(16)

GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)

No.2011/H/21/FHU/1 **New Delhi, Dated -06.04.2018**

Principal Chief Medical Directors,
All Indian Railways.

Chief Medical Officers,
All Production Units including RDSO.

Sub:- Decision taken by Railway Board relating to further delegation of powers to the Zonal Authorities -regarding.

Ref:- Board's letter No.2018/Trans. Cell/Conclave/Health dated 23.03.2018.

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A copy of Board's letter cited under reference is enclosed herewith. As may be seen therefrom, Board has further delegated powers to the Zonal Authorities relating to medical matters.

It is desired that issues pending in the Zone/ Railway Board for which powers have been delegated, should be decided immediately with the approval of competent authority in the Zone.

06.4.18
(Dr. Gajendra Kumar)
Principal Executive Director, Health
Railway Board

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.

10. The annual procurement of medicines of 80% of the last year quantity may be done without waiting for indents by respective Zonal Railways/PUs. There should be a 30% option clause which should be operated after finalization of the final vetted demand.
11. The limit of 15% of AMI on Local Purchase may be reviewed by GMs and fixed in consultation with PFA.
12. The LP suppliers need to be selected in a manner that the distance from the hospital is within 5 kms, and as far as possible these are open on 24 hrs basis.
13. Facility of kidney/liver transplant is generally not available at CGHS rates. It needs to be examined by DG/RHS as to how other government departments are managing the situation.
14. For making advance payments to non-Railway hospitals in case of emergencies such as road accidents, a suitable cash imprest may be sanctioned by GMs for Hospital/Health Unit as considered necessary by CMD.
15. Medicine Procurement Process needs to be examined and streamlined. This may be done by Transformation Cell along with a Doctor nominated by DG/RHS.

This issues with the concurrence of Associate Finance of Transformation Cell of Railway Board.

23/3/18

(Praval Pant)
Director
Industrial Health

23.03.18

(Rajesh Gupta)
Executive Director
Transformation Cell

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

1. PFAs, All Indian Railways & Production Units
2. The ADAI (Railways), New Delhi
3. The Director of Audit, All Indian Railways

Sanjeeb Kumar

(Sanjeeb Kumar)
Executive Director Accounts
Transformation Cell

Copy- As per list enclosed