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NATHEALTH recommends reforms for DNB capacity development through PPP

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Private Sector can work with Government to increase capacity of DNB (Diplomate of National Board) seats across India: NATHEALTH



In view of shortage of specialty doctors in the country, Apex Healthcare Industry body-NATHEALTH urged NITI Aayog to consider a slew of reforms which would go a long way in allowing private hospitals to offer DNB seats to their true capacity and potential.

In order to increase the number of doctors and specialists in the country, NATHEALTH commended NITI Aayog and Government's efforts so far and said that private sector can work with the government to increase DNB seats across India.

"The objective of increasing the number of DNB seats can be met with greater participation from the private sector. The challenges and opportunities have been identified in the private sector which can be explored to create a desirable ecosystem for the private hospitals to be inclined to invite more DNB students," NATHEALTH said in a statement.

DNB (Diplomate of National Board) accreditation is currently granted to each individual hospital unit, based on it fulfilling the eligibility criteria independently. This limits the number of eligible unitsand subsequently the total number of DNB seats in a hospital chain. Although individual units might not qualify by themselves, they can qualify if they can rotate their DNB students in different units of the same hospital group.

Apart from making modifications to the bed-to-specialty ratio clause, NATHEALTH recommends inclusion of new courses in various streams like non-surgical, non-interventional specialties like Dialysis, non-invasive cardiology, Diabetology, etc. in order to increase the number of specialists.

Citing example of Manipal Hospitals, NATHEALTH President Dr.H.Sudarshan Ballal said, "We have a large main unit hospital but multiple smaller satellite units which do not qualify independently, but have the capacity as a chain to expand the intake of DNB students significantly. Moreover, infrastructure like libraries can be created at a central location within the hospital group and not replicated for each satellite unit thus leveraging common assets and reducing costs."

According to NATHEALTH, the bed to number of specialties allowed for DNB should be revisited to allow for more specialties per unit bed in private Hospitals. Especially in underserved areas, smaller units should be able to host DNB programs by such efforts.

Based on bed capacity of the hospitals, number of specialists under DNB should be raised further for capacity building with a slab based categorization depending upon the bed capacity of the hospital. For instance, a hospital with 150-200 bed capacity should be allowed at least 5 specialties instead of the existing 3 specialties. 100-150 Bed category hospitals should be allowed at least 4 specialties instead of existing 2. The healthcare industry body further suggests an additional category of 75-100 beds hospitals with permission for 3 specialties.

"Hospitals need to employ full time doctors for the DNB program. About 50% of the faculty could be part time. Diplomas are not considered eligible for faculty nominations for DNB program. If diplomas can be considered for faculty it would be easier to expand seats," said NATHEALTH Secretary General Siddhartha Bhattacharya.

Experts feel that the ratio of doctors to students can be increased to 1:5 in Medicine and 1:3 in Surgery, as a doctor can mentor more students. A thoughtfully deliberated and agreed change in this ratio will help in increasing the intake of DNB students every year.

NATHEALTH also recommended that MoUs can be signed with accredited private hospitals having excellent track record in conducting DNB programs in District Hospitals/ Charitable hospitals on a fee sharing basis if required. This will greatly help in increasing the number of DNB seats in the country by bringing more capacity under the ambit of DNB programs and better utilizing existing training infrastructure.

The healthcare leaders also suggested restructuring of fees for the DNB program and insisted that Government should provide interest free or concessional student loans for those who need to avail these loans to meet the course fee. Further Hospitals should be allowed to use CSR funds to financially support the students.

NATHEALTH also recommended that DNB board recognized fellowships, shorter than the traditional 3 year program can be explored in non-surgical, non-interventional specialties like Dialysis, non-invasive cardiology, Diabetology among to increase the number of specialists.

NATHEALTH's recommendations are expected to help enhancing collaboration between various stakeholders in the public and private sector.