INDIAN INSTITUTE OF PUBLIC ADMINISTRATION (IIPA), NEW DELHI

EVALUATION OF PRADHAN MANTRI SWASTHYA SURAKSHA YOJANA (PMSSY)

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Executive Summary

Background

India has made substantial strides in improving population health, with life expectancy rising from 32 years in 1947 to 72 years in 2023 and the Infant Mortality Rate declining to 25 per 1,000 live births. Despite this progress, persistent challenges in healthcare infrastructure, financing, and workforce availability continue to limit equitable access to quality services. The country currently has fewer than 1.4 hospital beds per 1,000 population well below the WHO standard of 3.5 while public health expenditure remains under 2 percent of GDP. Shortages of doctors, specialists, nurses, and paramedical staff, particularly in secondary and tertiary facilities, further strain the system. These constraints highlight the need for a robust policy approach centred on the principles of **Expand, Equity, and Excellence** to achieve inclusive and sustainable health outcomes. The Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) was conceptualised by the Government of India in 2003 and formally operationalised in 2006 with the overarching aim of

- Correcting regional imbalances in access to affordable and reliable tertiary healthcare services and
- Augmenting facilities for quality medical education and research (Ministry of Health & Family Welfare [MoHFW], 2022; “Pradhan Mantri Swasthya Suraksha Yojana,” 2021).

Under PMSSY, the scheme encompasses two major components:

i. Setting up of AIIMS
ii. the upgradation of Government Medical Colleges/institutions

The **Pradhan Mantri Swasthya Suraksha Yojana (PMSSY)** has made substantial progress as of 2025 through the establishment of 22 new AIIMS (18 operational) and the upgradation of over 75 Government Medical Colleges (GMCs). The scheme has expanded access to advanced healthcare and improved medical education infrastructure across India, particularly in underserved regions. However, challenges such as delays in project completion, shortages of faculty, and operational inefficiencies persist. To ensure effective utilization of resources and enhance scheme

performance, the Ministry of Health & Family Welfare (MoHFW), following guidelines from the Department of Expenditure, commissioned a **third-party evaluation of PMSSY** by the **Indian Institute of Public Administration (IIPA), New Delhi**, to assess implementation efficiency, outcomes, and impact.

Objectives of the Evaluation

1. Assess the adequacy, quality, and timeliness of physical and financial progress under PMSSY components (AIIMS and GMCs).
2. Evaluate outcomes in terms of health service delivery and medical education.
3. Analyze governance, inter-agency coordination, fund flow mechanisms, and capacity utilization.
4. Identify the socio-economic and health impacts on the population served.
5. Recommend strategies for improving implementation, monitoring, and sustainability.

Scope of the Study

The scope of the present study covers a comprehensive assessment of the **Pradhan Mantri Swasthya Suraksha Yojana (PMSSY)** across all its phases (I–VIII), including the **upgradation of Government Medical Colleges (GMCs)** under the scheme. The study examines institutional, state, and central-level implementation mechanisms—covering planning, fund flow, governance, and monitoring—to assess coordination and efficiency. Field visits and stakeholder consultations have been conducted at selected **AIIMS and GMCs** to capture ground realities and diverse operational contexts. The analysis focuses on key performance areas such as service delivery, infrastructure utilization, governance, hospital operations, and human resource deployment, while excluding detailed financial audits.

Research Process and Methodology

To comprehensively assess the **Pradhan Mantri Swasthya Suraksha Yojana (PMSSY)**, a **cross-sectional mixed-method research design** was adopted. The study combined **qualitative and quantitative approaches** along with historical data analysis to ensure a balanced and evidence-driven evaluation. Both **primary and secondary data sources** were utilized to capture a holistic

picture of the scheme's implementation, performance, and outcomes across different regions and institutional contexts.

Data Collection

Secondary data were drawn from official and credible sources such as the PMSSY website, Cabinet notes, **MoHFW Annual Reports**, **CAG Performance Audit Reports**, **NIHFW Evaluation Reports**, research publications, institutional annual financial statements, and meeting minutes of governing bodies. Primary data were collected through **interviews, roundtable discussions, field observations, facility visits, and semi-structured questionnaires** administered to key stakeholders including administrators, faculty, students, healthcare staff, and patients. The detailed study tools are provided in Annexure 1.

Sampling Framework

A **stratified purposive sampling strategy** was employed to ensure geographical and institutional representation. The study covered **eight AIIMS** (Bathinda, Bilaspur, Patna, Guwahati, Nagpur, Mangla Puri, Deoghar, and Bhopal) and **three GMCs** (Sri Krishna Medical College, Muzaffarpur; Goa Medical College, Panaji; and Institute of Medical Sciences, BHU, Varanasi). The sample represents diverse physiographic and socio-economic contexts—north, south, east, west, central, hilly, tribal, and coastal regions—enabling comparative analysis of implementation models and regional disparities under PMSSY.

Evaluation Frameworks

The evaluation followed an **evidence-based approach** aligned with the **OECD-DAC framework**, assessing the programme on seven key criteria—**relevance, effectiveness, efficiency, impact, sustainability, coherence, and equity**. This framework enabled a structured assessment of PMSSY's design, execution, and long-term impact on tertiary healthcare delivery and medical education. A **Logical Framework (LogFrame)** was further applied to trace the causal pathway from inputs (resources and infrastructure) to activities (operations), outputs (services and training), and eventual impacts (regional equity, quality care, and socio-economic benefits). Together, these frameworks ensured a rigorous, multidimensional evaluation of PMSSY's contribution to strengthening India's tertiary healthcare landscape.

Data Evaluation and Team

The study team comprised six professionals with expertise in hospital planning and design, hospital operations and administration, public health, health governance, health economics, and healthcare financing. Between **August 12 and October 19, 2025 and November 3-4, 2024**, the **IIPA team** conducted field visits to **eight new AIIMS** and **four upgraded GMCs**, engaging in detailed consultations with key stakeholders and collecting institutional data through structured datasheets. The quantitative data were processed and analyzed using the **Statistical Package for the Social Sciences (SPSS)** with multiple statistical techniques, while qualitative data were examined through comparative and strategic analysis against plan documents and field observations to derive evidence-based insights.

The report is organized into two main sections: **Section 1** presents the **Findings and Recommendations for the new AIIMS**, while **Section 2** focuses on the **upgraded Government Medical Colleges (GMCs)**. Given the scale of the AIIMS component, Section 1 is further divided into six chapters covering financial management, hospital performance, academics and research, infrastructure and equipment, human resources, and governance. **Chapter 8** addresses key issues in the planning, design, and implementation of GMC upgradation under PMSSY. The report concludes with **Annexures and Appendices** providing supporting data and documentation.

Financial Management in New AIIMS

Utilization of Capital (CAPEX) and Operational (OPEX)

The utilization of **Capital (CAPEX)** and **Operational (OPEX)** funds under PMSSY reflects both progress and persisting inefficiencies in the financial management of new AIIMS institutions. While construction was delayed initially due to weak planning, fragmented work packages, and procedural bottlenecks, project execution has accelerated in recent years with the adoption of EPC contracts, streamlined designs, and closer central monitoring. Analysis of CAPEX data (FY 2020–26) shows that institutions like AIIMS Bhopal, Nagpur, and Patna have demonstrated strong fund absorption, whereas newer AIIMS such as Guwahati, Bilaspur, and Deoghar continue to face utilization gaps due to leadership vacancies, limited procurement capacity, and over-centralized financial processes. The absence of trained financial and procurement staff and the downgrading of the FA post have further constrained decision-making. On the operational side, OPEX

utilization has risen steadily, reflecting institutional expansion, growing patient load, and staff recruitment, with mature AIIMS (Patna, Bhopal, Nagpur) showing high stability. However, with increasing clinical and academic activities, OPEX demand is projected to grow four- to fivefold in the next two years, underscoring the urgent need to strengthen institutional financial planning, procurement systems, and fund flow efficiency to ensure sustainability and timely utilization of resources.

