

40. *Shortage of Specialists.*—Evidence was furnished to the Committee showing that at present the requirements of the various hospital districts call for a further fifty specialists, and serious hardship is being caused to the public by their absence. In particular, there is an urgent shortage of radiologists; eye, ear, nose and throat specialists; and (perhaps to a less degree) orthopædic specialists.

The only possibility of early relief is to attract specialists from overseas. This, however, is unlikely to provide more than a small proportion of our needs, and the long-term view should be to encourage the growth of specialism amongst our own graduates. Measures which the Committee consider should be undertaken in this direction are:—

- (i) The “open hospital” system should as far as possible be put into operation. This is the system whereby visiting medical staff are obtained by selection from doctors practising in the district—as contrasted with a “closed hospital” where the medical staff is entirely internal:
- (ii) The encouragement of the full and satisfactory use, on staffs of hospitals generally, of young practitioners with some of the chief specialists’ qualifications is very desirable. Many of these practitioners after their entrance to private practice find it difficult to procure part-time hospital appointments and the accompanying practical experience, without which their development as specialists is at present in many cases very definitely delayed:
- (iii) Additional specialist registrarships in the larger hospitals should be established:
- (iv) Bursaries should be given to encourage selected men to obtain specialist qualifications, and positions should be assured to them upon qualifying.
- (v) The Association might devote further consideration to the ways in which it could assist to find a solution to the problem.

MATERNITY BENEFITS

41. The Committee found general satisfaction experienced in the operation of these benefits as affecting medical services, and there was a notable absence of complaints to the Department except in one respect mentioned in the next paragraph. Machinery already exists in section 12 of the Social Security Amendment Act, 1939, for dealing with any revision required from time to time in the amounts of the benefits, and the Committee understands that this machinery has functioned satisfactorily.

42. There have been complaints from time to time as to the amount of the fees charged by some of the recognized obstetric specialists to their patients over and above the amount paid from the Fund. For this reason the Committee has suggested in paragraph 27 a procedure whereby the fees claimed by all medical practitioners, whether specialists or general practitioners, should be subject to review by a Local Investigating Committee. It was felt that this machinery, if adopted, should remove any justified complaints of over-charge whether by obstetric specialists or other practitioners.

43. The Committee considered that the defects pointed out in the report of the committee set up by the New Zealand Obstetrical and Gynæcological Society in 1946 under the chairmanship of Dr. T. F. Corkill have been adequately dealt with in the subsequent report of the executive of the Society, and understands that the main recommendations of the Society have been, or are being, given effect to.

44. The Committee approved the general principle that, except so far as it is necessary to allocate a minimum number of beds for the training of medical students and midwives and for post-graduate training in obstetrics, every patient should have the right to be attended by the doctor of her choice. It was considered that the opening of the new St. Helens Hospitals was too far in the future for a precise recommendation to be made as to the allocation of their beds. The principle that private maternity hospitals should be maintained and encouraged was approved.