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If the motion was thrown out, declared Dr D P B Miles (CCCM), there would not be a satisfactory alternative: the opponents of the report spoke.

The Oxford RCCM had unanimously rejected the report, Dr A J Jenkins told the conference. His colleagues wanted an integrated child health service. They did not wish to be a third force; they wanted to become part of a district clinical department. Evolution not revolution was needed and the effectiveness of the CMO’s work depended on relationships with colleagues, according to Dr K Dalzell. The report did not propose that CMOs should be generalists and she supported the motion. She opposed the idea of CMOs prescribing. GPs would find it unacceptable; it would be dangerous for more doctors to prescribe for children, and it was an erosion of the preventive nature of their work. Speaking on behalf of the Faculty of Community Medicine, Dr A W Macara opposed the motion: he would have preferred to support a motion which instead of a third force proposed a combined hospital and community career structure leading to specialisation, such that the CMC might be obviated or retained. There was, he claimed, no conflict between the faculty and the CCHM about what the Preston Working Party was trying to achieve—that is, a united child health service working in the community—but the option should be left open as to the best means of achieving this. Speaking personally, Dr Macara said that he believed that agreeing to start discussions based on the report would offer a unique opportunity to transform the child health service into one that would be the envy to the world.

The General Medical Services Committee had deferred debating the report until the conference had met, Dr G W Taylor told the conference. He hoped that the report would be accepted as a basis for further debate. It was flexible and proposed a third force which might be temporary but allowed the GPs to have a say. The proposals of the Association of Clinical Medical Officers were totally unacceptable to GPs. He was also concerned about the proposals of the CCHMS Working Party. GPs who had rejected GP paediatricians and community medicine consultants, would not accept another group of doctors working in the community as the CCHMS had suggested.

The proposals in the Preston Working Party Report were in the right direction, Dr W D Bolton said. The penalty of rejection would be unacceptable delay. He represented the CCHM on the CCHMS and that committee was divided, he said. The CCHM had to be the forum for conducting these negotiations. Asked about the faculty’s attitude to training programmes, Dr Macara replied that the faculty had not said that it was opposed to training. It would participate in whatever discussions and arrangements were made for training. The chairman of the CCHM said if representatives believed that there was a career for a doctor, who was neither a GP nor consultant then they must vote for the motion. He undertook to do his best to implement whatever the conference decided. The motion was carried overwhelmingly, and the other motions in the section were referred to the CCHM.

Chairman's speech (continued from page 1809)

and from general practice, and that was precisely what the Preston Working Party had proposed.

Dr Horner said that he was quite willing to safeguard the desires of doctors who wished to work with branches of medicine to ally themselves organisationally with those branches in the districts. “But we cannot negotiate consultant status and we will not negotiate some subservient status to community physicians, hospital paediatricians, or anyone else.” To expect any but the minutest proportion to be appointed as consultants was preposterous. There was nothing to prevent the responsible bodies evolve training programmes in child health which would eventually produce consultant paediatricians with full training and experience in hospital paediatrics, developmental paediatrics, and education medicine. If they started now the generation of doctors would be available by the late 1980s.

The chairman of the CCHM hoped that one day the profession would evolve a training programme and a career structure that would enable women doctors to combine a satisfactory career with a satisfactory family life. When that day dawned the responsibilities of the CCHM might be at an end. The time for planning was over, he concluded. “Today is the day of decision. Will these doctors be offered hope or despair?”

Future of community health doctors

Presenting the report of his Working Party on Community Health Doctors, Dr J R Preston said it had served its purpose by prompting a great deal of discussion, and stirring people to think about the future of the child health services. Composed entirely of community health doctors, the working party had appreciated the kind references in the Court Report to community health doctors and had agreed fully with the view that the child health services should be integrated as soon as possible.

Clinical medical officers’ work was bound up with the primary care service. As GPs were encouraged to take a more active part in regular surveillance programmes, CMOs’ work would gradually diminish. But there was still much for them to do in the school and child health services, particularly in inner city areas. And they had to have the facilities to do the job effectively, as well as a good training scheme. Some CMOs wanted to throw in their lot with consultants and work in hospitals. His working party, he said, had looked for a reasonable solution not a takeover. CMOs should be free of any management by the district community physician and should continue to enjoy clinical freedom.

From Mersey RCCM, Dr J Seymour proposed: “That the conference accepts in principle the need of and the career structure and training programme for community clinicians as laid down in the Preston Report; but requests the CCCM to undertake negotiations as a matter of urgency, to establish the recognition of the status of such doctors by the Royal College of Physicians or the Faculty of Community Medicine.”

Dr Seymour is a CMO. “We must say we need a training programme, appropriate qualifications, and a career structure, and soon,” she said. The service was falling behind and recruitment had to be encouraged, with community health made a career that new graduates would choose.

Most CMOs were opposed to major change, declared Dr A McGregor (Wessex), who favoured the motion. They wanted to be an identifiable third force and rejected the suggestion that their work should be disintegrated into general practice and the hospital service, they were opposed to over- specialisation, and they objected to some form of clinical accountability. CMOs should, he said, be regarded as a viable third career and were entitled to a career status.

While Dr S M Tyrrell from the Association of Clinical Medical Officers was willing to accept the motion if the words “as laid down in the Preston Report” were deleted, Dr M Allsop (South-east Thames RCCM), opposed it outright. The Preston Working Party, which had been asked to report after only three meetings, had suggested a career structure based on a generic service, monitoring by non-clinicians, with the most senior post described as having consultant status. It was a third force moving from integration to isolation. The ACMO, the SCCM, the royal colleges, the training bodies, the BPA, the president of the Association of Specialists in Community Medicine, and the CCHMS all opposed the report. Two of these organisations had produced alternative solutions, so the delay would not be as long as Dr Horner had suggested. The Preston Working Party Report should be rejected so that further discussions by all those concerned could take place.

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Correction

Private Patients Plan

We regret that some wording was inadvertently omitted from the report of the Private Patients Plan (9 June, p 1582).

Two-thirds of the way down the sentences beginning “But Dr G E Crawford said” should have continued: “that the Council had been given an instruction from the RB to investigate alternative schemes and it had to report back to the RB. In the view of the Council, that view not enough emphasis had been placed on the special relationship between the BMA and PPP.”