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For Private Circulation only

Perspectives of Post Graduate Dental Education in India

Dr. Anil Kohli, MDS

President, Dental Council of India & Member, Governing Board, NBE

After Independence, the facilities for post-graduation in the country hardly existed. The regular PG course leading to award of MDS degree was in existence only at the De Montmorency Dental College and Hospital, Lahore in the forties. It was the post-graduates of this college that formed the nucleus for the advancement of dental education during the post-independence era. At the time of partition of the country, there was no Institution imparting the MDS courses in India.

The enactment of the Dentists Act in 1948 can be truly called the turning point in the history of the dental education in the country. The Regulations relating to the Dental Education in India have been governed by the Dental Council of India which started by the enactment of the Dentists Act, 1948. The act made provisions for the regulation of profession of Dentistry and for that purpose to constitute the Dental Council'. The Bill relating to this was passed on 26th Feb, 1948 by the Parliament which received the assent of the President of India on 29th March, 1948. Accordingly, the Dental Council of India was formed on 12th April, 1949 by a Special Notification issued by the Government of India.

The Act provided for a Central Dental Council at the Centre and State Dental Councils in States & Union Territories. While the Dental Council of India (DCI) at the Centre has been the overall body to look after the welfare of the dental profession and for that purpose to maintain uniform standards of Dental Education in the country, the State Dental Councils are primarily responsible for the maintenance of registration of Dentists, Dental Hygienists, Dental Technicians and the matters arising thereof. The Act authorises the DCI to lay down Regulations and Curriculum for various courses in dentistry, including Para-dental courses & ensure uniformity & maintenance of highest standards of dental education. The DCI is also empowered to enter into

negotiations with the authorities concerned abroad for setting up of a 'scheme of reciprocity' for the recognition of foreign dental qualifications. The Council is also empowered to lay down 'Code of Ethics' for dental surgeons in their professional behavior. Over and above, the DCI is entrusted with the task of maintaining an All India Dentists Register.

Since its inception 56 years ago, the Dental Council of India has come a long way towards implementation of its objectives and policies laid down by the Government of India. The partition of the country in 1947 left only 3 Dental College in India: viz., the Nair Hospital Dental College, Mumbai, Sir CEM Dental College, Mumbai and Calcutta Dental College, Calcutta. After the Independence and the enactment of the Dentists Act in 1948, the first new Dental College that came into existence was in Lucknow (1949) which was later followed by Dental College all over the country in the following order:- Madras (1953), Patiala (1956), Bangalore, Trivandrum, Ahmedabad and Hyderabad in 1963, Manipal (1966) and Nagpur in 1968. If we see the development of dental profession as per the Five-Year Plans, the number of Dental College in existence, before 1st Five-Year Plan Period was only four. By 1973 i.e. the end of the 5th Five-Year Plan period, the country had 15 Dental Colleges affiliated to various Universities for a regulate 4-year BDS Degree Course. To meet the growing demand of dentists, the country witnessed opening of a number of dental colleges during 1980's and 1990's. The country today boasts of 193 dental institutes which impart graduate and post-graduate qualifications of standards comparable to the rest of the world. Thus, where the Dental Colleges started during the period 1949 to 1973 numbered only 12 (3 already existed); the number of colleges which came up during 1974 to 2004 numbered 177. Further, the PG qualification till 1973 was being imparted only at 9 colleges with an intake of nearly 150 students every year. Compared to this by the year 2004, PG Courses have been instituted in 61 colleges with an annual intake of approximately 1300 students. The amply rings to light the role played by the DCI in the country over past 30 years which has transformed the scope of dental education in India and given it the much needed direction.

NBE's Governing Body Members

Though the measures adopted by the DCI effectively increased the number of graduate Dental Surgeons over past 56 years, proportionate increase has not taken place towards the Post Graduate qualification. The recommendations of the Bhore Committee in 1950's and the other subsequent committees over past many years have recommended increasing the number of PG qualified doctors in the country. Towards this, till now the Dental Profession had only one avenue for higher studies i.e. the MDS Degree Course. To meet this growing demand as well as to ensure higher competence in the specialty and with the Primary aim to prepare for a career in teaching, research and specialty practice, the National Board of Examinations (NBE) has accented its permission to conduct DNB Courses in India for graduate Dental surgeons. This can truly be hailed as heralding a new era towards the Post Graduate Qualifications. Opening of these new vistas towards imparting Post Graduate Qualifications is indeed laudable and will serve a dual purpose of increasing the PG seats across the country as well as provide an alternate recognized PG course. The Dental Council of India on its part will be giving a thrust towards this direction by introducing structured programmes for each specialty. The eligibility and criteria for selection, syllabus, training, programme and the accreditation criteria laid down by the NBE shall be adhered to. It is proposed to initially start the DNB courses in select few teaching institutions in the country in chosen specialties with a view to test and structure this module of PG qualification to suit the environ specific to country. In the coming years, the DCI shall be laying its main thrust towards this direction to make this module a success.

