

(3) BEDS

As at 31st March, 1947, there were available 13,822 public-hospital beds, or 7·8 per 1,000 of population. Of these, 1,428 were maternity beds. There were also 2,717 private-hospital beds, or 1·5 per 1,000 of population, of which 819 were maternity beds.

The total of public and private hospital beds is 16,539. This does not include mental hospitals or certain charitable institutions.

During the year, some 800 beds were closed in Auckland and Wellington owing to shortage of staff, while one or two wards were closed for the same reason at several provincial hospitals.

(4) CONTROLS OF HOSPITAL BOARD EXPENDITURE

The Budget announcement of 1946 stated that it is the view of the Government that a greater measure of control of Hospital Board Expenditure should be exercised. A number of Conditions of Employment Advisory Committees were set up to consider the salary scales of various classes of employees. The nurses' salary scale was embodied in the form of regulations on 14th April, 1948. Various other classes of employees have been, or will be, considered by appropriate Salary Advisory Committees.

Hospital Boards Expenditure Regulations were gazetted on 19th February, 1948, by which the Minister may from time to time, by notice in writing, fix the maximum amount which a Hospital Board may spend in the then current or next ensuing financial year on any specified item or class of expenditure, and that on receipt of such a notice it shall be illegal for a Hospital Board to spend any sum in excess of the amount so fixed.

No notice has as yet been issued under this last regulation.

(5) APPOINTMENT OF STAFF BY HOSPITAL BOARDS

Before appointing medical officers, matrons, secretaries, and engineers, Hospital Boards are required to submit the list of applicants for the recommendation of the Minister, but Boards are at liberty to appoint any applicant, even if the Minister is not prepared to approve the applicant selected by the Board.

There have been occasions when Boards have made, or proposed to make, rather unsatisfactory appointments, in spite of the Minister's or the Department's advice. The question arises as to whether the Minister should have power to veto an appointment which is not considered satisfactory.

It is also considered that other officers who are not covered by the present Act, such as architects and principal dietitians, should be subject to recommendation by the Minister before appointment and should possibly be subject to veto by the Minister. A more satisfactory solution would be that the majority of hospital employees should be members of a unified service, with a system of classification, and with the right to promotion within the service. Certain medical specialists such as radiologists, eye, ear, nose, and throat surgeons, orthopaedic surgeons, and others are at present in short supply, and will become much more so when specialist benefits are introduced. It is