37. *Quantum of Specialist Benefits.*—A number of scales of benefits for the various specialist services will require to be settled, but it was quite impracticable for the Committee to deal with this difficult and technical matter other than in a general way. Section 12 of the Social Security Amendment Act, 1939, provides machinery which has worked well in practice in the settlement of the fees payable for medical services in relation to maternity benefits. The Committee contemplates that provision would be made so that the benefits in respect of specialist services would be fixed by agreement between the Minister and the Association in much the same way as the section just referred to provides for the fixation of fees in relation to maternity benefits. It is to be remembered, however, that those fees are (except in the case of obstetric specialists) accepted in full satisfaction of the practitioner's charges. The section is therefore not altogether apt, and regulations would be necessary to prescribe, with respect to the different specialist services, the methods of fixing the scales of benefits which would not necessarily be accepted by the practitioner in full satisfaction of his charges.

38. For the better appreciation of the problems involved in determining scales of specialist benefits the Committee gave some consideration to the amount of benefit that might be payable in respect of specialist consultations. Its discussions centred around the following points:—

(*a*) Should the amount of the benefits in relation to specialist consultations bear the same proportion to the fees for consultation customarily charged as the amount of the General Medical Services benefit of 7s. 6d. bore to the fee of 10s. 6d. which had been the prevailing charge for an ordinary general practitioner consultation?

For most classes of specialists the prevailing consultation fees (which have remained unaltered over a period of years) are £2 2s. for an initial consultation and £1 1s. for a subsequent consultation. The amount of benefit from the Social Security Fund will require to be settled in accordance with two principles, that of making the service substantially free on the one hand and that of providing some deterrent against excessive demands on the specialists on the other hand. In the Committee's view the sums payable from the Fund in respect of the specialist consultations referred to should not exceed 30s. and 15s. respectively for an "initial" and a "subsequent" consultation.

(*b*) Should the benefit in relation to specialist consultations be limited to one or more of the cases where:—

(i) The patient is referred to the specialist by a general practitioner:
(ii) The specialist is a full-time specialist:
(iii) The specialist certifies that the service given is in fact of a genuinely specialist nature?

(*c*) Should there be special provision for a weekly benefit in respect of attendances on patients in private hospitals, where no operation is involved?

(*d*) Should there be a differentiation as to the specialist benefit between services rendered by a full-time specialist on the one hand, and those rendered by a part-time specialist on the other hand?

On all these questions the Committee found need for close investigation and consideration, which could be best undertaken in detail in the negotiations that will be necessary for the settlement of the scales of benefits.

39. As has been mentioned in paragraph 11, the Committee is conscious that the provision of adequate specialist medical services free or substantially free of cost will involve the Fund in further heavy commitments. The Committee had not the information which would enable it to estimate the amount likely to be required, nor indeed could any estimate be attempted until the scales of fees referred to in paragraph 37 have been settled. The Committee recognized that any decision as to the introduction of benefits in respect of specialist services must take seriously into account the financial obligations involved.