

TRANSFORMING HEALTHCARE

Through Public Private Partnerships
Insights from an IIM Bangalore Study

Dr. Veethica Smrithi
Prof. Raghunath
Dr. Alexander Thomas



About the Case Study

This case study prepared by the Indian Institute of Management Bangalore documents the pioneering Public Private Partnership between **Government of Karnataka, The National Board of Examinations in Medical Sciences and The Association of National Board Accredited Institutions**, and how public institutions and private healthcare providers has transformed specialist medical education and healthcare access.



Transforming Healthcare through Public–Private Partnerships

NBEMS, Government of Karnataka, and ANBAI – Insights from an IIM Bangalore Study

India continues to face a pressing shortage of specialist doctors, especially in rural and underserved regions. In response to this critical challenge, a pioneering public–private partnership was launched between the National Board of Examinations in Medical Sciences (NBEMS), the Government of Karnataka, and the Association of National Board Accredited Institutions (ANBAI). The collaboration aimed to strengthen postgraduate specialist medical education by introducing DNB (Diplomate of National Board) training programs in government district and taluk hospitals, with mentorship and academic support from private accredited institutions.

This innovative model has led to a significant expansion in specialist training capacity across Karnataka. The Government of Karnataka provided infrastructure, stipends, and policy support. NBEMS ensured academic rigor and accreditation. ANBAI coordinated private sector mentorship, quality assurance, and faculty development, offering these services entirely pro-bono. The result has been a substantial increase in the number of trained specialists and a notable improvement in healthcare delivery, benefiting millions of patients across Karnataka.

To document and analyze this impactful initiative, the Indian Institute of Management, Bangalore (IIM-B) undertook a year-long study examining the vision, drivers, implementation, and outcomes of the partnership. The study also includes reflections from eminent leaders who played pivotal roles in the initiative: Dr. Devi Shetty, noted cardiac surgeon and healthcare visionary; Dr. Alexander Thomas, founder Patron and former President of ANBAI; Dr. C. N. Manjunath, former Director of Jayadeva Institute and Member of Parliament; Mr. Jawaid Akhtar, I.A.S, former Additional Chief Secretary, Government of Karnataka; Dr. Abhijat Sheth, President of NBEMS and Chairman, NMC; and Shri. Shivanand Patil, former Minister for Health and Family Welfare, Government of Karnataka.

Their insights provide first-hand perspectives on the strategic thinking, innovations in governance, and challenges addressed during the rollout of the program. This study offers a compelling example of how structured collaboration between public institutions, regulatory bodies, and the private sector can drive systemic change. The Karnataka DNB initiative is now regarded as a replicable and scalable model for expanding access to specialist care and strengthening medical education infrastructure across India.

As of 2025, the initiative has delivered tangible and scalable outcomes. More than 300 doctors have successfully completed their DNB training under this Public–Private Partnership model, and around 170 DNB-qualified specialists are currently serving in government hospitals across Karnataka as part of their one-year service bond, bringing much-needed specialist care to rural and semi-urban areas. There are currently 36 government hospitals functioning as DNB training centres, including 20 taluk hospitals, with around 370 DNB students actively enrolled and undergoing training. This strategic partnership not only increases postgraduate training capacity but also directly strengthens access to specialist healthcare at the grassroots level, benefiting millions of patients across Karnataka.



Dr. Alexander Thomas hands over the case study to Shri. Dinesh Gundu Rao, Honourable Health Minister of Karnataka and Dr. Devi Shetty, Chairman, Indian Institute of Management, Bangalore.

ANBAI's Strategic Dilemma in Shaping Specialist Care

On 23 August 2024, doctors and faculty from across the state of Karnataka, representing both government and private hospitals accredited by the National Board of Examinations in Medical Sciences (NBEMS), gathered in the auditorium of the Bangalore Baptist Hospital. For Dr. Alexander Thomas, Founder and Past President of the Association of National Board Accredited Institutions (ANBAI), this was more than just another event. As he watched the auditorium fill with familiar faces and first-time attendees, he reflected on how far they had come, and how much further still they had to go.

ANBAI, founded in 2011 and based in Bangalore, represents hospitals that conduct NBEMS training programs such as DNB, DrNB, and FNB nationwide. In 2017, Karnataka pioneered a Public-Private Partnership model where NBEMS-accredited private hospitals mentored district and taluk hospitals to deliver specialist medical education. The result was striking: more government hospitals were training postgraduates, patients in rural areas had better access to specialist care, and a network of collaboration had emerged that many saw as a model for other states.

Still, the journey was far from complete. ANBAI had no formal role in NBEMS's decision-making process, despite being closely involved in implementing its programs. Communication between NBEMS and the accredited hospitals remained uneven. And with more than 30,000 students now in training across 800+ institutions nationwide, NBEMS's single centralized office in Delhi was struggling to keep pace. Dr. H. S. Chhabra, National President, ANBAI, felt that a fundamental requirement for the growth and development of ANBAI was needed: the NBEMS must have two members from ANBAI in the Governing Council to improve transparency, enthusiasm and positive participation of all the institutions. Dr. Alexander Thomas found himself wondering whether the time had come to push for structural reforms such as regional NBEMS centers, formal ANBAI representation on governance bodies, and greater decentralization, or whether continued quiet diplomacy was the better path forward.

The decision needed to be shaped quickly. With ANBAI entering its second decade, the stakes were more significant than ever. A lack of alignment could affect training quality, strain institutional morale, and limit India's progress in addressing its healthcare gaps. Should ANBAI take a more assertive stance to influence policy or continue relying on informal coordination and goodwill? The answer would not only define its future but potentially affect how medical specialists get trained across the country.

