



support and advice service to such members. But the prevailing mood has changed. Psychiatrists should not feel ambivalent about what they do. Whatever politicians and the media might say, our clinics are overflowing with patients and their carers who want and respect our help.

It hasn't always been a smooth ride over the last year, but we never promised that it would be. If you wanted 'Royal College Sleepy Hollow' then you should have elected a different set of officers!

**Mike Shooter**

## Registrar's Report

### Reform of the Mental Health Act 1983 (England and Wales)

In response to the publication of the draft Mental Health Bill in June 2002, the College and the Law Society issued a joint statement describing the legislative proposals as fundamentally flawed in principle and practical reality.

In July 2002, Dr Mike Shooter, President, and Dr Tony Zigmond, College lead on the Mental Health Bill, wrote to College members to inform them of the College's reaction to the Bill, considered ethically unacceptable and practically unworkable. A similar letter was sent to Chief Executives and Medical Directors of Trusts, detailing the College's objections and urging them to respond to the Department of Health.

A seminar was hosted by the College in August, attended by representatives from a wide range of mental health organisations and professions including lawyers, nurses, service users, psychiatrists, social workers, psychologists, carers, service providers and charities.

The College submitted its formal response to the draft Bill in September 2002, and since that time has participated in stakeholder 'negotiations' with the Department of Health, and has joined the Mental Health Alliance.

### Mental Health (Scotland) Draft Bill

A submission was made by the Scottish Division.

A Race Equality Statement of Intent ('RESI') and Race Equality Scheme were endorsed by Council in 2002 and published on the College's website.

A Detailed Race Equality Scheme Action Plan was endorsed by Council in June 2003, and is being taken forward by the Special Committee on Ethnic Issues. This

will ensure that the RESI is turned into a series of effective work programmes.

The Action Plan combines the requirements resulting from the Race Relations (Amendment) Act 2000 where the College is listed as a public authority, with the recommendations contained in the Council Report CR92 'Report of the Ethnic Issues Project Group'.

Key points:

- Ensuring College policy is non-discriminatory and promotes racial equality
- Drafting racial harassment policy for College members
- Ensuring that core training, and education of members and trainees, includes capability in race and culture issues
- Ensuring that Black and minority ethnic members and associates (including trainees) have access to all functions of the College
- Work to improve services for Black and minority ethnic service users
- Improve consultation with Black and minority ethnic service users
- Promote awareness of potential for discrimination in mental health legislation
- Ensure that research takes account of race and culture
- Carry out specific employment duties as employer of College staff
- Consult on Action Plan
- Monitor results and publish in Annual Review and website.

### International Fellowship Scheme

This is an ongoing recruitment initiative for the next 3 years. The College is working closely with the Department of Health on this, and has found the Scheme a major help in recruitment.

### Alleged political abuse of psychiatry in China

In August 2002, the College called upon the World Psychiatric Association (WPA) General Assembly in Yokohama to arrange a fact-finding visit to China to investigate allegations of political misuse of psychiatry.

A memorandum was recently received from the WPA addressing a public appeal to Mrs Wu Yi, the new Minister for Health and Vice President of the People's Republic of China, to authorise a visit by a WPA task force. While this memorandum fulfils the College's call that the WPA should make such a request, it does not address the question of what further action would be taken should permission not be given.

Clinical guidelines developed by the National Collaborating Centre for Mental Health on the treatment and management of schizophrenia in primary and secondary care were published by NICE this year – NICE's first treatment guideline.

A Scoping Group on the College's Constitution was set up under Professor Robin McCreadie's chairmanship to consider the implications for the College of political devolution, following consultation with Divisions. In June 2002, Council endorsed proposals aimed at strengthening the identity of the Irish Division as it relates to the Government in Dublin – agreeing to adopt the title 'The Irish College of Psychiatrists' as the business name of the Royal College of Psychiatrists when operating in Ireland. This year, Council has agreed that the current Irish Division should be replaced by two separate Divisions – a Northern Ireland Division, and an Irish Division (which retains its title in the Regulations, but will relate solely to Ireland, excluding Northern Ireland). The two Divisions will meet regularly, to discuss matters of mutual interest, in the form of an 'All-Ireland Institute of Psychiatry'.

Other constitutional changes have been proposed by the Scoping Group and endorsed by Council, and are set out in the explanatory memorandum accompanying the proposed Bye-law revisions. Further changes will be considered by the Scoping Group at its next meeting in September, and a report submitted to Council, with a view of putting forward further Bye-Law amendments to the AGM in 2004.

A Scoping Group on supporting members and developing complaints procedures was established under Professor John Gunn's chairmanship, and a third Scoping Group – on Roles and Values – is being chaired by Professor Richard Williams.

### Human rights and the treatment of restricted patients – appeal to the House of Lords

The College was invited to apply to be joined as a party to a set of legal proceedings in the House of Lords focusing on the issue of whether a psychiatrist was a 'discrete public authority' and was bound by the provisions of the Human Rights Act 1983, i.e. whether psychiatrists could be obliged to treat patients as required by a mental health review tribunal to allow discharge to take place, or whether they could legitimately refuse to treat restricted patients. Council has agreed that the College should apply.



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## Special Interest Groups

The following new Groups were endorsed in principle this year:

Social Science and Psychiatry  
Complementary and Alternative Medicine

Council has agreed that the History of Psychiatry Special Interest Group should be discontinued, as it is no longer active.

A review of SIGs is to be undertaken by Registrar and Treasurer for consideration by Council.

