The register included details of the patient's Care Programme together with the name, address and telephone number of the consultant, keyworker and general practitioner. A system of six monthly consultant reviews was up and running.

Turning to the professional acceptance of this impressively organised register, neither I nor any of my four colleagues then on the duty-doctor rota knew the whereabouts of the register until after the audit; it was a red A4 ring-bound file, labelled "Supervision Register" and stored on a shelf in the secretarial office above the wards and out-patient rooms.

I agree with Mr Vaughan's conclusion that more energy needs to be expended into education about the purpose and use of the supervision register – not only for other services, as he suggests, but also for those of us providing the psychiatric care.

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## Changing medical students' attitudes to learning disability

Sir: We were pleased to see the paper by Hall & Hollins (*Psychiatric Bulletin*, July 1996, **20**, 429–430) on the impact of the Strathcona Theatre workshops on medical students' attitudes to learning disability. Having received the idea from Professor Hollins, our experience from using the company in undergraduate medical teaching over the last 9 years, is also positive and we endorse the authors' findings. Successive firms of students have found the workshops interesting, well organised and very useful.

Furthermore in our programme, two people with mild learning disabilities spend a morning with small groups of students taking them to a day centre, a respite care and a local in-patient assessment facility. We believe that these occasions provide a positive image of people with learning disability and a further opportunity for the latter to be in control.

Current changes in the medical curriculum pose threats as well as opportunities for teaching about learning disabilities. It is essential that such positive encounters remain part of the core teaching and more in-depth experiences are made available as special modules. Teaching on the long-term consequences of chronic disability and the medical role in this could be done through short-term contacts, i.e. five or six visits to a disabled person in a family or in residential care properly supervised over a year.

As the face of practice in the psychiatry of learning disability alters, it is of great importance that teaching addresses and facilitates the inclusion of learning disability in a modern medical curriculum.

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## Missing IQ

Sir: I read with interest, Dr West's correspondence on the subject of missing IQ (*Psychiatric Bulletin*, June 1996, **20**, 370–371). The IQ went missing as the psychologists became more 'clinical'. Furthermore, he lost his identity as terms such as 'borderline', 'low-normal' and 'subnormal' etc. came into being without clear meaning. Although the Code of Practice (Department of Health and Welsh Office, 1990) recommended that "No patient should be classified under the Act as mentally impaired or severely mentally impaired in the absence of formal psychological assessment", still many patients are so diagnosed with IQ missing. Should psychiatrists depend upon fellow psychologists to search for the IQ?

As a psychiatrist in Learning Disabilities, I always keep track of his whereabouts through my own efforts. With a little practice, he is so easy to find.

DEPARTMENT OF HEALTH AND WELSH OFFICE (1990) *Code of Practice. Mental Health Act 1983*. London: HMSO.

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https://doi.org/10.1192/pb.20.12.757 Published online by Cambridge University Press