

Minimum Criteria for Accreditation for DNB (Family Medicine)

1. MINIMUM CRITERIA OF PATIENT CARE IN THE SPECIALTY

FOR TWO SEATS : MINIMUM 50 BEDS (IN ALL THE FOUR SPECIALTIES)

Broad Specialties	Indoor Beds in the specialty	General beds * in the specialty	Outpatient attendance per year	General * OPD	Inpatient occupancy per year	General bed * occupancy
General Medicine	15	5	2000	30%	500	30%
General Surgery	15	5	2000	30%	500	30%
Obstetrics & Gynaec.	15	5	2000	30%	500	30%
Pediatrics	05	2	600	30%	200	30%

For Four seats : Minimum 100 Beds (in all the four specialties)

Broad Specialties	Indoor Beds in the specialty	General beds * in the specialty	Outpatient attendance per year	General * OPD	Inpatient occupancy per year	General bed * occupancy
General Medicine	30	10	3500	30%	800	30%
General Surgery	30	10	3500	30%	800	30%
Obstetrics & Gynaec.	30	10	3500	30%	800	30%
Pediatrics	10	4	1500	30%	400	30%

* General ward beds are those 'earmarked' beds / cases whose patients are to be looked after by DNB trainees under the supervision of Consultants and charged 'at cost' only, with no special fees or profit.

Contd...2/-

2. Staff : -(Common for all specialties)

S. No.	Particulars	For Two Candidate	For Four Candidates
a.	Senior Consultant with 8 years experience after MD/MS/DNB in either General Medicine, General Surgery, OBGY or Pediatrics.	1	2
b.	Junior Consultants with 5 years experience after MD/MS/DNB in either General Medicine, General Surgery, OBGY or Pediatrics.	1	2
c.	Whole time Resident with or without post graduation qualification	2	4

3. Emergency Medicine/Critical Care:

Should have 24 hours emergency services having adequate number of beds with supportive facilities for resuscitation and good medical cover.

4. For Surgical Specialties:

- Adequate number of operation theatres
- Adequate equipments as required for the concerned speciality
- Anesthesiologists both for the service and training of candidates
- Other para medical staff to help in the operation theatre
- Intensive care unit for surgical emergencies
- Post operative ward

5. Supportive Services:-

Radiology and other essential contrast studies

- Clinical Hematology
- Clinical Microbiology
- Clinical Pathology/Histopathology and Cytology
- Any special investigative procedures required for the concerned specialty.

6. Physical Facilities :-

a) Out patient department :-

The hospital should possess adequate space for

- Registration of patients' along with facilities for record keeping.
- Adequate number of rooms for examining the patients in privacy.
- Case conference room (OPD) teaching room.
- One or more side rooms for OPD procedures such as pleural aspirations dressings, plaster application, minor operation room etc.
- Site laboratory to provide immediate facilities for routine investigative procedures.

b) Inpatient Department :-

The hospital should possess adequate space for doctor's duty room with attached toilet, adequate space for each bed and in between for side laboratory, for clinical investigations and separate room for clinical conference (ward teaching).

7. Training in Basic Sciences:-

The hospital seeking accreditation should arrange appropriate number of lectures / demonstrations / group discussions / seminars in Basic sciences as related to the specialty concerned.

Accredited hospitals should also give each of their DNB trainees a mandatory One month rotation training each year, (in addition to the routine duties) in their Hospital's Laboratory so as to enable them to gain knowledge in Laboratory procedures in subjects like Pathology, Histopathology, Biochemistry, Microbiology, Genetics etc. The institution may also arrange for training in all Basic Sciences as per the Syllabus. An undertaking to this effect is to submitted to NBE while applying for Accreditation.

8. Training Schedule :-

The hospital must arrange for didactic lectures, special clinics as related to concerned specialty, clinical meetings / group discussions / seminars / workshops / Inter unit departmental meetings / journal clubs etc.

The hospital applying for accreditation must have a good Library with adequate number of Standard text books of latest edition, all the Indian journals in the specialty in which the accreditation is sought / subscribed for and preferably Two foreign journals. Facilities for students to study and consult the textbooks and journals with trained librarian to cater to the needs of the students. The library should be open even on Sundays and holidays.

