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PART II

Statutory Notifications (S. R. O.)

GOVERNMENT OF PAKISTAN

MINISTRY OF COMMUNICATIONS

(National Highways and Motorway Police)

NOTIFICATION

Islamabad, the 27th October, 2020

S.R.O. 1181(I)/2020.—As per instructions of the Finance Division *vide* O.M. No. 5 (41) R-10/2017-91 dated 10th April 2018, the National Highways & Motorway Police, (NHMP) Policy for Medical Attendance 2018, prepared in lines with the Government Servants Medical Attendance Rules and approved by the Capital Administration & Development Division *vide* O.M No. F.16-7/2015-MF dated 19th October 2017 and the Ministry of Communications after consultation with the Ministry of law and Justice *vide* letter F. No. 9(15)/2004-PMP-as R-II dated 6th October 2020, is hereby notified as under:—

Chapter-1

1. **Short Title, Applicability & Definitions**

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1.1 Short title and applicability

- a. This Policy shall be called “National Highways & Motorway Police, (NHMP) Policy for Medical attendance 2018” and shall come into effect immediately.
- b. This policy shall apply to all NHMP employees including those on deputation to NHMP.
- c. This facility extended under the policy for Medical Attendance shall be applicable subject to availability of sufficient funds and at the discretion of competent authority either to allow full or a part of claim or totally reject a claim, not covered under the policy.

1.2 Definitions

Under this policy, unless there is anything repugnant in the subject or context;

a. **NHMP**

Means the National Highways & Motorway Police set up under the Ministry of Communications, Government of Pakistan.

b. **Employees**

Means an employee of the NHMP serving on regular basis, serving on deputation basis or serving on contract provided terms and conditions of his/her appointment entitle him/her to the medical attendance under this policy: or a regular employees of the NHMP who has retired on superannuating after 25 years qualifying service or on medical grounds after minimum 10 years service or died during service of the NHMP after rendering minimum 10 year’s service.

c. **Family**

Means spouse (*viz* dependent husband or wives); dependent parents; legitimate sons/ stepsons and unmarried daughters/stepdaughters; residing with and wholly dependent upon the employees.

Explanation-1: Spouse of an employee shall be deemed to be dependent upon him/her so long as she/he is not employed and not judicially separated;

Explanation-2: Own Parents of an employee shall be deemed to be wholly dependent on the employee, if they have no independent source of income or if the employee declares in writing that they are wholly dependent upon the employee.

Explanation-3: Sons and stepsons of government servant shall be deemed to be wholly dependent upon him till they complete the age of **eighteen years**, and shall thereafter be deemed to be so dependent only if he certifies that they are wholly dependent upon him.

Explanation-4: Daughters and stepdaughters of an employee shall be deemed to be wholly dependent on him/her till they are married or have been divorced and they are not employed and wholly dependent on the employee and the employee files a written statement to that effect.

Explanation-5: Mentally or physically handicapped and completely dependent family members declared as such by the CMO/RMO shall be considered wholly dependent on employee, notwithstanding the limitation given above.

d. **Patient**

Means an employee or an entitled member of his/her family who requires medical attendance.

e. **Chief Medical Officer**

Means a qualified doctor who holds a valid PMDC Registration and is appointed by the NHMP and posted at NHMP Headquarter to attend to the employees of the NHMP, assist in supervising different aspects of the policy for Medical Attendance and other regional dispensaries and is authorized to exercise the powers of “Civil Surgeon” to the extent of NHMP Employees only.

f. **Regional Medical Officer**

Means a qualified doctor who holds a valid PMDC Registration and is appointed /posted by the NHMP in SSP Office/ Line to attend medical care to the employees & their legal dependents and to assist the Regional DIG/SSP supervising different aspects of the policy for Medical Attendance.

g. **Medical Attendance**

Means medical attendance of a patient at an approved clinic or at an approved hospital and in case of such illness as compels an employee or any of his family members to be confined at residence, at his residence; and includes:

- (1) Employment of such pathological, bacteriological, radiological and other methods for the purpose of diagnosis as are considered necessary by the Authorized Medical Attendant treating a patient;
- (2) Such consultation with an approved Specialist as is considered necessary by the Authorized Medical Attendant;
- (3) Consultation with an approved dentist;
- (4) Medical treatment.

h. Medicines

Means vaccines, injections, sera and all other therapeutic substances considered to be necessary for treatment / prevention by the Authorized Medical Attendant, and Approved Hospital, Registered with DRAP, except for hormone enhancers and includes such vitamins, tonics / or glucose as prescribed by the Authorized Medical Attendant as an essential treatment of a disease and not as a tonic.

i. Medical Treatment

Means the provision of all medical and surgical facilities, including administration of injections available at an approved Clinic or an approved Hospital and includes:

- (1) Indoor as well as outdoor treatment;
- (2) The supply of such medicines as are prescribed by Authorized Medical Attendant, registered with DRAP and ordinarily not available at an approved Clinic or an approved Hospital;
- (3) Supply or and transfusion of blood (subject to availability);
- (4) Such accommodation according to his entitlement ordinarily provided in an approved hospital, as prescribed under this policy;
- (5) Such nursing care as is ordinarily provided to “indoor patients” by an approved Hospital;
- (6) Supply of such vitamins, tonics and glucose as are prescribed as part of treatment;

- (7) Dental treatment including the treatment of jaw bone, gum boils, pyorrhea or cavities, removal of one or more teeth, and removal of impacted wisdom teeth, scaling of teeth, filling of teeth (other than with gold crown, orthodontic treatment, braces) and extraction of teeth but does not include dentures;
- (8) Treatment of diseases of the eye and the eyesight but does not include provision of contact lenses and frames or other lenses or cosmetic refractive surgery;
- (9) Provision of intra ocular lens and other implants;
- (10) Treatment of disease of ear, nose and throat except hearing aids;
- (11) Provision of artificial limb/prosthetic joints, braces and wheelchairs in case of amputation of limb in consequence of injury sustained during performance of official duty;
- (12) Treatment for Primary of Secondary Infertility and/or Sex Reassignment Surgery is not covered, under the policy;
- (13) Medical Treatment Abroad, is not covered under the policy.

j. Indoor Medical Attendance

Means medical attendance, which requires admission of a patient in an approved hospital.

k. Outdoor Treatment

Means treatment provided to a patient without admission in an approved hospital.

l. Accommodation

Means entitlement of an employee to the accommodation indoor treatment which shall be as under:

- | | |
|--------------------|-------------------|
| (1) BS-1 to BS-10 | General Ward |
| (2) BS-11 to BS-16 | Semi Private Room |
| (3) BS-17 & above | Private Room |

In a case where the class of accommodation to which a patient is entitled is not available in a hospital, the patient shall be entitled to the next higher class of accommodation. The patient shall, however, avail the next higher class of accommodation with approval of DIG / Sector Commander if the CMO/RMO specifically recommends this class of accommodation.

m. **Approved Clinic**

Means a set up where an approved doctor examines patients and provides treatment to the employees of NHMP and their families.

n. **Approved Dentist**

Means dental practitioners holding valid PM&DC Registration with whom arrangements have been made by the NHMP for medical attendance and dental treatment of its employees and their families.

o. **Approved Hospital**

Means a hospital, a clinic, a maternity home, a pathological laboratory, a radiological laboratory or any other institution with which formal arrangements have been made by the NHMP for medical treatment or tests of its employees and their families.

p. **Approved Medical Officer/Doctor**

Means a qualified MBBS doctor who holds a valid PMDC registration and runs a clinic and is approved by the NHMP, to attend the employees of the NHMP and their families.

q. **Approved Specialist**

Means such medical doctor who has specialized in the treatment / Surgery or diagnosis of particular disease/diseases and has acquired a postgraduate degree or diploma in the relevant field registered with Pakistan Medical and Dental Council.

r. **Authorized Medical Attendant**

Means e and f.

s. **Trauma**

Means a bodily injury caused by an accident, or any other sudden occurrence.

t. **Emergency**

Means a life-threatening medical condition or an ailment endangering permanent damage to an organ or limb of the patient.

u. **Conflict resolution**

If any question arises as to whether any service is included in medical attendance or treatment, it shall be referred to the Government and the decision of the Government shall be final.