Diplomate of National Board (DNB)

The doctor-to-population ratio for specialist doctors in the state of Karnataka was very poor.¹ Despite attempts to increase post-graduate medical seats in government colleges, progress was slow. Private hospitals had the necessary faculty and infrastructure, but they primarily served urban areas. It was during the 1990s that the Diplomate of National Board (DNB) system took shape and gained momentum. Following the lead set by St. Martha's Hospital, a growing number of medical institutions in Bangalore began securing NBEMS accreditation to start NBEMS residency programs across various specialties. Then, cities like Mysore and Hubli also came on board, marking a steady rise in participation across Karnataka. Soon, Bangalore emerged as the city with the highest concentration of NBEMS-accredited institutions, and Karnataka began to stand out as one of the leading states in this effort.

The late 1990s brought some welcome changes—better communication with NBEMS became possible with the arrival of electronic media—but the journey was far from smooth. A major hurdle remained: the continued struggle for NBEMS graduates to be accepted into teaching positions. The erstwhile Medical Council of India (MCI) held firm on its policies, and many NBEMS-trained doctors were required to complete an additional one to three years as Senior Registrars in medical colleges before they could even be considered for teaching roles. It was a frustrating roadblock in an otherwise promising path.

¹<https://www.deccanherald.com/india/karnataka/karnataka-doctor-patient-ratio-among-worst-676279.html>

As the 21st century began, the idea of introducing a common entrance exam was floated by the NBEMS. At first, many accredited institutions were hesitant, as they had been used to managing their own selection processes and were not keen on giving up that control. In fact, ANBAI even filed a legal case against NBEMS to oppose the plan. Gradually, however, the institutions came around to the idea, recognizing the value of a centralized system that could bring more uniformity and transparency. Still, the new process was not without its challenges. Delays in procedures and the long gap between exams and results often meant that students were stuck in limbo. What was meant to be a three-year journey sometimes stretched into nearly four, leaving students anxious about their future and waiting longer than expected to begin their professional careers.

To address this issue of lack of specialist doctors, Karnataka pioneered a unique public-private partnership (PPP) model in 2017 to expand the NBEMS program in district and taluk hospitals.

This initiative involved three key stakeholders:

1. The **Government of Karnataka** provided infrastructure, financial support, and policy backing.
2. The **National Board of Examinations in Medical Sciences (NBEMS)** established academic standards, accreditation, and examination processes.
3. The **Association of National Board Accredited Institutions (ANBAI)** facilitated the involvement of private hospitals to mentor and train residents (with assistance from AHPI).

The National Board of Examinations in Medical Sciences (NBEMS)

The National Board of Examinations in Medical Sciences (NBEMS) played a pivotal role in enabling Karnataka's innovative public-private partnership (PPP) model aimed at addressing the shortage of specialist doctors in government hospitals. As the central academic authority, NBEMS was responsible for accrediting district and taluk hospitals, setting curriculum standards, and overseeing the examination and evaluation process. The success of the Karnataka model hinged on NBEMS's willingness to extend accreditation beyond traditional teaching hospitals and allow government institutions to host post-graduate medical training under the NBEMS framework, an essential shift that opened the door for capacity expansion of specialist doctors in underserved regions. The reservations for government doctors also helped.

However, NBEMS also faced key challenges during this rollout. Traditional medical colleges and many in the medical community questioned the equivalence of the NBEMS degree to the conventional MD/MS programs. This skepticism stemmed from concerns about inconsistent clinical exposure, the absence of a university-affiliated teaching environment, and the lack of a long-standing academic tradition. NBEMS was often considered slow to respond to queries from institutions, especially newer district hospitals unfamiliar with postgraduate program administration. The bureaucratic nature of NBEMS processes led to delays in accreditation, clarifications, and approvals, which could stall program implementation. Ensuring uniform academic standards and quality of training across a wide range of hospitals—from urban private multispecialty hospitals to rural district hospitals—was a major challenge. Hospitals differed significantly in infrastructure, faculty strength, and patient inflow, making it difficult to maintain consistent training quality. The rigorous and paperwork-heavy accreditation process made it difficult for some district hospitals to meet requirements despite having adequate patient loads and infrastructure. Concerns existed that the criteria of NBEMS might not fully align with the realities of the public sector, particularly in semi-urban or rural Karnataka. Monitoring faculty quality and mentorship at scale posed a challenge. Many district hospitals needed support in developing academic processes and adhering to assessment standards. With rapid program expansion, NBEMS struggled to ensure consistent and structured faculty development.

To address these challenges, NBEMS eventually collaborated with ANBAI and the state health departments, which helped bridge gaps in understanding, streamline processes, and support the growth of NBEMS programs in Karnataka. Going forward, NBEMS also benefitted from more decentralized support

systems, improved communication mechanisms, and greater flexibility to accommodate local healthcare contexts.

Association of National Board Accredited Institutions (ANBAI)

NBEMS was doing a good job of standardizing academic programs across the country for postgraduate training. However, one of the biggest gaps in NBEMS functioning was its communication—or rather, the lack of it. Queries often went unanswered for weeks, and the process of resolving even simple issues felt slow and frustrating. Over time, this silence began to wear on the institutions involved. Growing frustration brought several like-minded leaders together, who all felt the need for a unified voice that could represent the concerns of accredited hospitals more effectively.

This shared need eventually gave rise to the formation of ANBAI in 2011. The idea was born in the quiet boardroom of Bangalore Baptist Hospital, where a group of concerned educators and administrators came together to form a collective voice to represent the grievances and aspirations of accredited institutions.

What began as a moment of protest soon evolved into a pivotal turning point. The individuals involved recognised that their goal was not only to challenge the system but also to build a platform for constructive and lasting reform in postgraduate medical education. Though the journey of ANBAI started in conflict, NBEMS eventually became a collaborator. This growing partnership between NBEMS and ANBAI played a vital role in securing parity for the NBEMS qualification, leading to its recognition as equivalent to the MD (Doctor of Medicine) and MS (Master of Surgery) degrees.

