Medsera

INVESTOR PRESENTATION

THE MARKET IS ALREADY MOVING

Medical learning already happens in communities.

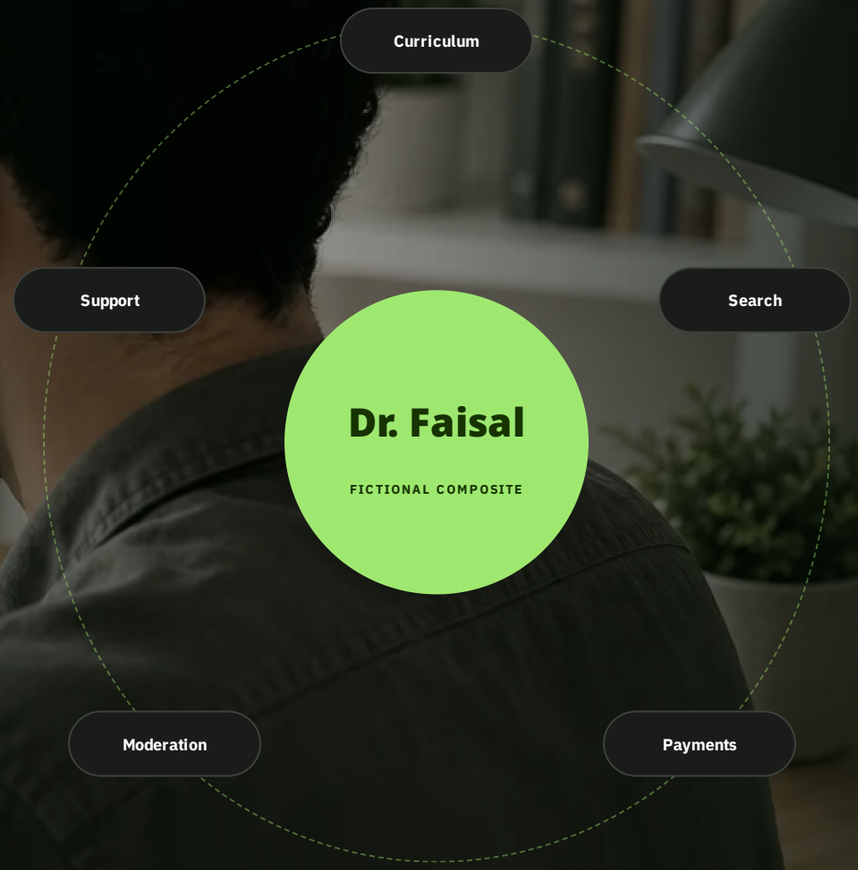
Medsera gives those communities an operating system.

01 Trusted doctor → 02 Guided pathway → 03 Measurable learner → 04 Repeatable value

START WITH ONE DOCTOR · 11:47 PM

Demand looks like success. Operations feel like a trap.

Dr. Faisal has a trusted exam community. He is also its curriculum, search engine, cashier, moderator, and support desk.



> Every new member increases demand **and** personal workload.

NOW FOLLOW ONE LEARNER

Omar has access to everything— except a next decision.

He joins because he trusts Faisal. The journey immediately fractures across tools.

01
Chat
updates

→

02
Folders
recordings

→

03
PDFs
content

→

04
Quiz tool
questions

→

05
Spreadsheet
progress

“What should I do next?” **No tool owns the answer.**

THE INVESTABLE PROBLEM

The cohort earns once. The work resets.

The transaction can happen while the underlying value still fails to compound.

