

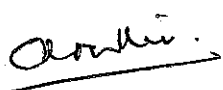
Government of West Bengal  
Department of Health and Family Welfare  
M.A.Branch  
Swasthya Bhawan, Block GN-29, Sector-V  
Salt Lake City, Kolkata-700 091

No. HF/O/MA/800/SPSRC/JD/16/2011/Part-IV Dated Kolkata, the 16<sup>th</sup> April, 2014.

**MEMORANDUM**

The duties & responsibilities of the General Duty/Specialist Medical Officers attached to Secondary tier Hospitals like State-General, Sub-Divisional, District and other decentralized Hospitals and its rationalization in view of the 'Standard Operating Procedure' delineating the scheduled hours of public services and duties of employees at those Hospitals issued vide G.O. No. HF/O/GA/1936/W-153/11 dated 26.07.2011 has since been reviewed by the Department.

2. Now in supersession of all previous orders regarding job description, the undersigned is directed to state that Medical Officers (General Duty/Specialist) will be responsible for the following functions as detailed in
  - a) Annexure I : Medical Officers (General Duty)
  - b) Annexure II: Medical Officers (Specialist other than Radiology/Pathology/  
Biochemistry/Anaesthesiology)
  - c) Annexure III: Medical Officers (Specialist: Pathology/ Microbiology/  
Biochemistry)
  - d) Annexure IV: Medical Officer (Specialist : Radiology)
  - e) Annexure V: Medical Officer (Specialist : Anaesthesiology)
3. She/He will also take up any additional duty or responsibility entrusted by the Hospital Authority for the interest of public service.
4. While discharging the above-mentioned duties, she/he will follow the model code of conduct.
5. She/He will function under the overall administrative control, guidance and supervision of the Superintendent.
6. The non-specialist Medical Officers engaged in specific duties like Medico-legal, Blood bank, PP Unit, STD clinic etc will discharge the duties and responsibilities as per existing guideline till it is revised.
7. This order will take immediate effect.


  
O.S.D. & Ex-Officio Joint Secretary (MA) to the  
Government of West Bengal.

Contd. P-2.

No. HF/O/MA/800/SPSRC/JD/16/2011/Part-IV/1(11) Dated Kolkata, the 16<sup>th</sup> April, 2014.

Copy forwarded for information and necessary action to:-

- 1) The Director of Health Services, West Bengal.
- 2) The Additional Director of Health Services (Admn), West Bengal.
- 3) The Joint Director of Health Services (Admn), West Bengal.
- 4) The Deputy Director of Health Services (Admn), West Bengal.
- 5) The Assistant Director of Health Services (P&E), West Bengal.
- 6) The Chief Medical Officer of Health, \_\_\_\_\_ (All)
- 7) The Superintendents, \_\_\_\_\_ (All)
- 8) P.A. to Principal Secretary, H & F.W. Deptt., Govt. of West Bengal, .
- 9) P.A. to Secretary, MD, NRHM/Director, SPSRC.
- 10) The P.A. to Special Secretary (MA) of this Deptt.
- 11) Guard file.

  
O.S.D. & Ex-Officio Joint Secretary (MA) to the  
Government of West Bengal.

**Annexure I: Duties & Responsibilities of Medical Officers (General Duty)**

**1. Preventive & Promotive Services**

1.1. Over and above the regular duties s/he will participate in national/State health programmes like (a) JSY, (b) NPCB, NVBDCP, RCH, IDSP etc. and initiatives like (a) baby friendly Initiatives, (b) National Initiative for patient safety, RSBY etc.

1.2. S/he will actively participate in school health programme, outbreak investigation and containment measures, health education programmes etc, when called for.

1.3. As a member of medical team, s/he will render care & services for cases outside the hospital like (a) Medical camp/ Medical relief camp; (b) screening/check-up camp; (c) VIP escort Duties; (d) Handicap certification camp; (e) Blood donation camp etc.

**2. Curative Services:**

2.1. Every Medical Officer will render care and services according to the expected level of skill and competency (Experience and Qualification). S/he will render (a) Emergency / Casualty based care/services; (b) Out-patient based care/service; and (c) In-patient based care/services as per the duty roster drawn up by the Hospital authority.

2.2. A GDMO will attend general OPD where s/he will conduct assessment and management of cases having problems that can be tackled by him. If the case needs specialist opinion, s/he will refer the case to the appropriate specialist. S/he may advice admission of a particular case if necessary under the concerned bed-in-charge.

2.3. Every Medical Officer will conduct a thorough assessment of the case through History taking & physical examination. S/he will try to arrive at a provisional diagnosis which will be duly recorded on the OPD / Bed head ticket. S/he will advice necessary investigative work-ups and review the results thereof. S/he will conduct a thorough assessment of the case not only for preparation of a treatment plan but also for issuance of certificates like (a) Physical fitness certificate, (b) handicap certificate; (c) Death Certificate etc. as per rule.