Future Perspectives

The DCI over a period of next few years shall be adopting measures and strategies to improve the quality of dental education in the Dental Institutions not only to improve the quality of dentists in the country but also to attract foreign students which can prove to be a major source of foreign exchange for the country. Towards this, a beginning has already been made by making the 'teaching faculty' in each Institution fully accountable towards their primary role. Further, the need to have ongoing 'Continuing Dental Education' programmes has been stressed for improving the standards of teaching in all the Institutions in the country. Learning is a life long endeavor, especially in a world that is changing as quickly as ours. Those of us, who have been in the profession of dentistry for many years, can attest to this need for 'staying current' with professional advancements in the rest of the world as well as to the present day's legal requirement. This is especially true in view of India emerging as the most favored destination across the world for providing the most affordable and best possible dental treatment. The number of foreigners seeking specialist treatment in India in near future is likely to increase manifold

which will need certain checks and balances to be introduced to safeguard the interest of dental profession in the country as well as to ensure quality treatment to the foreign visitors.

The policy of awarding 'credit hours' by the reputed universities in India and abroad is being explored to make the Continuing Dental Education Programmes informative and competitive. Further the policy towards 'Dental Education Accreditation' need to be reviewed by a group comprising of the members of the discipline of dentistry, education community, employers, practitioners, the State Dental Councils and the eminent public members. This will have to be modified to suit prevailing scenario with a view to govern the dental education for the next 20 years. These standards of education shall not only be made applicable for Graduate and Post Graduate Dental Courses, advance Education Programmes, Continuing Dental Education Programmes, clinical Fellowship Training Programmes as well as all other Dental Education Programmes being conducted or proposed to be conducted relating to the field of Dentistry in India.

Dentistry is a dynamic and rewarding profession which needs to be structured and groomed to be packed of opportunities and options so as to make it into one of the best careers in the country. Towards this, the Dental Council of India shall strive to continuously achieve higher goals with the participation of the Dental Fraternity and the Members of the Council for the years to come.



Surgeon Vice Admiral V.K. Singh, PVSM, AVSM, VSM, PHS, DGAFMS & Sr. Col. Commandant

Surgeon Vice Admiral V.K. Singh, PVSM, AVSM, VSM, PHS has taken over the helm of the Armed Forces Medical Services on 01 May 2005 as Director General. He started service as a medical professional from Allahabad University where he passed his MBBS in 1966 with four gold medals. He joined the Indian Navy in 1967 and gained immense first hand knowledge of life and conditions onboard Indian Naval Ships and establishments. He saved the life of a British Officer at high sea and was awarded Chief of Naval Staff Commendation in 1971. He specialized in Otolaryngology from University of Pune and was awarded gold medals both for DLO and MS (ENT) in 1974 and 1975, respectively. He has been trained in Microsurgery Ear and Larynx in India and abroad. He has been instrumental in setting up modern

ENT facilities at Vishakhapatnam and Mumbai during the period 1976 to 1992, where state of the art contemporary Otolaryngology services are offered to all including needy civilians. The Admiral is a keen researcher and has many original research papers to his credit especially in the field of diving and underwater medicine. He modernized and upgraded the ENT department at Command Hospital Eastern Command, Kolkata where he served as Senior Adviser for the entire Eastern Sector from 1992 to 1995.

He was appointed Professor and acting Dean of the AFMC, Pune from 1995 to 1999 and was instrumental in initiating the Cochlear Implant Programme in the Armed Forces at AFMC, Pune in 1995. He performed the first Cochlear Implant Surgery in the Armed Forces in 1995 and was also credited with the first paediatric Cochlear Implant Surgery in 1996. His zeal, dedication and desire for excellence has kept the Cochlear Implant Programme in the Armed Forces a viable entity. He is a visiting Professor at the Cochlear Implant Centre, Melbourne, Australia. He established the Cochlear Implant Centre at AFMC, Pune in 1995 and at INHS Asvini in 1999. Under his stewardship, fifty three Cochlear Implant Surgeries have been conducted at AFMC, Pune and INHS Asvini, Mumbai. He is very keen and accomplished teacher and examiner at Mumbai, Pune, MUHS, Agra, Allahabad and Delhi Universities and has trained a generation of ENT Surgeons to whom he has passed on his clinical and surgical principles. He has published 95 Scientific papers in various National/ International Journals. Number of Research Projects in the field of Underwater medicine, Neuro-otology & ENT have been successfully completed and submitted by himself for better Medicare of Armed Forces Personnel and their families on land, at sea, underwater and in the air. During his tenure as Commanding Officer, Medical Director and Dean of INHS Asvini, he has planned, modernized and equipped the hospital at large and the Department of ENT to function as state of the art centres of excellence in Medicare. The ENT department today is equipped with the latest equipment and facilities for Cochlear Implant Surgery, Microlaryngeal Surgery, Micro ear Surgery, Laser surgery, functional endoscopic sinus surgery and Head and Neck surgery. These equipments include the latest operating Microscope and a complete Neuro Otological laboratory facility. These comprehensive services are available to serving personnel and their dependents, ex-servicemen and needy civilians. His services have been recognized by the Cochlear Implant Centre Melbourne, Australia and he is a visiting Professor to the Bionic Ear Institute, Australia. At present, he is consultant to the Armed Forces Medical Services for the Cochlear Implant programme as well as Regional Advisor to Cochlear Limited, Australia. At the helm of the Medical Services of the Indian Navy, he is now poised to reorganize and modernize Medicare available at all medical units in the Armed Forces, for the truly believes that the patient comes first always. He has been appointed Hon Consultant to Cochlear Research Centre (CRC) "HEAR" in June 04.

NBE's Governing Body Members

The only Indian doctor to be the Hon Consultant to this prestigious International Advance Cochlear Research Centre for total deafness.

