

63. Provision should be made for the submission of complaints by beneficiaries, concerning the care received and by members of the medical or allied professions concerning their relations with the administration of the service, to appropriate arbitration bodies under conditions affording adequate guarantees to all parties concerned.

64. The professional supervision of the members of the medical and allied professions working for the service should be entrusted to bodies predominantly composed of representatives of the professions participating with adequate provision for disciplinary measures.

65. Where, in the proceedings referred to in paragraph 63, a member of the medical or allied professions working for the service is deemed to have neglected his professional duties, the arbitration body should refer the matter to the supervisory body referred to in paragraph 64.

Standard of Professional Skill and Knowledge

66. The highest possible standard of skill and knowledge should be achieved and maintained for the professions participating both by requiring high standards of education, training and licensing and by keeping up to date and developing the skill and knowledge of those engaged in the service.

67. Doctors participating in the service should be required to have an adequate training in social medicine.

68. Students of the medical and dental professions should, before being admitted as fully qualified doctors or dentists to the service, be required to work as assistants at health centres or offices, especially in rural areas under the supervision and direction of more experienced practitioners.

69. A minimum period as hospital assistant should be prescribed among the qualifications for every doctor entering the service.

70. Doctors wishing to furnish specialist service should be required to have certificates of competence for their speciality.

71. Doctors and dentists participating should be required periodically to attend post-graduate courses organized or approved for this purpose.

72. Adequate periods of apprenticeship at hospitals or health centres should be prescribed for members of allied professions, and post-graduate courses should be organized and attendance periodically required for those participating in the service.

73. Adequate facilities for teaching and research should be made available at the hospitals administered by or working with the medical care service.

74. Professional education and research should be promoted with the financial and legal support of the State.

V. FINANCING OF MEDICAL CARE SERVICE

Raising of Funds under Social Insurance Service

75. The maximum contribution that may be charged to an insured person should not exceed such proportion of his income as, applied to the income of all insured persons, would yield an income equal to the probable total cost of the medical care service, including the cost of care given to qualified dependants as defined in paragraph 6.

76. The contribution paid by an insured person should be such part of the maximum contribution as can be borne without hardship.

77. Employers should be required to pay part of the maximum contribution on behalf of persons employed by them.

78. Persons whose income does not exceed the subsistence level should not be required to pay an insurance contribution. Equitable contributions should be paid by the public authority on their behalf: Provided that in the case of employed persons, such contributions may be paid wholly or partly by their employers.

79. The cost of the medical care service not covered by contributions should be borne by taxpayers.

80. Contributions in respect of employed persons may appropriately be collected by their employers.

81. Where membership of an occupational association or the possession of a license is compulsory for any class of self-employed persons, the association or the licensing authority may be made responsible for collecting contributions from the persons concerned.

82. The national or local authority may be made responsible for collecting contributions from self-employed persons registered for the purpose of taxation.

83. Where a scheme of social insurance for cash benefits is in operation, contributions both under such scheme and under the medical care service may appropriately be collected together.

Raising of Funds under Public Medical Care Service

84. The cost of the medical care service should be met out of public funds.

85. Where the whole population is covered by the medical care service and all health services are under unified central and area administration, the medical care service may appropriately be financed out of general revenue.

86. Where the administration of the medical care service is separate from that of general health services, it may be appropriate to finance the medical care service by a special tax.

87. The special tax should be paid into a separate fund reserved for the purpose of financing the medical care service.

88. The special tax should be progressively graded and should be designed to yield a return sufficient for financing the medical care service.

89. Persons whose income does not exceed the subsistence level should not be required to pay the tax.

90. The special tax may appropriately be collected by the national income tax authorities or, where there is no national income tax, by authorities responsible for collecting local taxes.