

The new President

Professor Andrew Sims will take up office as the new President at the Annual Meeting in July. He has been Dean of the College since 1987.



Professor Sims writes: With both parents in general practice together, medicine has been part of my life as long as I can remember. We lived over the practice, within the sound of the cathedral bells in Exeter. I vividly remember bombing all around us and my father coming back from service with the Royal Army Medical Corps. The coming of the National Health Service was uncomfortable in general practice until the teething troubles were rooted out, but the sun always seemed to shine in Exeter.

At Monkton Combe School I found Jung and some bizarre psychological exotica from the 1930s much more interesting than science 'A' levels and, without really knowing what it involved, decided to head for psychiatry in my teens. I was intrigued by what made people do the things they did – and I had not come across psychology as an occupation. At

Emmanuel College, Cambridge, I enjoyed the social life but was never enthused by the medical course; this was years before Behavioural Sciences for medical students. However, from the time of starting clinical medicine at Westminster Hospital, I realised that I wanted to be involved with patients – and that continues despite other diversions.

I started psychiatry in Manchester with Professors Neil Kessel and John Hoenig. This was a unique combination, and a state of conflict existed between the two disciplines of psychiatric epidemiology and phenomenology; I have retained an interest in these ever since and find that they are the foundation for research and clinical practice, and therefore for education in psychiatry. As a senior registrar and consultant at All Saints Hospital, Birmingham, I had invaluable experience in the highly practical role of running a busy service while developing clinical research and being Psychiatric Tutor.

Working as a senior lecturer in the Birmingham University Department was an invigorating experience. Sir William Trethowan ruled by encouragement and supporting the ideas of his staff, rather than autocratic control; that regime best suited my temperament. The aim in the West Midlands was to make every psychiatric hospital a teaching hospital and this was good training for Deanship of the College, and the Approvals Exercise.

My guiding principle for practising psychiatry is my Christian faith and despite the humanist roots of psychiatry, I have not found the two to be incompatible. I am glad that it is possible to make such a statement now; it would have been difficult when I first entered psychiatry, as religion was highly unrespectable.

Over the next three years, I would see the Presidency as having a crucial role in representing the needs of psychiatric patients and the specialty to Government and to the rest of the medical profession. In the UK, the National Health Service is under threat and mental health services are particularly vulnerable. Put very simply, we can run a much better and perhaps cheaper mental health service by having an emphasis of treatment in the community but only if we have many more well-trained consultant psychiatrists to provide the service and those psychiatrists are given the authority and the resources, including other staff and appropriately placed hospital beds, to carry out their task.