Chapter-2

2. Registration and Deletion from Panel

2.1 Registration

a. **Registration of Patients**

(1) **Creation of Health Database**

- (a) A centralized database of all employees and their family members shall be created and maintained at Head Office and the concerned SSP offices.
- (b) As initial creation of the database would be a one-time activity, a staggered schedule for head office's employees and regional office's employees shall be followed for providing input to create the database.
- (c) DIG/SSP concerned shall forward applications of the employees working under them immediately but not later than 15 days of issuance of this policy to the Head Office Establishment Branch for completion of record of entitled NHMP patients.
- (d) Thereafter, each new employee shall get the entitled persons of his family registered within one week of his joining the NHMP.

(2) **Issuance of NHMP Health Identity Cards & Medical Attendance Booklets**

(a) **NHMP Health Identity Cards**

- (i) The employee's application shall accompany a family roll signed by the employee and duly authorized by her/his controlling officer, not below the rank of an SP. In addition, two latest passport size photographs of each family member shall be attached with the application and family roll.

Establishment branch at the Head Office shall immediately issue "NHMP" "Health Identity Card" that shall indicate name of employee, her / his designation, entitlement to accommodation and photograph/visible mark of identification for each of his /her family members with the signatures of AIG/ Establishment.

- (ii) NHMP health Identity Cards shall be machine numbered and considered as security documents. Proper register shall be maintained for these health ID cards.
- (iii) Authorized Medical Attendant shall entertain only those patients who present their NHMP Health Identity cards while seeking medical attendance.

(b) **Medical Attendance Booklet**

- (i) Besides the NHMP Health Identity Cards, a Medical Attendance booklet shall be issued to each employee.
- (ii) All prescriptions shall be recorded on the medical Attendance Booklet.
- (iii) Similarly, record of all visits to clinics, outdoor visits for consultation at hospitals and specialists and a brief description of the treatment provided to indoor patients at a hospital shall invariably be recorded by the Authorized Medical Attendant on the individual's Medical Attendance Booklet.
- (iv) Free of cost additional Medical Attendance Card shall be issued on the previous one duly completed.

Establishment Branch shall retain these Cards for three years as auditable documents.

(c) Safe Custody of the Health Identity Cards & Medical Attendance Booklet

As the purpose of maintenance of Individual health Identity cards and individual medical attendance cards is to make the system both transparent and verifiable, their safe custody shall be ensured. Safe custody of the health card shall be the responsibility of employee concerned. He/ She shall ensure that NHMP Health Identity Card is retained at a safe place. Whereas, in case of medical Attendance booklet, a photo copy of the relevant part of the booklet shall be presented by Him/her every time he/she consults and gets treatment from an Authorized Medical Attendant and a fresh entry is added thereon so that a complete and up to date record of the entries on his/her medical Attendance Booklet is retained separately for verification at all times.

(d) Re issuance of NHMP Health identity Card or Medical Attendance Booklet

- (i) Cases of loss of health identity cards shall be reported to the Establishment Branch through the respective SSP immediately when the fact is discovered. Fresh NHMP Identity Card shall be issued at a penalty of Rs. 500/-. In case of a repetition, the penalty shall be increased to Rs. 1000/-.
- (ii) In case, the Medical Attendance Booklet get displaced, a fresh one may be issued without any penalty if the employee provides an up to date photocopy.
- (iii) In case, photocopy of past record is not provided, the employee shall be charged Rs. 1500/- and event shall be recorded by the Establishment Branch in a separate register.
- (iv) Stock of NHMP Health Identity Cards and Medical attendance Booklets shall be kept in safe custody under supervision of the Director NHMP.

e. Registration of Authorized Medical Attendants.

