A plea for clinical epidemiology

Reorganisation of the NHS in 1974 promised a new style, community-based service in which the community physician would be responsible not only for providing health care but also for collecting data on which this would be based. In the event most community physicians have been spending most of their time in administration and management, and their function as epidemiologists has been almost totally neglected. Clinical epidemiology has become largely the business of academic departments and a handful of interested individual clinicians, who have mostly acquired the necessary skills by their own efforts. That present arrangements for practising clinical epidemiology are unsatisfactory was the theme of a private meeting at the Institute of Child Health on 16 October, chaired by Professor E D Acheson, at which papers for discussion were read by Professor Geoffrey Rose and Drs R B Cole, R F Heller, and J Evans.

Community physicians were unhappy about the gradual disappearance of epidemiology from their training; hospital doctors, and especially the juniors, deplored the absence of any recognition of the specialty; and general practitioners pointed out that if they were given the proper facilities they could provide a comprehensive data base for epidemiological studies. Lack of training options is a major stumbling block, the conference was told. While career epidemiologists are reasonably well served by academic departments supported by the Medical Research Council and the Wellcome Trust and by full-time courses at the London School of Hygiene and Tropical Medicine, the interested clinician has only the one-week course at Southampton which, excellent as it is, can do no more than whet the appetite. Few practising doctors might be able to get time off to attend longer full-time courses, but local day release schemes could surely be practicable. Training schedules both in hospital specialties and in general practice are now so rigid that they seem unlikely to be able to accommodate clinical epidemiology; and yet it is the one subject which might be able to reverse the trend to ever narrower specialisation.

The image of epidemiology will need to be changed if it is to grow in stature and in appeal. Too often at present it is regarded by clinicians as a fringe activity and by administrators as "research" rather than directly related to the needs of the health service. Yet good medical practice is surely based on a knowledge of the population and environment from which individual patients come. Perhaps epidemiology should be recognised as a clinical specialty with its own training programme and accreditation.

Proposals to give increased autonomy to district administration in the NHS and a Government commitment to prevention offer some new possibilities for clinical epidemiology. The irony of the previous reorganisation was that it drove medical administrators and clinicians even further apart than they had traditionally been; clinical epidemiology has the power to bring them fruitfully together again. The impetus generated by the recent meeting should not be allowed to drain away, and those responsible for medical training and manpower need to be made aware of the considerable frustration, especially among younger doctors, about the poor prospects for practising what could surely be one of the key specialties of the future.

References

2. Held annually first week in January. Apply to Dean of Postgraduate Studies, General Hospital, Southampton SO9 4XY.

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