3. Doubts about role

Adult training centres are unsure of their purpose. Many have to cope with several roles, education and training sometimes taking second place to custody and occupation.

4. Inadequate staffing

The staff structure of training centres is inadequate. Many centres have inadequate staff ratios, insufficient relief staff, and ill-defined career paths. Hours and conditions of service vary widely.

5. Difficulty in finding work

Work is very hard to find. For those severely mentally handicapped people who receive proper training, sheltered workshops are too selective, vocational counsellors are rare, and employers are hesitant.

6. Need for Government action

A Government lead is vital. At the moment there is a lack of a clear lead from Government departments and agencies. Departmental initiatives tend to be uncertain and there is no active promotion of the right of mentally handicapped people to work. Departments such as Health and Social Security, Education and Science, Employment, and Environment should be making joint efforts, and statutory and voluntary agencies need to combine to improve adult centre programmes, to modernize the staff training system, to set up a job placement service, to make sheltered work less selective, to make open employment more open, and to affirm the civic right of the mentally handicapped person who is able to work to do so for proper pay.

A need to differentiate between the three functions currently undertaken by the ATCs—day care, training, and work—was also expressed and there was a call to give special encouragement to research likely to produce results which can be applied by service providers after the departure of the specialist researchers.

Much remains to be done to integrate and realize the potentialities of the mentally handicapped in society, but progress has been made in knowledgeable climates, professional and social, since the years of the 'village idiot' and the mass incarceration of the mentally defective in various poor law institutions. Medical science has had much to do with these advances, and now enables physical and other deficiencies to be distinguished from intellectual retardation.

However, social capacity remains the overriding criterion of subnormality, but since it is usually linked with intellectual capacity, it remains important to establish the individual's IQ, whilst providing the most helpful conditions in which his potential may be fully realized.

Reference

King's Fund (1974). *Employment of Mentally Handicapped People.* London: King's Fund.

H. D. ORRISS

Integration of patient care

UNDER the initiative of the Royal College of Physicians of Edinburgh, a working group was set up in April 1974 linking the Royal College of Physicians and Surgeons of Glasgow, the Royal College of General Practitioners, and the Faculty of Community Medicine in Scotland. As a result of these interdisciplinary discussions, working groups were set up to examine four common clinical conditions through which integrated clinical care could be improved and the most effective use made of available resources. The four conditions chosen were hypertension, stroke, diabetes, and dyspepsia.

The conference received reports from each of the working groups set up throughout Scotland.

Many difficulties had arisen about common definitions for morbidity, aims in treatment, and the acceptance of responsibility by the appropriate clinicians. The practical problems of integrating the community-medicine specialist, the hospital consultant, and the general practitioner were shown to be difficult but nevertheless beginning to yield to the co-operative approach which has been stimulated by the Royal College of Physicians. However, the conference revealed a willingness on the part of all the doctors involved to submit to the discipline of assessment with a view to improving comprehensive care for their patients. The latter point was vividly demonstrated in a formal paper presented by Professor Dollery of the Royal Postgraduate Medical School. He had carried out a study involving general-practice and hospital records of 100 deaths from malignant hypertension in London. He indicated a ready co-operation on the part of both the hospitals and general practices to make their records available for the purpose of audit, and it was comforting for us in general practice, if not for our patients, to learn that the hospitals fared almost as badly as we did in the management of continuing care of patients with severe hypertension.

The conference itself was essentially an educational exercise, showing once again the importance of communication throughout all branches of the health service. The faculty structure of the Royal College of

General Practitioners has played a valuable part in enabling the clinical projects to be examined initially, and we hope that the conference itself may allow the administrative integration of the health service to be followed by increasingly effective clinical integration.

It was encouraging to see the community physician directly involved in clinical studies with practical evidence of ways in which he can facilitate the care of populations through screening programmes, in close association with colleagues in general practice and in hospital.

The conference was realistic in recognizing the wide range of interests and skills in general practice, and resisted the temptation to recommend rigid structures into which the pattern of care for the conditions being studied should be moulded; but enough evidence was presented to suggest that close co-operation between the three branches of the profession can offer significant improvement in the quality of care.

In his summing-up of the conference, Sir Andrew Kay, Chief Scientist of the Scottish Home and Health Department, warned the delegates not to allow individual clinical responsibility to be offered up on the altar of closer integrated care. He felt that attitudes in the profession were now much more conducive to assessment and he called for changes in the style of teaching to accommodate this change, illustrating his own experience in Glasgow where Professor Barber and he conduct joint clinical teaching sessions. He called for the restoration of the former ethos of the medical profession, which he felt had been eroded in recent years due to the improvement in quality control which the working groups would continue to promote.

He congratulated the Royal College of Physicians of Edinburgh in promoting the conference through the wise counsel of the President, Dr John Crofton.

ALASTAIR G. DONALD

Association of University Teachers of General Practice

THE Annual Scientific Meeting of the Association of University Teachers of General Practice took place in Newcastle on 8 and 9 July 1976. Over 50 members and guests attended.

After a brief welcome from the Dean of the Medical Faculty, Professor J. N. Walton, the opening paper entitled 'Sore Throats Again?' was presented by Dr J. G. R. Howie (Aberdeen). Continuing the theme for the opening session of clinical research, Dr C. J. Watkins (St Thomas's Hospital Medical School) spoke of his study on acute lower respiratory disease in the first year of life, and was followed by Dr N. C. H. Stott (Cardiff) describing a double-blind randomized controlled trial of antibiotic therapy in middle respiratory tract infections. As with all papers presented during the two days the concepts expressed and the techniques used provoked vigorous discussion.

The second session contained a mixture of clinical and educational themes. Dr E. M. Clark (Southampton) demonstrated his new computer teaching aid PISCES (Patient Interview Simulation and Linked Computer Evaluation System), Dr J. D. Williamson (Guy's Hospital Medical School) read a paper on digoxin in the community, and Professor D. C. Morrell (St Thomas's Hospital Medical School) talked on the general practitioner's role in obstetric care.

The morning session on the second day was devoted to various aspects of undergraduate teaching. Two papers were presented from the Glasgow department, Dr D. R. Hannay speaking on behavioural and clinical teaching in general practice, and Dr T. S. Murray on the use and evaluation of recording booklets. Dr J. R. Ashton (Southampton) used videotape to illustrate his talk on teaching interview technique, and Professor P. S. Byrne (Manchester) rounded off the programme with a paper on an analysis of verbal behaviour in the consultation, delivered in characteristic manner.

The final session took the form of a debate on the desirability of university practices in academic departments. Professor D. C. Morrell (St Thomas's Hospital Medical School) and Dr D. H. H. Metcalfe (Nottingham) presented working papers, and the hour available for discussion clarified only the difficulty of producing any one answer to fit all the various local problems faced by new university developments.

At the Annual Business Meeting which followed, the following were elected to the Executive Committee for the session 1976 to 1977: Professor J. H. Barber (Chairman), Dr J. G. R. Howie (Secretary), Dr H. W. K. Acheson, Dr D. H. H. Metcalfe, Dr J. S. K. Stevenson, and Dr N. C. H. Stott.

The next Annual Scientific Meeting will take place in Glasgow on 14 and 15 July 1977.

J. G. R. HOWIE