

Special Interest Groups

The following new Groups were endorsed in principle this year:

Social Science and Psychiatry
Complementary and Alternative Medicine

Council has agreed that the History of Psychiatry Special Interest Group should be discontinued, as it is no longer active.

A review of SIGs is to be undertaken by Registrar and Treasurer for consideration by Council.

Andrew Fairbairn

Treasurer's Report

I am going to speak quite briefly as the formal Treasurer's report and summarised accounts are available at the meeting, and Paul Taylor has copies of the full accounts for anyone who wishes.

The overall picture for 2002 is that the College's income was about £8.5 million, an increase from the previous year. After investment losses are taken into account, the surplus was about £0.5 million, again an improvement.

First I'd like to say something about income. As you can see, Members' subscriptions are of great importance as they form the largest percentage of income. The total number of Members has increased steadily and was 10 432 in May 2002. In order to promote Membership and association with the College, we have continued a policy of minimising financial barriers to re-entry, are developing a category of International Associateship and have introduced free Membership for the over 75s. For the future, we need to encourage still more trainees as Inceptors and staff grades as Affiliates.

Another major source of income (largely restricted in use) is the College Research Unit (CRU), which had a very successful year, especially with the development of the National Collaborating Centre for Mental Health, funded by NICE. We have restructured financial arrangements with the CRU in a way we anticipate will encourage a range of incomegenerating activities.

Publications again made a surplus – more books were sold, advertising was buoyant and subscriptions for the journal Advances in Psychiatric Treatment (APT) increased substantially. We continue to reflect on the potential impact of electronic publishing and the Internet, especially on journals and teaching materials, and need to prepare for this new era.

From 2002 and continuing, we have had a considerable debate as to what degree the College should be dependent on commercial sponsorship. We think it is important that a wide range of partners be sought, especially to enable public education activities and other projects,

and that the arrangements and principles should be clear. A Development Management has been appointed, whose task is to establish a fund-raising and income generating strategy.

Cash flow has been positive, and because of likely poor returns on equities, we maintained a degree of liquidity in order to invest in property if appropriate.

Of course many activities involve both income and expenditure. Examinations, for instance, had an increased number of candidate numbers and a limited surplus was made this year enabling future developments. Conferences in 2002 did well, especially those organised by Faculties. The annual meeting in Cardiff was more modest in scale and achieved a small surplus, as opposed to the considerable loss of the preceding year.

What we were enabled to do with income included the completion of the Mind Odyssey, the continuation of the Changing Minds anti-stigma campaign and an external audit of Race Equality Issues. In terms of capital expenditure the major outlay of the year was on Information Technology.

Finally, as usual I would like to thank for their commitment and support Paul Taylor, Head of Financial Services and his staff, and of course Vanessa Cameron, Chief Executive

Fiona Subotsky

Dean's Report

When I was elected Dean in 1998, I was asked to make a short presentation at the Annual Meeting outlining what I thought the College should be doing in the field of education during my 5-year term. I remember my excitement in trying to formulate long-term plans. I also remember Mike Shooter, then the Registrar, telling me immediately afterwards that the then President, the late and very much missed Dr Robert Kendell, had turned to him as I finished my talk and whispered 'he'll never do it'.

I like a challenge! That talk became the basis of the educational strategy, which I put together over the coming months and which has been much of my 'dean's task list' ever since. So what have we achieved? And what remains to be done?

I'll start with undergraduates and the medical school context. We have developed new careers literature, an enterprise led by the Collegiate Trainees Committee (CTC). We have ensured that the College is represented at medical Careers Fairs around the country. We also now have a regular slot on the Medlink programme for sixth-formers interested in a career in medicine. This, again, is now delivered by CTC members. At a more administrative level, we have combined the College's Research and University Committees. The

new committee has now met twice and will I am sure be a major force in preserving and expanding the academic career track for psychiatrists.

What about training? We now have a unified specialist training committee bringing together the basic and higher specialist advisory committees. Against many Doomsday predictions, we have succeeded in introducing mandatory placements in child and adolescent psychiatry and/or learning disability and, on the back of it, clear learning objectives for all basic training placements. We have a comprehensively revised curriculum for 'Basic Psychiatric Training and the MRCPsych exam' - which, like the Forth Bridge, now needs a further revision! We have also made the commitment to introduce mandatory psychotherapy experience and to monitor this at the level of individual trainees. We remain committed to improving and monitoring standards of MRCPsych courses, and there is now an MRCPsych course organisers sub-committee who have made an excellent start in sharing and improving good practice in course design and delivery. We have almost completed work on a skills-based curriculum for Certificates of Completion of Specialist Training (CCSTs) in psychiatry (ahead of many colleges) and are now carrying out a root and branch review of the structures of psychiatric training and of the range of CCSTs we offer. There are considerable challenges in terms of the new Postgraduate Medical Training and Education Board, the European Working Time Directive and Modernising Medical Education. We are also committed (not before time perhaps) to ensuring a truly developmental perspective throughout training across the psychiatric specialties.

Which brings me to examinations. It has been a great pleasure for me to work with Dr Stephen Tyrer and Professor Femi Oyebode in reviewing and implementing a thorough revision of the MRCPsych examination and I am delighted that the changes have, as of this Spring, been fully implemented. The main changes (introducing OSCEs, extended matching questions and criterion referencing) have, I think, made our examination much sounder educationally. They have also been well received by trainees and trainers. The Academy of Royal Colleges is now reviewing all College exams and we have a real opportunity to 'think the unthinkable'. My money is on a common 'Part 1' exam following Foundation SHO year. I think we may well also see a much more formal exit assessment, perhaps in the form of an OSCE.

The College's educational role certainly doesn't stop at the end of the formal training. I hugely enjoyed my 2-year stint as Director of CPD and am proud of having led the implementation of pre-