- (1) The NHMP shall maintain a panel of Authorized Medical Attendants.
- (2) Efforts shall be made to register well reputed, experienced, and well-established practitioners.
- (3) All Medical Attendants desirous of being registered with the department shall apply exclusively for the purpose to the CMO.
- (4) These applications shall be referred to the concerned Standing Health Committee for consideration.
- (5) On recommendations of the Standing Health Committee, a limited number of applicants shall be inducted as Authorized Medical Attendants.
- (6) The Establishment Branch at the Head Office shall formally issue a list of Authorized Medical Attendants in July every year. Such a list shall contain the names of panel hospitals. Changes taking place during the year shall be notified separately.

f. Registration of Clinics and Hospitals

- (1) The NHMP shall maintain a panel of clinics/hospitals.
- (2) Military Hospitals/ Armed Forces Institutes for Specialized Health Services and their Pathological Laboratories may be included in the panel but treatment will be subject to condition that a Federal/ Provincial Hospital (including District/ Tehsils Headquarters Hospitals) is not available at the Stations of posting.
- (3) All patients shall follow the standing instructions/operating procedures required to be observed in Military hospital for treatment by Civilian Non-Entitled Patients (CNE Patients) unless otherwise notified.
- (4) On stations, where a Federal/ Provincial Government Hospital is not available, other private clinics/hospitals

desirous of being included on the panel of the NHMP may apply for this specific purpose to the Chief Medical Officer (CMO) at the Head Office in consultation with CADD/ Finance Division.

- (5) Such cases shall be referred to the Standing Health Committee for consideration.
- (6) The number of Private clinics/hospitals shall be limited to the barest minimum based on the total strength of the employees at a station.
- (7) Names of hospitals and clinics shall be recommended by the Standing Health Committee.
- (8) Registration shall be made to the panel of the NH&MP after names recommended by the concerned Standing Health Committee stand approved by the IG (NH &MP).

2.2 Deletion from NHMP Panel

a. Voluntary Deletion from Panel

- (1) In cases where an Authorized Medical Attendant, Clinic or Hospital does not intend to continue a formal arrangement with the NHMP they shall be required to submit their desire, in writing, to the CMO.
- (2) CMO shall notify the Voluntary Deletion of the concerned Medical Attendant, Clinic or Hospital, with the approval of concerned Standing Health Committee.
- (3) Fresh applicants shall be considered by the concerned Standing Health Committee if the filling of the vacancy is so required.

b. Compulsory Deletion from the panel

- (1) Compulsory deletion of Authorized Medical Attendants, Clinics and Hospitals shall be made only on the recommendations of the concerned Standing Health Committee.
- (2) In case of malpractices the ban for registration shall be life long whereas in case of unsatisfactory or sub-standard service, the ban would invariably be for a period of three years.

- (3) Reconsideration for inclusion of a Medical Attendant, Clinic or Hospital on the Panel of the NHMP shall be on written request, will be made only in exceptional cases where the NHMP considers it expedient to the interest of the NHMP patients to again include the Medical Attendant, Clinic or Hospital to the panel. The reasons for reconsideration shall invariably be recorded by the Standing Health Committee in such cases.

c. Establishment of Dispensaries

A dispensary shall be established each at Headquarter and Regional/Zonal offices for providing outdoor medical care to the employees and their families by the Doctors appointed by NH & MP for this purpose. These doctors shall examine the patients and advise treatment and shall refer the patients to Panel establishment if considered necessary. Number and location of these dispensaries can vary on the discretion of I.G., NHMP. These dispensaries shall be sufficiently staffed and equipped to provide outdoor medical care of a good standard.

