



Brief history and description about organization

The Medical Education Department, Rajasthan, manages all government medical and dental colleges and their attached tertiary hospitals. It ensures quality human resource development in healthcare and provides advanced treatment for serious and referred patients statewide. Starting with just one medical college at independence, Rajasthan now has 6 government medical colleges, 1 RUHS medical college, and 2 central institutions (AIIMS Jodhpur, ESI Alwar). Under RajMES, 20+ new medical colleges have opened since 2018 to expand access to medical education and specialist care. The state also hosts 12 private medical colleges, 1 RUHS dental college, and 14 private dental colleges.



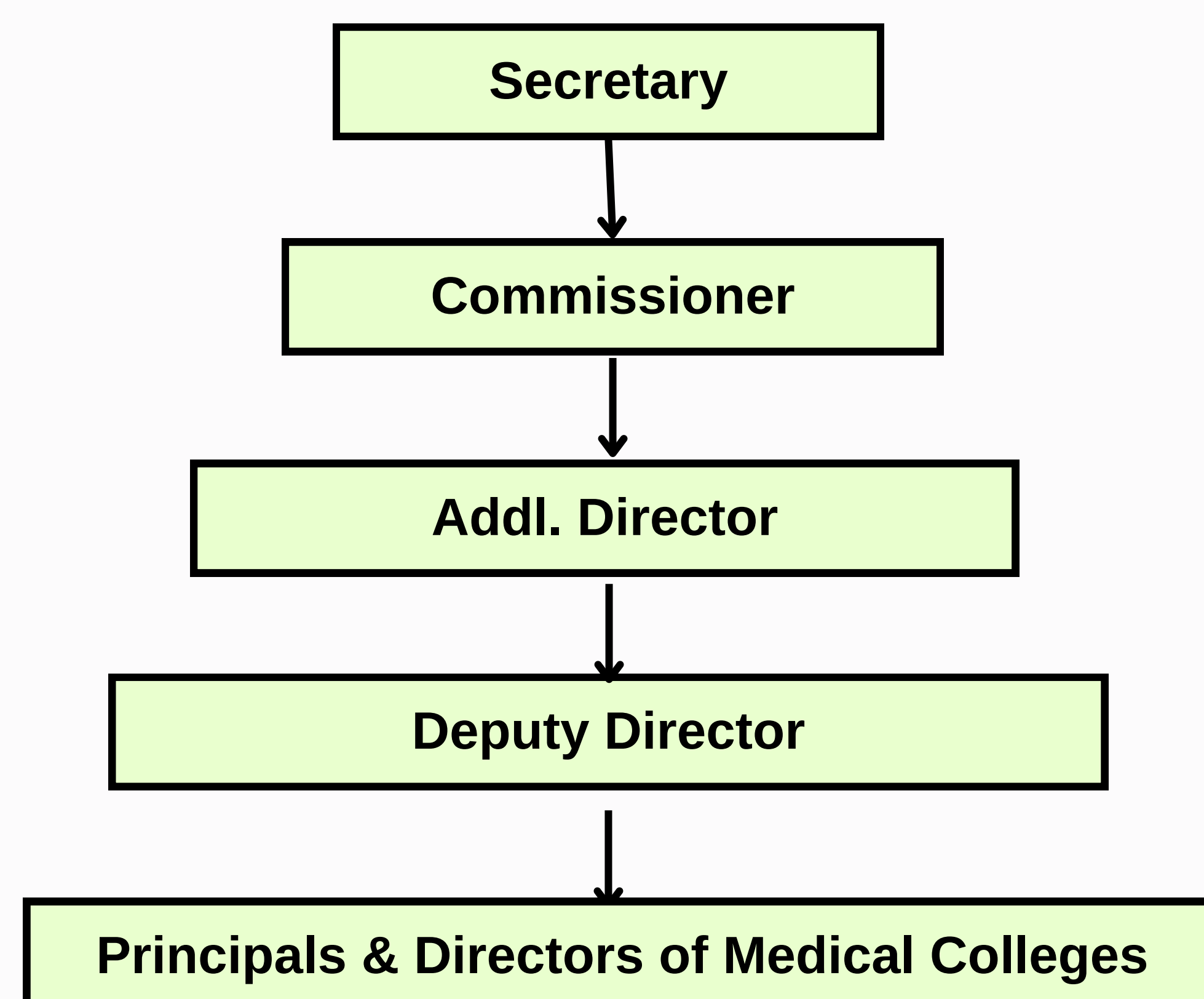
Vision & Mission

To strengthen medical and dental education across Rajasthan by expanding access to quality institutions, developing skilled human resources in healthcare, and ensuring associated hospitals deliver advanced treatment to serious, complicated, and referred patients statewide.

The Medical Education Department manages all Government Medical & Dental Colleges and their hospitals in Rajasthan. From one college at independence, the state now has 6 government medical colleges, 1 RUHS medical college in Jaipur, 1 Jhalawar Society medical college, Raj-MES colleges started since 2018, an ESIC college in Alwar, plus 9 private medical colleges and 16 dental colleges including RUHS Dental College. The Rajasthan University of Health Sciences, Jaipur, was established in 2006 to strengthen medical education and research.



Organization Structure



PG Seats Analysis

Objective:

- To assess PG seat allocations under DME & RajMES for 2025-26 and 2026-27, and to identify surpluses/deficits against CSS Phase II guidelines.

