Selective examinations on starting school

Sir,

I would strongly agree with the call by O'Callaghan and Colver to abolish the routine medical examination at school entry. They describe a system of selective examination and provide some documentation about the process and about findings. Of course to prove conclusively that such a system is better than routinely examining every child at school entry would require a prospective study of some magnitude, but there is nevertheless much anecdotal evidence to support the notion that the routine medical examination at school entry is an outmoded concept that is an inefficient use of time and resources.

In Australia, as well as in England, the routine medical examination at school entry has been a longstanding tradition. It is a superficially attractive concept to examine every child at school entry, giving some children a clean bill of health and detecting problems in others that can be appropriately treated in order to prevent subsequent sequelae. A more critical analysis of this practice, however, raises a number of issues:

1. It is probable that most important problems have already been detected because most children now have access to a regular source of health care.
2. It follows therefore that there is a low yield of abnormalities detected at school entry that are both new findings and are important in terms of the child's ongoing health and school performance.
3. The natural history of some of the conditions detected (for example, serous otitis media) is such that there does not exist an intervention which is widely accepted and which is known to make a difference to outcome.
4. Detection of problems does not necessarily result in appropriate treatment or management, because there is usually a reliance on compliance of parents for ongoing referral, etc.
5. There is overwhelming evidence that important problems at school have to do with the sequelae of chronic illness as well as developmental, behavioural, and psychosocial issues, rather than the sorts of findings detected by a routine physical examination.

A recent Australian study concluded that abolishing the school entry examination would allow a 'redistribution of existing resources in order to concentrate more on ensuring effective management of identified problems'.

There are many methodologies that could be implemented if resources were freed from school entry examinations and applied to the assessment and management of children in need. Callaghan and Colver have described one that obviously works in their school district, and it is inevitable that the needs of school children are better served by such a system than by routine examinations. The authors also argue against routine neurodevelopmental examinations at school entry—I would concord strongly with this as well. It would seem a more productive use of time to confine such detailed assessments to the small group of children who present with difficulties of learning or behaviour rather than to administer such examinations routinely.

References


FRANK OBERKLAID
Department of Ambulatory Paediatrics,
Royal Children's Hospital,
Flemington Road,
Parkville, Victoria 3052,
Australia

Enuresis in children

Sir,

The personal account of enuresis by a 16 year old girl is a reminder that many areas in the United Kingdom lack special facilities for dealing with this common and distressing condition. Management of enuresis requires specific treatment for the symptom and also help for family difficulties, which were evidently present here.

Most children with wetting problems have a poor self image, which needs to be bolstered. If a child is referred for diurnal enuresis I ask the head teacher if someone will take him or her regularly to the toilet in a friendly discreet way. The mother is asked to do the same at home.
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F Oberklaid

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