



the college

Thirty-fifth Annual Meeting

The 35th Annual Meeting of the College was held at the Scottish Exhibition and Conference Centre, Glasgow from 10 to 13 July 2006.

Business Meeting

The Business Meeting of the Royal College of Psychiatrists was held on Tuesday 11 July 2006 and was chaired by the President, Professor Sheila Hollins. It was attended by 62 members of the College.

The minutes of the previous meeting held in Edinburgh on Tuesday 21 June 2005 and published in the *Psychiatric Bulletin*, December 2005, were approved and signed. The Registrar read out the obituary list of members who had died since the Winter Business Meeting, and a minute's silence was observed.

Report from the President

The process of modernising the College's structure and working practices, begun under Mike Shooter, has proceeded apace this year and I will highlight some of the changes.

The new Mental Health Bill (1983 Amendment Bill) is still awaited. We know that the Government proposes to address the 'Bournewood' issues by amending the Mental Capacity Act. The College's parliamentary team is ready to respond as necessary.

The Scottish Division continues to work closely with the Scottish Executive on the implementation of the Mental Health (Care and Treatment) (Scotland) Act 2003.

The Northern Ireland Division contributed to the Review of Mental Health and Learning Disability (Northern Ireland), a wide-ranging, independent review of law, policies and service provision.

One hundred and twenty-nine members responded to my e-letter inviting comments on Lord Joffe's Assisted Dying Bill and the College's draft statement about the mental health issues relevant to the Bill, prepared following consultations carried out within Faculties, Sections and Divisions. The final statement approved by Council is uploaded on the College's website. The Bill was debated in the House of Lords on 12 May 2006 and defeated by 148 votes to 100. This statement is also a resource for similar Bills being debated in the College's other jurisdictions.

The College conveyed to the Department of Health its deep concern about the new immigration rules and the impact on international medical graduates currently providing a service to the National Health Service (NHS) and under-

going psychiatric training. I received a response from Lord Warner stating that 'Any doctors and dentists who are currently in the UK with immigration leave as a postgraduate doctor or dentist can continue to use this leave . . . This means that they can continue to train in the UK, both in their current post and any subsequent posts, while their leave remains valid.'

Dr Peter Kennedy, Vice-President (Management), is working with medical directors of trusts to discuss concerns about cuts and service reconfigurations, and I raised these concerns when I met Patricia Hewitt in June. This subject is also on the agenda for our meeting with trust chief executives.

The College has joined the consortium of Colleges which was responsible for the Confidential Enquiry into Maternal and Child Health (CEMACH), and which it is hoped will bring maternity services and mental health services closer together, and help to make progress on the action plan after the tragic death of Dr Daksha Emson.

Following approval in 2005 by the Annual General Meeting and the Privy Council, constitutional changes – designed to streamline and modernise the committee structure and increase efficiency of College processes – have been introduced gradually. The implementation process will be completed by October 2006.

- Council and the Executive and Finance Committee are being replaced by a new streamlined Central Executive Committee (CEC) which will meet for the first time in July 2006.
- The Court of Electors will become the Education, Training and Standards Committee (ETSC). This reflects its modern role and better describes its functions. The Education, Training and Standards Committee will be a sub-committee of the Central Executive Committee.

The register of Inceptors is being replaced by a new category of association known as pre-membership psychiatric trainee for doctors in psychiatric training who have not yet passed the MRCPsych examination and are therefore not yet members. Many were not aware of the inceptor grade. We hope that introducing a new grade with tangible benefits and support will provide a feeling of inclusion for trainees from their earliest moment in their chosen profession.

The Psychiatric Trainees' Committee will replace the Collegiate Trainees' Committee. This committee will comprise both pre-membership and post-membership psychiatric trainees.

Changes to the Bye-Laws have also been introduced as part of the College's race relations strategy, and in accordance with the requirements of the Race Relations (Amendment) Act 2000, aimed at promoting equality of opportunity. All subscribing College members and fellows may now put forward nominations for Fellowships, and not just two subscribing fellows. College officers are no longer required to be fellows – any subscribing member is now eligible to stand for office.

Increasing use is being made of open appointments procedures, with vacancies being advertised in the *Psychiatric Bulletin* and on the website, and appointments to College committees and some offices made by the Central Executive Committee following interviews at the College.

Changes have been made to the declaration made by new members, which now requires Members to pledge to practise in accordance with the revised *Good Psychiatric Practice* guidance, and to express a commitment to the elimination of unlawful discrimination, the promotion of equality of opportunity and the promotion of good race relations.

Annual monitoring exercises are undertaken on the membership of committees, election results, election to Fellowship and Honorary Fellowships, Clinical Excellence Awards, examination pass rates and many other areas of College activity. The comparative data – for both ethnicity and gender – are scrutinised by the relevant committees, with a view to ensuring that any imbalances are addressed. Key data for 2005 will be uploaded on the College website, together with data for 2003 and 2004.

As agreed at the Annual General Meeting in 2005, the title of the Substance Misuse Faculty has been changed to the Faculty of Addictions, a more inclusive term which reflects current terminology and encompasses addictive behaviour, such as gambling, as well as substance misuse. The Bye-Laws also now list the Faculties of Rehabilitation and Social Psychiatry, Liaison Psychiatry and the new Faculty of Academic Psychiatry (introduced to provide a forum for debating issues specific to academic psychiatry and to ensure that the College is in a position to address the problems facing academic psychiatry).

Other developments include:

- The Scoping Group on Supporting Members has reported to Council. The College's policy against bullying and harassment will be widely publicised following the introduction of the Membership Support Service for members and associates. Scoping Groups on Court Work and on Physical Health in Mental Health are now completing their work, and will report in 2007. The



columns

1. As used in this statement 'interrogation' refers to a deliberate attempt to elicit information from a detainee for the purposes of incriminating the detainee, identifying other persons who have committed or may be planning to commit acts of violence or other crimes, or otherwise obtaining information that is believed to be of value for criminal justice or national security purposes. It does not include interviews or other interactions with a detainee that have been appropriately authorised by a court or by lawyers instructed by or on behalf of the detainee, or that are conducted by or on behalf of correctional authorities with a prisoner serving a criminal sentence.

