

Guidelines for Centrally Sponsored Scheme

Establishment of New Medical Colleges attached with existing District/Referral hospitals



सत्यमेव जयते

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List of Abbreviations

CHC	Community Health Centre
EC	Empowered Committee
MBBS	Bachelor of Medicine, Bachelor of Surgery
MCI	Medical Council of India
MoU	Memorandum of Understanding
NHM	National Health Mission
NRHM	National Rural Health Mission
NE	North-Eastern
PHC	Primary Health Centre
PG	Post-Graduate
SHC	Sub Health Centre
TEC	Technical Evaluation Committee
UT	Union Territory
SDH	Sub-District Hospital
DH	District Hospital
MCH	Medical College Hospital

1. Background

During the past 11 Five years Plans, healthcare facilities in the country have been upgraded substantially and the healthcare facilities in Private Sector have grown exponentially in the country. The details of MBBS seats in Government and private Sector are at **Annexure-I**. The evidence on the actual functionality of existing Sub-Centres (CHCs) and hospitals in the Government sector is mixed. Further, medical colleges are unevenly spread across the States, in urban and rural areas and present wide disparities in the quality of education. The shortfall of human resource in health has resulted in skewing the distribution of health workers such that vulnerable populations in rural, tribal and hilly areas continue to be extremely underserved. The situation of human resources in health in the country is evolving, but remains inadequate.

Trained and competent human resource is the foundation of an effective healthcare delivery system. The registration data from professional councils indicates that the availability of one doctor per population of 1953 (HLEG Report) which is far less than that recommended by WHO norms of one doctor per 1000 population. Further, to meet the requirements of Universal Health Coverage (UHC) there is need for improvement in the country's present doctor population ratio from 0.5 per 1000 persons to one doctor per 1000 persons by the end of the year 2027. As per the HLEG Report, the proposed need of doctors (allopathic) and specialists at health facilities by the year 2022 as follows:

PROPOSED NEED OF DOCTORS BY THE YEAR 2022

S. No	Category	PHCs (50591)	CHCs (12648)	SDHs (4561)	DHs (642)	MCHs (502)	Total
1.	Doctors (Allopathic)	151773	75888	91220	15408	82830	417119
2.	Specialists	-	65770	104903	17334	21084	209091

The Country has largest number of medical colleges in the world (422), with an annual production of over 57, 000 doctors and 25, 000 specialists. However, India's average annual output of graduates per medical college is much less as compared to 149 in Western Europe, 220 in Eastern Europe and 930 in China. Further, the medical colleges in the private sector have increased exponentially where poor population finds it difficult to afford medical education. This also necessitates increase in MBBS

Seats in Government Medical Colleges. Hence by opening new Government Medical Colleges by attaching existing district/referral hospitals on one hand and liberalising some MCI norms on the other, a substantial number of MBBS seats can be increased thereby making affordable medical education available in the country and mitigating shortage of doctors with respect to the population and distribution of the human resources across the country.

2. Introduction

To meet the shortfall of human resource in health, the government is implementing a Centrally Sponsored Scheme for “**establishment of new medical colleges by upgrading district/referral hospitals**” preferably in underserved districts of the country with fund sharing between the Central Government and States in the ratio of 90:10 for NE/special category states and 75:25 for other states.

3. Objectives

The objectives and benefits of the scheme are as follows:-

- i. To establish 58 medical colleges with intake capacity of **100** in each to increase **5800** seats at the undergraduate level in Government sector.

- ii. To bridge the gap in number of seats available in government and private sector to ensure availability of more MBBS seats for students who cannot afford costly medical education in private sector.
- iii. To mitigate the shortage of doctors by increasing the number of undergraduate seats in the country for equitable health care accessibility across the states.
- iv. To utilise the existing infrastructure of district hospitals for increasing undergraduate seats in a cost effective manner by attachment of new medical college with existing district/referral hospitals.
- v. Additional human resource in health generated by the scheme would meet the health care needs of the growing population and ensure that doctors are available at PHC/CHC/District level to ensure service guarantee under NRHM.
- vi. Broadbasing of Medical Education in the country by setting up 58 New Colleges, preferably in underserved areas.

4. Criteria

Criteria for identification of Districts under the Scheme:

The district/referral hospitals to be covered under the scheme would be selected by the Central Government, in consultation with the State governments/UTs, on the basis of following criteria:-

- i. District/referral hospitals of the districts where there is no medical college.
- ii. District Hospitals/referral hospital with bed strength of 200 or more.
- iii. Preference would be given to the underserved areas.