ANBAI emerged as the result of a collective effort to bring together hospitals offering NBEMS courses onto a single, unified platform. The idea was simple but powerful, to create a nationwide network that could both safeguard the interests of these institutions and help them raise the standards of postgraduate medical training. At its heart, ANBAI was driven by the belief that quality specialist care should not be limited to big cities, it should reach every corner of the country.

Over time, ANBAI became more than just a support group. It evolved into the key channel of communication between accredited hospitals and NBEMS, helping translate policies, raise concerns, and smooth out operational challenges. Whether it was clarifying guidelines or voicing collective feedback, ANBAI stood at the intersection, working quietly but persistently to bridge the gap between regulation and practice. Apart from being an important intermediary, ANBAI also proactively participated in creating opportunities during COVID for new examination methods. ANBAI designed a faculty development program specifically for teachers. Clinicians in government hospitals, primarily engaged in clinical service, lacked confidence in teaching; ANBAI provided support to strengthen their teaching capabilities.

Looking back at the early days before ANBAI came into being, the difference is striking. At that time, only a handful of hospitals were offering NBEMS courses. Since then, the growth has been remarkable, the number of participating hospitals has multiplied many times over, and with them, the number of approved courses and students has grown steadily. These three areas, institutions, programs, and learners, form the backbone of what ANBAI has worked tirelessly to strengthen. With the introduction of diploma courses by NBEMS, even smaller hospitals those that previously couldn't support a full-scale NBEMS program were able to join the fold.

This move brought many more additional hospitals into ANBAI's growing network. It also established a more inclusive postgraduate training approach under NBEMS, a long-needed initiative. As more hospitals came on board, the momentum built. ANBAI encouraged these institutions to involve NBEMS-trained faculty in exam processes, and today, a significant share of NBEMS examiners are themselves NBEMS alumni. The next goal on the horizon is to establish fairer designations such as granting NBEMS faculty the academic rank of Senior Professor rather than simply labelling them as senior consultants. It will be a small but meaningful shift in how NBEMS qualifications are valued in the academic landscape.

A Public-Private Partnership Model

India has faced a critical shortage of medical specialists, particularly in government hospitals located in tier-2 and tier-3 cities. As of December 2023, India's overall doctor-to-population ratio stood at 1:834, against the World Health Organization's recommended standard of 1:1000², but this figure includes both allopathic and AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha, and Homeopathy) practitioners. The ratio of medical *specialists* to patients is notably lower, especially in rural regions. Many patients in rural and semi-urban areas travel long distances for advanced medical care. This disparity highlights the uneven distribution of medical professionals across the country.

The 2017 initiative introduced NBEMS training programs in district and taluk hospitals while partnering with ANBAI-accredited private hospitals. Government hospitals were carefully selected based on infrastructure availability, patient inflow, and faculty readiness, ensuring that the institutions could support specialist training. Meanwhile, private hospitals with NBEMS accreditation played a crucial role in providing mentorship and academic guidance. The training structure enabled NBEMS residents to work in government hospitals under the supervision of experienced faculty. They also participated in clinical meetings organized by private hospitals for NBEMS students, focused on case presentations, etc., through ANBAI.

Financially, the Karnataka government played a vital role by offering stipends to NBEMS residents and allocating funds for upgrading hospital infrastructure to meet training requirements. Supportive state policies firmly backed the initiative, ensuring smooth implementation, long-term sustainability, and the program's continued expansion. This integrated approach effectively combined public sector resources with private sector expertise, creating a sustainable model for enhancing specialist availability in underserved regions. A one-year service bond was mandated for centralized postgraduate entrants, which increased the pool of specialists. Additionally, 50% of the seats were reserved for the government after negotiations with GoK and NBEMS, which ANBAI facilitated.

The rollout of the NBEMS PPP model included two phases: an initial pilot phase and a scaling-up phase. In the pilot stage, a limited number of district hospitals were strategically selected to serve as pilot sites, evaluating the program's feasibility, operational challenges, and potential for broader implementation. Following the pilot's success, the program expanded to additional hospitals in its second stage, ensuring wider access to healthcare services across 22 specialties and enhancing patient care and medical outreach. The initiative significantly increased the number of specialist doctors in government hospitals through bonds, ensuring more widespread access to expert medical care. As a result, rural Karnataka saw considerable improvements in healthcare accessibility, allowing patients to receive specialized treatment locally instead of traveling long distances.

Additionally, the training standards under this program were enhanced, with NBEMS graduates reporting high satisfaction due to comprehensive clinical exposure and mentorship. Training allowed people from district hospitals to attend physical and online classes. They had help with case presentation during exams. Students had a one-year bond, which contributed to filling vacancies in the government.

Coordinating efforts among the Karnataka government, NBEMS and ANBAI was initially challenging, but structured communication channels and collaborative frameworks gradually improved alignment and efficiency. The program also had to face some other key challenges. Some traditional medical colleges expressed skepticism about the equivalence of Diplomate of National Board (DNB) training, questioning its rigor, clinical exposure, and comparability to conventional medical education standards in established institutions. Many district hospitals faced significant infrastructure gaps, requiring upgrades in medical equipment, diagnostic tools, and essential facilities to meet training standards, ensure quality patient care, and support advanced medical education programs effectively.

²A Press Information Bureau release (26 July 2022) cites official data from the National Medical Commission. It states that as of June 2022 there were 1,308,009 allopathic doctors and 565,000 AYUSH practitioners.

Initially, NBEMS had refused quotas for states. ANBAI successfully lobbied and ensured 50% of seats were under the state quota. The total number of seats taken under the state quota by government colleges in Karnataka is 44.