- **Creator** recreates operations
- **Learner** reconstructs the journey
- **Next cohort** starts from the same place

THE MEDSERA TURN

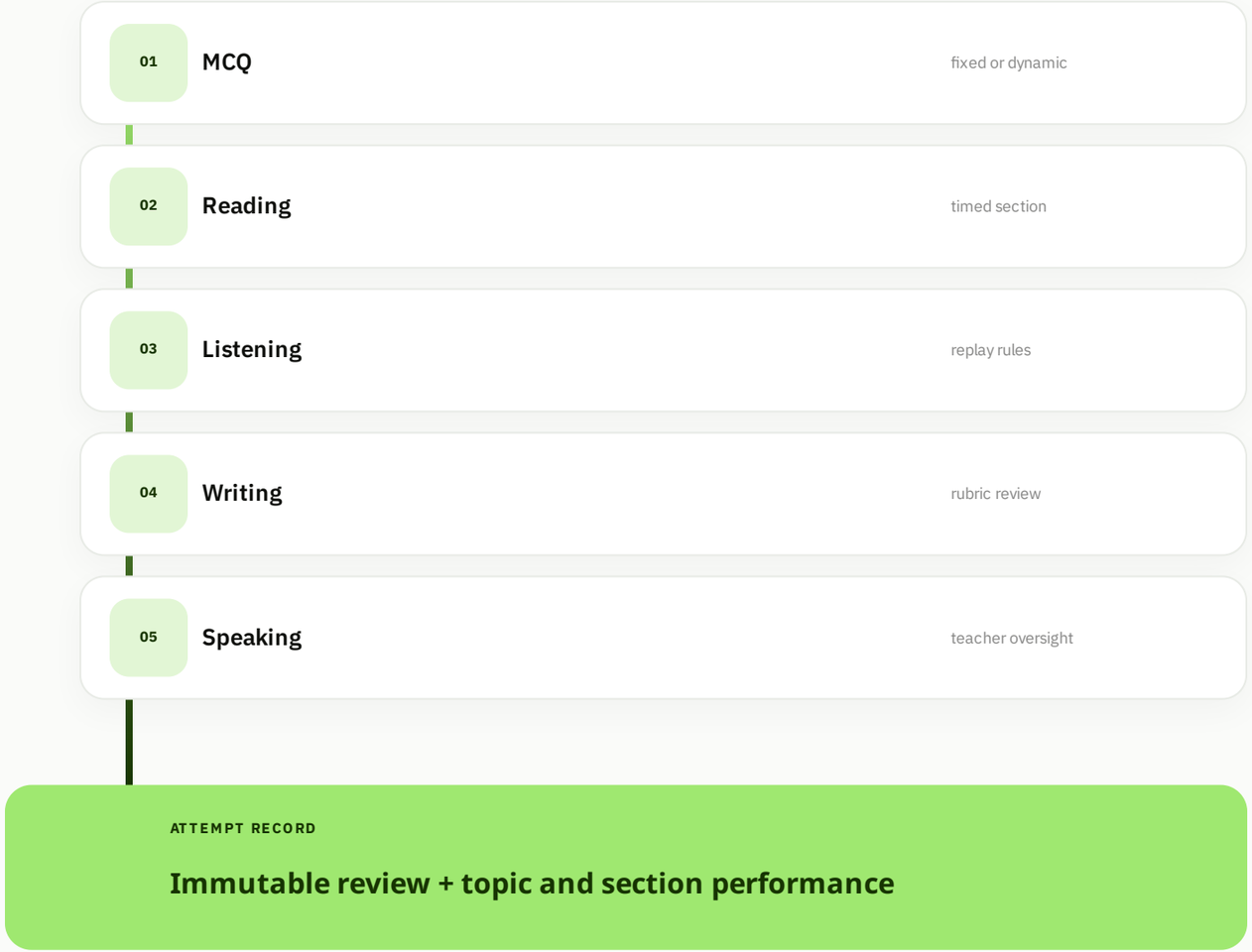
One system coordinates both sides of the market.

Community + curriculum + assessment + commerce + operations

WHY VERTICAL DEPTH MATTERS

The exam is not a generic quiz.

High-stakes medical preparation needs rules, formats, review, and evidence that horizontal community tools do not own.



Assessment depth is a core vertical asset—not a feature checklist.

THE COMPOUNDING HYPOTHESIS

Every learner action can improve the next cohort.

This is the behavior traction must prove—not a benefit the deck asks investors to assume.

WHERE TO START

Urgency compresses demand into high-stakes exam communities.