He was awarded the **Vishisht Seva Medal (VSM)** in 1988 for his extra ordinary achievements in middle and inner ear surgery. He was awarded the **Ati Vishisht Seva Medal (AVSM)** in 2003 for his impeccable planning and implementation of the Cochlear Implant programme in the Armed Forces; **Param Vishisht Seva Medal (PVSM)** on 26 Jan 2005. He was appointed **Presidents Honorary Surgeon (PHS)** on 02 March 2005; **Senior Colonel Commandant of Army Medical Corps** in Nov. 2005. He was awarded Life Time Achievement in the field of ENT by the Northern India Chapter of AOI in 2003. On 22 November 2003, he was felicitated and honoured by the Cochlear Implant Group of India for his pioneering work in Cochlear Implant Surgery (especially Paediatric Cochlear Implant Surgery) in South East Asia and the Indian Armed Forces.



Dr. K M Shyamprasad
MNAMS, M.Ch
(Cardiothoracic)
FRCS(Ed.), FIACS,
Cardiothoracic Surgeon

Dr. K.M. Shyamprasad has been the Chairman of Christian Medical College, Ludhiana and the Chancellor, Martin Luther Christian University, Meghalaya. He has been associated with the professional organizations such as Indian Association of Cardiovascular and Thoracic Surgeons of India; Association of Surgeons of India; Indian Association of Bronchology; Royal College of Surgeons of Edinburgh; Christian Medical Association of India and Indian Medical Association. He has many publications in national and international journals. His special interest areas are Education in Health Sciences; Hospital Management and Governance; Reforms in Medical Education; Human Resource Development for Rural Health Care; HIV/AIDS and International Education.

As a visiting fellow at the University Hospital Zurich, Switzerland, he was actively involved in the work of Cardiovascular unit of the hospital headed by Prof. Marko Turina. During this period he was exposed to Heart and Lung transplantations, palliation and total correction of congenital heart anomalies, acquired cardiac disease both valve and coronary surgery and Electrophysiologically guided surgery for tachy-arrhythmias, surgery for ascending and descending thoracic aorta as well as arch and a full range of peripheral vascular work. He was awarded the Parasuram Memorial Award 1983, for a paper on "Variation in the anatomy of tricuspid valve" This award was presented by the Association of Thoracic and Cardiovascular Surgeons for India for an original paper presented by a young member at its Annual Conference.

He has made a valuable contribution as the Chancellor, Lutheran University, Chhattisgarh, (being established); Executive Director, National Lutheran Health and Medical Board; Member of Governing Board & Treasurer, Centre for Research in New International Economic Order, Chennai; Member, Standing Selection Committee, Post Graduate Institute of Medical Education, Chandigarh; Associate Editor, Indian Journal of Thoracic and Cardiovascular Surgery 1991 to 1993; Member, Governing Council, Christian Medical College and Hospital, Vellore; Member Executive Committee, Christian Medical Association of India, New Delhi – 1994-1996; Member, Governing Board, Bethesda Hospital, Ambur, N.A. District; Former Director, C.S.I. Rainy Multispeciality Hospital, Chennai, 1996-2003; Management Consultant: S.M.C.S.I Medical College, Karakonam, Kerala.



Prof. Swarna Bhardwaj
MBBS, MS, FAMS
Vice President National
Board of Examinations

Prof. S. Bhardwaj graduated from Lady Hardinge Medical College and obtained Post Graduation in Anatomy from Maulana Azad Medical College and later on headed the department as Director Professor. Dr. (Ms.) Bhardwaj joined the National Board of Examinations in 1992 as its Executive Director. She continued as Executive Director till 1997. Her illustrious tenure had seen strengthening of the examination systems of the Board, introduction of innovative programs and introduction of Objective Structured Clinical Examination (OSCE). Dr.(Ms.) Bhardwaj took the Board to new heights and facilitated human approach of the Board towards the candidates and the DNB trainees. She was instrumental in introducing innovative techniques for development and banking of Multiple Choice Questions in the Board.

She has visited several international institutions – attended training programme for medical teachers at Dundee, Scotland; WHO Fellow for Cytogenesis in department of Genetics, Queen, Elizabeth Hospital, London U.K.; WHO Fellow in experimental Pathology and Department of Anatomy at Charring Cross Hospital, London, U.K. She had been the members of various professional societies such as- Anatomical Society of India; Afro-Asia Oceania Congress of Anatomists; DASMOS (Delhi Association of Morphological Sciences); Indian Association of Advancement of Medical Education. She has contributed many research articles in various journals.



Dr. Sudipto Roy is President of Indian Medical Association. He has been a member of the Task Force on Medical Education for the National Rural Health Mission (NRHM), Ministry of Health & Family Welfare, Government of India. He has worked as President & Secretary to the Indian Society of Anaesthetists, West Bengal State Chapter; Indian Medical Association- Calcutta Branch; R.G. Kar Medical College Ex-students' Association. He was the President of the R.G. Kar Medical College Students' Union; Hony Editor, Hony Secretary & Hony Associate Editor for Journal of the Indian Medical Association (JIMA). He also served as a member of IMA Central Council & Central Working Committee for many yrs. He was the member of the Legislative Assembly of West Bengal (1987-91). He took initiative to organize a large number of free medical camps in different parts of West Bengal where besides health check-up free medicines were given to the poorer section of the society. He also organized Relief Operation in Gujarat Earthquake & Tsunami in Central India. He was awarded with a Memento for his achievements and contributions in medical profession by Mr. N. Chandra Babu Naidu, Hon'ble Chief Minister of Tamilnadu on 4th August 2001. IMA Best Local Branch Secretary Award in 1997-98, IMA Special Award (for organizing All Indian Medical Conference) in 2000, IMA Academy of Medical Specialities Chairman Appreciation Award in 1997-98.

