

(c) That there be constituted a central Disciplinary Committee to make recommendations to the Minister on complaints relating to breaches of regulations governing benefits in respect of medical services, and to deal with other complaints relating to professional conduct other than matters for the Medical Council (para. 53).

(d) That there be established in each health district a Local Investigating Committee whose function would be to make preliminary investigation into complaints against medical practitioners (para. 56).

GENERAL PRACTITIONER SERVICES

(2) (a) That no practitioner be permitted to practise under both the capitation system and the fee-for-service system at the same time (para. 14).

(b) That the system of remuneration by salary be adopted only in those remote areas where it is necessary to assure a definite income to the doctor (para. 15).

(c) That there be only one fee-for-service method of payment from the Fund—namely, a method by which the medical practitioner shall be required to claim on the Fund on behalf of the patient the appropriate amount payable from the Fund for the service, and apply that amount in full or part settlement of his charge for the service (para. 19).

(d) That the practice of obtaining patients' certificates be discontinued, but that other checks be imposed (para. 21).

(e) That the amounts payable from the Fund be limited substantially to the amounts at present paid, except that "up to 10s." be paid for a domiciliary visit instead of 7s. 6d. as at present (para. 22).

(f) That where the only service is to repeat a prescription no payment be made either from the Fund or by the patient (para. 22).

(g) That consideration be given to the question of increasing the present mileage rate of 1s. 3d. per mile on the condition that the payment from the Fund is accepted in full satisfaction of the practitioner's charge for mileage (para. 23).

(h) That section 8 of the Social Security Amendment Act, 1941, under which the right to recover fees from patients is restricted, be replaced by a provision permitting recovery of fees, but only after one month of the delivery of a detailed account, the patient to have the right in the meantime to refer the account to the Local Investigating Committee (paras. 26 and 27).

(i) That, as a transitional measure after the new fee-for-service system is adopted, the Minister be empowered to approve the continuance of the present refund system for those practitioners who have wholly practised that system since its inception in 1941 and desire to continue to do so (para. 29).

SPECIALIST MEDICAL SERVICES

(3) (a) That the benefits in respect of specialist medical services not already the subject of benefits be made available under a method by which the specialist will be required to claim on the Fund, on behalf of the patient, a prescribed amount for the particular service and apply it in full or part settlement of his charge for the service (para. 32).

(b) That legislative provision be made for the official recognition of specialists of different kinds, somewhat similar to that already provided for the recognition of obstetric specialists (para. 35).

(c) That the scale of benefits payable from the Fund be fixed by agreement between the Minister and the Association by a procedure similar to that adopted with respect to medical services in relation to maternity benefits (para. 37).