LETTERS TO THE EDITOR

THE CARE OF CHILDREN

Sir,

May I thank the College for its clear statement of policy on The Care of Children (September *Journal,* p.553) and the *Journal* for its thoughtful interpretation (September *Journal,* p.519). Together they state principles and proposals of such importance that I hope they will be published in a form which could be widely circulated to all involved with the health of children.

As I see it, we have moved from the stage of general debate and honest difference of view to one of local experiment and evaluation which alone can provide the facts on which rational, adaptable plans can be based. In this process the report of the Committee on the Child Health Services (1976), the Government's response in Health Circular HC(78)5 (DHSS, 1978), and the policy statement of your College, used selectively and in a constructive spirit, can point the way forward.

We all start with the needs of the child and we agree that "the standard of care for children must be raised". That is the central task. We accept the "need for progressive integration within the child health services, in particular of preventive and therapeutic care and of community and hospital services" (HC(78)5).

We believe that such a comprehensive and integrated child and family-centred service should be based in general practice, with primary care teams working in effective partnership with paediatrics and the allied specialties.

With such firmly agreed objectives what will delay and hinder progress? First let us take the issue of training in child health. If this is a necessity for all general practitioners then surely it should be an essential, not an optional, element in vocational training. It should also provide for those with a 'special interest' in paediatrics to acquire and maintain a more thorough knowledge, and so provide an 'enhancing' effect in the groups where they practise.

There are two serious limiting factors: the failure of the Department to accept the need for an expansion in the number of senior house officer posts to which you refer, and the complementary need for an increase in paediatricians and child psychiatrists to carry the increase in specialist as well as general practitioner trainer teaching. The Department remains unhappily silent on both these crucial points.

The special significance of trained general practitioners in the teaching programme supports your conviction that "It is particularly important that special competence in the provision of child health services is achieved within those general practices used for undergraduate and postgraduate training". We must hope that these points are acceptable to the Working Party of the Council for Postgraduate Medical Education.

The claim for a realistic increase in the paediatric establishment is also necessary if "the specialist paediatric services are increasingly to extend into the community" (HC(78)5). In fact joint clinics in group practice premises and in health centres are one form of mutual education which would be severely limited without additional manpower.

The second component of integration, between prevention and treatment, will take longer; and here I am glad that the College has recognized the contribution of the clinical medical officers to preventive paediatrics and agrees that "where general practitioners are unable or unwilling to provide full preventive paediatric services for their patients, then the present clinical medical officers should be invited to carry out this work in collaboration with general practitioners".

I hope that in this important and urgent matter the goodwill not only of the College but also of the British Paediatric Association will provide a lever to combined action. The Department is even now considering the future career structure of clinical medical officers (the Child Health Services Committee preferred the title 'child health practitioner') and as far as I can tell this is being negotiated with the Community Medicine Committee of the British Medical Association without the Association of Clinical Medical Officers, the Royal College of General Practitioners and the British Paediatric Association being continually represented. The danger here is that decisions vital for the future welfare of children and the development of general practice will be made by a body concerned with the collective health of the community rather than the clinical care of children and families.

Two major issues remain: the daunting task of creating a convincing pattern of services for the inner cities, and the development of educational medicine and a progressive school health service. Both call for determined collective study.

Indeed they and all that has gone before confirm the need for the College "to maintain a continuing dialogue with the British Paediatric Association . . . To consider the many new issues which have now arisen and which can be solved only by a joint approach."

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References

Committee on Child Health Services (1976). *Fit for The Future.* London: HMSO.

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GENERAL-PRACTITIONER OBSTETRICS

Sir,

I was interested to read the article by Dr Zander and colleagues (August *Journal,* p. 455). However, I was somewhat surprised that the results of the survey comparing the outcome of pregnancy in hospital and general-practitioner groups should be summarized as being "essentially similar". I would have thought some reference to the fact that there were two stillbirths in the general-practice group should have been made. This is particularly relevant as stillbirths could obviously have resulted from a system of poor antenatal care and a failure in liaison between general practitioner and hospital.

Whilst I am very much in favour of the sort of antenatal care described in the article, I suggest that such an article does little to further the idea of such care when the results are glossed over in such a way as to give more emphasis to the psychological benefits of the