

What do I get for my Annual Subscription?

A comment from the Treasurer

Every rise in the subscription rate brings me letters from Members who wish to tell me that they resent having to pay more to the College and that they may very well decide to resign if I raise the costs again. In sorrow or in anger, or sometimes in both, they point out that they never use the College facilities in London, they never attend College Meetings, they have never been invited to serve on Council, and their Journals lie unopened in a corner of their study.

I do attempt to respond to such comments. I remind my correspondents that the need for increases in subscriptions are explained to the small band of stalwart supporters who attend the Business Meeting of the College's Annual Meeting, and also to those readers of the Annual Report who reach the Financial Section in the final pages. However, it may be worth repeating in the columns of the *Psychiatric Bulletin* some of the points which I have made in the past.

The objectives of the College are set out clearly enough in our Constitution, and indicate that we have a duty to improve the practice of psychiatry and ultimately the care of those suffering from mental disorder. We provide various services for our Members, but we must not see ourselves as a club or as a trade union. The role of the College in the teaching and training of psychiatrists is very evident and it is worth reminding ourselves that the College makes no profit from the examinations for Membership. Education of the wider public must also be part of our work as should the careful review of the multitude of legislative changes which can affect our specialty and our practice. Furthermore, it is important that we look beyond our own national services and give assistance in the wider international sphere where the training of psychiatrists and the proper care of psychiatric patients are being looked at. It is essential that the expertise of the College through its specialist sections, its working parties, or its individual members, is made available to all those seeking our advice.

Such activities – and many more could be mentioned – cost a great deal of money, and frequently we have to restrict the extent of our outlay to take account of College finances. I believe, however, that Members of our College should acknowledge and support the use of our funds for purposes which can benefit our specialty and our patients.

I take the view that the Treasurer should not veto proposed developments within the College simply

because they have financial implications, but must look very carefully at what these implications are, and at the same time also take note of other relevant matters such as the effects of inflation, increases in staff salaries and so on.

A review of the subscription rates among other medical bodies indicates that our own subscription compares very favourably with others, but our interests and our objectives are not exactly the same as other Colleges or bodies such as the RSM and the BMA, and it is not appropriate that our subscription structure should be exactly the same as the others.

In general, we expect all our Members to pay the same subscription with Fellows paying a higher rate. Our Inceptors and our Retired Members are offered a reduced subscription. For the latter group, of course, there is nothing to prevent them from offering a donation to the College if their funds allow. A further point which has been put to me is that we should do as many other charities do in reminding our Members that in preparing their wills, they should bear in mind the particular value of bequests made to the College.

Most Members accept that there is likely to be some increase in subscription charges each year, just as they find increases in most other items requiring regular payment. This does, however, put a particular pressure on those Members who for personal and family reasons are unable to earn a salary for a spell. I would not wish to discourage any Member who can afford to support the College from doing so, but I do accept that for a few, the subscription is hard to find. In such cases, I am prepared to use *Treasurer's discretion* to offer a reduced subscription on a temporary basis, thus allowing them to continue to receive the Journal and Papers, or even to cancel the annual payment on a temporary basis without incurring the normal penalty that all annual subscriptions must be paid up before active membership can be taken up again.

I would urge all other Members to take care that their subscriptions do not fall into arrears. There have been several instances where individuals have not realised that their failure to maintain active membership has led to a situation where they cannot take on nor even nominate others for important College duties.

Finally, I would like to assure any doubters among you that the necessary level of subscription is calculated with the greatest of care in association with

the Finance Officer, is pored over by the Honorary Officers, and is subjected to detailed examination by the Executive and Finance Committee, before being debated at the Council and ultimately put to the Annual Meeting. Any thoughts which I might harbour of doubling the subscription rate would

undoubtedly be picked up and thrown out long before I had managed to put such novel ideas into practice.

Dr W. D. BOYD
Honorary Treasurer

Who pays for continuing care of the chronically ill?

The Public Policy Committee wishes to draw the attention of members of the College to an important recent judgement by the Parliamentary Commissioner for Health (Ombudsman). He ruled, in the case of a woman chronically disabled by a head injury and judged by her consultant as likely to "need sustained nursing care for the rest of her life", that the local Health Authority had a duty to continue to provide care at no cost to the woman or her family. He took into account the Health Authority's responsibility, as recently amplified by the NHS Management Executive, that "if in a doctor's judgement a patient needs NHS care then there is a duty on the health service to provide it without charge within the resources available". The issue was well highlighted by the BMJ's Parliamentary correspondent,

John Warden (BMJ, 2 November, 1991, Letter from Westminster, 303, 1092). A recent speech by the Minister for Health, Stephen Dorrell (3 December, 1991 - Written Answers, p. 114) has confirmed the position and the recent report of the Select Committee on the Fourth Report of the Social Security Committee on 'The Financing of Private Residential and Nursing Home Fees' (HMSO, £8.90) provides extremely relevant background. The Ombudsman's decision is likely to have a profound influence on the future funding of care for the elderly and chronically ill.

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Secretary
Public Policy Committee

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Report of a seminar on psychiatric provision for people with long-term mental illness*

DOUGLAS G. FOWLIE, Chairman, Social Community and Rehabilitation Section

This meeting was part of the IHSM series Medicine for Managers. Forty-four members of the IHSM participated. Also present were psychiatric trainees and members of the medical press. The theme for the day was to explore the uncertainty about how to meet the needs of people disabled by long-term mental illness.

Professor Steven R. Hirsch introduced the topic, clarifying the difficulties of data collection on local epidemiology and emphasising the continuing uncertainty about rates of seriously disabling mental

illness. Despite difficulties in quantifying the problems, he concluded that long-term mental illness continues to generate sufficient difficulties for a percentage of patients to require long-term care.

Dr Peter Liddle used case examples to emphasise that some patients with protracted mental illness persistently behave in a seriously disruptive manner with consequences that cannot easily be absorbed in a community setting. He spoke about the multi-factorial origins for such behaviour with a definite interaction between illness and adverse social circumstances. He outlined methods of assessing the scale of these problems and opened the debate about meeting those needs, when large mental hospital sites were closing. He emphasised the need for:

*Arranged for the Institute of Health Services Management by the Social Community and Rehabilitation and General Psychiatry Sections of the Royal College of Psychiatrists at Keele University on 9 October 1991.