

nation and possibly the adoption of certain amendments. It is not necessary to take a lot of time to explain the purpose of the bill, but members of this House should have some information as to the reason the bill was proposed in the first place and passed in the Senate on June 12. There has been some delay because of certain considerations embodied in the amendments we hope will be studied by the committee.

This bill relates to the National Dental Examining Board of Canada, and the original bill contains the request that the National Dental Examining Board be given the right to set uniform examinations for dentists and dental specialists throughout Canada. In addition it asked for the association the privilege of setting examinations for a group or groups of dental auxiliaries.

I should point out that six provinces were unwilling or not ready to accept the provisions of this bill as there had not been enough negotiations with dental bodies or societies. They would not consent at the time the Minister of National Health and Welfare (Mr. Lalonde) brought this to their attention. As a result of further discussion with dental bodies, it was decided they still wanted a bill that would allow the national examining board to set Canada-wide examinations, and reference to auxiliaries has been deleted.

There is a distinct advantage in having uniform examinations for both general practitioners and specialists in the dental field. Heretofore, these examinations have been carried on at the provincial level. This has created certain difficulty in that dentists graduating from a university in one province were compelled to take a second examination when moving to another province. It is the consensus of the profession that this bill be adopted in order to achieve portability.

There is one other factor involved. The association wishes to provide uniform examinations of a high standard. This would be to the advantage of not only the dentists but to the public as well. I think one might find a parallel in what has been taking place in the field of medical examinations. Doctors not only write university examinations in order to obtain a degree, but must also write an examination provided by a licensing board. When I graduated I wrote my university examination. I could have then written the Ontario College of Physicians and Surgeons examination or alternatively I could write the examination of the Medical Council of Canada. I wrote the examination of the Medical Council of Canada because I did not know in which province I wished to practise. Specialist examinations in respect of doctors for many years have been set by the Royal College of Physicians and Surgeons of which I am a Fellow, and more recently, in respect of dentists, the Royal College of Dentists has been formed to supervise the requirements in respect of specialist training and licensing. By the common consent of both dentists and dental specialists, the request for a Canadian board was accepted and finally the Dental Examination Board was formed. The para-medical groups have gradually built up. This was a very natural thing because they help doctors carry out their duties. I should like to talk about New Zealand.

Dental Examining Board

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New Zealand has recognized these groups, and similar groups in the dental profession, for many years. In New Zealand, there has been a very enlightened state medical and dental program. In the case of the medical people again, the para-medical groups consist of people such as nurses, physiotherapists, laboratory technicians, rehabilitation technologists, optometrists, chiroprodists, x-ray technicians and so on. In the case of optometry, there is a separate and independent college. Their field is relegated to providing spectacles. They are not regarded as diagnosticians or eye physicians. The ratio of doctors to para-medical personnel is somewhere in the region of one to one.

In the case of dental auxiliaries there have been very many types of technicians. Such people as denturists received an impetus from the requirements of the armed forces during the Second World War. Others have been gradually developed as helpers to the dental profession and frequently have received training in the dentist's office. Gradually, certain groups developed, such as dental assistants, dental technicians and dental technologists. The ratio of dentists to dental auxiliaries is about one to 0.4, which is about two and one-half times less than in the case of the medical profession. Because medical treatment occurs as a first step in a doctor's office, skilled help is not often required there unless a large treatment clinic has been formed. So, the technical side of medicine, including the above mentioned list, has centred around hospitals. Nurses have their own examining boards as do most other auxiliary groups.

There has been considerable argument in the case of the dentists that the auxiliaries were being used by dentists to increase their professional net income. Particularly in the case of denturists the work is almost purely technical and the professional dental supervision is not required to a great extent. The denturists claim that dentures are too expensive, and if people were allowed to go to them directly the price could be cut in two. This, of course, is debatable. Part of the difficulty has been the system of fees both in medicine and in dentistry, which are set out by the associations for distinct individual procedures.

Before medical insurance was instituted, and before any type of social medicine was brought in, doctors sent out their bill and of course did not expect to get paid by more than 50 per cent to 70 per cent of the patients. With the advent of insurance schemes, the number of bills paid increased to 75 per cent or 80 per cent and with medicare it is now a universal payment. Now, 10 per cent is withheld which means that the doctors receive 90 per cent of their bookings paid in full. This, in turn, has led to high medical professional incomes and naturally has raised a storm of criticism directed at the medical profession. The solution to this problem cannot be made this afternoon, but it is obvious that changes in the delivery of medical care will have to undergo a fundamental alteration. This is apparent both to doctors and citizens alike.

It should be stated here that in most countries hospital care is excellent but the biggest differences one discerns in countries such as the United States, Great Britain or even Russia are in the realm of primary and minor medical treatment. This perhaps is a little aside, but I think per-