Reis (24 February, p 559) draws attention to the gross discrepancy in the remuneration accorded to ophthalmic opticians and ophthalmic medical practitioners under the general ophthalmic service. Very politely he regards this state of affairs as a "great peculiarity." Might I suggest that it is more like a scandal.

It is true that ophthalmic medical practitioners have very little industrial muscle but this gross discrepancy must cease. Can nothing be done about it?

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PPP plan for BMA members

SIR,—Although Mr J G W Gelling of Private Patients' Plan (24 February, p 556) informs us that the outpatient benefit under the BMA scheme is to be increased to £80, the fact remains that the sum available for outpatient investigation remains small. With the use of modern non-invasive techniques outpatient investigation is increasingly possible. Unless the patient needs to be in bed on medical grounds it seems better that he is not admitted and at the same time he then saves the provident association the cost of the hospital accommodation, which could equal or exceed the cost of the investigations. Could Mr Gelling please tell us why any restriction is needed? Provided the investigations are accepted as necessary, as is the case if they are ordered by a recognised specialist, is it not to PPP's financial advantage if they can be done on an outpatient basis?

All three major provident associations have some form of restriction on outpatient investigation, which often leads to patients' having a specialist consultation privately but having investigations on the National Health Service. This seems to me undesirable for several reasons, including the fact that it restricts the amount of private practice available to those who do the investigations.

Private practice is beginning to look unattractive to laboratory workers as a result, with the long-term effect of making private medicine dependent on the National Health Service for investigations, which could have serious consequences under a left-wing administration. To avoid the waiting list for an outpatient appointment by paying for a single private consultation but then to enjoy the expensive technical facilities of the National Health Service at no cost is surely queue jumping, whatever the colour of one's politics. Private medicine should support its own facilities as much as possible and I urge the provident associations to reconsider their policies in the light of modern technical development.

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Training in paediatrics and child health

SIR,—In a report from the GMS Committee (24 February, p 569) Dr P S Carter is quoted as opposing any requirement for further paediatric training after vocational training for general practitioners who would undertake child health services in the context of primary care. He comments that "if after five years' undergraduate work, one year's registration, and three years' vocational training a doctor could not be trained to do general practice

paediatrics, there must be something wrong in the training."

I wonder if Dr Carter appreciates just how little time is in fact spent in paediatrics and child health during the time he mentions. In most medical schools only 8-12 weeks of the undergraduate curriculum is spent in paediatrics. It is true that some time may also be spent in general practice but only a proportion of this will be concerned with children. In the preregistration year it is exceptional for any paediatric experience to be gained; and in vocational training only six months is spent wholly in paediatrics, together with an undefined amount of time during the general practice component of the vocational training period. This short period of training compares with at least one year of training in adult disease in the undergraduate curriculum, one year of preregistration experience in adult disease, and a further considerable period of adult training in the general practice vocational training programme. We are told that about 30% of the time of a general practitioner is already occupied with the problems of children; if to this we add the very considerable time that will need to be spent in the preventive aspects of child health if the child health services are to be provided in the context of primary care by general practitioners, then I think it is clear that the time spent in training for work with children is pathetically small compared with that considered necessary for work with adults.

Concern has been expressed in many quarters regarding the poor performance of the UK in the child health services; the latest of these expressions appeared in the February issue of the *BMA News Review*. Surely it is not too much to expect that doctors who wish to provide comprehensive child health services for their patients should be prepared to take the necessary additional training.

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Clinical medical officers in a child health service

SIR,—We welcome your leading article on the state of community medicine (17 February, p 438) and the correspondence which followed (3 March, pp 611 and 612), in which Professor S D M Court describes a generic service, a "third force," as unacceptable. We would entirely agree, and not only for the child health service. Doctors working in family planning need to relate to departments of obstetrics and gynaecology if they are to maintain their standards of excellence, just as those working in child health need to relate to departments of paediatrics. Some of the other aspects of the concept of a generic service put forward by Dr J R Preston's working party seem scarcely viable. For instance, our association has found that consultant geriatricians do not recognise the supposed need for a "third force" in their specialty; they seem much more concerned with getting more nurses and social workers. Dr Preston needs to make a far more cogent case for his third force if yet more government money is not to be wasted on ill-informed schemes.

Dr Preston's working party also has some woolly thoughts on the subject of consultant community doctors. Our members are clear that their work is mainly in primary care and,

apart from a very few possible exceptions, is not of a "consultant" nature. But we do want to be independent, as are consultants and principals in general practice. We want to be appointed by the area health authorities on contract to do a particular job in relation to a geographical patch. We do not wish to remain a second-rate, managed service, which is exactly what the Preston Report has in mind for us. It is to be hoped that your readers will see this report for what it is—an attempt on the part of a section of community medicine to seduce 3000 or 4000 disheartened clinical medical officers into becoming the managed, clinical arm of their specialty.

In our concern for the future of the child health service, which must remain our major preoccupation, our association wrote to request a meeting with the Minister. Dr Elizabeth Shore of the DHSS replied saying that we could not have such a meeting. It was necessary for us to understand that "while the Central Council for Community Medicine speaks for clinical medical officers, that must be the channel for debate with this department."

If the CCCM contemplates the acceptance of any scheme such as that outlined in the Preston Report, it is clear that this will be done in the face of much informed medical opinion. This is surely the moment for the medical profession as a whole to reject the idea that the fate of clinical medical officers can be settled by a small group of doctors working in community medicine with an obvious vested interest in the result.

It is necessary to emphasise that proposals have been sent independently from many parts of the country to the CCCM for consideration at its meeting in June. These are all very similar and quite different from those suggested by the Preston working party. We are therefore grateful to the *BMJ* for airing this debate so widely. Clinical medical officers do not wish to remain an isolated group. Those of us working in child health wish to be part of an integrated service within which we can dedicate our energy and skills to the service of children.

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SIR,—I am tired of change. Let us have some planned evolution. As one of the clinical medical officers who was asked by the CCCM to consider the future, I have heard many opinions. One of the recurrent themes has been the need for more co-ordination of the child health services but, even with the tripartite National Health Service, this is already happening and an example was given by Dr Patricia M Lambert (3 March, p 612).

This should and will increase. However, at present there are few hospital paediatricians who have any experience of community work. I am sure that clinical medical officers have a positive part to play in the co-ordinated child health services. Over the next years, as the combined basic training of all those intending to work with children is developed, it is essential that the attitudes and experience of the community services make their contribution.

I believe that there will always be a need for some doctors whose first commitment is to prevention and "community clinician" does not seem a bad title.

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