



National Health Service in Scotland  
Management Executive

St. Andrew's House  
Edinburgh EH1 3DG

Dear Colleague

**MEDICAL SERVICES FOR CHILDREN**

**Summary**

1. Medical services for children should provide an integrated pattern of care. The medical staffing structures, which have been divided between hospital services and community health services, should be brought together. In particular, there should be a common training pathway for doctors in the specialty.

**Action**

2. Health Boards as purchasers should take the lead with NHS Trusts and directly managed units in seeking to integrate the child health service and to enable medical staff to work as effectively and efficiently as their training and personal preferences permit.

3. NHS Trusts and directly managed units as providers should take steps on the lines suggested in the Annex to integrate the child health services and to unify the medical staffing structure.

4. Postgraduate Deans and the Scottish Council for Postgraduate Medical and Dental Education should, in consultation with directly managed units and NHS Trusts, develop postgraduate training and continuing medical education for medical staff in the child health service.

5. Employing Boards and Trusts should pay particular attention to equal opportunities issues in all the appointments made in the child health service. In particular, they should guard against possible discrimination against doctors who wish to work part-time.

*Your sincerely  
A J Matheson*

A J MATHESON  
Director of Manpower

27 December 1993

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5. Studies of the medical staffing of child health services have been carried out by 2 separate working parties. A working party of the Scottish Council for Postgraduate Medical and Dental Education advised on training programmes for an integrated/combined child health service (SCPMDE, 1992), and the Joint Working Party of representatives of the British Medical Association, the Conference of Medical Royal Colleges and the Department of Health has advised on medical services for children (NHS Management Executive in England and BMA, 1992). The Scottish Office was represented on the latter by an observer. Both reports put forward the case for greater integration of medical services for children and call for a unified medical staffing structure.

6. The British Paediatric Association has suggested that it is more helpful to describe children's services in terms of secondary and primary care rather than by reference to a hospital/community division. The Joint Working Party report recognised that one of the traditional functions of community health services medical staff working with children, child health surveillance, was increasingly being taken on by GPs. It considered that one of the future roles of community health services staff lay in the provision of a secondary service for GPs to refer children on whom they wanted a second opinion, for example assessment of development delay, behavioural disorders and the effects of hearing and visual impairment.

#### **Integration of the medical staffing of the child health service**

7. The Scottish Council report advocates an integrated training programme for doctors in child health. The Joint Working Party also envisages a unified medical career structure, which should be consultant-led. It recognises the need for career posts below consultant level, replacing clinical medical officer (CMO) and senior clinical medical officer (SCMO) posts. Possible career paths for SCMOs and CMOs derived from the Joint Working Party report are set out in the chart at the end of this Annex. Both reports envisage an integrated training pathway for all new entrants to child health, using the existing senior house officer, registrar and senior registrar grading structure.

8. Integration of the staffing arrangements needs to involve doctors in training as well as those in the career grades. It will require action from both purchasers and providers of child health services, working in close collaboration, to minimise disruption to services from any necessary organisational changes. Purchasers should

- specify in contracts standards for continuity of child health care and require providers to review their organisation to ensure integration of these services;
- monitor the progress providers make towards integration of the service, in which medical staff are used as effectively and efficiently as their training and personal preferences permit; and
- monitor their community child health services and ensure that the preventive and support functions delivered outside hospital are maintained.

It is for purchasers to assess whether the services to patients are meeting their standards for the quality of service.

9. Postgraduate Deans, in collaboration with provider Units and in line with SCPMDE recommendations, should:

- develop postgraduate training for medical staff in the child health service, so that it takes in both the hospital and community elements of the service and similarly develop continuing medical education;
- implement the recommendations of the Joint Committee on Higher Medical Training on higher specialist training in paediatrics; and
- develop training for career posts below consultant level in a combined child health service, including update training to enable those SCMOs and CMOs who wish to work in hospital to do so.

