



GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)

PCMD
PCPO

No. 2013/H/14/5/1/Policy

New Delhi, Dated 11.03.2013

Chief Medical Directors,
All Indian Railways.

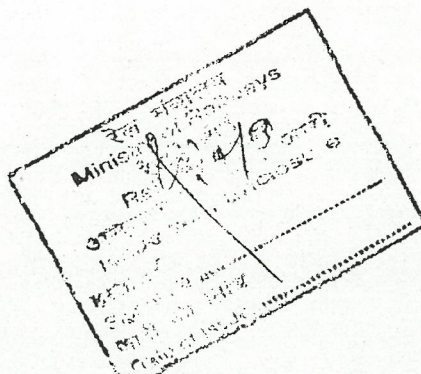
Sub:-Yardsticks for manpower planning for medical department
on Indian Railways.

Please find enclosed herewith a copy of the yardsticks for manpower planning for medical departments on Indian Railways which have been formulated considering the special needs of the Railways system. It is advised that these yardsticks be followed so that right size of manpower is available in the medical department. However, in specific situation there may be a need to engage staff & doctors in variance of the yardstick, Railways may send their proposal duly recording detailed justification thereof with concurrence of Associate Finance & approval of General Manager of the zone.

(Dr. D. P. Pande)

Executive Director, Health (P)
Railway Board

o/c



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SECRET
U.S. DEPARTMENT OF COMMERCE
WASHINGTON, D.C.

GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
RAILWAY BOARD

Reference is made to the letter from the Secretary, Ministry of Railways, dated 15.12.51, regarding the proposed extension of the railway line from ... to ...

The Board has considered the proposal and is of the opinion that the proposed extension is justified on the basis of the traffic requirements of the area. It is recommended that the proposed extension be approved subject to the following conditions: (a) The extension should be completed within the stipulated time; (b) The cost of the extension should be borne by the Government of India; (c) The extension should be operated by the Indian Railways.

Yours faithfully,
Secretary, Ministry of Railways



Health Directorate
Railway Board

**Sub: Yardstick for Manpower Planning for
Medical Department/Indian Railways.**

It is essential to prepare proper yardstick, so that the right size of manpower is available in the field units and Headquarter offices.

A. General Remarks

A.1 Style adopted for preparation of the yardstick

In the present yardstick – Requirement of the manpower has been proposed based on functional unit and their job requirements.

A.2 Special features of Medical Department

While considering the yardstick for Medical Department, certain specific features of Medical Department are required to be noted. They are:-

1. The workload cannot be kept pending for next day. That is the patients who have reported today need to be attended today only.
2. Number of emergency calls to be attended very heavy. Adequate coverage of 24 hours emergency calls to be given.

In addition to general emergency in all major Railways hospitals, there are emergency calls related to various specialties to be attended by specialists of a particular specialty. Specialist doctor of one speciality cannot attend the emergency calls of other Department. This workload is very heavy and of very serious nature.

3. The workload of doctors cannot be down delegated to para-medical staff. First interaction with the patients has to be done by a doctor only.
4. Any delay in providing proper medical treatment to any patient can cause serious health hazard. Hence, all cases to be attended well in time.

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5. Quality of work is very important. There is no scope of sub-standard work.
6. Railway hospitals and health units are covered under C.P.A. Act. A Railway beneficiary can claim compensation under C.P.A. Act for deficiency in services. Hence, it is important to improve working pattern of Railway hospitals and health units to avoid having any deficiency in services.
7. Under R.T.I. Act now anyone can ask details about the workload and the existing manpower available. If the manpower available is provided to be less than adequate, the case of deficiency in service can be taken up under C.P.A. Act.
8. Technology is advancing very fast. Doctors and para-medical staff is required to upgrade their knowledge and skill on regular basis. Regular training is a constant feature.
9. There are six major service departments in Indian Railways. These departments provide service to Railway employees and retired Railway employees.
They are - Civil Engineering
 - Electrical Engineering
 - Telecom Engineering
 - Medical Department
 - Personnel Department
 - Accounts Department

The Personnel Department and Accounts Department have fixed workload and have created required amount of manpower.

Civil Engineering + Electrical Engineering + Telecom Engineering provide only regular maintenance services and petty repair services.

For any major activities to be undertaken special "work" needs to be sanctioned by the consuming department.

Whereas for Medical Department, the workload is not fixed. It is expanding as more and more RELHS people are joining the scheme at the same time all the expenditure needs to be arranged and executed by Medical Department only. Hence, there has to be adequate fund under revenue budget and manpower made available to manage all types of situations including what has not been predicted.

