Medical negligence and consumer protection act.

## **PROCEDURAL SKILLS**

The students are expected to acquire following skills :

- (1) Anaesthesiology : endotracheal intubation; intravenous access (peripheral and central lines, venesection, intravenous infusion); anaesthesia (local, regional, intravenous sedation).
- (2) Medicine : cardio-pulmonary resuscitation (CPR) and advanced cardiac, trauma, obstetric life supports, lumbar puncture, pleural aspiration, peritoneal aspiration, drainage of tension pneumothorax; nasogastric intubation and lavage; intravenous, intramuscular, intradermal and intralesional injections; intra-articular injection and aspiration; take an ECG.
- (3) Obstetrics & Gynaecology : conduction of normal delivery, making and suturing of episiotomy, management of breech delivery and retained placenta; repair of perineal laceration; vacuum extraction, forceps extraction; speculum examination, cervical smear, IUCD insertion.

- (4) Ophthalmology : funduscopy, removal of foreign bodies.
- (5) Orthopaedics : splinting of fractures, reduction of simple fractures and dislocation; application of casts.
- (6) Otorhinolaryngology : removal of foreign bodies from nose, syringing of ear, nasal packing; use of otoscope.
- (7) Paediatrics : resuscitation of the newborn; intraosseous infusions.
- (8) Pathology : haemoglobin level, erythrocyte sedimentation rate, total and differential leukocyte count, blood picture, routine and microscopic examination of urine and stool; taking swabs from various orifices and wounds; Fine Needles Aspiration; performing Gram stain and Ziehl-Neelsen stain; microscopy of urethral and vaginal discharge; blood sugar with glucometer; use of uristix etc.
- (9) Surgery : Assessment and closure of traumatic wounds; burns; incision and drainage of abscess; in-growing toe-nails; excision and biopsy of superficial swellings; venesection; urethral catheterization; suprapubic cystostomy; circumcision in adults; intercostals tube drainage; tracheostomy; screening for breast cancer.

## **XI DETAILED CURRICULUM FOR TRAINING COURSE, DNB (FAMILY MEDICINE)**

The candidate should have completed not less than 3 years of training/part time (minimum 20 hours per week for 3years) after full registration in a recognized institution for Family Medicine.

### **XI(1) CLINICAL AREAS**

24 months of rotating residencies in approved hospital wards in the areas of :

- Internal Medicine including mental health : 10 months
- Paediatrics : 4 months
- General Surgery including orthopedics : 3 months
- Obstetrics and Gynecology : 2 months
- Emergency services : 1 month and

Elective training includes any one or more from the areas of dermatology, ophthalmology, otorhinolaryngology, geriatrics, physical medicine, rehabilitation and anesthesia. Other relatively lesser known areas for elective training include school health, sports medicine, long term care and occupational/industrial medicine.

4 months

### **XI(II)FIELD AREAS**

12 months of rotating field postings in the following areas identified by the accredited hospitals :

- Family Practice Centre (or a primary health centre or a rural/urban health clinic) 6 months
- Practice area of a senior general

practitioner 3 months

- Nursing homes and other sites for 3 months

Posting at each of these sites should be equally distributed into 50% of time for assistantship with the tutor's practice where he also participates in group discussions and in planned programmes to carry out short projects such as detection and follow up of some risk factors under tutor's supervision and another 50% of time for independent work with the trainee's own allotted practice population during which he will be required to study and record 5 family profiles, 15 case histories and 20 domiciliary visits and participate in group discussions focussed on clinical situations.

The details of the topics to be covered during the period are as follows:

### **INTERNAL MEDICINE**

Diagnosis & management of common diseases; management of common emergencies seen in General Practice cardio-vascular, respiratory, gastrointestinal, neurological, metabolic and others like snake bite and heat stroke etc.; nutritional advice & management of undernutrition and Obesity; basic knowledge of adolescent health needs, common genetic diseases, immunology and autoimmune diseases, hormonal disorders psychosomatic illness tropical diseases and common infections.

## **GERIATRICS**

Medical examination of the aged; common diseases in the old age & their management eg. vascular, musculoskeletal, oncological, psychological, neurological and accidental; management of terminally ill patients and problems of the family after death; care of elderly, social & psychological problems in elderly.

## **PSYCHIATRY**

Knowledge of the principles and experience in the practice of interviewing and counseling patients and their families; basic principles of psychotherapy; rational use of psychotherapeutic medication; management of alcoholism and other substance abuse; common psychiatric problems and their management.

## **DERMATOLOGY & S.T.D.**

Prevention diagnosis and management of common dermatological conditions; principles of dermatological therapy; principles of rehabilitation of chronic dermatological patients and domiciliary care; minor surgical procedures in dermatology including electro-surgery, skin-biopsy; principle of diagnosis and management of sexually transmitted diseases, HIV/AIDS.

## **SURGERY**

The recognition and evaluation of conditions requiring surgical procedures; management and appropriate referral of primary surgical emergencies e.g. burns, shock, etc.: acute abdomen; management of minor of trauma injuries including immediate and resuscitative treatment of acute injuries: accidents; management of electrolyte and fluid requirements; health education for prevention of injuries; diagnosis and management injuries, sprains, fractures and dislocations with proper referral; recognition, diagnosis and management of common diseases including emergencies of ENT; removal of foreign bodies from nose, ear.

