Correspondence

Focus: The wrong doctors: selection or training at fault?

SIR

As consultants working in Mrs Munro's administrative Area we read her paper (1) with great interest but, of course, with considerable dismay.

Working in non-teaching hospitals we are not in a position to comment fully on the selection of potential doctors. The present generation of students and newly qualified doctors is, on the whole, of high calibre.

We are involved in undergraduate and postgraduate training and we are concerned about many deficiencies. Most training posts have a very large service commitment and the teachers are often stretched to the limit by their clinical, administrative and other duties. We are sure that these facts are well known to Mrs Munro.

While certainly not wishing to claim immunity from criticism we would suggest that paediatric training and practice are focussed very much on care as well as cure. Paediatrics is *par excellence* the practice of preventive and family medicine and therefore functions only in a team setting involving many allied professions. Doctors in training, we hope, do develop some sense of responsibility towards the patients, their families and the community. The late Dr Ronald MacKeith to whom the training of

doctors was extremely important, was fond of suggesting that all undergraduate medicine should be taught in the field of paediatrics with short excursions into other specialties when required! Perhaps Dr MacKeith's philosophy would help to solve the problem of training!

Mrs Munro dismisses in one brief sentence 'the large majority of doctors (who) exercise their responsibilities very conscientiously . . .' and then proceeds to write at great length about those who fail in their duties. Is this fair?

Mrs Munro's statements about decision-making are very provocative. Are doctors really to blame for the bad planning and wasteful management of resources? On many occasions we have been involved in various projects. Valuable time and energy have been spent only to find the project shelved for years due to lack of finance. Several years later these plans (by now often obsolete) are resurrected and trimmed, not surprisingly producing a very unsatisfactory final product. One can wait for years for essential equipment. Time-consuming and difficult fund-raising from charitable sources is then tried. Is this the best way to use doctor time? Is it so surprising that when suddenly NHS money becomes available (often towards the end of financial year) that some doctors grab it for their unit?

With regard to Mrs Munro's

solution, we would like to point out that two of our current major financial projects, the provision of ultrasound equipment and the building of a developmental assessment unit for handicapped children, are being funded jointly by voluntary fund raising and district funds. Local doctors working again as a team with other professionals, including administrators, have been able to plan and cost these projects and raise the funds required.

We are writing to Mrs Munro to invite her to come and visit us and see our Department. We are aware of what we are *not* doing and doubtless not aware of a great deal more that we should do. We are concerned about the NHS and our professional responsibilities to our patients and to our junior colleagues. We do not wish to be 'an island' in Mrs Munro's area.

J HAMMOND AND ALINA T PIESOWICZ
Consultant Paediatricians
Queen Mary's Hospital for Children
Carshalton
Surrey

Reference

- (1) Munro A. Focus: The wrong doctors: selection or training at fault? *Journal of medical ethics* 1981; 7: 57-59.