10. Providers - directly managed units and NHS Trusts - will need to take action to implement the proposed unifying of the staffing structure:

- offer existing CMOs the opportunity to transfer to the staff grade, provided that they meet the minimum entry criteria for that grade;
- offer existing suitably qualified SCMOs the opportunity to seek regrading to Associate Specialist, which is a personal regrading. Such an opportunity should also be offered to any eligible CMOs;
- cease making new appointments to the SCMO and CMO grades in the child health services;
- review their consultant requirements in child health in the light of their purchasers' requirements and the recommendations of both reports that the combined child health service be consultant-led;
- arrange for suitably experienced SCMOs to be given the opportunity to apply for new consultant paediatrician posts; where the duties of a planned consultant post are substantially the same as those of an SCMO in post, the employing body should consult the NHS Management Executive to ascertain whether the post may be filled without advertisement as provided for under Regulation 5 of the NHS (Appointment of Consultants) (Scotland) Regulations 1993;
- offer existing CMOs and SCMOs the opportunity to seek to enter the hospital training grades, where suitable posts are available; and
- ensure that suitably qualified CMOs and SCMOs have the opportunity to exercise these options within a year of the issue of guidance on terms and conditions of service.

11. The transfer of a CMO (or SCMO) to staff grade does not require NHS Management Executive approval. Staff grade posts created by the transfer of a CMO or SCMO do not count against the Scottish Health Service's 10% (of consultant numbers) ceiling on staff grade numbers.

**Equal Opportunities**

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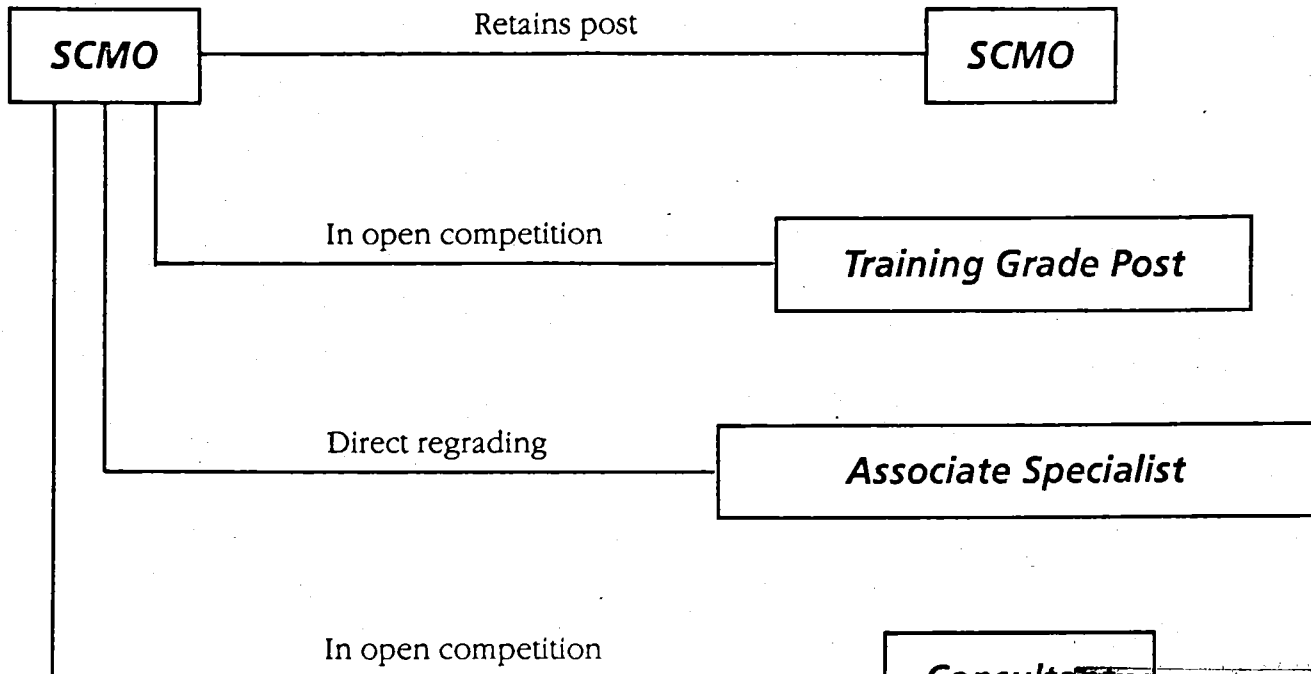
12. The great majority of doctors in the community health services are women. This contrasts sharply with medical staffing in other branches of medicine, including hospital-based specialties. Employing Boards and Trusts will need to pay particular attention to equal opportunity issues in all the appointments made involving medical staff in the child health service. There is a long tradition of part-time working in community child health which has enabled doctors, particularly women, to combine their careers with other responsibilities. Boards and Trusts should guard against possible discrimination against doctors who work part-time. The NHS Management Executive has issued guidance in MEL(1993)43 on a scheme to enrol doctors interested in part-time training; part-time training should be made available where possible.