2. American Psychiatric Association position statement dealing with psychiatrists' participation in interrogation of detainees held in either military or civilian detention (http://www.psych.org/edu/other_res/lib_archives/archives/200601.pdf).

3. Surgeon General Policy Letter Number 01/05, 2005, London.

Scoping Group on Victims also started its work this year.

- (b) The College Education and Training Centre (CETC) was introduced this year, as part of the College Research and Training Unit (CRTU). Training for psychiatrists and the multidisciplinary team, both within the UK and throughout the rest of Europe and the world, is an area where there is significant demand, and an opportunity for the College to take a lead in providing high-quality courses to address changes in training and examinations. The CRTU has also established a quality improvement centre. Registrations with the Electroconvulsive Therapy Accreditation Service increased in 2005. A new accreditation service for acute psychiatric wards is being piloted.
- (c) We have also set up a process for establishing a quick-response disasters task force as and when required. The task force includes participants from the Board of International Affairs and any relevant outside organisations. The earthquake task force was established in collaboration with the British Pakistani Psychiatrists Association (BPPA) and the British Indian Psychiatrists Association (BIPA).
- (d) The College volunteer programme is now up and running and the Board of International Affairs is in the process of developing several collaborative projects with organisations offering voluntary services to low-income countries, such as Challenges Worldwide or the Tropical Health and Education Trust.
- (e) It is intended that the new Professional Governance and Ethics Committee, charged with the preparation and review of *Good Practice Guidance*, will supplement good practice guidance with advice on issues raised by the Kerr/Haslam Inquiry.
- (f) Council agreed to introduce a new Special Committee on Human Rights – which will be the College's source of expertise on all matters pertaining to human rights in relation to mental health and psychiatry in the UK and elsewhere. This committee will formulate advice on the interface between human rights and the practice of psychiatry, and the commissioning and delivery of mental health policy. It will draw together information relating to alleged abuses and shortcomings in good practice and provide recommendations on actions that could be taken in response. (Members have been appointed by interview, vacancies having been advertised in the *Bulletin* and on the website. I am pleased to announce that Dr James McKeith has agreed to set up and chair the committee.

General business

The new fees and subscription rates from 1 January 2007 were approved: Proposed

– Dr Mike Shooter, Seconded – Dr Tony Zigmund as was the reappointment of Buzzaccott as auditors of the College to hold office until the next Annual General Meeting: Proposed – Professor Richard Williams, Seconded – Dr Tony Zigmund. The proposal to make a scheme to confer a power on the Trustees to purchase Trustee indemnity insurance as and when required was also supported unopposed.

Changes to the Supplemental Charter

The following resolution was proposed by Professor Sheila Hollins and seconded by Professor Sue Bailey:

That the Supplemental Charter 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 Central Executive Committee shall have authority to approve any further amendments required thereto by the Privy Council.

Pursuant to paragraph 12 of the Supplemental Charter of the College the said resolution is to be approved by a majority of not less than two-thirds of the members of the College present and voting at the meeting.

The resolution was supported unopposed.

Psychiatric participation in the interrogation of detainees¹

The following resolution was proposed by Dr Chris Freeman and seconded by Dr Oscar Daly:

The Royal College of Psychiatrists' position is that psychiatrists should not participate in, or otherwise assist or facilitate the commission of torture of any person. Psychiatrists who become aware that torture has occurred, is occurring, or has been planned must report it promptly to a person or persons in a position to take corrective action.

- (a) Every person in military or civilian detention is entitled to appropriate medical care under domestic and international humanitarian law.
- (b) Psychiatrists providing medical care to individual detainees owe their primary obligation to the well-being of their patients, including advocating for their patients, and should not participate or assist in any way, whether directly or indirectly, overtly or covertly, in the interrogation of their patients on behalf of military or civilian agencies or law enforcement authorities.

- (c) Psychiatrists should not disclose any part of the medical records of any patient, or information derived from the treatment relationship, to persons conducting interrogation of the detainee.
- (d) This paragraph is not meant to preclude treating psychiatrists who become aware that the detainee may pose a significant threat of harm to him-/herself or to others from ascertaining the nature and the seriousness of the threat or from notifying appropriate authorities of that threat, consistent with the obligation applicable to other treatment relationships.
- (e) Where it is known that a person has been subjected to torture, then a psychiatrist should take reasonable steps to ensure that the person receives an appropriate mental health assessment and services, by referral to an appropriate person or persons in a position to make arrangements for the same.
- (f) When treatment is required it should be evidence-based and in a setting appropriate to the delivery of that treatment.

No psychiatrist should participate directly in the interrogation of persons held in custody by military or civilian investigation or law enforcement authorities. Direct participation includes being present in the interrogation room, or by video oral link, asking or suggesting questions, or advising authorities on the use of specific techniques of interrogation with particular detainees. However, psychiatrists may provide training to military or civilian investigative or law enforcement personnel on recognising mental illness and advice on responding to persons with mental illness, on the possible medical and psychological effects of particular techniques and conditions of interrogation, and on other areas within their professional expertise.

The following amended resolution was proposed:

The Royal College of Psychiatrists notes the concerns expressed worldwide regarding psychiatric participation in the interrogation of detainees.

The Royal College of Psychiatrists welcomes the recent statement regarding this issue by the American Psychiatric Association.²

The Royal College of Psychiatrists welcomes the following statements in the Surgeon General's Policy Letter *Medical Support to Persons Detained by UK Forces whilst on Operations*:³

- (a) 'It is a gross contravention of medical ethics, as well as an offence under applicable international instruments and UK law for health personnel, particularly registered medical practitioners, to engage, actively or



passively, in acts which constitute participation in, complicity in, incitement to or attempts to commit torture or other cruel, inhuman or degrading treatment or punishment.