5. Funding

Funds for infrastructure development and equipment required for upgrading district/referral hospital into a medical college would be shared between the central and state/UT governments whereas funds for land requirement, faculty, staff component and recurring expenses, which have not been included in the project cost, would be borne by the

state/UT government concerned. The medical colleges would be established at an estimated cost of Rs.189 crore per medical college for which funds would be shared between the central government and the state governments in the ratio of 90:10 for North Eastern and Special Category states and in the ratio of 75:25 for other states. Funds would be released to the respective state/UT governments in 3 instalments comprising of first two instalments towards infrastructure development and third instalment for purchase of equipment after completion of construction work. State/UT governments would be required to sign a Memorandum of Understanding (MoU) covering various conditions including commitment to provide land for establishment of medical college, appointment of requisite faculty & staff necessary for running medical college, contribute state share and recurring expenditure on faculty/staff and proper functioning/maintenance of the medical college established under the scheme.

6. Implementation

District hospitals shall be selected by the Central Government on the basis of district hospitals shortlisted by state governments. A Technical Evaluation Committee (TEC) of Ministry of Health and Family Welfare would recommend district hospitals to be covered under scheme. For this purpose, the TEC or a subcommittee constituted by the TEC would physically visit the district hospital and proposed site of the medical college and if required, review the DPR accordingly in consultation with the State Government. The TEC would send its recommendations to the Empowered Committee to be constituted under the Chairmanship of Secretary (Health & Family Welfare) which would finally approve the number of medical colleges to be established and districts to be covered in each state.

7. Provision of Indian Medical Council Act, 1956 with regard to grant of permission to establish a new medical college/starting of new or higher course of study/increase in the admission capacity - Section 10 A

7.1 As per the provisions of the Indian Medical Council (IMC) Act, 1956, as amended by IMC (Amendment) Act, 1993, prior permission of the Central Government is mandatory for opening of a new medical college, increase in an admission capacity and starting of new or higher course of studies. The eligibility and qualifying criteria for opening of a new medical college is laid down in Establishment of Medical College Regulations, 1999. There are separate minimum requirements for 50/100/150/200/250 students admission and are contained in the minimum standard requirements for the Medical College Regulations 1999.

7.2 An application for opening a new medical college has to be submitted to the Central Govt. in the form of a scheme as laid down in the MCI regulations. Government forwards the application to the MCI.

7.3 As per the laid down provisions for establishment of new medical college, the MCI evaluates the application for opening a new medical college by considering the documents given by the applicant institution and also by carrying out physical inspection to verify information supplied by the applicant.

7.4 The permission to establish a medical college and to admit students is granted initially for a period of one year and is renewed on yearly basis subject to verification of achievements of annual targets. It is the responsibility of the person to apply to the MCI for purpose of renewal six months prior to the expiry of the initial permission.

7.5 The MCI carries out inspections for annual renewal of permission till such time the establishment of the medical college and expansion of the hospital facilities are complete and a formal recognition to the medical college is granted.

7.6 The formal permission is granted as per the existing time schedule after evaluation by MCI as per the provisions of IMC (Amendment) Act, 2010. The time schedule is at **ANNEXURE-II.**

8. Eligibility to Start a Medical College

- (a) A State Govt./Union Territory;
- (b) A University;
- (c) An autonomous Body promoted by Central or State Government or under a Statute for the purpose of medical qualification;
- (d) A society registered under the Societies Registration Act, 1860 for corresponding Acts in States; or
- (e) A public Religious or Charitable Trust registered under the Trust act, 1882 or the WAKFS Act, 1954.
- (f) Companies registered under The Company Act, 1956

9. Qualifying criteria i.e. conditions to be fulfilled for starting a medical college.

- (i) Medical education must be one of the objectives of the applicant trust/registered society.
- (ii) A suitable single plot of land measuring not less than 20 acres must be owned and possessed by the applicant or is possessed by the applicant by way of 99 years lease for the construction of the college.
- (iii) The applicant must submit the **Essentiality Certificate** from the concerned State Govt. for establishment of the proposed medical college.
- (iv) The **Consent of Affiliation** from the University concerned.
- (v) The applicant owns and manages a hospital of not less than 300 beds with necessary infrastructure facilities capable of being developed into a teaching institution in the campus of the proposed medical college.

- (vi) The applicant has not admitted students in the proposed medical college.
- (vii) The applicant provides two performances Bank guarantee in favour of MCI for the prescribed sums varying according to the number of admissions, one for the establishment of the college and the other for the hospital. Government Medical Colleges are exempted from submitting performance Bank guarantees.
- (ix) The college shall be set up only in the plot earmarked for that purpose.

10. Norms for setting up of new medical college in terms of infrastructure, faculty requirement and clinical material (bed strength, OPD/IPD etc.) are at Annexure III.