Key Insights:

- Current PG seats: 1912 (DME) + 200 (RajMES) = 2112.
- Proposed new seats: 296 (DME) + 404 (RajMES) = 700.
- Notable surplus in some districts (Bikaner, Pali) against feasible infrastructure.

District-Wise Observations:

- Bikaner & Pali: High surpluses (Bikaner: +40, Pali: +80).
- Surplus exceeds sanctioned infrastructure → redistribution required.
- New Entrants: First-time PG seats proposed in Sikar, Dausa, Alwar, and Barmer.

Redistribution Suggestions:

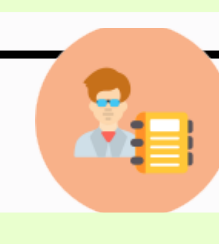
- Shift surplus seats from Bikaner & Pali to capacity-ready colleges (meeting NMC norms).
- Allocate new seats to expanding medical colleges (Dungarpur, Jhalawar, etc.).
- Balance seat distribution to ensure optimal faculty-infrastructure ratio.

Challenges:

- Resistance from principals of surplus colleges.
- Faculty relocation and fund reallocation issues.

DME PG Seats proposal					
Department	Seats to be created	Total PG Seats as of now	Essentiality for 25-26	Seats remaining as per the old PG Seats sanctioned under CSS Phase II Scheme	Proposal for New PG Seats
Ajmer	61	268	5	9	52
Bikaner	37	215	17	77	-40
Jaipur - RUHS	129	21	48	-60	198
Jaipur - SMS	61	748	9	-5	5
Jodhpur	61	202	97	40	21
Kota	49	201	14	3	46
Udaipur	14	257	17	0	14
Grand Total	351	1912	207	55	296

RajMES PG Seats proposal					
Department	New seats to be created	Total PG Seats as of now	Essentiality for 25-26	Seats remaining as per the old PG Seats sanctioned under CSS Phase II Scheme	Proposal for New PG Seats
Jhalawar	78	106		2	76
Bharatpur	48	24		-24	72
Bhilwara	62	22		-22	64
Sikar	34				34
Dungarpur	59	4		-4	63
Barmer	32				32
Churu	46	7		-7	53
Alwar	19				19
Bundi	19				19
Dausa	32				32
Pali		37	39	119	-80
Grand Total	429	200	39	64	404