- (b) Health personnel are only to be involved in professional relationships with prisoners or detainees for the purposes of evaluating, protecting or improving their physical and mental health.
- (c) Health personnel are not to:
- Apply their knowledge and skills in order to assist in the interrogation of prisoners and detainees in a manner that may adversely affect their physical or mental health; this includes certifying or stating that a detainee meets a specific mental or physical standard for interrogation.
 - Certify, or to participate in the certification of, the fitness of prisoners or detainees for any form of treatment or punishment that may adversely affect their physical or mental health, or to participate in any way in the infliction of any such treatment or punishment.
 - Question detainees about matters unless they are relevant to their medical care.⁴

The Royal College of Psychiatrists reaffirms its support for:

- Principles of Medical Ethics in the Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman or Degrading Treatment resolution of the United Nations General Assembly⁴
- Royal College of Psychiatrists' Statement on Torture and Psychiatry⁵
- Madrid Declaration on Ethical Standards for Psychiatric Practice of the World Psychiatric Association⁶
- Good Medical Practice* guidance of the General Medical Council⁷
- Good Psychiatric Practice* guidance of the Royal College of Psychiatrists⁸

The amended resolution was discussed and carried unanimously: Proposed Professor Sheila Hollins, Seconded – Professor Sue Bailey.

There being no further business, the meeting closed.

Report from the Dean – Professor Dinesh Bhugra

Much has happened since my report a year ago. The past year has been momentous in terms of change in education and training and the pace is beginning to increase even further.

The Postgraduate Medical Education and Training Board (PMETB) finally opened for business on 30 September 2005, some 2 years later than originally anticipated. PMETB is now the UK's single statutory authority for postgraduate medical education and training from the end of

the first Foundation Year until completion of training and entry onto the Specialist Register. It has specific responsibilities which are extensive and include:

- approval of postgraduate medical education and training programmes and courses
- accreditation of postgraduate education and training institutions and trainers
- quality assurance of the postgraduate medical education and training system
- ensuring that assessments and examinations undertaken as part of training are valid, reliable and fair
- issuing certificates to doctors meeting the standards it sets for successful completion of training (CCTs)
- assessing the equivalence of the qualifications, training and experience of doctors seeking a statement of eligibility to apply for entry to the Specialist Register (under Article 14 of the Order) (this permits doctors who have not completed a full UK training programme to apply for entry to the Specialist Register – but not to obtain a CCT).

So far PMETB has received about 175 applications for assessment of eligibility to apply for entry to the Specialist Register. Only a handful of these have yet been passed to the College for assessment. Kandiah Sivakumar, an Associate Dean, chairs the Equivalence Committee which has worked hard to identify the specialty criteria for obtaining registration through this route.

From the end of September 2005 the CCT replaced the certificate of completion of specialist training (CCST) as the qualification enabling UK-trained specialists to obtain specialist registration. Some colleagues have expressed concerns that the removal of the word 'specialist' from the certificate indicates a reduction in standards. This is certainly not the case and I would like to reassure you that the College is committed to maintaining the highest standards in psychiatric training and to maintain the specialist status of those in all psychiatric specialties.

We have had consultations and discussions about the number of CCTs which should be available in the future to meet the needs of patients, trainees and employers. After much debate we have decided to seek a change to legislation to allow us to have just one CCT in psychiatry, with recognition in a larger number of psychiatric specialties than is currently possible. Some colleagues have expressed concern that this would mean a lowering of standards and the end of specialisation as we know it. The converse is true. The College remains totally committed to upholding and improving existing standards and to increasing rather

than reducing the number of specialties recognised for training.

I am delighted to report that our new curriculum for psychiatric training has now received PMETB approval, subject to confirming further details about the specialist modules and the curriculum pilot studies. At present, only two Colleges have had their curriculum approved.

We have been working with other medical Royal Colleges on developing shared competencies for the first specialist training year. Good progress has been made, especially with the Royal College of General Practitioners, which is seeking many more additional placements in psychiatric training to facilitate a substantial increase in the exposure of general practitioners to psychiatry. Greg O'Brien, who was appointed an Associate Dean earlier this year, will lead the work with other Colleges.

Doctors who graduated from medical school in 2005 began a new, integrated, 2-year Foundation Programme that focuses on generic competencies and the management of acute illness. This programme acts as a bridge between undergraduate and specialist training. All the assessment in the Foundation Programme is workplace based and the four methods that have been selected are likely to continue as major assessment instruments throughout specialist training. In fact all four are included in our new curriculum for specialty training. They are:

- Mini Clinical Evaluation Exercise, observed clinical encounters
- multi-source feedback
- case-based discussion
- direct observation of procedural skills.

We shall also be introducing 360-degree assessment. Dr Andy Brittlebank, a consultant psychiatrist from Newcastle-upon-Tyne, has been seconded to the College to coordinate the piloting and introduction of workplace-based assessments into the specialist training years. His experience and enthusiasm will be invaluable in this project. I have been extremely impressed by the overall energy and enthusiasm of several colleagues who have volunteered to run pilots of the new curriculum. Thirteen pilot programmes are planned to begin in August 2006 running either all or part of the programme and assessment tools. These will provide nominative data, and enable the College to assess which forms of assessment will be the best suited to psychiatry. Structured training for trainers will start in January 2007, before the introduction of the new unified training grades in August 2007, although a number of workshops have already been conducted in various parts of the country in preparation for the pilots.

With graduates entering the Foundation Years we have a great opportunity to

- Principles of Medical Ethics in the Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman or Degrading Treatment (United Nations General Assembly Resolution 37/194, 1982, New York).
- Council Statement, October 1988.
- Madrid Declaration on Ethical Standards for Psychiatric Practice (World Psychiatric Association, 1996 Madrid, 1996 and Yokohama, 2002).
- Good Medical Practice* (General Medical Council, 2001, London).
- Good Psychiatric Practice* (2nd edn) (Royal College of Psychiatrists, 2004, London).



give young doctors an exposure to psychiatry at an early stage in their careers. Nick Brown, one of the Associate Deans, has worked hard to find opportunities to get psychiatry into the Foundation Years. As Modernising Medical Careers lead within the College he is continuing to work with postgraduate deans to seek additional opportunities.

