

## FORTHCOMING MEETINGS

### Jubilee meeting

The Academy of Medicine, Singapore, will hold its silver jubilee meeting from 19 to 23 July 1982, in Singapore. There will be activities of interest to all

doctors, who are invited to write for details to The Secretary, Silver Jubilee Meeting, Academy of Medicine, 4a College Road, Singapore 0316.

### Social Science and Medicine

The 7th International Conference on

this subject will be held at the Leeuwenhorst Congress Centre, Netherlands, from 22 to 26 June 1981. Further details from the chairman of the planning committee, Dr P. J. McEwan, Glengarden, Ballater, Aberdeenshire AB3 5UB.

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# LETTERS TO THE EDITOR

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## CLINICAL MEDICAL OFFICERS

Sir,

The letter from John Forfar and Alastair Donald (November *Journal*, p. 700) will encourage all those who have long sought a real and honourable solution to the needs of these doctors.

This would have carried greater weight if it had been signed by a senior clinical medical officer of experience and authority. However, while some in medicine wish to impose a solution, the writers of this letter are not among them. It is certainly good news that the Royal College of General Practitioners and the British Paediatric Association can see a way forward through a pattern of vocational training which could be shared by clinical medical officers and by general practitioners with a special interest in developmental, social and preventive paediatrics.

Yet this prescription alone will not produce the comprehensive integrated health service for children which parents want and to which both the present government and the opposition are committed.

If clinical medical officers are to be trained with general practitioners they should work with them, either in partnership as general practitioners or in association as child health practitioners (Report of the Committee on Child Health Services, 1976).

General practitioners are slowly accepting responsibility for the child health aspects of primary care. It will take time, however, before clinical medical officers are replaced by trained general practitioners, and in the long interval they must make their contribution in as close contact with general practice as general practice makes possible.

The writers also suggest that with further training senior clinical medical officers could "seek to specialize in paediatrics". What do they mean by specialize? There are senior clinical medical officers who are already

members of a Royal College of Physicians and yet 'authority' repeatedly turns down requests from their paediatric and other colleagues for consultant paediatric status.

Most senior clinical medical officers are without 'membership', and the profession's rigid attitude to intermediate specialist grades prevents them achieving a professional position from which they could work more effectively. In particular this rigidity has prevented any serious examination of named personal appointments as clinical specialists in child health (Report of the Committee on Child Health Services, 1976).

The graduate training for these experienced doctors could lead either to the MRCP (UK) or possibly to an advanced DCH on the lines of the Advanced Certificate of Education. The Royal College of General Practitioners is adapting its vocational training to meet the needs of clinical medical officers; it would be helpful to know what steps the British Paediatric Association is taking to ensure the further education and integration into paediatrics of senior clinical medical officers, which Professor Forfar and Dr Donald propose.

A comprehensive integrated child health service requires a comprehensive and integrated education for senior clinical and clinical medical officers.

A second letter describing the specialist aspect of this educational and professional exercise would help.

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### Reference

*Fit for the Future*. Report of the Committee on Child Health Services. 1976, 1, 19, 12-16; 20, 7-8; 19, 22-24. London: HMSO.

*We sent Professor Court's letter to Dr Donald, who replies as follows:*

Sir,

I am very pleased to know that Professor Donald Court supports the joint statement made by the Joint Paediatric Committee of the Royal Colleges of Physicians and our own College regarding the future training of doctors wishing to become clinical medical officers. I hope that he will be further encouraged by the knowledge that we are proposing to set up a joint working party between the Joint Paediatric Committee of the Royal Colleges of Physicians, the British Paediatric Association, the Faculty of Community Medicine and ourselves in order to examine the educational content of a training programme suitable for clinical medical officers and permitting these doctors to move into general practice or to undertake more specialist training to enable them to become senior clinical medical officers or pursue a career in specialist paediatrics.

We are also planning a joint symposium in the College with the Central Committee for Community Medicine in order to consider the educational content of the training programme for clinical medical officers with particular reference to allowing this training to be compatible with the regulations regarding vocational training in general practice.

My colleagues and I in the College feel that we have now reached the point where mutual co-operation between all the bodies concerned with the training of clinical medical officers and with their clinical responsibilities have reached sufficient consensus for us to plan a training that will ensure the provision of the comprehensive integrated child health service which Professor Court and my College wish to see.

A. G. DONALD  
Chairman of Council