Today, NBEMS is connected with over 800 institutions across India, where close to 30,000 students are enrolled in DNB/DrNB/FNB programs. Many of these training centers are part of the ANBAI network, which has led to a steady and ongoing dialogue between the two bodies. Recognizing the value of feedback from those on the ground, NBEMS has actively sought ANBAI's input on a wide range of issues—be it operational concerns, academic standards, or the day-to-day experiences of trainees. Over time, ANBAI has come to play a key role in shaping how NBEMS engages with its accredited institutions. Acting as a bridge between policymakers and training providers, ANBAI has helped surface important suggestions from hospitals and institutions, many of which have led to meaningful changes in the system. For NBEMS, this partnership is not just about representation—it's about improving the quality of postgraduate medical education by staying responsive to those who are directly involved in delivering it. The initiative serves as a model for other states aiming to enhance specialist availability in government hospitals while improving healthcare access in underserved areas.

Future Challenges

The PPP initiative by the Government of Karnataka, NBEMS, and ANBAI stands out as a successful model of public-private collaboration in medical education. By leveraging government infrastructure, private expertise, and national accreditation, it addressed critical gaps in specialist availability while strengthening district-level healthcare. Going forward, expanding this model nationwide could play a pivotal role in bridging India's specialist doctor shortage and improving equitable healthcare access. ANBAI had facilitated hospitals to get accreditation and also helped teachers and students to deliver quality education and care.

Dr. A. Lingaiah, Vice President, ANBAI, said, “ANBAI can only go to greater heights from here and will be a beacon to similar organizations across the subcontinent and elsewhere in the world too, where such training programs are conducted by their governments. Every single improvement and step of progress will require unanimous support and agreement at all times.”

Dr. Carolin Elizabeth George, Secretary, ANBAI Karnataka Chapter, shared a similar belief: “The success of ANBAI showcases the value of strategic academic and institutional partnerships of private and public sector in advancing quality healthcare delivery. Replicating such collaborations across India could substantially contribute to healthcare equity and health systems strengthening.”

India's healthcare system, particularly in Karnataka has seen a significant strengthening of its secondary and tertiary care services, thanks in no small part to the efforts of ANBAI. By supporting the training of future medical specialists, ANBAI has helped lay the groundwork for a more capable and widespread network of care. What made this progress even more remarkable was the quiet but consistent role played by private hospitals. Often without much public attention, these institutions took on the responsibility of postgraduate medical education, accounting for more than 85 percent of all NBEMS training seats. It was a point of genuine pride that such a large share of advanced medical training was being driven by hospitals that had chosen to step up, not for recognition, but for the larger goal of strengthening healthcare delivery across the country.

By 2023, Karnataka had established 33 public hospitals offering DNB, DrNB, and Diploma courses across various specialties. This was complemented by over 60 private hospitals across the state accredited by the National Board of Examinations in Medical Sciences (NBEMS). As a result, Karnataka emerged as a national leader in the number of NBEMS-accredited institutions. District hospitals, such as the one in Vijayapura, reported notable improvements in healthcare delivery, performing approximately 125 surgeries and 45 C-sections each week.

The same hospital received Kayakalp Awards in recognition of its cleanliness and quality standards. A mandatory one-year government service bond for specialists trained under this model contributed to improved specialist availability in underserved areas.

The funding by both the National Health Mission (NHM) and ANBAI had made it possible. Dr. H. S. Chhabra, the President of ANBAI, felt the lay public is unaware of the monumental work these institutions are undertaking to help the government bridge the vast gap in the doctor-patient ratio across India. He often reflected on how their efforts, though rarely in the spotlight, carried quiet strength. The fact that their work wasn't always visible didn't diminish its significance. In fact, it was this quiet dedication that made it truly remarkable. But with such growth over the years, the organization had to pause and assess its position and future.

The future looked bright and optimistic. Hospitals, with ANBAI's support, effectively delivered the quality that the national accreditation board expected from institutions. Over the years, the NBEMS ecosystem had expanded rapidly, reaching into a wide range of specialties and super-specialties, with more and more institutions choosing to join the program. This growth, while encouraging, also brought new pressures. The single central office in New Delhi found itself stretched thin, trying to manage the needs of hundreds of institutions across the country. Delays were becoming more common, and the system was beginning to show signs of strain. It was becoming clear that a more decentralized approach was needed. Dividing the Board into four or five regional centers, each responsible for a cluster of states, could make a real difference. With more localized support, institutions could get quicker responses, and students would benefit from smoother administration. Such a step wouldn't just ease the burden on the central office—it would help safeguard the future of the NBEMS program, ensuring it remains accessible, effective, and valuable for the next generation of medical professionals.

Recognizing the need to realign and refocus, ANBAI spent the last two years in a thoughtful process of introspection and course correction. Today, it stands renewed—more focused, agile, and purposeful than ever. What began as a scattered effort had transformed into a sharper, more resilient organization, steadily building on its foundation and ready to take on the next phase of challenges with clarity and confidence.

Despite these positive developments, several challenges persist. The equivalence of the NBEMS degree to traditional MD and MS qualifications remains contested, particularly by established medical colleges. Many district hospitals continue to struggle with meeting NBEMS training standards due to infrastructure deficiencies. The centralized structure of NBEMS has also led to some delays in accreditation processes and faculty appointments. The rapid expansion of the program has further strained the operational capacity of the NBEMS central office. In response, the Association of National Board Accredited Institutions (ANBAI) has been advocating for formal representation on the NBEMS Governing Council to ensure institutional concerns are addressed.

Stakeholder opinions on the initiative remain divided. Supporters point to improved access to healthcare, increased specialist availability, and enhanced collaboration between the public and private sectors. Conversely, critics raise concerns about the quality of training, long-term sustainability, and the growing dependence on private institutions to deliver postgraduate medical education.

Available data highlights both progress and remaining gaps. Karnataka's doctor-to-population ratio stands at 1:278, exceeding the national average. By 2024, the state recorded 67 NBEMS-accredited institutions, with over 2,500 specialists trained.

Nevertheless, rural areas in Karnataka continue to experience a specialist shortfall estimated at 40 percent. To address operational inefficiencies, proposals have been suggested to decentralize NBEMS functions by establishing four to five regional centers.