01 Specific learner

02 Measurable journey

INITIAL WEDGE

**One exam.
One trusted expert.
One deadline.**

03 Recurring cohorts

04 Existing audiences

05 Arabic + English need

EXPANSION Medical school → Specialty → Continuing education → Institutions

CREATOR-LED DISTRIBUTION

Acquisition begins inside trusted networks.

01 **Recruit**
credible educator

→

02 **Launch**
one narrow promise

→

03 **Activate**
existing audience

→

04 **Capture**
repeatable pathway

→

05 **Strengthen**
proof + referrals

Affiliate infrastructure — Referral attribution — Commission + payouts — Manager revenue share

The product enables the channel. CAC, activation, referral rate, and retention must prove the economics.

BUSINESS MODEL

Revenue follows the value flow.

C

CREATOR COMMUNITIES

Paid plans and programs

Flagship AMC plans are publicly listed at Free, $49/month Basic, and $100/month Pro.

Learner spend → Creator earnings + Medsera revenue

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INSTITUTIONAL DEPLOYMENTS

Governed branded learning

White-label contracts, implementation, integrations, support, and ongoing platform access.

Annual contract + Implementation + Support

PUBLIC AMC PRICING

Free · $49/month Basic · $100/month Pro · platform take rate not disclosed

THE INVISIBLE HALF OF THE PRODUCT

A community on top. An operating company underneath.

