

British Paediatrics

A College of Paediatrics and Child Health

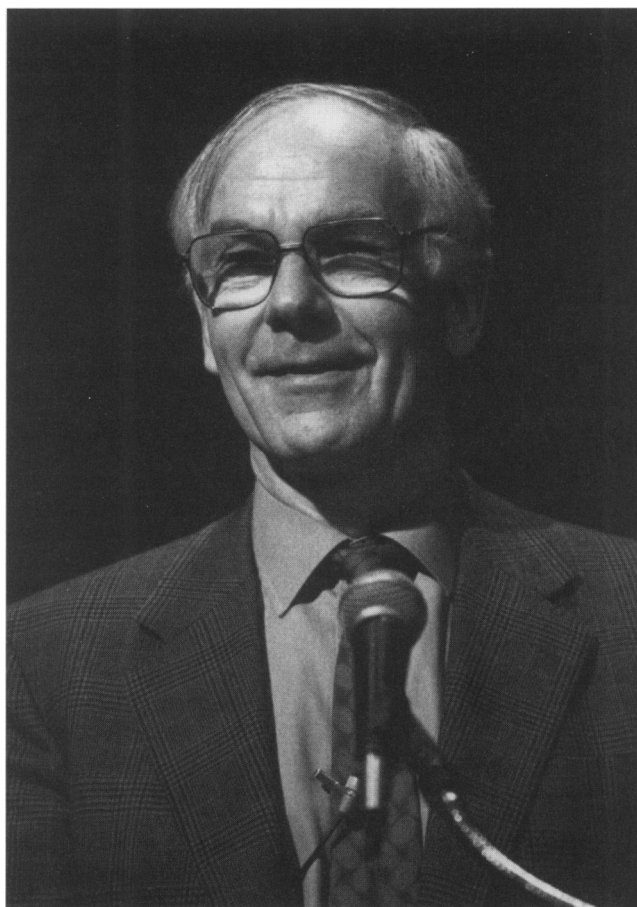
'With your letter of 16th June 1994, you submitted a Petition for the grant of a Royal Charter incorporating a College of Paediatrics and Child Health. I am now writing to say that the Privy Council having considered the Petition are minded, without prejudice, to recommend to Her Majesty that a Charter be granted'. (Extract from a letter from NH Nicholls, Clerk of the Privy Council, to the British Paediatric Association (BPA), 4 January 1996.)

The January letter from the Government Office of the Privy Council in London brought to an end a 50 year long debate about the future of the BPA. It will not only be paediatricians in other countries, but also many younger British paediatricians, who wonder about the substance of the debate, and who are unclear about the implications of the BPA transforming into a College of Paediatrics and Child Health.

Medical royal colleges have a unique position in the British Isles, and the older ones have a most proud history. The Royal Colleges of Physicians of London and of Edinburgh were founded in the 16th century and provided training for physicians. Even in the days when surgery at last became respectable and the Royal College of Surgeons of England was founded (in the last century), the colleges still had a key role in the provision and approval of medical training. In this century their role in the provision of medical training has diminished, partly linked to the decision, after the second world war, for all medical schools to be attached to universities. However the colleges continue to have an important role in the development of their specialties, and in the approval of training programmes. Their tasks include maintaining professional and ethical standards and in defining the entry and exit criteria for training in their specialty. They participate in research, and publish reports and recommendations on scientific health matters pertaining to their specialty. Although they represent their UK specialty on European and international committees, they are independent of the state, and they are not part of the NHS. However, both the state and the NHS rely upon the continued activities of the medical royal colleges.

Traditionally the colleges have not been involved with 'trades union' activities on behalf of doctors. The terms and conditions of service of all doctors, whether they be general practitioners or hospital specialists, have been negotiated with government by the British Medical Association, to which most doctors practising in the UK belong.

Compared with North America and much of Europe, the specialty of paediatrics was slow to develop in the British Isles. The main reason was that primary care for families was (and still is) delivered by general practitioners, and that earlier this century it was almost impossible to achieve a reliable income from secondary referrals as a paediatric specialist. Thus, when the BPA was founded in 1928, there were no more than two or three physicians who devoted all their time to children; the other members were physicians who achieved their main income from adult work, but who specialised in the care of children. The establishment of the NHS in 1948 created a salaried service for consultant specialists, all of whom were paid the same salary regardless of their specialty. Paediatricians earned the same as neurologists or surgeons for the work that was done in the second-



ary or tertiary referral work in hospital. The specialty of paediatrics expanded greatly, and has continued to do so with the development of comprehensive secondary services for children in most British towns, and tertiary services for the paediatric specialties in the cities and major centres.

Paediatrics in the UK has remained a service for secondary and tertiary care of children. Primary care of children is performed by general practitioners who look after patients of all ages. Patients are referred to the paediatrician either by the general practitioner (a secondary referral) or by a paediatric colleague who seeks a more specialist opinion (a tertiary referral).

Although paediatrics has been accepted for a long time as one of the core components of British undergraduate medical education—nearly all medical schools have had a separate paediatric part of the qualifying examination—at a postgraduate level it has tended to be viewed by the colleges of physicians as one of several medical specialties and granted a representation equivalent to an organ specialty such as cardiology or nephrology.

