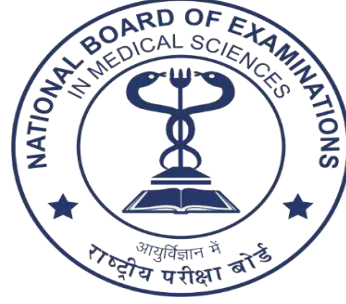


2022



Information Bulletin

for

Accreditation with National Board of Examinations in Medical Sciences

Applications are invited for 14 new FNB/ DNB courses launched by
NBEMS

LIST OF ABBREVIATIONS

NBEMS	:	NATIONAL BOARD OF EXAMINATIONS IN MEDICAL SCEINCES
DNB	:	DIPLOMATE OF NATIONAL BOARD
DrNB	:	DOCTORATE OF NATIONAL BOARD
FNB	:	FELLOW OF NATIONAL BOARD
FNB-PD	:	FELLOW OF NATIONAL BOARD POST DOCTORAL
MOHFW	:	MINISTRY OF HEATH & FAMILY WELFARE
NMC	:	NATIONAL MEDICAL COMMISSION
MCI	:	MEDICAL COUNCIL OF INDIA
MoU	:	MEMORANDUM OF UNDERSTANDING
OAAP	:	ONLINE ACCREDITATION APPLICATION PORTAL
SPoC	:	SINGLE POINT OF CONTACT
SPCB	:	STATE POLLUTION CONTROL BOARD

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IMPORTANT DATES

TABLE-1

Start Date for submission of Online Application form	15 th April 2022
Last Date for submission of Online Application form including payment of fees	15 th June 2022
Last Date for receipt of Hard Copy (Spiral Bind) (Both Main and Specialty Specific Application separately) at NBEMS Office.	30 th June 2022

1. Introduction

National Board of Examinations in Medical Sciences (NBEMS) 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. NBEMS conducts post graduate and post-doctoral examinations in approved disciplines leading to the award of Diplomate of National Board (DNB), Doctorate of National Board (DrNB) 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.

RECOGNITION OF DNB, DrNB & FNB QUALIFICATIONS

The nomenclature of the qualification awarded by the National Board of Examinations in Medical Sciences (NBEMS) is "Diplomate of National Board" (DNB), "Doctorate of National Board" (DrNB) & "Fellow of National Board" (FNB). These qualifications awarded by NBEMS in various Broad Specialties, Super specialties and Sub-Specialties are approved by the Government of India and included in the First Schedule of IMC (repealed) Act 1956 / NMC Act 2019.

2. DNB and FNB Courses

2.1. Applications are invited from hospitals for:

a. Fresh accreditation for newly launched **Post MBBS 3 years DNB** (Diplomate of National Board) Course in:

- Geriatric Medicine

b. Fresh accreditation for newly launched Fellowship courses (FNB) namely:

2 Years Post Graduate / Post Doctoral Course	
Post Graduate FNB Courses (FNB)	Post Doctoral FNB Courses (FNB-PD)

- | | |
|--|--|
| <ul style="list-style-type: none">• Musculoskeletal Radiology(MSK Radiology)• Fetal Radiology• Paediatric Anaesthesia• Onco- Anaesthesia• Transplant Anaesthesia• Trauma Anaesthesia & Critical Care• Head & Neck Oncology• Bariatric Surgery | <ul style="list-style-type: none">• Renal Transplant• Andrology• Minimal Access Urology• Paediatric Urology• Cardiac Electrophysiology |
|--|--|

Applications for Fresh and Renewal accreditation for other existing DrNB/ FNB courses shall be invited in July/August 2022

3. Applying for NBEMS Accreditation

A. General Instructions

- 3.1. National Board of Examinations in Medical Sciences (NBEMS) accredits hospitals/institutions for running DNB/DrNB courses in various Broad & Super Specialty and Fellowship courses.
- 3.2. The grant of accreditation is solely at the discretion of NBEMS and subject to fulfilment of criteria prescribed by NBEMS.
- 3.3. The hospitals running two years Diploma courses in any of the eight specialties can also apply for DNB/DrNB courses with the same infrastructure. However, the faculty which has been considered for the Diploma course will not be considered for the DNB/DrNB i.e. the applicant hospital shall be required to have separate faculty for the DNB/DrNB courses
- 3.4. Mere online registration of applicant hospital/ online application submission/ payment of accreditation fee/ submission of hard copy of application to NBEMS/ fulfilment of NBEMS accreditation criteria does not render an applicant hospital/institute eligible for grant of accreditation or imply that NBEMS must accredit the applicant hospital/institute.
- 3.5. NBEMS 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.
- 3.6. Applicant hospital/institute shall have no rights or equity in their favor merely because they have submitted their application seeking accreditation with NBEMS.
- 3.7. Applicant hospitals/institutes are required to study the Information Bulletin and instructions for fulfilment of eligibility criteria before submitting the application form.
- 3.8. Instructions in this Information Bulletin are liable to be changed on the decisions taken by NBEMS from time to time. Please refer to the NBEMS website www.natboard.edu.in for updates.
- 3.9. 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 NBEMS 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 NBEMS shall be final and binding on all parties. NBEMS reserves its rights to relax any of the criteria/clause if so deemed appropriate in case of grant of renewal/ fresh accreditation.

- 3.10. 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.
- 3.11. Applications of applicant hospitals/institutes seeking accreditation with NBEMS which do not fulfil the prescribed minimum accreditation criteria may be summarily rejected by NBEMS at Pre - Assessment stage i.e. before undertaking physical inspection of the hospital by NBEMS appointed assessor.
- 3.12. The grant of accreditation by NBEMS is purely provisional and is governed by the terms and conditions as stated in the accreditation agreement. A copy of the same will be sent across to the applicant hospitals/institutes after it has been accredited by NBEMS.
- 3.13. 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 hospital/institute is strictly prohibited. In the event of such an instance been brought to the notice of NBEMS, NBEMS 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.
- 3.14. 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).
- 3.15. Applications submitted by the hospital/institute which are incomplete are likely to be rejected.
- 3.16. The applicant hospitals are required to provide correct, updated and factual information at the time of submission of application form. Additional information is required to be furnished by the applicant hospitals whenever sought by NBEMS or if there are changes in the faculty or infrastructure of the applicant hospitals pursuant to the submission of application form.

- 3.17. Request for change in specialty/clubbing of applications will not be considered under any circumstances.
- 3.18. The application form has to be submitted as per the guidelines contained in the Information Bulletin and Online Accreditation Application Portal.
- 3.19. Parallel programme (in affiliation with other universities/organizations) of similar nature with duration of 2 – 3 years (or more), shall not be allowed in the same department along with DNB/ DrNB/ FNB courses. Hospitals which administer such parallel programme shall be required to discontinue with the parallel programme after introduction of DNB/ DrNB/ FNB courses in the department over a period of 01 year. If the concerned hospital/institute fails to do so, the respective DNB/ DrNB/ FNB courses shall be discontinued.
- 3.20. All NBEMS accredited departments are permitted a maximum window of 01 year to discontinue with their parallel programme, if any.
- 3.21. The jurisdiction for any dispute shall be at New Delhi only.

B. Online Accreditation Application Portal (OAAP)

3.22. Applicant hospitals/institutes shall be required to submit the application form online through **Online Accreditation Application Portal (OAAP)** as per the steps indicated below.

- Create a User – Online (**Click here for details**) *



- Create a profile of the applicant hospital – Online. The hospital profile will be verified by NBEMS. The applicant hospital cannot submit the application unless the profile is verified by NBEMS. (**Click here for details**)



- Fill the Main application form & Specialty Application form online – (**Click here for details**)



- Complete the application form and upload Annexure / Documents - Online



- Fee payment through online payment portal – Online



- Print and submit the hard copy of the Main & Specialty Application form (separately) – Offline

* Hospital/Institute which has already created a user & profile on OAAP in the past is not required to create another user/profile.

C. Application Compilation & Submission

The application form has two parts:

- 3.23. **Main Application Form:** This part of application comprises of information which is common/applicable to all specialties. The main application forms need to be completed and submitted online only once in an application session.
- 3.24. **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.
- 3.25. On successful online submission of application forms, the hospital shall be able to take print out of the application forms and the annexures/Documents that have been uploaded.
- 3.26. The applicant hospital shall be required to submit the duly signed & stamped hard copy print-outs of the both Main & the specialty specific application form along with the necessary annexures//Documents, covering letter and the payment receipt.
- 3.27. The hard copy of the application form should reach NBEMS office at the following address latest by 30th June 2022. Applications received thereafter shall not be considered.

To,
Accreditation Department
National Board of Examinations
in Medical Sciences,
Medical Enclave,
Ansari Nagar, New Delhi -110029

Annexures/Documents are available at <https://accr.natboard.edu.in/> under the quick link '**Download**'

- 3.28. The application forms should be spirally bound. Main and each Specialty Specific Application Forms with relevant enclosures/documents 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.

- 3.29. The hospital shall be required to submit definite compliance to deficiencies pointed out to the hospital/institute by NBEMS. Please be apprised that fulfilment of minimum accreditation requirements is a pre-requisite for grant of accreditation and cannot be fulfilled post-facto.
- 3.30. Through Online Accreditation Application Portal (OAAP), the hospital/institute can access the following:
- Notices & Circulars issued by NBEMS
 - Information Bulletin
 - Submission of Application Forms
 - Status of Application Forms
 - Submission of Application form for Annual Review
 - Accredited seats
 - Approved faculty for the Accredited Specialty
 - Addition/Change the SPOC/HOD/DNB coordinator
 - Submit consent for Seat Matrix for the purpose of counseling
 - Download Accreditation related Annexures/Documents
 - Update Hospital Profile
 - View Grievance Committee Details
 - Change Password
- 3.31. 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 NBEMS records only if it is supported with authenticated documents submitted along with the application.

D. Accreditation Fee

- 3.32. Applicant hospital/institute seeking fresh accreditation or renewal of accreditation in any specialty are required to pay an accreditation fee of Rs. 2,00,000/- **Plus GST @ 18%** for each specialty specific application. The application form fee for each specialty specific application is Rs. 3,000/- **Plus GST @ 5%**.

The total fee to be paid for each specialty specific application is as follows:

TABLE-2

Accreditation Fee for each Specialty *	Rs 2,00,000/-
GST @ 18% on Accreditation fee	Rs. 36,000/-
Application Form Fee	Rs. 3,000/-
GST @ 5% on Accreditation fee	Rs. 150/-
Total fee to be paid per specialty	Rs. 2,39,150/-

* Defense Institutions are exempted from submitting accreditation fee of Rs. 2,00,000/- . However, the application form fee of Rs. 3,000/- + GST @ 5% shall be required to be paid.

3.33. Applicant hospital/institute shall be able to pay the above-mentioned fee only through Online Payment Portal of NBEMS. Payment made through any other portal shall not be accepted.

3.34. The application form shall only be considered as successfully submitted only if the accreditation fee has been paid successfully to NBEMS. NBEMS shall not be responsible for any transaction failure or delay in processing of the transaction.

3.35. In case of applying for more than one specialty, the accreditation fee for each application form has to be paid **separately**.

3.36. Partial refund of Accreditation Fee is admissible under the following conditions:

TABLE-3

Refund of Accreditation Fee*	Terms & Conditions
90% of total fee [#]	<ul style="list-style-type: none"> • If the application is withdrawn by the applicant hospital/institute within 4 weeks of last date of online application submission to NBEMS • Incomplete applications which are summarily rejected without subjecting them to a detailed “Pre-assessment processing”.
50% of total fee [#]	<ul style="list-style-type: none"> • If the application is withdrawn by the applicant hospital / institute after 4 weeks of last date for online application submission to NBEMS, but before the physical assessment/inspection of the applicant department by NBEMS appointed assessor. • If the application is rejected at pre-assessment level (prior to physical assessment/inspection of the department by NBEMS appointed assessor) due to non-fulfilment of minimum accreditation criteria and/or the hospital fails to submit definite compliance within stipulated time (if so required) to the Pre - Assessment deficiencies communicated to the hospital by NBEMS.

Refund of Accreditation Fee*	Terms & Conditions
No refund shall be admissible	<ul style="list-style-type: none"> Once the physical assessment/inspection of the applicant department has been conducted by NBEMS appointed assessor.

* Application form fee of Rs. 3,000/- + GST @ 5% (i.e. a total of Rs. 3150/-) is non-refundable under any circumstances.

GST paid by the hospital shall be refunded proportionately.

