TALKING POINT

Survey of community paediatric posts in England in 1981

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Since 1974 a prime task of the specialist in community medicine (child health) has been to integrate the child health services.¹ The training of doctors in paediatrics and community child health and the opportunity for doctors in different branches of the service to work together has been identified as a key feature of integration.^{2,3} There is increasing interest in potential community paediatric experience for junior hospital medical staff, including general practitioner trainees, and in the attachment of clinical medical officers (CMOs) and senior clinical medical officers (SCMOs) to hospital paediatric departments. Between January and October 1981 I conducted a survey of community paediatric posts. These posts were defined as junior paediatric, CMO, or SCMO posts that combined work (not attachment only) in a hospital paediatric department, including a developmental assessment centre, or in a maternity hospital working with neonates, with work in community child health clinics and in schools. Work in ENT, child psychiatry and child guidance, genetics, ophthalmology, and adult medicine was not included.

Method and results

A questionnaire was sent in January 1981 to regional conveners of the Association of Specialists in Community Medicine (Child Health) in England with a request that copies should be circulated to each SCM or acting SCM (child health) in each area for completion and direct return to me. A follow-up letter was sent to conveners in March and letters to non-respondent areas in April. Draft results were discussed at the annual general meeting of the association in June and circulated to all members of the association for comment and amendments. At this stage a further question was asked about the representation for CMOs in paediatric or paediatric and child health divisions (or similar bodies). Replies were discussed at a meeting of regional conveners in September, and it was agreed that results would be presented at the position at 30 September 1981.

Information was received from 84 of the 90 areas in England. Titles such as principal physician and fellow in community paediatrics were taken as the nearest equivalent—for example, SCMO and registrar respectively. Details of sessions and training courses were included: these were too complex to tabulate but they provided information about the range of experience in the different posts. Numbers of senior house officer (SHO), registrar, senior registrar, CMO, and SCMO posts with linked experience are given in the table.

Eleven areas had no community paediatric posts. Thirty-three had at least one SHO post, 12 at least one registrar post, 13 at

least one senior registrar post, 32 at least one CMO post, and 58 at least one SCMO post. The following areas had three or more hospital-based posts and three or more community-based posts: Avon, Bedfordshire, Birmingham, City and East London, Gloucestershire, Kingston, Lambeth, and Liverpool. There were wide variations in areas between numbers of posts and numbers of sessions—for instance, eight SHO posts, three sessions per week; five CMO posts, 16 sessions per week. Comparison of total sessions in each category for all areas showed an average of about four sessions per SHO post, two per registrar post, four per senior registrar post, three per CMO post, and five per SCMO post. The content of the posts for SHOs most commonly included a few sessions in child health clinics. Some posts included four to six months' experience of community work including clinics, schools, day nurseries, and handicap assessment. Day nurseries and special schools featured in registrar and senior registrar posts, which also ranged from one session to 10. CMO and SCMO posts usually contained a small number of sessions in hospital, most commonly in out-patients or developmental assessment clinics. Some posts included on-call work. Some SCMO posts are senior registrar community paediatric training posts by another name. DCH courses provided the principal source of theoretical and practical training. Courses in child development (usually day-release courses) and some specially arranged courses for vocational training in community paediatrics were also available. Only eight areas reported that CMOs or SCMOs were represented on a paediatric division or similar group—Avon, Derbyshire, Hampshire, Kingston, Liverpool, Oldham, Oxfordshire, and Somerset.

Discussion

The survey showed an encouraging existence of community paediatric posts in England. In a climate of severe financial restriction opportunities for creating new posts since 1974 have not been extensive, but there have been possibilities for adapting posts. It is particularly pleasing that so many SHO and CMO posts include joint experience of hospital and community paediatrics. At a more senior level there is a need to formalise arrangements. Representation of CMO and SCMOs on a paediatric child health organisation would improve the development of posts. The Joint Committee for Higher Medical Training has recommended for some years an optional year in community paediatrics for senior registrars, but no area has such a post officially on rotation. I have organised unofficial rotations in Oxford and Liverpool that have provided a senior registrar with at least one full year's experience of community paediatrics before obtaining a consultant paediatric post.

