BRITISH PAEDIATRIC ASSOCIATION

REPORT ON THE TRAINING OF PAEDIATRIC CONSULTANTS,
FEBRUARY 1951

(1) It is generally felt that, although the principles contained in the Interim Report of the Paediatric Committee of the Royal College of Physicians (1945) regarding the training of paediatric consultants are still accepted, certain alterations must now be made in detail because of the proposed 'compulsory year' of residence, the continuation of National Service, and the general plan for registrarships which allowed for six years in various grades.

(2) It is emphasized that a paediatric resident post is not suitable during the compulsory year and that children's hospitals and children's departments should not be expected to supply resident posts of this type. Experience in general medicine as well as in surgery and obstetrics should be gained at this stage and it is recommended that, in all, the paediatric consultant should spend at least two years in general medical posts. National Service experience should only be recognized towards such two years if it has included essentially hospital work and only then for the period of such work.

(3) A paediatric resident post in the medical wards of a children's hospital or children's department of a general hospital of at least six months at senior house officer grade should follow at this stage and must be compulsory. Four years now remain for training, possibly five; this period should be spent mainly at an approved children's hospital or children's department of a general hospital and be devoted to appointments of registrar and senior registrar status. An appointment at some stage giving experience of the normal newborn baby should be obligatory, and this might take the form of a paediatric appointment in a maternity unit. Some practical experience of the infant welfare and school health services is most desirable, but it is not considered practicable to make appointments in these branches obligatory. One year of the total period might be devoted to travel or research or appointments giving experience in obstetrics, child guidance, infectious diseases, or laboratory work. A part of this period might be used in family practice and this should count towards the total period of paediatric training.

(4) It is agreed that some form of pathological work during the training is desirable, but it is not necessary to make a post in clinical pathology obligatory.