

exercised the minds of the Committee. To what extent this is due to unsatisfactory financial conditions of employment it is difficult to say, but this aspect of the problem should be investigated. There was information before the Committee that the divergence between the monetary rewards of private practice and the salaries paid to full-time medical public servants had already occasioned difficulty in filling positions, and it may be expected that this difficulty will continue in the future. The view of the Committee is that the position should be carefully watched and that consideration be given for the betterment of conditions of service, and emoluments derived therefrom, for salaried officers in general.

MEDICAL EDUCATION

63. The Committee gave some time to a consideration of the length of the immediate post-graduate hospital experience of the newly-qualified practitioner. The Committee was concerned that the desirable custom of graduates taking a full-time post in one of the larger hospitals for at least one year was liable to be affected by the attractions of early entrance into practice, and felt that the matter was of such importance that the question of making such post-graduate experience compulsory deserved full investigation by the appropriate authorities.

64. The Committee has in paragraph 40 hereof set out its recommendation that the policy of the open-hospital system should as far as possible be put into operation in order to assist in the training of specialist practitioners. There are other phases of medical education that arise when consideration is given to the general quality of the service. There is, for instance, a growing realization that the general practitioner does not work as closely as he might with public health, nursing, and other agencies actively concerned with the care and treatment of patients. This defect is only partly due to omissions to develop administrative arrangements for such contact, and is perhaps mainly due to lack of appreciation of the scope and functions of these other agencies. Essentially it is a problem of medical education. The Committee considered that there is need for greater contact between general medical practitioners and the public hospitals, particularly in the following directions :—

- (a) Clinical courses of instruction for general practitioners of the district should be encouraged to as great an extent as possible :
- (b) The fullest possible information should be exchanged between the hospital and the general practitioner as regards the treatment and progress of the patient.

At the risk of trespassing beyond its order of reference the Committee feels that it should draw attention to the importance of these matters and the advantages to be gained from closer co-operation in these directions.

SUMMARY OF RECOMMENDATIONS

65. The following is a summary of the Committee's recommendations :—

ADMINISTRATION

(1) (a) That steps be taken to place upon the medical profession itself as a body a large measure of responsibility for the ethical behaviour of its members and for the general quality of all medical services afforded in relation to benefits (para. 10).

(b) That there be established a General Advisory Committee recognized by the Minister as the principal consultative and advisory body in matters affecting medical services (para 52).