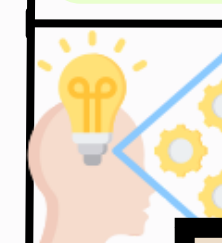
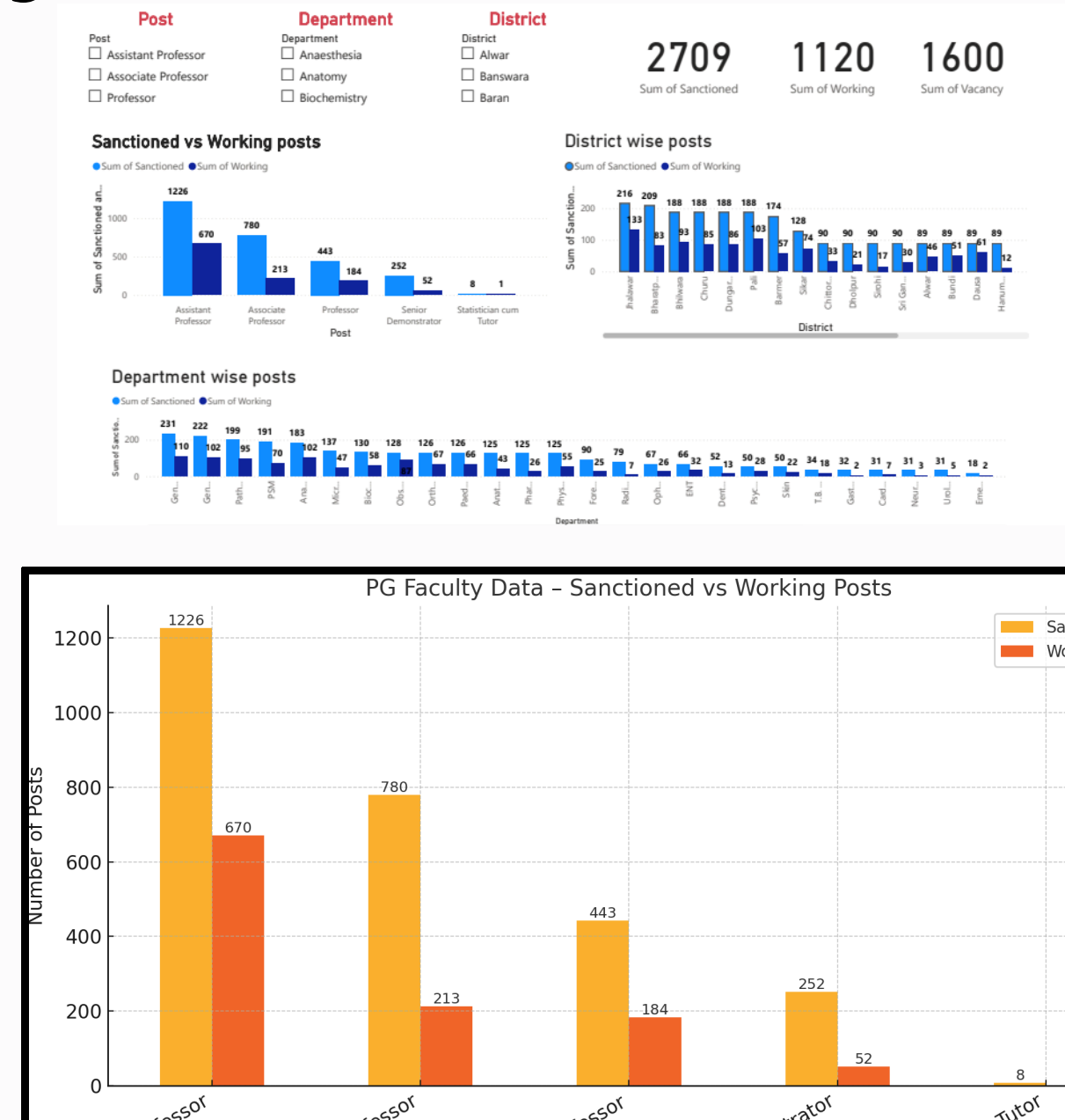
PG Faculty Analysis

Objective

- To assess faculty distribution across government medical colleges in Rajasthan.
- Identify shortages and imbalances in specialty-wise and seniority-wise staffing.
- Provide evidence for policy recommendations in faculty recruitment and deployment.

