"amenities" (quality of refreshments, toys, toilet and disabled facilities), "consultant care" (privacy, listening, use of plain language and involvement in decision making) and "clinic care" (cleanliness, courtesy and understanding the child's needs).

Seventy nine of the 149 (53%) questionnaires were returned. Of the 79 children, 37 (47%) were male, 42 (53%) were female and 50 (63%) were less than 2 years of age.

Satisfaction with clinical care was high (satisfaction score 4.6). Comments by parents suggested that teamwork and having sufficient time to discuss immunisation were important factors. In England lack of time to discuss immunisation with a health care professional is one of the commonest causes of dissatisfaction with the immunisation visit.²

The "amenities" domain was the lowest scoring (satisfaction score 3.9). Important factors included lack of refreshments (the clinic is located some distance from the canteen) and problems with car parking. Car parking is important for parents with young children and this problem has been reported previously.³ We suspect that it is an important issue in many paediatric outpatient departments.

Similar surveys⁴⁻⁶ have identified high levels of satisfaction with clinical care. This survey highlighted to us that non-clinical factors are important for patient experience and that small changes within the clinic can lead to perceptible improvements for patients.

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Did you know this medicine has peanut butter in it, doctor?

We were recently contacted by the parents of one of our newborn babies who had been

discharged on Abidec drops as they were concerned that this contained arachis (peanut) oil. On discussion with colleagues we realised this fact is not widely known. The list of relatively commonly used topical preparations that contain arachis oil includes Cerumol (for removing ear wax), Siopel barrier cream, zinc and castor oil ointment, Calamine oily lotion, Dermovate (a potent topical steroid cream used for difficult eczema) and Naseptin cream. Systemic medications containing arachis oil and likely to be prescribed by paediatricians include Abidec multivitamin drops, Isotretinoin capsules (for treating acne), Sustanon (a testosterone injection) and Calogen (a high fat calorie supplement).

Lack *et al*¹ suggested the possibility that sensitisation to peanut protein may occur in children through the application of ointments and creams containing arachis oil to inflamed skin. However, the Committee on Safety of Medicines (CSM) advice is that there is insufficient evidence to conclude that exposure to arachis oil in medicinal products leads to sensitisation to peanut protein.² The Department of Health and the CSM recommend that patients with a known peanut allergy or a family history of peanut allergy should not receive medicines containing arachis oil³ even though work conducted by a Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment in 1998 concluded that refined arachis oil did not contain allergenic peanut proteins.⁴ While we await further guidance on the use of medications containing arachis oil, it is important that paediatricians make themselves aware of these preparations and ensure this is discussed with parents when these drugs are prescribed.

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When personal and professional collide!

Thank you to Dr Davies and colleagues for their timely reminder about super-hero related injuries¹. My 3-year-old son has a Spider-man bicycle, Spider-man slippers, Spider-man bicycle helmet and Spider-man suit (non-padded). I note this means he is in the highest risk group.

Therefore I warned him not to jump out of windows and break his arm. He reassured me, "No dad - I will not break my arm when I jump out of windows".

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Not in my backyard: the state of Scottish academic paediatrics

The review of academic paediatrics by Winyard *et al*¹ identifies an ongoing crisis in recruitment and retention. They seem cautiously optimistic that the introduction of Modernising Medical Careers (MMC) and its dedicated academic clinical fellowship (ACF) programme will halt this decline. We are concerned that the proposals will not be sufficient in Scotland.

Of the 50 ACF posts dedicated to paediatric/child health specialties in the first round, 40 were within London and South England deaneries. Only 10 cover the remainder of England, with all "general paediatric" ACFs being in the Nottingham area.² The second round has an additional nine paediatric ACFs of which a further three are in London.³ Information on Scottish ACFs is difficult to locate for enquiring trainees but six posts per annum are identified that could be used as ACFs.⁴ Paediatrics is not specifically mentioned or included in the specialties where "national shortage has been identified". The lack of awareness of the academic strand of MMC is further evidenced by its omission from the teaching material regarding applications provided by NHS Education for Scotland.⁵

The importance of an academic "role model" is highlighted again.⁶ Who will act as inspiration to foundation trainees and those within paediatrics to consider academia as a career choice? We conducted a postal questionnaire survey of west of Scotland specialist registrar (SpR) trainees over 5 years to establish academic contribution at time of appointment to SpR grade. Thirty four of the 35 trainees responded (97%). Presentation at national or international level was recorded for 20 trainees (58%) with a total of 64 presentations, skewed by a single trainee with 22 presentations. Publication was poor. Only 13 (38%) had any publications at time of appointment. The total of 44 publications by these trainees is also skewed by the same single trainee with 16 publications. Trainees indicating a desire for neonatology or a paediatric hospital-based subspecialty were more likely to have publications or presentations than general or community trainees. If these results are used as a proxy for academic prowess, similar to the Research Assessment Exercise, Scotland is breeding a generation of consultants with limited experience of the vagaries of research. This can only contribute to the "negative attitudes displayed by some non-academic paediatric mentors".

Academic paediatrics has been declining and Winyard *et al* rightly point out that MMC may re-invigorate this vital arm of the specialty. The Scottish experience and poor recognition of