## **OPHTHALMOLOGY**

Recognition of common eye diseases defects and management and referral of all emergencies in eye diseases including eye injuries; refractive errors; national programme for prevention of blindness, indications, contraindications and advantages of contact lens and Intra Ocular Lenses (IOL); minor surgical procedures in ophthalmology.



## **OBSTETRICS & GYNAECOLOGY**

Antenatal care and intranatal care; management of common problems during pregnancy and common problems in gynaecology; genital tract malignancies; immediate therapy in obstetrical emergencies

## **ANAESTHESIOLOGY**

Basic principles of anaesthesiology; basic knowledge about specific techniques eg. endotracheal intubation, local anaesthesia, intravenous, anaesthesia, relaxants in anaesthesia, techniques in management of common anaesthesia, accidents including cardiac arrest spinal anaesthesia, epidural anaesthesia; cardiopulmonary resuscitation etc.

## **DIAGNOSTIC MEDICINE**

**CLINICAL LABORATORY** : Basic laboratory investigations; Familiarization with clinical laboratory equipments, common reagents, tests, interpretation of common laboratory investigations.

**IMAGING TECHNIQUES** : Basic radiological procedures; ability to read a normal ski grams; radiation hazards and their precautions; basic idea about least imaging techniques and their indications including ultrasound.

**ELECTRONIC TRACING** : ECG, recording, knowledge of normal and abnormal ECG; (TMT) Tread Mill Test – indications and outline of technique; EEG – Electroencephalogram its indication outline of technique.

## **THERAPEUTICS**

Knowledge about national pharmacopoeia, drug acts, drug & pharmaceutical agents, their indications contraindications, dosage, adverse reactions and their management; awareness of essential and rational drug use.

**TOXICOLOGY** – Common poisons, their sources properties, symptoms they produce, lethal doses, and remedial measures to combat the effects e.g. Alcohol, Kerosene, barbiturates, corrosives, insecticides cannabis, ether and organic phosphorus.

## **COMMUNITY MEDICINE**

Behavioural sciences – sociology, psychology; general epidemiological – levels of prevention; health services at centre, state and district levels; national health programmes and policies; demography and family planning; principles of environmental sanitation; health statistic and demography – record keeping statistics tabulation and analysis of morbidity and mortality data; health education – principle of health education and methods; health planning and five year plans; national health insurance schemes and other private schemes; school health programmes; management of epidemics and national disasters; epidemiological, prevention and control of common communicable and other diseases eg. malaria, filarial, cholera, gastrointestinal diseases, leprosy, tuberculosis, STD, AIDS; control of malnutrition; blindness; psychosomatic illness; role of NGOs; research in community medicine and interaction with other fields of medicine

## **GENERAL PRACTICE**

Basic concepts and principles of medical practice to help; financial aspects of practice; medical practice in India, its patterns, comparative medical services, staff management record keeping, stock keeping, account keeping and taxation and equipments including furniture; man-power and staff management in general practice; role of computers in general practice

## **MEDICAL JURISPRUDENCE**

Health legislation relating to public health and health programmes including municipal acts in relation to health and mental health; Indian Medical Council Act.; ESI and Factories Act, other legislation; law and private practitioners

## **PROFESSIONAL DUTIES AND ETHICS**

Obligation and responsibilities in medical practice; knowledge of relevant laws of the country governing the practice of medicine; knowledge of medical ethics and principles of good practice; doctor-patient relationship, doctor-doctor relations, relationship with medical organisation and hospitals, para-medical services, including pharmacists and druggists.

## **MEDICOLEGAL PROBLEMS AND RESPONSIBILITIES**

Knowledge of health legislation and duties of doctor attending to cases, certification court evidence, expert advice; medical negligence and Consumer Protection Act.

**SKILLS PROFICIENCY – Minimum of these activities should be done by each student**

**MEDICAL-L.P.** (5); venepuncture (5); C.R.P. (5), gastric lavage, enema, catheterization (10), thoracocentesis (5), use of defibrillator (5), ascitic fluid aspiration (5)

**SKIN**-skin biopsy and skin smear – (5)  
electrocauterisate of warts (0)

**OBSTETRICS & GYNAECOLOGY**-use of gavidogram; instrumental evacuation for incomplete abortion; conduct normal labour (5); using partogram and management of atonic PPH

**OPHTHALMOLOGY**-refractive error assessment (5); tonometry (5); fundoscopy (10); removal of foreign body (3); eye syringing (2)

**SURGERY**-Fine needle aspiration; cytology (FNAC); proctoscopy (2); paracentesis (2); incision & drainage (5); suturing (10); Dressing/Bandage (10); tracheostomy (3); intravenous infusion (15); circumcision (5); reduction of paraphimosis (3); anal & urethral dilatation (5) water seal drainage (5); vasectomy (10); cut open (15)

**ENT**-audiometry (5); auroscopy (5); rhinoscopy (5); laryngoscopy (5); removal of wax and foreign body removal for ear & nose (5); nasal packing (5); ear syringing (5); hearing tests (5); Earpiercing (5)

