



the college

Proposal for a Special Interest Group in Complementary and Alternative Medicine

Procedure for establishing a Special Interest Group:

1. Any member wishing to establish a Special Interest Group shall write to the Registrar with relevant details.
2. The Registrar shall forward the application to Council.
3. If Council approves the principle of establishing such a Special Interest Group then it will direct the Registrar to place a notice in the *Bulletin*, or its equivalent, asking members of the College to write in support of such a Group and expressing willingness to participate in its activities.
4. If at least 120 members reply to this notice, then Council shall formally approve the establishment of the Special Interest Group.

In accordance with this procedure, Council has approved a proposal for the establishment of a Special Interest Group in Complementary and Alternative Medicine.

Background to the proposal:

- Complementary and alternative medicine (CAM) is a growing provider of health care – and mental health care – in the UK.

- Many people with mental illness use both orthodox care and CAM.
- Irrespective of whether CAM is effective, good practice suggests that psychiatrists should be familiar with the generic issues around CAM, the specific complementary interventions used by their patients and the possibility for interactions with orthodox treatments.
- There is evidence that some complementary interventions are efficacious.
- There is a need for good research on widely-used but still untested interventions.
- In 2001, the Government responded favourably to a report by the House of Lords Select Committee on Science and Technology, supporting recommendations for training fellowships and research, and recognising the role that CAM has within the NHS.
- Subsequently, the Department of Health called for a declaration of interests by universities in hosting Complementary Medicine Research Award Holders for Research Capacity Awards, resulting in 19 universities becoming eligible to collaborate with award applicants.
- In 'Tomorrow's Doctors', the GMC recognises that the medical undergraduate curriculum should include familiarisation with complementary therapies.

A small working group has met several times, and has established links with the Foundation for Integrated Medicine. A Medline search on mental health and CAM has been undertaken, and a session was held at the College's Annual Meeting in July 2003. Consideration is being given to a stand-alone conference in 2004–2005.

The College's Council has endorsed a proposal to establish a Special Interest Group in this area to continue and formalise this initiative.

The Special Interest Group will aim to meet regularly to consider key issues of relevance to the College and to organise seminars and conferences, to stimulate research and good practice, and to disseminate evaluation of complementary and alternative approaches in mental health. The Special Interest Group will also establish links with other interested parties including other Royal Colleges and professional associations.

Members are invited to write in support of this group and express willingness to participate in its activities. Interested members should write to the Registrar, care of Miss Sue Duncan at the College. If 120 members reply to this notice, then Council shall formally approve the establishment of this Special Interest Group.

Dr Andrew Fairbairn
Registrar

Annual General Meeting

June 2003

The 32nd Annual Meeting of the College was held at the Edinburgh International Conference Centre, Edinburgh from 30 June to 3 July 2003.

Business Meeting

The Business Meeting of the Royal College of Psychiatrists was held on Wednesday, 2 July 2003 and was chaired by the President, Dr Mike Shooter. It was attended by 86 members of the College.

The minutes of the previous meeting, held in Cardiff on 27 June 2002 and published in the *Psychiatric Bulletin*, December 2002, were approved and signed.

Arising from the previous Business meeting in Cardiff, the President reported

on progress to date regarding resolutions made at the previous AGM as follows:

- The Cardiff meeting had agreed that the College resolution on China, adopted in London the previous year, should be put to the World Psychiatric Association (WPA) AGM in Yokohama in the summer of 2002. At Yokohama, the WPA agreed to set up a task force to lay down the protocol for a free and independent visit to China, to investigate the alleged political abuse of psychiatry and to report back on progress at the American Psychiatric Association (APA) in Spring 2003. At the APA meeting, the WPA issued a statement saying that it had been impossible to carry this further because of the non-cooperation of

the Chinese Government, the outbreak of SARS and the replacement of the Health Minister in its wake. It now called on the new minister to allow the investigatory visit, along the lines that the College had originally asked for.

In the light of this statement, the College joined with the APA in supporting its demands. Dr Shooter encouraged members to consider what action the College should take if China refused the visit. He would be writing to the WPA to pose the same question.

- In contrast to China, the WPA had reacted very promptly and appropriately to the situation in the Middle East. A task force, jointly chaired by Israeli and Palestinian



psychiatrists, had already been set up under the aegis of a committee, on which the College was represented through the President. In addition, an emergency meeting had been called in Cairo by the World Health Organization (WHO) and WPA acting together to examine ways of supporting psychiatric services in Iraq. Professor Hamid Ghodse would be attending that meeting for the College.

General business

The formal Report of the Treasurer and a summarised version of the Annual Accounts for 2002 were received and approved. The re-appointment of the auditors was approved. The new fees and subscription rates from 1 January 2004 were also approved.

The following resolution was proposed by Dr Mike Shooter and seconded by Dr Andrew Fairbairn:

That the Bye-Laws of the College be amended, revoked and added in accordance with the copy thereof containing such amendments, revocations and additions sent to the Members with the notice of this meeting, provided that such amendments, revocations or additions shall not take effect until the same shall have been approved by the Privy Council and provided further that the Executive and Finance Committee of the Council shall have authority to approve any further amendments required thereto by the Privy Council.