**Minimum Criteria and
Standard Inspection form for
Accreditation of Hospital/Institutions for
DNB Family Medicine
(New Regulations)**



NATIONAL BOARD OF EXAMINATIONS
(Ministry of Health & Family Welfare, Govt. of India)
Mahatma Gandhi Marg (Ring Road)
Ansari Nagar, New Delhi-110 029
Telephone : 26589517, 45593000
Fax : 45593009

NATIONAL BOARD OF EXAMINATIONS

Inspection form for Accreditation in
Family Medicine (New Regulations)

CHECK LIST

(To be filled by the Inspector)

1. Name and address of the Institution :
Telephone, Fax & E-mail address :

2. Year in which established :

3. Status of the Hospital please mark (____/) : CentralGovt./StateGovt./Municipal
Corpn./ Defence services/ Railways/
Public Sector/ Med. College Hosp./
Voluntary Organisation/ Any other
(Name).

4. Is the hospital recognized by MCI for :
 - a. Internship
 - b. House job
 - c. PG/Post doctoral courses, if yes,
list the disciplines.

5. Please mention the number of seminar rooms/
conference room with their seating capacity. :

6. Mention the name of various audiovisual
aids available in the seminar/conference rooms.:

7. Staff Quarters :
 - a. For PG students
 - b. For Residents
 - c. For Consultants
 - d. For Nursing Staff

8. Information on Patient load

	Medicine	Surgery	OBG	Pediatrics	Emergency Deptt.	Other Specify
1. Total Number of Indoor beds in the specialty						
2. General Beds in the specialty						
3. Total Number of patients admitted in the last year.						
4. Total Number of General/free patients admitted in the last year.						
5. Total Number of OPD cases seen in the last year.						
6. Total Number of General/free OPD in the last year.						

9. Surgical Procedures:

- a. Number of Major OTs
- b. Number of Minor Ots
- c. Number of Labour room
- d. Number of major surgical procedures done in the last year.
- e. Number of minor surgical procedures done in the last year.
- f. Number of deliveries done in the last year.

10. Library & Internet Facilities

library facilities, please mention the number of books and journals.

S. No.	Department	Books	Journals
a.	Medicine		
b.	Surgery		
c.	Obstt. & Gynae.		
d.	Pediatrics		
e.	Others		

Facility for Internet available : Yes/No

11. lab Investigations done in the last year.

S. No.	Investigation	Number
1.	Routine Blood	
2.	Routine Urine	
3.	Special Blood Tests	
4.	Other Specify	

12. X-ray/Radiological Investigation done in the last year.

- i. X-rays
- ii. Ultra Sound
- iii. Other Specify

13. Staff

	Medicine	Surgery	Obstt. & Gynae.	Pediatrics	Other Specify
Senior Consultant (MD/MS/DNB with 8 years experience after PG).					
Junior Consultant (MD/MS/DNB with 4 years to 5years of experiences after PG)					
Resident Medical Officer with PG.					
Resident Medical Officer without PG.					
Other Specify					

14. A. The Hospital/Institution, does not have the minimum facilities, and **NOT RECOMMENDED FOR ACCREDITATION.**
- B. There are following deficiencies, which require to be corrected prior Accreditation.
- C. The Hospital/Institution **RECOMMENDED FOR ACCREDITATION.**

Signature of the Inspector

Date of Inspection : _____

Name : _____

Address : _____

Phone No. _____

Mobile _____

E-Mail _____

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1.	Routine Blood	
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3.	Special Blood Tests	
4.	Other Specify	

13. X-ray/Radiological Investigation done in the last year.

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- ii. Ultra Sound
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14. Staff

	Medicine	Surgery	Obstt. & Gynae.	Pediatrics	Other Specify
Senior Consultant (MD/MS/DNB with 8 years experience after PG).					
Junior Consultant (MD/MS/DNB with 4 years to 5years of experiences after PG)					
Resident Medical Officer with PG.					
Resident Medical Officer without PG.					
Other Specify					

Signature of the Head of the Institution

Name : _____

Designation : _____

Address:- _____

Phone No. _____

Mobile _____

E-Mail _____