On the basis of the findings of this study, it may be opportune to offer some recommendations in the interest of the Scheme, insured persons and the employer. Prima facie, it appears that the present standard of medical care is not adequate. Though the sickness rate as well as the certification rate was inexplicably high, the number of referrals constituted only a low percentage of the total number of sicknesses.

1. **Employee State Insurance Scheme**

   The Employee State Insurance Scheme should aim at extending the medical care and sickness benefit to insured persons, suffering from all types of illnesses including Dental, Cancer, Dental, Skin, Leprosy and Venereal diseases which are now outside the scope of the scheme.

2. **N.H.I. Medical Cards**

   The N.H.I. Medical Cards should be redesigned to include additional information on specific occupation, number of dependent members, income or pay, separate columns for treatment certificates, and referrals and duration of each spell.

3. **Dependents in Medical Cards**

   All columns in Medical Cards must be filled up correctly, completely, and legibly with ink by the insurance medical practitioner alone according to the administrative circulars and must be adequate. It must
be uptodate. It must also go as a mandatory directive to the insurance medical practitioners rather than obligatory as at present.

(4) **Inspection of List:**
Notification in respect of sick and re-enrolled insured workers should be given to L.M.F. within reasonable time to avoid the long delay as at present.

(5) **Statistical Details:**
The statement in respect of diseases and various medical services should be collected and analyzed by a routine by qualified statisticians with the help of medical under either at L.M.F.'s office or to be sent to the statistics branch of the Directorate for routine analysis.

(6) **Regeometry and Inspectors Maintained by Insurance Medical Practitioners:**
Extensive, intensive and frequent inspections should be made by a large number of inspecting staff rather than by a few as at present. It appears that more strictness should be exercised on medical certificate by the referees.

(7) **Panel System:**
The panel system should be replaced by service system as an exclusively whole time servant meant for insured person to ensure better attention or care.

(8) **Size of Panel:**
So long as the panel system is maintained, the ceiling limit in respect of size of the panel should not exceed 500 so that each
panel doctor can do justice to the sick insured persons to the same extent as to their private patients.

(5) Procedure of Medical Survey:

At present a considerable time is taken by the panel doctor to diagnose cases with consequent delay in treating them. It is proposed that the dispensaries should be based on polyclinic system and should be fully equipped by staff with salaried doctors.

The fundamental aim and fruitful objective of the R.I.I. scheme is to reduce morbidity to a minimum in a community through a health check-up system of the insured persons at certain intervals so that the approaching sickness or disease may be prevented by timely and appropriate care. Any expenditure in the initial stage will give ample return in the long run. The following may be adopted for the purpose:

(1) Periodic diagnostic survey or case-finding survey among industrial workers by a team of experts consisting of a Clinician, a Laboratory Worker, or a Radiologist.

(2) Compulsory periodic checking of health of insured persons through the establishment of a large number of polyclinics.

(3) Compulsory anticiapatory measures against prevalent and potential diseases through immunotherapy, vitamin therapy and chemotherapy.

(4) The Factory act in respect of age and medical examination of the workers during recruitment to minimize morbidity conditions in the age group below 25 years should be enforced and the potential sick workers screened out.
(v) Strict enforcement of Factory Act and rules through supervisory checking in respect of sanitation, hygiene, working hours, protective devices against industrial hazards, lighting, ventilation, floor space and safe disposal of industrial and public wastes and poisonous gases and safe water supply by the combined inspecting staff from Health Directorate, Factory Inspectorate, Boiler Inspectorate and Labour Directorate might be taken as preventive measures to increased sickness.

(vi) To improve the standard of medical care the medical practitioners selected within the panel system or service system should undergo a special training organized by the N.I.I. Scheme for the industrial population just as in the military service special training is given to the new recruits to make them fit for the service.

(vii) Zonal Polyclinics or diagnostic health centres should be opened at an early date replacing the prevalent specialist service centres.

(viii) Hospitals, exclusively for insured persons with all modern equipment and appliances and experienced specialists on the basis of one bed for every 1000 insured persons should be opened.

(ix) Liberal and free ambulance service for all areas should be introduced.