tion. The area where need for information and the presence of misinformation is most apparent is in the field of function—the activities of physicians in the delivery of medical care and the identification of their needs and motivation in relation to continuing education.

There is sore need for support within the nonuniversity setting for the measurement and evaluation of continuing education to assure its efficiency and pertinence. Additional need relates to the measurement and evaluation of the physician's performance, so that he can be helped to become more efficient and productive in the delivery of medical care. In short, we should be attempting now to identify *what* we should teach and *what changes in behavior* we are trying to bring about through continuing education.

ESTABLISH REGIONAL UNITS

It would seem of great importance that within each of the Regional Medical Programs there be one or more nonuniversity hospital granted funds to construct and staff units to measure and devaluate systemically patient care and its delivery, thus to assist in determing need, content, and motivation in continuing education. These units should be staffed by physicians, educational personnel, and sociologists. Because each region by definition is singular in quality, it is probable that each region will have sufficiently different needs to require difference in approach and measurement techniques. To establish just one or two national institutions or units involved in this type of research would be inefficient and insufficient. This investigative function cannot be carried on in the university setting, for we are studying a nonuniversity organism.

Once identification has been begun of need, content, and pertinence in relation to continuing education, it will be necessary to ensure that sufficient educationally oriented, able and motivated individuals are present within each community hospital (or available to it) to ensure productive usage of the information gleaned and facilities added. This assurance, in the form of trained personnel, might vary across a spectrum encompassing highly skilled, formally trained educators in the larger and more complex hospitals, to individual staff members who have had the opportunity to receive additional understanding in educational philosophy, skills, and techniques in smaller hospitals and communities. One might regard these individuals as the "marriage counselors" of our simile. They are vitally important to a marriage that has little solid foundation in previously existent love or mutual respect between its partners.

Only after the establishment and support of competent and productive continuing education programs should attention be turned to large-scale support of patient care facilities. While such devotion to competence in continuing education, orientation, and ability would somewhat delay the construction of actual physical facilities for more omplex and sophisticated patient care, the delay would serve to ensure that these facilties would be properly utilized by physicians. Some programs could be coordinate and concurrent. Caring for patients is, after all, the primary purpose for the existence of our entire medical care system.

A PLEA FOR ACTION

In summary, this presentation is a plea for a cogent and logical progression of activity in relation to Regional Medical Programs, perhaps the most important portion of the socially oriented legislation that has arisen in recent years. By simile, it is a request for good, sound premarital discussion and orientation by the groom and the father-in-law to ensure that the bride of our "marriage" has the knowledge and the necessary appliances and counsel to keep house properly.

Community hospitals and their health professionals must be properly prepared to accept and use the knowledge that will pour from the perviously sclerotic communications pipeline. The medical care system must have initial funding support for identification of educational need and provision of educational space and personnel. Such funding will prepare it for the proper and productive utilization of the health care system and facilities to be established in the future as the result of coordinated regional and community planning for the delivery of medical care.

To paraphrase Winston Churchill, "We are not at the end, nor the beginning of the end, but perhaps we are at the end of the beginning." It is of vital importance that we be sure that this "beginning" represents a solid foundation for a productive and functional future.