

How specialty training for haematologists began in Great Britain

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In the early years of the Society, following its foundation in 1960, medico-political activities were deliberately eschewed in favour of the society's remaining a purely scientific body. An important and first exception to this policy was made in 1969 following publication of a document prepared by the Royal College of Physicians of London¹ and quoted in part in the *British Medical Journal*² accompanied by a leading article in the same issue³, the College report indicated that recognition should be given to haematology as a clinical specialty, but that the new specialty that they were proposing would not undertake a laboratory service commitment - indeed that '*laboratory haematologists . . . must continue to carry out the bulk of haematological examinations*'.²

By 1969 there were many haematologists in post in Great Britain, but they had no corporate voice that was able to speak on their behalf on this issue, nor indeed on any other important medico-political matter that might involve them as a specialty. The society had so far kept clear of such a role. While most haematologists were members of the society, only some of them were members (or more relevantly, fellows) of the Royal College of Physicians of London. The Committee of the Society felt that the current issue was much too important for haematology to be left without a spokesman able to speak for the specialty while also carrying authority, so the Society undertook this responsibility.

Although the arguments of the ancient College had a cogency when considered in isolation, the effect would have been to create two distinct classes of haematologist, where the responsibility of one group would be to perform those aspects of haematology that were not being covered by the other. The 'Clinical Haematologist' as envisaged by the College of Physicians would attend to the clinical problems, but would not be responsible for the laboratory haematology services to the hospitals at large. It was hoped that the 'Clinical Haematologist' would work in harmony with a 'Laboratory Haematologist'. No account was taken in the document by the College of the popular appeal of clinical haematology to the brighter young trainees, so that the ultimate result of the popularity of clinical involvement might well be the failure of laboratory haematology, by then bereft of its clinical responsibility, to attract an adequate number of good young doctors. A failure to attract good doctors to the heavy service commitment of haematology was seen as leading towards deterioration of service to patients at large, whose numbers included other major divisions of clinical work in addition to medicine, such as obstetrics and surgery. It might also lead on occasion to the Clinical Haematologist's being *person non grata* in the

haematology laboratory of his or her own hospital, a situation that would also be against the patient's interest.

It was clear that there was strong feeling amongst haematologists about the proposal of the Royal College of Physicians. After a general invitation, over 60 members of the society, which was a very large proportion of those who were then in positions of responsibility, wrote to the specially constituted working party of three. This working party comprised the Secretary, the Treasurer and the Associate Secretary of the Society – at that time W. J. Jenkins, J. W. Stewart and H. T. Swan. The terms of reference were to collect and correlate the opinions of members and to present a report on the subject. The letters submitted were virtually unanimous in their sympathy for the kind of approach that would provide a single national training programme for all trainees in haematology. Only after this single training programme had been completed would consultant establishments be filled, some of these calling for a haematologist who would have a predominantly clinical practice, and others for a haematologist with a predominantly laboratory interest, the majority perhaps wanting a consultant who would provide a competence in both. A common training programme would avoid the creation of two classes of haematologist, as seemed inevitable were the proposal of the Royal College of Physicians to be implemented.

The working party drafted a document entitled 'Report of the Specialty of Haematology' and submitted it to its parent body, which was the Committee of the Society. The document was then passed to the Business Meeting of the full membership when the Society met in Belfast in July 1969. It was decided there that the printed report, with two amendments, would be submitted to the Working Party of the Royal College of Pathologists, the College by then not having made a pronouncement on this heated issue. A leading article in the *British Medical Journal* some months later described the response of the Royal College of Pathologists to the problems of haematology as being 'muted'.⁴ At the Annual Meeting of the Society held in Cambridge in 1970, F.G. Bolton proposed that copies of the Society's memorandum be sent to the Royal College of Physicians and again to the Royal College of Pathologists, together with the suggestion that the 'three organizations' should set up a single working party with representatives of the British Society for Haematology in an endeavour to agree on suitable training and qualifications for haematologists. This was agreed unanimously.

In this way this document, approved by the whole Society in 1969, submitted in the manner that has been described and then published in the *British Medical Journal*⁵ and supported by the *Lancet*⁶ became the template for the future organization of the specialty of Haematology in the United Kingdom. In the process small modifications to the original recommendations were made, but the fundamental case remained. So it became the accepted practice throughout the country that there should be a single training pattern undertaken at some time by every trainee haematologist and that this should include both clinical and laboratory haematology. A national policy based on this was ultimately agreed by the Royal College of Physicians and the Royal College of Pathologists and was accepted by the Joint Committee for Higher Medical Training.

The agreement achieved at that time between these important bodies set a valuable and practical precedent for the future. Although the Society's initiative became anonymous at a very early stage, its influence in setting the national pattern for training in haematology had been real and its advice heeded.

References

- 1 *Report of the Committee on Clinical Haematology*, 1968. Royal College of Physicians of London.
- 2 Clinical Haematology – Proposals by the Royal College of Physicians. *British Medical Journal*, 1969, i: 830.
- 3 Clinical Haematology. (Leading article) *British Medical Journal*, 1969, i: 795.
- 4 The Specialty of Haematology. (Leading article) *British Medical Journal*, 1970, ii: 743
- 5 British Society for Haematology – Report on the Specialty of Haematology. *British Medical Journal*, 1970, ii: 788.
- 6 Clinical Haematology. (Leading article) *Lancet*, 1970, ii: 30.