For Example:

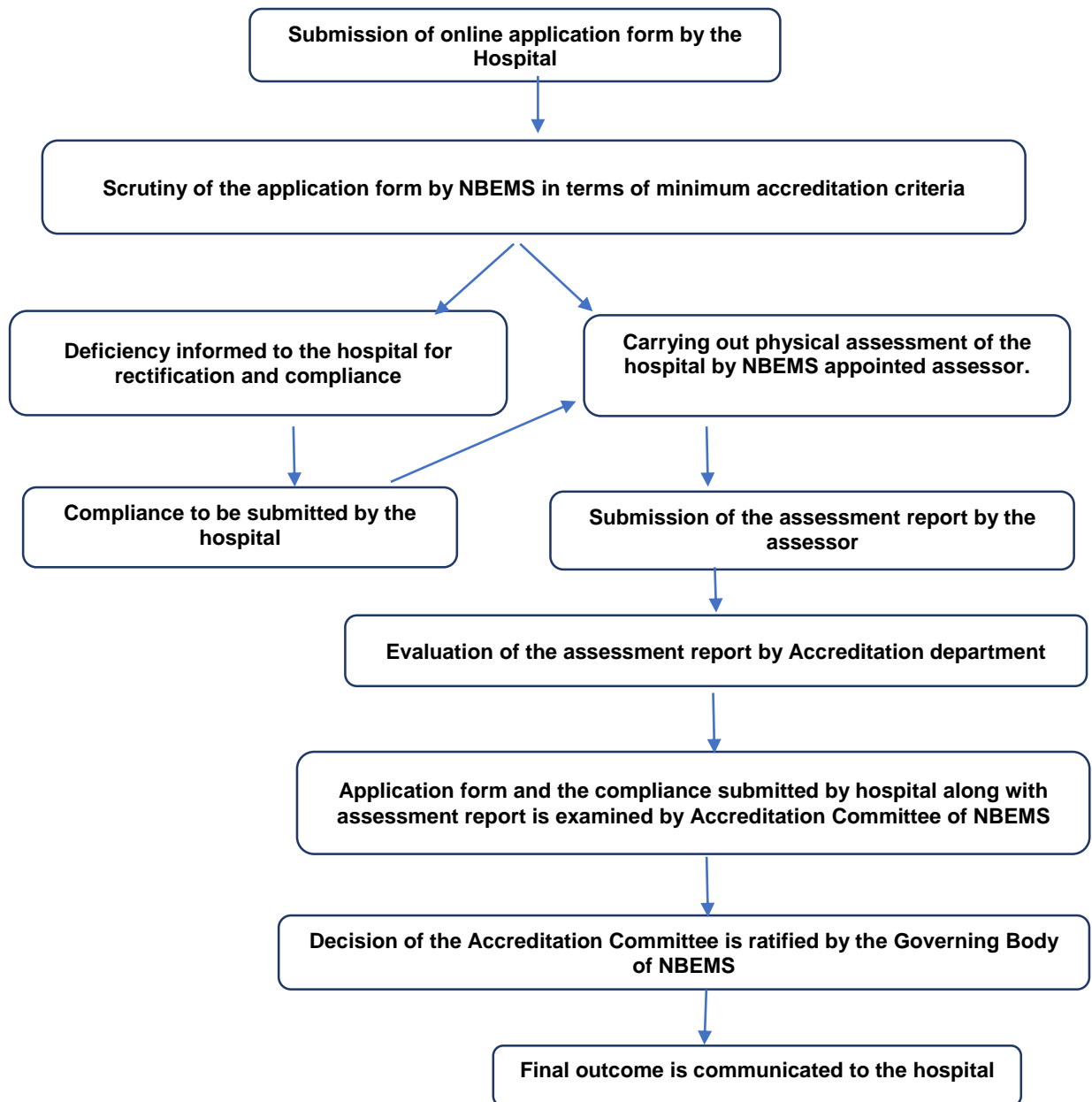
Refundable Fee	Amount	GST Refundable	Total Refund
90% of the Accreditation fee	Rs.1,80,000/-	Rs.32,400/-	Rs.2,12,400/-
50% of the Accreditation fee	Rs.1,00,000/-	Rs.18,000/-	Rs.1,18,000/-

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

3.38. Application form submitted to NBEMS without payment of accreditation fee including GST shall not be processed.

E. Processing of the Applications:

The major steps in processing of the application forms are as follows:



3.39. Grossly incomplete applications or applications not fulfilling the minimum accreditation criteria shall be closed at Pre assessment level i.e. without undertaking any physical assessment/ inspection of the hospital.

3.40. **Compliance submission to Pre - Assessment Deficiencies:** The applicant hospital shall be given an opportunity to submit compliance to the deficiencies noted in the pre-assessment processing of the application form. The hospital shall be able to upload the required documents/compliance through OAAP or at

accr@natboard.edu.in OR at any other email ID indicated to the hospital/institute by the Accreditation Department of NBEMS.

- 3.41. **Assessment of the applicant hospital:** NBEMS shall be appointing an independent assessor to undertake the physical assessment/inspection of the hospital with regards to infrastructure, facilities, faculty, patient load and other related information. The assessment schedule will be intimated to the applicant hospital 2 weeks in advance. The exact date of the physical assessment along with the details of NBEMS appointed assessor shall be informed to the hospital 1-2 days prior to the date of assessment/Inspection.
- 3.42. Application form and the documents submitted by the hospital along with the assessment report of NBEMS appointed assessor shall be placed before the NBEMS Accreditation Committee.
- 3.43. The decision of the Accreditation Committee shall be communicated to the hospital after it is approved by Governing Body, NBEMS.
- 3.44. It usually takes 6-9 months for completing the processing of application form (from the date of receipt of the hard copy of the application form at NBEMS till approval from the Governing Body, NBEMS and communication to the applicant hospital).
- 3.45. The accreditation, if granted by NBEMS, is purely provisional and is valid for a period of up to five years. Once the accreditation is granted to the applicant hospital in any specialty, the hospital will be required to sign an Accreditation Agreement which contains the various terms & conditions applicable to the accredited hospital. A copy of Sample Accreditation Agreement can be seen at **Annexure I**. The applicant hospital may note that the grant of accreditation is purely provisional and non-compliance of the Accreditation Agreement shall lead to withdrawal of accreditation by NBEMS.

3.46. Annual Review of Accreditation:

- The grant of accreditation by NBEMS to a department for a DNB/DrNB/FNB programme is purely provisional and is governed by the terms and conditions as stated in the Accreditation Agreement and compliance to the same as verified in annual review of the department.
- NBEMS shall undertake an annual review of the accredited department in the 3rd year of the accreditation cycle, to ensure that the hospital is complying with the terms & conditions of the Accreditation Agreement and is fulfilling the minimum NBEMS accreditation criteria. Further details regarding Annual review shall be informed to hospital through Public notice and emails.
- The accredited DNB/DrNB/FNB seat of a department may be excluded from the counseling seat matrix if the hospital fails to successfully complete the annual review of the concerned specialty.

4. Minimum Accreditation Criteria

(I). The Applicant Hospital

A. Clinical Establishment:

- 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. 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.
- 4.2. The applicant hospital should have a minimum of 02 years of standing in clinical establishment before it can be considered for commencement of DNB, DrNB or FNB courses. However, the hospital can apply for seeking accreditation with NBEMS after completing 01 year in clinical operations. Years in clinical operation should be substantiated with supportive documents such as certificate of registration of the applicant hospital under applicable Acts & Rules. The hospitals failing to submit the required documents to substantiate the minimum required period in clinical operations (i.e. at least 01 year by the last date of application submission) shall not be processed.
- 4.3. Mandatory regulatory/ licensing approvals and all statutory requirement/clearances should have been obtained from the appropriate administrative authorities/ State Government/ Central Government/ Pollution Control Board/ Municipal Corporations /Councils. It shall be the responsibility of the hospital to obtain the necessary clearances and NBEMS shall not be responsible if the hospital fails to obtain or comply any required mandatory certifications such as, but not limited to:
 - Certificate of Registration of the hospital under the applicable Acts and Rules
 - Pollution Control Board Certificate issued by the State Government for Bio-medical waste Management
 - Valid Fire Safety Certificate from the 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 Equipment (X-rays, CT scan, MRI, PET Scan, Linear Accelerator etc.)

- Certificate issued by the State Government to the agency which is authorized for Bio-Medical waste management of the applicant hospital
 - Other regulatory approvals which may be specific to the specialty applied for seeking accreditation
- 4.4. Applicant Hospitals may note that:
- Stand-alone Oncology centres/hospital are not eligible to apply for DrNB Neurosurgery
 - Stand-alone Pathology/Laboratory centres are not eligible to apply for DNB Pathology course.
 - Stand-alone Diagnostic centres are not eligible to apply for DNB Radio Diagnosis

B. Bed strength of the Applicant Hospital

4.5. Following categories of hospitals are eligible to seek accreditation with NBEMS for various DNB, DrNB & FNB courses 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, DrNB & FNB courses, in accordance with the minimum number of beds required in each specialty and the total number of beds in the applicant hospital.
- **Category - 2:** Multi-Specialty hospital (offering services in multiple specialty areas) with 150 or more but less than 200 total operational beds in the hospital can seek accreditation only in any 04 courses (All DNB/DrNB or All FNB or DNB/ DrNB & 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 02 DNB, DrNB or FNB course.
- **Category - 4:** Multi-Specialty hospital (offering services **predominantly** in 01 specialty area only; Other specialties being ancillary in nature) with less than 200 total operational beds but at least 100 beds dedicated to the predominant specialty area can seek accreditation in all allied DNB/ DrNB/ FNB course 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 DrNB Neurology, DrNB Neurosurgery, DrNB Neuro Anaesthesia, FNB Neurovascular Intervention. 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 only 01 of these 04 neuro-sciences 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 course of that **01 specialty area**. For e.g. an exclusive Cardiac Sciences centre with 100 beds can apply for DrNB Cardio Vascular & Thoracic Surgery, DrNB Cardiology, DrNB Cardiac Anaesthesia, FNB Interventional Cardiology. A 100 bedded multi-specialty hospital in contrast can seek accreditation in only 01 of these 04 cardiac-sciences programme.
- Some examples of 01 specialty area and respective eligible DNB/ DrNB/ FNB courses which single specialty centres or predominant practice centres can seek accreditation are as under:

TABLE-4

Maternal & Child Health centre	<ul style="list-style-type: none"> • DNB Obstetrics & Gynaecology • DNB Paediatrics • DrNB Neonatology • FNB Reproductive Medicine • FNB Maternal and Foetal Medicine (previously High Risk Pregnancy & Perinatology)
Oncology centre	<ul style="list-style-type: none"> • DNB Radiation Oncology • DrNB Surgical Oncology • DrNB Medical Oncology.
Orthopaedics & Plastic Surgery centre	<ul style="list-style-type: none"> • DNB Orthopaedics • DrNB Plastic & Reconstructive Surgery • FNB Hand & Micro Surgery • FNB Spine Surgery • FNB Sports Orthopaedics (previously Sports Medicine) • FNB Trauma & Acute Care Surgery.
Neuroscience centre	<ul style="list-style-type: none"> • DrNB Neurology • DrNB Neurosurgery • DrNB Neuro Anaesthesia • FNB Neurovascular Intervention.
Cardiac Science centre	<ul style="list-style-type: none"> • DrNB Cardio Vascular & Thoracic Surgery • DrNB Cardiology

	<ul style="list-style-type: none"> • DrNB Cardiac Anaesthesia • DrNB Paediatric Cardiology • DrNB Thoracic Surgery • FNB Interventional Cardiology.
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- 4.6. In case of specialties wherein clinical care is primarily day care or consultation based such as Endocrinology, Clinical Immunology and Rheumatology, Dermatology Venereology and Leprosy, Ophthalmology, and Reproductive Medicine; the work load shall be evaluated on the basis of OPD case load, cross-referencing between the departments, day care surgeries (if applicable) etc. However, the applicant hospital applying for accreditation for day care specialties should have a minimum of 100 beds (except for Ophthalmology and Reproductive Medicine).
- 4.7. For applying for accreditation in Ophthalmology or Reproductive Medicine, the applicant hospital should be having a minimum of 10 beds.
- 4.8. The total number of operational beds in the hospital (as claimed to be authorized for commissioning) has to be certified with supportive documents such as “*Consent to Operate*” authorization from State Pollution Control Board (SPCB).
- 4.9. The “*Consent to Operate*” for the total beds **should have been granted by SPCB by the last date of application submission**. Applications submitted to SPCB for seeking consent for expansion of beds shall not be considered in lieu of “*Consent to Operate*” certificate issued by SPCB. Failure to substantiate the claimed number of total operational beds in the hospital with supportive documents shall invite closure of the application.

(II). Requirements in Applicant Departments

A. Beds in the applicant department/specialty of the hospital:

- 4.10. The applicant hospital should have a minimum number of operational beds in each applicant department as prescribed by NBEMS.
- 4.11. Patient care facilities (OPD, IPD, OT, ICUs, Labs, Equipment etc.) as applicable for the specialty applied for should be available.
- 4.12. **General Beds:** General Beds are those ‘*earmarked*’ beds / cases whose patients shall be accessible at all times for supervised clinical work to NBEMS trainees. Data of patients admitted on such beds or such cases shall be accessible to

NBEMS 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. General patients: General patients are those patients that shall be accessible at all times for supervised clinical work to NBEMS trainees. Data of General patients shall be accessible to NBEMS 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.

