

INDIAN RAILWAY MEDICAL SERVICE

Historical Perspective

Though the government played the leading part in the development of Railways, there were, till 1947, as many as forty two Railway systems in the country each following a separate policy of its own specially in the matter of medico-social amenities with the result that the medical and health organization had no uniform pattern of development and the level of amenities provided differed widely.

In April 1954 Dr. E. Somasekhar, the then Chief Medical Officer, Southern Railway had submitted a detailed scheme on planned expansion of the medical facilities on the Railways.

With a view to examine and implement the said scheme, a separate cell was created at the Railway Board in August 1955, headed by an Officer on Special Duty(Medical) which post was later on converted to Joint Director (Medical) and then upgraded to Director, Health. There has been a progressive improvement and expansion of the curative and promotional health services on the Indian Railways since then, resulting in an appreciation from the Kunzru Committee (1963) which used the phrase as 'being second to none in the country' to describe IRMS.

IRMS has been in the forefront in providing efficient and effective healthcare in government sector. Railways were pioneer in introducing many healthcare technologies in India at one point of time. The first Cardiac Bypass Surgery in India was carried out at Southern Railway Headquarter Hospital, Perambur in June 1975 and corrective TGA surgery in 1979. Southern Railway Headquarter Hospital remained the nursery for the majority of the cardiologists and cardiac surgeon of the country.

Functions performed by Indian Railway Medical Service (IRMS)

I. Industrial and Occupational Health Services

1. Pre-placement Examination of candidates
2. Periodic Medical examination of employees
3. Certification of Injuries etc. under Workmen's Compensation Act
4. Invalidation of unfit employees through Medical Boards
5. Providing in-house medical certification for sickness, fitness etc.
6. Education and awareness campaigns for employees and families

II. Disaster Management particularly at the time of Railway Accidents

III. Implementation of National Health Programs over Railways

IV. Implementation of Food Standard and Safety Act over Railways

- V. Monitoring of Water Quality being supplied at Railway Stations and colonies.
- VI. Supervision of sanitation of various Railway colonies and some of the Railway stations.
- VII. Promotive and preventive health services including health education and vaccination.
- VIII. Curative health services
- IX. Emergency medical aid to sick passengers in trains and railway stations

Beneficiaries

- 1390176 Serving Employees and their dependents– about 55.60 lakhs
- 480026 Retired Employees and their dependents– about 12.00 lakhs
- Medical Benefit is given to all the dependents of Railway staff serving and retired who are eligible for pass benefit, and fully dependent unmarried son even if he is over 21 years of age and unmarried and divorced daughters for whole life.
- Estimated total beneficiaries are around 67.60 lakhs (Exact number could be higher).
- Others provided limited facility as per rules – Private Servants, Licensed Porters etc.

Manpower

Sanctioned strength of medical officers in IRMS is 2597, which is static for more than 30 years. As per sanctioned strength doctor: population ratio is 1:2580 (National average 1:1700; WHO recommendation 1:1000 for developing countries). Currently number of medical officers on roll is approximately 1700 leading to a vacancy rate of approximately 33%, and effective doctor: population ratio of 1:4000. It is a unified cadre though there are about 50% specialists working and serving the railways providing in-house specialized care with no special privileges and remuneration.

As per sanctioned strength there are approximately 54000 paramedical staffs. Number of it is going to fall considerably with no fresh recruitment in group D. Gradually the services rendered by group D staff are being outsourced as per the requirement.

Infrastructure

Details of Infrastructure	Number	Bed Strength
Central Hospital (Apex Level)	16	4231
Divisional Hospital		

	57	14023
Sub Divisional Hospital/ Work shop Hospitals / Production Unit Hospital	52	
Poly Clinic / Health Units Others - Lock up Dispensaries	586	
Road Mobile Van	20	1 in each zone (2 each in NFR & ECoR)
ARME (Accident Relief Medical Equipment) – I	163	

ARME	Scale II	320

Thus there are 15 hospitals with 18254 indoor beds. The hospitals and health units have country wide distribution, covering the far flung area of the country, providing round the clock access to healthcare to the railway beneficiaries.

Expenditure and Budget

- Approximate sum of Rs 2000 crores
 - Salary – Rs 1200 crores
 - Cost of Medicine – Rs 349 crores
 - Reimbursement and Others – Rs 319 crores

In Railways expenditure per family is Rs 10283/- per year (year 2014). Annual CGHS expenses per pensioner family is Rs. 19593/- per year and for employee family is Rs. 14836/- per year. Thus the expenditure on health services by railways is much lower than CGHS in spite of the fact that IRMS provides wider spectrum of services than CGHS, which provides only preventive and curative healthcare services to the

beneficiaries. If we take the conservative figure of 3.5 beneficiaries per family, then the expenditure comes to Rs 2938/- per beneficiary per year.

In year 2014, a total of 20861949 patients were treated as outdoor and 446058 patients were treated in indoor facilities in railway hospitals. Out of these only 15.7 percent patients (70216) were referred to recognized private hospitals for some specific procedures which were not available at railway hospitals costing Rs 39825/-per case. These patients were being treated and followed up at railway hospitals before and after the procedure in private facilities. If all these patients are treated in private hospitals even on CGHS approved rates, the expenditure on medical care would easily exceed 4 to 6 times of current expenditure on curative medical care of the railway beneficiaries. And this expenditure does not include the outlay on other functions of IRMS. Currently Railways spends 2.1% of its budget on healthcare, which is very nominal on comparison to any organization. Most of the organizations spend about 5% of their budget on medical benefits to the employees. None of the optimal health insurance could be bought for less than Rs 8000/- per person, on group insurance basis today. This translates to Rs 28000/- per family per annum. Insurance coverage does not include maternity benefits, vaccination and free supply of medicines for the beneficiaries for life.