Key Findings

- Overall faculty availability = 1,120 working vs 2,709 sanctioned → **~59% shortage**.
- Associate Professors & Senior Demonstrators face the worst deficits, threatening continuity in faculty progression.
- Heavy reliance on Assistant Professors; senior positions are critically underfilled.
- Persistent shortages risk NMC accreditation issues and reduced PG training quality.



Theoretical vs. Practical Insights

Principles of Management – Planning & Organizing	Applied in PG seat & faculty gap analysis and redistribution planning
Healthcare Economics & Finance – Budgeting & Resource Allocation	Used in PG Seat- CSS/Non-CSS budget analysis, and faculty salary planning
Organisational Behaviour – Teamwork & Communication	Coordinated with consultants, officers, and hospital staff at DME & RajMES
Data Analytics & Information Systems – Data accuracy & tools	Applied in PG Seats and Faculty data analysis, dashboards, and rejection trend studies



SWOT Analysis

Strengths

- Govt. support & policy expansion
- 20+ new medical colleges under RajMES
- Access to diverse healthcare data.

Weaknesses

- Faculty shortages in govt. colleges.
- Unstructured & delayed data.
- Resistance to digital systems.

Opportunities

- Expansion of PG seats & faculty hiring
- Digitisation & dashboards for decision-making
- Predictive analytics for manpower planning.