2.4. Based upon the diagnosis s/s/he will draw a management (treatment) plan for the individual case of OPD/IPD/Emergency as per 'Standard Treatment Guideline'. This will include advice for Pharmacological / Non-Pharmacological intervention. S/he will prescribe medicine according to good clinical practice including prescribing in generic names. S/he will refrain from over prescribing. Non-Pharmacological intervention will clearly mention different components like (a) Lifestyle modification, (b) Diet, (c) Physiotherapy, (d) Exercise, (e) Psychological support etc. as and when necessary.

2.5. S/he will carry out counseling of patient/his relatives during OPD consultation.

2.6. As the EMO, s/he will be responsible for the initial recognition, evaluation, management, care and disposition of patients with acute illnesses and injuries. As the medical officer in-charge of triage, s/he will (a) promptly identify patients with urgent, life-threatening conditions; (b) Assess/determine the severity and acuteness of the presenting problem; (c) administer first-aid and other appropriate treatment to the patient in order to stabilize; (d) administer appropriately and timely treatment and ensure patient care in the order of their clinical urgency; (e) allocate the patient to the most appropriate assessment and treatment area, observation bed/ward etc; (f) Re-evaluate the patients awaiting treatment.

2.7. As the EMO, s/he will (a) dispose of those patients along with necessary advice who do not require admission or further observation; (b) directly admit those patients in who need in-patient based care;

2.8. As the EMO, s/he will maintain the appropriate documentation regarding patients attending the emergency department particularly in medico-legal cases. All the treatment and patient care rendered by the nursing and paramedical staff at emergency should be under direct supervision of EMO.

2.9. As the EMO, s/he may refer the patients attending at emergency or already admitted as in-patient who need further treatment but which is not available at the institution at that material point of time in consultation with the Medical officer (Specialist) if available.

2.10. As the EMO, s/he will facilitate the process of transfer of patient and ensure proper referral arrangement. While referring the patient the EMO has to follow the available referral protocol and maintain the necessary documentation along with referral cards, referral registers other relevant records as per SOP etc. S/he will communicate the decision of referral and reasons thereof to the patient/party.

2.11. As the first on-call duty of the IPD, s/he will attend the call book for the emergency of cases admitted in IPD at once for initiation of assessment and treatment. If necessary, s/he will render appropriate intervention without waiting for the advice of the Bed-in-charge which will be intimated subsequently to the Bed-in-charge. S/he will report any fresh development (especially clinical deterioration) of the patient of IPD or emergency observation bed/ward to the concerned consultant promptly.

2.12. S/he will perform clinical/diagnostic short surgical procedures like vene-section, Lumber punctures, splint, suturing/dressing of critical wounds, CPR; Conduction of normal/assisted labour except for those cases where specialist intervention is absolutely necessary. In addition, s/he may have to assist the Medical officer (Specialist) to carry-out any procedure, minor or major surgery as and when called for.

2.13. Based upon the knowledge, skill and experience, her/his service may be utilized as Bed-in-charge as and when necessary by the Hospital Authority subject to the post-facto approval of the Department.

### **3. Legal & Statutory Services:**

3.1. If entrusted by the Superintendent, the Medical Officer will carry out various Medico-Legal duties like (a) Postmortem examination; (b) examination of the victim of sexual assault/rape; (c) examination of the accused of sexual assault/rape; (d) potency test; etc. as per Standard operating procedure. S/he will prepare and submit report of such examination within the stipulated time without fail.

3.2. If selected as a member of Handicap Certification Board s/he will examine the case, determine the level of impairment, and issue certification as per rules.

3.3. S/he will prepare all clinical records like (a) OPD Ticket; (b) Bed head ticket / continuation sheet, (Status, Advice and progress note etc.); (c) OT Register (noting of operation details) etc.

3.4. If selected/nominated, s/he will have to discharge her/his duties as a member of different committees like (a) RKS; (b) Purchase committee; (c) Condemnation disposal board; (d) Enquiry committee etc.

#### **4. Administrative Services:**

4.1. S/he will assist the Superintendent to ensure relevant record keeping by the nursing/para-medical staff like PRT Chart, Intake-output chart, medication chart, laboratory bench book etc. S/he will countersign the Admission / Consent Form.

4.2. S/he will participate in Medical Audit, Prescription Audit, Death Audit and clinical meetings. S/he will participate in research and studies only when directed/permitted to do so.

4.3. As a part of the administrative team, it is the responsibility of every Medical officer to extend all possible cooperation with the Hospital Authority for smooth running of the hospital not only restricted to patient care like: (a) 'on-spot supervision' of various aspects like Bio-medical Waste management, Sterility, Cleanliness, etc. particularly the compliance of SOP by support staff; (b) proper requisition of Investigations, Blood, Medicine, Medical Supplies and forms; (c) participation in joint round with the Superintendent when called for etc.

