develop a balanced programme during training years.

It is essential that while setting up these programmes mechanisms are put in place for meaningful appraisal and guidance and that the quality of supervision of both clinical paediatrics and research is of a high standard. Training in the 'non-clinical' aspects of consultant work needs to be improved with opportunities for development of these skills. Programmes will need to retain a degree of flexibility to accommodate individual aptitudes, particularly with regard to research.

Within this framework the importance of stability and the personal lives of trainees need to be considered while maintaining the high standard of clinical experience for which UK trained paediatricians are respected.

BPA Academic Board membership: Professor S R Meadow (chairman), Dr A R Wilkinson (secretary), Professor M L Chiswick, Professor J W Booth, Dr S W Lenton, Professor A D Milton, Dr P I Dicker, Dr D I Johnston, Professor D P Davies, Professor J V Leonard, Professor E M Ross, Dr S Shirnman, Dr D Thistlethwaite, and Professor C B S Wood.


Commentary
This modest article raises important issues which must be grasped in planning paediatric practice for the next century. The dissatisfaction expressed by the respondents needs to be considered in the context of changing patterns of clinical practice: the move of health care into the community, the fewer years in the training grades, the shorter hours of working of junior hospital staff, the need to give equal career opportunities to those with domestic responsibilities early in their careers, the impact of ever more sophisticated computer technology, the mighty power of new therapeutic interventions (such as gene therapy) along with their counterpart ethical and legal dimensions. And all this in an age of greater public answerability with an insistence on quality control of clinical practice and outcome.

The coincidence of the Calman proposals, the institution of continuing medical education (CME) and the General Medical Council’s recommendations for a core undergraduate curriculum with a menu of specialist modules, offers a tide and time for providing our paediatricians for the future with a coherent programme for lifelong learning. Systems need to be installed to enable all of us to study the new developments in clinical medicine, to judiciously introduce innovations into our clinical practice and to evaluate our professional work, not just in our training grades but throughout our professional lifetimes.

Meanwhile, our recently appointed consultants, as reflected in the analysis of the BPA Survey by Lenton, Dison and Haines, feel let down in their preparation for consultant work. Understandably there are regrets about insufficient experience in managing the health service and in formal training for specialist aspects of their work. However, I would not advocate an over didactic response with more training sessions or closer packed rotations through the specialties. Rather I would encourage all ‘students’ to take every opportunity to analyse their clinical experience as part of their self development, perhaps guided by a postgraduate syllabus which spans the Calman years in preparation for the CME to come.

There is one detail in the BPA survey on which I would like to comment. It is the unsatisfactory response rate of 67%. We do not know whether the 33% (nearly 100 paediatricians) who did not reply had experience and views radically different from those reported. If we are to continue to undertake national studies by questionnaires then we need to foster an attitude of commitment to their completion, as a poor response rate amounts to wasted time for respondents and researchers alike. We are, of course, all plagued with questionnaires and perhaps there is here a role for our association in protecting members from questionnaires other than those which are judged to be of national importance.

The 67% who did reply express particular disappointment over their experience and exposure to research in paediatrics and child health. For those trainees who do not wish to spend years as dedicated research fellows, we should seek to replace the ritual of poorly supervised ‘Wednesday afternoon research’ by a well devised and efficiently taught course in research methodology, study design, basic statistics, and data handling. Such modules might be tackled in day release courses or blocks of study: for some this might lead to a diploma or master of science degree. This would enable all trainees to enter the consultant ranks appropriately armed to contribute to the advancement of the medicine of childhood. After all, as experience with the British Paediatric Surveillance Unit has shown, clinical research of national importance need not be restricted to those working in major academic departments.

J D BAUM
Department of Child Health,
Royal Hospital for Sick Children,
St Michael’s Hill,
Bristol BS2 8BJ