भारत सरकार/GOVERNMENT OF INDIA
रेल मंत्रालय/MINISTRY OF RAILWAYS
(रेलवे बोर्ड/RAILWAY BOARD)

No.2014/H-1/12/7/Misc. New Delhi, dated 11.04.2018

The Chief Medical Directors/Officers/Supdts.,
All Indian Railways/Production Units.

Sub: Decisions taken in Board meeting on March06,2018.
Ref: Railway Board's letter no. 2018/Trans Cell/Conclave/Health dated 23.03.2018.

Please find enclosed herewith a copy of Board's letter cited above. It is requested to follow the guidelines given in item no. 04 regarding scheme to call medical consultants to Railway Hospitals for providing professional services on case to case basis and 05 regarding engagement of Honorary Visiting Specialists of above mentioned letter.

(श्रीमती एच. के. सन्होत्रा/ Mrs. H. K. Sanhotra)
संयुक्त निदेशक-II, स्वा० / Jt. Director-II/Health
रेलवे बोर्ड/ Railway Board.

No.2014/H-1/12/7/Misc. New Delhi, dated 11.04.2018

Copy forwarded to:

1. The Chief Personnel Officers, All Indian Railway/Production Units.
2. The Principal Finance Advisor, All Indian Railway/Production Units.

S. No 23

GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
RAILWAY BOARD

No. 2018/Trans Cell/Conclave /Health **New Delhi, dated: 23 .03.2018**

The General Manager, All Indian Railways/PUs, NF(Con), CORE
The DG/RDSO/Lucknow, DG/NAIR/Vadodara°
CAOs, DMW/Patiala, WPO/Patna, COFMOW/NDLS, RWP/Bela, CAO/IROAF

Sub: Decisions taken in Board meeting on Mar 06, 2018
Ref: Railway Board letter no. 2017/Transf. Cell/Transformation Workshop dated 18.12.2017

During conclave "Sampark, Samanvay, Samvad" held on Dec 16, 2017, GM/WR was nominated to frame 'Guidelines on Hospitals and Medicines'. Full Board in its meeting on March 06, 2018 considered the guidelines submitted by GM/WR and decided the following:

1. Road Mobile Van with a suitable ex-cadre contract doctor and para-medical staff may be provided wherever rail services are inadequate to cater to the healthcare needs of staff and their families on road side stations.
2. Wherever posts are available but not getting filled in by normal recruitment process in categories such as safaiwallah, hospital attendant and others essentially required for patient care, these may be filled in on contract basis. Where posts are not available, the activities, which are essential for the functioning of hospital, may be outsourced.
3. For Hospitals/Health Units which do not have Lady Doctors, engagement of a Lady Doctor on part time contract basis may be done on lines similar to engagement of part-time Dental Surgeons.
4. Scheme to call medical consultants to Railway Hospitals for providing professional services on case to case basis may be extended to Health Units also. Health Units may also be permitted to seek consultancy of private consultants by referring as an OPD case. For this purpose, consultants can be empanelled.
5. For engagement of Honorary Visiting Specialists (HVS), the rates will be notified by DG/RHS. The number of HVS required may be decided by GM based on recommendations of CMD and PFA.
6. For procedures/surgeries performed at non-Railway hospitals, follow up visits to the treating doctor/hospital are considered essential. Upto three follow up visits may be permitted in normal course. However, If more follow up visits are required, the same may be permitted with the approval of MD/CMS/CMO.
7. A Hospital Administrator should be appointed by the GMs for all zonal hospitals.
8. Implementation of Hospital Information Management System should be expedited by MD/CRIS and separate feedback given to DG/RHS for information of Board.
9. If a firm has been approved for supply of medicines for any of the zones, the same should be applicable for all Indian Railways.

SO/GE(FW) 09/04/18