4.4. S/he will perform the entrusted responsibility in all quality Assurance Program taking place in the hospital which includes preparation of SOPs, documentation, internal audits, training and supervision of works performed by others etc.

4.5. S/he will report the instances of neglect or inattention or other breaches of discipline noticed by him to the Hospital Authority or in charge of the medical institution who will deal with them. S/he may freely consult the Hospital Authority on any point that may arise in connection with the treatment of patients.

4.6. S/he will have to (a) attend training / CME at trainee as well as trainer; (b) give necessary guidance & instructions to the nursing, para-medical and other support staff (Intern / House staff) etc. Her/his service may be utilized by the Department as teaching faculty for the medical/paramedical/ nursing courses organized by the Hospital Authority.

4.7. One of the Medical Officers (General duty) nominated by the Supdtt will act as the 'departmental in-charge' of Medical Record Deptt and another will act as 'departmental in-charge' of the Store (Medicine & Equipment). The Senior most (total service seniority) will to act as the 'departmental in-charge' of Emergency Deptt.

4.8. As the departmental in-charge, s/he will have carry out following duties: (a) to formulate and establish plans and procedures for the clinical/non-clinical services of related department (b) to direct and supervise activities of the department in accordance with established standards and policy guideline; (c) to schedule, assign and supervises activities of all the department personnel; (d) to review and forward the requisitions of supplies and equipment; (e) to conduct CME/ Hands-on-training for departmental staffs; and (f) to maintain the records of AMC/logbook of instrument

4.9. In addition to her/his normal duties, the senior on-duty EMO will assume the charges automatically and discharge all the administrative duties of the Superintendent during her/his

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short-absence particularly duties like (a) sending information to the PS regarding abscond of patient; (b) sending information to the heads of emergency support services like electrical, fire-fighting, water supply etc.

4.10. S/he will take administrative and financial charge of the Superintendent when entrusted to do so.

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**Annexure II: Duties & Responsibilities of Medical Officers (Specialist other than Radiology/ Pathology/Biochemistry/Anaesthesiology))**

**1. Preventive & Promotive Services**

1.1. Over and above the regular duties s/he will participate in national/State health programmes like (a) JSY, (b) NPCB, NVBDCP, RCH, IDSP etc. and initiatives like (a) baby friendly Initiatives, (b) National Initiative for patient safety, RSBY etc.

1.2. S/he will actively participate in school health programme, outbreak investigation and containment measures, health education programmes etc, when called for.

1.3. As a member of medical team, s/he will render care & services for cases outside the hospital like (a) Medical camp/ Medical relief camp; (b) screening/check-up camp; (c) VIP escort Duties; (d) Handicap certification camp; (e) Blood donation camp etc.

**2. Curative Services**

2.1. A Specialist will attend the specialist OPD of concerned discipline and conduct assessment and management of the selected cases referred by the MO/other specialists. Examination of some of the selected self-referral cases by the specialist may be allowed as per Hospital protocol. S/he will advice for (a) admission of the case; (b) continuation of treatment as OPD case or (c) appropriate referral.

2.2. As bed-in-charge, the specialist will primarily be responsible for the treatment and care of the patients who were admitted on her/his admission day. S/he will attend the cases in her/his charge daily. S/he will issue discharge certificate for the cases in her/his charge. S/he will have to take the charge of the patients admitted under another BIC as and when directed by the Superintendent including treatment and discharge thereof.

2.3. While on call-back duties, s/he will answer all emergent calls relating to her/his discipline and attend patients admitted under him and other BIC as and when necessary.

2.4. Each specialist/BIC will give round of wards at least twice daily. While giving round, a bed-in charge will examine the patient, review the clinical history and findings, review the management plan and draw up modified management plan. S/he will ensure that the directions regarding investigations and treatment given by him are being followed by the concerned staffs.

2.5. A Specialist of concerned discipline will have to carry out various surgical interventions like (a) Planned / Emergency Major surgery; (b) Planned / Emergency Minor surgery dressing; (c) Supervision of normal labour; (d) conduction of complicated labour (d) Therapeutic/diagnostic Endoscopy. If necessary s/he may take the assistance of a GDMO to carry-out the above-mentioned procedures

2.6. Before surgery, s/he will properly communicate the information regarding the procedure; tentative date of surgery; risks related with surgery; and the expected results after the operation to the patient/party. S/he will ensure that the informed consent from the patient/party has been obtained as per the protocol.

2.7. While carrying out surgical procedures, the specialist will (a) determine the necessity of surgical operations, estimating risks to patients, and decide the best suitable operating

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procedure; (b) ensure appropriate surgical instruments equipped in operation theatre; (c) ensure that the case is fit for surgery; (d) manage, plan, and schedule the surgery after analyzing the patient's physical condition along with a prioritization of surgeries amongst the crucial cases; (e) monitor the availability of required equipment, instrument and medical supplies in proper condition; (f) monitor the availability of required medical, nursing, para-medical personnel.

