



columns

6-monthly intervals. Second, I agree that there is no good evidence on which to base advised serum levels; Nicholson and Fitzmaurice selected 0.6–1.0 mmol/l, while we advise 0.5–1.0 mmol/l. It is important to note that, within this range, some patients may respond only at higher serum levels (Gelenberg *et al*, 1989).

As we did in north-east Scotland (Eagles *et al*, 2000), Nicholson and Fitzmaurice intend to audit the effect of circulating lithium monitoring guidelines in Lothian. We found that guidelines significantly improved the monitoring of renal and thyroid function. More importantly,

however, standards of monitoring were poor before and after guideline distribution, and remained even poorer among patients who were no longer in contact with psychiatric services. We endorsed Cookson's (1997) conclusion that all patients on lithium should remain in contact with an experienced psychiatrist.

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the college

Thirty-first Annual Meeting

June 2002

The Thirty-first Annual Meeting of the College was held at the Cardiff International Arena, Cardiff, from 24 to 27 June 2002.

Business Meeting

The Business Meeting of the Royal College of Psychiatrists was held on Thursday 27 June 2002 and was Chaired by the President, Professor John Cox. It was attended by 103 members of the College.

The Minutes of the previous meeting held in London on 11 July 2001 were approved and signed.

The formal Report of the Treasurer and a summarised version of the Annual Accounts for 2000 were received and approved. The re-appointment of the auditors was approved. The new fees and subscription rates from 1 January 2003 were approved.

President's Report

Unlike last year's, this report will be short. Its brevity is not because of a lack of anything to report to members – the converse is the case – but because in my valedictory lecture I will look back as well as forward and because I have been working with a first rate and very committed team of Officers who will speak for themselves. Suffice to say that the adage 'in high speed times, if you blink something will have changed' is no longer only a useful metaphor, but almost a statement of fact.

There are several major strategy documents pending and no doubt they will be

launched when least expected. Probably on a Friday evening or, as with the Mental Health Draft Bill, when the College meeting is taking place and when Wimbledon or the World Cup finals are diverting attention. If the wages of spin are death – the title of an interesting talk given at the meeting – then there must be a risk of terminal decline!

Let us hope, nevertheless, that there is a real consultation yet to take place that is evidence-based and attentive to the profound issues which affect our professionalism and the care of our patients. The Mental Health Draft Bill released very recently should, in my opinion, initiate a 'just struggle'.

The Senior House Officer (SHO) Modernisation Report, for which there is a leak of a leak, is also about to come into the public domain. It is likely to include a recommendation for a generic First SHO Year with a solid chance to change the postgraduate training of all doctors, to broaden their educational base and to include mental health and mental illness within such generic training. It will have profound implications to improve recruitment and retention of psychiatrists.

Thirdly, the new General Medical Council legislative changes have been announced, bringing in generally agreed new structures for revalidation and appraisal and, as far as the College is concerned, placing our novel and respected continuing professional development (CPD) programmes near to the centre.

The Government's proposal for the Medical Education Standards Board to replace the Specialist Training Authority and the consultation about legislative

changes are likely to be published very shortly. The challenge to the Academy and to our College is to see that the influence of the College remains protected – in the best interests of the service provided to our patients, while recognising that there is a necessary dialogue with the NHS and Government with regard to the competencies of trained psychiatrists.

Finally, the amendments to the European Order are also imminent – amendments that may enable selected overseas- and UK-based doctors to enter the specialist register through a new route provided standards are upheld, and following any further 'top-up' training in the UK, if necessary.

The College is also, I believe, working on a consensus statement with regard to the Roles and Responsibilities for Psychiatrists, which arose out of earlier discussion about a Manifesto or a Consultants' Charter. A College statement of this sort, which could contain not only the legal framework within which we work but also the professional and ethical parameters as well as our values and priorities, could indeed be most helpful.

In the past year, the College has established a Board for International Affairs and an Ethnic Issues Committee, has increased its membership and has examined the largest number of candidates ever in its history. Now, I believe, the membership has voted with its feet by attending this meeting in Wales and so celebrating not just the closure of the Mind Odyssey but the excitement of the sharing of ideas and experiences with Members from across the world.

The College is very much alive, and has shown a remarkable ability this past year



to look outwards as well as inwards, to work with Government, within the NHS, to challenge Government when necessary and to cherish its independence while acknowledging a greater accountability to others.

I would conclude by thanking my fellow Officers and College staff for their support, very hard work and creativity, which has helped us to turn a corner – and so to look out to others and to other organisations for the good of all.

Thank you.

Registrar's Report

Bore da.

This is the fifth and final report I shall deliver as your Registrar. The temptation would be to cram everything into the next few minutes; I am not going to do so. Instead, I shall pick out just a few tips of the iceberg and hope that you will allow them to represent the great bulk of work carried out by staff and College members underneath.

