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

No. 2005/H/6-4/Policy-II

New Delhi, Dated: 30.07.2018

Principal Chief Medical Director  
All Indian Railways  
(Including Production Units & RDSO)  
Sr. Professor/Medical, NAIR/Vadodara.

Sub: Medical treatment to Railway beneficiaries.  
Ref: Board's letter of even number dated 16.04.2007.

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Attention is invited to the Director General (RHS)'s letter cited under reference laying down certain principles relating to Medical care of Railway medical beneficiaries. With the pace of time, various procedures of treatment and level of sanction of expenses, has got changed drastically necessitating amendment in the directions contained in the letter dated 16.04.2007.

The matter has been examined and the following item-wise revised guidelines are issued:-

- I. **Provision of proper Industrial Medicine:** To provide proper Industrial Medicine. (Rly. Accident, attending travelling Sick Passengers, Medical examination of candidates, P.M.E. of serving employees, Medical Boards, Issue of RMC, HOD, Medical Fitness, Safe water and food at Railway premises & train under FSSAI Act 2006, Indian Factory Act 1948, & The Workmen's Compensation Act, 1923 etc.)
- II. **Provision of proper medical treatment to Railway beneficiaries.**  
To provide proper medical treatment to railway beneficiaries has become a very challenging task. Railway beneficiaries being located all over the length and breadth of the country and development of newer patient friendly technologies very fast are making the task extremely difficult for us.  
We need to face the challenge and prove our department as efficient department delivering best possible quality health care and providing it efficiently. **For this purpose all hospitals should be upgraded as per the guidelines issued as "Template for Railway Hospitals".**  
(Copy enclosed)

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## **1. Pathological & Radiological and other Diagnostic Investigations**

- 1.1 Tests to be done by in-house system to be identified and put up on a Board displayed at prominent place.
- 1.2 For other tests required, tie up to be done with Govt./Pvt. Hospital/Lab. Payment system should be either by bill system or imprest system. **Whatever system is followed, the Railway beneficiary should get cashless services.**

## **2. Providing Medical treatment**

2.1 The Railway beneficiaries should be insisted to report to their respective Authorized Medical Officer only. The Railway Doctor should take all necessary steps to address the medical need of the beneficiaries with a sympathetic & helping attitude. The Railway Doctor will decide the line of action. This could be:-

- 2.1.1 It may be possible to provide the medical treatment as per the facilities available within the Health Unit/Railway Hospital set up at a distance which can be travelled by the patient conveniently.
- 2.1.2 For those cases which cannot be managed as per '2.1.1' above following alternative methods can be adopted.
  - a) To avail services from Government Hospital.
  - b) To avail services from Empanelled Private Hospital.

*Note: Adequate number of reputed Private Hospitals should be empanelled as per provisions contained in Board's letter No. 2016/H-1/11/69/Hospital Recognition dated 23.12.2016 in every district for multispecialities to facilitate Railway Doctors to provide proper treatment to Railway patients if in-house facilities are not adequate.*

- c) In exceptional cases sometimes it becomes unavoidable to avail services from non-empanelled Private Hospital.

## **3. Exceptions can be as under:-**

- 3.1) During acute emergency like Road Accident, Acute Heart Attack, etc., where the situation is such that the loss of time to report to Railway Doctor can cause serious deterioration to the patients' condition, the railway beneficiary should himself/herself get admitted to nearest suitable Hospital and submit reimbursement claim. He/she should also inform his/her Authorized Medical Officer at the earliest.
- 3.2) In cases where it is apprehended that shifting of a simple case to a railway hospital/railway empanelled hospital located at far off distance may cause deterioration of the simple case to the level of emergency state leading to loss of life etc., the patient should be admitted in a nearby hospital. Reimbursement in such cases also will be considered.

**4. System to be followed to get medical treatment done from non-empanelled private hospital. (2.12(c))**

**4.1 For those cases where there is no emergency:-** Proper proposal with estimate will be examined by Screening Medical Committee consisting at least two senior doctors of the Railway Hospital, nominated by MD/CMS/CMO/MS in-charge. On recommendation of the Committee MD/CMS/CMO as the case may be, will sanction the advance payment with concurrence of associate Finance, if it is within their power provided in the SOP. Cases beyond their power will be submitted to the next higher competent authority according to SOP.

For this purpose the process flow may be as under:-

AMO of Health Unit/treating doctor of hospital will initiate the proposal along with justification and estimate and put up to MD/CMS/CMO for screening by the Medical Committee. On recommendation of the committee, MD/CMS/CMO as the case may be, will sanction the advance payment with concurrence of associate Finance, if it is within their power provided in the SOP. Cases beyond their power will be submitted to the next higher competent authority according to SOP.

However, effort should be made to arrange for treatment of such cases at Railway Hospitals.

**4.2 For those cases where there is an emergency:-**

When treating doctor either of Health Unit or Hospital feels at any time that patient needs to be referred to non-railway/non-empanelled Private hospital for necessary management if the facility is not available in railway or empanelled private hospital or there is no empanelled private hospital available, he/she will obtain telephonic/personal permission of CMS/MD/CMO etc. immediately and simultaneously they will refer the patient so that there is no delay in treatment. In case of failure of telephonic conversation, a text message can be left. Then they will obtain rough estimate from the hospital and submit to the Screening Committee along with complete report of the case for processing for advance payment. On recommendation of the committee, MD/CMS/CMO will arrange for sanction with Finance concurrence by the Competent Authority according to SOP.

For above, efforts should be made to have some understandings with nearby available private hospitals. For immediate advance payment an adequate imprest may be provided in health unit / hospitals as per the provision in RB's letter no **2018/H/Trans Cell/Conclave/Health** dated **23.03.2018**(copy enclosed).

Note—The above process should be completed at the earliest possible.

5. **Patient friendly system:** - For this purpose the guidelines issued "Template for Railway Health units & Hospitals" (copy enclosed) should be followed strictly.
6. **Cost of Medical Treatment:** While taking decision about which technology to be adopted in Railway Hospital cost of treatment should be calculated properly. It is not proper to decide on an issue based on financial cost only. Other important costs are also to be considered and then a total view is to be taken.
- Some of the other costs are:
- Cost of suffering by the patient.
  - Cost of Hospital stay.
  - Cost of person remaining sick and not able to do his/her normal function.
  - Cost of suffering by the relative of the patient.
  - Cost of loss of man days.
  - Cost of loss of reputation of Railway Hospital.
  - Cost of "Unsatisfied Railway Men".

Detailed guidelines have already been issued regarding sanction of reimbursement claims vide Board's letter of even number dated 31.01.2007. In addition, reimbursement should also be considered for cases of 3.2 above. This circular should be followed and the reimbursement claim cases should be finalized at the earliest.

With the above guideline Railway doctors will be able to provide proper and quality medical treatment timely and efficiently.

PCMDs & CMOs are requested to give it a wide circulation among the doctors within their jurisdictions.

*अनिल*  
30/1/18

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Railway Board (रेलवे बोर्ड)