2.8. After carrying out the procedure, s/he will (a) prepare and maintain the operation note in details; (b) inform the patient/party about condition of the patient; (c) advice the post- surgery care to case; (c) inform the patient/party about the correct use, possible side-effect and precautions to be taken regarding implant, appliances etc.

### **3. Legal & Statutory Services:**

3.1. If entrusted by the Superintendent, the Medical Officer will carry out various Medico-Legal duties including preparation of reports thereof like (a) Postmortem examination; (b) examination of the victim; (c) examination of the accused etc. However, the concerned specialist has to be consulted as and when necessary like (a) opinion of Radiologist in age determination; (b) opinion of VD Specialist/Pathologist in case of impotency tests etc. S/he will have to attend court when summoned.

3.2. If selected as a member of Handicap Certification Board s/he will examine the case, determine the level of impairment, and issue certification as per rules.

3.3. S/he will prepare all clinical records like (a) OPD Ticket; (b) Bed head ticket / continuation sheet, (Status, Advice and progress note etc.); (c) OT Register (noting of operation details) etc.

3.4. If selected/nominated, s/he will have to discharge her/his duties as a member of different committees like (a) RKS; (b) Purchase committee; (c) Condemnation disposal board; (d) Enquiry committee etc.

### **4. Administrative Services:**

4.1. In addition to her/his regular duties, the specialist will have to act as in-charge of the concerned department. If there is more than one Specialist in a particular discipline, the senior most (Service senior) will act as departmental in-charge.

4.2. As the departmental in-charge, s/he will have carry out following additional duties: (a) to formulates and establish plans and procedures for the clinical/non-clinical services of related department (b) to direct and supervise activities of the department in accordance with established standards and policy guidelines; (c) to schedule, assign and supervises activities of all the department personnel; (d) to review and forward the requisitions of supplies and equipment; (e) to conduct CME/ Hands-on-training for departmental staffs; (f) to maintain the records of AMC/logbook of instrument and (f) to conduct studies and research program when permitted.

4.3. The in-charge of the department will coordinate with the Superintendent from time to time in planning joint administrative and technical programs and make recommendation for (a) maximum coordination of the clinical services with other patients services; and (b) optimal utilization of beds, Operation theaters and other facilities.

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- 4.4. S/he will monitor relevant record keeping by the nursing/para-medical staff like PRT Chart, Intake-output chart, medication chart, laboratory bench book etc. S/he will countersign the Admission / Consent Form.
- 4.5. S/he will participate in Medical Audit, Prescription Audit, Death Audit and clinical meetings. S/he will participate in research and studies only when directed/permitted to do so.
- 4.6. As a part of the administrative team, it is the responsibility of every Medical officer to extend all possible cooperation with the Hospital Authority for smooth running of the hospital not only restricted to patient care like: (a) 'on-spot supervision' of various aspects like Bio-medical Waste management, Sterility, Cleanliness, etc. particularly the compliance of SOP by support staff; (b) proper requisition of Investigations, Blood, Medicine, Medical Supplies and forms; (c) participation in joint round with the Superintendent when called for etc.
- 4.7. S/he will perform the entrusted responsibility in all quality Assurance Program taking place in the hospital which includes preparation of SOPs, documentation, internal audits, training and supervision of works performed by others etc.
- 4.8. S/he will report the instances of neglect or inattention or other breaches of discipline noticed by him to the Hospital Authority who will deal with them. S/he may freely consult the Hospital Authority in charge on any point that may arise in connection with the treatment of patients.
- 4.9. S/he will have to (a) attend training / CME at trainee as well as trainer; (b) give necessary guidance & instructions to the nursing, para-medical and other support staff (Intern / House staff) etc. Her/his service may be utilized by the Department as teaching faculty for the medical/paramedical/ nursing courses organized by the Hospital Authority.
- 4.10. Her/his service may be utilized as EMO as and when necessary.
- 4.11. S/he will take administrative and financial charge of the Superintendent when entrusted to do so.

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**Annexure III: Duties & Responsibilities of Medical Officers (Specialist:  
Pathology/Microbiology/Biochemistry)**

**1. Preventive & Promotive Services**

1.1. Over and above the regular duties s/he will participate in national/State health programmes like (a) JSY, (b) NPCB, NVBDCP, RCH, IDSP etc. and initiatives like (a) baby friendly Initiatives, (b) National Initiative for patient safety, RSBY etc.

1.2. S/he will actively participate in school health programme, outbreak investigation and containment measures, health education programmes etc, when called for.

1.3. As a member of medical team, s/he will render care & services for cases outside the hospital like (a) Medical camp/ Medical relief camp; (b) screening/check-up camp; (c) VIP escort Duties; (d) Handicap certification camp; (e) Blood donation camp etc.

