Mr. ROGERS. Yes.

Dr. MARTIN. This increases each year from part time in the first year dealing with patients, more in the second.

Mr. ROGERS. How much time would you think?

Dr. MARTIN. Probably no more than 10 percent of the first year and then it will run 25 percent of the second year and the third and fourth year it is a 100 percent. They are dealing with patients most of the time.

Mr. ROGERS. And then, they are closely supervised——

Dr. MARTIN. They are closely supervised.

Mr. ROGERS. In this area?

Dr. MARTIN. Now, the intern then takes one step to being unsupervised for periods and his supervision is periodic. As a resident, his supervision is less periodic until finally then he is on his own.

Mr. ROGERS. Do you see any possibility of working out a 4-year course, say, where you could qualify them to treat in basic diseases and ability to recognize major problems?

Dr. MARTIN. I think that to change the character is a dangerous phenomenon because when you as a patient come to see the physician, he does not know whether that cold is a cold or the beginning of some rapidly fatal and fulminating disease. So at that initial contact is when we need our most competent man because——

Mr. ROGERS. But, he does not go to the specialist necessarily, does he?

Dr. MARTIN. No. He does not, but I say we need at that initial contact of his, our most competent man. Now, I think one of the things that is misleading in many of the things that are presented, when one says 69 percent are specialists, a significant number of those specialists are going to be pediatricians and internists and pediatricians and internists really are a new kind of general practitioner. They limit their practice to an age group but an internist will generally see practically any part of medicine when he sees you the first time. Now, if it is a heart condition, he may also refer you on. I think that in addition to worrying about this whole area, I think that you people should look seriously also at the system of medical care because I thought, as some conversation went on before, if we were building automobiles by the use of a village blacksmith or a cottage industry, we would have serious problems in giving everybody that wants a car a car.

Therefore, I think we have to look in addition to the kind of people, to ways of organizing the system. There are all kinds of data on how much we could use ancillary or auxiliary or medical health-related personnel, and I think that is going to be a fruitful area.

Mr. ROGERS. Let me ask you this. Some of the foreign schools, are they not just 4-year schools?

Dr. MARTIN. Some of the foreign schools are 4-year schools; yes, sir.

Mr. ROGERS. And yet, they come and practice in this country without, I understand, supposedly not without supervision.

Dr. MARTIN. I think one has to look at the foreign system of education, too, because many of the men finishing a foreign high school are further along toward their basic training in biology than they are in our high school before they transfer.

Mr. ROGERS. Would this be true in Latin America?