psychiatric services, of the Social Services, of employment facilities and of the voluntary sector. A dog's breakfast of NHS tiers, hospital catchment areas, social service districts and other administrative boundaries emerges, though Surrey—with its huge concentration of mental hospital beds—suffers more than the average from this problem.

Community psychiatric nursing is something, like the former British Empire, which we seem to have acquired in a fit of absent-mindedness, and its model of mental illness is generally quite different from that of social work, yet Mrs Priestley points out that, this divergence is rarely if ever discussed openly. She found that relatives of schizophrenics were very unlikely to take their problems to Social Services, which they did not see as being in a position to help them. On the other hand, one CPN was covering a district of 138,000 people single-handed; so it is evident that this alternative is not always available. However, this report is not simply a demand for more; it emphasizes that 'without radical rethinking and redeployment of services it is unlikely that increased resources ... will have any (great) effect on the situation.' It also draws attention to that unavoidable double-bind of social policy that 'provision escalates demand, uncovers need, raises expectations, and changes the definition of an acceptable state of "health" '.

'Home Sweet Nothing' is a succinct and cogent discussion paper, with the immediate aim of stimulating debate on the practical possibilities of setting up a Campus Community for chronically handicapped schizophrenics. It states that the dilemma of how to assess the right environment for rehabilitation or resettlement can only be answered within a continuum of care, under a single management. Since the 1975 White Paper there has been little development of hostels, which in any case are only a partial answer. As a complete purpose-built community would need more capital than is likely to be available, growth is suggested from a nucleus of existing buildings, which would be fairly near each other. Using joint funding, it could be a cooperative venture between health and social services, one of them being responsible for management. The most doubtful and expensive aspect of the proposal is that this community should have its own staff, since the cost of anything more than a handful of these would almost certainly sink it without trace. Now is not a very promising time for new initiatives, but, as the NSF point out, 'the best practice is already tending in the direction of an integrated network.' If a real humane alternative to the long-stay mental hospital is to be found, almost certainly this is it.

HUGH FREEMAN

Correspondence

Computerization and Confidentiality

DEAR SIR,

This subject is the cause of very widespread concern at present, but some local experience may be worth recording.

The East Sussex Social Services Department, like many another, has bought itself an expensive computer which it calls a 'client data base'. Some months ago social workers working in hospitals were told that they, like social workers working elsewhere, were to provide the machine with identifying information about all hospital patients they had dealings with, and it was proposed that they would be helped in their work if visual display units were installed in hospital social work departments. Many of the social workers objected strongly on the grounds that to provide such information as a matter of routine, and without the patients' permission would be a breach of confidentiality. They agreed, as we do, that in an individual case where a social provision is to be made the Department needs information, but that the patient should be told that it is to be given. After some argument, the hospital social workers were given an ultimatum, and at that point the doctors heard about it and found a situation with ramifications of which they were unaware.

The Social Services Department emphasizes that computerization of data about their clients helps to avoid unnecessary staff effort, particularly in dealing with different members of one family, that it helps in predicting possible episodes of non-accidental injury to children (NAIC) and improves the efficiency of social work management. They take the view that the system they have set up is a secure one so that transfer to it of information about hospital patients would not breach confidentiality, and that the information to be computerized does not include sensitive material such as diagnoses. The doctors from all specialties have unanimously opposed these arguments, saying that information derived from work in hospital should stay within the established confidential system for which they are responsible, and that if information were allowed to pass routinely outside that system they could have no control over it, now or in the future. Having stated that as a matter of principle, they see no reason to be concerned with the security of the system, but they point out that many of their patients are unwilling for it to be known even that they have been in hospital or attended a clinic (often true for psychiatric patients, presumably more so for VD clinics, or for some who have illegitimate babies), that computers easily

collect and retain inaccurate information and that, no matter how apparently secure, they are open to misuse in a variety of ways. They doubt that computerization actually improves management efficiency. In this they are strongly supported by the BMA and by statements from the former Secretary of State, confirmed by the present one as follows:

(i) 'Identifiable information is to be regarded as held for the specific purpose of the continuing care of the patient and should not be used without appropriate authorization or the consent of the patient (parent or guardian in the case of a child) for any other purpose.

(ii) Access to identifiable information held in medical records is to be confined to the author and to the person clinically responsible for the patient during the episode for which the data have been collected (or their successors) unless specifically authorized by the clinician in the clinical interests of the patient.

(iii) An individual is not to be identifiable from data supplied for statistical purposes except when follow-up of the individual patient is a necessary part of the research (and either the patient has given informed prior consent or consent has been obtained from the Chairman of an appropriate ethical committee).'

We who work in hospitals in close co-operation with social workers have always seen them as professionals like ourselves, upholding the same standards and personally responsible for the decisions they make within their sphere of competence. Not so our Social Services Department Managers, for whom social workers, whatever their seniority, are employees of the Department, not personally responsible but accountable for all they do to someone more senior in the hierarchy.

I doubt whether many in the hospital service are any more aware than I was that since 1974 hospital social workers' notes have been the property of the Social Service Department and could be removed or computerized, or what you will, without the hospital staff having any grounds for objection.

No wonder there is cause for concern.

JOHN SUMNER STEAD

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Psychiatrists in Australasia

DEAR SIR,

I note that advertisements for psychiatrist positions in Australia and New Zealand regularly appear in the College and other journals. Typically these comment 'Membership of the Royal Australian and New Zealand College of Psychiatrists *or its equivalent*' is an essential qualification.

Members of the Royal College of Psychiatrists should be aware that they will be at a considerable disadvantage if they do not hold the MRANZCP. The MRCPsych is *not* seen as its equivalent by Australian and New Zealand psychiatrists. From 1981 psychiatrists who are not Members or Fellows of RANZCP will not be eligible to supervise psychiatrists in training. The accreditation of child psychiatrists is strictly monitored, and it cannot be assumed that training experience in Britain will be considered acceptable.

The belief of many psychiatrists in Australia and New Zealand seems to be that the MRCPsych is a token examination designed to approve organically-orientated psychiatrists. I have also been told several times that the reason for the recent reductions in exemptions for holders of the MRCPsych applying to sit the MRANZCP are a retaliation against the College's refusal to grant reciprocal exemptions.

Whatever the rights and truths of it all, difficulties certainly exist. Members contemplating clinical and climatic attractions in the Antipodes should ensure that they receive written confirmation of their professional status before ordering their aeroplane tickets.

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Research in Decline

DEAR SIR,

I think the problem which you set out is a very real one, and I believe a major cause is the nature of the training given to trainees in psychiatry. This struck me particularly when I migrated to Canada four years ago. An enormous effort is made to teach trainees large numbers of supposed facts about psychiatry, and very little effort goes into training designed to help people learn how to evaluate new information and approach assessment and treatment problems in a suitably critical and questioning fashion. I was particularly struck by this when I recently sat the papers for the FRCP(C) examination in psychiatry. The two multiple choice examinations were concerned almost entirely with 'factual' matters, and hardly at all with the other issues I have mentioned. I wonder if this applies also to the MRCPsych exam?

It seems to me that one useful thing that could be done to help reverse the decline in research would be to alter the training emphasis. This would, no doubt, mean altering examinations accordingly. Perhaps trainees should be taught that about fifty per cent of current psychiatric 'wisdom' will be out of date and no longer considered of value in five years time, so that they would do better to learn how to keep up to date with the best current practice and to evaluate supposed advances as they are reported. Perhaps the College Research Committee, and indeed those committees responsible for training and examinations, would like to consider this point.

PHILIP BARKER

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