

Eastern Railway  
(Personnel Department)  
17 N. S. Road, Kolkata - 700 001

No. E.685/O/Pt.VI/1

Kolkata, Dated: 12/06/2019

All Concerned

(as per standard list)

**Sub: Decisions taken in Board meeting on March 06, 2018.**

\*\*\*\*\*

A copy of Ministry of Railways (Railway Board)'s letter No. 2014/H-1/12/7/Misc dated 03/06/2019 on the above cited subject, is forwarded herewith, for information, guidance and necessary action. Copies of Board's earlier letters dated 23/03/2018 and 11/04/2018 are enclosed for ready reference.

DA: As above.

  
(Anjan Ray)  
Dy. Chief Personnel Officer/Gaz.  
For Pr. Chief Personnel Officer  
Phone No.:24104 (Rly.)

  
12/6/19

भारत सरकार/GOVERNMENT OF INDIA

रेल मंत्रालय/MINISTRY OF RAILWAYS

(रेलवे बोर्ड/RAILWAY BOARD)

{3d Floor, Pragati Maidan Metro Station Building}

27  
16/6/19  
Centre Registry / E. Ry.  
Date of Receipt  
Serial No. 15  
416

No. 2014/H-1/12/7/Misc.

New Delhi, dated 03.06.2019

5  
The Principal Chief Medical Directors,  
All Indian Railways  
&  
The Principal Chief Medical Officers,  
All Production Units.

Sub: Decisions taken in Board meeting on March 06,2018.

Ref: (1) Railway Board's letter no. 2018/TransCell/Conclave/Health dated 23.03.2018.  
(2) 2014/H-1/12/7/Misc. dated 11.04.2018.

A review of working of Health Dte. in Railway Board was undertaken by Chairman, Railway Board and specific directives were issued vide Railway Board's letter no. 2018/TransCell/Conclave/Health dated 23.03.2018. Some of the issues were implemented at Railway Board level and some of these were to be implemented in the Zones. On the items where the action was desired from Railways instructions were issued by Health/Health & Family Welfare branch of Railway Board.

On item no. (4) & (5) instructions were issued by Joint Director-II Health vide 2014/H-1/12/7/Misc. dated 11.04.2018. However, queries are being received from various Zonal Railways interpreting that only point no. 4 & 5 of Board's letter 2018/TransCell/Conclave/Health dated 23.03.2018 are actionable on the Zones.

In this regard, it is clarified that Railway Board's letter dated 11.04.2018 (Ref.2) was only with regard to scheme to call Medical Consultant on case to case basis and engagement of Honorary Visiting Specialist. However, all the points mentioned in Railway Board's letter dated 23.03.2018 (Ref.1) are applicable in toto.

07 JUN 2019  
Dy. CPO (HQ)  
Ar = 10.06.19

12/6/19  
(Dr. P. Pant)  
Director/IH  
Railway Board

No. 2014/H-1/12/7/Misc.

New Delhi, dated 03.06.2019

Copy is forwarded for information & necessary action to:

ER

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

PCPO  
2/6/19

**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**

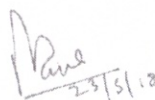
**Ref: Railway Board letter no. 2017/Transf. Cell/Transformation Workshop dated 18.12.2017**

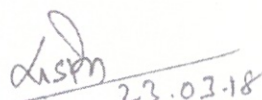
During conclave "Sampark, Samanvay, Samvad" held on Dec 16, 2017, GM/WR was nominated to frame 'Guidelines on Hospitals and Medicines'. Full Board in its meeting on March 06, 2018 considered the guidelines submitted by GM/WR and decided the following:

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.

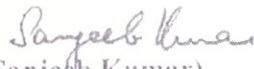
  
(Praval Pant)  
Director  
Industrial Health

  
(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)  
Executive Director Accounts  
Transformation Cell

Copy- As per list enclosed

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

No.2014/H-1/12/7/Misc.

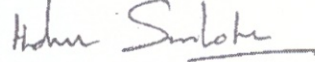
New Delhi, dated 11.04.2018

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

Sub: Decisions taken in Board meeting on March 06, 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.

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.

3  
Sd/-  
19/04/18

Ru

dis

Sagat Kumar