Forthcoming Journal of NBE
For details, please look at page 5

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Improving DNB Training

Dr Manas Nath Bandyopadhyay, Cancer Centre Welfare Home & Research Institute, Thakurpukur, Kolkata

- Publication of series of books by NBE containing "Excellent (not necessarily "Model") answers to questions in the final examination. I am sure that many examiners in different specialties and super-specialties come across exceptionally good answers in the written examination of DNB (final). We often wonder how a student of DNB could attain such mastery over the subject and over the precise way of giving answers. They are indeed awarded good marks. However, I feel that after the paper is evaluated, these pieces of excellence are lost forever. Could not we do something to preserve these answers for the benefit of the future batches of students? In fact, such an endeavor shall also help the teachers and examiners as well. If the NBE agrees upon the concept, a National body may be formed (with limited tenures for each member) for each of the specialties and super-specialties. This body shall review the answer scripts with special reference to the answers where very high marks were credited. These answers can then be reproduced with comments of the Board. The comments should include why the answer was considered excellent. The comments may also include points to further improve the answer (if possible). Such anthologies will surely find its way into many international Institutes/Libraries. It will be a priceless contribution of NBE towards Medical Education and Training. I hope a lot of examiners in various subjects would like to volunteer in such an endeavor.
- Examiners in different specialties often feel that there remain some relatively neglected areas of teaching in different specialties. As for example, in Radiotherapy, the teaching of subject-related anatomy of the organs often remain sub-optimal in different teaching Institutes. An expert committee of NBE should prepare a guideline. The guidelines should be distributed among the DNB recognized teaching Institutes. This will definitely improve the standard of teaching in such subjects.
- Negative marking in theory paper is not practiced in DNB (final). However, a few students (rare though) make use of this opportunity to write an answer that contains absolutely nonsense/irrelevant materials. To discourage this, there should be a scope of negative marking in such cases. This may induce some complications in the marking system. However, if clearly forewarned, the students are likely to avoid this practice.
- Quoting references in answer script is very much welcome. It is understood that memorizing a reference in its full form may be difficult/ impossible in the examination paper. Hence, a broad / approximate reference may be allowed. However, nonsense

reference (like "a paper from Hyderabad" / "a publication from Aligarh") should be discouraged. This should be clearly printed in the answer scripts. Sometimes, the students refer to such ghost publication to prove their own ideas.

If OSCE is not a valid test of Clinical Skills- What Next?

Jacob M. Puliye MD MRCP M Phil, Head of Department of Paediatrics, St. Stephens Hospital, Tis Hazari, Delhi

I worked for the University of Manchester in the UK in the nineties when OSCE was a novel method introduced to evaluate undergraduates in Pediatrics. I spent my time teaching students clinical pediatrics-distinguishing between different cardiac murmurs and listening to respiratory sounds. My student did poorly.

Then I had opportunity to conduct an OSCE. After that, I understood the system. I stopped teaching pediatrics and trained my students to pass the examination:

'When asked to examine the cardiovascular system put your stethoscope on the apex, the tricuspid area, the pulmonary area and the aortic area. Put the stethoscope on the neck and turn the patient over to put the stethoscope in the inter-scapular area also and so on. No time was wasted on the complex subject of murmurs or respiratory sounds. The candidates did brilliantly- but were they better doctors? I am certain they were not!

We have started the OSCE for the DNB. Soon we will have coaching classes for the OSCE-they will teach candidates like I taught at Manchester:

'You may be asked to examine the respiratory system in a manikin.

Remember always introduce your self to the manikin! Ask permission from the manikin to open its shirt! This will fetch you two marks out of the 10 marks allotted for examination of the respiratory system. If the pass percentile is 80% this may make the difference between pass and fail for this section. Students who are good clinicians get no credit for their skills. Do we want this situation with a post-graduate examination? It is suggested that using a combination of the old system with the new, can solve this problem. I do not think it helps. If the old system is biased, giving 50% marks to that system can make or break a candidate. On the same grounds, if the new system is not a valid test of clinical skills, apportioning 50% marks to that, is wrong.

Can we improve the system?

If the money and energy spent on each OSCE, is spent on improving the old system we could have a fairer test of clinical competence. Examiners can be taught to score candidates independently without consulting one another. 2 examiners will evaluate the candidate for short cases and another 2 for the long case. The examiners are asked to assess if in his opinion, the candidate deserves to pass the examination- not whether he made a correct diagnosis. Bedside manners, clinical skills and deductive thinking all need to be evaluated.

These scores can be fed to a computer. The computer programs can find the 3 examiners who have the best-matched evaluation score for the candidate. The score for the fourth examiner can be disregarded. If 3 of the examiners say a candidate deserves to pass he is passed. If the jury is divided evenly the computer program will add up the candidates best 3 scores to see if he has passed.