Book-Keeping and Financial Management

All new AIIMS use a double-entry, accrual-based accounting system but continue to follow traditional government accounting practices without adopting responsibility centre approaches (investment, income, or cost centres). Financial management remains dependent on Grant-in-Aid with limited planning for long-term sustainability or self-reliance. Modern tools like cost control, forecasting, and performance budgeting are yet to be implemented.

User Fees and Cost Recovery

User charges across AIIMS are minimal (₹10–₹30 registration fee) and lack uniformity. Services remain free for BPL patients, though segregated data is often unavailable. Fee structures are largely static and based on legacy models from AIIMS Delhi and PGIMER Chandigarh. No AIIMS has conducted systematic cost analysis or introduced region-specific pricing, resulting in poor cost recovery and limited financial efficiency.

Utilisation of User Charge Revenue

Funds from user charges, ranging from ₹25 crore to ₹120 crore per AIIMS, are growing but remain largely unutilized due to the absence of clear policies. Delays in reimbursements from Ayushman Bharat and state schemes have led to high receivables. The MoHFW's draft guidelines (October 2024) on using internally generated funds are pending implementation. In addition to above guidelines, the study recommends to create a dedicated corpus fund under GFR Rule 229(v) in each institute to enhance financial stability and sustainability.

Procurement and Supply Chain Management

Most AIIMS rely on HLL Lifecare's Amrit Pharmacy for medicines and implants, but face stockouts and delays. AIIMS Patna's direct procurement model through GeM and rate contracts

has significantly reduced costs and improved quality—serving as a replicable best practice. Many AIIMS have also shifted diagnostic services in-house, enhancing quality and 24×7 availability while reducing dependency on outsourced vendors.

Research, CSR, and Other Receipts

New AIIMS are actively promoting research through intramural grants and have mobilized over ₹290 crore in extramural funding from agencies like ICMR, WHO, DST, and UNICEF, with AIIMS Patna and Bhopal leading. CSR contributions from PSUs (e.g., ONGC, Power Grid, HPCL) have supported infrastructure, equipment, and sustainability projects. Additional receipts include academic fees, training income, and rent from outsourced services. To improve financial efficiency, AIIMS must adopt a responsibility-centre-based framework with clear cost and revenue accountability under each department.

Way Forward on Financial Management of New AIIMS

- **Comprehensive Cost Analysis**
    - Undertake detailed costing of hospital, diagnostic, and academic services to determine actual service costs.
    - Use findings to rationalize user fees and academic charges with modest margins to promote efficiency and affordability.
- **Internal Resource Utilization Policy**
    - Develop a uniform policy to govern the use, reinvestment, and audit of internally generated funds.
    - Create a **Corpus Fund** for long-term sustainability and resilience.
    - Align internal resource use with institutional goals like research, training, and patient care innovation.
    - Ensure transparency through regular public disclosure of fund utilization.
- **Periodic Fee Review Mechanism**
    - Constitute a standing committee to review and revise academic and service fees based on cost trends, inflation, and affordability.
- **Decentralisation of Financial Powers**

    - Delegate financial authority to Deans, DDAs, Medical Superintendents, and HoDs for efficient decision-making.
    - Proposals below ₹5 crore should be cleared internally without escalation to the Standing Finance Committee.
- **Public–Private Partnership (PPP) Models**
    - Introduce PPPs for managing high-cost facilities (labs, dialysis, imaging units, etc.) under strict institutional supervision.
- **Mobilization of CSR Funds**
    - Actively seek CSR contributions for equipment, patient care facilities, and endowed professorships to support research and innovation.
- **Efficient Procurement Systems**
    - Replicate AIIMS Patna's **Central Pharmacy cost-plus-margin model** across other AIIMS to ensure affordability and quality.
- **Audit and Replacement of Equipment**
    - Conduct periodic audits of high-end medical equipment and plan for timely replacement and CMC renewal.
- **Responsibility Centre Accounting**
    - Adopt a responsibility-centre approach by creating three Strategic Business Units (SBUs):
        - Academic Development Unit
        - Patient Services Unit
        - Research, Training, and Consultancy Unit
    - Assign heads with fixed tenures and link performance with resource management.
- **Incentivizing Research and Innovation**
    - Establish annual awards and incentives for high-impact research, patents, and innovation to boost institutional excellence.

Performance of AIIMS Hospital Services: Output and Outcome Insights

Hospital Outputs

The hospital outputs at the new AIIMS institutions reflect their growing capacity and role in delivering high-quality tertiary healthcare under the PMSSY framework. Key indicators of hospital performance include Outpatient Department (OPD) consultations, Inpatient Department (IPD) admissions, and the number of major and minor surgical procedures conducted. Together, these metrics offer a comprehensive picture of institutional readiness, operational efficiency, and public utilization. Supported by digital health information systems, these indicators also help identify service gaps and inform data-driven improvements in clinical and administrative processes.

The OPD services across the new AIIMS have witnessed remarkable growth, with daily footfalls ranging between 1,500 and 5,000 patients. Institutions such as AIIMS Bathinda, Nagpur, and Bhopal have recorded multi-fold increases in OPD visits between 2021 and 2025. This surge demonstrates rising public confidence and accessibility but has also led to overcrowding, extended waiting times, and increased strain on clinical staff. Nearly one-fourth of OPD patients present with conditions manageable at district hospitals, underscoring the need for an effective referral system and strengthened lower-tier healthcare to allow AIIMS to focus on its tertiary care mandate.

In the domain of inpatient care, most new AIIMS have progressively expanded IPD services as hospital blocks and staffing capacities matured. Institutions like AIIMS Bhopal, Patna, and Bathinda have shown consistent year-on-year growth in admissions, while newer campuses such as Bilaspur, Deoghar, and Guwahati are rapidly scaling up. The steady rise in IPD numbers indicates improved utilization of beds, increased surgical throughput, and enhanced public trust. However, challenges remain in areas such as critical care readiness, human resource adequacy, and service integration with AYUSH departments, which continue to operate at limited capacity in most institutions.

Surgical services, particularly through Major and Minor Operation Theatres, have expanded substantially across the network. AIIMS Bathinda, Patna, and Bhopal reported the highest procedural volumes, reflecting operational maturity and increased patient reliance on these centers for complex interventions. The newer AIIMS such as Deoghar, Bilaspur, and Mangalagiri have also demonstrated rapid growth in surgical activities, signaling successful commissioning of facilities. Nevertheless, infrastructure issues—such as non-functional OTs, HVAC deficiencies, and shortages of anesthetists and OT technicians—continue to constrain surgical capacity and contribute to long waiting times for elective procedures.

Overall, the trajectory of hospital outputs across the new AIIMS institutions illustrates strong progress toward establishing them as regional centers of excellence in tertiary care. Yet, sustaining

this growth will require targeted investments in human resources, infrastructure maintenance, digital systems, and patient flow management. Strengthening referral linkages and optimizing operational processes will be essential to ensure that AIIMS can effectively deliver on its mandate of providing equitable, efficient, and high-quality healthcare across India.