**2. Curative Services**

2.1. When a patient is referred for diagnostic laboratory tests, a pathologist will evaluate the patient's medical history, examine the patient and draw the appropriate procedural plan regarding the use of one or several methods of laboratory tests to diagnose disease, injury or condition. This will include consulting with the Concerned MO (Specialist) and working with other medical professionals as and when necessary.

2.2. After choosing the appropriate procedural plan, s/he will either direct the staff to carryout the procedure under her/his supervision or will carry out the procedure by her/himself where her/his expertise is needed like collection of throat swab, examination of histopathology etc.

2.3. S/he will take appropriate measures prior to, during and following tests. This may involve preparing the patient for laboratory testing by providing instructions or explaining procedures to patient/party in a way understandable to them.

2.4. After testing, s/he will examine the findings to diagnose the patient's disease, injury or condition. This may include correlating laboratory findings with other examinations and tests, recommending further evaluation for new tests or repetition of old tests or periodic evaluation and working with the patient's referring Specialist to make decisions on the next phase of diagnosis as and when necessary. S/he will interpret and analysis the results of diagnostic test and prepare a report thereof.

**3. Legal & Statutory Services:**

3.1. If entrusted by the Superintendent, the Medical Officer will carry out various Medico-Legal duties including preparation of reports thereof like (a) Postmortem examination; (b) examination of the victim; (c) examination of the accused etc. However, the concerned specialist has to be consulted as and when necessary like (a) opinion of Radiologist in age determination; (b) opinion of VD Specialist/Pathologist in case of impotency tests etc. S/he will have to attend court when summoned.

3.2. If selected as a member of Handicap Certification Board s/he will examine the case, determine the level of impairment, and issue certification as per rules.

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3.4. S/he will prepare all clinical records like (a) OPD Ticket; (b) Bed head ticket / continuation sheet, (Status, Advice and progress note etc.); (c) OT Register (noting of operation details) etc.

3.5. If selected/nominated, s/he will have to discharge her/his duties as a member of different committees like (a) RKS; (b) Purchase committee; (c) Condemnation disposal board; (d) Enquiry committee etc.

#### **4. Administrative Services:**

4.1. In addition to her/his regular duties, the specialist will have to act as in-charge of the department for laboratory services. If there is more than one Specialist in a particular discipline, the senior most (Service senior) will act as Departmental in-charge

4.2. As the departmental in-charge, s/he will have carry out following additional duties: (a) to formulate and establish plans and procedures for the clinical/non-clinical services of related department (b) to direct and supervise activities of the department in accordance with established standards and policy guidelines; (c) to schedule, assign and supervises activities of all the department personnel; (d) to review and forward the requisitions of supplies and equipment; (e) to conduct CME/ Hands-on-training for departmental staffs; (f) to maintain the records of AMC/logbook of instrument and (f) to conduct studies and research program when permitted.

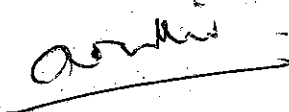
4.2. As the in-charge of the department, s/he will be responsible for (a) the evaluation and maintenance of a quality control program (IQ & EQAS) to ensure instrumentation credibility and reliability (b) the use of appropriate technique to ensure quality laboratory results; (c) the use of techniques and education that will minimize infection exposure to patients and health care personnel etc. S/he will also participate in the proficiency testing, EQAS of the laboratories as and when directed by the appropriate Hospital Authority.

4.3. As the in-charge of the department, s/he will advise the Hospital Authority on kind and quantity of medical laboratory supplies and equipment including procurement and maintenance thereof. S/he will coordinate clinical laboratory services with other medical activities.

4.4. As the in-charge of the department, s/he will be responsible for (a) Hospital Infection control committee; (b) Central sterile supply Depot; (c) All the laboratories of the hospital including blood bank lab, ICTC lab RNTCP lab and Central Combined laboratory if any; (d); supervision of work of agencies under annual maintenance contract and certification thereof; (g) disposal of laboratory wastes; (h) opinion as an expert in case of condemn-disposal board etc.

4.5. S/he will render assistance to the Superintendent to ensure that all the laboratory investigation cases are catered to on the same day of requisition or within shortest possible time. S/he will supervise the requisition dates given for any laboratory services. S/he will render assistance to the superintendent for preparation of the duty roster of the staff attached to the laboratory service department.

4.5. S/he will participate in Medical Audit, Prescription Audit, Death Audit and clinical meetings. S/he will participate in research and studies only when directed/permited to do so.



4.6. As a part of the administrative team, it is the responsibility of every Medical officer to extend all possible cooperation with the Hospital Authority for smooth running of the hospital not only restricted to patient care like: (a) 'on-spot supervision' of various aspects like Bio-medical Waste management, Sterility, Cleanliness, etc. particularly the compliance of SOP by support staff; (b) proper requisition of Investigations, Blood, Medicine, Medical Supplies and forms; (c) participation in joint round with the Superintendent when called for etc.

4.7. S/he will perform the entrusted responsibility in all quality Assurance Program taking place in the hospital which includes preparation of SOPs, documentation, internal audits, training and supervision of works performed by others etc.

