

Healthier children-thinking prevention

Sir,

The publication of the report of the Royal College of General Practitioners, *Healthier Children-Thinking Prevention*, has been greatly welcomed by everyone working to establish first class primary care facilities for our children, and most people will share the concern voiced by Professors Ross-Mitchell¹ and Donald Court² that there has so often been 'a gap between intention and implementation', and that 'the brave new world is not here yet.'

Whatever our doubts may be about the report's reception in high places and our disagreement over some of the details, it is essential that paediatricians follow the example of men of such experience, and actively support this report by making constructive comment and by improving the channels of communication between hospital and community care. In addition to its advisory role³ the hospital must actively participate in paediatric practice in the community and complement the work of the general practitioners and clinical medical officers. This is the responsibility of all consultant paediatricians but especially the consultant with community responsibilities. General practitioners for their part must be aware of the work and ideas of the hospital team and be prepared to spend time learning about current developments and seeing how to apply them best in their own practice.

This report will be warmly welcomed by the British Paediatric Association, and I hope that its Council will suggest ways in which paediatricians can help to bring to fruition the recommendations detailed in the report.

References

- ¹ Mitchell RG. Child care and the family doctor. *Arch Dis Child* 1983; **58**: 82-3.
- ² Court D. Vision and reality. *Arch Dis Child* 1983; **58**: 83-4.
- ³ Komrower GM. Hospital outreach in paediatrics. *Practitioner* 1983; **227**: 313-5.

GEORGE KOMROWER
21 18th Century House,
Oakley Park,
Frilford Heath,
Oxford OX13 6QW

Juniors' hours: consultants' dilemmas

Sir,

According to the recent Office of Manpower Economics survey, training posts in paediatrics rank third in the length of hours in each week (94) that doctors are expected to be on duty, and sixth of all specialties in the hours (56.6) actually worked. If doctors choose and are selected for a career as a consultant paediatrician they will find themselves still working an average of 51.6 hours a week, with an additional 5 hours spent on recall, and an on duty rota of 1:2.5.

There is undoubtedly a need to reduce these burdens by increasing the number of consultant paediatricians and a serious attempt is being made by the Department of Health and Social Security to reduce the excessive hours of some junior hospital doctors to a norm of the 1:3 rota (on call for 83.3 hours a week) which is in fact the average of all junior hospital doctors at the present time. Current exhortations to meet such a specific rota arrangement nationwide will be difficult in paediatrics. The intensity of care required by the acutely ill child makes a resident doctor mandatory for all acute units. Cross cover between other specialties and paediatrics would result in a reduction in the quality of care given and in small units an unacceptable dilution of experience and training. A number of health districts still have children's wards on many sites and this results in an uneven deployment of scarce paediatric senior house officer posts.

The negotiations for new regulations on rotas more onerous than 1:3 are being conducted on the agreed understanding with Ministers that any new arrangements will not include obligatory residence by consultants and should not lead to the closure of units. In the meantime Mr David Bolt, Chairman of the Central Committee for Hospital Medical Services, while encouraging consultants to do all they can to improve junior hospital doctors' rotas, has written to all local medical executive committees stating that it is essential to maintain an adequate standard of patient care and that with the best will in the world there will certainly be units where the 1:3 target rota will not be achievable.

The prime object of paediatricians must be to continue to provide the optimum care for the children and their families in their health districts and to ensure that these factors are considered fully before changes in duty rotas are introduced.

JAMES APPLEYARD
Chairman of Negotiating Subcommittee,
Central Committee for Hospital Medical Services,
BMA House, Tavistock Square,
London WC1H 9JR