13. The NHS Management Executive wishes to see the potential of women doctors increasingly realised. Implementation of the unified staffing structure offers the opportunity to make significant progress in increasing the number of women consultants. Boards and Trusts are asked to take full account of this opportunity when making appointments.

#### **Terms and Conditions of Service**

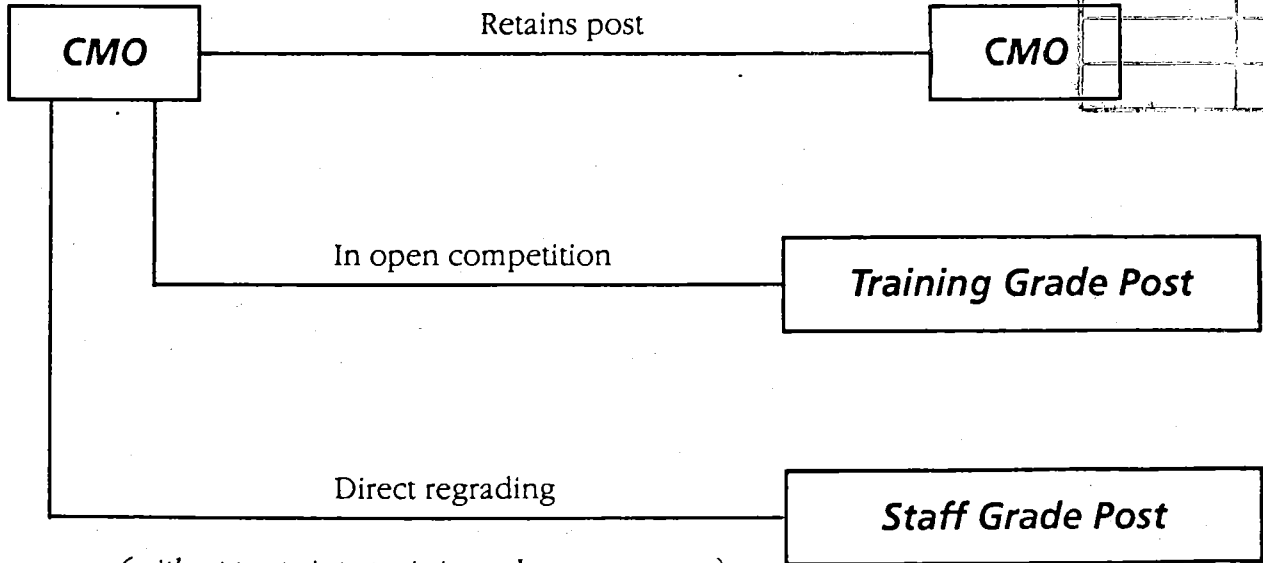
14. Discussions on proposed changes to terms and conditions of service are taking place in a Technical Sub-Group of the Joint Negotiating Body for Public Health Medicine and Community Health (JNB). The JNB is the forum in which the terms and conditions of service of CMOs and SCMOs are discussed between the Health Departments and the medical profession's representatives. It is hoped that guidance on terms and conditions of service will be issued soon.

# SCMO/CMO Career Paths



*(Some posts may not need to be advertised)*

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*(with appropriate training where necessary)*