4.8. S/he will report the instances of neglect or inattention or other breaches of discipline noticed by him to the Hospital Authority or in charge of the medical institution who will deal with them. S/he may freely consult the Hospital Authority in charge on any point that may arise in connection with the treatment of patients.

4.9. S/he will have to (a) attend training / CME at trainee as well as trainer; (b) give necessary guidance & instructions to the nursing, para-medical and other support staff (Intern / House staff) etc. Her/his service may be utilized by the Department as teaching faculty for the medical/paramedical/ nursing courses organized by the Hospital Authority.

4.10. Her/his service may be utilized as EMO as and when necessary.

4.11. S/he will take administrative and financial charge of the Superintendent when entrusted to do so.

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**Annexure IV: Duties & Responsibilities of Medical Officer (Specialist: Radiology)**

**1. Preventive & Promotive Services.**

1.1. Over and above the regular duties s/s/he will participate in national/State health programmes like (a) JSY, (b) NPCB, NVBDCP, RCH, IDSP etc. and initiatives like (a) baby friendly Initiatives, (b) National Initiative for patient safety, RSBY etc.

1.2. S/he will actively participate in school health programme, outbreak investigation and containment measures, health education programmes etc, when called for.

1.3. As a member of medical team, s/he will render care & services for cases outside the hospital like (a) Medical camp/ Medical relief camp; (b) screening/check-up camp; (c) VIP escort Duties; (d) Handicap certification camp; (e) Blood donation camp etc.

**2. Curative Services.**

2.1. When a patient is referred for diagnostic imaging tests, a radiologist will evaluate the patient's medical history, examine the patient and draw the appropriate procedural plan regarding the use of one or several methods of imaging services to diagnose disease, injury or condition. This can include consulting with the patient's referring MO and working with other medical professionals as and when necessary.

2.2. After choosing the appropriate procedural plan, s/he will either direct the staff to carry out the procedure under her/his supervision or will carry out the procedure by himself where her/his expertise is needed like Ultrasonography etc and/or administration of substances orally or by injection to provide images of internal structures and organs in the patient's body. S/he will take appropriate measures prior to, during and following procedures. This may involve preparing the patient for radiological testing by providing instructions or explaining procedures to patient/party in a way understandable to them

2.3. After completion of tests, s/he will examine the findings to diagnose the patient's disease, injury or condition. This may include correlating image findings with other examinations and tests, recommending further evaluation for new tests or repetition of old tests or periodic evaluation and working with the patient's referring Specialist to make decisions on the next phase of diagnosis as and when necessary. S/he will interpret and analysis the results of diagnostic test and prepare a report thereof.

**3. Legal & Statutory Services.**

3.1. If entrusted by the Superintendent, the Medical Officer will carry out various Medico-Legal duties including preparation of reports thereof like (a) Postmortem examination; (b) examination of the victim; (c) examination of the accused etc. However, the concerned specialist has to be consulted as and when necessary like (a) opinion of Radiologist in age determination; (b) opinion of VD Specialist/Pathologist in case of impotency tests etc. S/he will have to attend court when summoned.

3.2. If selected as a member of Handicap Certification Board s/he will examine the case, determine the level of impairment, and issue certification as per rules.

3.3. S/he will prepare all clinical records like (a) OPD Ticket; (b) Bed head ticket / continuation sheet, (Status, Advice and progress note etc.); (c) OT Register (noting of operation details) etc.

3.4. If selected/nominated, s/he will have to discharge her/his duties as a member of different committees like (a) RKS; (b) Purchase committee; (c) Condemnation disposal board; (d) Enquiry committee etc.

#### **4. Administrative Services:**

4.1. In addition to her/his regular duties, the specialist will have to act as in-charge of the department for imaging services. If there is more than one Specialist in a particular discipline, the senior most (Service senior) will act as Departmental in-charge.

4.2. As the departmental in-charge, s/he will have carry out following additional duties: (a) to formulate and establish plans and procedures for the clinical/non-clinical services of related department (b) to direct and supervise activities of the department in accordance with established standards and policy guidelines; (c) to schedule, assign and supervises activities of all the department personnel; (d) to review and forward the requisitions of supplies and equipment; (e) to conduct CME/ Hands-on-training for departmental staffs; (f) to maintain the records of AMC/logbook of instrument and (f) to conduct studies and research program when permitted.

4.2. S/he will render assistance to the Superintendent to ensure that all the imaging service cases are catered to on the same day of requisition or within shortest possible time. S/he will supervise the requisition dates given for any imaging services. S/he will render assistance to the superintendent for preparation of the duty roster of the staff attached to the imaging service department.

4.3. S/he will assist Superintendent in (a) the evaluation and maintenance of a quality control program to ensure instrumentation credibility and reliability (b) the utilization of appropriate technique to ensure quality diagnostic images; (c) the use of techniques and education that will minimize radiation exposure to patients and health care personnel; and (d) maintenance of ready available stock of medical supplies and equipment.