Hospital Operational Performance

Hospital operational performance in the new AIIMS institutions is assessed primarily through two key indicators — **Average Length of Stay (ALOS)** and **Bed Occupancy Rate (BOR)**. While ALOS reflects the quality of clinical care, case complexity, and discharge efficiency, BOR serves as a measure of inpatient demand and hospital utilization. The operational data for 2025–26 indicates a steady rise in occupancy levels across all institutes, highlighting progressive stabilization of hospital services and workflows. AIIMS Nagpur (91.27%) and Bathinda (90.56%) have achieved near-optimal BOR, followed by Patna (79.24%), Mangalagiri (77.50%), Bhopal (75.13%), Guwahati (71.07%), Bilaspur (66.03%), and Deoghar (63.00%). The upward trajectory in BOR demonstrates growing patient trust, improved infrastructure readiness, and better alignment between human resources and service delivery capacities.

The **ALOS** across new AIIMS ranges between **5 to 8 days**, reflecting institutional maturity and case complexity. Established AIIMS such as Patna, Bhopal, and Mangalagiri report relatively stable ALOS of 5–7 days, while newer ones like Bilaspur, Deoghar, and Guwahati show evolving trends as services expand. AIIMS Nagpur records a higher ALOS (around 8 days), indicating a greater proportion of critical or surgical cases. Overall, the data suggests that as the newer AIIMS reach full operational capacity, ALOS is likely to stabilize around 6–7 days, aligning with national norms. Continued monitoring of these indicators and the adoption of best practices — such as promoting day-care procedures, enhancing discharge protocols, and strengthening post-care follow-up — will be crucial for optimizing efficiency, improving patient turnover, and ensuring high-quality tertiary care delivery.

Hospital Outcomes: Patients' Satisfaction and Experience Insights

Patient satisfaction represents a critical dimension of hospital performance, encompassing not only the quality of clinical care but also the efficiency, communication, and comfort experienced during treatment. In high-volume tertiary care institutions such as AIIMS, patient experience offers a

valuable measure of institutional responsiveness and service quality. The evaluation study assessed patient satisfaction across eight new AIIMS through structured surveys administered to 100 patients per institute, equally divided between outpatient and inpatient respondents. Key parameters included accessibility of care, staff responsiveness, waiting times, and affordability of services.

Overall analysis revealed encouraging trends in patient satisfaction, with mean scores ranging from **3.84 to 4.72** on a five-point scale. **AIIMS Guwahati (4.72)**, **Mangalagiri (4.55)**, and **Deoghar (4.32)** recorded the highest satisfaction levels, reflecting strong operational performance and patient trust. In contrast, **AIIMS Patna (3.84)** and **Bathinda (4.02)** showed relatively lower scores, indicating the need for targeted improvements in service coordination, communication, and medicine availability. Despite variations, the majority of patients expressed confidence in the clinical quality and professionalism of AIIMS staff.

Patients reported **high satisfaction with the availability of doctors, nurses, and attendants**, indicating effective staffing and service delivery across most institutes. However, satisfaction with **medicine availability** was comparatively lower, with some patients required to purchase drugs outside hospital pharmacies due to limited stock under AMRIT or Jan Aushadhi schemes. Streamlining drug procurement and expanding in-house pharmacy coverage are essential to address this concern and ensure continuity of care.

Regarding **ease of accessing care**, offline registration systems were rated more reliable than online ones, reflecting challenges in digital literacy and system usability. Many patients described the multi-step registration process—spanning ABHA ID creation, token generation, and multiple departmental registrations—as cumbersome and time-consuming. Simplifying this workflow through digital integration, single-window registration, and better signage within hospital premises would significantly improve patient convenience and satisfaction.

Patient feedback also highlighted the importance of **infrastructure and community outreach** in shaping public perception. While most new AIIMS were found to be physically accessible and clean, issues such as inadequate directional signage, lack of accessibility features, and limited canteen and waiting facilities were common. Moreover, the frequency of **public lectures and health awareness activities** varied widely—ranging from **451 at AIIMS Bathinda** to **36 at AIIMS Bhopal**—indicating scope for a more structured outreach framework. Strengthening such

community engagement initiatives will not only enhance health literacy but also reinforce AIIMS's role as a leader in public health promotion and patient-centered care.

Institutional Patient- Centric Achievements and Strategic Milestones

Since their establishment, the new AIIMS institutions have achieved remarkable progress in expanding tertiary healthcare access, strengthening clinical excellence, and promoting patient-centric innovation across India. Each institute has evolved to address regional health priorities through advanced infrastructure, digital health integration, and community-focused programs. **AIIMS Bathinda** has emerged as a major cancer and cardiac care hub, performing complex transplants and serving as the Regional Coordinating Centre for national programs, while **AIIMS Patna** recorded the highest AB-PMJAY patient load in Bihar and introduced major infrastructure and patient convenience facilities. **AIIMS Guwahati** led outreach through the *Ayushman Bhavah* campaign, drone-based medicine delivery, and field health drives, showcasing innovation in remote healthcare access. **AIIMS Bhopal** excelled in digital transformation and inclusive care initiatives, pioneering the *Scan & Share* model, QR-based registration, and community facilities like Karunadham Ashram and Rain Basera shelters. **AIIMS Nagpur** set new benchmarks in service delivery and research, with near-total bed utilization, successful kidney and bone marrow transplants, robotic surgery, e-Vaidya teleconsultation services, and ABDM integration. Collectively, these achievements highlight the growing maturity of the new AIIMS network as centres of excellence in clinical care, digital health, and public service, driving India's vision of equitable, efficient, and patient-focused healthcare.

Way Forward to Improve Hospital Processes, Outputs, and Outcomes Across New AIIMS

- **Streamline Hospital Processes:**
    - Implement a **single-window registration system** integrating ABHA, billing, diagnostics, and appointments through a unified digital platform.
    - Launch **mobile-based appointment and self-registration apps** (targeting ~30% online bookings).
    - Set up **"May I Help You" counters**, clear digital signage, and wayfinding tools for better navigation.

- Ensure **accessibility features** like handrails, ramps, and anti-skid flooring; install **electronic queue systems** to reduce waiting time.
- Introduce **E-prescription modules** in all OPDs with temporary data entry support until AI-based systems mature.

- **Strengthen Clinical and Operational Efficiency:**
  - Establish **screening OPDs and triage systems** to redirect primary/secondary care patients to nearby facilities.
  - Expand **teleconsultation** with state hospitals and PHCs for non-critical and follow-up cases.
  - Extend **OPD hours** in high-demand specialties and implement **time-bound appointments**.
  - Expedite commissioning of **Modern Operation Theatres (MOTs)** and ensure timely recruitment of critical OT staff.
  - Introduce **regular OT and equipment audits** with clear maintenance contracts and accountability.
- **Enhance Human Resource Capacity and Motivation:**
  - Adopt **flexible hiring models** for high-demand super-specialties and introduce **performance-linked incentives**.
  - Enable **faculty and PG exchange programs** across AIIMS institutions.
  - Institutionalize **continuous in-service training** on patient communication, quality standards, and stress management.
  - Strengthen **paramedical training schools** to reduce reliance on outsourced manpower.
- **Improve Patient Care Quality and Experience:**
  - Conduct **quarterly patient satisfaction surveys** and establish **real-time grievance redressal cells**.

- Launch **patient education programs** on hospital navigation, hygiene, and post-discharge care.
- Carry out **cost rationalization studies** and reinvest revenue into facility improvement and patient amenities.

- **Modernize Infrastructure and Technology:**
  - Fully implement **Hospital Information Management Systems (HIMS)** integrated with ABHA and Ayushman Bharat platforms.
  - Use **digital dashboards** to monitor key performance indicators like BOR, ALOS, and OPD load.
  - Upgrade to **green, patient-friendly infrastructure** with infection control design and energy efficiency.
  - Link **diagnostics and pharmacy services** to HMIS for faster turnaround, better availability, and supply chain transparency.
- **Strengthen Governance and Accountability:**
  - Form a **Hospital Process Improvement Committee (HPIC)** under the Director/Executive Director to monitor efficiency, cost, and outcomes.
- **Foster Sustainable Partnerships:**
  - Collaborate with **state governments, local medical colleges, and NGOs** to enhance referral networks and reduce tertiary care burden.