4.14. Beds & other Infrastructural requirement: The minimum prescribed requirement for beds and infrastructure for each specialty are tabulated below:

Broad Specialty (DNB) Courses

TABLE-5

S. No.	Departments	Minimum Beds in the applicant department and other infrastructural requirements
i.	Geriatric Medicine	<ul style="list-style-type: none"> Minimum 15 beds dedicated to Geriatric medicine out of which 3 beds should be from ICU The applicant hospital must have 24hrs Emergency and Critical care services

Fellowship (FNB) Courses

TABLE-6

S. No.	Sub-Specialty	Minimum Beds in the applicant department and other infrastructural requirements
i.	Renal Transplant	<p>The hospital should have the following facilities:</p> <ul style="list-style-type: none"> Must have Nephrology unit. Must have HD unit with 10 HD machines. Centre should be recognized for deceased donor organ removal Facilities of in house CT Angiography, Doppler study should be there. Must have in house Pathology lab with facility for doing Immunology related tests. <p>Must have active transplant coordinator and counselling department taking care of all legalities and the applicant hospital should have its transplant ethics committee.</p>

S. No.	Sub-Specialty	Minimum Beds in the applicant department and other infrastructural requirements
ii.	Andrology	Hospital should have at least 2 beds in Andrology.
iii.	Minimal Access Urology	<p>Minimum 20 beds in the department of Urology</p> <p>Instruments:</p> <ul style="list-style-type: none"> • Basic Laparoscopy set including of High definition 2D/3D/4K camera head with monitor, Co2 insufflator, Light source, energy device for laparoscopy, suction, 0 degree as well as 30 degree 5 mm and 10 mm telescope. • All basic laparoscopy instruments (Maryland, bowel grasper, Allis forceps, Babcock, Needle Driver, Clip Applicators, Right Angle, Lap Satinsky etc.) <p style="text-align: center;">And / Or</p> <ul style="list-style-type: none"> • Any Functional Robotic set with all the required instruments
iv.	Paediatric Urology	<ul style="list-style-type: none"> • Hospital should have access to radiographic, ultrasonographic, CT – Scan, MRI, nuclear medicine and urodynamic equipment. • The institution should have a 24 hour operating theatre.
v.	Musculoskeletal Radiology (MSK Radiology)	<p>The Radiology department should be an integral part of the hospital with following equipment under one roof / one campus:</p> <p>Essential Equipment's:</p> <ul style="list-style-type: none"> • Digital Radiography (static) • Fluoroscopy machine (static or mobile C-arm) • Ultrasound machine with color and spectral doppler capability • Multidetector CT machine • MRI equipment • Dual-Energy X-Ray Absorptiometry (DEXA) bone densitometry unit.

vi.	Fetal Radiology	<ul style="list-style-type: none"> • Hospital should have at least 30 beds for Obstetrics & Gynecology. • Clinical units of Fetal Medicine/ Maternal Fetal Medicine should be an integral part of the hospital. • The Clinical Genetics, Laboratory Genetics and IVF units should be part of the hospital. If not available in the hospital, then the hospital should have a MOU with other institutions for training of fellows. <p>Essential Equipments:</p> <ul style="list-style-type: none"> • Ultrasound Scanners: three in numbers; one high end and two medium end scanners. • High end machine (one in number) – should be equipped with Colour Doppler, 3D, 4D, 5D, Shear wave elastography, Contrast sonography, STIC, Volume imaging, Panoramic imaging, Multiplanar reconstruction, Fusion imaging, Lumiflow, Microvascular flow. Biopsy guides, Footswitch Controls, Reporting Software, Multiple port connectors. Following probes should be available with the scanner: <ul style="list-style-type: none"> ○ Low frequency convex ○ High frequency convex ○ Low frequency linear ○ High frequency linear ○ Endovaginal 2D ○ Endovaginal 3 D ○ Volume 3D probe • Mid end machine (Two in Number) - should be equipped with Colour Doppler, 3D, 4D, STIC, Volume imaging, Panoramic imaging, Multiplanar reconstruction. Biopsy guides. Following probes should be available with the scanner: <ul style="list-style-type: none"> ○ Low frequency convex ○ High frequency linear ○ Endovaginal 3D ○ Volume 3D • The ultrasound room used for intervention procedures should have all the emergency care equipment as specified in the PCPNDT Act. • MRI- 1.5 tesla/ 3.0 tesla, capable of doing fetal MRI. If MRI is not available in the hospital, then
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S. No.	Sub-Specialty	Minimum Beds in the applicant department and other infrastructural requirements
		<p>the hospital should have a MOU with other institutions for training of fellows.</p> <p>Necessary equipment for amniocentesis, chorion villus biopsy, etc should be available in the hospital.</p>
vii.	Paediatric Anaesthesia	<p>The following departments must be there in the hospital:</p> <ul style="list-style-type: none"> • Paediatric Surgery • Paediatric Medicine • Neonatology • 20 bedded PICU and 10 bedded NICU
viii.	Onco-Anaesthesia	<ul style="list-style-type: none"> • The Hospital must have a Well –Organized “Surgical Oncology Departments “ functioning for the past 5 years • Beds dedicated for Oncology/ Onco surgery: Minimum 100 beds. <p>Post-operative: Well-equipped post anaesthesia care unit and ICU facilities with minimum of 6 beds.</p>
ix.	Transplant Anaesthesia	<p>The hospital must have following departments (in-house):</p> <ul style="list-style-type: none"> • Liver Transplant • Renal Transplant <p>Centres that may not have adequate numbers for liver transplant should send their candidate for training at other centres having at least 25 Liver Transplants per year. There is a need to have an MOU signed between the applicant hospital and the hospital where the trainees will be sent for hands on exposure in liver transplant</p>
x.	Trauma Anaesthesia & Critical Care	<ul style="list-style-type: none"> • 100 Beds dedicated for Trauma surgery. • Well-equipped post Anaesthesia care unit and ICU facilities
xi.	Head & Neck Oncology	<p>The hospital must have following departments In-house:</p> <ul style="list-style-type: none"> • Surgical Oncology • Medical Oncology • Radiation Oncology • Radiology • Pathology

S. No.	Sub-Specialty	Minimum Beds in the applicant department and other infrastructural requirements
xii.	Bariatric Surgery	<ul style="list-style-type: none"> • At least 100 Beds Centre with minimum of 5 beds dedicated to Bariatric Patients for multi-speciality hospitals • Facility of HDU/ICU • Facilities for Endoscopy and CT Scan • Core Team including Bariatric Dietitian, Program Coordinator and Psychologist
xiii.	Cardiac Electrophysiology	<p>The applicant hospital must have the following Facilities (In- house):</p> <ul style="list-style-type: none"> • Electrophysiology system (minimum 64 channels), recording, stimulation and ablation system • 3-Dimensional Electroanatomical mapping system • 24hrs Holter facility and assessment

B. Faculty in the applicant department/specialty

- 4.15. The applicant hospital should have minimum required faculty in each applicant department.
- 4.16. The applicant department should have at least **01 Senior Consultant & 01 Senior /Junior Consultant** working together for being considered eligible for DNB/DrNB /FNB courses.
- 4.17. The qualification of the faculty should be a recognized qualification as per the provisions of IMC (repealed) Act / NMC Act.
- 4.18. The number of seats granted in each specialty [Post MBBS seats (Primary seats) & Post Diploma seats (Secondary seats)] shall be in accordance with the case load, infrastructure available and number of Senior Consultants and Junior Consultants in the applicant department.
- 4.19. **PG Teacher:** All consultants in the department who qualify to be a Senior Consultant as per NBEMS criteria shall qualify as PG teacher for NBEMS courses.
- 4.20. The minimum eligible qualifications & required minimum experience in the specialty to qualify as Senior or Junior consultants for different NBEMS courses are indicated as under:

Eligibility Criteria for Faculty- Qualification & Experience (Broad Specialty (DNB) Courses)

TABLE-7

S. No.	Specialty	Minimum Eligible Qualification(s)	Minimum Experience after PG in Minimum Eligible Qualification	
			Senior Consultant	Junior Consultant
i.	Geriatric Medicine	DNB/MD (Geriatric Medicine / General Medicine / Internal Medicine) or equivalent*	8 Years	5 Years

* Where an equivalent qualification in the specialty concerned is provided for a proposed faculty by the applicant hospital, the same shall be deliberated by NBEMS on a case-to-case basis for being considered as a faculty in the applicant department.

Eligibility Criteria for Faculty- Qualification & Experience

(Fellowship (FNB) Courses)

TABLE-8

S. No.	Specialty	Minimum Eligible Qualification(s)	Minimum <i>exclusive</i> Experience after qualifying Minimum Eligible Qualification	
			Senior Consultant	Junior Consultant
i.	Renal Transplant	MCh/DrNB (Urology)	MCh/ DrNB qualification in Urology followed by 5 years of experience in Renal Transplant.	MCh/ DrNB qualification in Urology followed by 2 years of experience in Renal Transplant.
ii.	Andrology	MCh/DrNB (Urology)	MCh/ DrNB qualification in Urology followed by 5 years of experience in Andrology.	MCh/ DrNB qualification in Urology followed by 2 years of experience in Andrology.
iii.	Minimal Access Urology	MCh/DrNB (Urology)	DrNB/ MCh Urology + 8 years of experience in laparoscopic surgery Or minimum 300 laparoscopic surgeries performed.	DrNB/ MCh Urology + 5 years of experience in laparoscopic surgery Or minimum 200 laparoscopic surgeries performed.
iv.	Paediatric Urology	DrNB/MCh (Urology OR Paediatric Surgery OR Paediatric Urology)	DrNB/ MCh Urology or Paediatric Surgery + 5 years of experience in Paediatric Urology	DrNB/ MCh Urology or Paediatric Surgery + 2 years of experience in Paediatric Urology
v.	Musculoskeletal Radiology (MSK Radiology)	MD/ DNB Radiology	MD/ DNB Radiology with 8 years of experience with Musculoskeletal Radiology	MD/ DNB Radiology with 5 years of experience with Musculoskeletal Radiology

S. No.	Specialty	Minimum Eligible Qualification(s)	Minimum <i>exclusive</i> Experience after qualifying Minimum Eligible Qualification	
			Senior Consultant	Junior Consultant
vi.	Fetal Radiology	MD/DNB in Radio Diagnosis	MD/DNB in Radio Diagnosis with 8 years of experience	MD/DNB in Radio Diagnosis with 5 years of experience
vii.	Paediatric Anaesthesia	MD/ DNB in Anaesthesiology	MD/ DNB in Anaesthesiology with minimum 8 years of experience in Paediatric Anaesthesia	MD/ DNB in Anaesthesiology with minimum 5 years of experience in Paediatric Anaesthesia
			Or	Or
		DM in Paediatric Anaesthesia	DM in Paediatric Anaesthesia with 5 years of experience	DM in Paediatric Anaesthesia with 2 years of experience
viii.	Onco-Anaesthesia	MD/ DNB in Anaesthesiology	MD/DNB in Anaesthesia with 8 years of experience out of which 4 years of experience is in Onco-Anaesthesia	MD/DNB in Anaesthesia with 5 years of experience out of which 2 years of experience is in Onco-Anaesthesia
ix.	Transplant Anaesthesia	MD/ DNB Anaesthesiology	MD/DNB in Anaesthesia with 8 years of experience with 5 years of clinical work devoted to Transplant Anaesthesia	MD/DNB in Anaesthesia with 5 years of experience and at least 3 years of work experience in Transplant Anaesthesia

S. No.	Specialty	Minimum Eligible Qualification(s)	Minimum <i>exclusive</i> Experience after qualifying Minimum Eligible Qualification	
			Senior Consultant	Junior Consultant
x.	Trauma Anaesthesia & Critical Care	MD/DNB in Anaesthesia	MD/DNB in Anaesthesia with 8 years of experience out of which 4 years of experience is in Trauma anaesthesia & Critical Care	MD/DNB in Anaesthesia with 5 years of experience out of which 2 years of experience is in Trauma Anaesthesia & Critical Care
xi.	Head & Neck Oncology	MCh Head & Neck Surgery	MCh Head and Neck surgery with 5 years' experience in Head and Neck Oncology	MCh Head and Neck surgery with 2 years' experience in Head and Neck Oncology
			Or	Or
		MCh/ DrNB Surgical Oncology	MCh / DrNB Surgical Oncology with 5 years' experience in Head & Neck Oncology	MCh / DrNB Surgical Oncology with 2 years' experience in Head & Neck Oncology
			Or	Or
		MS/DNB ENT/Surgery	MS / DNB ENT /Surgery with 8 yrs. of experience in Head & Neck Oncology	MS / DNB ENT /Surgery with 5 yrs. of experience in Head & Neck Oncology
xii.	Bariatric Surgery	MS /DNB General Surgery	MS / DNB General Surgery with 8 years experience and at least 5 years experience in Bariatric Surgery	MS / DNB General Surgery with 5 years experience and at least 2 years experience in Bariatric Surgery

S. No.	Specialty	Minimum Eligible Qualification(s)	Minimum <i>exclusive</i> Experience after qualifying Minimum Eligible Qualification	
			Senior Consultant	Junior Consultant
xiii.	Cardiac Electrophysiology	DM/DNB Cardiology	DM / DNB in Cardiology with 5 years of experience in cardiac electrophysiology	DM / DNB in Cardiology with 2 years of experience in cardiac electrophysiology

* Where an equivalent qualification in the subject concerned is provided for a faculty, the same shall be deliberated by the NBEMS on a case-to-case basis for being considered as a faculty in the applicant department.

4.21. In case of nascent specialties, NBEMS 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.

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

4.23. **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.
- **In Super specialty disciplines**, Senior residents with respective broad specialty qualification and above stated experience shall be acceptable. Faculty with DM/MCh/DrNB (SS) qualification shall be accepted as Senior Residents till such time they qualify to become Junior Consultants.

4.24. Sr. Residents pursuing any academic course in the department (DrNB 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 courses shall be considered as *Non Academic Senior Residents*.

- 4.25. Proposed faculty in the applicant department shall be required to submit a “Faculty declaration form” online in the prescribed format while submitting online application to NBEMS. The format of the faculty declaration form can be obtained from <https://accr.natboard.edu.in> under quick link “Download”.
- 4.26. 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 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.
- 4.27. The faculties of General Medicine, General Surgery, Paediatrics or Obstetrics & Gynaecology counted for the programme of DNB Family Medicine shall be allowed to be counted as a faculty in their respective specialties as well.
- 4.28. **Full time status of Faculty:** As per NBEMS criteria, the applicant hospital shall be the principal place of practice of the consultant who is proposed as faculty for the course. Faculty should declare to work full time (6 – 8 hour/day) in the applicant hospital and the same has to be confirmed in the faculty declaration form.
- 4.29. Part time and visiting consultant shall not be considered as a faculty for NBEMS courses and shall not be counted towards minimum required faculty for the purpose of accreditation of the applicant department.
- 4.30. **A)** NBEMS shall verify the full-time status of faculty in the hospital concerned through a set of documents including but not limited to, declaration form of the faculty, Form-16/16A, Form-26AS, Salary/Bank statements, HIS data or any other document (Bipartite agreement/Tripartite agreement) as deemed fit by NBEMS.
- B) Documents to be submitted:** The following documents have to be submitted by the applicant hospital in support of the proposed faculty being working full-time at the applicant hospital:
- i. **Form-16/16A** of the proposed faculty downloaded from TRACES website or provided by the employer – Mandatory to be submitted
 - ii. **Form-26AS** of the proposed faculty downloaded from TRACES website – Optional
 - iii. **Bipartite Agreement and affidavits** – In case the proposed faculty is not willing to submit Form-26AS, the applicant hospital will be required to submit

to NBEMS a Bipartite Agreement and affidavits as a proof of working of the proposed faculty on full-time basis in the applicant hospital. A separate Bipartite Agreement and affidavits have to be submitted for each proposed faculty. The Bipartite Agreement and the affidavits can be seen at <https://accr.natboard.edu.in/> under the link Downloads.