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A.3 Targets to be achieved

Railway Hospitals and Health Units need to be reorganized keeping certain important targets to be achieved

1. Standard of services

The standard of services provided should be above the standard as considered satisfactory under C.P.A. Act and as per Indian Medical Council Standard.

2. Casualty Services

Any patient reporting to casualty should be attended by doctor on duty immediately.

3. O.P.D. Services

Waiting time of an O.P.D. patient should not be more than 2 hours during peak working hours of O.P.D.

4. Investigation procedure

4.1 Common Investigations

These should be got done on daily basis.

4.2 Special Investigations

These should be got done within 3 days after the advice given by a clinician.

5. Indoor admission

This should be freely available to all needy patients.

6. Surgical procedure

6.1 Emergency surgery

It should be done immediately and round the clock.

6.2 Planned surgery

The waiting time should be less than one week after the patient has been found to be fit and ready for the surgical procedure.

7. Hospital acquired infection

The incidences of hospital acquired infection should be as minimum as possible. Ideally it should be "zero" incidence which is impossible to achieve. Atleast the incidence should be comparable to other best hospitals in India.

8. Accessibility of Health Care Delivery System

To improve "Accessibility" of Indian Railway Health Care Delivery System to that extent that even a Railway beneficiary residing at wayside Railway station should be able to get primary level health care at least twice a week in the same Railway station where he/she is posted.

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A.4 Requirement of R.G. and L.R. Staff

Number of manpower given in the chapter below is how many working hands are required to deliver the desired services.

Requirement of R.G. & L.R. staff to be calculated as per the existing rules.

For Medical Department, R.G. & L.R. is required to be calculated for medical officers also. As medical officers are working in field and handling patients directly, non-availability of doctors create deficiency of services.

At present in Railways percentage of L.R. staff allowed varies from 12.5% to maximum of 30% of working hand + R.G. hands.

While the minimum limit of 12.5% can be used for most of the categories but for certain categories higher percentage should be used.

Categories for whom higher percentage of 20% should be used:-

1. Nursing staff
2. Pathology Lab. Supdt./Lab Assistant
3. Radiographer

Justification

1. These categories of staff are absolutely essential to run the hospital properly.
2. In nursing staff there are some special features.
 - 2.1 They are mostly ladies.
 - 2.2 Maternity leave are now to be given for 4½ months. Many of them take their own leave in addition to the sanctioned maternity leave to look after the new born baby. Hence, the total period of absence from duty becomes very prolong.
3. In Pathology Lab Supdt./Lab Assistant and the Radiographer category, number of posts sanctioned for each hospital is normally very small.

Absence of even one person reduces the working strength to 50% or 33% which is significant and does interfere with the working of the department significantly.

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B. Railway Health Unit

B.1. Aims & objectives

- B.1.1 To provide services related to industrial medicine.
- B.1.2 To provide primary level health care to Railway beneficiaries.
- B.1.3 To undertake administrative activities to provide proper services as per A.1.1 and A.1.2 given above.

B.2. List of activities normally done at health unit level

B.2.1 Activities related to Industrial Medicine

- (i) To attend Railway accidents and other disaster including other untoward incidences.
- (ii) To attend station calls related to travelling sick passengers in the train, at Railway Station, Rly. yards etc.
- (iii) To issue RMC Sick & Fit Certificate.
- (iv) In major health units, P.M.E. is also done.
- (v) Activities related to safe water supply system in Railway Stations.
- (vi) Activities related to safe food supply in Railway Stations. Implementation of PFA^{FSSAI} Act, medical examination of food vendors etc.
- (vii) If the health unit is attached to Production Unit or Workshop, then activities related Factory Act.
- (viii) To attend station calls related to perishable goods unloaded in the Railway Stations.
- (ix) To undertake "tests" for alcohol for staff involved in Railway accident/or booked.

B.2.2 Activities related to Curative Medicine.

- (i) To provide medical treatment to Railway beneficiaries attending O.P.D. service of the health unit.

To provide - Consultancy Services
 - To arrange common
 - Investigations done.
 - To supply medicines.

- (ii) To attend emergency cases round the clock.
- (iii) To visit to line section on periodical basis. The activity will get augmented to a great extent in near future as Road Mobile Medical Van will be operated extensively.

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- (iv) To refer and follow up patient to a higher medical centre.

B.2.3 Activities related to Preventive & Promotive Medicine

- (i) Colony sanitation of major Railway colonies.
- (ii) Control of mosquito and other vector borne diseases.
- (iii) Regular immunization programmes.
- (iv) Maternity and child health programme.
- (v) Health education programme.
- (vi) School health programme.
- (vii) Community based health survey and disease prevention programme.
- (viii) To implement pulse polio programme and other national/State Health Programme.
- (ix) To supervise sanitation work as applicable.