Chapter-3

3. Standing Health Committees - Composition, Duties & Functions

3.1 Composition of the Standing Health Committee

- a. A Standing Health Committee shall exist each at the Head Office and Regional/Zonal Offices.
- b. Following shall be the composition of the Standing Health Committees at Head Office.

(1) Standing Health Committee for Head Office:

- | | | |
|-----|-----------------------|------------------------------|
| (a) | DIG(HQ) | Chairman |
| (b) | AIG(Estt) | Member |
| (c) | Director | Member |
| (d) | Chief Medical officer | Member Technical / Secretary |

(2) Standing Health Committee for Regional Office.

- | | | |
|-----|------------------|----------|
| (a) | DIG (Respective) | Chairman |
|-----|------------------|----------|

(b) SSP	Member
(c) RMO	Member

3.2 Duties and Responsibilities of Standing Health Committees.

- a. The Standing Health Committees shall have a recommendatory role for following issues:
- (1) Consideration of applications of hospitals, clinics, laboratories, doctors, specialists and dentists for inclusion or otherwise in the NHMP panel.
 - (2) Consideration of consultation charges demanded by Specialists who are desirous of being included on the panel of NH&MP.
 - (3) Consideration of rates and charges proposed by hospitals, clinics and laboratories for tests, treatment, operations and procedures required for treatment of patients. Periodic enhancement of rates shall also be considered.
 - (4) Consider complaints against hospitals, clinics, Laboratories, doctors, dentists.
 - (5) Standing Health Committee of Head Office shall finalize the terms and conditions of enlistment of doctor/clinics/hospitals on NHMP panel for Head Office and Regional offices.
 - (6) CMO shall physically inspect and recommend such hospitals / clinics before their approval by the Standing Health Committee of the Head Office.
 - (7) Shall review terms and conditions of fiscal emoluments, after every three years to incorporate changes if any due to technical advancement, unprecedented price-hike or change in financial position of the NHMP.
 - (8) Standing Health Committee for Regional Offices shall recommend the names etc. of doctors/hospitals/clinics to the Standing Health Committee of Head Office for approval.
 - (9) Consider any issue, which needs special attention.
 - (10) Frequency of change in rates shall not be before three years.

- b. All complaints against the panel hospital, clinics, laboratories, specialists, doctors shall be lodged with the A.I.G/Estab. Who shall place these before the Chairman of Standing Health Committee. The Committee shall examine the complaints, give their findings and recommendations about continuation of arrangements or otherwise. Fresh applicants shall then be given a chance to fill the positions vacated as a result of deletion of the existing ones through compulsory deletion.

3.3 Guidelines for functioning of the Standing Health Committees

Following are some guidelines to help in functioning of the Standing Health Committees. The concerned Committees shall have the right to adopt their own criteria wherever considered appropriate. However, it would be mandatory for the concerned Committee to notify the agreed criteria and endorse it in advance to the Admn Wing at least a fortnight in ahead of taking any decision based on such criteria.

a. Selection Criteria for Clinics and Authorized Medical Attendants

Only those clinics/medical attendants shall be recommended for the NHMP panel that are run by medical practitioners registered with Pakistan Medical & Dental Council. Preference shall be given to those who have extensive experience, have post-graduate qualifications and training from reputed organization/hospitals.

b. Selection of Panel Hospitals

- (1) To be eligible for enlistment on NHMP panel at Head Office or the DIG Regional Offices, a private hospital shall fulfill the following conditions:
 - (a) It has minimum capacity of 25 beds:
 - (b) It has facility of Operation Theatre and Labour Room:
 - (c) It has facility of X-Ray; ECG; and Ultrasound:
 - (d) It has facility for routine laboratory tests of blood and urine:
 - (e) It has Consultants for following specializations:
 - (i) Medical

- (ii) Surgical
 - (iii) Pediatrics
 - (iv) Eye
 - (v) ENT
 - (vi) Gynecology/Obstetrics
 - (vii) Psychiatry
 - (viii) Dermatology
 - (ix) Orthopedics
 - (x) Cardiology
- (f) It provides 24 hours service.
- (g) It is located at a place, which is easily accessible to majority of the employee through public transport plying for hire.
- (h) These conditions may be relaxed in places where no such hospital is available (in small cities and towns).

c. Selection of Panel Specialists

Normally the consultants/specialists on the panel of an Approved Hospital shall be deemed to be on the NHMP panel at each of the stations of Islamabad, Lahore, Peshawar, Karachi and Quetta.

d. Deletion of Clinics, Hospitals and Authorized Medical Attendance from the panel.

