

(d) That additional measures to overcome the shortage of specialists include the adoption of the "open hospital" system of medical staffing as far as possible, the employment in hospitals on visiting staffs of more young practitioners with specialist qualifications, the creation of additional specialists registrarships, and the granting of bursaries to selected men to obtain specialist qualifications (para. 40).

PHARMACEUTICAL

(4) (a) That the principle of part payment by the patient be adopted in respect of pharmaceutical requirements (para. 48).

(b) That the present Formulary issued by the Department be revised and extended with a view to its general adoption as a standard of prescribing (para. 49).

(c) That the present machinery for dealing with abuses, supplemented by the powers which it is suggested be conferred on the Local Investigating Committee, be invoked in all cases where there appears to be reasonable evidence of unnecessary or over prescribing (para. 49).

GROUP SERVICES

(5) That proposals for the provision of medical services for groups of individuals in factories, boarding schools, &c., covering preventive or curative services, or both, be submitted to the Association for their consideration (para. 50).

HEALTH CENTRES

(6) That the establishment of joint health and medical centres should be encouraged, but before their establishment full agreement should be reached through the Association with medical practitioners in the areas affected as to methods of administration, types of work and other conditions (para. 51).

DISTRIBUTION OF PRACTITIONERS

(7) That Medical Officers of Health, with the assistance of local divisions of the Association, maintain a continuous survey of the requirements of every area (para. 59).

SALARIED MEDICAL POSTS

(8) That regional consultative medical committees be set up to advise these Hospital Boards who have no local consultative committee in the making of medical appointments (para. 61).

MEDICAL EDUCATION

(9) That, to improve the contact between hospitals and practitioners—(a) clinical courses of instruction for general practitioners should be encouraged, and (b) there should be the fullest possible exchange of information between the hospital and general practitioner as regards the treatment and progress of the patient (para. 64).

We have the honour to be,

Madam,

Your obedient Servants,

T. P. CLEARY, Chairman.

W. F. BUIST.

ALAN PARK.

E. DOUGLAS PULLON.

D. S. WYLIE.

DUNCAN COOK.

L. C. McNICKLE.

A. V. KEISENBERG.