B.2.4 Activities related to administration

- (i) Medical officer incharge of the health unit is local administrative head.
- (ii) Material Management.
- (iii) ARME Management
- (iv) Incharge/Member of local committee like Housing Committee etc.

B.3 Requirement of Medical officers & Other Para Medical staff

B.3.1 GDMO (General Duty Medical Officer)

- (i) For activities limited to headquarter where the health unit is located
 - (a) One GDMO is required to attend OPD patient load of 50 patients per day. In addition to the regular O.P.D attendance, he/she will also attend to all the activities as listed under Para A-2 above.
 - (b) Additional GDMO will be required when average daily O.P.D. attendance goes beyond 50 patients per day by another 50 patients or part thereof.
- (ii) Regular visit of wayside Railway Station by Road Mobile Medical Van.

A proposal is under examination in Railway Board to provide Road mobile medical van to provide better health care to Railway employees posted in wayside Railway Stations.

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Under this scheme each wayside Railway Station to be visited atleast twice per week. During each visit about 40 minutes to 60 minutes time will be allotted to each station to provide the desired services.

One G.D.M.O. doctor will be able to cover each day one line section covering 6 No. of Railway Stations and total kms. by road 60 kms. + 60 kms. (to and fro journey) i.e. 120 kms. as per calculation given below.

6 No. of Railway stations	= 4.5 hours
X 45 minute per station	
120 kms. by Road @	= 4.0 hours
30 kms. per hour	
	<u>= 8.5 hours</u>

Hence one such GDMO doctor will be able to cover 3 such sections.

Additional G.D.M.O. doctor will be required to cover more number of railway stations or if more kms. to be covered as per the scale as given above.

(c) Availability of lady doctor in health unit.

Most of the Railway health units have only one G.D.M.O. post, which is manned mostly by one male doctor.

There is a constant demand from recognized unions and others to make one lady doctor available in the health unit to attend to lady patients.

The demand is justified. To post a lady doctor in a health unit is very difficult task. Hence, a better and practical solution will be to engage one locally available lady doctor on part-time basis for 2 to 4 hours per day for this purpose.

B.3.2 Requirement of Para Medical Staff

(i) Minimum number of Para-medical staff as required for all health units are:-

- (a) One post of pharmacist
- (b) One post of dresser/O.T. assistant
- (c) Two posts of Hospital attendant (one male and one female)

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- (d) One post of Hospital safaiwala
- (ii) Additional number of para-medical staff as required:-
 - (a) Lady Staff nurse : All major health units where average daily O.P.D. attendance is more than 50 per day, should have one post of staff nurse.
 - (b) Pharmacist : The Pharmacist in the health unit has to do duties & responsibilities as given in IRMM 2000 in Para 203/13.

After performing all these activities, one post of pharmacist can do the work of dispensing medicines upto 50 OPD patients per day.

In case, the OPD attendance is more than 50 patients per day, additional post of Pharmacist is required for every 100 additional patients per day or part thereof.

- (c) Additional Hospital Attendant: In addition to the minimum two posts of hospital attendant, additional one hospital attendant will be required for each additional post of doctor (GDMO or lady doctor or part-time medical officer etc.) being operated in the health unit.

C. Railway Hospitals

C.1 Aims & objectives

- C.1.1 To provide services related to industrial medicine.
- C.1.2 To provide primary level health care to Railway beneficiaries.
- C.1.3 To provide secondary level health care.
- C.1.4 To provide tertiary level health care to the extent possible.

Note:- Assistance is taken from other Government and private hospitals wherever it is found that total medical care is not possible to provide by the "in-house system".

C.2 Extent of speciality services that should be made available in various Railway hospitals.

To provide secondary level health care, it is essential to develop speciality services. The extent of speciality services required to be developed will depend on scale of Railway Hospital. Following guidelines should be followed:

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Scale of Railway

Extent of minimum hospital speciality services should be made available

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| C.2.1 | Sub Div. Railway Hospital & other Rly hospitals with less than 50 indoor beds. | 1. General Medicine
2. General surgery
3. Gynaecology & obst.
4. Anaesthesiology
5. Dental surgery |
| C.2.2 | Sub Div.Rly. Hospital & other Railway hospitals attached to Workshops with indoor beds 50 to 100. | 1. General Medicine
2. General surgery
3. Gynae. & Obst.
4. Anaesthesiology
5. Dental Surgery
6. Paediatrics
7. Orthopaedic Surgery
8. Ophthalmology |

Note: In the hospitals grouped under para B.2.1 and B.2.2, there should be X-ray and Pathology Departments being manned by group 'C' & 'D' staff and supervised by nominated medical officer of other department of that hospital.