4.3. S/he will assist Superintendent in (a) implementation of the AERB guidelines and Radiation safety measures (including updating licenses); (b) compliance of provision of PC-PNDT Act

4.4. As the departmental in-charge s/he will discharge duties like (a) determination of age of victims/accused in Medico-legal cases; (c) supervision of work of agencies under annual maintenance contract and certification thereof; (d) disposal of used x-Ray films, hypo solutions and other reagents; (e) use of TLD badges; (f) opinion as an expert in case of condemn-disposal board etc.

4.5. S/he will participate in Medical Audit, Prescription Audit, Death Audit and clinical meetings. S/he will participate in research and studies only when directed/permited to do so.

4.6. As a part of the administrative team, it is the responsibility of every Medical officer to extend all possible cooperation with the Hospital Authority for smooth running of the hospital not only restricted to patient care like: (a) 'on-spot supervision' of various aspects like Bio-medical Waste management, Sterility, Cleanliness, etc. particularly the compliance of SOP by support staff; (b) proper requisition of Investigations, Blood, Medicine, Medical

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Supplies and forms; (c) participation in joint round with the Superintendent when called for etc.

4.7. S/he will perform the entrusted responsibility in all quality Assurance Program taking place in the hospital which includes preparation of SOPs, documentation, internal audits, training and supervision of works performed by others etc.

4.8. S/he will report the instances of neglect or inattention or other breaches of discipline noticed by him to the Hospital Authority or in charge of the medical institution who will deal with them. S/he may freely consult the Hospital Authority in charge on any point that may arise in connection with the treatment of patients.

4.9. S/he will have to (a) attend training / CME at trainee as well as trainer; (b) give necessary guidance & instructions to the nursing, para-medical and other support staff (Intern / House staff) etc. Her/his service may be utilized by the Department as teaching faculty for the medical/paramedical/ nursing courses organized by the Hospital Authority.

4.10. Her/his service may be utilized as EMO as and when necessary.

4.11. S/he will take administrative and financial charge of the Superintendent when entrusted to do so.

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**Annexure V: Duties & Responsibilities of Medical Officer (Specialist: Anaesthesiology)**

**1. Preventive & Promotive Services**

1.1. Over and above the regular duties s/he will participate in national/State health programmes like (a) JSY, (b) NPCB, NVBDCP, RCH, IDSP etc. and initiatives like (a) baby friendly Initiatives, (b) National Initiative for patient safety, RSBY etc.

1.2. S/he will actively participate in school health programme, outbreak investigation and containment measures, health education programmes etc, when called for.

1.3. As a member of medical team, s/he will render care & services for cases outside the hospital like (a) Medical camp/ Medical relief camp; (b) screening/check-up camp; (c) VIP escort Duties; (d) Handicap certification camp; (e) Blood donation camp etc.

**2. Curative Services**

2.1. Her/his duty is to administer various type of anesthetics sedation or anesthesia whether general anesthesia, regional anesthesia with sedation to render patient insensible to pain during medical/surgical procedures, manipulation or setting of fractures, deliveries and other therapeutics, diagnostics procedure, imaging services, ECT in psychiatry and examination under anaesthesia.

2.2. S/he will coordinate and confer with surgeons/physicians in administering anesthesia before any medical/surgical procedures and develop a general plan of anesthesia care regarding method and type of effective sedation and anesthesia best adapted to patient's condition and risk involved.

2.3. Before and after the scheduled procedure, s/he will conduct a pre- and post- anesthesia and pre- and post-analgesia check-up and assessment of patient by history taking, clinical examination, and diagnostic tests to determine degree of risk, type of pre-anesthetic sedation and anesthetic to be administered. S/he will maintain appropriate documentation thereof.

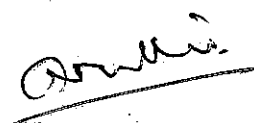
2.4. The anesthesiologist will have a consultation with each patient/party before the scheduled procedure to explain the benefits and risks of the type of sedation s/he will be administering. S/he will ensure that the informed consent from the patient/party has been obtained as per the standard protocol and the same is attached with the BHT.

2.5. S/he will position patient on operating table and administer anesthetic as prescribed by general medical standards. The anesthesiologist is responsible for administering the patients' sedation medication on the day of their schedule procedure.

2.6. S/he will inspect equipments before anesthesia, to determine that it is working properly. If working improperly, makes adjustments or substitute equipment.

2.7. S/he will monitor and assess patient's vital signs and ABCs, fluid input and output; placing IVs or central lines as necessary to deliver IV fluids, drugs, or blood or blood products etc. before, during, and after procedure. S/he will observe and monitor the anesthetized patient for complications, adverse reactions, and initiate remedial measures.