In 2024, ANBAI, together with policymakers and NBEMS leadership, initiated discussions on the future of the program. Key considerations include the feasibility of scaling the Karnataka model to other states

with different healthcare realities. Stakeholders are also examining pathways for decentralizing NBEMS operations while maintaining academic integrity.

Concerns regarding the perceived equivalence of the NBEMS degree persist, prompting calls for reforms and improved communication. The question of granting ANBAI formal representation within NBEMS governance remains a subject of ongoing debate.

Appendix

1. Pilot to Policy

The GO. No. HFW 238 HSH 2017, Bengaluru, dated 27/10/2017 was passed to start NBEMS courses in 08 District Hospitals (Bagalkot, Chitradurga, Dharwad, Kolar Tumkur, Vijayapura and Ballari) and 2 General Hospitals (KCG Hospital and Jayanagara General Hospital, Bengaluru) in 41 specialities. These pilots were closely monitored and supported by ANBAI and AHPI. Encouraged by results, the Government of Karnataka expanded the model to taluka hospitals - a first in India.

Currently, DNB/DrNB/Diploma courses are running in 33 hospitals (12 District, 2 General, 19 Taluka hospitals) across the state.

Specialities accredited are General Medicine, General Surgery, Obstetrics and Gynaecology, Paediatrics, Anaesthesia, Ophthalmology and Orthopedics; in addition, specialties that are in the process of assessment are ENT, Emergency Medicine, Immuno Haematology and Transfusion Medicine, Urology and Paediatrics Surgery.

2. Hospital Transformation: The Case of Vijayapura

- 626-bed Vijayapura District Hospital now has 7 modular OTs, 20 ICU beds, and sees 1,500–2,000 OPD patients daily.
- Since launching NBEMS courses:
 - Lab investigations, surgeries (125/week), and C-sections (45/week) have surged.
 - OPD and IPD numbers increased significantly.
 - Won Kayakalp Awards (1st prize) for two consecutive years under Swachh Bharat Abhiyan.

3. About the Stakeholders

ANBAI – The Association of National Board Accredited Institutions

ANBAI, established in 2011 as a unified national voice for NBEMS-accredited institutions, was the principal architect and coordinator of the public-private partnership initiative in Karnataka. The association promotes quality in postgraduate training, faculty development, academic advocacy, and collaboration with government and regulatory bodies. Dr. Devi Shetty and Dr. Alexander Thomas are its founder patrons and Dr. H.S. Chhabra is its current President. ANBAI played a major role in obtaining equivalence between DNB and MD/MS degrees from the erstwhile Medical Council of India. ANBAI lobbied the government to ensure that NBEMS remained autonomous rather than coming under the National Medical Council (NMC) as proposed by others. ANBAI also represented to the Prime Minister that the current NMC was not doing its job as envisaged and suggested the NBEMS set-up as a model to follow; steps in this direction have been initiated. ANBAI was responsible for the concept of the Uniform Learning Resource for teaching hospitals, which ultimately led to the One Nation One Subscription [ONOS] model.

AHPI – The Association of Healthcare Providers - India

AHPI, with over 20 state chapters, supports reforms in healthcare delivery, infrastructure, accreditation, and policy implementation. It played a strategic role in facilitating hospital readiness, accreditation, and policy advocacy. AHPI guided public hospitals such as K. C. General Hospital, Jayanagar General Hospital and NIMHANS in achieving NABH accreditation. Dr. Girdhar Gyani serves as the Director General, and Dr. M. I. Sahadulla is the President of The Association of Healthcare Providers India.

Dr. Devi Shetty and Dr. Alexander Thomas are founder Patrons. AHPI has collaborated with ANBAI on several policy-related initiatives, including advocacy for greater autonomy and institutional strengthening of the National Medical Council.

Government of Karnataka

The government provided infrastructure, human resources, and administrative facilitation. Through NHM funding, bonded rural service mandates, and state-wide policy implementation, it institutionalized the NBEMS model in public healthcare. Dr. Alex served on the government committee for NBEMS accreditation.

NBEMS - National Board of Examinations in Medical Sciences

NBEMS ensured quality and parity with national standards by providing structured curriculum, accreditation, and standardized examinations. It maintained academic integrity throughout the program's expansion.

4. Key People Behind the Transformation

- Dr. Parimala S. Maroor, who was the Deputy Director of the State Institute of Health & Family Welfare before becoming its Director upon her retirement from the Health Department, played a crucial role in operationalizing the program at the ground level by coordinating across departments, securing implementation support, and ensuring a smooth rollout across selected hospitals.
- Dr. Alexander Thomas, former CEO of Bangalore Baptist Hospital, Founder and Past President of the Association of National Board Accredited Institutions (ANBAI), and Founder Patron of the Association of Healthcare Providers of India (AHPI), was the driving force behind this initiative. Through his ongoing engagement with the Government of Karnataka and the National Board of Examinations (NBEMS), he recognized the untapped potential of district hospitals for both service delivery and postgraduate training.

- Dr. Abhijat Sheth, President of NBEMS, played a pivotal role in aligning academic standards and expanding the N B E M S program.
- Influential health leaders like Dr. Devi Shetty and Dr. C. N. Manjunath provided early encouragement and strategic guidance. Their support was crucial in building credibility for the model within both the public and private healthcare communities
- The initiative was also backed strongly by key policymakers in the Government of Karnataka, including Health Ministers Shri. U.T. Khader, Shri Shivanand Patil, and senior Health Secretaries such as Dr. Shalini Rajneesh, Sri . Ajay Seth, Sri Jawaid Akhtar, Shri . Anil Kumar, Commissioner HFW, Shri. Subhodh Yadav, Shri Pankaj Pandey, and Mission Directors NHM Ms. Sowjanya, Dr. Ratan Kelkar, and Shri. Ramesh, all of whom played vital roles in endorsing, funding, and sustaining the program.

