

specialist services for the time being subject to benefit from the Fund) until after the expiration of one month from the delivery of a detailed account to the patient. During the month the patient would be at liberty to refer the account to a Local Investigating Committee (referred to elsewhere in the report), which would have power, conferred by regulations, to say whether the charges were fair and reasonable having regard to the general practice of the profession and the circumstances of the case, and if excessive, to what amount they should be reduced. There should be a further provision enabling a Court to refer proceedings, pending before it for the recovery of medical charges, to the appropriate Local Investigating Committee for its views.

28. *Limitation of Number of Attendances.*—The Committee discussed the practicability of prescribing limits to the number of patients to be seen daily or, alternatively, of prescribing a limit to the amount payable from the Fund to an individual practitioner. It considered that, in view of the wide variation in local conditions, types of patients, and the capacity of practitioners, no fixed or arbitrary limits could be prescribed. Nevertheless, there are substantial grounds for believing that an average of, say, thirty attendances daily is the maximum number practicable for an efficient and conscientious practitioner, and the Committee considers that Local Investigating Committees should be vigilant to investigate cases which habitually exceed the figure mentioned. The Committee was informed that it was the intention of the Association to address its divisions throughout the country on these general lines.

29. *Transitional Provisions.*—The system of remuneration for general practitioner services now recommended is intended to be universally applied except in approved special areas where the practitioner is remunerated on a salary basis and except where the practitioner confines his practice to the capitation system. The suggestion has been made, however, that a number of medical practitioners might be reluctant to agree to operate under the system recommended in this report and that some special transitional provision be made for these cases. The Committee recommends that the Minister should have power to allow the present refund system for doctors who elect to operate thereunder if such doctors have in fact wholly operated under the present refund system since its inception in 1941. The Committee believes that there are very few practitioners who might want to take advantage of that special provision and that those few belong to the older generation of practitioners.

## SPECIALIST MEDICAL SERVICES

30. *Range of Services.*—The Committee discussed at length methods by which benefits might be made available in respect of all specialist medical services not already the subject of benefit.

The full range of classes of specialists which the Committee had under consideration was as follows :—

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|------------------------------------|----------------------------|
| (1) Medicine—                      | (3) Obstetrics.            |
| General.                           | (4) Eye.                   |
| Pediatrics.                        | (5) Ear, nose, and throat. |
| Dermatology.                       | (6) Pathology.             |
| Tuberculosis.                      | (7) Anæsthetics.           |
| Psychiatry.                        | (8) Radiology.             |
| Physical medicine.                 |                            |
| (2) Surgery—                       |                            |
| General.                           |                            |
| Urology.                           |                            |
| Orthopædic.                        |                            |
| Gynæcology.                        |                            |
| Plastic or reconstructive surgery. |                            |
| Neuro-surgery.                     |                            |