Psychiatric Bulletin (1993), **17**, 385–387

The new President

Dr Fiona Caldicott will take up office as the new President at the Annual Meeting in July. She has been Dean of the College since 1990.

Dr Caldicott writes:
I am most grateful for this opportunity to write for the *Psychiatric Bulletin* in anticipation of becoming President of the College in July.

From trainee

I qualified in medicine in 1966 and, having done my house-jobs, had my first child, a daughter.

It was not an easy time to plan a career in medicine, unless you were prepared to work full-time, and I worked part-time in general practice, which I have never regretted. I think a very good case can be made that all those aiming for a career in hospital medicine should have experience of working in primary care. I began my career in our field in 1969 when, as a trainee in general practice, I obtained a clinical assistant session in psychiatry at Walsgrave Hospital, Coventry which had just opened as a District General Hospital. Part-time training in hospital specialties was only introduced on a formal basis in 1969 and in the West Midlands, where I have always worked, there was enthusiasm to follow Dame Rosemary Rue's example in Oxford, and establish it, particularly in areas of practice which were unpopular.

My choice of psychiatry came in part from the interest in people that all applicants to medical school appear to have, and from the influence of my tutor at St Hilda's College, Oxford, Dr Marianne Fillenz, who is a neurophysiologist. She also demonstrated that it is possible to bring up a family and have a rewarding professional career.

The College was just being established and I was warned that it might not be possible to obtain the Membership part-time so, having had my son, I did the Diploma in Psychological Medicine, and then enabled my husband to develop even greater culinary prowess by proceeding to take the Membership. It is salutary now to reflect on how unusual it was to pursue such goals as a mother of young children in the early '70s.

Fortunately I did not have to wait long for my supernumerary senior registrar post to be established, but spent the eight months involved in a substantive registrar post at Central Hospital, Warwick nearby. This experience has always provided me with a ready answer to those who think that part-time training leaves major gaps.

Having worked in the community, it was frustrating to see neurotic and personality disordered patients admitted to hospital, where they frequently deteriorated. I had become very interested in the work of the day hospital for that reason. I had also been unusually fortunate in working for consultants who encouraged me to treat patients psychotherapeutically and provided supervision, so I was pleased that my first SR placement could be at Uffculme Clinic, the Regional Centre for Psychotherapy.

Within two months of taking up my post, a very significant event occurred. I was invited to join the Central Manpower Committee to represent doctors working part-time in the hospital service. Believing that part-time training should be preserved, if not extended, I agreed and became a medical politician. Little did I know where this would lead! My time as a

senior registrar was extremely fulfilling. In psychotherapy I found the part of psychiatry where I wanted to work though it was not clear that there would be consultant opportunities locally. I determined, for that reason, to remain employable as a general psychiatrist and embarked on a research project supervised by one A. C. P. Sims!

To consultant

In 1979 I was appointed as Consultant Psychiatrist to the University of Warwick and as Consultant Psychotherapist to Uffculme Clinic.

Having moved to the Region's teaching district as an SR I had already become involved in teaching and training and was delighted to be able to continue such activities as a consultant. There is an exciting challenge in trying to convey your own knowledge and experience to others and I have very much enjoyed teaching postgraduates about psychiatry and psychotherapy. Adaptation to the particular needs of medical students, especially in relation to psychotherapy, provides a wonderful opportunity for creativity, and likewise helping to develop the second English National Board course in Dynamic Psychotherapy (660) for psychiatric nurses was most rewarding. Election to the Psychotherapy Section Executive and co-option on to the College's Manpower Committee were giving me my first glimpses of the College, its work and structures.

But throughout this phase of my career my greatest rewards came from assessing and treating patients, both individually and in groups. Working with the students and staff at the University of Warwick was quite different to work in the NHS owing to the pressures of the academic timetable and of life on the campus of a new university. The intensive treatment programme at Uffculme took much of the therapeutic endeavour of the staff and although some patients did not benefit from it, hearing from others who were able, with help, to overcome crippling neurotic and personality disorders remains a source of much gratification.

As the only woman doctor on the staff of the clinic for some years I was often asked to see adolescent patients and also women and this emphasis in my clinical practice has undoubtedly had an effect on where I see much need in the service to lie. The greater need for cost-effectiveness of treatment to be demonstrated recently can be addressed in helping adolescents to lead better adapted lives, and through the treatment of young parents which also benefits the next generation.