Academics and Research in New AIIMS

Academic Governance Structure

The academic governance system across new AIIMS institutions is built on principles of autonomy, accountability, and participatory decision-making. Each AIIMS is led by the Executive Director/CEO and guided by the Standing Academic Committee as the apex body. Deans oversee key domains such as Academics, Research, Examinations, and Student Welfare, supported by Associate and Sub-Deans for implementation. Governance structures are evolving to include new

roles—for instance, AIIMS Bhopal has added a Dean for Innovation and Commercialization, reflecting a growing emphasis on research translation and institutional sustainability.

Academic Programmes and Expansion

All AIIMS institutions anchor their academic activities around the MBBS programme, with varying degrees of alignment to the Competency-Based Medical Education (CBME) model prescribed by NMC. Institutes such as AIIMS Bhopal have fully transitioned to CBME, while others like AIIMS Nagpur are adopting it in phases. The curriculum emphasizes AETCOM (Attitude, Ethics, and Communication), family adoption, and self-directed learning for holistic training. Across eight AIIMS, nearly **2,012 health professionals** graduate annually, including **925 MBBS and 596 nursing students**. However, super-specialty programmes (DM/MCh) remain limited due to faculty and infrastructure constraints, underscoring the need for further academic consolidation and standardization. In none of the institutes growth in number of seats in both UG, PG, Super-speciality courses matching with the academic infrastructure like lecture Theatres, seminar halls, hostels, labs, sports facilities etc.

Regional Diversity and Inclusivity

Student cohorts at new AIIMS campuses represent pan-India diversity, reflecting the national reach of the NEET-based admission process. Local representation varies from 18% to 35%, with institutes such as AIIMS Patna and Bhopal showing higher state-origin student ratios, potentially improving regional retention. Gender parity remains a strength, with female MBBS representation averaging **48–50%** across campuses. This diversity enriches peer learning while promoting inclusivity and cultural adaptability in medical education.

Student Orientation, Mentorship, and Welfare

Orientation and foundation courses across AIIMS institutions integrate academic familiarization with personal and professional development. Programmes include sessions on ethics, communication, resilience, and stress management, with AIIMS Guwahati notably integrating yoga and regional language modules for inclusivity. Structured mentorship systems—with mentor–mentee ratios between 1:4 and 1:6—ensure academic and emotional support, though PG-level orientations remain inconsistent. Innovative practices such as **peer-assisted learning** (AIIMS Guwahati) and mental health initiatives like **Tele-MANAS** and the **Gatekeeper**

Programme reflect a growing institutional commitment to student well-being and compassionate medical education.

Academic Infrastructure, Library and Digital Learning Ecosystem

The AIIMS network has developed a robust academic ecosystem integrating modern infrastructure with digital learning technologies. Lecture theatres across campuses are equipped for hybrid teaching, complemented by simulation labs and online learning tools. Institutions like AIIMS Bhopal and Nagpur are adopting comprehensive Academic Management Systems (AMS) and Learning Management Systems (LMS) to strengthen blended learning, monitoring, and performance evaluation. The libraries reflect a diverse yet evolving academic landscape, with older campuses such as Bhopal and Patna maintaining extensive physical and digital resources, while newer AIIMS like Deoghar, Bathinda, and Nagpur are systematically expanding their collections to meet CBME and research requirements. The One Nation One Subscription (ONOS) initiative has been a major enabler of equitable access to e-resources, and further integration with specialized databases like *UpToDate* is recommended to support clinical education and evidence-based practice.

Given the limited hostel capacity and off-campus residence of faculty, strengthening digital access through secure authentication systems is essential to support continuous learning and research engagement. Extending library operating hours, particularly during examinations, along with ensuring adequate safety, lighting, and connectivity, will enhance inclusivity and academic productivity. Collectively, these measures are crucial to positioning AIIMS as future-ready centers of excellence that combine digital innovation, academic depth, and equitable access to knowledge resources across campuses.

Research Development and Innovation Ecosystem

Research forms a core pillar of AIIMS' academic mandate, with notable progress across campuses in fostering innovation and interdisciplinary inquiry. AIIMS Mangalagiri expanded intramural funding from ₹15 lakh in 2022 to ₹40 lakh in 2025, while Bhopal and Nagpur demonstrated strong research productivity through high publication outputs and translational medicine programs linking bench research to clinical application. Faculty Development Programs (FDPs) and conferences have become central to enhancing academic capacity and visibility, with institutions

like Bathinda and Guwahati actively promoting professional growth and collaboration. Overall, the research ecosystem across AIIMS exhibits diversity, dynamism, and an upward trajectory, with older campuses consolidating academic maturity and newer ones rapidly scaling up innovation and engagement in line with their developmental stage.

Way Forward to Improve Academics and Research Outcomes

- **Enhance Faculty Strength and Academic Infrastructure**
    - Increase sanctioned faculty positions proportionate to the rising student intake and expansion of postgraduate and super-specialty programmes.
    - Develop adequate classrooms, laboratories, skill labs, and simulation-based digital learning environments.
    - Implement a coordinated national strategy for faculty recruitment, induction, and retention supported by inter-AIIMS faculty exchange and mentorship systems.
    - Ensure standardized implementation of the CBME framework with flexibility for regional adaptation.
- **Strengthen Research Ecosystem and Quality**
    - Introduce a uniform framework for research performance evaluation emphasizing innovation, translational value, and citation impact.
    - Allocate protected research time for faculty to balance academic, clinical, and research responsibilities.
    - Establish Research Facilitation and Grant Support Cells in all AIIMS to streamline proposal development, ethical review, and project management.
    - Create new departments of Biostatistics, Bioinformatics, and AI & Data Analytics to enhance data-driven research and innovation.
- **Expand Research Funding and Grant Management**
    - Introduce institutional seed grants to encourage pilot studies and early-stage innovation.

- Strengthen collaborations with national and international funding bodies (ICMR, DBT, DST, WHO, NIH, etc.).
- Conduct regular workshops on grant writing, research ethics, and project management to build faculty competency in research administration.

- **Institutionalize Faculty Development and Capacity Building**
  - Implement structured Faculty Development Programmes (FDPs) focusing on pedagogy, research methodology, leadership, and scientific communication.
  - Encourage cross-campus fellowships, exchange visits, and short-term placements at reputed national and international institutions.
  - Develop a shared digital repository of FDP content and e-learning modules to ensure uniform academic upskilling across the AIIMS network.
- **Promote Translational and Community-Oriented Research**
  - Align research priorities with national health challenges through translational, implementation, and community-based research.
  - Strengthen collaboration with state health departments, district hospitals, and local medical colleges for field-based studies and innovation pilots.
  - Establish frameworks for technology transfer, innovation incubation, and intellectual property management.
  - Regularly assess the societal impact of outreach and health awareness programmes.
- **Modernize Library and Research Information Systems**
  - Integrate the *One Nation One Subscription (ONOS)* platform with specialized resources like *UpToDate* and other clinical databases.
  - Ensure 24x7 remote digital access to library resources for faculty and students, with secure authentication systems.
  - Extend library operating hours during examinations and ensure adequate safety and lighting in study areas.

- Develop a unified inter-AIIMS digital library repository for shared access and scholarly collaboration.

- **Foster Institutional Collaboration and Knowledge Sharing**
  - Launch structured inter-AIIMS student and faculty exchange programmes and joint academic initiatives.
  - Promote multi-centric research, co-supervised dissertations, and thematic academic conclaves across AIIMS campuses.
  - Create digital platforms for sharing best practices, teaching innovations, and research outputs.
  - Establish a Central AIIMS Academic and Research Coordination Council under PMSSY for standardisation of curriculum, monitoring, and capacity enhancement.

