

# Looking after children

**I**N most parts of the English speaking world general practitioners are now called family physicians and the word 'family' is deliberately used to indicate the importance of family medicine and the overriding influence of the family in our society. Parents form the basis of any family but it is the children whose number, development, and health usually influence the way any individual family behaves.

In December 1976 the Committee on Child Health Services under the chairmanship of Professor S. D. M. Court published its report in two volumes, *Fit for the Future*. This Committee had been formed to meet the Government's growing concern about child health care. The care of children is so fundamental in any society, the range and scope of the report so broad, and the implications so far reaching that the Government has been consulting ever since with a large number of organizations concerned with children. The College has been considering the report and we publish in this *Journal* in this issue the College's policy (p.553).

## The principles of the Court Report

The Court Report can be thoroughly recommended to anyone concerned with the health of children in a Western society. The opening chapters face thoughtfully and skilfully many of the factors concerned with child health and are particularly efficient in displaying several of the long-term trends. There is an excellent description of the evidence for what is called "the social dimension".

"There is extensive evidence that an adverse family and social environment can retard physical, emotional, and intellectual growth and lead to more frequent and more serious illness and adversely affect educational achievements and personal behaviour."

Here indeed is a striking justification for the College's traditional policy that generalists are concerned with physical, psychological, and social aspects of their patients' health.

The Court Committee has enumerated a number of general principles which command widespread acceptance and which have been greatly welcomed in general practice.

In particular the College has always held that every patient, including children, needs to be seen as a whole and as a continuously developing person, and that the challenge of the medical services as a whole is to provide appropriate care, whatever the age, disability, sex, class, or race of the child involved.

The College particularly welcomes the Court Committee's powerful emphasis on the importance of the home and social background of children. General practitioners have most experience of all branches of medicine of working in patients' homes and have greater experience than all other doctors of the impact of problems at home as causes of ill health and as

factors relevant to treatment and care.

Throughout this progressive document the Court Committee constantly re-emphasizes the need to integrate preventive and treatment services. This too is directly in accordance with the College's traditional policy and it was indeed in general practice in the 1940s that for the first time treatment and preventive services were integrated. It is in general practice today that the highest forms of this integration have taken place. Indeed in those practices which provide a sickness service day and night within the practice, automatic surveillance of children from birth onwards, and where general practitioners work hand in hand with their health visitors, this model of care can already be seen. The College is unanimous in its support for this principle of further integration and is delighted that the Court Committee has enunciated it so clearly.

The Court Committee's main conclusion is that the integration which it recommends should take place in primary health care. It supports the concept of "functionally integrated teams of general practitioners, nurses, health visitors, and social workers" and this too is in accordance with the College's own evidence to the Royal Commission on the National Health Service (1977). The Court Committee goes further still and recommends that child health in many schools should be taken over by general practitioners. Here too the College is comfortable with the conclusions reached and is happy to support the Committee wholeheartedly.

Finally, the training implications are considered by the Committee and a strong emphasis laid on the need for better training, not just of doctors but of all those who are professionally concerned with children, including health visitors, nurses, and teachers, among others. The Royal College of General Practitioners has been deeply involved in educational developments, especially during the last 12 years, and indeed has been the initiating body in the development of specific vocational training for general practice. The College supports the Court Committee's emphasis on training general practitioners in child care and is pleased to continue its discussions with paediatric bodies. It is also delighted that the Court Committee chose to publish in full, as its Appendix J, the College's joint report with the British Paediatric Association on the training of general practitioners (1976).

## Court Committee's proposals

Thus it appears that the Royal College of General Practitioners supports almost entirely all the general principles enunciated by the Court Committee. Why then should there have been such an extensive debate in the College and general practice when this report was published? Why should so many members of the College have written to their local faculties protesting at this report and why was one faculty moved to send

a resolution rejecting the report in 1977? The reason lies in the solutions recommended by the Court Committee to the problems they have so correctly identified, and in particular in the continuing emphasis on specialization. Specialization, in fact, is the theme of the report and is recommended for general practitioners, health visitors, nurses, and consultants. It is interesting that this sort of sub-specialization has caused major problems for all these groups, none of whom are enthusiastic about the proposals.

It is, however, in general practice that the most detailed consideration has been given to the impact of the proposed "general-practitioner paediatrician" who would "spend the major part—probably of the order of 70 per cent—of his time working with children" (paragraph 7.22), and the Committee estimates (paragraph 7.16) that the general-practitioner paediatrician "might amount to 40 per cent of the total number of general practitioners".

It is curious that such an experienced and knowledgeable team as the Court Committee should have had such little understanding of the concept of the generalist in medicine that they did not foresee that such recommendations were bound to be destructively divisive and would inevitably be opposed by those committed to understanding in depth the problems of the child and his parents simultaneously.

How a modern doctor is expected to be fully professional in caring for the problems of the elderly, the mentally ill, the whole range of adult medicine, as well as contraceptive care in 30 per cent of his time is not considered.

The crucial fact remains that most general practitioners enjoy looking after children, consider child care an essential and important part of family practice, and are determined to improve the standards of the care of children. They will not reject preventive child work and will in the future tolerate it being done outside the practice less and less often.

Among the College's other conclusions has been a rejection of the Court Committee's suggestion that there should be direct access to the district handicap team because this would, in the College's view, be a recipe for "duplication of care and confusion of responsibilities". It is interesting that the General Medical Services Committee of the British Medical Association formed a broadly similar view on the Court Committee and has also rejected the proposed general-practitioner paediatrician.

Where now is the future? The College accepts the evidence of the Court Committee that the quality of care provided for children is not adequate and that in certain parts of the country it is seriously inadequate. The College therefore proposes to do everything in its power to improve the quality of training in child care for all future general practitioners and to promote the quality of courses of continuing education for established practitioners. The College will, in addition,

re-open its dialogue with the British Paediatric Association and seek support from consultant paediatricians for increasing the number and quality of training posts for vocational trainees. The work of the new Children's Joint Committee will be welcomed. The College is now committed to using its examination "to require all candidates to demonstrate adequate knowledge of the principles and practice of child care reflecting the increased responsibilities of general practice". The College is already committed to offer accreditation in general practice to demonstrate to the public and the profession those who can demonstrate clinical competence.

### Democratic response

When the Court Committee report was published the College formed a working party which met on many occasions during 1977. Discussion documents were circulated with the Council papers in March 1977 and comment was invited from all branches of the College. The final report of the working party was unanimous. It was, however, further circulated to every faculty of the College in 1978 and all the faculties were given adequate time to examine it. Several faculties had special meetings to consider it in detail and the final views were co-ordinated. The document was considered and approved unanimously at the Council of the College on 10 June 1978. The final version is published in full in this *Journal* which goes to every fellow, member, and associate of the College.

A quicker response could of course have been made but only at the price of not consulting the faculties. The Council decided, particularly in view of the tremendous importance of child care in general practice, and in view of its own wish to use the democratic process, to allow every faculty an opportunity to participate and comment. This has now been done. The College in publishing this policy can therefore be confident that this document commands not only the unanimous support of the original working party but the overwhelming view of the democratically elected Council.

### References

- British Paediatric Association and Royal College of General Practitioners (1976). *Journal of the Royal College of General Practitioners*, 26, 128-136.
- Committee on Child Health Services (1976). *Fit for the Future*. Vols. 1 and 2. London: HMSO.
- Royal College of General Practitioners (1977). *Journal of the Royal College of General Practitioners*, 27, 197-206.