SUPPORTING YOUR DIVISION

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It is a matter of College history that few Regional Divisions were at the starting post on Foundation Date, 16 June 1971. An immense amount of administrative work, organization, and discussion at both central and peripheral levels was completed under the terms of the transitional procedure, as determined by Section XXVI and the Appendix to the Bye-Laws, before the Divisions took up their unique roles. They are now emerging as dynamic assets within the Royal College structure, and their value in co-ordinating local and specialized interests is becoming clearer.

The elected Committees of Management, some now entering a second generation, have attempted to identify and develop basic functions, and while this is not the place to consider Divisional functions as such it is clear that priority ought to be given to the promotion of an effective interface between the traditions, policies and machinery of the College on the one hand and its members on the other. Perhaps one valid index of success in this respect would be the progress made by a Division in reducing the feeling of remoteness from College business experienced by individual members.

There is a good deal of common ground in the activities of the ten Divisions, but considerable interest attaches also to their distinctive identities. Among the factors which influence Divisional character are the extent to which former R.M.P.A. officers and practices were retained; the contributions from teaching centres; the impact of local precedents, cultural and geographical features; and, not least, the degree to which members involve themselves in regional affairs.

It is particularly important that Divisions should exploit their resources at a time when the psychiatric specialties are adjusting to the demands of quite exceptional changes both within and outside the Health Service. One of the richest resources open to a Division is the wealth of expertise, energy, and initiative represented among its members, often in latent form. In a rhetorical vein, and to misquote Coleridge, members should be weighed, not counted. A Divisional Executive Committee must be in a strong position to encourage regional talent, to integrate opinion and experience within its sector and to give both opportunity and direction to local interest.

Member participation is a live and vital issue and one essential to the evolution of the College itself. Those who have been elected to office within the College or who serve on its Council, Court of Electors, Standing Committees or Executive Committees can collaborate within specified contexts. Work of high calibre and distinction is also produced by members who do not hold formal office, and this can be supplemented in a variety of simple ways. Opportunities for doing so are lost not so much because of apathy or want of interest but much more probably because of the pressures of clinical and teaching practice. There is little doubt that members also tend to underestimate their value in a Divisional setting, that they are often uncertain about procedure, and that some may feel that they lack incentive.

The scope for involvement is wide and expanding, and the areas illustrated here are neither exhaustive nor exhausting. Predictably, others will arise as psychiatrists adjust to changing relationships with allied professionals, as new patterns of mental health care emerge, and as the essentials of post-1974 Health Service management become clearer.

Elections

At a constitutional level, there is much to be said for exercising the hard-won privileges of membership. As a young institution the Royal College has adopted quite exceptionally democratic standards, with provision for open competitive elections both centrally and within the Divisions. These elections are costly in terms of effort, organization and money at all stages, and deserve fuller recognition.

The initial yield of nominations is usually quite good, but the subsequent voting rate is often disappointing and can be depressed further by spoiled ballot papers and by late returns. Voting instructions are simple and explicit, and the adoption of other remedies is startlingly painless. Vote in every election; vote according to the directions, noting any special comment about signatures; return the papers immediately.

As Divisional vacancies are published, members should ensure that appropriate nominations are submitted, and that these are supported by the nominee's written consent to serve, according to the procedures set out in Section XXIII of the Regulations. Verbal consent is sufficient if the candidate's name is put forward at a meeting. If the nomination carries special aspects of functional or geographical representation, so much the better.

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Divisional Meetings

There are at least three levels of participation in the standard day meeting organized by most Divisions, beginning with the most fundamental, namely that of making the effort to attend. Attendance rates are said to vary throughout the United Kingdom, some Divisions achieving greater success than others in this respect. Four consecutive meetings held in the North East Division have attracted 70–90 visitors consistently, some of the regulars completing return journeys of 200 miles or more, but this represents only 30 per cent of its registered membership. The North East practice of publishing dates and venues several months in advance is one which should minimize the problems of short notice and concurrent commitments, and should help members to claim the benefits of study leave.

Secondly, programme secretaries are always on the look-out for new material for the scientific and clinical sessions, which offer a good platform for the early release of subjects such as case material series, new forms of treatment and management, critical reviews of treatment, and the results of research studies. One would imagine that there was enough going on along these lines in each Division to keep up the submissions in perpetuity.

Thirdly, it is traditional that meetings tend to be held in rotation at different places. This heightens their interest, encourages liaison, maintains competitive standards, and spreads the burdens of organization and hospitality. It also raises the need to ensure a succession of host hospitals, so that offers from members who would like conferences to be held in their units are always welcome, particularly if these carry the approval and blessing of the appropriate Area Health Authority.