The resolution was supported.

No other resolutions had been received for discussion at the meeting.

The Registrar reported the following new appointments and results from elections:

The Dean

Professor Dinesh Bhugra

Honorary Officers

Editor – Professor Peter Tyrer

Fellows on Council

Professor Ilana Belle Crome
Professor Pamela Jane Taylor

Members on Council

Dr Kwame Julius McKenzie
Dr Philip Sugarman

Members of the Court of Electors

Dr Jeremy Shaw Bolton
Professor Ramalingam Nirmalakumar
Chithiramohan (Mohan)
Professor Ilana Belle Crome
Dr Kedar Nath Dwivedi
Professor John Charles Gunn
Dr Annie Yin-Har Lau

New Chairmen/Secretaries of Divisions

Dr M. Tanner – Secretary Eastern Division
Dr F. Browne – Chairman,
Northern Ireland Division

Dr N. Chada – Honorary Secretary
Northern Ireland Division
Dr M. Nowers – Chairman,
South West Division
Dr S. Bhaumik – Chairman
Trent Division

New Chairmen/Secretaries of Faculties and Sections

Child and adolescent faculty –
Dr Ann York
G&C faculty – Dr Suresh Joseph
Liaison section – Dr Paul Gill
Social and rehabilitation section –
Dr Robin Arnold

President's Report

The President's life is a varied one. On one day recently, I had morning coffee with our Patron at St James' Palace, visited Pentonville Prison in the afternoon and chaired an on-line evening discussion of the biochemistry of transmitters!

During the latter, I found myself saying that when I first came into psychiatry, a quarter of a century ago, schizophrenia was a diagnosis of hopelessness – of resistance to treatment and inevitable decline. Now all that has changed. Thanks to the sort of holistic package of help recommended in the NICE guidelines, the watchword is 'recovery'. And this could be an analogy for the College, too. Where once there was demoralisation, now there is a spirit of creativity typified by the events of this past year – with RECOVERY as their acronym.

Reassessment of the Roles and values of consultant psychiatry is the remit of a College scoping group that feeds into the National Steering Group we co-chair with the National Institute for Mental Health in England and the Department of Health. That group is drawing together creative examples from all over the UK of how consultants can be freed to get back to what they enjoy doing best – taking on the most complex cases and consulting to the rest. Educational revision is a corollary of this. We have *carte blanche*, under the auspices of the new Postgraduate Medical Education Training Board (PMETB), to redesign our psychiatric training from undergraduate through to continuing professional development levels, to produce the sort of consultants that modern services require.

Despite being one of the newest Colleges, our Constitution needs overhauling with an eye to the devolution of powers, tasks and responsibilities out from 17 Belgrave Square to the geographical divisions and subspecialty faculties. In such a way, the College may begin to have a more immediate meaning to grass roots membership. Overseas, this is being mirrored by the establishment of inter-

national divisions through our Board of International Affairs. The meeting has already heard of our dealings with the World Psychiatric Association over the political abuse of psychiatry in China and the aftermath of conflict in the Middle East.

There are huge Vexations, of course. Like the rest of the NHS, we continue to struggle with the endless changes thrust at us, often with little evidence base to them. A survey we have commissioned from the CRU has shown just how little of all that promised new money has trickled down to the service level. And the College has continued to campaign vociferously for new mental health legislation that is fair, practical and effective, along the Scottish model. But the learned helplessness that threatened to engulf us in the face of these problems has changed to a firm, and sometimes angry, determination to take back control over our own profession.

The College continues its Ethical examination of all its structures and processes. One scoping group has tightened the guidelines on our relationship with industrial sponsors in general, and the pharmaceutical industry in particular; another is looking at what responsibilities the College might have for disciplining Members whose practice is beyond the pale. The External Review Team from the University of Central Lancashire has reported on its search for evidence of institutional racism. An implementation plan has been drawn up by the Chief Executive and promises to be a template for all other colleges to follow.

Relationships have become crucial in all these issues. No longer should the College feel isolated in its fight to improve the lot of patients and those who care for them. Our full membership of the Mental Health Alliance has been crucial in the battles over the Mental Health Bill; inter-college cooperation through the Academy did much to rescue our role in training from a PMETB that once threatened to shunt the colleges to the edge of their educational lives. We are looking at ways of developing closer ties with chief executives with whom we share the responsibility for establishing good services. Our relationship with the media has been improved by a greater willingness to face up to the controversial nature of much of what we do, and to talk about it openly in public.

So – RECOVERY: Roles; Education; Constitution; Overseas; Vexations; Ethics; Relationships; and You, the membership of the Royal College of Psychiatrists. None of my optimism should obscure the very real suffering of some members, struggling with the stress of trying to run poorly-resourced services or being bullied in their day-to-day trainee or consultant lives. A fifth scoping group is looking at ways of opening a confidential