have seemed inconceivable two years ago. Unless there is a strong wave of reaction, I cannot but think that the final version will be of immense importance not only to psychiatry but also to all the medical specialties and to medicine itself. In the future one can hope to see the great majority of consultant psychiatrists members of one or other of our Royal Colleges, with equal rights to the Fellowship of those Colleges and with equal opportunities to make their opinions heard. I do not think that anything less would be tolerable.

You will notice that I have spoken of the Royal Colleges in the plural, for it may be that the future will be in the hands of the Colleges of London, Edinburgh, Glasgow and Ireland acting in concert. If it is accepted that, apart from university degrees, there are no higher qualifications in any medical subject which can, by the nature of clinical medicine, demonstrate proficiency and competence in it, then other means must be secured to maintain academic status and professional standards. In short, there must be agreed criteria by which a candidate's qualifications to be appointed to a senior post can be assessed. This would involve setting up machinery for the supervision of postgraduate education, a matter for which neither the medical schools, nor the Ministry of Health, nor the Royal Colleges have been adequately committed. Yet it is an issue which, by the pressure of events in Britain, can no longer be shirked.

In psychiatry, postgraduate education is a large and complex problem, for there are many sorts of career in our subject and provision must be made to serve the needs of all. If this is tackled at a national level for all the specialties in medicine, and not piecemeal, inadequately and almost fortuitously as in the past, the Royal Colleges are likely to play a predominant role, and in so doing they will have fully justified their existence. If the London College takes the initiative in this as far as psychiatry is concerned, it is certain that it will not do so without the full co-operation—indeed the partnership—of this Association. It will be necessary therefore for this Association to expand and extend its activities and for it to continue to command the loyalty of its members.

In summary, then, I believe the creation of a College of Psychiatry—either by transformation of the R.M.P.A. or by separate creation—would be a mistake for the following reasons:

1. It is necessary to draw psychiatry nearer to medicine rather than promote a new isolation.
2. The question of so-called representation of psychiatry in the councils of medicine, particularly at the Ministry of Health, the G.M.C. and the Distinction Awards Committee, would not be fundamentally altered by the creation of a College. We cannot expect greater representation numerically than we have at present.
3. There would be a danger of destroying the present coherence and structure of the R.M.P.A., and this would create new sources of dissatisfaction.
4. The idea of a higher qualification, in psychiatry no less than in all medical specialties, has lost ground and is no longer regarded as a necessity for recognition for consultant status. It would be a great disservice to psychiatry to change its existing organization at the present time when the Royal College of Physicians of London are about to alter their Membership examination in such a way as to make it a useful and possible qualification for all the medical specialties, including ourselves. In the future—if these changes are brought about—one can anticipate that the great majority of consultant psychiatrists will be Members or Fellows of one of the present Royal Colleges.

## The Royal Medico-Psychological Association should continue to progress and develop, largely retaining its present form

Dr. L. C. Cook

In the *ex parte* statements published as a Special Supplement of the British Journal of Psychiatry in January, 1963, there were separate statements on "The case for the R.M.P.A. maintaining its existing organization and functions" and "The case for the R.M.P.A. preparing to take over some of the functions of a College with a view to possible development in the long term in the direction of becoming a College". I have been asked to combine these two viewpoints, which are by no means mutually exclusive, because many of the arguments of the former viewpoint are for the time being inherent in those of the latter.

Those of us who believe that more harm than good would ensue if we pressed for an immediate College of Psychiatry base our main arguments on the following premises.

(1) The climate of opinion concerning the formation of a College is not at present sufficiently favourable. Only with the approval and support of the medical profession as a whole can a new College expect to be a success. At present British psychiatry is itself divided as to the desirability of establishing a College, and to press for its establishment in the face of many in our own specialty, and with the opposition or indifference of the bulk of the medical profession would at this stage inevitably do harm to the cause of psychiatrists and their patients.