Physical Infrastructure and Equipment: Challenges & Way Forward

The chapter provides detailed AIIMS-wise status, challenges, and recommendations for infrastructure and equipment. The following are the cross-cutting challenges across the new AIIMS's infrastructure.

Cross-Cutting Physical Infrastructure Challenges Across New AIIMS

- **Construction Quality and Maintenance Sustainability**
  - Recurring issues in waterproofing, HVAC systems, and expansion joints indicate the need for improved construction quality control.
  - Adoption of durable, climate-appropriate materials and lifecycle-based maintenance planning is essential.
  - Experiences from Bilaspur, Deoghar, and Mangalagiri highlight the importance of continuous site supervision and post-occupancy evaluation.
- **Project and Contract Management Systems**
  - Project delays and specification deviations, particularly in Deoghar, underline weak contract management practices.

    - Strengthening contractual accountability through performance-based contracting and third-party quality audits is needed.
    - Dedicated infrastructure management cells within each AIIMS should oversee project timelines, budgets, and compliance.
- **Fire Safety and Emergency Preparedness**
    - Multi-storeyed hospital structures require advanced fire detection and suppression systems.
    - Regular fire drills, updated signage, and integration with local fire and disaster management authorities are critical.
    - Periodic safety audits and modern monitoring technologies should be institutionalized.
- **Drainage and Site Management**
    - Campuses like Patna, Mangalagiri, Deoghar, and Guwahati face waterlogging due to terrain and rainfall patterns.
    - Customized stormwater and groundwater management systems, raised plinths, and green infrastructure (bioswales, permeable pavements) are recommended.
- **Road Connectivity and Campus Access**
    - Internal circulation, lighting, and signage improvements are ongoing at Bathinda and Guwahati.
    - Strengthened approach roads, pedestrian pathways, and ambulance corridors integrated with local transport plans will ensure better mobility and safety.
- **Land Utilization and Master Planning**
    - Strategic land use and vertical expansion approaches are needed to optimize limited land parcels.
    - Patna and Guwahati exemplify the need for integrated master planning and coordination with state authorities for future expansion.
- **Residential and Hostel Infrastructure**
    - Student and staff accommodation shortages persist due to increased intakes and delayed housing projects.
    - Upgrading hostels with adequate rooms, recreation spaces, internet access, and safe, covered linkages between residential and academic areas is necessary.

- Enhanced residential facilities will improve morale, productivity, and institutional cohesion.

- **Overall Infrastructure Governance**
  - Despite rapid expansion under PMSSY, disparities in infrastructure quality and functionality persist.
  - Strengthening quality assurance, adopting resilient design practices, and ensuring proactive maintenance will enhance the sustainability and user experience across all AIIMS campuses.

Cross-Cutting Recommendations

To address systemic challenges across the newly established All India Institutes of Medical Sciences (AIIMS) under PMSSY, a set of cross-cutting recommendations is proposed to strengthen infrastructure, governance, and academic operations. These measures aim to enhance long-term functionality, safety, and institutional sustainability.

- **Scientific Site Selection and Land Planning:**

  Future AIIMS campuses must undergo rigorous geotechnical, hydrological, and seismic feasibility studies before land allocation. Lessons from sites like Guwahati, Mangalagiri, and Bilaspur underscore the need for evidence-based site selection to prevent future operational risks.

- **Infrastructure Quality and Safety:**

  Adherence to the National Building Code (NBC) and lifecycle-based maintenance plans must be institutionalized. Fire safety systems, compliant ramp designs, and metallic false ceilings should be standardized to ensure safety and durability.

- **Healthcare and Emergency Readiness:**

  Each AIIMS should establish a dedicated ambulance fleet and CBRN (Chemical, Biological, Radiological, and Nuclear) preparedness units to strengthen emergency response and public health resilience.

- **Academic and Faculty Infrastructure:**

Proportional expansion of hostels, classrooms, laboratories, and faculty offices is required to match rising student intakes. Faculty recruitment should be synchronized with departmental activation to ensure optimal use of facilities.

- **Hostel and Residential Upgradation:**

  Immediate refurbishment of hostels is essential to address hygiene, water, Wi-Fi, and mess-related issues. Future hostels should adopt twin-sharing rooms, promote peer learning, and ensure adequate maintenance and safety.

- **Strengthening Technical and Human Resources:**

  Recruitment of trained technicians and support staff should be prioritized to operationalize partially functional departments and maintain service continuity.

- **Digital and IT Integration:**

  A uniform, interoperable Hospital Management Information System (HMIS) across all AIIMS should be implemented to enable seamless data exchange, patient management, and integration with pharmacy services.

- **Safety, Security, and Governance:**

  Enhanced campus security through CCTV surveillance, fencing, and professional guards is vital. Dedicated Executive Directors (without dual charge) and periodic infrastructure performance audits will strengthen accountability.

- **Procurement and Equipment Modernization:**

  Procurement processes should be streamlined through transparent, performance-based audits. All outdated equipment specifications from older DPRs must be reviewed and updated to align with current technology standards.

- **Sustainable Land Use and Vertical Expansion:**

  Land-constrained campuses like Patna should prioritize moderate vertical expansion (9–12 floors), while avoiding overly tall structures that pose maintenance and fire safety risks. Residential complexes should incorporate stilt floors for parking and efficient land use.

- **Financial and Maintenance Reforms:**

Adoption of Performance-Based or Zero-Based Budgeting will improve maintenance accountability and ensure optimal resource utilization across campuses.

- **Institutional Collaboration and Regional Strengthening:**
  Strengthening nearby medical colleges and district hospitals will help decentralize patient load and enhance healthcare access, ensuring balanced regional health system development.

Human Resource for Health

The analysis of **sanctioned versus filled positions** across eight newly established AIIMS institutions—Bhopal, Patna, Mangalagiri, Nagpur, Bathinda, Deoghar, Bilaspur, and Guwahati—reveals an average vacancy rate of about **38 percent** as of August 2025. While this indicates ongoing workforce stabilization, it also reflects considerable progress in recruitment, particularly following initiatives like the **Common Recruitment Examination (CRE)** and the **Nursing Officer Recruitment Common Eligibility Test (NORCET)**. The data underscore that staffing adequacy remains a central factor influencing institutional functionality, academic operations, and patient care efficiency.

Faculty recruitment continues to show moderate progress, with the lowest vacancy at AIIMS Bhopal (26%) and the highest at Mangalagiri (51%). Older institutes like Bhopal and Patna demonstrate relative stability due to more mature administrative frameworks, whereas newer AIIMS—such as Mangalagiri, Deoghar, and Bilaspur—are still building their academic and clinical capacities. Sustained recruitment efforts, along with relocation incentives and capacity-building initiatives, are essential to bridge these gaps. The introduction of **structured practical assessments** in recruitment can further ensure the selection of faculty with the requisite clinical and pedagogical competencies.

In **non-faculty positions**, including Senior and Junior Residents, Nursing staff, and administrative personnel, vacancy rates vary significantly. Senior Resident shortages—ranging from 33 percent at Mangalagiri to 80 percent at Guwahati—pose a major challenge. One key reason is that AIIMS postings are not recognized under **state-level compulsory rural service bonds**, limiting immediate recruitment of postgraduates. Policy alignment to count AIIMS service, especially in

underserved regions, as equivalent to rural service could improve recruitment and strengthen clinical departments.