Applications for entry into the unified training grade will start in January 2007 with interviews in February. There will be national electronic portal applications and selection at local deanery level. The selection criteria for various years have been finalised and are available on the College website. There will be only one intake a year for trainees, and trainees will start specialist training under the new curriculum in August 2007.

The Modernising Medical Careers team at the Department of Health has recently published arrangements for transition from the current curriculum to the new. All those except trainees already holding a national training number (NTN) will have to compete for entry into specialist training. Essentially, existing trainees and non-consultant career grade doctors will be competing for a place in specialist training against others with broadly similar experience, skills and qualifications.

Anthony Bateman succeeded Femi Oyebode as Chief Examiner during the year. Both parts I and II of the MRCPsych will continue as part of the overall assessment of progression through training. However, their contents will change and Anthony will be overseeing this process. Part I will be knowledge based and part II largely clinical with some knowledge base. These changes will start in 2008–2009. MRCPsych will remain a key competency assessment for achieving a CCT in psychiatric specialties and is likely to be important for the process of competitive selection. A part III assessment will start in 2013; this will lead to accredited specialist status. These changes will affect everyone who starts training in 2007 and also those who are already in training but have to resit examinations after the new system is introduced. The possibilities for holding examinations abroad are still being investigated – it is hoped to hold a sitting in either Hong Kong or Singapore in 2008. Anne Bird, Associate Dean for Examinations, continues to respond to the ever-increasing number of applicants to take the examination from non-approved posts or in unconventional circumstances.

Sally Pidd, Associate Dean for Workforce Issues, continues to work tirelessly with the Recruitment and Retention Working Group to address workforce issues in psychiatry. We have an opportunity in 2007 to increase the number of NTN's and to recruit additional numbers into psychiatry during the transition from

the current curriculum to the new. Again this year we undertook a shorter form of census which produced a much better response than the old format.

We have been successful in identifying trusts and consultants who will offer work experience to young people considering a career in psychiatry. We hope this will assist with recruitment into the profession.

Joe Bouch, Director of Continuing Professional Development (CPD), is leading a review of the CPD policy with a view to producing a slightly revised, simple to understand CPD policy for the next few years. The current policy has been generally very well received by members and is considered to be a leader among UK Colleges. The policy revision cannot be finalised until we know exactly what the place of CPD in revalidation will be. The Chief Medical Officer's report on revalidation is expected any day.

We are streamlining the education committee structure in the College to make it better fit for purpose in today's world. This means that we shall be creating some new committees and disbanding some existing ones. I would like to thank personally the members of the Specialist Training Committee (and its predecessors) and the Specialist Advisory Committees for their hard work and commitment over many years.

Finally I would like to take this opportunity to thank Vanessa Cameron, Robert Jackson, Lynn Bryson and their staff for the unqualified support they have continued to provide to the Associate Deans and myself over the past year.

Report from the Editor – Professor Peter Tyrer

It has been a good year for College publications. *International Psychiatry* has joined the *British Journal of Psychiatry*, *Psychiatric Bulletin* and *Advances in Psychiatric Treatment* to bring the number of journals that we regularly distribute to four. During the year we made a decision not to attempt to make *Advances in Psychiatric Treatment* a cited journal, although we still hope at some point that *Psychiatric Bulletin* may achieve this status under the editorship of Tom Fahy. The impact factor of the *British Journal of Psychiatry* has risen to 4.96, its highest ever, and this has been achieved without altering the balance of articles published in the journal or reducing their number, both of which are standard methods employed by editors to improve impact factor status. We are also committed to publishing more papers from low- and middle-income countries and these are also alleged to reduce the impact factor of a journal. We hope that this improvement with regard to scientific citations has also not been achieved at the expense of

making the journal less readable, but that is for readers to decide.

The book programme has continued to be both active and broader in its scope, with 12 new volumes being published in 2005, and the launch of a major new initiative for the general public. *The Mind: A User's Guide* is being published at the beginning of 2007 by Transworld and we hope that this first venture of the College into the mass market will prove to be successful. If it does, there are several other volumes likely in the same series.

The number of hits on our publications website continues to rise, with for example, over 100 000 hits on the *British Journal of Psychiatry* full-text online being recorded per month. Despite our policy of delayed open access in the near future, the number of subscriptions has only fallen by 7%.

The College continues to be served extremely well by the efficient husbandry of Dave Jago, Head of Publications, Andrew Morris, Scientific Editor and by Moira Barry and Lisa Oliver, editorial assistants, and to them we give especial thanks. I would also like to pay tribute to the general support of the College to the publications team and for its encouragement. One of the foremost requirements of good journals is editorial independence and we have consistently been given this from the Chief Executive downwards. The toleration of the College staff to the occasional lapse of editorial doggerel is also greatly appreciated.

Report from the Librarian – Dr David Tait

I am now standing down as Librarian after 5 years' service. The detail of my replacement is uncertain. We are agreed that the scope of the post of Librarian, as compared with that of other officers, is fairly limited. This suggests that either the responsibilities of the Librarian should be absorbed by another officer, or this officer post should be retained but extended. The first of these options is less attractive in that all five other officers are already very busy, and it may be unwise, with respect to the corporate governance of the College, to reduce the number of officers from six to five. The second option avoids these two disadvantages and retains what I believe to be very important for the Library and Information Service, and its staff, namely having the status of an officer leading it. A recommendation will come to the Central Executive Committee at its September meeting.

In the meantime the Library and Information Service continues to run smoothly, in part because the relevant systems are firmly in place, and in part because of the success of senior College staff in recruiting new staff both to cover a second period of maternity leave and for



the replacement of staff who move on to further their careers.

One area of our service about which I was not confident was that of records management. With an overall increase in the business and complexity of the College, together with major changes in both training and the shape of consultant posts, with devolution of some College business from the centre to the English regions, and with the ever-increasing profile of the College Research and Training Unit, we have no option but to have a very efficient records management system and I am very pleased to advise that a records manager was appointed earlier this summer.

