

NEWS AND NOTES

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THE ROYAL COLLEGE OF PSYCHIATRISTS

LETTER FROM THE PRESIDENT

By the time this letter arrives the College will have acquired 17 Belgrave Square as its new home and headquarters. After many setbacks and disappointments we have achieved what appeared, at some stages of our quest in these last three years, an unattainable objective. It would not have been possible without generous and unfailing help from our sponsors. And it is difficult to express in words the gratitude which we owe to Lord Goodman, their Chairman, who has managed in an exceedingly busy life to find time and energy to devote to our cause. I know that his efforts have sprung in considerable measure from deep conviction about the importance of psychiatry in the contemporary world.

Our Appeal and Buildings Committee has devoted three years of unflagging effort towards this achievement and deserves our thanks and congratulations. The task is far from completion. Although we have received some large and generous benefactions, which will be publicly acknowledged in the near future, the greater part of the purchase price has been secured through a guaranteed loan raised by our sponsors. It is difficult to conceive of a more unfavourable economic climate for this sort of endeavour, and by their act of faith the sponsors have earned the lasting gratitude of our College and of British psychiatry.

As I have indicated in the past, the building is not an end in itself but an indispensable means

for developing our educational work and accreditation schemes, for the work of the *Journal*, and for the special contribution we can make towards raising standards of patient care and clinical practice and fostering research.

OUR OPPORTUNITIES

The acquisition of a new home and headquarters for the College has come at a critical time. It provides the College with new opportunities, but these we must use as a springboard

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rather than a sofa. We have hitherto been seriously impeded by cramped and inadequate offices. The acquisition of 17 Belgrave Square transforms the situation. We are enabled to rethink and reorganize our administration and office work. We have enough space to accommodate all meetings with up to 100 participants and possibly more, depending upon what structural alterations prove feasible. Larger meetings will have to be arranged elsewhere, but we can cater for a wide range of educational activities. We have also ample space for our Council and Committees, offices for our Examination staff, a suitable home for our Library and for the *British Journal of Psychiatry* which has, meagre resources notwithstanding, done such splendid work and has gained for British psychiatry a growing respect. The new home is of modest size, as befits a Royal College in 1974, but it has dignity and architectural beauty in its proportions and setting.

The present time is appropriate for reviewing in an objective spirit the developments since the College was brought into existence nearly three years ago. We have made progress in certain directions, but there are formidable problems that have to be faced squarely.

SOME ACHIEVEMENTS

The Accreditation exercise for the first stage of postgraduate psychiatric training has been mounted and has already begun to exert an effect upon standards of education and psychiatric care. This is a more ambitious undertaking than anything hitherto attempted by other comparable bodies. We are most grateful to our Dean for the initiative and enterprise he has shown in getting this difficult operation off the ground.

We have made the presence of psychiatry increasingly felt in the councils of the profession: the Joint Consultants Committee, Central Councils for Postgraduate Medical Education, and the various statutory bodies of the Department of Health and Social Security, among others. Our contribution has played a significant part in the creation of a single united body of all the Royal Colleges and Faculties, which will provide a forum for discussion and mutual consultation on educa-

tional, ethical and general professional issues. Together with the Association of University Teachers of Psychiatry we have established the Joint Higher Committee for Psychiatric Training. This, with its various specialist sub-committees, is already at work.

We are undertaking a detailed review of the situation relating to distinction awards for psychiatrists. After much discussion and negotiation we have secured for the College the right to present its own list of recommendations in addition to those made along other channels. Within the next few weeks a representative group from the different Regional Divisions and Specialist Sections is to meet at the College headquarters to hammer out a procedure for the objective and equitable characterization of merit and its recognition in the College list.

We have our own Membership Examination, which has on each occasion attracted several hundred candidates. With all the disadvantages of ritual ordeals of this nature, the M.R.C.Psych. represents a significant forward step in the development of a strong and independent profession of psychiatry.

In the past many gifted candidates for a career in psychiatry were lost to us as the result of failure, discouragement or diversion. They had to trudge along a winding road full of perilous pitfalls not always well designed to assess fitness to pursue a career in psychiatry. This is no longer the case. The path to a psychiatric career will in future lie increasingly through the Membership Examination and the planned courses of training that precede and follow it. Among other advantages, this should foster a sense of unity within our profession.

As you are aware, we have been engaged in an active dialogue with the Department of Health and Social Security concerning the future development of the Mental Health and Welfare Services. This dialogue continues; the next step will take the form of a joint meeting on the crucial issue of psychogeriatrics. These discussions have opened up new lines of communication, fostered mutual understanding, and already exerted considerable influence upon thinking about and planning for the care of those with psychiatric disorder in the community and in hospitals.

PROBLEMS AND CHALLENGES

However, on a realistic estimate the prospects for the immediate future of psychiatry at the present time give cause for concern.

The standard of care received by the majority of those who suffer from psychiatric disorder is substantially below what existing knowledge renders possible. Our patients remain at a disadvantage in relation to those presenting in other special branches of medicine. Yet in a time of economic stringency it will demand powerful and sustained efforts if we are to secure the resources wherewith to ensure an acceptable quality of care.

There is a grave manpower problem in our branch of the profession. We must use every means available to us to convince the authorities that, after many decades of neglect, our staffing difficulties require separate consideration and are a matter of special concern. This problem is exacerbated by the indications these last few years of a decline of recruitment into, and a flight of talent from, psychiatry. The College has its own part to play in trying to reverse this trend.