(1) Voluntary Deletion

If a Clinic, Specialists, an Authorized Medical attendant or a Hospital desires to be deleted from the NHMP panel for their own reasons, he/she/it shall formally apply for the purpose. AIG (Establishment) shall obtain the approval of the I.G., NHMP for this deletion.

(2) Compulsory Deletion

The following factors/circumstances shall lead to compulsory deletion of a clinic, hospital, laboratory, specialists or a medical attendant from the NHMP panel.

- (a) Malpractice/Professional Negligence
- (b) Unsatisfactory quality of treatment / service.
- (c) Sub-standard services.
- (d) Frequent written complaints from employees subject to proper inquiry.
- (e) Fake billing of any sort and untrue certification.

In case of (a) above the employees of NHMP involved shall also be proceeded against under disciplinary rules.

Chapter-4**4. Medical Attendance Facilities**

This chapter deals with the medical attendance facilities available to entitled patients under the NHMP policy for Medical Attendance.

4.1 General

- a. Needless to mention that the medical attendance under this policy shall be admissible to the employees and their families at the facilities arranged by the NHMP at the station of duty of the employee. In cases where a patient is residing at a place away from headquarter of the employee, he/she may avail the facilities available at the local Military Hospital, District / Tehsil Headquarters Hospital or any other Government hospital in emergency, Provided that the patient shall be presented before the RMO/CMO as soon as the emergency is over, for his/her further treatment under this policy at the station of duty of the employee.
- b. Where delivery cases are performed away from headquarter of the employee, claims of only Rs. 10,000 shall be accepted for normal delivery and Rs.20,000 (including all expenses) for Caesarian Section.

Such claims shall be accompanied with copies of (i) authorized birth certificate; (ii) history sheet; (iii) treatment chart; (iv) investigation; (v) operation notes; (vi) relevant part of the NHMP medical attendance card; and (vii) any other document required for authentication of facts by the CMO/RMO.

- c. In case of medical emergency declared by the Federal or Provincial Government or a local authority as a result of any epidemic, this Policy shall be relaxed to the required extent through a notification to be issued with the approval of the IG NHMP.

4.2 Referral System

- a. All patients shall initially get medical attendance from the RMO/CMO. These doctors will refer only exceptionally deserving cases to hospitals and specialists. They shall record the reason of such referral on the Medical Attendance booklet of the patient.
- b. However, in exceptional cases of emergency a patient may consult an approved specialists or hospital, in which case the required referral letter shall be issued within 24 hours of such emergency after production of a certificate from the concerned Hospital Specialist indicating such emergency including Diagnoses.
- c. No claim of specialist or hospital shall be contained unless it accompanies the original referral letter and a copy of summary sheet containing details of treatment provided to an outdoor patient or history sheet containing such details, in case of indoor treatment of a patient duly signed by the employee at the time of leaving the specialist's clinic or hospital as the case may be.
- d. The employee shall obtain a photocopy of the discharge certificate/ summary sheet / history sheet as soon as he sign it at the time leaving the specialist's clinic or hospital and keep in his personal medical record for reference / verification by the NHMP as the need arises.
- e. All referral letters shall be machine numbered and shall be auditable document. A referral letter issued but not used latter shall be returned to the CMO/RMO.
- f. CMO/RMO shall keep an upto dated record of all refer letters issued in a register to be maintained for such specialist, hospital separately.