[Click here to view the Bipartite Agreement and affidavits](#)

- iv. **Tripartite Agreement and affidavits** - In case of the applicant hospital having faculty members who are getting their Form-16/16A from parent office of the applicant hospital/ outsourcing agency (engaged by the applicant hospital), the applicant hospital will be required to submit to NBEMS a Tripartite Agreement and affidavits as a proof of working of the proposed faculty on full-time basis in the applicant hospital. The Tripartite Agreement and the affidavits can be seen at <https://accr.natboard.edu.in/> under the link Downloads.

Such faculty members are not required to submit the Bipartite Agreement and affidavits.

[Click here to view the Tripartite Agreement and affidavits](#)

- a. *For faculty working in the applicant hospital on outsourcing basis*
- b. *For faculty whose Form-16 is generated by the parent office, the address of parent office being different from the address of the applicant hospital*

Faculty will not be considered for the purpose of accreditation in case the above documents are not submitted by the applicant hospital to NBEMS.

4.31. Thesis Guide/Co-Guide: Thesis Guides/Co-Guides can be assigned for NBEMS trainees only from the eligible and approved faculty for the courses as mentioned in "Accreditation Agreement".

- For Broad specialties which have Post Diploma 2-year DNB courses (refer page 5), a Senior Consultant can guide a maximum of two DNB trainees: one Post MBBS trainee & one Post Diploma trainee.
- For Broad specialties which do not have any Post Diploma 2-year DNB courses, a Senior consultant can guide a maximum of two DNB trainees per year.
- Junior Consultants can only co-guide a DNB trainee in the applicant department. Senior and Junior Consultants of other departments can only be co-guides to DNB trainees. Junior Consultants, Senior Residents and Adjunct/Part time/Visiting Consultants cannot be assigned as thesis guides.

4.32. Changes in Faculty Status: The applicant department once accredited with NBEMS is required to maintain the minimum required staff position at all times. No changes in the faculty shall be made within the period of accreditation. However, under extreme circumstances if the Faculty/Guide present at the time of

accreditation is to be replaced, the same has to be carried out within 3 months under intimation to the NBEMS.

- 4.33. 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. Lack of faculty due to any reason would be communicated to NBEMS within 15 days. Failure to appoint alternative faculty shall lead to withdrawal of accreditation and /or relocation of the ongoing trainees. This situation would also 'red flag' the hospital/institute for further accreditations.
- 4.34. 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/Bipartite Agreement /Tripartite Agreement (para 3.30), letter of appointment issued by the accredited hospital and relieving letter from the previous employer.
- 4.35. The applicant hospital shall maintain details of its full-time faculty for NBEMS courses on its official website indicating their designations and time period of availability in the hospital.
- 4.36. The faculty status in the department shall be reviewed at the time of review conducted by NBEMS. The hospital shall be required to confirm availability of minimum required faculty for continuation of accreditation during the provisionally accredited period.
- 4.37. Each consultant who has been shown as faculty for NBEMS course will devote at least 10 hours per week for teaching/training in terms of case discussion, seminar, ward round, journal club etc. for NBEMS trainees. This is in addition to his/her assigned clinical & other hospital responsibilities.
- 4.38. 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.

C. Patient Load in the Applicant Department/Specialty

- 4.39. The applicant department should have minimum required patient load in OPD registrations and/or IPD admissions as tabulated below. The hospital shall be required to furnish the OPD & IPD patient load in the applicant department for last 02 years.
- 4.40. 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.

4.41. NBEMS may verify the patient load data furnished in application submitted with supportive documents such as HIS records, OT registers etc.

General patients are those patients that shall be accessible at all times for supervised clinical work to NBEMS trainees. Data of General patients shall be accessible to NBEMS 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

Minimum Patient Load Requirement for Broad Specialty Courses:

TABLE-9

S. No.	Departments	Minimum Patient Load per year in the concerned specialty /department
i.	Geriatric Medicine	IPD – 500 per year OPD – 2500 per year

Minimum Patient Load requirement in Fellowship Courses:

TABLE-10

S. No.	Sub-Specialty	Minimum Patient Load per year
i.	Renal Transplant	At least 50 transplants / year have to be done in house in the applicant hospital.
ii.	Andrology	Out-Patient: 500 cases of male infertility and 500 cases of male sexual dysfunction / year. Surgical procedures performed annually: total at least 100/ year with minimum number in categories given below: i. Microscopic varicocelectomy – 25 cases ii. PESA / MESA / TESA / TESE – 20 cases iii. MicroTESE – 4 cases iv. Vasoepididymal anastomosis / Vasovasostomy – 4 cases v. Penile implant – inflatable / non- inflatable – 10 cases vi. Plication for correction of penile curvature – 2 cases vii. Incision and grafting for Peyronie’s – 1 case
iii.	Minimal Access Urology	70 laparoscopic / robotic urological surgeries per year

		Sr. No.	Open Cases	Number per year		
iv.	Paediatric Urology	i.	Open renal and upper tract (pyeloplasty/nephrectomy/surgery for duplication)	30		
		ii.	Open reimplantation of ureter to the bladder (any technique)/ureteric diversions/vesicostomy	25		
		iii.	Open orchidopexy /hydrocele/varicocele	40		
		iv.	Penile surgery (circumcision, surgery for penile anomalies)	40		
		v.	Distal hypospadias repair (including revisions)	25		
		vi.	Proximal hypospadias repair one-stage/two-stage	15		
		ENDOUROLOGY				
		vii.	Diagnostic cystoscopy, ureteropyelography, insertion of ureteral catheter/double-J stent insertion	20		
		viii.	Injections (endoscopic correction of reflux, botulinum-toxin injection)	25		
		ix.	Any other intervention done using a cysto-urethroscope (PUV ablation, ureterocele, urethrotomy excluding stone cases)	25		
		x.	Endoscopic stone surgery (all endoscopic procedure for stone surgery - PCNL, URS, RIRS, cystolithotripsy etc)	20		
		xi.	Extracorporeal lithotripsy	10		
		MIS				
		xii.	Renal and upper tract surgery (pyeloplasty/nephrectomy/surgery for duplication)	15		
		xiii.	Lower tract surgery (including ureteric reimplantation, bladder, bladder neck)	5		
xiv.	Surgery for gonads and diagnostic/minor DSD (orchidopexy, gonadectomy, varicocele, biopsy etc)	20				
DIAGNOSTIC AND SMALL INVASIVE PROCEDURES						
xv.	Invasiveurodynamics (cystometry, videourodynamics)	40				

S. No.	Sub-Specialty	Minimum Patient Load per year		
		xvi.	Image guided interventions (kidney biopsy, nephrostomy, percutaneous cystostomy)	15
v.	Musculoskeletal Radiology (MSK Radiology)	S. No	Type	Number per year
		i.	Diagnostic imaging	1800 MSK MRI scans
		ii.	Computed Tomography	1200 MSK CT scans
		iii.	Ultrasound	1200 MSK USG
		iv.	Radiographs	3600-6000 MSK Radiographs
		v.	Ultrasound guided MSK procedures	360
		vi.	Fluoroscopy-guided procedures	120
		vii.	CT guided MSK procedures	480
vi.	Fetal Radiology	Sr. No.	Type	Number per year
		i.	Antenatal ultrasound scans	7200
		ii.	Fetal Echo	240
		iii.	Neonatal ultrasound scans	240
		iv.	3D/4D scans	240
		v.	TVS elastography	240
		vi.	Invasive procedures (Like amniocentesis, chorion villus biopsy, etc.)	120
		vii.	Fetal MRI	60
		viii.	Genetic counselling	120
		ix.	Serum biochemistry	2400

S. No.	Sub-Specialty	Minimum Patient Load per year
vii.	Paediatric Anaesthesia	<p>Minimum 1200 Paediatric surgeries per year, including NORA/ sedation areas out of which Neonatal surgeries should be at least 60 per year.</p> <p>Case Mix:</p> <ul style="list-style-type: none"> i. General abdominal surgery ii. Urologic and genital surgeries iii. Orthopaedics iv. Cardiac surgery v. Neurosurgery vi. Ophthalmic surgery vii. Plastic surgery viii. ENT ix. Thoracic surgery x. Neonatal surgery

S. No.	Sub-Specialty	Minimum Patient Load per year																																							
viii.	Onco-Anaesthesia	<ul style="list-style-type: none"> The Onco-surgery department should perform adequate number of surgical procedures to support PG teaching & training in Onco-anaesthesia. Case Load: Onco-surgery requiring anesthesia: Minimum of 2000 / year (Major surgery and Minor procedures requiring anesthesia) <p>Case Mix: Surgical Workload</p>																																							
		<table border="1"> <thead> <tr> <th data-bbox="651 600 778 712">S. No</th> <th data-bbox="778 600 1267 712">Type of Onco-surgery and Non-Operating Room Anesthesia (NORA)</th> <th data-bbox="1267 600 1458 712">(Per year) (Approx)</th> </tr> </thead> <tbody> <tr> <td data-bbox="651 712 778 752">i.</td> <td data-bbox="778 712 1267 752">Breast Surgery</td> <td data-bbox="1267 712 1458 752">400</td> </tr> <tr> <td data-bbox="651 752 778 792">ii.</td> <td data-bbox="778 752 1267 792">Head & Neck</td> <td data-bbox="1267 752 1458 792">450</td> </tr> <tr> <td data-bbox="651 792 778 833">iii.</td> <td data-bbox="778 792 1267 833">Gastro surgery</td> <td data-bbox="1267 792 1458 833">250</td> </tr> <tr> <td data-bbox="651 833 778 873">iv.</td> <td data-bbox="778 833 1267 873">Gynae Oncology</td> <td data-bbox="1267 833 1458 873">300</td> </tr> <tr> <td data-bbox="651 873 778 913">v.</td> <td data-bbox="778 873 1267 913">Uro Oncology</td> <td data-bbox="1267 873 1458 913">300</td> </tr> <tr> <td data-bbox="651 913 778 954">vi.</td> <td data-bbox="778 913 1267 954">Thoracic Oncology</td> <td data-bbox="1267 913 1458 954">50</td> </tr> <tr> <td data-bbox="651 954 778 1016">vii.</td> <td data-bbox="778 954 1267 1016">Musculo-skeletal (Bone & Soft tissue)*</td> <td data-bbox="1267 954 1458 1016">100</td> </tr> <tr> <td data-bbox="651 1016 778 1057">viii.</td> <td data-bbox="778 1016 1267 1057">Pediatric*</td> <td data-bbox="1267 1016 1458 1057">50</td> </tr> <tr> <td data-bbox="651 1057 778 1097">ix.</td> <td data-bbox="778 1057 1267 1097">Neuro-Oncology*</td> <td data-bbox="1267 1057 1458 1097">100</td> </tr> <tr> <td data-bbox="651 1097 778 1205">x.</td> <td data-bbox="778 1097 1267 1205">Radiotherapy* (ICRT/IMRT/ Brachytherapy /RT For pediatric patients etc.)</td> <td data-bbox="1267 1097 1458 1393" rowspan="4">Facility for NORA (minimum 200)</td> </tr> <tr> <td data-bbox="651 1205 778 1281">xi.</td> <td data-bbox="778 1205 1267 1281">Endoscopies procedures : Diagnostic and Therapeutic</td> </tr> <tr> <td data-bbox="651 1281 778 1357">xii.</td> <td data-bbox="778 1281 1267 1357">Intervention Radiology / CT Scan / MRI</td> </tr> <tr> <td data-bbox="651 1357 778 1393">xiii.</td> <td data-bbox="778 1357 1267 1393">PET scan*</td> </tr> </tbody> </table>	S. No	Type of Onco-surgery and Non-Operating Room Anesthesia (NORA)	(Per year) (Approx)	i.	Breast Surgery	400	ii.	Head & Neck	450	iii.	Gastro surgery	250	iv.	Gynae Oncology	300	v.	Uro Oncology	300	vi.	Thoracic Oncology	50	vii.	Musculo-skeletal (Bone & Soft tissue)*	100	viii.	Pediatric*	50	ix.	Neuro-Oncology*	100	x.	Radiotherapy* (ICRT/IMRT/ Brachytherapy /RT For pediatric patients etc.)	Facility for NORA (minimum 200)	xi.	Endoscopies procedures : Diagnostic and Therapeutic	xii.	Intervention Radiology / CT Scan / MRI	xiii.	PET scan*
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S. No.	Sub-Specialty	Minimum Patient Load per year																																	
ix.	Transplant Anaesthesia	<table border="1"> <thead> <tr> <th>S. No</th> <th>Type</th> <th>(Per year)</th> </tr> </thead> <tbody> <tr> <td>i.</td> <td>Renal Transplants</td> <td>50</td> </tr> <tr> <td>ii.</td> <td>Liver Transplants</td> <td>25</td> </tr> </tbody> </table> <p>Centres that may not have adequate numbers for liver transplant should send their candidate for training at other centres having at least 25 Liver Transplants per year. There is a need to have an MOU signed between the hospital and the high volume centre and details of the candidate's participation during rotation confirmed by the HOD at the high volume centre.</p>	S. No	Type	(Per year)	i.	Renal Transplants	50	ii.	Liver Transplants	25																								
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x.	Trauma Anaesthesia & Critical Care	<p>Minimum surgeries - 1000 / year (Major surgery, Minor procedures requiring anaesthesia and day care)</p> <p>Case Mix: Surgical workload</p> <table border="1"> <thead> <tr> <th>S. No</th> <th>Type of trauma surgery</th> <th>Number per year</th> </tr> </thead> <tbody> <tr> <td>i.</td> <td>Abdominal trauma</td> <td>200</td> </tr> <tr> <td>ii.</td> <td>Head, Face & Neck trauma (Plastic surgery)</td> <td>100</td> </tr> <tr> <td>iii.</td> <td>Thoracic trauma</td> <td>100</td> </tr> <tr> <td>iv.</td> <td>Musculo-skeletal (Bone & Soft tissue) trauma including vascular trauma</td> <td>200</td> </tr> <tr> <td>v.</td> <td>Elderly patient with trauma</td> <td>100</td> </tr> <tr> <td>vi.</td> <td>Pediatric trauma*</td> <td>50</td> </tr> <tr> <td>vii.</td> <td>Neuro-trauma*</td> <td>100</td> </tr> <tr> <td>viii.</td> <td>Trauma in obstetric patient*</td> <td>10-20</td> </tr> <tr> <td>ix.</td> <td>Miscellaneous</td> <td>100</td> </tr> <tr> <td>x.</td> <td>Acute management of trauma patients</td> <td>200</td> </tr> </tbody> </table> <p>*In case in-house facility is not available, an MOU with another institution having that facility should be made.</p>	S. No	Type of trauma surgery	Number per year	i.	Abdominal trauma	200	ii.	Head, Face & Neck trauma (Plastic surgery)	100	iii.	Thoracic trauma	100	iv.	Musculo-skeletal (Bone & Soft tissue) trauma including vascular trauma	200	v.	Elderly patient with trauma	100	vi.	Pediatric trauma*	50	vii.	Neuro-trauma*	100	viii.	Trauma in obstetric patient*	10-20	ix.	Miscellaneous	100	x.	Acute management of trauma patients	200
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S. No.	Sub-Specialty	Minimum Patient Load per year
xi.	Head & Neck Oncology	<ul style="list-style-type: none"> • 300 New Head & Neck Oncology patients / year • IPD – 200 / year
xii.	Bariatric Surgery	<ul style="list-style-type: none"> • OPD: Minimum of 300 Bariatric Patients per year • IPD: Minimum of 150 bariatric Patients per year • At least 100 Procedures per year with Good mix of sleeve gastrectomy and Gastric Bypass procedures including revisions.
xiii.	Cardiac Electrophysiology	<ul style="list-style-type: none"> • OPD: Minimum of 400 Patients per year • IPD: Minimum of 1500 Patients per year including device clinic • Minimum volume of 150 Electrophysiology procedures including 125 Radio frequency per year • Ablation procedures with at least 25 3D Electroanatomical Mapping and RFA per year • Minimum volume of 50 permanent pacemaker implantation per year • Minimum volume of 25 Implantable Cardioverter Defibrillator and 25 cardiac resynchronization therapy per year