There is no reason why events of quite different format should not be planned. Joint meetings with Specialist Sections and College Groups: joint conferences with allied professions; occasional short case presentations; one-topic symposia—all these are among the possibilities, while even Annual and Quarterly Meetings of the College itself need somewhere to happen. These projects call for experiment, for contributors, for willing hands and financial support. The average Divisional Secretary would be delighted to look at ideas and suggestions.

One vital consequence of the founding of the College is that its opinions are now sought over an extremely wide range of issues. There is an encouraging flow of proposals, reports, memoranda and requests for comment which come before Council, its Standing Committees and its *ad hoc* Working Parties. Policy is that grass-root opinions should be canvassed on the most important developments, so that the Divisions and Sections may be invited to express their collective views, usually within a short time limit. The manner in which the opinions of members are collated is a problem to be solved by the Executive Committee in each case, and the options vary from sounding out the Committee, through the counting of heads at an open meeting, to the much more expensive process of distributing relevant documents to Heads of Departments, Medical Executive Committees, or individual members.

Recent examples include the Merrison Committee of Inquiry into the Regulation of the Medical Profession; the impending review of the Mental Health Act 1959; and the Working Party report on Social Work Support for the Health Service. It would be difficult to select matters of greater moment for the future practice of psychiatry, or topics on which psychiatrists might be expected to hold stronger views, yet none of the sampling techniques adopted in our own Division has brought in anything like a total response. Does this mean that there is a consensus of general satisfaction with things as they are? It can hardly mean that non-responders do not have valid opinions or experiences.

Observations

There is a continuing demand for succinct material bearing on everyday practice, written from the basis of personal experience or special interest. In a subject like psychiatry with so many frontiers, the possibilities are endless, and among the topics which come to mind readily one can include training programmes, medical staffing, manpower distribution, problems of patient care, ethical issues, therapeutic developments, and relationships with allied professionals. These and many other areas lend themselves to review, personal comment, discussion and debate, and there is an expanding market for them outside the formal journals.

One very successful vehicle for these papers is this *News and Notes* Supplement to the *British Journal of Psychiatry*, whose editors are always willing to consider submissions. This Supplement has published a series of outstanding examples of the genre, many from regional members. Among them must be included Bergmann (1973) on psychogeriatric services; Brandon (1973) on community psychiatry; Cowie (1974) on education in mental handicap; Freeman (1974) commenting on manpower problems in the provinces; Priest (1973) surveying the plight of the homeless; and Mahapatra (1975) on language problems in foreign graduates.

Shorter pieces, notices of local interest, and advance publication of meetings can also be submitted

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to Divisional Newsletters in those regions which have adopted this service. Members might also like to bear in mind opportunities for special one-off publications as expressions of regional collaborative initiative.

Trainees

The welfare and interests of trainee psychiatrists are matters of particular responsibility to senior members of the College, and much can be achieved in assisting trainees outside the defined responsibilities of appointed Clinical Tutors. Perhaps the most obvious point open to demonstration by members is the recommendation to trainees of the benefits of College Inceptorship and Membership. The spade-work for this has been completed efficiently by Bewley (1973) in the case of Inceptors. The advantages of the appropriate class of membership should be shown in the context of a new College, deeply committed to the ideals of high-quality training schemes, trainee involvement in all major developments, rationalization of the Clinical Tutor system, and democratic representation and organization.

Other relevant features worth mentioning are attendance at College and Divisional meetings, access to the College Library, and access to papers of particular importance to trainees. The three editions of the Reading List drawn up by the Clinical Tutors Sub-Committee (Barraclough and Heine, 1970, 1972; Kendell and Smith, 1975) and the memoranda on training in child and adolescent psychiatry (1974) and on teaching/learning aids in psychiatry (1973) are cases in point.

Advisory functions

There is one more vital aspect of Divisional activity in which continuing success and achievement are entirely dependent on expert and impartial involvement of regional members. This covers a miscellany of advisory, representational and consultative commitments to which others are being added annually. The discharge of these important functions calls for a substantial group of experienced members to supplement and reinforce the work of elected executive committees. The latter are commonly searching for nominees who are prepared to take on duties which can be both challenging and onerous.

There is wide scope for this form of contribution, whose importance cannot be over-emphasized since it establishes links with other regions, with other specialties, and with assorted voluntary and statutory agencies. Much of value to the College and to the future of organized psychiatry has already been accomplished, for example, by members of the Divisional panels of visitors in the Accreditation (now Approval) exercise. Spokesmen are required for general psychiatry and its sub-specialties in educational and management spheres.

Constant vigilance is the only guarantee that Divisional interests will be represented comprehensively on Regional Manpower Committees and in advisory machinery within the reorganized management hierarchy of the N.H.S. Divisions are sometimes invited to submit nominations for other specialized services, the investigating panels into professional conduct as defined under HM/(61) 112 being a good example.

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