Firstly, three external battles. The Government's proposed reforms of the Mental Health Act, as you have already heard, are simply unacceptable – in principle and practicality. The President has called it the beginning of a 'just war'. It is a 'war' we will be fighting in alliance with our fellow mental health professionals, the Law Society and the patients' and carers' organisations in the Mental Health Alliance. Meanwhile, dictators the world over must be licking their lips at such a perfect model of how to get around the absence of preventative detention in English law.

The proposals for a Medical Education Standards Board may strike just as deeply at the educational remit of the College's Charter. In fact, this College may have less to fear because of the reputation of our accreditation system that has always been mindful of the balance between training standards and service needs – and because of the strong influence that patients and carers have in everything we do. But we will be standing shoulder to shoulder with the other Colleges through the Academy's response.

Senior representatives from the College have worked on Mental Health Task Force committees to produce a series of templates for community and in-patient services that could be the guide to psychiatric practice for a decade. But where is the money? We suspect that most of it has been siphoned off by chief executives, who have calculated that they are less likely to be sacked for not developing an early intervention psychiatric service than they are for not reducing surgical waiting lists. And we should beware any attempt to say that the money did arrive in our hands but was

spent instead on locums, atypical antipsychotics and expensive out-of-county placements. We wait to see if primary care trusts will have the motivation, skills and size safely to commission and deliver mental health services, quite apart from the problem of resources.

Secondly, three internal reforms. The Irish Division has found both a symbolic and a practical solution to how a London-based, 'Royal' College can negotiate with the Government in the South, while the Divisions in Scotland and Wales have worked ever more closely with the Parliament in Edinburgh and the Assembly in Cardiff. But this is not an 'Irish Question', or even a Celtic one. It is a problem, and an opportunity, for the College as a whole. The Vice-President, Robin McCreadie, has begun surveying ideas of how we might devolve power from 17 Belgrave Square so that members in all the Divisions may feel that they have a more immediate stake in the policies of *their* College. This should free the central committees from their endless responses to English departmental documents to meet, instead, to exchange experiences and formulate pro-active strategies.

There has long been a wish to re-examine the role of the psychiatrist and the values that brought us into the profession in the first place – to retake the 'moral high ground' from a Government that has taken to telling us what to think and how to practise. Helping to prepare the College's response to the Bristol Royal Infirmary Inquiry and the Council Report (CR101) *Vulnerable Patients – Vulnerable Doctors; Good Practice in our Clinical Relationships* showed me just how far we have come already along that road; but there is much more to do. We are in the second year of our search through all the structures and practices of the College for evidence of institutional racism and we have set up a Scoping Group to begin to examine the College's relationship with the pharmaceutical industry. Two major reports, *Why Mothers Die* and *Too Serious a Thing*, have implications way beyond the worlds of perinatal psychiatry and Welsh child and adolescent services, from which they sprang.

There have been many attempts over the past year to provide practical help for sections of the College membership. Job descriptions and staffing norms are now available for all faculties and should be invaluable in service negotiation. A working group, under Ranjit Baruah, produced a superb plan for the greater role of Affiliates in College life. Mentoring services are being established for newly appointed, substantive consultants and we are beginning to look at the problems of locum psychiatrists. But we still have no formal, College supportive system for stressed and embattled psychiatrists

between local mentoring and the national Sick Doctors scheme. This is something that will not do – especially in a College of psychiatrists.

My thanks are due, as ever, to all the staff and members I have worked closely with over the years – to Deborah Hart and her team in External Affairs, where we have a new Director of Public Education, Mike McClure, and will soon lament the departure of our Parliamentary Liaison Officer, Chris Walden; to Anne Dean, Carole Pashley, Cynthia Farley and Cate Cole in the Department of Postgraduate Educational services; to my three Deputy Registrars, Sue Bailey, Sally Pidd and, especially, Ranjit Baruah, who has struggled on through increasing ill-health; to the College Research Unit (CRU) and especially Carol Joughin, who is leaving after having done such magnificent work with FOCUS; and, of course, to Vanessa, with whom I have shared a room and 5 years of my life, and Sue Duncan, who has looked after both of us. We have a new Registrar, Andrew Fairbairn. I wish you luck, Andrew. In 2 hours' time, all this will be yours!

Finally, I would like to say something about College style. In the past, feeling itself under attack from all quarters, the College has retreated behind its professional ramparts and an elaborate display of unity. Increasingly, we have looked outward to our natural allies in fellow mental health professionals and the users' and carers' organisations. It has led us into contentious areas, but we have met those head-on. We have spent a good deal of time looking for consensus or agreeing to differ in an open, public arena. It is called democracy. And it is something that Government, with its ethos of spin and secrecy, of leaks and like-it-or-lump-it consultation, would do well to remember.

