assistent. It will be particularly relevant to overseas post graduates coming into this country, and for the others in rehabilitation in this country, will very largely be a declaration of particular special interest.

One last point that I would like to make, and to echo, the first speaker, and say that as the adviser in this training programme, and as adviser to the Examining Board, one will be looking for help, and advice, from each individual group, concerned with each individual special subject, because there will clearly need to be for some candidates the advice about what training they require, to whom to go, and to whom to turn. We shall also require advice in evaluating the experience of some candidates, both from this country, and from overseas; and, of course, we shall be looking for people to help in the examination process but in the special subject, so that if there was one body to whom we could refer this would make life for the advisors in this subject a great deal easier.

CONSULTANT TRAINING
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Chairman, Specialist Advisory Committee on Rheumatology
of the Joint Committee on Higher Medical Training

When we contemplated joining the European Economic Community it was clear that there were widely differing standards for specialist recognition and methods of assessment in the member states. In their wisdom the Royal Colleges of Physicians and Surgeons in the United Kingdom and Eire set up joint committees on higher medical and higher surgical training to evolve uniform standards for training and to plan for specialist accreditation. These parent bodies spawned specialist advisory committees whose duty it is to produce training programmes, to update them as necessary to keep pace with changing trends, and to visit training posts in order to determine whether they are suitable for the purpose thus defined. This policy is already producing a salutory impact on the standards demanded of higher specialist training jobs at Senior Registrar level; no units are sacrosanct, however venerable the institution or the individual trainer may be, and it is highly significant that to date of all the posts visited within the remit of the Joint Committee on Higher Medical Training only a handful has been unreservedly recommended. We recognise, and indeed hope, that an element of blackmail is implicit in this arrangement since senior registrars are unlikely to waste their time applying for or remaining in a post which is not recognized. Provisional recognition for a limited period may be a useful means for ensuring that merely adequate posts are improved by encouraging employing authorities to provide additional facilities or manpower.

The training programmes of the Joint Committees are readily obtainable from the Royal Colleges, and should be studied carefully by all intending higher trainees. The point that both the reports of these Joint Committees make are first, in common ground, that these will not be rigid and inflexible guidelines laid down on training programmes. The second thing that one must make clear is that specialist accreditation at the end of a training period is not synonymous with specialist registration which may or may not in due course become a function of the General Medical Council. The Joint Committee on Higher Surgical Training is not preparing 'to arrogate to itself the power either to direct trainees into specific posts, or to usurp the right of appointing bodies to select their own candidates.' Either of these things would be unthinkable.

The aims of the Joint Committee and its specialist advisory committees, which are very much the aims of the Joint Committee on Higher Medical Training, are firstly to designate, after proper consultation and collaboration with regional postgraduate committees and other regional authorities, those specialist training posts that are regarded as providing the proper degree of experience and opportunity for study or research that a potential consultant requires. Secondly, to establish a continuing relationship through his consultants and teachers with each individual trainee specialist throughout his period of higher specialist training, I think it is not recognised generally that the specialist advisory committees of these two Joint Committees are there to give advice right the way through. I have been a member of the Specialist Advisory Committee on Rheumatology since its inception in 1971 and I can only recall one or two people writing to the committee for advice. So this is clearly something which has not made sufficient impact.

Finally, the object of the Joint Committees is to
grant a certificate of specialist training without examination and on the basis of the work that the trainee has performed.

These proposals might be summarised as performing the dual purpose of giving to selected specialist training posts the formal approval of the Colleges that is now given only to pre-Fellowship posts in the surgical specialities, and of giving body and substance to the existing criteria for consultant status.

The Joint Committee on Higher Medical Training makes very much the same points. I am quite sure that those of you who are interested in bringing on young people in your field of interest should make them aware of these programmes. I might add that the programmes of the Joint Committee on Higher Medical Training are at the moment being actively revised and that a second report will be published in the not too distant future.

The specialist advisory committee on Rheumatology, which at least for the time being has responsibility for the field of Rehabilitation Medicine, has recently set up an enlarged sub-committee which has produced, as you will have seen from the medical press, a training programme for medical rehabilitation. This has also been updated and will be available before very long.

All the medical specialities demand the usual basic training — the general professional training — leading to membership of the Royal Colleges of Physicians. One can see that in the field of Rehabilitation Medicine a surgical background may be equally applicable, but a period of general professional training leading to a higher qualification of one of the Royal Colleges will clearly be mandatory.

As a clinical rheumatologist I have to confess to a considerable ignorance of the specialised techniques of sports medicine, although as a physician with responsibility for the provision of rehabilitation services within my Health District I am conscious that the side effects of sport make some inroad on our precious manpower resources. My personal awareness has been heightened by the somewhat uprooted proximity of my department to Middlesbrough Football Club just at the other side of the wall and fortified by the fact that some years ago I had the misfortune to lose an excellent superintendent physiotherapist from the pedestrian hospital service to the glitter of professional soccer.

It seems to me that devotees to the field of sports medicine have some kinship with certain other disciplines such as oncology or medical rehabilitation in that their foundations must be laid on a sound medical or surgical training followed by special experience and training in one of a number of fields which may be either medical or surgical. Sports medicine is not a speciality so much as a special interest which has a multi-disciplinary base which must needs bridge those medico-surgical frontiers which thankfully have become more and more blurred as physicians and surgeons become increasingly aware of each other’s special skills and interdependence in overall patient care. It goes without saying that if the practitioner is to perform surgical operations he will be expected to hold the Fellowship of a College of Surgeons. In any case, if he is to receive and retain the respect of his medical colleagues he must demonstrate that he has earned specialist status and thereafter will be judged, as are we all, by his individual expertise in the management of patients. I venture to predict that as the sportsman takes an increasing interest in medical matters he is likely to become ever more discerning and demanding.

I really cannot see sports medicine achieving a separate identity under the aegis of the Joint Committee on Higher Medical Training or the Joint Committee on Higher Surgical Training or any of their Specialist Advisory Committees. If British eminence — only you can tell me whether it is pre-eminence — in this sphere is to be preserved I am sure that you must insist that the young aspirant in the field is encouraged to receive an acceptable general professional training followed by higher specialist training in a suitable discipline such as general or orthopaedic surgery, rheumatology, occupational medicine or medical rehabilitation leading to accreditation in the speciality of his choice: he will develop his special interest and experience in sports medicine coincidently with this process and thus will ensure the maintenance of high standards of practice, discouraging the public from the patronage of the back street “expert” or the part-time dabbler.

We are well aware of the profound changes which are occurring in the training of general medical practitioners. I am personally conscious of the contributions to sports medicine made by such people as my friend Neil Phillips from the other side of the wall at Ayresome Park but I cannot see how in future a family doctor can contribute a significant special commitment unless he is welded into an organisation containing other interested medical and paramedical colleagues, presumably as a member of the relevant team in the District General Hospital.

It seems to me that your special interest can only remain acceptable in the future if first, you adopt the type of specialist training background I have outlined; secondly, you obtain suitable publicity engendered by the type of critical approach exemplified by today’s symposium; and thirdly, you ensure the publication of a uniformly high standard of scientific communications within the field of your endeavours.