

(Serial No. 1942 3), there is a provision which empowers the Minister to refer to the appropriate committee for investigation a complaint as to excessive prescribing, &c. If the committee so recommends, the Minister may impose certain penalties on the practitioner concerned.

The Committee considers that it will be necessary to amplify the provisions of the regulations dealing with general medical services so as to enable more effective control to be exercised in cases of over-visiting, excessive number of patients seen, and the like; and it recommends that there be set up a Disciplinary Committee of members of the Association to which the Minister will refer for investigation and report all complaints against medical practitioners arising out of any of the regulations relating to medical benefits, and that provision be made for imposing penalties where the Disciplinary Committee so recommends.

54. The Committee suggests, however, that the Disciplinary Committee's functions should not be confined to advising the Minister in cases of alleged breaches of the various Social Security regulations, but that it should have jurisdiction to deal with all complaints relating to the professional conduct of medical practitioners not at present falling within the jurisdiction of the Medical Council. At the present time the only provision in force enabling disciplinary powers to be exercised against practitioners are those contained in section 22 of the Medical Practitioners Act, 1914, and section 6 of the Medical Practitioners Amendment Act, 1924. These powers are, however, exercisable only in cases of "grave impropriety or infamous conduct in a professional respect." They do not apply to minor irregularities or misconduct in practice. It appeared to the Committee that there was a general opinion amongst members of the profession in favour of the constitution of a domestic body to exercise disciplinary powers in cases that were not serious or grave enough to invoke the powers conferred upon the Medical Council. If the profession is to give the assistance, which this report contemplates it will, in the control of its own members in all matters relating to medical benefits then the case for such a domestic disciplinary body becomes much stronger. The Committee accordingly recommends that, in addition to the advisory functions referred to in paragraph 53, the suggested Disciplinary Committee should have jurisdiction to hear and determine all complaints of professional misconduct against practitioners not serious enough to give rise to the preferment of a charge of grave impropriety or infamous conduct before the Medical Council.

55. The setting-up of a Disciplinary Committee having the powers and functions recommended in this report would involve appropriate amendments to the Medical Practitioners Act, 1914. The suggestion that a committee of the Association should exercise disciplinary powers over all practitioners also gives rise to the question whether all registered practitioners should not have an automatic right to membership of the Association.

LOCAL INVESTIGATING COMMITTEES

56. It was considered that a Central Disciplinary Committee would be unable to exercise satisfactorily the powers suggested in the preceding paragraphs of this report unless it were assisted by Local Investigating Committees in each health district. The functions of a Local Investigating Committee (consisting of members of the Association together with a medical officer of the Department) would be to make preliminary investigations into complaints against the practitioners in the district, whether such complaints were made by the Department of Health or by patients, and to obtain explanations from the practitioner concerned. It would then decide whether the complaint merited further inquiry by the Disciplinary Committee, and in particular whether a charge should be preferred against the practitioner concerned.