D. Physical Facilities & Supportive Services

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

- Registration of patients along with facilities for centralized & computerized 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

4.43. **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.

4.44. **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.

4.45. **OT Complex:** Hospitals seeking accreditation with NBEMS in surgical specialties should have:

- Adequate number of operation theatres: Modular/ Major/Minor
- Essential Surgical & Anaesthesia equipment in OT, Post Op Care area and Intensive Care units
- Anesthesiologists 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

4.46. **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
- Dietetics department with qualified dietician
- CSSD

- Medical Record Department
- Any special diagnostic or therapeutic support service required for the applicant department

E. Teaching & Training Facilities

4.47. **Training in Basic Sciences:** The applicant hospital is required to make provisions for training & teaching of NBEMS trainees in applied basic sciences as relevant to the applicant specialty.

4.48. 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.

4.49. As per NBEMS 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 NBEMS trainees as applicable to the applicant specialty may be constituted. The biochemist, microbiologist & pathologist with PG degree medical 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 NBEMS trainees of the applicant hospital as relevant to the applicant specialty.

‘OR’

- 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 ‘Basic Sciences {BS}’**) available at <https://accr.natboard.edu.in/> under the link **Downloads**.

4.50. Accredited hospitals should also rotate their DNB, DrNB & FNB trainees (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.

4.51. Institutional Ethics Committee:

- All NBEMS accredited hospitals have to mandatorily have an Ethics Committee. The composition of Ethics Committee has to be in accordance with 'New Drugs & Clinical Trials Rules, 2019' notified by Ministry of Health & Family Welfare, Government of India. The Ethics Committee shall comprise of:
 - 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
- As per MoHFW Notice No. U.11024/01/2018-HR(Part-2)/8015255 dated 12th September 2019, registration of Ethics Committee at institutes undertaking Biomedical and health research involving human participants with Department of Health & Research (DHR), Ministry of Health & Welfare, Government of India is compulsory. **[Click here for aforesaid MoHFW notice](#)**
- All NBEMS accredited hospitals are required to register their Ethics Committee with Department of Health Research in the Ministry of HFW as indicated in the aforementioned notice. The accredited hospitals which do not have their own in-house Ethics Committee will have to enter into a MoU with another nearby institute having its own in-house Ethics Committee duly registered with DHR, MoHFW.
- The accredited hospitals shall have to inform their registration number at email accr@natboard.edu.in after obtaining the same from DHR, MoHFW. The hospital entering into an MoU will have to submit a copy of MoU at accr@natboard.edu.in.
- In case the hospital does not have an Ethics Committee as above, it would be mandatory for the hospital/institute to either have an Ethics Committee duly registered with Department of Health & Research, MoHFW or have a MoU with another hospital/institute having a duly registered Ethics Committee. This is to

be done within 4 weeks of grant of accreditation to the concerned hospital failing which, the accreditation so granted shall be treated as withdrawn.

- The thesis protocols of DNB trainees shall be required to approved by the IEC.

4.52. **Library facilities:** The applicant department should have subscribed to at least 04 journals in the specialty applied for. Please refer respective curriculum available on NBEMS 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, DrNB & FNB trainees.

- Whereas the requirement of minimum 04 journal subscription (at least 02 of which are international) is asked at the time of applying for fresh accreditation & followed up 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.
- For departments which are seeking renewal of accreditation, it shall be an essential requirement to have valid suscriptions of minimum required journals as per NBEMS criteria.
- The recommended text books and reference books in the specialty applied for shall be required to be made available in the hospital library. NBEMS appointed assessor shall be verifying the subscription of journals and purchase of books against relevant documents at the time of NBEMS assessment. Subscription of journals should be in the name of applicant hospital.

4.53. **Accommodation:** The Hospitals are encouraged to provide accommodation to NBEMS trainees as DNB/DrNB/FNB training is a residency based programme. A fee of Rs. 20,000/-per annum is collected by NBEMS from the trainees for accommodation to be provided by the accredited hospitals. This fee will be transferred to the accredited hospital by NBEMS as indicated in para 5.9. In case the hospitals are unable to provide accommodation to the trainee, the fee of Rs. 20,000/- per annum has to be refunded back to the trainee. Electricity and other consumables can be charged on actual basis by the hospital depending upon the institutional policy.

F. Requirement of Academic Department for the purpose of accreditation

It is desirable that the hospital seeking accreditation with NBEMS should have a defined academic department in the concerned specialty where the trainee will be trained. The academic department must have dedicated faculty, residents and staff with a defined location in the hospital and SOPs for discharge of their duties. The academic department shall comprise of:

- An academic office for the department
- Rooms for faculty
- Duty rooms for trainees
- Departmental library
- Specialty specific clinical areas

Academic department shall be inspected by the assessor at the time of physical inspection of the hospital.

5. Guidelines for Accredited Hospital

A. Fee to be paid by the NBEMS Trainee:

5.1. The Annual course fee prescribed by NBEMS for its courses and payable by the trainee is as follows:

TABLE-16

Head	Charges (in INR) per year
Tuition fees	75,000/-
Library fees	15,000/-
Annual Appraisal fees	15,000/-
Accommodation Charges GST @ 18%	20,000/-

5.2. Tuition fees: The tuition fees shall cover the cost incurred for accreditation, institutional DNB office, infrastructure and HR, training, teaching & research expenses, guest lecture, thesis support, administrative support expenses.

- 5.3. Library fee: Library fees shall cover the provisions made by the hospital for subscription of journals and purchase of textbooks for DNB & FNB trainees.
- 5.4. Annual appraisal fees: The appraisal fees shall cover the arrangements made for the purpose of appraisal of trainees and examiner remuneration.
- 5.5. Accommodation charges: Electricity and other consumables can be charged on actual basis by the hospital depending upon institutional policy. The accommodation charges cannot be levied if the accredited hospital is not providing accommodation to DNB & FNB trainees.
- 5.6. The Annual Course fee shall be collected by NBEMS on annual basis for entire training period of a trainee. The training charges and fee guidelines shall be as per public notice dated: 15-01-2021 and can be seen at **Annexure II**. The disbursement of course fee to the concerned accredited hospital/institute shall be as per the above referred public notice.
- 5.7. 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 Government owned District Hospitals can implement a service bond with prior approval of NBEMS.

B. Stipend Guidelines

- 5.8. Paying stipend to the NBEMS trainees is compulsory.
- 5.9. According to the NBEMS stipend policy, the hospital shall have to pay the NBEMS trainees a basic stipend as follows or basic stipend according to State Government policy (whichever is higher):

Post MBBS DNB (Broad Specialty) Courses:

Year of DNB Training	Stipend (in INR) per month
<input type="checkbox"/> First Year	35,000/-
<input type="checkbox"/> Second Year	37,000/-
<input type="checkbox"/> Third Year	39,000/-

FNB Courses:

Year of FNB Training	Stipend (in INR) per month
<input type="checkbox"/> First Year	41,000/-
<input type="checkbox"/> Second Year	43,000/-

5.10. The phrase “basic stipend according to state Government policy” in para above should be interpreted for different states as tabulated below:

TABLE-12

Categories of States	The phrase “basic stipend according to state Government policy” in NBEMS stipend guidelines should be interpreted as under:	
	For Broad Specialty trainees	For Super Specialty & FNB trainees
States where the stipend to MD/MS and DM/MCh trainees of State Government Medical Colleges is paid as a consolidated sum (without any break-up of basic pay and allowances)	The consolidated sum paid to MD/MS trainees of State Government Medical Colleges	The consolidated sum paid to DM/MCh trainees of State Government Medical Colleges
States where the stipend paid to MD/MS and DM/MCh trainees of State Government Medical Colleges is structured as a “Basic pay plus various allowances” and paid as per recommendations of 7 th CPC	Pay level 10 of 7 th CPC* {Cell 1, 2 and 3 of pay level 10 in pay matrix of 7 th CPC correspond to first, second and third year of training respectively}	Pay level 11 of 7 th CPC* {Cell 1, 2 and 3 of pay level 11 in pay matrix of 7 th CPC correspond to first, second and third year of training respectively}

**This does not include any kind of allowances as may be paid to MD/MS candidates in respective states. It is at liberty to the accredited hospitals to pay any allowances over and above the minimum sum prescribed by NBEMS.*

- a. 4th, 5th & 6th year trainees of a Direct 6 year NBEMS courses shall be paid stipend equal to 1st, 2nd & 3rd year trainees of a Super specialty course respectively provided that they clear the DNB Part-I Examination.
- b. Parity to the *basic stipend* paid by respective State Government should be maintained and rates of stipend may kindly be periodically revised.
- c. NBEMS accredited hospitals are at liberty to pay NBEMS trainees a monthly stipend more than the minimum stipend prescribed by NBEMS.
- d. It is also desirable that the hospital provides accommodation to their trainees in addition to their stipend. However, the hospital shall not reduce the stipend of the trainees in lieu of providing accommodations.

C. Functionaries of the applicant hospital

- 5.11. The applicant hospital shall designate the following authorities from its staff for NBEMS courses:
- 5.12. **Head of the Institute/ Chief Medical Superintendent / CMO In-charge /Civil Surgeon/ Director:** Nodal officer for compliance of the rules and guidelines governing the programme as prescribed by NBEMS.
- 5.13. **NBEMS course Co-Ordinator (Single Point of Contact- SPoC):** He/She shall be the resource person either from the management or academic staff who shall communicate with NBEMS pertaining to smooth running of the NBEMS courses. The communication from NBEMS shall be sent to SPoC.
- 5.14. **Head of the Department / Senior Faculty/ In-charge:** Designated head of the applicant department/Senior faculty/ In-charge shall be responsible for all administrative formalities (such as verifying faculty declaration forms, signing applications/ various documents on behalf of the applicant department etc.) with NBEMS related to NBEMS courses. He/She shall be deciding the academic & duty/posting roster of NBEMS trainees.
- 5.15. It is mandatory that the applicant hospital nominates the aforesaid functionaries for the DNB course and indicate the same prominently with contact telephone no, mobile no and email-ID at the hospital's Notice Board for NBEMS trainees.

E. Grievance Redressal Committee (Accredited Hospital):

- 5.16. To address work-place based issues between the NBEMS trainees and NBEMS accredited hospitals, a Grievance Redressal Committee to be mandatorily constituted at each of the accredited hospital.
- 5.17. The accredited hospitals shall be required to constitute this committee as per composition tabulated below and widely notify the provisions made for addressing grievances of the NBEMS trainees.

