

# Some Observations on the Medical Inspection of Schools\*

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## SUMMARY

The current procedure for the conduct of school medical inspection is examined. The suggestion is made that it has not kept pace with modern advances in other fields of preventive medicine. Improvements in organization, procedure and documentation are recommended on grounds of efficiency and economy. The idea of a pilot scheme to test the effectiveness of these recommendations is put forward.

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The systematic inspection of schools and hostels and the ascertainment and remedy of health defects among the young people who attend them is an important subsidiary function of any education authority. In most districts, the results speak for themselves—better functional planning and building of new schools, effective rehabilitation of older ones and above all, the remarkable improvement in the health and physical development of their pupils over the past two decades. Excellent results, certainly, but has the whole system kept pace with the times? The object of this article is to discuss this, and to put forward a few observations which might perhaps be useful in dealing with some of the problems which presently confront these services.

## THE BACKGROUND

School medical services in this and other developed countries are modelled on well-proved English practice, originally based on the 'Code of Regulations for Public Elementary Schools' (1908) and the 'School Health Service Regulations' (1953). Policy and procedure have changed surprisingly little since the latter date. The system has become conventionalized, and apparently is little affected by advances in medicine and social science. The objectives remain the same: firstly, to ascertain the presence of any

child who may suffer from physical or mental defect, especially one which may prevent him from gaining full benefit from education, and to remedy this; secondly, to secure the best possible environment in schools and hostels as regards lighting, heating and other amenities so that teaching is carried out in the most favourable circumstances. Even so, the difficulties in achieving these aims, and the problems associated with them, have changed vastly since the services came into being.

## THE PRESENT SYSTEM

This is familiar enough. At regular intervals school nurses visit the institutions under their care and carry out physical examinations of the children, recording details such as height, weight, visual acuity and the like. Shortly afterwards, the school medical inspector, assisted by the nurse, examines every child in the appropriate age group and records the results on the card previously prepared by the latter. Notes are made of any defects found, and steps taken to rectify them, usually through the family doctor. An inspection of the school and hostel premises is then performed and a detailed report made on a special form. Problems relating to premises and individual children are discussed with the principal, and recommendations for improvement in the former are made centrally to the Department of Education.

## DIFFICULTIES AND PROBLEMS

Accepting the fact that conventional medical inspection has produced good results in the past, justifying the effort and cost involved, is there any case for advocating change? Circumstances which have arisen during recent years seem to indicate that this is inevitable. The population explosion and the shortage of doctors and nurses are threatening, in some places at least, to cause a gradual run-down of the service. School medical inspection is not professionally attractive to many medical men because of its monotony and the amount of travel involved, even with the attraction of the long holidays. Most doctors are clinically orientated, and have only a secondary interest in preventive medicine. This also applies to nurses, whose special concern is that by doing routine school work they will lose touch with clinical advances. The problem resolves itself into the

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securing of adequate staff and making the best possible use of their time.

## POSSIBLE REMEDIES

### Abolition of Routine Inspection by Doctor

The present system of inspection is archaic, and wasteful of effort and money because it has not been adjusted to the social and medical changes which have taken place during the past 20 years. At one time the examination of 100 children might show that 20-30% suffered from some degree of defect. In many schools nowadays the figure might be as low as 5%. This is of course due to a number of factors. Better nutrition, the changed pattern of infectious disease, improved health education all play a part, but the fact is that it is now a matter of examining disproportionately large numbers of *normal* children to find only a *few* defective ones. It seems to be overlooked that there are several agencies other than the medical inspector which can, and do, function effectively in seeing that a defective child is brought to light. Parents, teachers and the family doctor all play a part and so, of course, does the school nurse. The first move then, should be to abolish purely routine inspection by the doctor and concentrate his or her activities on known defectives.

### Abolition of Routine Inspection of Premises by Doctor

The repeated routine inspection of all school premises, and the filling in of lengthy reports on mainly satisfactory conditions is a similar waste of time. This task could be far more economically carried out by the school nurse in consultation with the principal of the school and the reporting of defects to the medical officer for appropriate action.

### Rational Concentration of Effort

While general standards are high, schools differ significantly in the number of defects occurring among their pupils and the quality of their environment. This fact should be considered in planning the frequency of visits and time devoted to them.

### Rationalization of Documentation

**1. The school medical record card:** The format of the record card has remained virtually unchanged for at least a quarter of a century. Apart from useful data on immunization and past illnesses most of it carries negative

and not positive information. It lacks any facility for the rapid extraction of useful statistical information such as with the holorith system or computer coding. This is in fact the key factor in the organization which needs drastic modernization.

**2. Other forms and records:** The whole system of forms and documentation of records used in conventional school inspection needs revision along the lines of the elimination of useless information, and the streamlining of access to significant facts. At least two-thirds of them could probably be eliminated altogether for a start.

**3. The Annual Report on School Health:** This potentially valuable document is usually strictly conventional and stereotyped, consisting as it does of serried ranks of statistics, incomprehensible to the layman. Its especial value is to give a clear indication of *trends*, for example in dental state, nutrition and the like, and it should be capable of being understood by the teacher, lay administrator or even by interested parents.

**4. Health education:** In this sphere a school medical service can be of outstanding usefulness in directing a far greater effort towards the sound guidance of teachers and pupils in matters of health. The approach should be both by mass media, and group discussion between teachers and the school medical inspector, who, freed from useless documentation, can devote far more time to attacking the urgent problems of drug addiction and promoting better sex education to combat illegitimacy.

**5. Personnel:** Any organization is as effective as its personnel, and in any reorganized system of inspection the school nurse must play an important part. She will carry increased responsibility and status and should enjoy the confidence of her superiors. The monotonous nature of her work can be modified by a possible system of rotation in which she spends periods at a hospital doing clinical work, on an exchange basis with a hospital nurse who would like to change to school work. Above all she should be constantly aware of the rewarding nature of her efforts in bringing enhanced health and happiness to the children in her care.

## A SUGGESTED PILOT SCHEME

It could hardly be expected that any educational authority would be willing to introduce such radical changes as are envisaged above without careful prior consideration, and one way of assisting this would be the setting up of a pilot scheme in a given area, say a medium-sized provincial town. This scheme would embody some or all of the suggestions made, and would be operated for perhaps a year. At the end of this time an analysis of the results achieved would be made and compared with a 'control' town of comparable size, conventionally served. Factors considered, *inter alia*, would be efficiency, economy and the maintenance of an entirely adequate standard of school health. Perhaps some education authority would care to anticipate the probably inevitable.