Integration of community paediatric posts in England seems to be following the example described in 1979 for a district in South Wales,⁴ and the survey suggests that two major recommendations of the Court Committee³—general practitioners with special training in community paediatrics, and consultant paediatricians with special skills in developmental, educational, and social paediatrics—may be a reality. Subsequent reports

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Community paediatrics posts

Health authority	SHO	Registrar	Senior registrar	CMO	SCMO	Total
Northern RHA: Cleveland	1	1				2
Cumbria						
Durham	1					1
Northumberland	1					1
Gateshead					3	3
Newcastle	1	1	1			3
North Tyneside	1				2	3
South Tyneside						
Sunderland	1					1
Yorkshire RHA: Humberside	1			1	4	6
North Yorkshire			No reply			
Bradford					2	2
Calderdale	1				1	2
Kirklees	5				2	7
Leeds		1			4	5
Wakefield					4	4
Trent RHA: Derbyshire ..				1	2	3
Leicestershire	1				1	2
Lincolnshire	2			1	2	5
Nottinghamshire		2	2			4
Barnsley						
Doncaster				2		2
Rotherham	4				2	6
Sheffield	1	1		1	1	4
East Anglia RHA:						
Cambridgeshire						
Norfolk		1				1
Suffolk					3	3
North-west Thames RHA:						
Bedfordshire	5			5	2	12
Hertfordshire	2			1	5	8
Barnet	3					3
Brent and Harrow					2	2
Ealing				1	3	4
Hillingdon					2	2
Kensington, Chelsea and Westminster		2			8	10
North-east Thames RHA:						
Essex			No reply			
Barking				10		10
Camden						
City and East London ..	2		1	6	5	14
Enfield				5	1	6
Redbridge				4	4	8
South-east Thames RHA:						
East Sussex			2			2
Kent			No reply			
Greenwich and Bexley ..				1	1	2
Bromley			No reply			
Lambeth	5	1	2	1	2	11
South-west Thames RHA:						
Surrey				2	2	4
West Sussex						
Croydon				1	4	5
Kingston	5	1	1		2	9
Merton, Sutton and Wandsworth	1				4	5
Wessex RHA: Dorset ..	1				1	2
Hampshire						
Wiltshire				1	2	3
Isle of Wight	1					1
Oxford RHA: Berkshire ..					6	6
Buckinghamshire				2	4	6
Northamptonshire		1		3	3	7
Oxfordshire				1	2	3
South Western RHA: Avon	8		2	2	5	17
Cornwall and Isles of Scilly	1				1	2
Gloucestershire	8			1	3	12
Somerset	1			1		2
Devon	1	1			4	6
West Midlands RHA:						
Hereford and Worcester-shire			No reply			
Salop			No reply			
Staffordshire				6	4	10
Warwickshire	3				2	5
Birmingham	7		2	1	4	14
Coventry	1				2	3
Dudley				1	3	4
Sandwell					4	4
Solihull						
Walsall					2	2
Wolverhampton			1		4	5
Mersey RHA: Cheshire ..					2	2
Liverpool	2	4	3	2	2	12
St Helens and Knowsley	1				2	3
Sefton				1		1
Wirral				1	2	3
North Western RHA:						
Lancashire				1	6	7
Bolton					1	1
Bury	1	1		3		5
Manchester			1	4		5
Oldham					1	1
Rochdale						
Salford					2	2
Stockport					1	1
Tameside					1	1
Trafford						
Wigan			1		1	2
	80	17	16	73	155	341

and papers on "core" training for child health,^{5,6} and training for CMOs in child health services,^{7,8} have emphasised the need for a flexible system of integration of paediatric and child health posts to provide the best possible training for general practitioners (CMOs) and consultants (SCMOs) of the future. The roots of such a system seem to exist in England.

I should like to thank colleagues in the Association of Specialists in Community Medicine (Child Health).

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Financial directions to health authorities

The Secretary of State has issued financial directions to health authorities to come into effect from 1 April 1982 (HC(82)3). The first relates to internal financial control. Though authorities will have delegated executive responsibility for carrying out their duties to teams of officers, members should exercise financial supervision and control by requiring the submission and approval of budgets of important procedures and financial systems, including the need to get value for money, and by defining specific responsibilities placed on officers. The circular states that budgets should be set within the constraints of the sums available. Each team should have a collective responsibility for the total of budgets provided for the functions delegated to it by the authority. That responsibility should include the monitoring and control of such budgets and of any reserves included in them. Within a team the treasurer should have a special responsibility for monitoring budgets and for providing information and advice as necessary.

It has been decided that family practitioner committees will be given separate corporate status in the near future, and FPCs have not been mentioned in the direction. But it should be applied to the transitional arrangements, and a comprehensive circular on the interim arrangements and on the relationship between district health authorities and FPCs will be issued shortly (p 682).

The second direction is on expenditure control (cash limits). Treasurers will be instructed to frame attributable expenditure budgets within the totals of the sum allotted (the cash limit) and income and to forecast the expected pattern of expenditure for each month of the year. The direction requires authorities to instruct their team of officers to take all necessary action to avoid overspending.