The introduction of general management into the NHS led to my increasing involvement in that, culminating in my becoming acting unit general manager for the Mental Health Unit in Central Birmingham from August 1989 to May 1991. Difficult though this was, with an inherited £400,000 overspend, the challenge of applying skills acquired in quite different settings has proved invaluable in approaching the "reforms" of 1990 both in Birmingham but also in the College. The opportunity to become more involved in the College was presented in 1987 when I was elected Sub-Dean and undertook to develop its overseas activities, and in particular the Overseas Doctors Training Scheme. This I gladly took on as my long involvement in medical manpower had shown me how much doctors coming to this country from overseas to train were exploited in many instances and I did not think this should continue, and certainly not in psychiatry. Visits to countries such as South Africa and Pakistan have demonstrated very movingly how great the need is to raise standards of psychiatric care through supporting our hard-working colleagues overseas.

I have described the development of my career in the hope that it will illuminate my aspirations as I face the challenge of becoming the first woman President of the College. What a far cry for someone who did not expect to become a member of the College, let alone a consultant!

And now?

So what of the next three years?

The impact of the changes implemented under the NHS and Community Care Act of 1990 is now beginning to be felt. While some of our worst fears have not been realised, it is difficult to be sanguine about the state of psychiatric services in many parts of the United Kingdom, or in Ireland where a Green Paper is being considered. We must ensure that we are in as good a position to give advice to government as possible when this is requested. It may be timely as the College approaches its quarter century to consider our structures and systems of communication to see if they fit our aims and objectives well for the next 25 years.

The hastening of the provision of services "in the community" is raising many questions about consultant accountability and responsibility, and how we can maximise our contribution to the multidisciplinary team. I recognise that many members look to the College to give guidance on such issues and think that this must be addressed promptly.

Debate on these matters will lead us to review our relationships with colleagues in other mental health professions and with other agencies, and consider how these can be facilitated both nationally and locally.

Not least in importance are our relationships with general practitioners, particularly in view of the extremely high proportion of service to psychiatrically ill people which they provide. Much has been achieved in the Defeat Depression Campaign and I

am sure that this can be extended. The Joint Statement on Shared Care which was agreed with the Royal College of General Practitioners earlier this year can be used to develop models of collaborative working which can benefit our patients greatly.

Similarly there is much to be done in the wider field of public education. There is a spotlight on psychiatrists and our patients and services which is focused less on other parts of medicine. We should try not to be defensive in response to this but ensure that well-informed publicity is generated whenever possible. With my background in general practice and in psychotherapy it will not surprise readers to learn that I want to see proven psychotherapeutic approaches made more widely available to patients throughout the service, not only geographically but also in the range provided. My experience of the death of my 19-year-old son showed me how crucial having choice and the kind of help appropriate to the individual is at a time of crisis. I am pleased that we are making good progress in developing more robust training requirements in psychotherapy for general professional trainees in psychiatry.

Almost the only part of Working for Patients which was widely welcomed by the medical profession was the increased importance attached to medical audit. The College has had a working party on medical audit and supported the audit activities of the Research Unit, and has now, in view of their importance, set up a Special Committee on Audit and Information Technology. We are already promulgating standards of good practice identified in the audit of ECT and the consensus statement on depression, and another consensus statement on the use of neuroleptics in high dosage is about to appear.

I am committed to equal opportunities and will continue to try and ensure that minority groups are not disadvantaged in our specialties, as patients or as colleagues. I should like the College to consider the appointment of an adviser for trainees who wish to work flexibly and develop a forum for those doctors who work in a non-consultant, non-trainee capacity.

There is much concern being expressed about morale in the medical profession with both senior and junior doctors leaving it in regrettable circumstances. In view of the understanding which psychiatrists have of stress and other pressures which may lead to frustration and disillusionment we should perhaps consider if there are ways in which we can make a greater contribution to work in this area, with other colleagues.

As I write this we have just received the Chief Medical Officer's Report on Specialisation. It seems unlikely to bring far-reaching changes in psychiatry as we already run well structured training programmes but I am sure we will have a contribution to make as the hospital-based part of the medical profession faces another major upheaval.

I am aware that I have not emphasised ways in which my being a woman will affect how I undertake the Presidency. Undoubtedly this is something which people find of particular interest. To misquote the first female Speaker of the House of Commons "do not judge what I am but what I do".