The same computer program can evaluate examiners, to see if one examiner consistently gives lower or higher scores, compared to peers or if he gives scores at random. Examiners who consistently give lower or higher marks can have their scoring automatically corrected by the computer program. Examiners, who score randomly, may be biased or inattentive and can be taken off the examination panel. Examiners will be on their toes because of this. This will eliminate many of the vices of the old system. Examiners will no longer have a divine right to act arbitrarily but they will be judged by the computer program. Such a program is novel and not been tested out but it has the potential to be fair and open. Instead of importing methods of evaluation, this is our opportunity to develop something new that other can copy!

Improving Evaluation System for DNB Examination

Mr. P. K. Rohatgi, Sr. Vice President
Amity School of Engineering, New Delhi

Present System of Evaluation for DNB

The present system of Examination for Broad Speciality & Super Speciality consist of two parts:

a) Theory

Broad Specialty- 4 papers
Super Specialty- 3 papers
Direct five years- 2 papers

b) Practical

Including viva voce (except Neuro surgery)

Candidate who obtains minimum 40% in each of theory papers & minimum of 50% in aggregate of

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all the four (three for super specialty) theory papers will be declared successful & will be allowed for practical examination. Also a candidate who is declared successful in theory exam will be allowed to appear for practical exam immediately following theory exam. If the candidate in broad specialty fails or does not appear in practical examination he will be allowed two more chances of practical examination. Thereafter such a candidate will be required to take full examination (theory & practical) as a fresh candidate. In super specialty only one more chance is given.

Suggestion on Examination System

1. Theory & practical exam should be held in one go rather than first clearing theory paper in term of present system & then allowing to appear in practical. It is suggested that candidate failing in either be allowed to reappear in that discipline viz. theory/practical and number of attempts allowed should be minimal three, for recurrence thereafter on has to repeat the entire process. Since a student has to wait for the result of theory exam for a period of 4-5 months & he has to prepare a fresh for practical exam for which a short period of 3 week is available this result in wastage of time and also mental tension/anxiety for remaining waiting for the result. Medical studies remain extended for a prolonged period viz. MBBS- 5 1/2 years, followed by minimal 3 year for MD & additional 3 years for super specialty provided there is no gap period in seeking admission to next higher studies.

2. Also the structure of question paper should be changed, question papers should include 20-30% if the total marks on objective type & practical applications. For rest of the marks all the topic be covered through short notes.

3. The examination system could be designed by adopting credit system which is a process of continuous evaluation of student's performance, the absence of pass or fail on annual basis through single exam conducted by DNB board be replaced by both Internal & External assessment as described herein under "Credit System".

4. Practical Exam to include 10/20 marks for thesis for MD course, 20 marks as internal assessment from the place of study be allocated, rest 70 marks should be uniformly divided giving weightage for individual aptitude & special field of interest.

5. Mark Sheet to all students after the Exam/result made available.

Credit System

It is a process of continuous evaluation of a student's performance, the absence of pass or fail on an annual basis & the flexibility to allow the students to progress at a pace suited to individual ability & convenience subject to regulation of credit requirements.

Each course/subject has a certain number of credits

assigned to it depending upon the lecture, tutorial & practical contact hours per week. A letter grade with specified number of grade points is awarded in each course for which a student is registered. A student's performance is measured by number of credits that he/she has earned and by the grade point average maintained by him. A minimum number of credits of 4.5 should be acquired in order to qualify for the degree viz. number of credits in a course lectures/tutorials one lecturer/tutorial hours per week per subject is assigned one credit.

Practicals: One practical hour per week per discipline is assigned half credit.

Degree Requirement: For MD (broad specialty) credit are assigned viz. for 4 theory papers plus one practical.

Grade: The grade awarded to a student in a course is based on his performance in (i) Internal Exam (may be based on one or two internal test) (ii) Major test (annual exam/semester exam by DNB) (iii) Some weightage is fixed for QUIZZES, Attendance, General Assessment.

Suppose paper XIX1 is assigned 100 marks, the breakup of marks could be minor test/internal test No.1: 15 Marks, minor test/internal test No.2: 15 Marks, Quizzes, attendance general performance: 10 marks, Total Internal marks: 40 concerned hospital/institution where in candidate is undergoing training. External/Major/Annual paper: 60 marks by DNB.

Formal Letter Grades: 'A' grade stand for outstanding achievement even the best student of any class needs to be good enough to be awarded 'A' grade. Marks for award of 'A' grade can be fixed say 80% and 'D' grade for 30% marks. For the remarking letter grades the faculty need to use their own judgment. Normally the medium may be taken as the dividing line between B(-) and C. In ideal circumstances there should be natural gap between letter grades. In reality this may not happen to overcome this problem it may be necessary to relocate the grades suitably:

Grades	Range of Marks	No. of Students
A	83-87	3
A-	70-75	7
B	64-68	7
B-	52-60	15
Median (51 marks)	Total	32
C	44-50	12
C-	37-41	3
D	31-33	3
E	17-29	9
F	14 & below	5
	Total	32

Normalisation of Marks

In the courses involving more than one instructor, it is necessary to normalize the marks before awarding the final letter grades. The points or marks of student are divided in two categories:

(i) Common test marks such as those awarded in minor or major test.

(ii) Non common test marks such as those awarded to individual group by theory and practical work.

The non common test marks are multiplied by the normalization factor 'N':

$$N = T_e/T_g * C_g/C_e$$

T_e = average of the entire class in the non-common test such as tutorial.

