

National Board of Examinations in Medical Sciences New Delhi

NOTICE

Dated: 30-06-2023

Subject: NBEMS Joint Accreditation Programme

Kind Attention: All applicant Hospitals /Institutions /Medical Colleges

National Board of Examinations in Medical Sciences (NBEMS) accredits hospitals/institutions for running DNB/DrNB/FNB/Diploma courses in various Broad & Super Specialty and Fellowship courses. Accreditation Department invites application for fresh/renewal accreditation twice a year in January/February and July/August.

Many hospitals fail to receive NBEMS Accreditation despite having good facilities and the infrastructure to offer PG training because they fall short of meeting a few of the minimum accreditation criteria specified by the NBEMS. To utilize the available resources of hospitals and to provide them with an opportunity to give PG training, a scheme for Joint accreditation of the hospitals has been approved by the NBEMS.

A. Objectives of the Joint Accreditation:

- i. Resource Utilization
- ii. Case load and Case Mix Distribution
- iii. Upscale the quality of training programme
- iv. Financial Sharing

B. Applicability:

The concept of Joint Accreditation shall only be limited to Broad-Specialties (DNB Courses).

C. Which hospitals can join:

Four types of different institutions can collaborate for Joint Accreditation:

- i. Govt. Hospital to Govt. Hospital
- ii. Private to Govt. Hospital
- iii. Private to Private Hospital
- iv. Standalone Imaging/Diagnostic Lab Centres along with a Hospital

D. Who cannot participate:

The institutions which are already running the NMC courses.

E. Key points -

Hospital Infrastructure for Joint Accreditation

- 1. Location of the Hospitals:
 - Both the hospitals participating in the Joint Accreditation Programme will **be located in the same city** & preferably within 30 km of each other. They will apply jointly and will jointly complement each other's deficit in the training requirements.
 - For the functional purpose, it will be single programme but for the Administration purpose, one institute will be known as Primary Institute and the other smaller institute will be considered as Secondary Institute
- 2. Bed strength, case load and faculty requirement:
 - For Joint Accreditation, each of the two participating hospitals should have a minimum 90 beds i.e. hospitals with less than 90 beds will not be considered for the purpose of joint accreditation.
 - The case load and faculties of both the participating hospitals will be clubbed together and the participating hospitals will have to fulfil the Minimum Accreditation Criteria of NBEMS in terms case load, case mix and faculty etc.
 - There should be at least one Senior Consultant OR one Junior Consultant in both the participating hospitals.
 - The minimum accreditation criteria for Joint Accreditation i.e. Bed Strength, full time faculty, Case Load, Institutional Ethics Committee and others shall be same as

indicated in the Accreditation Information Bulletin (please refer to https://natboard.edu.in for latest Information Bulletin).

3. The number of Joint Accreditation the hospitals can have is tabulated below.

Criteria	Remarks
Each of the two participating	
hospitals should have a minimum 90	Two hospitals with 90 + 90 beds respectively
beds i.e. hospitals with less than 90	can apply for 1 Joint accreditation i.e. in one
beds will not be considered for the	specialty.
purpose of joint accreditation.	
 100 beds will be allowed for 1 Joint Accreditation, i.e., with collective capacity of 190 beds, more than one could be considered. 150 beds will be allowed for 2 Joint Accreditation, i.e., collective capacity of minimum 240 beds 	Two hospitals with 100 + 90 beds respectively can apply for up to 2 Joint accreditations i.e. in two specialties. Two hospitals with 150 + 90 beds respectively can apply for up to 3 Joint
(150+90) could be considered for more than two accreditations	accreditations i.e. in three specialties.
Those with 200 and above beds will	S
be allowed for 3 Joint Accreditation	Two hospitals with 200 + 90 beds
i.e., collective capacity of 290 beds	respectively can apply for more than 3 Joint
(200+90) could be considered for	accreditations.
more than three accreditations.	
tipend:	

4. Stipend:

• Stipend will be shared by both the institutions i.e., if the trainee is in institution A, the stipend will be paid by institution A. Similarly, if the trainee is in institution B, the stipend will be paid by the institution B.

F. Monitoring of the programme:

- There shall be a single Joint Academic Committee from both the participating hospitals. This committee will be responsible for imparting training, rotation and monitoring of the training of the candidate. The Joint Academic Committee shall comprise of:
 - Composition of Joint Academic Committee:

The composition of Joint Academic Committee for Monitoring the training of the candidates is as under:

- Head of the Primary Institute
- Head of the Secondary Institute
- Single Point of Contact of Primary Institute
- Single Point of Contact of Secondary Institute
- Nodal Officer/DNB Coordinator for the DNB Course
- Further, there would be a Nodal officer who would coordinate with NBEMS for issues pertaining to accreditation and training of the trainees.
- A grievance redressal cell should be made comprising equal number of members from both the organizations.

Composition of Grievance Redressal Cell: S

The composition of Grievance Redressal Cell for Redressal of the grievances of the candidates proposed is as under:

- Head of the Primary Institute Chairman
- \circ $\;$ Head of the Secondary Institute $\;$
- In-house, Senior Consultant, Medical Specialty
- **o** In-house, Senior Consultant, Surgical Specialty
- Nodal Officer/DNB Coordinator for the Joint Accreditation Programme.
- \circ $\;$ Representative of DNB Candidates of the hospital
- External Medical Expert of the Rank of Professor of a Govt. Medical College
- The grievances arising out of the Joint Accreditation Programme will be primarily resolved by the Joint Academic Committee of the participating hospitals and the grievance redressal cell.
- If the main accredited institute i.e. the primary institute fails to continue the Joint Accreditation Programme, then all the residents shall be relocated as per the guidelines of NBEMS. In case of failure of the secondary institute to continue the programme, the primary accredited institute will ensure completion of training of the existing trainees and no further trainees will be inducted in the programme till the new collaborator is identified.

- The liability will be held by both the participating institution and there will be mandatory tripartite legal agreement to be signed by both the institution as well as NBEMS.
- Department / Specialty already accredited with NBEMS cannot participate in Joint Accreditation programme.

G. Physical Assessment / Inspection:

Inspection of both the hospitals apply for Joint Accreditation shall be conducted. The same assessor will carry out both the hospital's inspection on the same day.

H. Minimum Accreditation Criteria for Standalone Diagnostic Centres and Labs:

- The existing minimum accreditation criteria for DNB Radio diagnosis and DNB Pathology should be applicable for standalone centres.
- The hospital with which the standalone Pathology lab or standalone diagnostic centre would be attached should be recognized for DNB Pathology and DNB Radio Diagnosis respectively.
- Rotational Posting of the trainee to the hospital should be for 03 months per year i.e. 09 months in the entire duration of 03 years of programme.
- The stipend during the rotational posting shall be borne by the standalone centre.
- There should be at least 02 fulltime faculty members in standalone centre.

The application for Joint Accreditation scheme from desirous hospitals/institutions will be invited in July 2023.

For any query/assistance, you may contact NBEMS through Communication portal. This portal can be accessed through Quick Link "<u>Communication Web Portal</u>" under "Contact Us" menu on NBEMS website <u>https://natboard.edu.in</u>



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