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(2) Many psychiatrists who support the general idea of a College, believe that no steps should be taken by the R.M.P.A. to form itself into a College unless or until terms can be evolved to safeguard the existing authority and functions of the Association. The more important of these which lie outside the usual functions of a College, are the Association's traditional and very important achievements in co-ordinating psychiatry throughout the United Kingdom and Eire, and its standing as the representative psychiatric body for consultation by the Ministry of Health, and other official departments. In addition, the Association has always shown an active interest in the welfare of its ancillary colleagues, notably nurses, psychologists, occupational therapists and psychiatric social workers. Through its influence, advice and representations, it has played a large part in bringing about their present important position in our field, and it must in the future be able to fulfil this role.

Mainly through the Association's endeavours, the mental nurse, who used to be looked down upon as a cross between a warder and a domestic, has now become a respected member of a great profession. The R.M.P.A. led the way by inaugurating a professional examination for mental nurses on a national scale long before the G.N.C. came into existence. Later, by constant pressure on the G.N.C., both officially and through its members working in mental and general hospitals, it has played its part in introducing and fostering various schemes for upgrading the psychiatric nurse and integrating mental and general nurse-training. The R.M.P.A. is now always consulted by the G.N.C. on matters pertaining to psychiatric nursing, and the psychiatric nurse still needs the Association's support.

The importance of psychiatric social workers, psychologists, and occupational therapists was recognized very early by the Association, which has supported their endeavours and fostered their claims to a degree that might not be considered within the province of a College. Time must be given to work out schemes which will allow all these workers still to have our active help, if we become a College. Some of our ancillary colleagues are eligible for Associate Membership and we have to consider how we can preserve this privilege.

Lastly, but most important, it is considered essential to maintain the Association's Royal Charter and the publication of the *Journal*.

(3) The creation of a College of Psychiatry confined to England and Wales would inevitably destroy the many important co-ordinating activities of the R.M.P.A. and would amount to a betrayal of our members in Scotland, Ireland and the Commonwealth. Only a Commonwealth College on the lines of the Royal College of Obstetricians and Gynaecologists could maintain our traditional and, in my opinion, essential unifying position. This will obviously entail lengthy preparation and consultations, not to be undertaken precipitately, but should be, I feel sure, our ultimate goal.

### Disadvantages of a Psychiatric Faculty under the R.C.P.

While most definitely believing that our Association should develop harmoniously with the Royal College of Physicians, I cannot accept the argument that we should give up all pretensions to academic status and confine ourselves exclusively to political responsibilities, and this would certainly follow, if a Psychiatric Faculty were constituted under the R.C.P. In fact our bargaining powers regarding medico-political matters and representation on official bodies would also suffer if once we were committed to accepting an R.C.P. Faculty. Moreover this would postpone the possibility of creating a College of Psychiatry for many years, and would certainly lead to severe attenuation of the Association's independence and influence.

### Criticism of arguments in favour of forming a College now

I cannot at this stage comment on Dr. Howells' paper, as he has not had the opportunity to refer to mine, but it is fair to quote the *ex parte* statement in favour of a College. In this was stated: "Despite its Association, psychiatry has yet to achieve a place in the higher councils of medicine. This will be achieved by metamorphosis into a College." I hope I shall be able to show that the first of these statements is fast becoming less and less true; the second is a quite unwarranted conjecture. To imagine that a College of Psychiatry, established against the goodwill of the bulk of the medical profession and without the firm adherence of a large number of the more influential of psychiatrists, will automatically achieve more than the R.M.P.A. can do betrays, I submit, a singularly naïve and uncritical form of wishful thinking.