T_g = is average of a given group in non-common test.

C_g = average of the given group in all the common test (Minor/Major).

C_e = average of entire class in common tests.


Plotting of Graphs: Before final letter grades are awarded, it may necessary to reassess the performance of some students particularly their major script, if the marks awarded on first assessment make them border line cases separating two letter grades.

Moderation of Result


The result should be revised by the moderation committee.


NBE Journal


NBE is planning to start a journal during the next few months to enable the sharing of technical materials and experiences of various accredited institutions in the area of post graduate medical education and training. It would be appreciated if you could kindly contribute in the journal in any of the following areas:


 Scientific articles (Title, name of authors, summary 250-300 words, key words, introduction, methodology, results, discussion, references (Vancouver), tables (one on each page))


 Letter to the editor (from DNB students and teachers)

 Review articles related to post-graduate medical education and training

 Book reviews

 Guest editorial on issues related to medical education and training

 NBE institutions review (brief write up on your institutions and how innovative post graduate medical education training is being followed in your institute)

 Interesting clinical cases (brief with photo etc.)

 Any other issue related to medical education

Kindly send these in hard copy & also on floppy by mail or through email address

www.nbejournal@yahoo.com

NBE Accredited Hospitals

St. Stephens Hospital Tis Hazari, Delhi

Dr. Mathews Verghese, Director

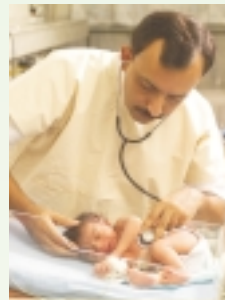
St. Stephens Hospital is a trusted landmark in North Delhi. It is an institution of compassion and love for those in pain. The story of St. Stephen's Hospital began when a non-medical English lady Ms. Priscilla Winter sensed the need for medical care for the under-privileged. She started with a box full of medicines on the banks of the river, Yamuna in 1864. A group of women joined her and on the 31st of October 1885 a 40 bedded hospital was opened as the first hospital for women and children of Delhi. Today St. Stephen's Hospital stands as a 600 bedded General Hospital, the first and the largest non-governmental hospital of Delhi. Starting as a mother and child hospital, today the hospital can boast of all specialities and super specialities including



Neuro and Cardiac Surgery and Oncology. The hospital has become a tertiary care centre for Obstetrics/Gynaecology with facilities now even for Foetal Medicine and In-Vitro-Fertilisation. The hospital has one of the best Neonatal Intensive Care Units of the city.

The hospital has facilities for all types of surgeries. General surgeries including hepatic and biliary surgeries, cancer surgeries and laparoscopic surgeries. Other surgeries include neuro-endoscopic surgeries of the brain and spinal chord, paediatric surgery, urology, endoscopic ENT surgeries and plastic surgery. St Stephen's Hospital is the first hospital in Delhi to do Intra Ocular Lens Implantation using Sub-millimetric incision and also permits distant and near vision correction with the same adaptable lens. The Cardiology department which started in 1993 has a state-of-the-art Cardiac Catheterization Laboratory and offers a complete range of cardiac and pulmonary services. The orthopaedic department has a paediatric wing which is one of the most active paediatric orthopaedic units in the city. Lucque and Harrington instrumentation for spine and

Ilizarov ring fixation procedure and Jess fixation are routinely performed. The hospital has also arrangements to provide orthotic & prosthetic support services. Today St. Stephen's Hospital is among the few hospitals with facilities for Organ Transplantation. Besides these curative services the hospital provides all types of diagnostic facilities under one roof including CT Scan, MRI, EEG, EMG and Mammography.



St. Stephen's Hospital is a post graduate institution for Medical Studies and has the approval of the National Board of Examiners to train post graduated in 12 disciplines namely Medicine, Surgery, Obstetrics/gynaecology, Paediatrics Anaesthesia, Orthopaedics, Radiodiagnosis, Community Medicine, Family Medicine, Cardiology, Pathology and Neuro Surgery. The Hospital is also recognized for internship and house-surgeon by the Indian Medical Council and approved for DGO by Delhi University. It has a Nursing Training School, which is recognized by the Delhi Nursing Council. The hospital also has training programmes in 6 allied healthcare disciplines such as Laboratory, Radiodiagnosics, Electrophysiology and Cardiopulmonology, Anaesthesia, Medical Records and Ophthalmic.

While offering the latest medical technology and expertise for the benefit of the patient, St Stephen's Hospital has consciously ensured that the quality healthcare is made available to the most needy. The fees have been decided keeping in mind all sections of the society. In addition 75% of the hospital beds are in the general ward where



the treatment charges are subsidized and the very poor are treated free of cost. The hospital has also stepped out to reach the community with its outreach programme covering a population of more than 85,000 people in Sunder Nagari and more than 25,000 people in 10 villages in Gurgaon. The hospital is committed to serve all sections of the society with a special commitment to the less fortunate members of the society, not just with medicines but with concern, empathy and love. This commitment is reiterated in the motto 'In Love Serve One Another'.