TABLE-13

S. No	Members	Role
1	Head of the Institute/ Chief Medical Superintendent / CMO In-charge /Civil Surgeon/ Director.	Chairman
2	Senior Faculty from Medical Specialty (In-House).	Member
3	Senior Faculty from Surgical Specialty (In-House).	Member
4	NBEMS programme Coordinator/SPoC of the hospital.	Member
5	Medical Superintendent/ HOD or equivalent in the hospital.	Member
6	Representative of NBEMS trainees of the hospital.	Member
7	External Medical Expert of the Rank of Professor of a Government Medical College (or equivalent) with Basic Science background.	Member

5.18. The **Terms of Reference** for this committee shall be as under:

- To attend to grievances of registered NBEMS trainees related to NBEMS training against the hospital.
- To attend to disciplinary issues related to NBEMS training against registered NBEMS trainees of the hospital.
- To submit an action taken report to NBEMS in matters which are escalated for redressal at NBEMS level.

5.19. Any grievance related to DNB/~~DNB~~/FNB training shall be attended by this committee. Such matter shall not ordinarily be entertained by NBEMS, however, if the complainant is not satisfied with the decision of the hospital Grievance Redressal Committee, such matters shall be forwarded for further adjudication by NBEMS.

6. Communication Protocol for Accreditation Purposes

6.1. The preferred mode for handling the accreditation related query shall be by email. The emails may be sent to accr@natboard.edu.in

- a. 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 NBEMS regarding grant/non-grant of accreditation
 - Any claim/counter claim thereof
 - Dates & venue of NBEMS meetings or name of the NBEMS officers or office bearers
 - Any information which in the opinion of NBEMS cannot be revealed.
- b. Through OAAP the hospital can access the following:
- Notices & Circulars issued by NBEMS
 - Information bulletin
 - Submission of Application form
 - Status of applications
 - Submit the application form for Annual Review
 - NBEMS accredited seats
 - Approved faculty for the Accredited Specialty
 - Addition/Change the SPOC/HOD/DNB coordinator
 - Submit consent for Seat Matrix for the purpose of Counseling
 - Download Accreditation related Annexures/Documents
 - Update Hospital Profile
 - View Grievance Committee Details
 - Change Password
- c. Communication shall only be processed if the same is issued by:
- Head of the Institute/ Chief Medical Superintendent / CMO In-charge /Civil Surgeon/ Director
 - SPoC. 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 NBEMS.
- d. Queries shall not be entertained from persons claiming themselves to be representative, associates or officiates of the applicant institute/ hospital.
- e. Contact details:

Email ID:	accr@natboard.edu.in
Postal Address:	National Board of Examinations in Medical Sciences, Medical Enclave, Ansari Nagar, New Delhi -110029

- f. Queries related to registration of candidates and counselling related matters are to be sent at reg@natboard.edu.in and counseling@natboard.edu.in respectively.

**SAMPLE COPY - NBEMS ACCREDITATION
AGREEMENT**

AGREEMENT



**Accreditation with
National Board of
Examinations in Medical Sciences**

- ◆ **Terms & Conditions**
- ◆ **Certificate of Adherence**

DNB - <<Specialty Name>>

XYZ Hospital

Period of Accreditation:

e.g. JANUARY 2021 to DECEMBER 2025

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LIST OF ABBREVIATIONS

NBEMS	:	NATIONAL BOARD OF EXAMINATIONS IN MEDICAL SCEINCES
DNB	:	DIPLOMATE OF NATIONAL BOARD
DrNB	:	DOCTORATE OF NATIONAL BOARD
FNB	:	FELLOW OF NATIONAL BOARD
FNB-PD	:	FELLOW OF NATIONAL BOARD POST DOCTORAL
MOHFW	:	MINISTRY OF HEATH & FAMILY WELFARE
NMC	:	NATIONAL MEDICAL COMMISSION
MCI	:	MEDICAL COUNCIL OF INDIA
MoU	:	MEMORANDUM OF UNDERSTANDING
OAAP	:	ONLINE ACCREDITATION APPLICATION PORTAL
SPoC	:	SINGLE POINT OF CONTACT
SPCB	:	STATE POLLUTION CONTROL BOARD

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 - A. Faculty status in the department**
 - B. Guide for DrNB Thesis**
 - C. Change in Faculty**
- 3. DNB/DrNB/FNB Training**
 - A. Selection of Candidates**
 - B. Joining of Candidates**
 - C. Academic Programme**
 - D. Formative Assessment / Appraisal of NBEMS trainees**
 - E. DrNB Final Examinations**
- 4. Approved Infrastructure, Facilities and Patient Load**
 - A. The Accredited Hospital**
 - B. Minimum required beds in the accredited hospital**
 - C. Minimum required beds in the accredited department**
 - D. Patient Load**
- 5. Guidelines for Accredited Hospitals**
 - A. Rotational Posting Guidelines**
 - B. Training Charges & Fee Guidelines**
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 - D. Comprehensive Training Support Guidelines**

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6. Communication Protocol with NBEMS for Accreditation Purposes

7. Effect of Agreement

- A. Certificate of Adherence**
- B. Annual Review**
- C. Applying for Renewal of Accreditation**
- D. Withdrawal of Accreditation**
- E. Jurisdiction**

8. Grievance Redressal Committee (Accredited Hospital)

Annexure – I: Public Notice for Training Charges & Fee Guidelines

Annexure - II: Certificate of Adherence

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12/4/2019

NBEMS Accreditation Agreement - 2021 (Accreditation Grant Period - JANUARY 2021 to DECEMBER 2025)

Ref. No. NBEMS/ACCR/Granted/_____/_____/ Dated:

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for
each
page

*DNB - <<Specialty Name>>
XYZ Hospital*

1. Accreditation: DNB/DrNB/FNB Programme

1.1. National Board of Examinations in Medical Sciences (NBEMS) is pleased to grant Provisional Accreditation to the department of <<Specialty Name>> at XYZ Hospital for a period of upto five (05) years i.e. JANUARY 2021 to DECEMBER 2025 to provide Post Graduate training facilities for upto 2 (TWO) DNB Seat(s) each year in the specialty, as detailed below, subject to the terms & conditions as detailed in this Accreditation Agreement document.

1.2. DURATION OF ACCREDITATION: <<Specialty Name>> department of the above Hospital shall be provisionally accredited by the NBEMS for DNB <Specialty Name>> programme for a period of five upto years i.e. five admission sessions (JANUARY Session). However, accreditation so granted shall be reviewed annually through Annual Reviews conducted by NBEMS during the accredited period to reaffirm that minimum standards as prescribed by NBEMS are maintained by the accredited hospital.

Admission Session	DNB- Post MBBS Seat(s)
JANUARY 2021	2
JANUARY 2022	2
JANUARY 2023	2
JANUARY 2024	2
JANUARY 2025	2

Agreed & Accepted By:Signature:

.....

Name:

Designation:.....

(Please affix official stamp seal of the hospital)



UIN-74205193-1F2019-NBE

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2. Approved Faculty for the Programme

A. Faculty Status in the department:

2.1. Following Faculty in the department of <<Specialty Name>> at this hospital have been approved as faculty for DNB - <<Specialty>> Programme:.

Sr. No.	Name & Qualification	Faculty Position in the Department as per NBEMS criteria
1	Dr. ABC	Sr. Consultant
2	Dr. DEF	Jr. Consultant

B. Guide for DrNB Thesis:

2.2. Thesis Guides can be assigned for NBEMS Trainees only from the eligible and approved faculty for the programme as detailed above.

Sr. Consultant working on full time basis with the accredited hospital can be guide/co-guide of *NBEMS Trainees* in respective department.

All Senior Consultants (as indicated above) in the accredited department are eligible as PG teachers as per NBEMS criteria and can be *Guide* for *maximum of two NBEMS Trainees* in an academic year and can be *Co-Guide* to other NBEMS Trainees in the department.

Junior Faculty can only co-guide a NBEMS Trainee in the applicant department. Senior and Junior Faculty can only be co-guides to NBEMS Trainees of other departments. Junior Faculty, Senior Residents and Adjunct/Part time/Visiting Faculty can not be assigned as thesis guides.

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C. Change in Faculty Status:

2.3. The accredited department 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 NBEMS*. 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 NBEMS for criteria so prescribed for being an eligible faculty for DNB/DrNB/FNB programme.

2.4. Newly introduced faculty in the accredited department shall be required to submit his/her biodata in the prescribed format with supportive documents such as Additional Qualification Registration Certificate (AQRC), Form 16/16A, 26AS for respective assessment year, letter of appointment from this accredited hospital and relieving letter from last employer, if any.

2.5. Full time status of Faculty:

- **For Government/District Hospitals:** The faculty should be working full time in the hospital in accordance with the criteria/rules applicable to the concerned State/notified by the concerned State Government.
- **For Private/ other Hospitals:** The applicant hospital shall be the principal place of practice of the faculty in the department and working full time (6-8 hours per day) at the Applicant Hospital / Institution. However, the faculty are allowed to have their own private practice in a non-academic independent setup.

2.6. Part time and visiting Faculty shall not be considered as a faculty for the NBEMS Accredited programme and shall not be counted for the purpose of accreditation of the applicant department.

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2.7. Proposed Faculty shall be added as DNB/DrNB/FNB faculty on receipt of above mentioned documents and its acceptance by NBEMS. Till such time explicit approval for acceptance of Faculty as faculty for DNB/DrNB/FNB programme is received from NBEMS, the faculty shall be considered "under consideration" and he/she should not be assigned as thesis guide/supervisor of trainees.

2.8. NBEMS reserves its absolute rights to verify the full-time status of faculty and their qualifications in the applicant hospital through surprise assessment or on basis of such documentary evidence for the validation of replacement of faculty.

1.9. The faculty status in the department shall be reviewed at the time of annual review conducted by NBEMS. The hospital shall be required to confirm availability of minimum required faculty for continuation of accreditation during the provisionally accredited period. Details of newly introduced faculty in the department can be updated through *Online Accreditation Application Portal (OAAP)*. Approved 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/updation/changes.

3. DNB/DrNB/FNB Training

A. Selection of Candidates:

3.1. The selection of candidates for NBEMS courses shall be through merit based counseling. Details of conduct of counseling, eligibility, schedule, seat matrix, venue, fee, procedure etc are notified time to time on NBEMS website.

3.2. **There is no other admission methodology except that prescribed by NBEMS.** It is absolutely binding on accredited hospitals to comply with the selection procedure for candidates as prescribed by NBEMS for its courses.

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B. Joining of Candidates:

3.3. Joining of a candidate to NBEMS accredited hospital through Centralized Merit Based Counseling is subject to medical fitness of the candidate as assessed/examined by the accredited hospital. The medical examination of the candidate shall be done by the Medical Board of the concerned NBEMS accredited hospital. Candidate found fit in the medical examination shall only be allowed to join DNB/DrNB/FNB course. NBEMS reserves its rights to take a final decision in the matter of the candidate being found unfit in medical examination and may undertake medical examination of candidate at its sole discretion.

3.4. Candidates joining the NBEMS course will be referred hereinafter as *trainees*.

C. Academic Programme:

3.5. Residency Guidelines: The hospital will ensure that all the necessary training facilities and infrastructure is provided for implementation of DNB/DrNB/FNB curriculum in the specialty.

3.6. The DNB/DrNB/FNB training is a residency based training cum employment programme wherein the DNB/DrNB/FNB trainees discharge the duties of a Junior/Senior Resident and undergo a rigorous academic programme to enhance their knowledge and skills.

3.7. For performance of clinical/hospital duties, the trainees are required to discharge duties as may be prescribed by the hospital administration. NBEMS shall not ordinarily interfere in any dispute which is a work place dispute or an issue involving the accredited hospital and the DNB/DrNB/FNB trainee(s). However, in rare or exceptional cases NBEMS may consider the issue for necessary action or adjudication.

3.8. NBEMS reserves its rights to critically review the work allocation to the NBEMS trainees especially in reference to the implementation of academic programme and professional responsibilities. Record of duty roster of NBEMS trainees should be maintained for verification by NBEMS if so required.

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3.9. The leave of NBEMS trainees shall be strictly governed by the NBEMS leave guidelines so notified on NBEMS website time to time.

3.10. Curriculum: DNB/DrNB/FNB curriculum may be downloaded from NBEMS website.

3.11. Academic programme for NBEMS trainees: Each accredited hospital shall publish a comprehensive academic programme for the specialties accredited. The design of the programme should be such that the entire course curriculum especially the protocol and clinical aspects are covered by way of seminar, symposia, general discussions, case base discussions, clinical examinations, OSCEs, bedside vivas, ward rounds, mock theory examinations, mock tests, grand vivas, final examinations, CMEs, workshops, guest lectures, e-learning, quizzes, group discussions etc. The record of academic sessions so conducted by the hospital shall be maintained by the hospital for verification by NBEMS if so required.

3.12. Logbook: A log of academic activities indicating a daily record of academic work, thesis protocol, cases presented and procedures done under observation/independently, rotational postings undertaken etc shall be maintained by the trainee; signed and supervised by the designated guide of trainee and countersigned by Director/Medical Superintendent of the hospital. NBEMS reserves its right to verify the logbooks of NBEMS trainees at any time during their training for its completeness and authenticity of information entered.

3.13. NBEMS may prescribe the creation of an e-Portfolio of assessment of the trainee and it shall be the foremost duty of the accredited hospital to enable participation in such assessments.

3.14. Work Shops and CME: The accredited hospital shall relieve the candidate for:

- *Attending the workshops organised by NBEMS.*

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- *National conferences or state conferences of National Professional bodies in the concerned specialties.*
- *International conferences in the concerned specialties.*
- *Any other CME or workshop as may be deemed appropriate*

3.15. It is not obligatory on part of hospital to relieve the trainee if the exigency of hospital duties so warrants.

3.16. Such period of deployment to the above mentioned workshop / conferences shall be part of training and shall be governed by the applicable leave guidelines for NBEMS trainees.