Finally, may I emphasise just how cost-effective the Library and Information Service is. It costs each of us, from our membership subscription, well under £10, and if we use the service which we are entitled to, in terms of literature searches and reprints for example, then we shall get more than our money back. More importantly the service embodies the three objects and purposes of the College. These are to advance the science and practice of psychiatry and related subjects (which is encapsulated in our service to members), to further public education therein (it is the public, including patients and carers, who are the single biggest user group of the Information Service), and to promote study and research work in psychiatry (our service to the College Research Unit is a very clear example of that).

In summary, I am very pleased to leave the Library in excellent shape and I am confident that with the combination of first-class staff and new officer responsibility the Library will go from strength to strength.

Report from the Registrar – Professor Sue Bailey

2006 ELECTION RESULTS

Treasurer Dr George Ikkos succeeds
Dr Fiona Subotsky

Fellows on Central Executive Committee

Professor Susan Benbow
Professor R. N. Chithiramohan

Members on Central Executive Committee

Dr Rao Nimmagadda
Dr Philip Sugarman

FACULTIES AND SECTIONS

Old Age Faculty

Chair – Dr D. Anderson
Financial Officer – Dr A. Tarbuck

Forensic Faculty

Honorary Secretary – Dr K. Fraser
Financial Officer – Dr J. Baird

Learning Disability Faculty

Chair – Dr S. Bhaumik
Financial Officer – Dr I. Hall

Addictions Faculty

Chair – Dr M. Farrell
Financial Officer – Dr H. Bowden-Jones

Psychotherapy Faculty

Chair – Dr C. Mace

DIVISIONS

Welsh Division

Chair – Dr V. Anness

Northern & Yorkshire

Honorary Secretary – Dr S. Barlow

North West Division

Chair – Dr J. Holloway

London Division

Chair – Dr M. Maier
Honorary Secretary – Dr M. Rao
Financial Officer – Dr J. Lewin

As for all officers it has been a busy, interesting and challenging year in my role as Registrar.

Membership support: through open interview we have recently appointed three members/fellows of the College to help us take forward the recommendations of the scoping work (led by Professor John Gunn) on how best to support members who may be experiencing problems, stress and/or a range of other difficulties. The first meeting of the group will take place in October and we will be appointing a member of College staff this Autumn to support the work of the group and the running of the membership support organisation. I have been actively involved with the National Clinical Assessment Service (NCAS) and the Back on Track stream of work (<http://www.ncas.npsa.nhs.uk>) and together with the President have had a series of meetings with the General Medical Council. In the context of the Chief Medical Officer's recent report *Good Doctors, Safer Patients* published in July 2006, it has become clear that we need to bring together all these initiatives from the perspective of the College and its members and fellows to ensure support at different stages of the various processes when a doctor is encountering difficulty. It is likely that we will be advertising for a Deputy Registrar to take an overarching role in moving these strands of work forward.

Sponsorship in its widest context: we have started a series of meetings about the broad issues of sponsorship within the College and to date have met with the pharmaceutical industry and with users and carers. We gained useful ideas at the last meeting of the Council and will initially review corporate sponsorship at the Annual Meeting and other College meetings. In the meantime individual College members have forwarded helpful suggestions that realistically reflect the challenges in this area. It has become apparent that for whatever reason continuing professional development is not being funded by employers, unlike in the case of other health professionals (<http://society.guardian.co.uk/health/comment/0,,1809669,00.html>).

Membership without examination: issues have led to a very helpful consultation process, the findings of which have been analysed by staff from the College Research and Training Unit. From the wide and diverse range of suggestions, there are potentially some very positive and innovative recommendations as to how the College can embrace all those who wish to be part of it. We have now asked Professor Hamid Ghodse to review the recommendations so we can bring these, together with the analysis from the College Research and Training Unit, back to the Education Training and Standards Committee in the early autumn.

User and carer involvement in the College: Faculties and Divisions have developed increasing user and carer involvement in the work of their Executives. Centrally we held our second national Users and Carers Day at the College recently and have taken one of our regular meetings out to the West Midlands Division. We are in the process of asking an independent consultant to advise us on how best to develop the input of users and carers within the College. This scoping work will hopefully commence in September/October.

I have started to increase the joint working between the Divisions in England, linking into the International Divisions, and to continue the close liaison with the Chairs of the Divisions in Scotland, Wales, Northern Ireland and the Irish College of Psychiatrists. I recognise the importance of supporting the President in her resolve to help shape mental and public health policy in the five jurisdictions and within the European Union as exemplified in our response to the European Commission Green Paper on Mental Health.

Report of the Treasurer – Dr Fiona Subotsky

The College had a successful financial year in 2005 with income of £11 514 618 (2004 – £9 766 367) and expenditure of £10 830 403 (2004 – £9 527 251) resulting in a surplus of £684 215. Additional gains on investments amounted to £160 368, increasing the total surplus to £844 583. However, a considerable amount of the surplus is from restricted funds coming to the College Research and Training Unit, much of which relates to future projects.

Membership subscriptions continue to be the major source of unrestricted income, and the total number of members has continued to increase from 10 986 in May 2004 to 11 533 in May 2005, a 4.98% increase. Requests for reinstatements have continued to flow in, with a reduction of financial disincentives. Resignations and suspensions were fewer than in the previous year. A new membership category of pre-membership psychiatric trainee is being established this year, to



replace the old inceptor grade; this category will have improved benefits and be actively encouraged.

The Edinburgh venue for the Annual Meeting again proved to be a draw, and it achieved a surplus of £99 733 without allocation of central overheads. Meetings of Faculties and Sections, which are also supported centrally, generally continued to make surpluses, although more limited than previously, as sponsorship income declined. In 2005, £272 934 was generated for the Development Fund which operates as a 15% levy on several income-generating activities of the College. This was used to support the Partners in Care Campaign (£80 195), the 360 Degree Appraisal Project (£15 500), the Afya Conference (£6000), the New Ways of Working Conference (£15 000), and the website's content management system (£46 000). The residue will be transferred to the New Building Fund.

