NBE IS COMPROMISING SUPER SPECIALITY MEDICAL EDUCATION IN INDIA

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Category: Opinions

"NBE should rise up to engage and mature with the medical community which continues to re-discover itself through the extra-ordinary school of experience, learning daily from the corridors of a medical ward, interacting with communities and inspiring hope and faith in life, every day. NBE must instil supernatural confidence into the minds of young medical doctors and build capacity among ordinary working people to change the course of human history." – ***Edmond Fernandes , CEO, Center for Health and Development (CHD Group)***

After having studied the website of National Board of Examinations (NBE), I learnt that it was set up in 1975 with the prime objective of improving the quality of medical education by putting in place standards of post graduate examinations in modern medicine and by raising by the bar, on a pan-India basis. Today medical education in India is messy, be it for undergraduate, post graduate or so-called super speciality branches. To make matters worse, we have NBE which is a place where paradoxes reign supreme. NBE does not provide a national vision any more with international partnerships, smart ideas and the capacity to nurture the same at institutions by bringing in aptitude, communication and scrutinizing the CV. From 1975 till date, the model of examination is merely rot-

learning. Those who wish to leave India to settle abroad, end up engaging in research, working with organisations to enhance their CV because in the west, collecting degrees or cracking examination is not the only criterion for suitability at good medical schools or high offices. Quality is judged from different parameters which focus on an inclusive individuality, not merely on NBE way of life.

Dilemmas galore

A doctor aspiring for a super speciality seat in MCH-Surgical Oncology can be eligible if the doctor has done MS- Ortho/Surgery/ENT/Gynaecology. How can a person who has done Orthopaedics who essentially deals with bones or an ENT Surgeon now be competent enough to deal with any kind of surgical cancers without having done a regular General Surgery or at least Fellowship of not less than two years duration ?

Likewise, for a DM- Cardiology, a doctor who has done MD-General Medicine/Paediatrics/ Pulmonology can qualify, which does not make complete sense because a person from a paediatric or pulmonology background without adequate exposure of Adult Medicine, other than the exposure obtained during MBBS days would not be the most competent. At least a fellowship programme of one year must be mandated.

Having given the basic differences that is existing and in contrast, it is worthwhile to note that MD-Community Medicine candidates cannot be eligible for DM – Infectious Disease/Cardiology and Neurology as per the current NBE trend.

Another fascinating thing about NBE is that different candidates from different eligible PG branches are given their own percentiles and no merit list is published by NBE. DNB-Super Speciality exams are held separately and NEET-Super speciality exam are held separately and this should be standardized at the earliest in order to create level playing fields.

DNB-Community Medicine

It is absolutely ridiculous that the powers that be in DNB have never introduced DNB – Community Medicine as a full-time course and rather have willingly offered DNB- Community Medicine after doing an MD- Community Medicine. Barring one or two institutes in the country, DNB-Community Medicine is not a full-time course when in-fact, the clinical material at District Hospitals, Community Health Centres (CHCs), Primary Health Centres (PHC's) is beyond measure and the work force could have been easily utilized for the same.

Community Medicine is the heart of the very health systems and DNB has never been able to understand the philosophy of Community Medicine which exposes a pernicious under-belly of compromise. At a time when the world converges to strengthen community medicine and public health, the indifference within the DNB is palpable. Perhaps an Arab Spring in Health care for India needs to happen urgently, only then the decision makers wake up to engage, to dialogue and to change the processes that urgently seek change.

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