4.3 Outdoor Medical Attendance

The system under which the outdoor medical attendance shall be provided to the patients is given below:

- a. Cost incurred on purchase of medicines under normal circumstances shall be dealt with as under:
 - (1) An employee shall be entitled to reimbursement of cost of medicines purchased on production of cash memos duly entered on the individual's medical attendance booklet and verified by the RMO/CMO. No formal sanction shall be required for this purpose.
 - (2) All consultation fees and cost of diagnostic procedures / tests incurred on outdoor patients shall also be borne by the NHMP and shall be paid directly to the hospitals/laboratories/clinics where the services were availed on a proper reference by the CMO/RMO. In case where the employee met the cost from his/her own pocket, the same shall be reimbursed to employee on production of valid receipts from the panel hospitals/laboratories/clinics, after necessary verification and approval of the Competent Authority.
 - (3) In case of medical treatment from a non-panel doctor/hospital/clinic in emergency, reimbursement of all types of medical expenses so incurred by the employee from his own pocket shall be allowed at the rates approved for a panel doctor/hospital/clinic of equal status and with prior special approval of the DIG, within one financial year.

4.4 Indoor Medical Attendance

- (1) Cost of all indoor medical attendance of employees shall be borne by the NHMP, which shall be paid to the concerned hospital direct on submission of their claims on monthly basis.
- (2) Approved hospital shall ensure that patient's admission is restricted to an adequate time required for his/her optimum recovery.
- (3) All consultation fees and cost of diagnostic procedure/tests incurred on indoor patients shall also be borne by the NHMP and shall be paid directly to the hospital/laboratories/clinic where the patient remain

admitted on a proper reference by the RMO/CMO. In case where the employee met the cost from his/her own pocket, the same shall be reimbursed to employee on production of valid receipts from the panel hospital/laboratories/clinics, after necessary verification and approval of the Competent Authority, within one financial year.

4.5 **Sanction Powers**

The Inspector General, NHMP may be authorized to sanction the medical expenditure up-to Rs. 300,000/- in individual cases. Sanction of any excess amount will be approved by PAO, M/O Communications. I.G, NHMP may delete his authority to D.I.G.s of Respective Zones/Regions.

4.6 **Misuse of Medical Facilities**

- a. Misuse of medical facilities under this Policy by any means having an effect of obtaining financial advantage by misstatement, misrepresentation of facts, false personification, altering the prescription, forgery or tempering with the vouchers, fake claims etc. shall be treated as MISCONDUCT and the employee found guilty shall be dealt with under the disciplinary rules, accordingly.
- b. An employee or any member of his/her family suffering from an injury or a disease, which is attributable to an illegal action, misconduct or misbehavior on the part of the person concerned, shall not be entitled to medical attendance under this Policy.
- c. An employee or a member or his/her family shall not be entitled to the medical attendance under this policy if the employee is under notice of termination or imprisoned.

4.7 **Use of NHMP Ambulance**

Provision of ambulance facility is a welfare measure. It shall stand available at respective Headquarters and may be used locally, for medical emergencies. Ambulance Service shall also be permitted for transportation of dead bodies of NHMP employees and their immediate dependents to their native village/town, free of cost.

4.8 **Register for Medical Matters**

Following registers shall be maintained by the Establishment Branch/RMO, which will be inspected by the D.I.G/S.S.P concerned from time to time and necessary note in this regard will be recorded.

- a. Register of panel Hospitals/Doctors and Laboratories, with the record of payments.
- b. Register of Expenditure having columns of payments on account of indoors and over and above the ceiling payments to each employee.

4.9 **Inspection of Panel Hospitals**

The officer(s) dealing with the medical matter will inspect panel hospital from time to time to check the quality of services/facilities provided to NHMP patients. They will also check that no unrelated person is being treated at the panel hospital/clinic etc. in the name of NHMP.