Pushpawati Singhanian Research Institute (PSRI) for Liver, Renal & Digestive Diseases, New Delhi

Hallmark of Medical Excellence

Dr. Col. M.C. Kapilashrami, Medical Director

Pushpawati Singhanian Research Institute is South East Asia's first and India's foremost institute, providing advanced & comprehensive medical and surgical treatment for Digestive Diseases with core specialization in the area of Liver, Kidney, Gall bladder, Pancreas & the Gastro Intestinal Tract. Liver, Renal and Digestive Diseases are highly prevalent in India adding significantly to the high



death rate - the fifth most common cause of death in the age group of 15-45 years and third most common cause of chronic bad health. There was no institute with exclusive focus on digestive diseases, hence the resolve to establish an institute in Delhi to bridge this gap for the health care needs of the people of India and neighbouring countries of Asia.

Promoted by the JK Group, PSRI was established in 1996, with a view to provide curative and preventive medical care. Located in the South Delhi, PSRI today has grown into a leading knowledge centre with state of the art facilities. With a comprehensive and seamless approach to clinical services, the Institute aims at providing tertiary care along with extensive community outreach programmes as a continuing commitment to its social obligation. The facilities at the institute are constantly upgraded to keep pace with global advances in related fields. While Gastroenterology and Nephrology remain the key thrust areas of the institute, General Medicine, Geriatrics, Endocrinology and Pediatric Gastroenterology are also part of the institute's domain. PSRI has a faculty of highly experienced and specialized doctors who are leaders in their respective fields. Backed by staff that is well trained and caring with an excellent work culture, their combined efforts lead to a highly professional and yet patient friendly environment.

The Objectives of the Institute are

To provide promotive, preventive and curative health care services through the chosen super specialities; training and continuing education of doctors and

Important Events During the Period- Oct to December 05



Nephrology, G.I. Surgery, Urology & Kidney Transplant, Paediatric Gastroenterology, Anaesthesiology, Imaging Services including CT Scan, Lab. Medicine, Transfusion Medicine (Blood Bank). Facilities are also available for comprehensive treatment of ailments pertaining to General Medicine/Surgery, Diabetes & Endocrinology, Human Nutrition & Dietetics, Behavioural Sciences, Rheumatology, Gerontology.

Institute offers excellent Nursing care of international standards to the inpatients of all categories including Critical care. In addition to the state-of-the-art equipment, Critical Care at PSRI is supported by integrated physiotherapy services. PSRI has an active & successful kidney transplant programme. It owes its success to a very well equipped & large dialysis unit, very experienced Transplant surgical team, well equipped post transplant unit and a highly experienced nephrology team.

paramedical staff; to research in the related areas and spreading awareness about common ailments of the Gastrointestinal, Urinary and other related specialties and their prevention.

Training & Continuing Education Programmes

These are organized periodically for the doctors and paramedical staff to train and update them in the management of diseases related the super specialties. The Institute is also recognized by the National Board of Examination (NBE) for the training of Post Graduate doctors in the field of Gastroenterology & Nephrology, through a three years structured courses.



Research

Research is one of the thrust areas of the institute. Aimed at discovering new knowledge on the aetiology, pathogenesis, prognosis, effective management and prevention of all kinds of ailments of the Gastrointestinal and urinary systems, the knowledge so gained is disseminated through workshops, symposia, panel discussions, CMEs and publications in leading national and international journals. Research projects are selected in the areas of clinical, Basic and Community health problems, belonging to the chosen Sub Specialities. Research activity of the institute is monitored and guided by a research advisory committee which comprises of experts of national and international repute.

Departments & Units

Centre of Liver Diseases, Gasytroenterology,



Community Outreach Programme

Since its inception, PSRI is committed to creating public awareness about the diseases which fall in the domain & the chosen specialities of the institute. To meet this objective, periodic community outreach programmes are organized with the help of Resident Welfare Associations in different parts of Delhi. This has given a special identity and reputation to the institute. Programmes are organized in the form of educative lectures by the senior faculty on various topics, followed by interactive question answer session. Free camps are also organized for the under privileged. Keeping in view the specific requirements of Children and the old, the Institute organizes periodic free camps for these vulnerable sections exclusively.

Positive Health Programme

In addition to educating people on the preventive of diseases, positive health check up for all age groups are organized on all working days in the OPD of PSRI. These are aimed at encouraging masses for paying attention towards their health status and early detection of diseases. Such screening is also done through free camps from time-to-time.

OSCE (Anesthesia) Development Expert Group Meeting was held on 25th November 2005 at National Board of Examinations, Ansari Nagar. The meeting was attended by Dr. Purnima Dhar, Lt. Col. Dr. Navdeep Sethi, Dr. Rani S Sunder, Prof. Parmod Bothal, Prof. R.K. Batra, Prof. Usha Saha, Prof. Rajesh Kumar, Prof. Rajiv Chawala, Dr.A.K. Jain and Dr.Anju R Bhalotra.

OSCE (Dermatology) Development Expert Group Meetings held on 5th November 2005 and 10th December 2005 at National Board of Examinations, Ansari Nagar. The meetings were attended by Dr.R.C. Sharma, Dr.S.R. Shukala, Dr. Rashmi Sarkar, Dr. Vibhu Mehdiratta, Dr. M. Ramam, Dr. S.N. Bhattacharya, Dr.H.K. Kar, Dr. Kabir Sardana, Prof. V.K. Jain and Dr.G.P. Thami.



OSCE (Psychiatry) Development Expert Group Meetings were held on 6th November and 13th December 2005 at National Board of Examinations Ansari Nagar. The meetings were attended by Prof. R.C. Ziloha, Prof. M.S. Bhatia, Prof. S.C. Bhargava, Prof. R.K. Chadda, Dr. Samita Deshpande, Dr. Rajesh Sagar, Dr. Rama Shankar, Dr. Jitender Nagpal, Dr. N.K. Bohra and Dr. R.K. Solanki.