Vacancies among the **Nursing Faculty and Cadre** highlight uneven development across campuses. While institutions like Deoghar report full recruitment in the tutor category, others like Bhopal and Bilaspur face shortages exceeding 75 percent. The absence of a uniform **promotion and career progression policy** for nursing educators is a major demotivating factor. Standardizing promotion norms, aligned with academic and clinical performance, would enhance retention and strengthen the quality of nursing education and care delivery.

Finally, the **shortage of technical and administrative staff** continues to strain institutional operations. Faculty and nurses often shoulder additional administrative duties, diverting time from teaching and clinical care. Establishing a **dedicated administrative cadre**, updating recruitment rules for technical posts, and ensuring parity with AIIMS New Delhi standards will help enhance efficiency and governance. Overall, these trends illustrate the **transitional yet progressive phase** of the AIIMS expansion under PMSSY—where workforce stabilization, institutional maturity, and policy coherence will determine the success and sustainability of India's national medical education and tertiary healthcare network.

Way Forward for Strengthening Human Resources for Health (HRH) in New AIIMS

- **Enhancing Faculty Availability and Recruitment Efficiency**
    - Implement fast-track recruitment for super-specialty and critical disciplines through delegated authority to institutional heads to shuffle reservation rosters across various departments as per needs across faculty positions.
    - Provide region-specific incentives (location allowance, housing, research grants) to attract faculty to remote AIIMS.
    - Establish structured mentorship programmes with mentor institutes like AIIMS Delhi, PGIMER, and JIPMER.
    - Reduce administrative workload on faculty by appointing professional administrative and procurement staff.

- Align promotions with eligibility dates and approve technical resignations to ensure service continuity and motivation.

- **Strengthening the Nursing and Allied Health Workforce**
  - Maintain nurse-to-patient ratios as per national and WHO norms through targeted recruitment.
  - Set up Nursing Skill and Simulation Labs in all AIIMS for competency-based training.
  - Introduce structured career progression and pay parity for nursing faculty and staff.
  - Partner with State Nursing Councils for certification, in-service training, and retention initiatives.

- **Building Administrative and Technical Capacity**
  - Launch special recruitment drives for key administrative, financial, IT, and engineering posts.
  - Conduct capacity-building programmes on hospital management, procurement, and finance.
  - Delegate administrative and procurement powers to institutional committees for faster decision-making.
  - Limit outsourcing of technical roles to build in-house capability and support student training.
  - Establish Technical Cadre Review Committees to update designations and job roles per new technologies.

- **Promoting Retention, Training, and Career Progression**
  - Institutionalize transparent Career Advancement Schemes (CAS) across all cadres.
  - Create Faculty Development Cells (FDCs) for regular training in pedagogy, leadership, and research.

- Introduce inter-AIIMS fellowships, national/international sabbaticals, and exchange programmes.
- Implement performance-based appraisals integrating teaching, research, and clinical outputs.

- **Digital Transformation and HRMIS Integration**
  - Fully integrate HRMIS with Hospital Information Systems for unified workforce tracking.
  - Develop a centralized HR data dashboard for real-time planning and monitoring.
  - Standardize interoperability between HRMIS, ERP, HMIS, and e-Office systems.
  - Train HR and administrative staff in digital governance and analytics-driven decision-making.
- **Enhancing Workforce Motivation and Well-Being**
  - Introduce institutional awards for excellence in teaching, research, and clinical innovation.
  - Provide mental health and wellness support, including counselling and stress management.
  - Adopt flexible, incentive-based performance models balancing academics, service, and research.
  - Foster participatory decision-making to strengthen institutional ownership and morale.
- **Policy, Governance, and Regulatory Reforms**
  - Develop a **National AIIMS HRH Policy Framework** linking staffing norms with institutional workload.
  - Harmonize **Recruitment Rules (RRs)** and **Standard Staffing Patterns (SSP)** across all AIIMS.

- Grant greater HR autonomy to AIIMS Directors within a unified national policy framework.
- Establish a **Unified AIIMS Academic and HR Council** for coordinated planning, HRMIS integration, and policy oversight.

AIIMS: Governance & Management

Institutional Governance Structure

All AIIMS institutions operate under a two-tier governance framework comprising the Institute Body (IB) and the Governing Body (GB), supported by various standing committees that manage finance, academics, ethics, and hospital operations. While core committees like the Governing Body, Academic Council, and Ethics Committee are present across campuses, the formation and functionality of specialized committees such as Finance and Accounts, IT, and Research Advisory Committees vary widely, reflecting differing levels of institutional maturity. The prolonged vacancy of the GB/IB President in several AIIMS has delayed key administrative and financial decisions, underscoring the need for standardized governance protocols. Strengthening committee structures, ensuring delegation of powers, and harmonizing operating frameworks across all AIIMS are essential to promote transparency, accountability, and institutional efficiency.

Administrative Leadership and Coordination

Administrative leadership across AIIMS reflects an evolving blend of centralized policy oversight and decentralized operational autonomy. Strong examples such as AIIMS Bilaspur and Nagpur showcase team-based management and initiatives to professionalize hospital administration, while institutions like Deoghar and Guwahati continue to face coordination challenges due to infrastructure and staffing constraints. Increasingly, campuses like Bhopal and Mangalagiri are empowering departmental leaders with localized decision-making authority, fostering agility and innovation. Going forward, strengthening middle-level leadership, professional training, and digital coordination will be critical to achieving cohesive, transparent, and responsive institutional management across the AIIMS network.

Litigations

The pattern of court cases and departmental inquiries across AIIMS reveals the growing maturity of institutional governance systems. While AIIMS Patna and Bhopal reported the highest number of vigilance and court cases, these largely reflect their operational scale and administrative complexity rather than systemic lapses. Many cases stem from procedural disputes or legacy service matters common in evolving institutions. The trend also indicates increasing awareness of compliance and due process among staff. Strengthening preventive vigilance, establishing dedicated legal and vigilance units, and digitizing grievance redressal systems will be key to enhancing administrative accountability, ensuring uniform compliance, and reducing litigation-related delays across all AIIMS.

Policy Compliance and Decentralization

Balancing institutional autonomy with policy compliance remains a defining challenge for the new AIIMS. Despite their autonomous status, most campuses remain dependent on the Ministry of Health and Family Welfare (MoHFW) and the Department of Expenditure for recruitment, budgeting, and post-sanctioning. This has led to administrative delays, such as in Mangalagiri and Nagpur, where key faculty and nursing posts remain unfilled. Encouragingly, institutes like Bhopal, Mangalagiri, and Bilaspur have begun implementing localized decision-making in procurement and financial oversight. These developments signal a cautious shift toward decentralization, underscoring the need for a calibrated approach that empowers institutions while ensuring fiscal discipline, transparency, and consistency across the AIIMS network.

Governance Bottlenecks and Inter-Agency Dependencies

The governance of new AIIMS continues to be influenced by significant inter-agency dependencies on implementing bodies like HSCC, NBCC, CPWD, and HITES, which often slow project execution and procurement. Delays in infrastructure handovers and reliance on limited procurement channels have affected service readiness in institutions such as Deoghar and Guwahati. Financial flexibility remains constrained by multi-tiered approval systems, further limiting institutional discretion. Transitioning toward stronger in-house project management units and standardized coordination frameworks between AIIMS and executing agencies can enhance

efficiency, accountability, and autonomy. Such reforms are vital for timely infrastructure completion and effective operational governance in these emerging centers of excellence.

Institutional Accountability and Digital Management Systems

Digital transformation is rapidly becoming the cornerstone of governance reform in AIIMS institutions. Campuses like Mangalagiri and Nagpur have achieved near-complete integration of digital platforms such as HMIS and e-office systems, significantly improving transparency and administrative efficiency. However, challenges persist due to limited IT manpower, inconsistent connectivity, and cybersecurity vulnerabilities in institutions like Deoghar and Guwahati. Strengthening IT staffing, ensuring data security, and developing a unified digital policy across AIIMS are essential next steps. Effective digital integration will not only enhance accountability and evidence-based governance but also create a seamless, interoperable management ecosystem across all AIIMS campuses.