Draft Guidelines

Annexure I

STATE WISE DETAILS OF MEDICAL COLLEGES FOR AY 2015-16 (As on 23.10.15)							
Sl. No.	State	Government		Private		Total	
		No. of Colleges	Seats	No. of Colleges	Seats	No. of Colleges	Seats
1	Andhra Pradesh	17	2700	30	4450	47	7150
2	A & N Islands	1	100	0	0	1	100
3	Assam	6	726	0	0	6	726
4	Bihar	9	950	4	400	13	1350
5	Chandigarh	1	100	0	0	1	100
6	Chhattisgarh	5	550	1	150	6	700
7	Delhi	5	800	2	200	7	1000
8	Goa	1	150	0	0	1	150
9	Gujarat	11	1830	13	1400	24	3230
10	Haryana	4	500	4	400	8	900
11	Himachal Pradesh	2	200	1	150	3	350
12	Jammu & Kashmir	3	400	1	100	4	500
13	Jharkhand	3	350	0	0	3	350
14	Karnataka	15	1850	35	5405	50	7255
15	Kerala	9	1250	21	2400	30	3650
16	Madhya Pradesh	6	800	8	1200	14	2000
17	Maharashtra	21	2950	27	3645	48	6595
18	Manipur	2	200	0	0	2	200
19	Meghalaya	1	50	0	0	1	50
20	Orissa	3	550	5	600	8	1150
21	Pondicherry	1	150	7	1050	8	1200
22	Punjab	3	450	7	845	10	1295
23	Rajasthan	8	1400	5	750	13	2150
24	Sikkim	0	0	1	100	1	100
25	Tamil Nadu	22	2915	24	3300	46	6215
26	Tripura	2	200	0	0	2	200
27	Uttar Pradesh	15	1949	21	2750	36	4699
28	Uttarakhand	2	200	2	300	4	500
29	West Bengal	14	2050	3	400	17	2450
30	AIIMS	7	673	0	0	7	673
31	JIPMER	1	150	0	0	1	150
	TOTAL	200	27143	222	29995	422	57138

Annexure-II

**SCHEDULE FOR RECEIPT OF APPLICATIONS FOR ESTABLISHMENT OF
NEW MEDICAL COLLEGES AND PROCESSING OF THE APPLICATIONS
BY THE MEDICAL COUNCIL OF INDIA**

S. No.	State of Processing	Time Schedule
1.	Receipt of applications by the Central Government	From 1st August to 31 st August (both days inclusive) of any year.
2.	Receipt of applications by the MCI from Central Government for technical scrutiny	30 th September
3.	Recommendations of Medical Council of India to Central Government for issue of Letter of Intent	15 th December
4.	Issue of Letter of Intent by the Central Government	15 th January
5.	Receipt of reply from the applicant by the Council for consideration for issue of Letter of Permission	15 th February
6.	Receipt of Letter from Central Government by the Medical Council of India for consideration for issue of Letter of Permission	1 st March
7.	Recommendation of Medical Council of India to Central Government for issue of Letter of Permission	15 th May
8.	Issue of Letter of Permission by the Central Government	15 th June

Note: The time schedule indicated above may be modified by the Central Government, for reasons to be recorded in writing, in respect of any class or category of applications.

Annexure-III

S. No	Facilities	50 Seats		100 Seats		150 Seats		200 Seats	250 Seats	
		LOP	Recognition	LOP	Recognition	LOP	Recognition	LOP	LOP	
A	Infrastructure									
1	Lecture Theatre-Number & capacity	2/80	3/230	2/120	3/(2)120+(1)250	2/180	5/(4)180+(1)350	6/5 (240)+1(500)	7/6(300)+1(650)	
2	Examination Hall cum Auditorium	-	250-350 Cap. (500 Sq. m)	-	500- 700cap.(800 Sq. m)	-	750 cap (1200 Sq. M)	1600 Sq. M	2000 Sq. M	
3	Central Library	Area	1000	1000	1600	1600	2400	2400	3200	3200
		Seating	100	100	200	200	300	300	400	500 (250-250)
		Books	1000	5000	1400	7000	3000	11000	15000	20000
4	Hostel (Students+ Residents+ Nurses+Interns)	108	312	152	508	190	733	414	517	
5	Residential Quarters (Teaching + Non-teaching)-20%	28	53	30	59	32	66	75	87	
6	Bed Strength	300	300/17	300	500	300	700/26	900/32	1100/37	
7	OPD	400	800	400	800	600	1200	2000	3000	
8	Bed Occupancy	Other States	60%	75%	60%	75%	60%	75%	75%	75%
		North Eastern & Hilly Areas	50%	60%	50%	60%	50%	60%		
9	Clinical Material	Major OT	4	6	4	7	5	9	10	11
		Minor OT	2	2	2	2	2	2	2	2
B	Faculty and Staff									
1	Paramedical & Non teaching Staff	99	179	101	179	100	182	182	182	
2	Nursing Staff	175	233	175	247	175	372	703	703	
3	Teaching Faculty	Professor	7	23	7	23	7	23	23	23
		Assoc. Prof.	14	21	16	31	13	42	49	67
		Asst. Prof.	19	54	30	56	39	81	120	159
		Total	40	98	3	110	59	146	192	249