

Community paediatrics and child health

To the Editor: In 2012, the Postgraduate Education Committee of the Health Professions Council of South Africa (HPCSA) supported the accreditation of Community Paediatrics and Child Health (CPCH) as a paediatric subspecialty; however, full HPCSA approval is outstanding. Consequently, by February 2015 there had been no visible progress towards implementation. Power and Heese^[1] and Swingler *et al.*^[2] highlighted the benefits of CPCH, rendering further debates about CPCH accreditation unnecessary, particularly in a country where: (i) progress towards the fourth Millennium Development Goal is slow; (ii) glaring gaps exist between hospital-based and community care, and between private and public sector care;^[3] and (iii) current under- and postgraduate paediatric training emphasises clinical subspecialties (despite reduced public sector posts), yielding graduates with limited knowledge about priority child health conditions. Primary healthcare re-engineering and the establishment of district clinical specialist teams in South Africa have starkly revealed the urgency of CPCH training.^[4] CPCH locates child health within a sociocultural-economic-political-environmental-systemic paradigm.^[5] Successful community paediatricians share four characteristics:^[6] (i) academic collaboration; (ii) finding evidence-based local solutions; (iii) establishing strong community-based partnerships; and (iv) addressing disease outside traditional biomedical models. This suggests that our sometimes narrow approach to under- and postgraduate training needs significant adaptation. The British Association for Community Child Health, affiliated to the Royal College of Paediatricians, is a successful model we can adapt.^[7] This custodian of community paediatrics directs traineeships, stipulates requirements and outlines the scope of the discipline.

We suggest six actions to facilitate progress:

1. Approval of CPCH as a subspecialty
2. Advocacy for CPCH and community paediatricians to create a demand at medical schools and among users in the community
3. Establishment of a pool of CPCH experts at medical schools to facilitate training in community paediatrics
4. A compulsory rotation in CPCH for all undergraduate medical students
5. Development of accredited training sites and posts for paediatricians wanting to subspecialise in CPCH
6. Revision of the paediatric registrar rotation to include a compulsory 6-month regional hospital or similar CPCH rotation.

The examples set by the University of the Witwatersrand (Community Paediatrics Division) and the University of Cape Town (School of Child and Adolescent Health, Postgraduate Diploma in Community

and General Paediatrics) should inspire the launch of similar programmes in other medical schools.

Unless community paediatric training is rapidly expanded and resourced, our current health policies will remain mere statements.

Where is the block, and can we be proactive?

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 International Women's Day (IWD) was celebrated on 8 March. The first International Women's Day was held in 1911.