Quotes:

Dr. Devi Shetty, Chairman and Founder, Narayana Health

“When private hospitals and public institutions join hands to train specialists, the biggest beneficiaries are patients in rural and underserved areas. The Karnataka DNB model, driven by collaboration between NBEMS, ANBAI, and the Government of Karnataka, is a powerful example of what’s possible through visionary partnerships.”

Dr. C. N. Manjunath, Former Director, Sri Jayadeva Institute of Cardiovascular Sciences & Research

“Collaboration between the Government of Karnataka, the National Board of Examinations in Medical Sciences [NBEMS], and the Association of National Board Accredited Institutions [ANBAI] has played a transformative role in expanding specialist healthcare services across the state. This initiative has greatly enhanced access to qualified specialists, particularly in rural and semi-urban areas and it has improved the quality of care.”

Dr. Abhijat Sheth, President, National Board of Examinations in Medical Sciences

“The Karnataka initiative showed how NBEMS, in partnership with progressive state governments and platforms like ANBAI, can create scalable models to democratize specialist training. It exemplifies how adaptive policy and academic integrity can go hand in hand.”

Shri. Jawaid Akhtar I.A.S [Retd.], Former Additional Chief Secretary, Health and Family Welfare, Government of Karnataka

“The Government of Karnataka, NBEMS, and ANBAI—the public-private partnership model—stand as a testament to what visionary policy, administrative leadership, and collaborative execution can achieve. It remains one of the most impactful reforms in medical education and health equity in the state.”

Shri. Shivananda S. Patil, Minister for Sugar, Textiles, and Handlooms, GoK & Former Minister of Health and Family Welfare, GoK

“The Karnataka DNB-PPP model was a bold and necessary step. By partnering with ANBAI and NBEMS, we ensured high-quality specialist training even in remote areas, strengthening the public health system across Karnataka.”

5. Health infrastructure in Karnataka State

(Source: Proceedings of the State Cabinet, Govt. of Karnataka, dated 30.01.2004, https://hfwcom.karnataka.gov.in/storage/pdf/Policies/Stae_Health_Policy_English.pdf)

Count	1970-71	1980-81	1990-91	2000-01
Subcenters	NA	3334	7793	8143
Primary Health Centers	265	300	1198	1676
Primary Health Units	917	1215	626	583
Hospitals	114	137	176	176
Beds	NA	24597	31432	43112
Doctors	NA	NA	4370	5202
Staff Nurse	NA	NA	4607	5317

(Source – Health Dossier 2021 Reflections on Key Health Indicators
https://nhsrcindia.org/sites/default/files/practice_image/HealthDossier2021/Karnataka.pdf)

Indicators	Numbers (Total)
Number of District Hospitals	26
Number of Sub-District Hospitals	150
Number of Government (Central + State) Medical College	19
Number of Private (Society + Trust) Medical Colleges	41

Total number of private hospitals (As registered under KPME in 2025): 28,340

- Allopathy - 20267
- Ayurveda - 6113
- Homeopathy -1459
- Integrated - 210
- Siddha - 4
- Unani - 192
- Yoga & Naturopathy - 104

Specialist ratio - doctor to patient (For the State of Karnataka)

Population: No. of beds	1000: 2
Population: Doctor	1000: 3.6

6. Interaction with Dr. Alexander

I. What were the communication challenges for ANBAI with the Government of Karnataka (GoK) and the National Board of Examinations (NBEMS)? How did ANBAI address the gaps?

- The idea of converting district hospitals into teaching centers was introduced to Chief Secretary Mr. Ranganath, who initiated the process.
- District hospitals initially showed resistance because they were worried about taking on more responsibilities.
- ANBAI's Role:
 - Dr. Parimala and her team engaged directly with hospital leaders to build trust.
 - I worked to maintain clear, consistent communication between the government, district hospitals, and NBEMS.
 - Ensured that there were no communication breakdowns at any level.

II. Why were stakeholders willing to engage with ANBAI?

- Existing trusted relationships with key government officials (Chief Secretary Mr. Ranganath and Dr. Selvakumar, NHM).
- My longstanding involvement with both the Government of Karnataka and the NBEMS.
- ANBAI's credibility as an experienced and solutions-oriented organization.
- Consistent representation and follow-through by ANBAI leadership (myself and others).

III. What challenges arise in translating policy directives into actionable implementation? How did ANBAI help?

Main Challenges:

- Delays in decision-making and documentation.
- Coordination between multiple stakeholders with different expectations.

ANBAI's Role:

- Persistent follow-up with both the government and NBEMS.
- Example 1: When application submission delays occurred, ANBAI negotiated an extension with the NBEMS.
- Example 2: When a disagreement arose about reserving government quota seats, ANBAI successfully mediated a compromise with the NBEMS.
- Acted as a facilitator and problem-solver to keep the initiative on track.

IV. Please provide examples of bureaucratic inertia faced in the DNB process.

- Lack of initial funding to pay faculty, delaying program launch until NHM support was secured.
- Delays in recognizing district hospitals due to slow government decisions.
- Prolonged approval times for faculty appointments by NBEMS.

ANBAI's Intervention:

- Proactively worked with both state and central stakeholders to address and overcome these delays.