2.8. S/he will maintain records regarding the amount and type of anesthesia and pain relievers administered and condition of patients prior to and throughout anesthesia, pre-aneasthetic and





post anesthetic medication, and conditions of patients at close of procedure and any other relevant clinical notes as per standard protocol.

2.9. The anesthesiologist will (a) make the patient feel as comfortable as possible and (b) keep the patient stable during the procedure.

2.10. S/he is responsible for the patient's care during the initial post-operative period in the recovery room. S/he will determine and decide when patients have recovered or stabilized enough to be sent to another room or ward or to be sent home (in case of outpatient surgery).

2.11. S/he must attend the patient without delay, if called for, to administer treatment to patients in case of post anesthetic complications.

2.12. Besides giving anesthetic care for procedures, s/he will (a) attend CCU/ITU and administer CPR, ventilation measures or any other respiratory care; (b) administer sedation/anesthetics for diagnostic or imaging procedures.

### **3. Legal & Statutory Services:**

3.1. If entrusted by the Superintendent, the Medical Officer will carry out various Medico-Legal duties including preparation of reports thereof like (a) Postmortem examination; (b) examination of the victim; (c) examination of the accused etc. However, the concerned specialist has to be consulted as and when necessary like (a) opinion of Radiologist in age determination; (b) opinion of VD Specialist/Pathologist in case of impotency tests etc. S/he will have to attend court when summoned.

3.2. If selected as a member of Handicap Certification Board s/he will examine the case, determine the level of impairment, and issue certification as per rules.

3.3. S/he will prepare all clinical records like (a) OPD Ticket; (b) Bed head ticket / continuation sheet, (Status, Advice and progress note etc.); (c) OT Register (noting of operation details) etc.

3.4. If selected/nominated, s/he will have to discharge her/his duties as a member of different committees like (a) RKS; (b) Purchase committee; (c) Condemnation disposal board; (d) Enquiry committee etc.

### **4. Administrative Services:**

4.1. In addition to her/his regular duties, the specialist will have to act as in-charge of the department for anesthesiology. If there is more than one Specialist in a particular discipline, the senior most (Service senior) will act as Departmental in-charge.

4.2. As the departmental in-charge, s/he will have carry out following additional duties: (a) to formulate and establish plans and procedures for the clinical/non-clinical services of related department (b) to direct and supervise activities of the department in accordance with established standards and policy guidelines; (c) to schedule, assign and supervises activities of all the department personnel; (d) to review and forward the requisitions of supplies and equipment; (e) to conduct CME/ Hands-on-training for departmental staffs; (f) to maintain the records of AMC/logbook of instrument and (f) to conduct studies and research program when permitted.

- 4.2. S/he will be responsible for (a) the evaluation and maintenance of a quality control program to ensure instrumentation credibility and reliability (b) the utilization of appropriate technique to ensure quality anesthesia / sedation; (c) the use of techniques and education that will minimize infection exposure / drug inhalation to patients and health care personnel; and (d) maintenance of ready available stock of medical supplies and equipment.
- 4.3. S/he will advise the Hospital Authority on kind and quantity of medical anaesthetic supplies and equipment including procurement and maintenance thereof. S/he will coordinate clinical laboratory services with other medical activities.
- 4.4. The anesthesiologist in-charge of the department will be responsible for (a) supervision of work of agencies under annual maintenance contract and certification thereof; (b) opinion as an expert in case of condemn-disposal board etc.
- 4.5. S/he will participate in Medical Audit, Prescription Audit, Death Audit and clinical meetings. S/he will participate in research and studies only when directed/permited to do so.
- 4.6. As a part of the administrative team, it is the responsibility of every Medical officer to extend all possible cooperation with the Hospital Authority for smooth running of the hospital not only restricted to patient care like: (a) 'on-spot supervision' of various aspects like Bio-medical Waste management, Sterility, Cleanliness, etc. particularly the compliance of SOP by support staff; (b) proper requisition of Investigations, Blood, Medicine, Medical Supplies and forms; (c) participation in joint round with the Superintendent when called for etc.
- 4.7. S/he will perform the entrusted responsibility in all quality Assurance Program taking place in the hospital which includes preparation of SOPs, documentation, internal audits, training and supervision of works performed by others etc.
- 4.8. S/he will report the instances of neglect or inattention or other breaches of discipline noticed by him to the Hospital Authority or in charge of the medical institution who will deal with them. S/he may freely consult the Hospital Authority in charge on any point that may arise in connection with the treatment of patients.
- 4.9. S/he will have to (a) attend training / CME at trainee as well as trainer; (b) give necessary guidance & instructions to the nursing, para-medical and other support staff (Intern / House staff) etc. Her/his service may be utilized by the Department as teaching faculty for the medical/paramedical/ nursing courses organized by the Hospital Authority.
- 4.10. Her/his service may be utilized as EMO as and when necessary.
- 4.11. S/he will take administrative and financial charge of the Superintendent when entrusted to do so.

  
Joint Secretary (MA)