Nearly all British paediatricians and senior trainees belong to the BPA, whose headquarters are in London. The BPA has increased steadily in stature and activities; it has over 3500 members. It has set standards for child health, advised on the training of paediatricians, the configuration of paediatric services, and the staffing that is needed. It has a large democratic structure with regional

representatives, regional training advisers, and paediatric tutors in each district. More than 600 members participate in these roles, or on other working parties or committees of the BPA. The BPA works with, and advises, government and the NHS, and many other organisations concerned with child health. It organises scientific meetings and has research and publication provisions. The *Archives of Disease in Childhood* is its scientific journal.

The granting of a royal charter will change the name of the BPA to that of the College of Paediatrics and Child Health. It will not diminish current activities of the BPA; indeed it will increase them. More importantly it will empower British paediatricians in a way that has not happened before. Most British paediatricians are members or fellows of either the College of Physicians of London or Edinburgh or the College of Physicians and Surgeons of Glasgow. Inevitably paediatricians form a small minority within those colleges, and have limited influence. British paediatricians enter the specialty of paediatrics as a result of passing the MRCP examination, which is organised by those three colleges, and approval of their specialist training is supervised by a joint training committee controlled by the colleges of physicians. That structure has led to many problems for British paediatrics, because of the difficulty of liaising with three geographically separate colleges, whose main concern is the care of adults. Those who championed the need for a new independent college did so because they believed that there needed to be a college that would speak for paediatrics and child health as the authoritative voice for these disciplines, and which could represent them at a national and international level. Paediatricians were seeking the right to elect their own representatives and to carry the ultimate responsibility for setting and maintaining standards of practice in child health and paediatrics, and publishing reports and statements on those matters, without the need for approval from the three parent colleges of physicians. They also believed that college status would allow a greater professional recognition of the importance of children, and the improvement and status of paediatrics and child health in the UK; and that it would enhance the role of paediatricians as advocates for children.

It must seem strange to those living in other countries that the name 'college' can mean so much but it is a fact that, in the UK, achievement of college status by clinical specialties, such as obstetrics and gynaecology, psychiatry and anaesthetics, has led to those specialties having a much higher profile and a greater input into the organisation of the relevant health services.

The new college will become a member of the medical royal colleges new Statutory Training Authority¹ and will advise who may enter paediatric training in Britain, and how that training will be arranged and supervised. It will recommend who should be awarded the Certificate of Completion of Specialist Training (CCST) and which names should be placed on the General Medical Council Specialist Register. Paediatricians who have been awarded the CCST, or who are currently consultants, will be eligible for fellowship of the new college (FCPCH) and such fellows will be authorised trainers, tutors, advisers, and

examiners for paediatrics in Britain. The new college will decide upon the examinations that paediatricians should take, and will be responsible for setting them. In the first instance it will be working with the colleges of physicians in relation to the MRCP paediatric examination, and trainees should be assured that changes will be introduced gradually, and in a way that does not disadvantage those who are already working towards a well established and respected qualification.

The BPA already has a very democratic structure involving representation from all parts of the British Isles and from all grades and types of paediatrician. The structure allows informed debate and speedy resolution of issues affecting paediatrics and child health throughout the UK. There is little doubt that the new college will be used even more by those concerned with health and welfare of children, and that the voice of paediatricians will be empowered in their wish to speak up for the rights of children.

The BPA has taken a long time to decide to be a college. The issue has been the subject of vigorous discussion, particularly in the last 25 years, during which time there has been a steadily increasing majority of paediatricians favouring an independent college. That change has come about despite the fact that so many paediatricians have long links and loyalties to the colleges of physicians. An important force for change arose from the way in which paediatric training has become separated from that of adult medicine. In the past paediatricians such as I trained first in adult medicine, passing the adult MRCP examination and practising in adult medicine, before commencing paediatric training. With the demand to conform to European practice and to have shorter training, trainees now embark on paediatric posts immediately after qualification and full registration. Most will not gain further experience of adult medicine, and will complete a series of training posts in the various paediatric specialties.

The breaking away of paediatrics from the colleges of physicians will not be allowed to interrupt the very important clinical and research links that there must be with physicians. There is a determination to maintain crucial links with all the other colleges whose members participate in the care of children.

Some of the older British medical royal colleges have magnificent college building, valuable regalia, libraries, and other heirlooms. However, colleges are organisations rather than buildings. The aim of the College of Paediatrics and Child Health will be to serve its members and fellows, and to serve the needs of children. At first it will be working from its current headquarters in London, but with increasing work can be expected to require more space and to need new premises; that will be a task for future fellows.

ROY MEADOW
President

*College of Paediatrics and Child Health,
5 St Andrews Place,
Regent's Park,
London NW1 4LB*

¹ Department of Health. *A guide to specialist registrar training*. London: Department of Health, 1996.

Addendum

On 23 July 1996 Her Majesty the Queen granted a Royal Charter establishing the College of Paediatrics and Child Health. The assets and activities of the BPA were transferred to the college on that date.