Chapter-5

5. **Medical Check-ups and Medical Boards**

5.1 **Initial Medical Check-up**

- a. At the time of initial appointment in NHMP, all employees shall be required to be declared “medically fit” through a clinical examination by the RMO/CMO/Civil Surgeon in case of non-gazetted (BS1-16) employees. The Gazetted (BS-17& Above) employees will be required to be declared “Medically Fit” by the **Central Medical Board** of the Federal Government.
- b. The CMO/RMO/Civil Surgeon shall have to report whether the employees is free from any chronic and/or contagious disease. Routine examination of the general physique, mental status, weight, height, blood pressure, condition of the heart, chest, eyes (esp. eyesight and colour vision), hearing, routine blood test etc. shall be carried out.

5.2 **Annual Medical Check-up**

- a. All employees shall be required to get a routine medical check-up annually from the Chief Medical Officer/Regional Medical Officer in the month of October every year.
- b. RMO/CMO shall submit, by the end of November each year, an annual medical report in respect of each officer (BS-14 and above) giving the condition of their health with regard to their general physique, weight, blood pressure, condition of the heart, chest, eyes and routine lab. / ECG report to AIG/ Establishment.

- c. Schedule of Annual Medical Check-up shall be circulated by RMO/CMO on his own to suit his availability and workload.

5.3 NHMP's Medical Board

- A. IG NH &MP shall constitute a proper Medical Board in consultation with the Chief Medical Officer to advise, on reference by the NHMP, in the following:

- i. Cases of employees suffering from a chronic disease or disability that in the opinion of the RMO/CMO, requires prolonged hospitalization or extended treatment.
- ii. Cases of employees who are likely to be recommended unfit for future service in NHMP in the opinion of the RMO/CMO. The board shall in such cases, also give advice regarding the attribution of the disease to the disability caused to the NHMP employee.
- iii. Cases referred by the NHMP panel clinics/hospitals for second opinion, as required under this policy.

- B. Medical Board may, on a reference do the following:

- i. Recommended medical leave to an employee as required under leave rules of the NHMP.
- ii. Recommend the extent and the period up to which an employee requires a further treatment at the expense of the NHMP.
- iii. Recommend Final Examination by the Central Medical Board of the Federal Government, in case of NHMP employees rendered unfit for retention in the service of NHMP.

5.4 Constitution of the Medical Board

- a. Medical Board may comprise the following:

- | | |
|-----------------|----------|
| (1) DIG (NHMP) | Chairman |
| (2) AIG (G&H) | Member |
| (3) AIG (Estab) | Member |

(4) Chief Medical Officer Member Tech./Secretary

- b. For processing cases that fall under 5.3 (i) b and 5.3 (ii) b the board shall in addition consist of a Panel Surgeon, Panel Physician, a Specialist of the concerned specially (all of good repute).

Chapter-6

6. **Duties and Responsibilities of RMO / CMO.**

Duties and responsibilities of the Regional Medical Officer (RMO) / Chief Medical Officer (CMO) shall not be restricted to these but include the following:—

- a. To assist the NHMP in implementing the policy for Medical Attendance.
- b. To provide medical cover to the participants of conferences and seminars when specifically asked to do so.
- c. To provide technical assistance to the Standing Health Committee and the NHMP Medical Board during the performance of their functions.
- d. To check, verify and countersign the claims of the employees and their families for medical reimbursement from NHMP.
- e. To perform initial medical check up of all employees at the time of initial appointment.
- f. To carry out annual medical examination of officers in BPS-16 and above and give report.
- g. To refer patients to approved specialists and hospitals.
- h. To technically examine claims of the panel doctors, specialists and hospital before payment.
- i. To test employees for physical fitness, body weight and physical efficiency.
- j. CMO shall be authorized to exercise the powers of Civil Surgeon to the extent of Employees of NHMP only.

Note:- “In case of change of nomenclature of posts mentioned in the policy due to re-organization, the newly created posts shall replace the old one and the officer so posted with new designations will exercise powers as are vested in existing posts of same status”.

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