The increased surplus of £236 151 for the Examinations Department was a result of an increased number of applicants, especially for the part II examination. This may well be partly because of uncertainties over future requirements. In relation to that point, considerable effort has been spent in negotiating with PMETB and resources have been expended on developments to meet their requirements, such as workplace assessment. An induction day for new trainees is now offered, as are three training days for supervisors concerning the involvement of users and carers in training.

The accounts for the Publications Department are presented differently this year, as the costs of publishing members' journals have been removed and overhead allocation has decreased. As a result there is a surplus of £332 596. Contributing to this was a considerable increase in advertising income and book sales continued to increase steadily. Journal subscriptions continued to decline, a trend which may be exacerbated by the increasing movement towards 'open access'. The CPD online project is now underway and accruing expenditure.

The College Research and Training Unit moved to new premises in Mansell Street, London E1 and has continued to expand its activities. The increased income is partly owing to success of new national (UK) quality improvement projects which are funded by a combination of grants and subscriptions from participating services. The continued success of the National Collaborating Centre is reflected in the increased grant from the National Institute for Health and Clinical Excellence. The new College Education and Training Centre, also in the Mansell Street premises, has made an excellent start in organising conferences, generating an income of over £100 000, and a contribution to the Development Fund of nearly

£18 000. Although it is not yet covering its costs, this is to be expected in the beginning of a new venture.

Devolution of College activities has continued with the establishment of new English divisional offices now under way; four new managers have now been appointed, with a fifth to come. Wales and Scotland, as well as Ireland, increasingly need support for local policy development and government liaison. The campaign 'Partners in Care: Working Together to Make a Difference', run by the College in conjunction with The Princess Royal Trust for Carers, was concluded in 2005. The costs of the continued demand for leaflets and mental health materials were met from the Development Fund.

The equity market recovered strongly during 2005, and this was reflected in considerably improved returns. Cash flow was positive and a high level of liquidity was maintained in 2005. Capital expenditure for the year 2005 was £293 167 of which the major items were the refurbishment of the Mansell Street premises and information technology equipment.

Once again, I thank the Chief Executive, Vanessa Cameron, and Paul Taylor, Head of Financial Services, and their staff, for all their hard work and support throughout the past year and my preceding years as Treasurer.

The summarised Annual Accounts for 2005 were approved: Proposed – Professor Richard Williams, Seconded – Dr Tony Zigmond.

Presentation of Honorary Fellows for 2006 at the Presentation Ceremony held on Wednesday 12 July 2006

Professor Abdol-Hamid Ghodse, CBE FRCPsych

(Introduced by Professor James Griffith Edwards)

It gives me exceptional pleasure to congratulate Professor Ghodse on his election to Honorary Fellowship of a College he has served so well and so extensively over several decades. To experience pleasure in Hamid's company is likely to be a response shared widely with others around the globe. Before identifying the core of his professional achievements I want to celebrate the qualities of the man. Those qualities include an outstanding blend of empathy, enthusiasm, courtesy, humour and compassion. To be Hamid's colleague is inescapably to be his friend and that is what everyone who has worked with him will tell, whether young or old or from Tooting to Kabul. It is impossible to spend time in

Hamid's company or with him, Barbara and his family, without feeling enriched. So I am offering now not only professional congratulations but thanks on behalf of people from many different countries, for the friendship.

Hamid first came to the UK as a boy scout. Fortunately he liked the place and was taken to the heart of a family whom he always refers to as 'his Welsh family'. Having qualified in medicine with an MD in Iran (his home country), in 1965 he made another Welsh connection when he came back to the UK and worked with Linford Rees. He completed his early psychiatric experience in Wales, at St Bartholomew's Hospital and at the Maudsley. Hamid is perhaps an honorary Welshman and he is undoubtedly the only Iranian to have been at one time a paid-up member of the Welsh Nationalist Party.

So to a brief sketch of Hamid's professional distinction. I know him well enough to be certain that he will not want me here to rehearse a full listing of his honours and qualifications, or a chronology of all the numerous important committee appointments he has held. Let me simply say that we have in Hamid a researcher on addictions, a clinician, a university teacher and a journal editor of prodigious accomplishment, with a seminal textbook to his credit. He has helped make addictions into a recognised specialty subject, but he has always combined clinical and academic life with public service at the highest level and continues to do so. He is currently Chairman of the UN International Narcotics Control Board and the only psychiatrist ever to have held that position. What has characterised Hamid's professional stance throughout his career is his unwavering commitment to the cause of internationalism: he is no Little Englander. British psychiatry has often been enhanced by people who have come from other cultures. Hamid's career and the food served at his generous family dinner table speak once more to the truth of that assertion. We are fortunate to have this internationalist as a British psychiatrist and as our friend.

Professor Thomas Grisso, PhD

(Introduced by Professor Sue Bailey, FRCPsych)

Professor Thomas Grisso is currently the Professor of Psychiatry and Coordinator of the Law and Psychiatry Program at the University of Massachusetts Medical School. Besides being a teacher who spends much of his time educating and training a new generation of forensic psychiatry and psychology trainees, Professor Grisso has coordinated a number of ground-breaking research studies, many of which have changed the way the juvenile justice system has taken shape worldwide. Through his research



and writing he made the point that adolescents must be treated differently from adults because of their lesser developmental capacities for viewing and understanding the criminal justice system. This had far-reaching consequences and has generated more research and enhanced our understanding of how to manage legal issues for adolescents with antisocial behaviour. Although most famous for his writing advocating for the juvenile's due process rights, he has made enormous and lasting contribution to the field of capacity in general. Through his collaboration and leadership in MacArthur Foundation projects, we now have standardised instruments such as the MacArthur Competence Assessment Tool–Treatment (MacCAT–T) for assessing capacity to consent to treatment. In addition to the MacArthur Foundation's core work, he has helped to develop and disseminate a screening instrument (Massachusetts Youth Screening Instrument version 2, MAYSI–2) that is now used across North America. Author of over 100 articles in scientific publications and sole or joint author/editor of over 10 volumes, his work was acknowledged in 2005 when the American Psychiatric Association (APA) awarded him the Isaac Ray Award, the association's highest honour for contributions to psychiatry and jurisprudence. His work has been acknowledged in past years by the Association's prestigious Manfred Guttmacher Award (annual award for the book with most significant contribution to psychiatry and law). Professor Grisso has been honoured by medical societies and universities from all across America. An Honorary Doctor of Laws Degree has been bestowed on him by John Jay College of Criminal Justice, City University of New York.