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|-------|--|--|
| C.2.3 | All Divl.Rly.Hospitals Irrespective of their bed strength and all other hospitals with more than 100 beds. | 1. General Medicine
2. General Surgery
3. Gyna & Obst.
4. Anaesthesiology
5. Dental Surgery
6. Paediatrics
7. Orthopedic Surgery
8. Ophthalmology
9. Chest Medicine
10. ENT Surgery
11. Radiology
12. Pathology |
| C.2.4 | Central Hospital of Zonal Railways irrespective of bed strength | 1. General Medicine
2. General Surgery
3. Gynaecology & Obst.
4. Anaesthesiology
5. Dental Surgery
6. Paediatrics
7. Orthopaedic Surgery
8. Ophthalmology |

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9. Chest Medicine
10. ENT surgery
11. Radiology
12. Pathology
13. Cardiology
14. Psychiatry
15. Nephrology
16. Uro Surgery
17. Neurology
18. Dermatology
19. Oncology

In addition all central hospitals of Zonal Railways are expected to develop super speciality wings as per local requirement.

C.2.5 CRI/Varanasi and other Railway hosp. where fully developed cancer treatment centre has been developed.

1. Cancer Surgery
2. Cancer Chemotherapy
3. Radiotherapy Unit
4. Anaesthesiology
5. Pathology
6. Radiology
7. Physicist
8. Nuclear Medicine

C.3 Casualty Services

C.3.1 Doctors – Availability of doctors in Casualty Unit round the clock all the 7 days every week is very essential for proper functioning of Casualty Unit. Following yardstick should be followed.

- (i) Sub divisional Railway hospitals & other Railway Hospitals with indoor beds less than 50 beds.
 - a) From 9 AM to 5 PM – the doctor working in O.P.D. should look after the casualty services in addition to his/her own.
 - b) From 5PM to next day 9 AM - The casualty should have doctor physically available in the Casualty Unit. For these 16 hours two number of GDMO doctors are required.
 - c) On Sunday and gazetted holiday

One GDMO doctor should be available in 8 hourly duty shift for whole 24 hours.

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- (ii) In other Railway Hospitals – Doctor should be physically available round the clock in the Casualty Unit and work on 8 hourly shift Duties for all the 7 days/week.

C.3.2 Para Medical Staff

- (i) Minimum number of para-medical staff should be present in all the casualty services round the clock in 8 hourly shift duties.

- (a) One post of Dresser/OT Assistant
- (b) One post of Hospital Attendant
- (c) One post of Hospital Safaiwala
- (d) One post of Ambulance Driver

- (ii) Additional Para-medical Staff required

One post of staff nurse and one post of additional hospital attendant in 8 hourly shift duties in all other important railway hospitals. They are:-

- (a) All Central Hospitals
- (b) All Divisional Hospitals
- (c) All other Railway Hospitals with Indoor beds 100 and above

C.3.3 In very busy casualty units of Railway hospitals

In few Railway hospitals, the casualty unit is very busy. In these units average daily (in 24 hours) casualty patients attended are 60 or more. For these units, following additional manpower is required over and above as described above.

This additional manpower should be available round the clock in 8 hourly.

- (a) One additional GDMO doctor
- (b) One additional nurse
- (c) One additional hospital attendant
- (d) One person in group 'C' out of the Reception, Registration and Record Keeping Department of the hospital for receiving telephone calls, record keeping, registration and controlling movement and availability of ambulances.

C.4 Reception, Registration and Record keeping departments of the Hospital

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C.4.1 Activities of the Department

- (i) To manage the reception counter.
- (ii) To do all the registration activities of the hospital.
 - This includes O.P.D. registration.
 - Casualty registration which is 24 hours/day/7 days/week.
 - Registration of all indoor cases including admission through casualty services.
- (iii) To do proper record keeping of all indoor cases and selected O.P.D. cases.
- (iv) To perform protocol duties.

C.4.2 Requirement of manpower

(i) Central Hospital

(a) At Reception

One group 'C' person as protocol inspector.

Two persons as Receptionists.

One will be on duty from 7A.M. to 3 P.M. the second person will be on duty from 10 A.M. to 8 P.M.-- 6 days/week.

(b) At Registration

Total Number of persons required depending upon the number of O.P.D. patients attending. On average, one person is required to be for every 150 number of OPD attendance.

Peak working hours in Registration Counter is 9 A.M. to 1 P.M. During this period full complement staff should be present. Except those people who are posted in casualty services.

During other period number of staff required to be available is much less. The spared staff should work in the indoor record room.

(c) Indoor Record Room

There should be one person (group 'C') incharge of the indoor record room. He/she should get assistance from persons reporting from Registration Counter after peak hour that is after 1 P.M.

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