Collaboration between National Board of Examinations & Indira Gandhi National Open University

Both the National Board of Examinations and the School of Health Sciences IGNOU have the common concern for the development of need based post graduate medical educational programmes especially in view of the concerns of the Government of India reflected in the National Rural Health Mission 2005, National Health Policy 2002, etc. The President, National Board of Examinations, Prof. A. Rajasekarn, along with Vice Presidents, Prof. M.S. Ramachanran and Prof. K.M. Shyamprasad and the Executive Director, Prof. A.K. Sood, visited IGNOU discussed with the Vice Chancellor Prof. H.P. Dixit, Prof. S.B Arora, Prof. A.K. Agarwal from the School of Health Sciences, IGNOU for mutual collaboration in various academic activities. The team also visited the Medical Centre for various satellite based teleconferencing facilities.



Forthcoming Events

CME Workshops for DNB students & DNB trainers

National Board of Examinations has planned for CME workshops in the disciplines of Medicine and Surgery for the benefit of the students and the DNB trainers on the regional basis.

- Madras Medical College, Chennai, 27th to 29th January 2006
- Medical College, Nagercoil and Dr. Jayasekaran Hospital, 24th to 26th February 2006
- BJ Medical College, Pune

For details please refer to National Board of Examinations web site- www.natboard.nic.in

CME using satellite based facilities of Indira Gandhi National Open University (IGNOU), New Delhi

National Board of Examinations is planning to start CME for DNB trainees and DNB teachers using the facilities of IGNOU from March 2006.

The National Board of Examinations is offering Diplomat National Board (DNB) qualifications in 42 medical specialties through out the country through the accredited hospitals and institutions. The School of Health Sciences (IGNOU) has also been involved in post graduate medical educational programmes through the courses such as Post graduate diploma in Maternal & Child Health (PGDMCH), Post graduate diploma in Hospital & Health Management (PGDHHM), Post graduate diploma in Rural Surgery, Post graduate diploma in Geriatrics medicine, Post graduate diploma in Community Cardiology etc. IGNOU has a vast network of Regional centers, Study Centers and identified hospitals for practical hands on training for the enrolled candidates. It also has the modern information technologies for effective interactions with its students through satellite linked teleconferencing facilities along with the production center at New Delhi. Both the National Board of Examinations and the School of Health Sciences IGNOU have the common concern for the development of need based post graduate medical educational programmes especially in view of the concerns of the Government of India reflected in the National Rural Health Mission 2005, National Health Policy 2002 etc.

For the reception of the satellite transmission the DNB accredited hospitals/ institutions will require installation of basic reception equipment at their own costs (which varies from Rs. 12,000/- to Rs. 35,000/- depending upon the one way/two way video/audio feedback). However the cost of telecasting etc will be borne by National Board of Examinations. It is expected that this will further improve the quality of DNB training programmes all over the country.

12th Convocation of National Board of Examinations

The 12th Convocation of the Board is scheduled to be held on the 18th February 2006, from 4 PM to 7 PM at the Auditorium of Science City, Kolkata. About 1500 candidates, who passed their practical examination in 2005, will be conferred with Diplomat of the National Board in this convocation.

Appraisal of DNB Trainees and Institutions/ Hospitals

The first appraisal is being done during the month of January 2006. The purpose of introducing six monthly appraisals of NBE accredited hospitals/ institutions is to further improve the quality of training, assess the training of the DNB candidates and also assist the local institutions to develop into a center of academic excellence. This would further add value to the services being rendered in these accredited hospitals/institutions. The Board expects the local appraiser to be a post graduate in the speciality with teaching and research experience. He/She should have enough time and expertise to carry out the following activities in the allotted hospitals/Institutions:

- Participate in thesis protocol presentation & discussion, assist the DNB candidates in their thesis work by giving them suggestions and monitoring their progress.
- Prepare question paper containing ten short structured questions in the speciality on the topics covered during the preceding six months and evaluate the answer sheets. He will maintain total confidentiality in these activities. The arrangements for six monthly theory and practical examination will be made by local accredited hospitals/institutions.
- He will formally conduct practical examination (On the topics/areas covered in preceding six months). The practical will have long case, short cases, ward round, spots and viva voce as per the DNB format.
- He will communicate the result of assessment to the concerned candidates along with detailed feed back on their performance. He will give detailed suggestions to each candidate in writing for improving his/her performance. He will act as counselor.
- He will prepare the Examination worksheet for each candidate and submit the same to the concerned hospital for records.
- He will submit the report to the Executive Director, NBE.
- He will also send six monthly report on the infrastructure, patient load and manpower in the concerned speciality of the Accredited hospital, to Executive Director, National Board of Examinations, Ring Road, Ansari Nagar, New Delhi- 110029.

Snippets in Medicine

- There are about 10 lakhs allopathic doctors in the country.
- There are 250 Medical Colleges, 150 Dental colleges and 5 Medical Universities.
- Number of accredited institutions by the National Board of Examinations in India is 255.
- After Dr. Rajkumari Amrit Khor, Union Health Ministry is headed by a Medical Doctor from rural India, Dr. Ambumani Ramadoss

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