**Andrew Fairbairn**

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## Treasurer's Report

I am going to speak quite briefly as the formal Treasurer's report and summarised accounts are available at the meeting, and Paul Taylor has copies of the full accounts for anyone who wishes.

The overall picture for 2002 is that the College's income was about £8.5 million, an increase from the previous year. After investment losses are taken into account, the surplus was about £0.5 million, again an improvement.

First I'd like to say something about income. As you can see, Members' subscriptions are of great importance as they form the largest percentage of income. The total number of Members has increased steadily and was 10 432 in May 2002. In order to promote Membership and association with the College, we have continued a policy of minimising financial barriers to re-entry, are developing a category of International Associateship and have introduced free Membership for the over 75s. For the future, we need to encourage still more trainees as Inceptors and staff grades as Affiliates.

Another major source of income (largely restricted in use) is the College Research Unit (CRU), which had a very successful year, especially with the development of the National Collaborating Centre for Mental Health, funded by NICE. We have restructured financial arrangements with the CRU in a way we anticipate will encourage a range of income-generating activities.

Publications again made a surplus – more books were sold, advertising was buoyant and subscriptions for the journal *Advances in Psychiatric Treatment* (APT) increased substantially. We continue to reflect on the potential impact of electronic publishing and the Internet, especially on journals and teaching materials, and need to prepare for this new era.

From 2002 and continuing, we have had a considerable debate as to what degree the College should be dependent on commercial sponsorship. We think it is important that a wide range of partners be sought, especially to enable public education activities and other projects,

and that the arrangements and principles should be clear. A Development Management has been appointed, whose task is to establish a fund-raising and income generating strategy.

Cash flow has been positive, and because of likely poor returns on equities, we maintained a degree of liquidity in order to invest in property if appropriate.

Of course many activities involve both income and expenditure. Examinations, for instance, had an increased number of candidate numbers and a limited surplus was made this year enabling future developments. Conferences in 2002 did well, especially those organised by Faculties. The annual meeting in Cardiff was more modest in scale and achieved a small surplus, as opposed to the considerable loss of the preceding year.

What we were enabled to do with income included the completion of the Mind Odyssey, the continuation of the Changing Minds anti-stigma campaign and an external audit of Race Equality Issues. In terms of capital expenditure the major outlay of the year was on Information Technology.

Finally, as usual I would like to thank for their commitment and support Paul Taylor, Head of Financial Services and his staff, and of course Vanessa Cameron, Chief Executive.

**Fiona Subotsky**

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## Dean's Report

When I was elected Dean in 1998, I was asked to make a short presentation at the Annual Meeting outlining what I thought the College should be doing in the field of education during my 5-year term. I remember my excitement in trying to formulate long-term plans. I also remember Mike Shooter, then the Registrar, telling me immediately afterwards that the then President, the late and very much missed Dr Robert Kendell, had turned to him as I finished my talk and whispered 'he'll never do it'.

I like a challenge! That talk became the basis of the educational strategy, which I put together over the coming months and which has been much of my 'dean's task list' ever since. So what have we achieved? And what remains to be done?

I'll start with undergraduates and the medical school context. We have developed new careers literature, an enterprise led by the Collegiate Trainees Committee (CTC). We have ensured that the College is represented at medical Careers Fairs around the country. We also now have a regular slot on the Medlink programme for sixth-formers interested in a career in medicine. This, again, is now delivered by CTC members. At a more administrative level, we have combined the College's Research and University Committees. The

new committee has now met twice and will I am sure be a major force in preserving and expanding the academic career track for psychiatrists.

What about training? We now have a unified specialist training committee bringing together the basic and higher specialist advisory committees. Against many Doomsday predictions, we have succeeded in introducing mandatory placements in child and adolescent psychiatry and/or learning disability and, on the back of it, clear learning objectives for all basic training placements. We have a comprehensively revised curriculum for 'Basic Psychiatric Training and the MRCPsych exam' – which, like the Forth Bridge, now needs a further revision! We have also made the commitment to introduce mandatory psychotherapy experience and to monitor this at the level of individual trainees. We remain committed to improving and monitoring standards of MRCPsych courses, and there is now an MRCPsych course organisers sub-committee who have made an excellent start in sharing and improving good practice in course design and delivery. We have almost completed work on a skills-based curriculum for Certificates of Completion of Specialist Training (CCSTs) in psychiatry (ahead of many colleges) and are now carrying out a root and branch review of the structures of psychiatric training and of the range of CCSTs we offer. There are considerable challenges in terms of the new Postgraduate Medical Training and Education Board, the European Working Time Directive and Modernising Medical Education. We are also committed (not before time perhaps) to ensuring a truly developmental perspective throughout training across the psychiatric specialties.

Which brings me to examinations. It has been a great pleasure for me to work with Dr Stephen Tyrer and Professor Femi Oyebo in reviewing and implementing a thorough revision of the MRCPsych examination and I am delighted that the changes have, as of this Spring, been fully implemented. The main changes (introducing OSCEs, extended matching questions and criterion referencing) have, I think, made our examination much sounder educationally. They have also been well received by trainees and trainers. The Academy of Royal Colleges is now reviewing all College exams and we have a real opportunity to 'think the unthinkable'. My money is on a common 'Part 1' exam following Foundation SHO year. I think we may well also see a much more formal exit assessment, perhaps in the form of an OSCE.

The College's educational role certainly doesn't stop at the end of the formal training. I hugely enjoyed my 2-year stint as Director of CPD and am proud of having led the implementation of pre-