Perhaps his most lasting contribution to the cause of the adolescent was recently when the US Supreme Court, in a 4-5 decision, declared that the juvenile death penalty was unconstitutional because it violates the US Constitutions' 8th Amendment right against cruel and unusual punishment which was reviewed from 16 years ago. The Highest Court was persuaded that greater scientific understanding and changing societal standards of decency made it imperative that the state could no longer pass the death sentence on those who committed their crime as juveniles. The Court was persuaded by the scientific evidence including *amicus curiae* brief from the American Psychological Association, which Professor Grisso helped to write.

Professor Tom Grisso, one of the foremost researchers in his field, has made a unique contribution to the development of both mental health practice and law. In the field of psychiatric ethics, he has increased our understanding of how

mental illness and disability affect the capacity to consent to treatment, with consequent effects on how and whether patients are detained for treatment, and how they relate to their doctors. In the field of child and adolescent psychiatry, he has developed new measures and published two recent books on screening and assessing mental health problems in young people involved with the juvenile justice system. His work in both these fields has meant that the rights of some of the most vulnerable in our society have been better protected, and their clinical needs better understood.

Few researchers have his clinical acumen or humanity; few clinicians have his intellectual rigor or gravitas. Above all, for colleagues in England and throughout Europe he has supported practitioners and researchers in improving the screening, assessment and identification of vulnerable juveniles in our countries and has given generously of his time and expertise to support our European network in its efforts to offer better services to young people in the Youth Justice System.

Dr Mike Shooter, CBE FRCPsych

(Introduced by Dr Parimala Moodley, FRCPsych)

I am honoured indeed to give the citation for Mike Shooter the immediate Past-President of the College. Mike came to medicine in a unique way. Among other occupations he had been a gardener, a bus conductor, a lorry driver, a teacher of drama and a journalist before he eventually decided to become a doctor.

Until recently he has been Consultant Psychiatrist for Child and Adolescent Mental Health Services in Gwent. As clinical director in the Welsh valleys Mike coordinated and introduced a number of key reforms in multi-professional services which have had far-reaching consequences, being used as a yardstick for good practice across the country.

Although most famous for his leadership of the College he has made an enormous and lasting contribution to the field of child and adolescent mental health services through his clinical work, as well as his publications, in the field of bereavement in children, adults and families, the psychosocial consequences of chronic physical illness and post-catastrophe reconstructive work. His work has been acknowledged by the award of a CBE in the 2005 New Years Honours List.

Now to turn to his work in the College. Mike Shooter has made a major contribution to the development of the College. He has enhanced its profile, and the contribution it makes to mental health, not only in the UK, but also internationally. As Director of Public Education he used his media skills to coordinate the

rapid expansion of the College's public education role. As Registrar and President he has steered the College through a period of enormous change, involving the overhaul of its structures at home and abroad. He implemented an investigation of the College's processes for evidencing discrimination and gave continuous and wholehearted support to the Special Committee on Ethnic Issues as it set up the College's Race Equality Scheme. He laid down draft guidelines for the College's relationship with the pharmaceutical industry. He also began the development of support networks for doctors under stress. Under his leadership the College joined the Mental Health Alliance – a powerful body of user, carer and mental health organisations who lobbied successfully against the Mental Health Bill.

His distinguished contribution and his qualities of leadership made him an extremely popular President. Although always keen to work in a cooperative manner, he has not been afraid to tackle difficult issues or 'stand up' to politicians and the Department of Health if necessary. He has led by example. By being open and frank about his recurrent depressive disorder he has contributed enormously to the de-stigmatisation of mental illness. Something which he feels passionately about. He has also enabled others to be frank about their illness. He has taken the lead role in anti-stigma campaigns both within the College and elsewhere. He has promoted the needs of carers through his co-chairmanship of the College's most recent campaign 'Partners in Care'.

Through it all Mike Shooter has remained a people's man. He has earned the respect and admiration of the rank and file membership of the College by coming out to meet the members, talk to them and, most importantly, listen to them. He has also made a genuine effort to ensure that the College is an inclusive organisation which is truly in touch with the membership it represents.

As such he would always be honoured as a ground-breaking leader and perhaps one of the best presidents the College has seen. Mike is a man with the common touch. Everyone he meets feels comfortable with him and really enjoys his company – whether in a committee meeting or in the pub. He is held in great affection not only by College members but also by College staff – many of whom shared his love of sport, horse racing and late-night debriefing in the pub.

Throughout he has been magnificently supported by his wife Mary and his sons and daughter. Mike would be the first to say that none of this would have been possible without their support.

Ladies and Gentlemen I am very proud to present Mike Shooter for the Honorary



columns

Fellowship, the highest honour which our College can give to any individual.

Professor Etsuro Totsuka

(Introduced by Professor Pamela Taylor, FRCPsych)

Etsuro Totsuka is Professor of Human Rights Law at Ryukoku University in Japan and a former member of the Daini Tokyo Bar Association and of the Japanese Federation of Bar Associations.

His overseas affiliations hint at his remarkable career. He has been a visiting fellow of universities in the UK, Korea, the USA and Canada. He has become a true internationalist, a man deeply concerned for individual human rights everywhere, but has started each major battle against state or corporate abuses in his own native land – first ensuring his own house is in order, one might say.

The wrongs he sought to right in Japan were shocking but hardly unique. Which country has never had a scientific scandal? Which has never failed to stop brutal treatment of people with mental disorder? Which country's integrity has never been compromised by abuses in times of war? The battle for autonomy of the individual is unlikely to be wholly won anywhere. Men like Etsuro Totsuka, with his incisive vision and huge capacity for action, have never been more needed.