The majority of those who are pressing for the immediate formation of a College probably have little idea of what and how much the R.M.P.A. has been doing recently to augment the influence of psychiatrists both in academic spheres and as the representative consultative body for all problems connected with psychiatry. For this the Association may be partly to blame, because it may not have publicized its work adequately, but much of this work has been confidential, and publicity at this stage might well be untimely and likely to undermine the good-will of negotiating parties. During the last five years or so the



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influence and prestige of the R.M.P.A. has grown apace and much has been achieved, although only a small part of what it is hoped and expected to achieve during the next few years. The Association does not actually nominate a member for the Merit Awards Committee, but its Committee for recommending psychiatrists for Merit Awards is officially recognized by the Awards Committee, and the Hon. General Secretary of our Association is a full member of the Awards Committee. Two members of the R.M.P.A., who both play a leading part in our councils are on the General Medical Council, and the R.C.P. has co-opted three representatives of our Association (who are not Fellows or Members of the College) to its Psychological Medicine Committee. Also, a Psychiatric Sub-Committee of the Medical Research Council has been formed following R.M.P.A. initiative. With regard to consultation by the Ministry of Health, it is rash to quote verbal statements of highly placed officers of the Ministry, so I shall content myself with the understatement that the Ministry has shown itself progressively more sympathetic and welcoming to representations by the R.M.P.A.

Membership of the Joint Consultants' Committee (J.C.C.) lies in the hands of the profession as a whole, which means that we have to win our right of nomination from the Senior Colleges and the B.M.A. From what the R.M.P.A. has already done, it is reasonable to claim that the Association is more likely to achieve this and other important desiderata in the near future than a newly-constituted College. As it is, the R.C.P. has agreed to meet us at any time to discuss any matter we wish to be considered by the J.C.C.

Probably the most publicized argument in favour of an immediate College of Psychiatry is the need for a higher examination in psychiatry, which should not require a detailed knowledge of the latest minutiae in internal medicine and should be conducted by psychiatrists. Supporters of Dr. Howells' resolution maintain that a College would be able to institute such an examination more easily than the R.M.P.A., on the grounds, I presume, that the Association has not yet done so. But the Association has, in the terms of its Charter, the right to institute postgraduate examinations in psychiatry and did in fact some years ago introduce its own D.P.M. examination, which was only withdrawn after it had successfully performed its purpose. A higher examination can therefore be introduced even if a College is not formed, and the R.M.P.A. membership could be reorganized with this end in view. There could be a three-tier structure with (1) Associate Membership (by proposal), (2) Membership (by examination of high standard), and (3) Fellowship (by election).

While realizing that a psychiatric qualification of really high standard, perhaps on the lines of the Edinburgh Membership, would undoubtedly stimulate recruitment to psychiatry and enhance its prestige, there are difficulties that must be faced. The examination must be comparable in standard to the English Membership in order to give it sufficient prestige, but at present there are too few psychiatrists capable of attaining this standard to fill anywhere near all consultant posts. This leads us to a task of far greater consequence for the ultimate benefit of psychiatry, namely to convince the undergraduate teaching hospitals and examining bodies of the urgent need for psychiatric training tested by an examination.

We should be striving, not so much for ourselves as for the patients who need our help, and I am sure you will all agree that until there is much more knowledge and understanding of psychiatric illness among all doctors, and especially among general practitioners, we cannot hope to treat adequately the vast numbers of patients who require a psychiatric approach. Only by unremittingly pressing the student teaching bodies and the whole medical profession to accept this can we ensure that a greater number of front-rank students will specialize in psychiatry, and that G.P.'s and consultants in other branches of medicine and surgery will have a better psychiatric understanding and approach.

The R.M.P.A. has been pressing hard for giving top priority to the improvement of undergraduate teaching, and the Ministry of Health, in its reports and privately, has given every indication of recognizing the urgent necessity for Teaching Hospitals to give psychiatric teaching the high priority it so clearly merits. The R.C.P. has now agreed to a psychiatric examination in the Finals of the Conjoint Board examinations. By peaceful penetration, the R.M.P.A. has been striving for all these and further changes, and is making a considerable impact; and there is little reason to suppose that a new College could do more, if as much, at the present time.

May I remind you that the undergraduate examinations in obstetrics and gynaecology were instituted by the Conjoint Board and the major universities long before the formation of the Royal College of Obstetricians and Gynaecologists?