**ORTHOPEDICS AND TRAUMATOLOGY**-transportation of patients with trauma application of POP (10); removal of POP (10); splints (10); tractions (3); reduction of fracture & dislocation, intra-articular injection (5)

## **XII TEACHING AND TRAINING ACTIVITIES**

- a. Discussions : The main teaching/learning activity will be discussions. These will be focussed on clinical situations arising in the family practice and will cover the specific topics as well as subjects of topical interest.
- b. Case presentations : The candidates will be required to present to the Programmed Director/Preceptor, cases of clinical interest for discussion. The record of such cases will be maintained in the logbook.
- c. Family profiles : The candidates will be required to study the family profiles under the charge of programme director and will be required to maintain records at least of the two families in the logbook.
- d. Case histories : The candidates will be required to record eight case histories (two each of medicine, paediatrics, surgery, obstetrics and gynaecology).
- e. Medical and Surgical Procedures : A candidates will maintain a record of the procedures performed, assisted or observed in the logbook.
- f. Emergency/Domiciliary visits : A record of emergencies attended and domiciliary visits made be maintained.

### **XIII (I) RECORD OF ACADEMIC ACTIVITIES – LOG BOOK**

The log book should show evidence that the above subjects were covered (with dates and the name of teacher(s))

The candidate will maintain the record of all academic activities undertaken by him/her in log book .

- a. Personal profile of the candidate
- b. Educational qualification/Professional data
- c. Record of case histories (Fifteen cases) studied by him/her. (Model should be given in the log book) Three case histories pertaining to predominantly Medical problems, three predominantly Surgical, two Paediatrics, while the rest seven may pertain to other disciplines like Obstetrics and Gynaecology, Ophthalmology, ENT, Dermatology, Psychiatry etc.
- d. Record of Family Profiles – Candidates will maintain the profiles of at least five families in which at least one member of the family has health problem, eliciting its impact on the family and the role of family taking into account their social cultural and the economic consideration.
- e. Procedures learnt – The candidates are expected to learn Medical and Surgical procedures during their advance training in Family Medicine. The record should depict medical and surgical procedures observed, assisted and performed during the period of training.
- f. Record of case Demonstration/Presentations
- g. Record of participation in EME activities – Direct contact activities (lectures, seminars, workshops conference); Indirect contact activities (correspondence journals, books, audio-video tapes)
- h. Every candidate, at the time of practical examination, will be required to produce performance record (log book) containing details of the work done by him/her during the entire period of training as per requirements of the log book. It should be duly certified by the supervisor as work done by the candidate and countersigned by the administrative Head of the Institution. In the absence of production of log book, the result will not be declared. However, a certificate to this effect has to be attached alongwith the application form for eligibility purposes. The supervisor would also offer his remarks on the training received by the candidates in the log book.

**XIII (II) The purpose of the log book is to :**

- a. Help to maintain a record of the work done during the training.
- b. Enable the programme director to have first hand information about the work done and to intervene whenever necessary
- c. Use it to assess clinical and surgical experience gained periodically.
- d. The entries in the log book should be maintained on a daily basis.
- e. During the viva, the candidate may be asked questions based on the cases of procedures entered in the log book.

The log book should be clear, explicit record of the work carried out by the candidate and should be a true reflection of the training received by the candidate. Considerable importance will be given to the quality of the log book in the final assessment of the candidate.

**To be issued on the official letter head**

**DNB Training Completion Certificate**  
in the subject of Family Medicine(**New Rules**)

Certified that Dr. \_\_\_\_\_ has completed his/her Post-graduate training in the subject of Family Medicine under the DNB Programme for a period of three years from \_\_\_\_\_ to \_\_\_\_\_ against the Registration Number \_\_\_\_\_ as per prescribed schedule including lectures, demonstration, clinical meeting and grandround OPDs.

He/She has written his/her thesis titled

\_\_\_\_\_

under Dr. \_\_\_\_\_ and has also maintained the log Book.

His/Her services and conduct were satisfactory.

**Dated** \_\_\_\_\_

**Head of the  
Department  
With seal**

**Head of the  
Institution  
with seal**

**Certificate format for training in Family Medicine ( New Rules)**

**The certificate should be issued on the official letter head only.**

Certified that Dr. \_\_\_\_\_ has been selected as DNB family medicine ( New Rules) trainee and has been working in the hospital/ institution, w.e.f. day\_\_\_\_\_month \_\_\_\_\_ Year\_\_\_\_\_ for a period of three years against the seat recognized by the Board vide it's letter No. \_\_\_\_\_ dated \_\_\_\_\_ valid up to \_\_\_\_\_ ( Month & year). He/She will be undergoing training as per the curriculum given by National Board of Examinations.

He/She will be writing a thesis under Dr. \_\_\_\_\_. He/ She will be maintaining log book. He/She will be completing his/her training on day\_\_\_\_\_ Month \_\_\_\_\_ Year\_\_\_\_\_.

Signature of Programme Coordinator ( With seal & date)

Signature of Health of institution( With seal & date)