Leadership Vision and Organisational Culture

The evolving leadership and organizational culture across AIIMS reflect a gradual shift toward participatory, transparent, and team-oriented governance. Institutions such as Nagpur and Bilaspur exemplify collaborative leadership through knowledge-sharing initiatives and inclusive decision-making, fostering institutional ownership and morale. Despite challenges from leadership transitions in some campuses, a culture of resilience and procedural transparency is taking root. Initiatives like student and faculty coordination committees at Guwahati demonstrate alignment between academic, administrative, and welfare goals. As participatory governance deepens, empowering departmental leadership, maintaining policy continuity, and nurturing shared institutional values will be pivotal for long-term sustainability and excellence within the AIIMS ecosystem.

Way Forward for Strengthening Governance and Management in the New AIIMS

The evolving governance and management framework of the new AIIMS institutions requires a coordinated, transparent, and professional approach to ensure efficiency, accountability, and institutional excellence. The following measures outline a comprehensive way forward:

Strengthening Institutional Governance Structures

- Harmonize the composition and functioning of key committees (Finance, Research, Ethics, Purchase, etc.) across all AIIMS to ensure uniform governance standards.
- Develop and implement Standard Operating Procedures (SOPs) for committee operations, documentation, and decision follow-up.
- Establish in-house technical and analytical support units to aid evidence-based decision-making.
- Promote inter-AIIMS exchange of best practices through joint workshops, peer reviews, and collaborative forums.
- Revise and update 2015 Recruitment Rules (RRs) for non-faculty staff to reflect evolving institutional needs.
- Build a leadership pipeline and empower governing bodies with greater decision-making autonomy.
- Conduct Executive Director Capacity Building Programmes at IIPA/IIMs on leadership, financial administration, and institutional governance.

Enhancing Administrative Leadership and Coordination

- Adopt integrated team-based management models to strengthen coordination across administrative, academic, and engineering divisions.
- Launch structured capacity-building programs in institutional and hospital administration for mid-level officials.
- Institutionalize internal communication systems for continuity during leadership transitions.
- Promote decentralized decision-making by delegating operational authority for procurement, staffing, and budgeting within defined limits.

Strengthening Legal, Vigilance, and Grievance Systems

- Establish dedicated Legal and Vigilance Units at each AIIMS for real-time case tracking and documentation.
- Implement preventive vigilance programs focused on service rules, ethics, and financial discipline.
- Develop a centralized legal database for standardized interpretation and timely case resolution.
- Institutionalize mediation and internal grievance redressal mechanisms to prevent escalation of disputes.

Advancing Policy Compliance and Decentralization

- Gradually expand delegated financial and administrative powers to AIIMS Directors based on performance and institutional maturity.
- Strengthen coordination channels between AIIMS and MoHFW for synchronized decentralization and compliance monitoring.
- Institutionalize internal audits and review systems to ensure transparency in the use of delegated powers.
- Conduct training programs on leadership, governance, and policy compliance for senior and mid-level administrators.

Streamlining Governance Bottlenecks and Inter-Agency Coordination

- Establish Project Management Units (PMUs) in each AIIMS with experts in engineering, finance, and contract management, chaired by the Executive Director.
- Ensure PMU verification and approval before final deliverable-linked payments to executing agencies.
- Develop standardized coordination and accountability frameworks with NBCC, CPWD, HITES, and other agencies.

- Introduce digital project dashboards for real-time tracking of infrastructure progress and fund utilization.
- Strengthen internal engineering divisions to gradually assume full project management responsibility.
- Create structured referral linkages with state hospitals to optimize resource utilization and reduce patient load.

Enhancing Institutional Accountability and Digital Management Systems

- Appoint dedicated IT and cybersecurity officers in all AIIMS to ensure data security and patient privacy.
- Adopt a unified digital governance framework integrating HMIS, ERP/SAP, e-Office, and finance systems across all campuses.
- Conduct regular digital literacy and compliance training for staff at all levels.
- Ensure interoperability and activate all inactive digital modules to achieve full-scale e-governance integration.

Building Leadership Vision and Organizational Culture

- Institutionalize Leadership Development and Management Programs to strengthen governance, communication, and ethics.
- Organize Annual AIIMS Leadership Conclaves to share innovations, challenges, and good practices.
- Introduce a structured succession planning framework for continuity in leadership and policy execution.
- Promote participatory and team-based governance with recognition programs and transparent communication systems.
- Foster a culture of accountability, inclusiveness, and innovation that rewards performance and collaboration.

Addressing Governance Vacancies and Decision Bottlenecks

- Expedite appointment of Presidents of the Governing Body (GB) and Institute Body (IB) across all new AIIMS.
- Establish interim decision-making mechanisms during leadership vacancies to maintain institutional continuity and avoid administrative delays.

Upgradation of Government Medical Colleges Under PMSSY

Goa Medical College (GMC) – Super Speciality Block

The 500-bedded Super Speciality Block at GMC, constructed under the PMSSY, is a G+8 facility housing 16 super-specialties, 12 OTs, ICUs, and advanced support units such as a fully mechanized CSSD, laundry, and a liquid oxygen plant—the first of its kind in Goa. While most services are operational, some areas, including the kitchen, remain non-functional. The hospital employs an HMIS for patient registration and pharmacy management and is transitioning to a more comprehensive digital platform. Infection control and patient safety committees are active, and the institution is pursuing NABH entry-level certification by December 2025.

Way Forward

- **Redesign Infrastructure for Coastal Conditions:** Use corrosion-resistant materials, improved drainage, and climate-adapted designs for durability.
- **Customize HVAC Systems:** Incorporate dehumidification and anti-corrosive components suited to coastal humidity.
- **Adopt Region-Specific Designs:** Shift from uniform DPR templates to location-adapted infrastructure planning.
- **Accelerate Pending Works:** Expedite kitchen, laundry, solar power, and auditorium completion.

- **Address Manpower Gaps:** Fast-track recruitment and resolve pay disparities to enhance morale and retention.
- **Enhance Operational Coordination:** Enforce scheduled maintenance and timely renewal of AMCs.
- **Optimize Space Utilization:** Construct a skywalk linking the old and new blocks; reconfigure layouts for efficiency.
- **Modernize Patient Feedback:** Launch a digital and QR-based feedback system for real-time service improvement.

Sri Krishna Medical College and Hospital (SKMCH), Muzaffarpur

Sri Krishna Medical College and Hospital (SKMCH), Muzaffarpur, serves as a major tertiary healthcare and teaching institution for North Bihar. The establishment of a 250-bedded Super Speciality Hospital (SSH) under PMSSY marks a significant upgrade in the region's medical infrastructure. The facility aims to provide advanced diagnostic, surgical, and critical care services, thereby reducing patient dependency on Patna and other distant centers.

Civil infrastructure is largely complete, including ICUs, modular OTs, diagnostic units, and specialty wards. Minor finishing issues such as leakages and defective fittings persist. MRI and CT scan units have been installed but remain non-operational due to vendor delays. Initially supervised by the Principal and now managed by the Medical Superintendent (holding dual charge), the hospital benefits from continuous administrative oversight. The Chief Secretary of Bihar personally monitors project progress, ensuring coordination between State and Central agencies.

Way Forward

- **Fast-Track HR Recruitment:** Expedite hiring for all sanctioned faculty and technical posts; engage visiting consultants from AIIMS Patna and IGIMS Patna.
- **Accelerate Equipment Commissioning:** Prioritize MRI, CT, and ICU activation through dedicated vendor coordination task forces.

