



columns

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



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.