Training in infectious diseases

Sir—The RCP/RCPath Report on Training in Infectious Diseases (July 1990) does not consider training in the care of *children* with infections and infectious diseases. We would like to draw the attention of your readers to some of the specific issues relevant to training in this area.

Infection is a common cause of childhood illness. In most cases, children with infections who need hospital treatment receive it from general paediatricians who draw advice from the local clinical microbiologist as necessary. In the majority of cases this is a satisfactory arrangement. The frequency of these problems in practice is such that a general paediatric training is sufficient to ensure a high standard of care. In cases which need isolation, children should be cared for either in a discrete area of the children's ward or in a specially designated children's isolation ward. If such a ward is under the overall care of an (adult) infectious diseases physician, it is important that a named consultant paediatrician has regular input into the unit, and that the recommendations of NAWCH (National Association for the Welfare of Children in Hospital) are complied with, especially as regards principles of nursing care.

In contrast, children with complex or unusual infections need the skills of paediatricians with specialist expertise in infectious diseases. This country currently has few such specialists and does not have a recognised training programme for producing more. It is hoped that this situation will soon be corrected. We foresee that each region will need a specialist referral centre for paediatric infectious diseases, involving a total of 30–35 consultant posts in England and Wales. At present, 7–8 centres could set up training programmes, and ideally these centres would be closely linked to the existing academic infectious diseases departments referred to in the RCP/RCPath Report.

Training for paediatric infectious diseases physicians would parallel that described for adult infectious diseases physicians in the Report, with a basic general paediatric training followed by training at senior registrar level in an approved centre for paediatric infectious diseases. As well as experience in the care of children with infections, training should include involvement with the team responsible for the control of hospital acquired infections particularly in relation to the newborn nursery and other children's clinical areas. Laboratory experience in microbiology would be beneficial and bearing in mind the relative importance of immuno-incompetence in serious childhood infections, clinical and laboratory experience in immunology would also be advantageous. Experience in epidemiology, public health medicine, tropical medicine and paediatric haematology/oncology would be important.

Paediatric infectious disease specialists trained in this way would have the unique combination of skills required for the management of complex infections in neonates, infants and children, particularly those who are immunocompromised for whatever reason. they would have an important role in general and specialist paediatric training and in promoting relevant research, usually in fruitful collaboration with adult infectious diseases physicians, those working in community and public health medicine, microbiologists and immunologists. They would also play an important role locally and nationally in determining and implementing policies for the control and prevention of infections in children, especially those related to immunisation.

Children with major immunological disorders, particularly those where bone marrow transplantation or immunotherapy (other than immunoglobulin) are used, should be cared for by paediatric clinical immunologists. An expansion in this field, on a supra-regional basis, is also needed. When this is achieved, paediatricians with specialist expertise in infectious diseases will be able to work together with paediatric immunologists to provide optimal care for these unfortunate children.

We hope that the above proposals will meet with widespread support in the profession and that the specialty of paediatric infectious diseases will take its place alongside other paediatric sub-specialties, (eg paediatric neurology, paediatric nephrology) which are now well established and whose value is undisputed. We believe that paediatric infectious disease physicians would complement rather than compete with their 'adult' counterparts and with clinical microbiologists in combating the challenge that continues to be posed by microbial disease.

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