



Registrar's Report

As I give my final report as Registrar of the College I still suspect that many Members don't fully understand the role and the remit of the Registrar. The Registrar has responsibility for Policy, Public Education, Users and Carers, the Psychiatrist Support Services, Membership and Medical Management. I first want to congratulate my successor Dr Lawrence Mynors-Wallace and thank my fellow Officers and the President for all the support they have given me in carrying out my role but particularly to thank the four Associate Registrars, Dr Peter Byrne, Dr Neil Deuchar, Dr Ola Junaid and Dr Peter Snowden.

We entered the 21st Century with a positive 20/20 vision (Aaronovitch, 2009). During the first decade of this millennium public services such as health and education received "largesse in unprecedented quantities" and then in a strange slow motion show the world economy fell off the cliff. The next 20 years of mental health are to be played out against the tensions of economic restraint, the drive towards localism, and a society and political culture that is still in my opinion risk adverse and has a love/hate relationship with those of us working at the front line of mental health and social care.

In the cold economic climate we are all increasingly to be judged by the outcomes of our endeavours so under the remit of Registrar in this year.

Psychiatrist Support Services continues to develop. The need for their service is increasing as reflected in the context of the recent Mental Health Survey we undertook of Members. Other Medical Colleges are now taking up the College Support Service Model. The next task is how the Psychiatrist

Support Services can deliver a safe and appropriate service to our International Members, Fellows in the International Divisions.

Medical Management has extended engagement with increased contact regionally and to colleagues at all levels, trainers, clinicians who aspire to careers in Medical Management and very positively, to Clinical and Service Directors. Close work continues with Associate Deans on revalidation (whatever its final form may be) and a new initiative is how Medical Managers can be supported in their role in the future, work that has been prepared for by Dr Frank Holloway.

Communications and Policy - There are now evidenced early signs of a change of attitudes towards those who experience episodes of mental illness. This is in no small part due to the endeavours and successful outcomes of the Public Education Committee and the work of Communications across the College. Highlights this year have included DOH funding for training of psychiatrists to act as spokespeople on violence and mental illness in the media with already a shift in the tone and nature of reporting. Ours is the first College to be accredited in the DOH scheme for Health and Social Care information.

Increased Public Education activities within the English Divisions and in the countries of Scotland, Wales and Northern Ireland has had impact already. The Press Office is now the first port of call for the media on all mental health issues, for example the work done with BBC Radio 1 online about the risks of glamorising body images of models. Twitter is active and there are increasing user/carer podcasts with increasing number of Members accessing the E-Newsletter.

Users and Carers are now embedded into every part of the College, their evidence gained by lived experience, strengthening our policy papers, our manifesto and calls for action, indeed all the work we do. They are our most important partners and advocates and for myself over the last five years have become friends.

Policy - I want to thank every Member of the College for supporting the setting up of the Policy Unit and strengthening the offices in respect to policy in Wales, Scotland and Northern Ireland. This has for the first time enabled the College to shape policy (as well as responding to what hopefully may be less government consultations from a Coalition Government). So we have been able to shape policy in challenging times across the policy environment of health but also economic and social justice and child policy arenas. This has been driven by your expertise as Members and has helped influence the politicians through the work of Ian Hall and the Parliamentary Committee.

For the first time the College is setting it's own course driven by your expertise and knowledge. A key focus is influencing legislation on equality and discrimination. Your support therefore has enabled the College to increase influence on local, national policies, harnessing the knowledge across the Faculties, Sections and Divisions, the three national offices and the International Divisions.

Having delivered FAIR Deal, The Four Step Manifesto, the College was first to address the impact of mental health in an economic downturn looking at reconfiguration of services. All of the work on outcome measures, thanks particularly to Martin Elphick and the Faculties across the College, is now being brought together to feed into the President's Quality Taskforce to show the outside world we are leaders in the profession and want and will as professionals shape best practice in the future.

What of the future – Quality and professionalism will I am sure remain the key planks for the future whatever the changing evidence base, regulatory systems and political mores. Work with the Medical Academy of Royal Colleges on sponsorship in all its forms will be completed by the end of 2010 with hopefully a shared agreed guidance across medicine.

Where there is still I believe more work to be done is what should be at the core of our existence. The fundamental must "of connecting with the

Membership". Here I am continuing with three strands of work. First collating the view and ideas from the Divisions and Faculties on what the College does well but also what needs to be improved and delivered better. Completion of the analysis of the recent Membership Survey of our mental health and wellbeing and how we can utilise your many suggestions and solutions to maintain, as our right, our own health, welfare and wellbeing. Better understanding of the roles many of you play in the College by retrieving this information from you via the Registrar and the Treasurer. Finally, how we can harness the creativity and skills you demonstrate in your day to day lives in the many roles you have outside mainstream work, across non-governmental organisations, charities, schools and mental health groups.

Even in a national and international cold economic climate, the pace of policy change seems likely to increase. The critical difference for the next 10 years is "more is being expected for less".

To deliver the Members priorities, the College through the President, as leader has to have:

- More belief in ourselves,
- Strengthen our identity across medicine, health and social care services
- Engage in partnership with Users and Carers
- Have lifelong fit for purpose training and education to equip us to deal with all the tasks we are now and will be expected to undertake.

Five years in the role as Registrar has taught me that in order to achieve this we have to function as a cohesive family, openly discuss our differences "within the family" but face the outside world as one together.

Our most important next door neighbours are Users and Carers, without them we would defacto be homeless. We have to engage in partnership with all the houses in the street. Medicine especially primary care, public health, and physical health, social care, education and the world of work, justice,

providers and commissioners of services and particularly at this time non-governmental organisations and local government. In research for patient benefit above all we need to improve how we increase the understanding of the public and the media of the worth and value of what we do and what we can do in the future to improve the qualities of lives of all those with mental illness and those struggling to maintain or achieve resilience under stress.

But there is always the risk that we are driven on a tide of prevailing political priorities, ideologies and mantras and lose sight of who we are and what we stand for as medical expert, communicator, collaborator, manager, health advocate, scholar and above all professional.

Professionals, who in all we do, need to ask does it have ethical validity, does it have utility and will it result in the sort of services we would want for our families. Complex need does not necessarily mean complex solutions.

Even on a bad day I have thoroughly enjoyed the privilege of being Registrar, carrying out the tasks the role demands. As is in my nature I have taken up new roles already in a new family of criminal justice where I am learning the house rules of government departments and the creative way civil servants seek to keep me in order.

As a Member I hope to continue to support the College Members and Fellows in any way I can but hope we can learn from the success of Diabetes UK and Cancer UK and take the lead as a College as Mental Health UK working with all colleagues across the public and independent sectors. As individuals we should be able to practice the art of psychiatry without fear or favour, delivering best integrated evidenced pathways of care for users and carers.

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