7. List of NBEMS institutions in Karnataka

	Name of Hospital	Name of DNB Coordinator
1	Apollo BGS Hospital, Adichunchanagiri Road, Kuvempunagar, Mysore, Karnataka-570023	Dr. Anjali Arun, Medical Superintendent
2	Apollo Hospital, Bannerghatta Road, Bangalore, Karnataka-560076	Mr. Paramesh D R, Librarian & Academic Coordinator
3	Manipal Hospitals 26/4, Brigade Gateway, Yeshwanthpur, beside Metro, Malleshwaram, Bengaluru, 560055	Dr. Aravinda S N, Chief of Medical Services
4	Bangalore Assisted Conception Centre (BACC), No. 7, Eastpark Road, Kumara Park East, High Grounds, Bangalore, Karnataka-560001	Ms. Vindya Subbiah, VP -Academics & Research
5	Bangalore Baptist Hospital, Bellary Road, Hebbal, Bangalore, Karnataka-560024	Dr. Vijay Kamath, Spine Surgeon
6	HealthCare Global Specialty Hospital, #8, P. Kalinga Rao Road, Sampangiram Nagar, Bangalore, Karnataka-560027	Dr. Vishal Rao, Group Director for Head & Neck Surgical Oncology and Robotic Surgery
7	Bangalore West Lions Superspecialty Eye Hospital, No. 5, Lions Eye Hospital Road, Off J C Road, Bangalore, Karnataka-560002	Dr. Fauqia, DNB co-ordinator
8	Gleneagles BGS Hospital, Uttarahalli Main Rd, Sunkalpalya, Bengaluru, Karnataka 560060	Mr. Vasan, Coordinator
9	Bhagwan Mahaveer Jain Hospital, Millers Road, Vasanth Nagar Bangalore, Karnataka-560052	Mrs. Shashikala, DNB Coordinator
10	C.S.I. Holdsworth Memorial Hospital, Post Box-38 Mandi Mohalla, Mysore., Karnataka-570001	Dr. J. Suguna Shanthi, Director
11	Chinmaya Mission Hospital, 1/1, CMH Road, Indira Nagar, Bangalore, Karnataka-560038	Dr. U. Sudhir, Medical Director
12	Church of South India Hospital, 2, Hazareth Kambal Posh Road, Bangalore, Karnataka- 560051	Ms. Veena Menazes
13	Dr. Bidaris Ashwini Hospital, B.L.D.E Road Bijapur, Karnataka-586103	Dr. L. H. Bidari, Chairman & Head of the Institute
14	M. M. Joshi Eye Hospital, Padmanarayanalaya, Gokul Road, Hosur, HUBLI, Karnataka-580021	Dr. A. S. Guruprasad, Medical Director
15	Hindustan Aeronautics Hospital, Vimanapura PO, Bangalore, Karnataka-560017	Dr. Jitendra Kumar
16	HOSMAT Hospital, 45 Magrath Road, Off Richmond Road, Bangalore, Karnataka-560025	Dr. Ajith Benedict Rayan, Medical Director

17	Kasturba Medical College Hospital (KMC Hospital), Dr. B. R. Ambedkar Circle, Jyothi Balmatta Road, Mangalore, Karnataka-575001	Dr. Anand Venugopal
18	Kidwai Memorial Institute of Oncology, Dr. M.H. Marigowda Road, Bangalore, Karnataka-560029	Dr. Naveen T, Director
19	Mallige Medical Centre, 31/32 Crescent Road, Bangalore, Karnataka-1	Dr. Purushothama K R, Course Director
20	Vydehi Super Speciality Hospital, No.2 Vittal Mallya Road, Bangalore, Karnataka-1	Ms. Thara, Manager-HR
21	Manipal Hospital, No. 98, Rustum Bagh, Old Airport Road, Bangalore, Karnataka-560017	Dr. Rashmi Sanjay A, Senior Manager - Operations & Incharge - Academics
22	Mysore Race Club Eye Hospital, H-1 Vinaya Marga Siddhartha Layout, Mysore, Karnataka-570011	Dr. Anita Urs, Administrator
23	N U Trust Hospital, CA-6, 15th Main, 11th Cross, Padmanabanagar, Bangalore, Karnataka-70	Ms. Asma Banu, Asst. Manager Administration
24	Narayana Health, (NH-Narayana Health City, Bangalore) #258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore – 560 099, Karnataka, India.	Dr. Muralidhar Kanchi, Director (Academic)
25	Narayana Netralaya, Narayana Hrudayalaya Campus #258/A, Bommasandra, Hosur Road, Bangalore, Karnataka-560099	Mr. G Subramaniam, DNB Coordinator
26	Nethradhama Super Specialty Eye Hospital, No. 256/14, Kanakapura Main Road, 7th Block, Jayanagar, Bangalore, Karnataka-560070	Ms. Ashwini K. M., GM HR
27	Prabha Eye Clinic and Research Centre, 504, 40th Cross, 8th Block, Jayanagar, Bangalore, Karnataka-560070	Dr. Vinay R. Murthy, Medical Director
28	Sagar Hospital, No. 44/54, 30th Cross, Tilak Nagar, Jayanagar Extn., Bangalore, Karnataka-560041	Ms. Frank Roshal Marcel, Academic Co-ordinator
29	Shifaa Hospital, No.- 332, Dar-us-Salam, Queens Road, Bengaluru, Karnataka-560052	Dr. Zahid Ahmed, Consultant INTENSIVIST
30	Sparsh Hospital, 29/P2, The Narayana Health City, Bommasandra, Hosur Road, Kittignahalli Village, Attibele, Hobli, Bangalore, Karnataka-560099	Mr. Parthasarathy Y G, DNB Co-ordinator
31	Sri Sathya Sai Inst. of Higher Medical Sciences, EPIP Area, Whitefield, Bangalore, Karnataka-560066	Mr. P Mohan Das, Asst. DNB program Coordinator.
32	St. Johns Medical College Hospital, Sarjapur Road, Koramanagala Bangalore, Karnataka - 560034	Dr. Arvind Kasthuri, Head of Unit, St John's Geriatric Centre