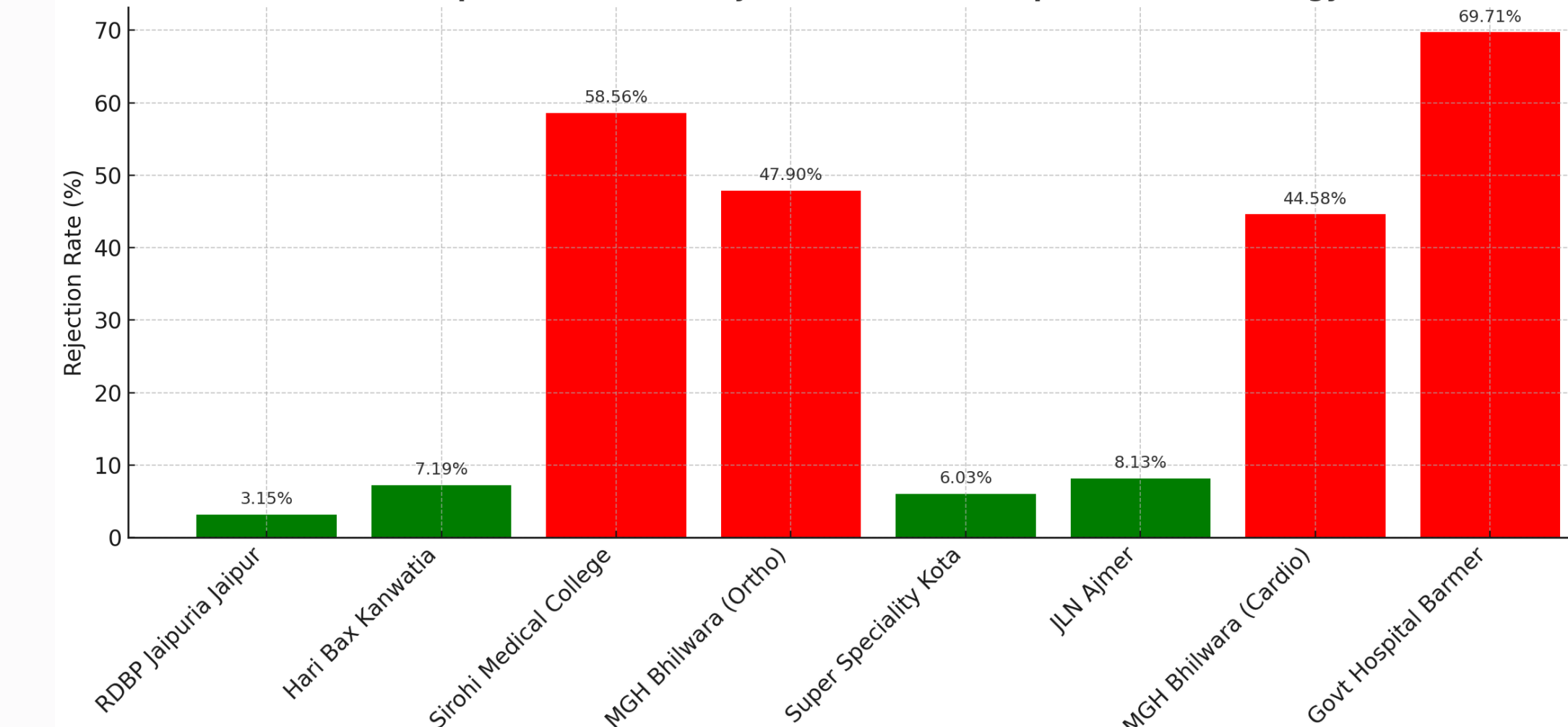
Threats

- High MAA Yojna claim rejections.
- Compliance with NMC norms.
- Budget constraints & resource gaps.



MAA Yojana Analysis

Hospital-wise Claim Rejection Rates (Orthopaedics & Cardiology)



Top 10 Speciality package wise

SPECIALITY	Sum of packages	Packages Rejection Rate
General Medicine	405816	31.65%
Paediatric Medical management	156540	28.52%
Neo-natal care Packages	106512	20.80%
Obstetrics & Gynaecology	84629	24.88%
NEPHROLOGY	62384	11.86%
PULMONOLOGY	49038	24.83%
Orthopaedics	43036	25.59%
Medical Oncology	42277	14.88%
Cardiology	37392	12.90%

Key Analysis

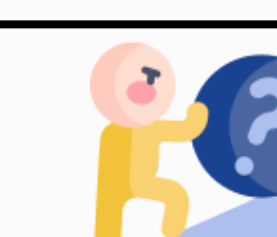
- ✓ **Orthopaedics (28.33%) and Cardiology (27.50%)** show the highest rejection rates.
- ⚠ **Documentation errors and system entry lapses** were major contributors.
- 🏥 **Disparity in performance** seen in hospitals like Govt. Hospital Sikar (worst in both specialties).
- 🏆 **Best performers** maintained low rejection through efficient documentation & timely claim entry.
- 🎯 **Insights can be used** to target training & monitoring in high-rejection hospitals.

Speciality	2 best and 2 worst performing Hospitals
Orthopaedics	
	GOVT. R.D.B.P. JAIPURIA HOSPITAL JAIPUR 3.15%
	SHRI HARI BAX KANWATIA HOSPITAL 7.19%
	Govt Medical College and Hospital Sirahi 58.56%
Cardiology	
	MAHATMA GANDHI HOSPITAL BHILWARA 47.90%
	super speciality hospital,KOTA 6.03%
	JLN HOSPITAL AJMER 8.13%



Key Learnings

- 📊 **Data Analytics & Reporting** – Gained hands-on skills in PG seat analysis, faculty gap studies, and hospital performance dashboards.
- 🏥 **Healthcare Policy & Compliance** – Understood NMC norms, PG bond policies, and state health schemes like MAA Yojna.
- 👥 **Teamwork & Communication** – Improved collaboration with officers, consultants, and hospital staff in a government setup.
- 💡 **Problem-Solving & Decision Making** – Learned to handle unstructured data, suggest redistributions, and support evidence-based policy.



Internship Challenges

- 📁 **Unstructured Data** – Lack of standardized and centralized records across DME & RajMES.
- 👥 **Faculty Shortages** – Inadequate teaching staff affecting PG seat sanctioning.
- ⚠ **High Claim Rejections** – Significant rejection rates in MAA Yojna across key specialties.
- 🕒 **Delays in Task Execution** – Frequent postponements in data collection and reporting by departments/hospitals.