

# MEDICAL EDUCATION INSTITUTES: WHITE PAPER

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As a chairperson of the board, promoter, co-promoter, or founder of a medical education institute in India, one could be a charitable trust, **single doctor, non-medical entrepreneur, group of medicos**, or a **private limited company driving the project**. The project leadership would be anxious to address several aspects that form part of the stage of planning.

As a key stakeholder one would be happy to note the change from not-for-profit institute to a for-profit institute, after being allowed by the new regulatory dispensation proposed in 2017 by Government of India.

Medical education projects are characterized as being capital intensive and asset heavy, requiring a long sustenance as breakevens are delayed.

However SARATHY ADVISORY, with all its previous planning experience, has devised strategic advisories for medical education institutes to achieve the following goals:

1. Have a planned CAPEX with our unique revenue plough-back concept implemented within years 1 to 6, reducing the burden of CAPEX.
2. Provide complete handholding through all project phases, from planning till PG inception, including guidance on procurement of finance.
3. Apply unique methodologies to include the cross-subsidy principle to accommodate free treatment facilities, at the same time cross subsidizing them with paying one so that the hospital does not become a burden on the project but a potential cost centre in the long run.
4. We are able to support the project at all stages, and up to a decade-long association till the super-specialty education facilities commence on the campus.
5. For established colleges, the advisory would help raise the bars in all areas of functioning and then consequently enhance student preference. It would also facilitate fixing a higher fee by controlling authorities.

The requirements of these projects will vary, based on their age and stage:

- **Stage of inception:** Typically 2–3 years prior to LOP and one year thereafter
- **Stage of infancy:** From the first renewal till recognition, about a five-year span
- **Stage of advancement:** From the fifth year till starting the super-specialty services and post-graduate education facilities

However, whatever has not been done at the stage of inception can be taken up at infancy, and those missed at the infancy stage can always be taken up at the stage of advancement.

But these delayed project milestones would hamper the status in the longer term and is not advisable. SARATHY ADVISORY will list the project milestones with timelines clearly laid on the table to address this. The milestones are so designed that if implemented as per the time line, they do not become a load on resources, finances, or human resources. When implemented, they will certainly enhance the institute’s stature and improve the standards of care and education.

*This information is restricted to MEDICAL EDUCATION PROJECTS AT THE PLANNING AND IMPLEMENTATION STAGE (stage of inception: typically 2–3 years prior to LOP and one year thereafter).*

<b>Query in Mind of Promoters</b>	<b>Components of SARATHY ADVISORY</b>
<b>What are the intricacies in project planning?</b>	Project conceptualization, feasibility analysis for viability and sustainability, detailed project reports (DPR), techno-feasibility, financial planning and phasing, organizational planning assistance including lines of governance, and guidance for capital formation and finance assistance
<b>How can SARATHY ADVISORY help in college and hospital architectural planning and design compliance?</b>	Balancing the MCI and regulatory requirements with functionality, workflow patterns, and aesthetics; space planning, area planning, landscaping, equipment housing plan aligned to MCI area requirements, and services and facility plan; teaching hospital and medical college designs, department wise in tune with MCI requirements <b><i>The permissions and formalities, as well as final actual design outputs, will be the function of project architects appointed by promoters</i></b>
<b>What are the project monitoring mechanisms and assistance, considering the long project implementation period?</b>	Inbuilt monitoring of the project’s progress on milestones and timelines during the entire period of the project’s implementation; they relate to construction, design, progress, and financial outlay
<b>How can SARATHY ADVISORY support in interior designing?</b>	We include comprehensive specs and estimates
<b>How can SARATHY ADVISORY support in equipment planning?</b>	Needs analysis, regulatory requirements and department-wise lists and estimates, budgets, modalities for procurement and related assistance

<p><b>How can SARATHY ADVISORY support in planning of engineering services/utilities?</b></p>	<p>Planning of air-conditioning, laminar flow, HVAC, gas pipelines, and MEP services</p>
<p><b>How can we manage the entire documentation for regulatory authorities?</b></p>	<p>Predominantly, the Medical Council of India, universities, and as applicable for LOI, LOP, which includes Forms A and B, as well as repeat inspections by both these authorities at various stages during our tenure of involvement and mock audits</p> <p><b><i>We however do not undertake any liaison work with any authorities. It has to be done by institution through separate identified agencies.</i></b></p>
<p><b>The success of MCI inspections and clearances depends upon optimum human resource planning and procurement. How to address this challenge?</b></p>	<p>Faculty and hospital organograms, minimum qualifications/experience norms, roles and responsibilities, proposed JDs; setting up complete human resource management processes and systems</p> <p><b><i>We do not do any direct recruitment.</i></b></p>
<p><b>Equipment procurement process? Capital provisioning? Phased outlay? Department-wise lists as recommended by regulatory authorities?</b></p>	<p>Needs analysis, department-wise planning and listing, procurement process, technical and price comparatives, selection reports, order process, installation schedule, warranty process and downtime reduction, calibration, maintenance process, and records</p>
<p><b>Systems and process designs and implementation?</b></p>	<p>For regulatory compliance plan, administration, records, quality enhancement, and TQM, if willing, facility management and safety, hospital infection control, management and financial process plan, management responsibility and <b>hospital information systems</b></p>
<p><b>Hospital clinical and administrative process planning and implementation policies and SOPs: for governance?</b></p>	<p>Direct clinical care of patients, to suit the minimum standards requirements for law and regulatory, schemes and accreditation authorities such as RGJY, NRHM, RSBY, NABH, and clinical value addition for developing a USP</p>
<p><b>Pre-commissioning forty-point check to assure regulatory clearance?</b></p>	<p>This is specifically designed by us through our experience and is our <b>USP</b></p>

<b>Value additions?</b>	Affiliation process, recognition, and strategic alliances Will be aimed at imparting USP to the Project, <b><i>for readiness on MCI/regulatory standards followed by advisory on improvements and bridging the gaps, and support during the inspection of regulatory authorities.</i></b>

Thus, SARATHY ADVISORY and its expert team is able to complete end-to-end handholding for a medical education project till regulatory recognition is achieved.

In fact, our experience, skills, and knowledge go much beyond this for these projects; hence we can help institutes successfully navigate through the long gestation and develop USPs and value additions in the longer term so that, even if the survival of the fittest principle applies in long term, the institute would not feel any stress for not just survival but for becoming the preferred destination for medical aspirants.