are very few teaching health centres at present; each would contain comparatively small numbers of trainees from each group. Who would organize joint training in a teaching health centre? Clearly there should be a working group with a member from each branch; but joint training would need one organizer guided by this working group. Ideally, this should be the person best at organizing and with the greatest interest in teaching. He or she might emerge from any of the professions.

THE TEAM

A JOINT CONFERENCE SPONSORED BY the four Scottish nursing organizations, the Scottish council of the Royal College of General Practitioners and the Scottish branch of the Society of Medical Officers of Health was held at Edinburgh University on 19–20 September 1969.

The 200 delegates who attended from all over Scotland were provided with a most thought-provoking and stimulating two days in which all facets of the difficulties, advantages and disadvantages in working together as a team of doctors and nurses were thoroughly explored. The theme of the conference was set by DR BROTHERSON, chief medical officer to the Scottish Home and Health Department, who emphasized that the time for inaction in carrying into effect the concept of the Team in the community was now past. This concept had been accepted, tested and found advantageous so that there were no real excuses now for lack of progress. He welcomed also the inclusion in the programme of contributions on integration with the hospital services (notably in midwifery, psychiatry and geriatrics).

DAME ANNIS GILLIE followed this introduction and gave the opening address of the conference as overall chairman. Her basic message was the importance of developing the proper attitudes and, in this respect, one had to evaluate not only our own attitude as nurse, or doctor, but that of the public. She stressed the vital need for good communications within the team and said that if these fundamentals had been properly considered and developed, subsequent problems of provision of bricks and mortar, from which the team could operate, would become easier to solve.

The first day was devoted to papers on the general practitioner and community care. Delegates heard about the problems of a county co-ordinated general medical services team and of success in a district nurse–midwife and health visitor attachment in a small town. The difficulties of the attachment schemes in a city were also discussed and this was counterbalanced by the presentation of some achievements in attachment in Aberdeen. These two papers emphasized that the main difficulties were transport and administration but these were more than balanced by greater job satisfaction and better realization of the rôles of the different members of a team. An example of the work and impact of such a health team of nurses and doctors in a large group practice in Edinburgh was then presented in detail and the advantages and disadvantages in this setting analysed.

The following day the conference studied co-ordination of hospital and community care. First, they looked at the midwifery services and in particular the 'short stay' problem, i.e. admission of the patient for 48 hours for her confinement. The effect on midwife, patient and general practitioner of this form of obstetric care was discussed and the importance of proper communications realized.

The mental health services and their special hospital and community care problems were next on the programme. It was emphasized that in the planning of a mental health community care team, cognizance must be taken, especially in large cities, of different community areas

which provide a variation in demand and in case load, and this must be taken into account in any planning of such a service.

Liaison in the care of the patient who has been in hospital and the development of the nursing services in continuing care of the discharged patient were discussed at the end of the morning session.

In the final afternoon session the conference was provided with an example of integrated medical care between hospital and community medical services, with involvement of specialists, general practitioners, health visitors and nurses. This community-based care was that provided by a day hospital and a home consulting service for the elderly and could well be a pattern for imitation on a wider scale in psychiatry and geriatrics.

In the discussion at the end of the conference it was apparent that the delegates had been stimulated by the reports of what had already been achieved in integration and attachment services in certain areas of the country. The advantages, difficulties and pitfalls in the practical application of the team concept had been outlined in detail. Ideas were put forward that postgraduate medical centres would furnish excellent meeting places for discussion and lectures for all members of such a team. A more controversial point was the suggestion that records could be modified so that they could be available to all members of the team. Another speaker warned that integration of the family general practitioner into hospital should not involve his use as a 'specialoid' or as an extra pair of hands. The tenor of the discussion at the end of the conference indicated that the attitude of the participants, attitudes to which Dame Annis Gillie had referred at the beginning of the conference, had already changed during these two days. As one doctor remarked "we must develop the cult of the team rather than the cult of the personal doctor."

Dame Annis Gillie closed the conference with a vote of thanks to all the speakers and participants.

RESEARCH IN GENERAL PRACTICE

A progress report from the Research Committee of Council

The Research Unit

The International Congress of General Practice at Igls, 15–18 September 1969

The preliminary results of the Practice Organization Committee study on previously recorded data were presented by the director of the Research Unit.

An international study of the natural history of myocardial infarction was proposed. The director expressed the goodwill and continued interest of the college in this study.

The president of the International Society of General Practice, Dr Fritz Geiger, hoped that a personal translation of the *Handbook for research in general practice* would be published in German.

Visitors to the Research Unit recently have included Dr J. Day, of the University of Ottawa, who was interested in the establishment of a department of community studies in Ottawa, and the Millbank Fellows, including Professor Backett who spent an afternoon at the unit. They are interested in the clinical methods and research potential of general practice in Great Britain. Dr Margery Clifton of the Ministry of Technology, with whom the College co-operated in the study of air pollution, visited the unit to explore the possibility of further co-operative research projects. Dr D. Williams, senior medical officer to the Health Department and Dr Sheila Roberts, general practitioner, attended for discussion on the project to analyse the place of ancillary workers in general practice.

The advice of the unit has been requested on several other subjects, including the proposed