Etsuro Totsuka was born in Japan during one of its most troubled periods, under the Second World War government that had scant regard for its own citizens and perhaps even less for others. He developed a remarkable sensitivity to the troubles of a range of people who would otherwise have been ignored. In the space available, I can cover only three of his most influential pieces of work.

His first endeavour may, at first sight, seem conventional enough. He was part of a legal team fighting for compensation for people who had been victims of a condition called subacute myeloencephalopathy, which for over 10 years was considered to have been caused by a virus. Painstaking work, against the prevailing trend and politics of the research community then suggested that these people had, in fact, been gravely damaged by a drug – cloquinal (Entero-Vioform) – which was then widely used for the treatment of diarrhoea and skin infections, perhaps particularly heavily in Japan. The ensuing legal battle made Etsuro Totsuka a world citizen, and paved the way for his later campaigns. His was the only legal team collecting information on the condition and the drug from outside Japan. They waged an international campaign on behalf of their Japanese clients. The story is still not without its controversy. It now seems that the neurological effects of the drug may have positive potential for some conditions of the central nervous system and aspects of

its toxicity may even be harnessed for the treatment of cancer. Then, however, Totsuka's team were successful in establishing a ban on the use of the drug for gastrointestinal and skin problems in Japan (which was followed in many other countries), and in getting compensation for the Japanese victims. The story still has resonance for practice today.

The next great battle was heralded in the UK by a tiny note in the *Lancet* of 20 March 1982, with a phrase that should always provoke thought: 'Public concerns about crimes committed by mentally ill people has led to plans to . . .'. Something similar was in the UK government's preamble to proposed mental health legislative reform for England and Wales, proposals which have united the Royal College of Psychiatrists with all interested parties other than government in opposition to them. Back in 1982, in Japan, the proposal marked the start of an effective campaign for legal and service reform led by Etsuro Totsuka.

In 1984, brutalities were exposed in a Japanese mental hospital – Utsonomiya. Patients were subjected to unpaid forced labour, daily beatings were recorded and there had been at least 222 deaths in the preceding 3 years, many allegedly following beatings. Etsuro Totsuka was one of the lawyers applying, under a writ of habeas corpus, for the release of over 500 other patients from that hospital. All were denied access to the patients. The Japanese government dismissed general concerns about the treatment of people with mental illness, asserting that this one bad hospital was exceptional. In fact, brutalities were uncovered in at least 12 other hospitals and the death rate of patients in mental hospitals was shown to be way above the national average. Etsuro Totsuka ensured the widespread publication of some other important facts:

- In the 1980s, more people per head of population were resident in mental hospitals in Japan than in other developed countries
- Whereas bed numbers were falling elsewhere, they were rising in Japan
- More than 80% of patients in Japanese mental hospitals were detained and on locked wards, compared with about 5% in the UK
- About 85% of the mental hospital beds in Japan were provided in private institutions, many run as lone family concerns.

In 1984, Etsuro Totsuka, representing a UN non-governmental organisation, took the issues to the UN Sub-Commission on Prevention of Discrimination and Protection of Minorities and he, together with lawyers, psychiatrists, social workers and scholars, established the Japanese Committee for the Fund for Mental

Health and Human Rights. A visit of the International Commission of Jurists' expert group to Japan followed. This group made recommendations for reform, largely informed by his work. They included:

- Reform of legislation – to ensure review of individual cases, to inform every individual of their rights and supply them with appropriate assistance to exercise them, and to ensure regular inspection of detaining hospitals
- Reform of the services and their orientation
- Improved education for all parties involved with the treatment and/or detention of people with mental disorder.

Reforms did follow, first with the Japanese Mental Health Act of 1987, which at last established the principle of voluntary hospitalisation for mental disorder in Japan, as well as some protection of rights of detained patients and some provision of rehabilitation. Etsuro Totsuka, however, pressed on, promoting the establishment of international principles for 'the protection of persons with mental illness and for the improvement of mental healthcare', which were formally adopted by the UN General Assembly on 17 December 1991. In this context, and with further visits from the International Commission of Jurists, reforms in Japan have continued, with further legislation – the Mental Health and Welfare Law 1995 – and a 7-year strategy for normalisation for the disabled. A real shift towards community treatment for people with mental illness has begun. Only in this context was it possible to return to the issue of new law and services for mentally disordered offenders, with enabling legislation in 2002.

There is still much to be done, but none of this progress would have been possible without Etsuro Totsuka risking much of his life and livelihood to improve the lives and rights of people with mental illness. His work was not popular in many quarters in Japan, but still, in 1991, the Tokyo Bar Association awarded him the Jinken-sho, their human rights award.

Etsuro Totsuka's third major campaign was to right the wrongs of the 'war crimes Japan ignores'. A number of reports and claims for compensation had been made on behalf of women, from a number of Asian countries, who had been raped or otherwise coerced into 'sexual slavery' by the Japanese imperial forces during the Second World War. The Japanese Government advanced legal arguments to challenge such reports – principally that acts of rape were not prohibited by regulations annexed to the Hague Convention of 1907 or by applicable customary norms of international law



in force at the time of the Second World War – and also against individual rights to compensation. Etsuro Totsuka did not agree. He championed the cause, again through a number of international bodies, including the UN Human Rights Commission. He contributed the decisive arguments which led to the 4th UN Conference on Women adopting the principle that 'Any kind of violence against women in war time, especially systematic

rape or sexual enslavement, must be dealt with according to the international human rights law, the perpetrators punished and the victims compensated.' His efforts made him the focus of criticism and even hostility from many fellow Japanese lawyers, but he persisted, seeing Bills go before the Japanese Diet, only to be aborted. Nevertheless, over years attitudes changed. In 1996, he was presented with the Korean Women's

Movement Award for his outstanding contribution to the improvement of the status of women in Korea and elsewhere in the world, and for having the wartime victimisations recognised and compensated.

The Royal College of Psychiatrists wishes to recognise and honour these remarkable achievements with the highest honour that it can award – an Honorary Fellowship of the College.