3.17. Each Faculty who has been shown as faculty for DNB/DrNB/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 NBEMS trainees. This is in addition to his/her assigned clinical & other hospital responsibilities.

3.18. 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 Faculty will have to attend NBEMS CMEs or faculty development workshops as conducted by NBEMS time to time.

3.19. The accredited hospital shall maintain details of its full time faculty for DNB/DrNB/FNB programme on its official website indicating their designations and time period of availability in the hospital.

3.20. Library Facilities: The minimum learning resources for the DNB/DrNB/FNB trainee(s) in the hospital will be as follows:

- *Latest editions of Standard text books in the subject.*

Internet access to trainees with institutional subscription to e-libraries and journals.

Journals in the specialty accredited (at least two international and two national)

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- *The library should be accessible on all days except national holidays and for at least 12 hours each day.*

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

3.22. General Beds: The Hospital will earmark 30% of the beds in the specialty as "General (Teaching) Beds". General Beds are those 'earmarked' beds / cases whose patients shall be accessible at all times for supervised clinical work to NBEMS trainees. Data of patients admitted on such beds or such cases shall be accessible to NBEMS trainees for research purposes subject to applicable ethical guidelines and clearances from Institutional Ethics Committee & institutional policies. A certificate to this effect shall be furnished by the Head of Institute every year to NBEMS.

3.23. Hands on Training: The accredited hospital /institution shall make use of a clinical skills lab /surgical skills lab in the state /city and arrange for such training as may be required for training of the candidates. The hospital shall provide such access to procedures (observed and supervised), assisted procedures to the NBEMS trainees as may be required for enhancing their competence and skills.

D. Formative Assessment Test (FAT)/Appraisal of NBEMS trainees:

3.24. The hospital shall ensure participation of NBEMS trainees in Formative Assessment Test organised by NBEMS or by the hospital itself as per guidelines notified time to time on NBEMS website www.natboard.edu.in

E. Final/Exit Examination:

3.25. The hospital shall be responsible to complete the training of the NBEMS trainees as per the given curriculum which is updated from time to time.

3.26. The accredited hospital shall be required to issue provisional training completion certificates and final training completion certificates to NBEMS

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trainees for the purpose of appearing in DNB/DrNB/FNB final examinations as per formats so prescribed for the purpose by NBEMS.

3.27. It shall be the obligatory responsibility of the accredited hospital to participate, organise and conduct various academic activities of NBEMS such as Formative Assessment Test, DNB/DrNB Practical Examinations, CMEs/Workshops etc.

3.28. The accredited hospital shall allow its faculty to participate in various academic activities of NBEMS such as thesis/protocol assessment, appraisal of centres, questions banking for various NBEMS examinations, assessment of departments for NBEMS accreditation, theory assessment and practical examinations.

3.29. In the event the hospital is found not participating in the academic activities of NBEMS and/or not allowing its faculty to do so, appropriate penal action as deemed fit shall be taken by NBEMS against the hospital.

4. Approved Infrastructure, Facilities and Patient Load

A. The Accredited Hospital:

4.1. The accredited hospital is required to impart DNB/DrNB/FNB training to its trainees only at the approved clinical establishment in a single campus infrastructure, facilities, faculty and patient load of which have been proposed for seeking accreditation and assessed by NBEMS for said purpose. However, trainees can be rotated to recognized centres for externship which has been duly approved by NBEMS at the time of grant of accreditation.

4.2. Any clubbing of infrastructure, facilities and faculty of non-accredited hospitals/units of the applicant hospital is not permitted for the purpose of imparting training to NBEMS trainees.

4.3. It shall be the responsibility of the accredited hospital that mandatory regulatory/licensing approvals and all statutory requirement/clearances from the

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local authority/government for running such establishment are timely renewed and maintained valid.

4.4. In case of any change in infrastructure/shifting of hospital premises to a new location or change of management/ownership of the hospital, NBEMS shall be updated in a timely manner and necessary approval shall be required to be sought for continuation of accreditation.

B. Minimum required beds in the accredited hospital:

4.5. The accredited hospital shall be required to maintain the minimum number of beds as necessitated by NBEMS accreditation criteria for continuing NBEMS accreditation.

4.6. The accredited hospital which is offering exclusively single specialty medical services and has been accredited on the basis of applicable criteria for single specialty set up shall need to update NBEMS in case of transition from a single specialty to a multi-specialty set-up.

4.7. Failure to comply with the NBEMS accreditation criteria and/or to timely update NBEMS of crucial changes in relation to approved infrastructure for DNB/DrNB/FNB programme would entail withdrawal of accreditation.

C. Minimum required beds in the accredited department:

4.8. The accredited department shall have to maintain the minimum number of operational beds in accredited department as per prescribed NBEMS criteria. With introduction of newer DNB/DrNB/FNB programme in the same hospital, the approved bed strength of existing DNB/DrNB/FNB programme shall not suffer.

4.9. General Beds: The accredited department shall ensure to ' earmark ' at least 30% beds whose patients shall be accessible at all times for supervised clinical work to NBEMS trainees. Data of patients admitted on such beds or such cases shall be accessible to NBEMS trainees for research purposes subject to applicable ethical guidelines and clearances from Institutional Ethics Committee & institutional policies.

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D. Patient Load:

4.10. The accredited department shall maintain the minimum required patient load in OPD registrations and/or IPD admissions as per applicable NBEMS criteria.

4.11. In surgical disciplines, the surgical case load and spectrum of diagnosis in the accredited department shall be required to be maintained to minimum prescribed standards for continuing DNB/DrNB/FNB accreditation.

4.12. Fall in patient load in the accredited department due to any unforeseen reasons shall invite immediate information to NBEMS with details of provisions made for sustain minimum required "hands on" exposure of ongoing trainees.

4.13. Failure to comply with the NBEMS accreditation criteria and/or to timely update NBEMS of crucial fall in relation to approved patient load for DNB/DrNB/FNB programme would entail withdrawal of accreditation.

4.14. Requisite support services and facilities for DNB/DrNB/FNB training shall be maintained during the period of accreditation. NBEMS trainees shall be allowed exposure in all supportive services as necessitated by applicable DNB/DrNB/FNB curriculum.

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 tabulated below:

TABLE-19

Nature of Rotation	Purpose/Reason	Maximum Permissible period of rotation
---------------------------	-----------------------	---

<p>Rotation of trainees outside the applicant hospital (for exposure in areas which are deficient in-house) to another NBEMS/NMC recognized center</p> <p>A memorandum of understanding is required to be submitted as per prescribed Annexure - MoU (RP) available at https://accr.natboard.edu.in under the link Downloads</p>	<p>Hospital applying for Direct 6 year courses & not having DNB General Surgery in their own hospital are required to rotate its trainees for training in basic principles of surgery to a NBEMS / NMC recognized General Surgery department.</p>	9 months
	<p>The departments which do not have all the sub-specialities in-house can rotate its trainees to another NMC/NBEMS recognized centres. Rotation for core areas is not permissible.</p>	06 months
	<p>District Hospitals owned by State Government. need to rotate its trainees to Annexed Secondary nodes for exposure in deficient in-house departments (Annexure - Secondary node to be completed) available at https://accr.natboard.edu.in under the link Downloads</p>	01 year
<p>Externship for skill enhancement to centers of excellence; Subject to availability and requirements</p>	<p>Direct 6 year course candidates in the 6th year of their training can be rotated to one of the centers of excellence for additional skill enhancement in specialized procedures</p>	Maximum 01 year at any NBEMS/NMC recognized centre of excellence

5.2 The externship of NBEMS trainees is not automatic. Proposal for externship should be included as a component of accreditation application for areas which are deficient in-house. NBEMS consider the proposal along with processing of accreditation application and consider grant of accreditation, including the proposed externship, on fulfilment of minimum requirement.

5.3. Rotation of the NBEMS trainees in hospitals/institutions that are not accredited with NBEMS or NMC or Government of India is not permitted.

5.4. The rotation shall be a hands-on experience and not mere observership.

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5.5. The parent hospital 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 in another accredited hospital shall be borne by the parent hospital itself.

5.7. Both the partnering hospitals shall mutually agree on the nature of responsibilities of the respective hospital. A Memorandum of Understanding shall be signed between both the partnering hospitals as per prescribed Annexure - MoU (RP) available at <https://accr.natboard.edu.in/> under the link Downloads.

B. Training Charges & Fee Guidelines:

5.8. The training charges and fee guidelines shall be as per public notice dated: 15-01-2021 and can be seen at annexure I.

5.9. 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 Government owned District Hospitals applying under NBEMS Courses can implement a service bond with prior approval of NBEMS.

C. Stipend Guidelines

5.10. Paying monthly stipend to the NBEMS trainees is compulsory.

5.11. According to the NBEMS stipend policy, the hospital shall have to pay the NBEMS trainees a *basic stipend* as follows or *basic stipend according to state government policy* (whichever is higher):

Post MBBS DNB (Broad Specialty) Programme:

Year of DRNB Training	Stipend (in INR) per month
• First Year	35000/-
• Second Year	37000/-
• Third Year	39000/-

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Post Diploma DNB (Broad Specialty) Programme:

Year of DRNB Training	Stipend (in INR) per month
• First Year	37,000/-
• Second Year	39,000/-

DrNB (Super Specialty) Programme:

Year of DRNB Training	Stipend (in INR) per month
• First Year	41,000/-
• Second Year	43,000/-
• Third Year	45,000/-

FNB Programme:

Year of FNB Training	Stipend (in INR) per month
• First Year	41,000/-
• Second Year	43,000/-

5.18. The phrase "*basic stipend according to state government policy*" in aforesaid para should be interpreted for different states as detailed under:

Categories of States	The phrase " <i>basic stipend according to state government policy</i> " in NBEMS stipend guidelines should be interpreted as under:	
	For DNB Broad Specialty trainees	For DrNB Super Specialty & FNB trainees
States where the stipend to DM/MC MD/MS and h trainees of State Govt Medical Colleges is paid as a consolidated sum (without	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

any break-up of basic pay and allowances)		
States where the stipend paid to MD/MS and DM/MCH trainees of State Govt Medical Colleges is structured as a "Basic pay plus various allowances" and paid as per recommendations of 7 th CPC	Pay level 10 of 7 th CPC * {Cell 1, 2 and 3 of pay level 10 in pay matrix of 7 th CPC correspond to first, second and third year of training respectively}	Pay level 11 of 7 th CPC * {Cell 1, 2 and 3 of pay level 11 in pay matrix of 7 th CPC correspond to first, second and third year of training respectively}

**This does not include any kind of allowances as may be paid to MD/MS candidates in respective states. The accredited hospitals are at liberty to pay any allowances over and above the minimum sum prescribed by NBEMS.*

5.12. 4th, 5th & 6th year trainees of a Direct 6 year NBEMS courses shall be paid stipend equal to 1st, 2nd & 3rd year trainees of a Super specialty course respectively provided that they clear the DNB Part-I Examination.

5.13. The said stipend guidelines further require that parity to the basic stipend paid by respective State government should be maintained and rates of stipend may accordingly be periodically revised.

5.14. NBEMS accredited hospitals are required to comply with the NBEMS guidelines for payment of stipend. Failure to do so shall invite appropriate action as per applicable NBEMS norms including withdrawal of provisional accreditation and debarment from seeking accreditation in future for a period of upto 5 years from the date of revocation.

5.15. Stipend to NBEMS trainee shall be paid through electronic transfer only and shall not be paid in cash and/or kind.

D. Comprehensive Training Support Guidelines:

5.16. The accredited department should have facilities for thesis support, teaching aids, specimen, library facility and designated

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faculty members and staff that can take charge of the training programme and can also act as nodal authority for compliance of training programme.

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

- **Head of the Institute/ Chief Medical Superintendent / CMO In-charge /Civil Surgeon/ Director:** Nodal officer for compliance of the rules and guidelines governing the programme as prescribed by NBEMS.
- **NBEMS course Co-Ordinator (Single Point of Contact- SPoC):** He/She shall be the resource person either from the management or academic staff who shall communicate with NBEMS pertaining to smooth running of the NBEMS courses. The communication from NBEMS shall be sent to SPoC.
- **Head of the Department / Senior Faculty/ In-charge:** Designated head of the applicant department/Senior faculty/ In-charge shall be responsible for all administrative formalities (such as verifying faculty declaration forms, signing applications/ various documents on behalf of the applicant department etc.) with NBEMS related to NBEMS courses. He/She shall be deciding the academic & duty/posting roster of NBEMS trainees.

5.18. It is mandatory that the applicant hospital nominates the aforesaid functionaries for the DNB course and indicate the same prominently with contact telephone no, mobile no and email-ID at the hospital's Notice Board for NBEMS trainees.

6. Communication Protocol with NBEMS for Accreditation Purposes:

6.1. The preferred mode for handling the accreditation related query shall be by email. The emails may be sent to accr@natboard.edu.in

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6.2. 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 NBEMS regarding grant/non-grant of accreditation
- Any claim/counter claim thereof
- Dates & venue of NBEMS meetings or name of the NBEMS officers or office bearers
- Any information which in the opinion of NBEMS cannot be revealed.

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6.3. The accredited department shall be updated regarding accreditation related matters time to time through Online Accreditation Application Portal. It shall be the responsibility of the accredited hospital to get itself registered with the Online Accreditation Application Portal and remain abreast with the latest updates.

6.4. Communication shall only be processed if the same is issued by:

- Head of the Institute/ Chief Medical Superintendent / CMO In-charge /Civil Surgeon/ Director
- SPoC. 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 NBEMS.