I hope I have said enough to convince at least some of you that in the first place the Association is not content with its past or even its present organization and spheres of influence, and is certainly not run by a lot of "old squares" dwelling nostalgically in the dim past, and secondly that, by its intensive propaganda in the higher councils of medicine, it has been and is doing a great deal to further the interests of psychiatry



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and is actively preparing for the time when the institution of a College becomes more propitious.

Summing up, we feel that the most difficult step, that of wedging open the door of consultation, has been achieved, and that a new body, founded in opposition to the opinions of the majority of our medical colleagues and without the approval of many of our own specialty, even though it has the high-sounding title of College, will at this stage do far more harm than good. Timing, as in most delicate operations, is of paramount importance for success, and I appeal to all those who are pressing for precipitate action in forming a College to give the Association and its Special Committee the time and scope that are so essential for consummation of their endeavours.

There is, as I have indicated, still much work to be done, but in the foreseeable future we hope and expect to be able to overcome the many difficulties and disadvantages of instituting a College immediately. Then, but not now, we shall be in a position to found a College of Psychiatry, which would have the approval and support of all psychiatrists and the great bulk of our medical colleagues.

## Discussion

THE PRESIDENT. The subject is now open for discussion. It has been suggested, and I entirely agree, that it might be interesting to all of us to hear from a member of the College of Pathologists who is also a member of our Association. I have no idea whether he is pleased with the College of Pathology or not, but perhaps Dr. McMenemey will be kind enough to make a contribution to our discussion.

DR. W. H. MCMENEMEY: I am afraid there is not very much I can tell you about the College of Pathology because I was not one of those who was in favour of its formation. I did join the College, but I am not on its Council, so all I know is what I have read in *The Lancet* or what I have heard from colleagues.

I have been very much in the hinterland between neurology, psychiatry and pathology for many years and, if I may just give my own views on this problem, the facts as I see them are that psychiatry is a rapidly-developing subject and mental health is becoming of increasing economic importance to the country. Secondly, psychiatry is becoming more and more closely integrated with medicine, and must so continue. The third point I notice is the very wide range of psychiatric appointments, from the universities and teaching hospitals to the mental hospitals, which latter are still not sufficiently integrated with the general hospitals. Fourthly, there has been some difficulty in recruiting into the specialty.

As with the pathologists, the demand for a College has come from the periphery. It is felt that consultant status can only be justified if consultants hold some higher qualification of a College. I think it is based on a feeling of insecurity and a fear of the future; it is a reaction to the National Health Service and it shows also an inclination to imitate.

If psychiatrists decide on their own College it constitutes an admission of failure on their part to achieve parity with other specialists within the College of Physicians. I think, too—and this is very important—it will serve to weaken the corporate face of consulting medicine. This is a very serious matter for a profession already entangled in the network of State Medicine.

Further, it is an irrevocable step; a College cannot be unscrambled, but a Faculty can, at any rate, be dissolved.

I should like to see the psychiatrists break away from the usual development and start a new approach to this problem. I should like to see this wonderful society called a "Society" rather than an "Association", which gives it rather a political name. I should like to see it become mostly scientific and cultural, leaving other matters to the College of Physicians and to a Faculty of the College of Physicians. In the Faculty I should like to see all matters concerned with training programmes, academic status and qualifications, dealt with and when it comes to qualification I should like to see not an examination but a certification of an approved course of training. I should think that membership of the Faculty would be open to those who had the M.R.C.P. or the D.P.M.—one or the other—provided they had completed an approved course of training. The Faculty would be an independent body and would be able to look after its own affairs. It could have its own Fellowship, and members of the Faculty would share with members of the College equal right of access to the Fellowship of the College.

So far as political and ethical matters are concerned, I should like to see them dealt with by the R.C.P. In other words, the College should look after the ethical and political side of affairs, the Faculty should deal with all matters concerned with training, certification and the encouragement of the academic recognition of this specialty, and this Society would be concerned with the scientific and cultural side. The first two would be strictly medical, and this one would remain general, and not necessarily confined to those holding a medical qualification.

I believe that if psychiatrists gave the lead to the College of Physicians by asking for a Faculty, other specialists would follow suit very quickly, because they, too, have their training problems. If the



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