VISIBLE EXPERIENCE

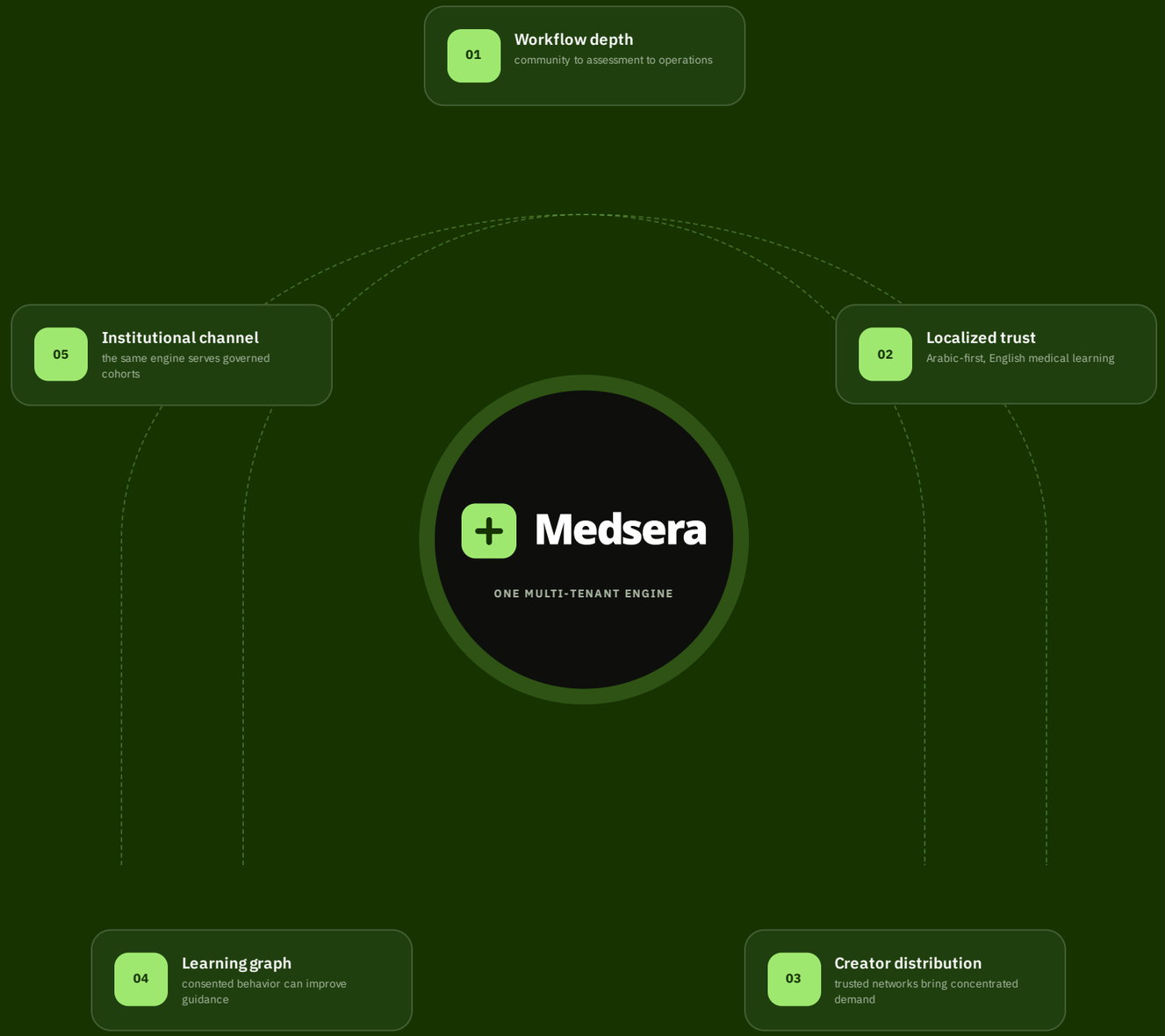
One medical learning community

01	**Creator operations**	content · members · staff · support · moderation
02	**Learner operations**	entitlements · attempts · progress · messaging · billing
03	**Platform operations**	finance · disputes · affiliates · audit · tenant governance
04	**Infrastructure**	authorization · realtime · queues · media · moderation · notifications

Operational depth expands the product moat—and raises the standard for execution.

WHAT CAN BECOME DEFENSIBLE

Five advantages reinforce one another.



THE COMBINED GLOBAL OPPORTUNITY

One market across every high-stakes medical exam.

Licensing, board, specialty, and professional exam preparation—combined.

2025 GLOBAL TAM

US$4.2B

medical board-exam preparation

→

MARKET GROWTH

8.9% CAGR

2026–34 forecast period

→

2034 FORECAST

US$9.1B

more than 2× the 2025 market

→

DELIVERY

Digital-first

courses · Qbanks · practice · mobile

Licensing — Board certification — Specialty exams — Language + clinical — Institutional prep

SOURCE: DATAINTELO · GLOBAL MEDICAL BOARD EXAM PREP MARKET · 2025–34

WHAT IS REAL BEFORE LAUNCH

The product is not a mockup. Commercial proof comes next.

Execution evidence is separated from customer traction.

01 · PRODUCTION SUPPLY

1,600 AMC questions

published single-best-answer inventory

02 · CURRICULUM DEPTH

13 recall sittings

21 topics · 7,188 answer records

03 · EXPANSION ENGINE

7 pathways · 19 stages

AMC · USMLE · UK colleges · OET

04 · LOCAL COMMERCE

4 currencies

SAR · EGP · SDG · USD

PRE-LAUNCH BASELINE

Product + content readiness are proven. Repeatable paid cohorts are the next proof.

No active-user, revenue, retention, or learner-outcome claim is made here.

SOURCE: MEDSERA PRODUCTION INVENTORY + CONFIGURED PATHWAY MANIFEST

EXECUTION FOOTPRINT

The build already de-risks four hard things.

01	**Medical content operations** turn fragmented recall into structured practice	→	**1,600-question AMC production bank**
02	**Complex product execution** assessment, realtime, payments, operations	→	**Member · creator · platform · backend**
03	**Regional usability** language and payment context cannot be bolted on	→	**Arabic + English · four currencies**
04	**Pathway expansion** reuse the engine without flattening each exam	→	**7 pathways · 19 configured stages**

In diligence, map each proof to a named owner, role, and relevant biography.

FOUNDER TITLES + BIOGRAPHIES ARE NOT PUBLICLY VERIFIED

THE NEXT FINANCING MILESTONE

Turn product readiness into a repeatable company.

STAGE

Pre-launch · product-ready

12-MONTH OBJECTIVE

Repeatable creator-led AMC cohort

USE OF FUNDS

Product · creator supply · learner growth · institutional readiness

ROUND SIZE + INSTRUMENT FOLLOW THE COSTED OPERATING PLAN