- **Establish Biomedical Maintenance Cell:** Create an in-house unit for equipment upkeep and enforce AMC protocols for sustainability.
- **Enhance Administrative Autonomy:** Delegate limited procurement and operational powers to institutional leadership for timely decision-making.
- **Approve Dedicated OPEX Funding:** Ensure annual operational budgets for staffing, maintenance, and consumables linked to performance indicators.
- **Implement HMIS and Digital Inventory Systems:** Digitize patient, diagnostic, and inventory data for real-time monitoring and efficiency.
- **Strengthen Mentorship Linkages:** Build clinical and academic collaborations with AIIMS Patna and RIMS Ranchi for training, workshops, and telemedicine support.

Institute of Medical Sciences – Banaras Hindu University (IMS–BHU), Varanasi

The Institute of Medical Sciences at Banaras Hindu University (IMS–BHU) stands as one of India's leading tertiary-care and academic medical institutions, catering to nearly 20 crore people across Eastern Uttar Pradesh, Bihar, Madhya Pradesh, and neighbouring countries. The addition of the Trauma Centre and Central Super-Specialty Block (CSSB) under the Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) has substantially expanded its capacity for advanced care in cardiology, neurology, oncology, nephrology, and related fields.

Way Forward for IMS–BHU

- **Strengthen governance** through defined sub-units (Finance, HR, Quality, Audit) under the Director's office for faster decision-making.
- **Enhance faculty and staff retention** via incentives, parity in pay scales, and structured career progression.
- **Implement screening OPDs and triage systems** to manage crowding and improve patient flow.

- **Introduce operational research** on patient-flow analytics and OPD efficiency for data-driven management.
- **Improve security and crowd management** through staff training, digital queue systems, and strict visitor controls.
- **Stabilize nursing teams** in critical care units and maintain dedicated ICU staff ratios.
- **Expand gastroenterology and high-demand specialties** with targeted recruitment and infrastructure support.
- **Optimize OT utilization** through better scheduling, adequate anesthesia staffing, and case-mix balancing.
- **Advance digitalisation** by fully integrating C-DAC modules, expanding PACS–HIMS coverage, and completing NABH/NABL accreditation.

Agartala Government Medical College (AGMC)

The Super Speciality Block of Agartala Government Medical College (AGMC), constructed under PMSSY by CPWD at a sanctioned cost of ₹150 crore (₹128 crore central share), was inaugurated in October 2023. Developed by M/s NCC with equipment from HITES, the G+3 facility houses six super-specialty departments—cardiology, neurology, nephrology, urology, gastroenterology, and plastic surgery—with OPDs, wards, and four modular OTs. While surgical services in GI and plastic surgery are functional, the cath-lab and ICU are yet to be operational. HVAC installation and several support facilities, including CSSD, seminar rooms, and dedicated nursing stations, remain incomplete. Diagnostic services are being transitioned to a PPP model, and biomedical waste management and pathology services are linked to the main hospital. Of 54 sanctioned faculty posts, only 20 are filled, reflecting challenges in attracting specialists. Equipment maintenance contracts have expired, and some essential items were not included in the original DPR. Despite these gaps, super-specialty OPDs are functional and telemedicine linkages with AIIMS Delhi and SGPGI Lucknow support clinical mentoring. Overall, the block is structurally complete and partially operational, with core services in place but full utilization constrained by manpower shortages, incomplete installations, and maintenance issues.

Way Forward

- **Strengthen Human Resource Recruitment and Retention**
    - Introduce competitive salary restructuring, hardship allowances, and fast-track recruitment for specialists and technical staff.
    - Implement housing and service-linked retention incentives to reduce turnover and stabilize services.
- **Establish Hospital Administration and Biomedical Support Systems**
    - Create a dedicated hospital administration unit with trained personnel for operations, facility management, and biomedical maintenance.
    - Ensure timely AMC/CMC renewals, procurement follow-up, and quality compliance toward NABH readiness.
- **Expand Quality and Infrastructure Upgradation**
    - Complete HVAC works and correct deficiencies in dialysis, ICU, and endoscopy layouts.
    - Upgrade nursing stations, seminar spaces, signage, ramps, and waiting areas to meet super-specialty standards.
    - Prioritize activation of the ICU and cath-lab for full utilization of available capacity.
- **Enhance Infection Control and Waste Management**
    - Deploy trained IPC staff and ensure strict adherence to updated BMW and biosafety protocols across all clinical zones.
- **Diversify Financing and Strengthen RKS Flexibility**
    - Introduce small user fees for registration, leverage PPP-based diagnostic services, and secure dedicated state operational grants.
    - Enhance RKS financial autonomy for faster procurement, maintenance, and consumable management.

Way Forward for Strengthening Upgradation of GMCs under PMSSY

To ensure that the upgradation of Government Medical Colleges (GMCs) under PMSSY delivers equitable tertiary healthcare and high-quality medical education, a focused multi-dimensional strategy is essential.

Strengthen Institutional Governance and Leadership

- Establish clear governance sub-units under the Director/Dean/Principal for accountability and faster decision-making.
- Develop and enforce **Standard Operating Procedures (SOPs)** for committees with defined performance indicators and monitoring mechanisms.
- Clarify administrative hierarchies to avoid role conflicts between Principals, Medical Superintendents, and university authorities.

Address Human Resource Gaps and Retention Challenges

- Urge State Governments to **fast-track recruitment** of faculty, residents, nurses, and technical staff aligned with new facility rollouts.
- Adopt **visiting consultant/deputation models** from nearby AIIMS and apex institutes to fill short-term service and teaching gaps.
- Ensure **dedicated staffing for ICUs, NICUs, and OTs** to maintain safe nurse–patient ratios and continuous care quality.

Ensure Region-Specific and Climate-Responsive Infrastructure

- Replace uniform DPR templates with **region-specific hospital design norms** suited to local climate and geography.
- In coastal areas, use **corrosion-resistant materials, elevated plinths, and high-capacity drainage** to mitigate flooding and salinity.

- In hilly/rain-prone regions, prioritize **terrain stability, modular construction, and efficient rainwater management.**
- Optimize **HVAC and ventilation systems** for humidity control, infection prevention, and patient comfort.

Enhance Operational Efficiency and Service Delivery

- Fully operationalize all support facilities—**CSSD, kitchens, laundries, power, solar, and waste systems**—for comprehensive hospital readiness.
- Improve **space utilization and connectivity** through master planning (e.g., skywalks or link corridors between blocks).
- Increase **OT utilization** with better scheduling, additional anesthesia staffing, and case-mix management systems.

Advance Digital Transformation and Data-Driven Management

- Implement **Hospital Management Information Systems (HMIS)** and **digital inventory control** across all GMCs for integrated service delivery.
- Launch **QR-based feedback tools and real-time dashboards** for patient satisfaction, equipment uptime, and performance tracking.
- Build **data analytics capacity** for operational research on patient flow, waiting times, and crowd management.

Promote Collaboration, Mentorship, and Capacity Building

- Establish **formal mentorship linkages with AIIMS** and apex institutes for academic, clinical, and managerial support.
- Conduct **joint CMEs, telemedicine sessions, and surgical workshops** for faculty upskilling and institutional learning.
- Institutionalize **leadership and administrative training** for deans, superintendents, and middle managers to strengthen local governance.

Enhance Safety, Security, and Patient Experience

- Upgrade **security and surveillance infrastructure**, enforce visitor limits, and deploy trained crowd-control personnel.
- Introduce **screening OPDs/triage systems** to filter cases and optimize tertiary-care resources.
- Foster a **patient-centric culture** through better communication, reduced waiting times, and strengthened grievance-redressal systems.