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

6.6. Contact details:

Email ID:	accr@natboard.edu.in
Phone No:	011-45593060
Postal Address:	National Board of Examinations in Medical Sciences, Medical Enclave, Ansari Nagar, New Delhi -110029

6.7. Queries related to registration of candidates and counselling related matters are to be sent at reg@natboard.edu.in and counseling@natboard.edu.in respectively.

7. Effect of Agreement:

a. Certificate of Adherence

7.1. The terms & conditions for accreditation agreement with NBEMS are detailed in this document. The accredited hospital /institution is required to

submit a Certificate of Adherence (Refer Annexure - II) to these terms & conditions.

7.2. A copy of this agreement duly agreed and accepted on each page shall be returned to NBEMS along with duly completed Certificate of Adherence within 7 days from the receipt/upload of this agreement, failing which the accredited seat(s) in the department may not be included in the Centralized Counseling.

7.3. NBEMS reserves its absolute rights to alter/modify/delete/amend any or all of the terms & conditions as given in this agreement or any of the terms governing the DNB/DrNB/FNB Training programme including the schedule of entry/ exit examinations or any other item at any point of time.

7.4. 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 NBEMS is bound to follow the same in future.

7.5. 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/accreditation agreement, the interpretation of NBEMS shall be final and binding on all parties.

b. Annual Review

7.6. The grant of accreditation by NBEMS to a department for a DNB/DrNB/FNB programme is purely provisional and is governed by the terms and conditions as stated in the accreditation agreement and compliance to the same as verified in annual review of the department.

7.7. NBEMS shall undertake an annual review of the accredited department in the 3rd year of the accreditation cycle, to ensure that the hospital is complying with the terms & conditions of the accreditation agreement and is fulfilling the minimum NBEMS accreditation criteria.

7.8. The accredited DNB/DrNB/FNB seat of a department may be excluded from the counseling seat matrix if the hospital fails to successfully complete the annual review of the concerned specialty.

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7.9. *Submission of Additional Information/Compliance other than annual review:* In addition to annual review, any information related to accreditation shall be furnished by the accredited hospital whenever sought by the NBEMS or if there are changes in the faculty or infrastructure of the accredited hospital pursuant to the grant of accreditation.

C. Applying for Renewal of Accreditation

7.10. The hospital is required to apply for further renewal of accreditation along with prescribed accreditation fee in the year of expiry of provisional accreditation as per calendar of accreditation applicable then. *For instance, if the NBEMS Accreditation to a hospital for DNB/DrNB/FNB programme is valid upto December 2025, then the hospital is required to apply for renewal of accreditation in January/February 2025 accreditation application session i.e. around 9-10 months prior to expiry of the ongoing accreditation. Similarly, for accreditation validity expiring in June 2025 shall be required to apply for renewal of accreditation in July/August 2024 session.*

7.11. In case the renewal application is not submitted in the time frame stipulated, the application for renewal of accreditation will be treated as an application for seeking fresh accreditation.

7.12. The Online Accreditation Application Portal will indicate the year in which the renewal application for a particular department needs to be submitted to NBEMS.

D. Withdrawal of Accreditation

7.13. The accreditation granted to the department is purely provisional and is at the discretion of the NBEMS. It may be withdrawn, if at any time, it is found that, the hospital is not complying with the accreditation criteria, not maintaining minimum required faculty, training facilities & infrastructure etc., as per the minimum accreditation criteria prescribed by NBEMS, or if the hospital is found not complying with any of the guidelines issued by

NBEMS from time to time or the hospital has violated any of the terms and conditions as contained in this agreement.

7.14. If any stage it came to the notice of NBEMS that the accredited department has resorted to submission of false information or fabricated records for the purpose of seeking accreditation, this may lead to withdrawal of accreditation and debarment from seeking accreditation in future as well.

7.15. In an unlikely event of an ineligible department being granted accreditation, NBEMS reserves its absolute right to revoke the accreditation so granted to the department.

7.16. NBEMS reserves its absolute right to take appropriate action including but not limited to withdrawal of provisional accreditation and debarment from seeking accreditation in future for a period of upto 5 years from the date of revocation and impose penalty as deemed fit by NBEMS against any institute for not adhering to guidelines / policies / directions and/or the terms of the instant provisional accreditation agreement or providing incorrect/false information in the annual review or withdrawal of seats from the seat matrix after the counseling process is started.

E. Jurisdiction

7.17. The jurisdiction for any disputes shall be at Delhi /New Delhi only.

8. Grievance Redressal Committee (Accredited Hospital):

8.1. To address work-place based issues between the NBEMS trainees and NBEMS accredited hospitals, a Grievance Redressal Committee to be mandatorily constituted at each of the accredited hospital.

8.2. The accredited hospitals shall be required to constitute this committee as per composition tabulated below and widely notify the provisions made for addressing grievances of the NBEMS trainees.

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TABLE-20

S. No.	Members	Role
1	Head of the Institute/ Chief Medical Superintendent / CMO In-charge /Civil Surgeon/ Director.	Chairman
2	Senior Faculty from Medical Specialty (In-House).	Member
3	Senior Faculty from Surgical Specialty (In-House).	Member
4	NBEMS programme Coordinator/SPoC of the hospital.	Member
5	Medical Superintendent/ HOD or equivalent in the hospital.	Member
6	Representative of NBEMS trainees of the hospital.	Member
7	External Medical Expert of the Rank of Professor of a Government Medical College (or equivalent) with Basic Science background.	Member

8.3. The **Terms of Reference** for this committee shall be as under:

- To attend to grievances of registered NBEMS trainees related to NBEMS training against the hospital.
- To attend to disciplinary issues related to NBEMS training against registered NBEMS trainees of the hospital.
- To submit an action taken report to NBEMS in matters which are escalated for redressal at NBEMS level.

8.4. Any grievance related to NBEMS training shall be attended by this committee. Such matters shall not ordinarily be entertained by NBEMS, However, if the complainant is not satisfied with the decision of the hospital Grievance Redressal Committee, such matters along with minutes of the meeting(s) of Grievance Redressal Committee of the concerned accredited hospital shall be forwarded to NBEMS for further adjudication in the matter.

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Annexure I



NATIONAL BOARD OF EXAMINATIONS
NEW DELHI

Dated: 15-01-2021

NOTICE

Kind Attn. : NBE accredited hospitals and all NBE trainees.

Subject : Payment of annual course fee by NBE trainees directly to NBE

1. NBE trainees undergoing training for various Broad Specialty (DNB), Super Specialty (DrNB) and Fellowship courses (FNB) shall, henceforth, be required to pay the annual course fee, for each year, directly to NBE. This is applicable for all the years of training as tabulated below:

S. No.	Course Type	Duration of training (in years)
i.	Post MBBS Broad Specialty (DNB)	3
ii.	Post Diploma Broad Specialty (DNB)	2
iii.	Super Specialty (DrNB)	3
iv.	Fellowship (FNB)	2
v.	Post MBBS Direct six-years courses (DrNB)	6

2. NBE trainees shall no longer be required to pay the annual course fee directly to the hospitals where they are undergoing training.
3. The annual course fee payable by an NBE trainee is as follows:

Fee	GST @ 18%	Total
Rs. 1,25,000/-	Rs. 22,500/-	Rs. 1,47,500/-*

*Payment gateway charges shall be borne by the NBE trainee

4. The entire annual course fee is to be paid as one single transaction. Further, it is to be noted that the payment of GST, presently @ 18%, is mandatory as per government directives.
5. In case the hospital does not provide accommodation/ residential facilities, the NBE trainee is eligible to claim refund of the accommodation fee of Rs. 20,000/- per year directly from the concerned hospital.
6. The annual course fee shall be paid by the NBE trainees only through online mode, and only into the following bank account:

Bank Name	A/c No.	IFS Code	Bank Branch Address
Indian Bank	6626884509	IDIB000D046	Aggarwal Mall, 1st Floor, Ashirwad Chowk, Sector-5, Dwarka, New Delhi -110075

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7. The receipt of the annual course fee payment to NBE, along with requisite details, shall mandatorily be sent by the NBE trainees to coursefee@natboard.edu.in in the following format within two weeks of the payment of the annual course fee:

Name of the trainee		
Specialty in which the training is being undertaken		
Name of the hospital		
Date of Joining of NBE training by the trainee		
Mobile Number		
Date of Transaction		
UTR No. of Transaction		
Amount		
Account Number and Bank IFS Code from which payment has been made	Account No.	IFS Code

8. NBE trainees may note that if they have paid the annual course fee directly to the hospital before issuance of this notice, proof of payment of such fees directly to the concerned hospital, along with the details mentioned at paragraph 7, is to be sent to coursefee@natboard.edu.in
9. The annual course fee, along with the GST, for each NBE trainee shall be transferred by NBE to the concerned hospital in bi-annual instalments i.e. each instalment shall be 50% of the annual course fee, along with GST.
10. Failure to pay the annual course fee to the NBE, and share the requisite details as mentioned in paragraph 7, shall lead to de-registration and the candidature of the NBE trainee shall stand cancelled.
11. For any queries, please write to NBE at coursefee@natboard.edu.in



NBE

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NBEMS Accreditation Agreement - 2021 (Accreditation Grant Period - JANUARY 2021 to DECEMBER 2025)

12/4/2019

Ref. No. NBEMS/ACCR/Granted/_____/_____/ Dated:

*DNB - <<Specialty Name>>
XYZ Hospital*

Annexure - II

Certificate of Adherence

The certificate should be made on a Non Judicial Stamp Paper (duly notarised/attested by Magistrate) and submitted to National Board of Examinations in Medical Sciences.

I, Dr. _____, am duly competent/authorized by the Trust/Society/Company/Institute named _____ to sign this agreement on its behalf and have read all the terms & conditions of this accreditation agreement.

I, Dr. _____, hereby undertake the terms & conditions indicated in the accreditation agreement Ref No. _____ dated _____, and agreed and accepted the same for compliance.

Signature with official stamp of Authorized administrative signatory of this hospital

Name of Authorized administrative signatory of this hospital

Complete Correspondence Address

Mobile Number: _____

Office Phone Number: _____

Agreed & Accepted By:

Signature:

Name:

Designation:.....

(Please affix official stamp seal of the hospital)



This is an electronically generated Bar-Coded document by NBEMS (NBEMS) and does not require signature

Annexure II



NATIONAL BOARD OF EXAMINATIONS NEW DELHI

Dated: 15-01-2021

NOTICE

Kind Attn. : NBE accredited hospitals and all NBE trainees.

Subject : Payment of annual course fee by NBE trainees directly to NBE

1. NBE trainees undergoing training for various Broad Specialty (DNB), Super Specialty (DrNB) and Fellowship courses (FNB) shall, henceforth, be required to pay the annual course fee, for each year, directly to NBE. This is applicable for all the years of training as tabulated below:

S. No.	Course Type	Duration of training (in years)
i.	Post MBBS Broad Specialty (DNB)	3
ii.	Post Diploma Broad Specialty (DNB)	2
iii.	Super Specialty (DrNB)	3
iv.	Fellowship (FNB)	2
v.	Post MBBS Direct six-years courses (DrNB)	6

2. NBE trainees shall no longer be required to pay the annual course fee directly to the hospitals where they are undergoing training.
3. The annual course fee payable by an NBE trainee is as follows:

Fee	GST @ 18%	Total
Rs. 1,25,000/-	Rs. 22,500/-	Rs. 1,47,500/-*

*Payment gateway charges shall be borne by the NBE trainee

4. The entire annual course fee is to be paid as one single transaction. Further, it is to be noted that the payment of GST, presently @ 18%, is mandatory as per government directives.
5. In case the hospital does not provide accommodation/ residential facilities, the NBE trainee is eligible to claim refund of the accommodation fee of Rs. 20,000/- per year directly from the concerned hospital.
6. The annual course fee shall be paid by the NBE trainees only through online mode, and only into the following bank account:

Bank Name	A/c No.	IFS Code	Bank Branch Address
Indian Bank	6626884509	IDIB000D046	Aggarwal Mall, 1st Floor, Ashirwad Chowk, Sector-5, Dwarka, New Delhi -110075

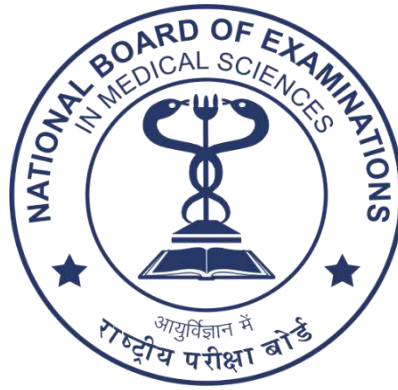
7. The receipt of the annual course fee payment to NBE, along with requisite details, shall mandatorily be sent by the NBE trainees to coursefee@natboard.edu.in in the following format within two weeks of the payment of the annual course fee:

Name of the trainee		
Specialty in which the training is being undertaken		
Name of the hospital		
Date of Joining of NBE training by the trainee		
Mobile Number		
Date of Transaction		
UTR No. of Transaction		
Amount		
Account Number and Bank IFS Code from which payment has been made	Account No.	IFS Code

8. NBE trainees may note that if they have paid the annual course fee directly to the hospital before issuance of this notice, proof of payment of such fees directly to the concerned hospital, along with the details mentioned at paragraph 7, is to be sent to coursefee@natboard.edu.in
9. The annual course fee, along with the GST, for each NBE trainee shall be transferred by NBE to the concerned hospital in bi-annual instalments i.e. each instalment shall be 50% of the annual course fee, along with GST.
10. Failure to pay the annual course fee to the NBE, and share the requisite details as mentioned in paragraph 7, shall lead to de-registration and the candidature of the NBE trainee shall stand cancelled.
11. For any queries, please write to NBE at coursefee@natboard.edu.in



NBE



National Board of Examinations in Medical Sciences

**Medical Enclave, Mahatma Gandhi Marg
Ring Road, New Delhi-110029**

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