

British paediatrics

Hospital medical staffing

The Health Departments, the Joint Consultants Committee, and the Regional Health Authority chairmen have issued a consultative document, *Hospital Medical Staffing: Achieving a Balance*, which makes proposals for bringing the hospital staffing structure into balance over the next 10 years.

In its response to this document the British Paediatric Association (BPA) points out that paediatrics is now a district based specialty with responsibilities in both hospital and community. New arrangements for manpower must therefore include general paediatricians, paediatric specialists, and paediatricians working in the field of community child health. The BPA is currently undertaking a comprehensive survey of paediatric manpower which will be made available to the Joint Planning Advisory Committee and will provide accurate up to date information on present staffing levels and future needs. This will assist the review of registrar and senior registrar numbers in paediatrics and indicate districts where posts should be located.

The BPA is concerned that the number of registrars and senior registrars should be sufficient to enable research to be undertaken in clinical departments and to take account of the present expansion in community paediatrics. Experience in community paediatrics will become an essential part of training for paediatric registrars.

The increase in the number of senior house officer (SHO) posts to allow for a breadth of training is obviously welcomed. The BPA believes the average time in this grade is likely to rise to four years, of which one year will be undertaken in one of the medical specialties before part I of the MRCP diploma is obtained. Many SHO's in paediatrics will seek careers in other disciplines—for example,

accident and emergency medicine and general practice—and others will undertake careers in general and community paediatrics. The number of paediatric SHO's must take these training needs into account. The regional advisers in paediatrics should be seen as the official source of career advice for SHO's contemplating a career in paediatrics.

The proposed new non-training intermediate grade with entry from SHO level may prove attractive, particularly to doctors working part-time because of family commitments, and would be suitable for those interested in school medicine. The BPA, however, foresees only a limited role for this grade in providing long term on-call duties for acute paediatrics.

At present, few district hospitals and not all supraregional services have the number of supporting staff to provide a minimum safe level of 24 hour emergency cover—the so called 'safety net'. The recommendation that acute services should have three or four intermediate level doctors is clearly welcomed for paediatrics, but in view of the specialised nature of acute problems in children it will often be impossible to allow cross cover from other specialties even at SHO grade.

The overseas doctors training scheme in which district registrar posts are to be reserved for overseas doctors in training is fully supported by the BPA.

The BPA would like the opportunity of discussing various aspects of these manpower proposals in relation to paediatrics. The Association through the regional representatives on its council is well informed and is in a unique position to advise on the future staffing trends in paediatrics.

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