33	St. Martha's Hospital, No.5, Nrupathunga Road Bangalore, Karnataka-560001	Dr. Christi Savio, Medical Superintendent
34	St. Philomena's Hospital, No. 4, Campbell Road, Viveknagar PO, Bangalore, Karnataka-560047	Dr. Shankar Prasad, Medical director
35	Tejasvini Hospital and SSIOT, Kadri Temple Road, Mangalore, Karnataka-575002	Mr. Ajith Kumar, Head of Department
36	The Bangalore Hospital, # 202, R V Road, Bangalore, Karnataka-560004	Dr. Ravishankar G S, DNB Coordinator
37	Fortis Hospital, 14, Cunningham Road, Bangalore, Karnataka-01	Mr. Anand Angadi, Coordinator
38	Fortis Hospital, 154/9, Opp. IIM-B Bannerghatta Road, Bangalore, Karnataka-560076	Dr. Priya Goutham, Academic Coordinator
39	Dr. TMA Pai Hospital, Udupi, Karnataka-576101	Dr. Parvati V. Bhat, Medical Superintendent
40	Spandan Nursing Home, No.546/46, 6th Main, 4th Block, Rajajinagar, Bangalore 560010	Dr. Mahesh R Gowda, DNB Co-ordinator
41	Sagar Hospital - DSI, Shavige Malleshwara Hills, Kumaraswamy Layout, Banashankari, Bangalore, Karnataka-560078	Dr. Naganand K. A., AMA and Quality Manager
42	Sankara Eye Hospital, Airport-White Field Road, Kundanahalli Gate, Bangalore, Karnataka-560037	Dr. Umesh Y, Chief Medical Officer, Consultant - Cornea
43	Sankara Eye Hospital, Harakere, Thirthahalli Road, Shivamogga, Karnataka-577202	Dr. Mahesha S, CMO & Consultant Cataract
44	Shanti Hospital, 166/1A Near Old IB, Extension Area, Baglkot, Karnataka-587101	Dr. Sunil J. Patil, DNB Coordinator
45	Shri Balaji Institute of Neuro Sciences and Trauma, Hosur-Unkal Road, Behind KSRTC Depot, Vidyanagar, Hubli, Karnataka-580021	Prof. Dr S. Kranthi Kiran
46	NU Hospital, Door No. 4/1, West of chord Road, Rajajjinagar, Next to ISKCON Temple, Bangalore, Karnataka-560010	Ms. Asma Banu, Asst. Manager Administration
47	Rangadore Memorial Hospital, 1st Cross, Shankarapuram, Basavanagudi, Bangalore,	Dr. Giridhar K Shenoy, DNB Course Director
48	Santosh Hospital, No. 6/1 Promnade Road, Near Goodwills High School, Bangalore, Karnataka-560005	Dr. Santosh Saklecha, Managing Director
49	Sri Shankara Cancer Hospital and Research centre, Shankara Math Premises, 1st cross, Shankarapuram, Basavanagudi, Bangalore, Karnataka-560004	Dr. Srinath,Director

50	Sahyadri Narayana Multispecialty Hospital, Harakere, N T Road, Shimoga, Karnataka-577202	Dr. Nanda Kumari H. L., Deputy Manager
51	Indiana hospital and Heart Institute, Near Mahaveer Circle, Pumpwell, Kankanady, Manglore, Karnataka-575002	Dr. Abhishek Phadke, Consultant Neonatologist
52	General Hospital, 4th T Block, (Beside Rajiv Gandhi University of Health Sciences) Jayanagar, Bengaluru, Karnataka-560041	Dr. Kiran Kumar M, MEDICAL SUPERINTENDENT
53	District Hospital, B D Road, Beside DHO Office, Chitradurga, Karnataka-577501	Dr. Sreeram. C.J, Pediatrician and DNB coordinator
54	District Hospital, Killa Road, Dharwad, Karnataka-580008	Dr. Giridhar R. Kuknoor, District Surgeon District Hospital Dharwad
55	K C General Hospital, #89 5th Cross Malleshwaram, Bengaluru, Karnataka- 560003	Dr. R Bhanumurthy, MEDICAL SUPERINTENDENT
56	District Hospital, B H Road, Tumakuru, Karnataka- 572101	Dr. K. R. Manjunath, DNB Co-ordinator
57	Sakra World Hospital, (A Unit of Takshasila Hospitals Operating Private Limited) No. 52/2, 52/3, Devarabeesanahalli, Varthur Hobli, Bangalore, Karnataka-560103	Mrs. Kusuma Harinarayan, Senior Academic Coordinator
58	District Hospital, Near Sangam Circle, Dr. Rajkumar Road, Ballari, Karnataka-583101	Dr. Basareddy. N, District Surgeon
59	Aster CMI Hospital, #43/2, New Airport Road, NH - 7, Sahakara Nagar, Hebbal, Bangalore, Karnataka-560092	Shyamala P N, Academic Coordinator
60	People Tree Hospital, No. 2 Thumkur Road, Goraguntepalya, (Next to Yeshwanthpur Industry Metro Stop) Bangalore, Karnataka-560022	Ms. Sumithra N, Sr.Manager HR
61	Sparsh Super Specialty Hospital, #4/1, Tumkur Road, Yeshwanthpur, Bangalore, Karnataka-560022	Dr Jagadish Hegde, DNB Course Director
62	Manipal Hospital Varthur Road, Survey No. 10P & 12P, Ramagondanahal, Varthur Kodi, Whitefield, Bangalore East – 560066	Dr Namita Sinha Verma, Cheif of Medical Services
63	Narayana Health, CAH 1, 3rd Phase, Devanur, Mysuru, Karnataka-570019	Ms. Nirmala Madappa, Head HR
64	Rainbow Childrens Hospital, Sy. No. 8/5, Marathahalli K R Puram Outer ring road, Doddanekundi, Marathahalli, Bengaluru, Karnataka-560037	Dr. Ramya Raveendranathan, Operations & Quality

65	Adarsha Hospital, Near KSRTC Bus Stand, Udupi Taluk and District, Karnataka-576102	Ms. Kavyashree V Shetty, Assistant Manager
66	Yenepoya Medical College Hospital, University Road, Deralakatte, Mangalore, Karnataka-575018	Dr. S. Padmanabha, Medical Superintendent
67	Apollo Speciality Hospital, # 2, Old No. 21/2, 14th Cross, 3rd Block, Near Madhavan Park, Jayanagar, Bengaluru, Karnataka- 560011	Dr. Yatheesh G, Unit Head