Without a strong thriving psychiatric profession the many solutions offered up for remedying the widespread mental ill-health in our society are bound to prove illusory. We must do more to persuade and convince the profession, the general public, and the young men and women who are potential recruits into psychiatry, that we work at one of the most important growing edges of medicine. That the skills demanded of a psychiatrist of high quality must in future permeate all branches of medicine to a greater or lesser degree is becoming accepted, but all too slowly.

A number of our difficulties stem from uncertainties about the character and scope of psychiatric practice in the future. These have been generated in part by the rapid and far-reaching administrative changes in recent years. They have been reinforced by the attacks from many quarters upon the role of psychiatry. It has been depicted as an instrument of social coercion utilized by the ruling establishment within society. We are even accused of creating through our diagnoses and treatment the states of mental anguish we purport to mitigate or

cure. Such absurdities would matter relatively little if they were not taken seriously by a proportion of colleagues in neighbouring disciplines with whom we have to co-operate in the course of our daily work, and indeed by some within our field.

We need perhaps to be more active in responding with dignity and restraint to some of the criticisms made of our professional role, although much of the clamour is best ignored. We certainly need to be more active in making known to young doctors, on the threshold of their professional career, the many-sided rewards in the life of the psychiatrist.

One of the issues subject to uncertainty in the minds of many is the place which the psychiatrist should occupy within the therapeutic team. The view consistently advanced by the College is that we must work on a basis of professional equality and mutual respect with colleagues in other disciplines such as psychology, social work and nursing, among others. But ultimate responsibility for decisions about care in the multi-disciplinary team devolves upon the consultant psychiatrist. There are signs that in the present climate of rapid change and confusion he may be retreating in some places and thus possibly risk forfeiting that role of leadership for which he is gifted by scope of training and experience. The quality of patient care can only suffer from such developments.

A host of other problems confront us at the present time. We require the widest possible participation from our membership if the College is to make a strong and useful contribution towards resolving them. What will be the future location of the main centre in which programmes of psychiatric care are to be worked out and co-ordinated? Will it be the psychiatric unit of the general hospital, the mental hospital or in the community? And to whom is the responsibility to be delegated in these different settings? Along what lines is the training of the psychiatrist of the future to be developed? Our entry into the European Economic Community raises a variety of new questions in this area. Where is scientific enquiry into psychiatric problems to be conducted in the future, having regard to the constraints imposed upon units developed in general hospitals?

SOME IMMEDIATE NEEDS OF THE COLLEGE

We must utilize to the full the opportunities that open up with the acquisition of the new College building. The first need is to strengthen and co-ordinate the efforts of psychiatry in this country. I should like to appeal for wider participation by the membership both at local and national levels. We urgently require many workers prepared to undertake specific tasks on behalf of one or other of the College's sub-committees.

We are taking steps to free ourselves from the inflexibility which the Charter and Bye-laws impose upon our committee structure, by drafting proposals which will be presented in due course to the Privy Council. But this will take some time and there is a compelling necessity to spread the load which during the past few years has rested too much upon the shoulders

of a small group of Officers of the Council and Committees.

I should also like to plead for better attendance at our national meetings; I have to confess that the degree of participation in countries such as Canada, Australia and the United States, as reflected by attendance at main meetings of the national societies, is significantly greater than we enjoy at the present time. I hope that in future our members will take advantage of the opportunities provided by our meetings for communication and exchanging ideas with colleagues from different parts of the country and abroad on practical matters as well as scientific and philosophical ones, which can do so much to enrich professional life.

Yours sincerely,

June 1974

MARTIN ROTH.

THE MEMBERSHIP EXAMINATION: RESEARCH OPTION

Information for Candidates

From 1 July 1974 candidates for the Membership may, subject to the following conditions, submit a dissertation describing a research project carried out by themselves, or, under certain prescribed conditions, jointly (see Notes 1, 2 and 3). This dissertation shall replace the second (essay) written paper of the Examination.

1. A title and brief outline of the proposed research project shall be submitted to the Court of Electors after the candidate has passed the Preliminary Test and at least one year before the Examination. This application shall be accompanied by a statement from a suitably qualified person agreeing to supervise the project and confirming that appropriate facilities are available. The Court of Electors may appoint an additional supervisor(s), and if the candidate is unable to nominate a supervisor he may ask the Court of Electors to do so.

2. At the time of entry for the Examination (and in any case not later than the closing date for the receipt of all entries) the candidate shall confirm that he will be submitting a dissertation, or else withdraw from this option.

3. At least one week before the date of the Written Examination the candidate shall submit three type-

written copies of his dissertation, which shall consist of not less than 5,000 words and not more than 10,000 words.

The dissertation shall be accompanied by a statement from the supervisor(s) confirming that the work has been satisfactorily completed.

4. Candidates who submit a dissertation must take the first written paper (or at present multiple choice paper), the Clinical and the Oral Examinations.

5. Work submitted for this dissertation may not be submitted for any other degree or diploma examination.

6. If a candidate fails the Clinical and Oral Examination the Court of Electors shall decide whether the same dissertation may be submitted for a second attempt. If a candidate is allowed to resubmit a dissertation at a second attempt he shall indicate clearly the extent of any revision he has made.

Notes

Note 1

The aim of the research option (dissertation) is to encourage trainees to acquire more searching and critical approaches, and to foster interest in clinical data, litera-