Treasurer's Report

The detailed Treasurer's report for the financial year 2001 was sent out with the agenda and will also be included in the Annual Review, so I shall just refer to the main points of importance. First, I want to mention my predecessor as Treasurer, Professor Issy Kolvin, who sadly passed away earlier this year. He was a beacon of light as a child psychiatrist, but his work for the College as Treasurer was also outstanding. He re-secured its finances at a period of great difficulty and was an inspiration and mentor to me, despite his increasing ill health.

As you will have seen, there was an approximate break-even financial position for the year, with income and expenditure being approximately equal. The College's biggest source of income is from members' subscriptions, and our membership is now over 10 000. We hope



this will continue to increase and are attempting to facilitate this by a tiered system of income-related rates and reductions for overseas members according to the gross domestic product of their country. We are also proposing a nil subscription rate for those over 75 years. I am trying also to encourage 'returners' with flexibility about rejoining rates and we also hope to increase the number of affiliates.

Three major activities of the year took place at some financial risk and were varyingly successful in cost recoupment. These were the Annual Meeting, held with the World Psychiatric Association (WPA); the 2001 Mind Odyssey celebration; and the Changing Minds campaign. All, however, were extremely rewarding in many ways, both for the membership directly and for their contribution to the mental health objectives of the College.

I will also mention some departments specifically. Examinations incurred a minor deficit this year, partly accounted for by the development of a different format of examination. The Publications Department again made an important surplus of about one-quarter of a million pounds. The College Research Unit (CRU) settled into new quarters and continued to develop new initiatives; its income and expenditure do not necessarily fit neatly into financial years.

In terms of College investments, following the Trustee Act of 2000, the portfolio – previously divided into two ranges of investments – was amalgamated for greater flexibility. Everybody will be aware that the market situation was adverse for last year and the College equity investment did correspondingly poorly.

Although we were not able at year-end to put new funds aside, it was decided to transfer the existing reserves from the Development Fund to the New Building Fund and the General Fund.

For the coming year we are planning to develop a more focused strategy concerning income-generation and fund-raising to continue to enable projects and developments.

Finally I should like to thank Paul Taylor, Head of Financial Services, his staff, and Vanessa Cameron for all their help in the past year.

Dean's Report

This has been an extremely busy period, during which considerable progress has been made in fulfilling the Educational Strategy I initiated when elected Dean in 1998. The new Specialist Training Committee, which brings together basic and higher training matters, has, I think, been an unqualified success.

As far as Basic Training is concerned, the MRCPsych Curriculum for Basic

Specialist Training and the MRCPsych exam have been completely revised and updated, with the needs of trainees very much in mind; it now has clear and assessable learning objectives which are, in turn, broadly divided into knowledge and competencies. Linked to this, a document outlining learning objectives for SHO clinical placements in each of the psychiatric specialities has also been completed. Major changes have been agreed to the examination itself, many of which will be implemented in 2003. These include the introduction of Observed Structured Clinical Examinations and of structured, centrally produced patient management problems. The working parties developing new examination materials have made progress well beyond legitimate expectations. We have also successfully introduced criterion (rather than peer) referencing of the Multiple Choice Papers.

As for Higher Specialist Training, a curriculum is in the process of (sometimes painful) development which aims to define the competencies required by specialist registrars (SPRs) at the point at which they apply for their Certificates of Completion of Specialist Training (CCSTs). With substantial support from the Sainsbury Centre for Mental Health, a draft has been prepared which is currently being refined into a practical and 'user-friendly' tool for trainees, trainers and record of in-training assessment (RITA) assessors. A final version should be available in late 2002. Following a review of the structure of CCSTs in psychiatry, we are finalising a proposal that, while the number of CCST specialities remains unchanged, a wider range of sub-speciality endorsements should become available. These could be acquired in all psychiatric specialities rather than being tied (as at present) to general adult psychiatry. We hope to take this proposal to the Specialist Training Authority in the next few months.

With Professor Louis Appleby, National Director of Mental Health, I co-chair a joint College and Department of Health working party on recruitment and retention in psychiatry which addresses the serious shortage of consultants, particularly in general adult psychiatry. With the CRU, we have carried out a series of studies of Career Intentions of Psychiatrists in Training and Consultants (CIPTAC), investigating issues affecting recruitment and retention in psychiatry and identifying potentially fruitful ways in which these can be addressed. Other recruitment and retention initiatives include international recruitment drives (such as the International Fellowship Scheme) and support for mentoring programmes for new consultants. College representatives on Advisory Appointment Committees routinely ask about local mentoring schemes and a document detailing the role of a

psychiatric mentor has been completed by Anne Dean. The College now has a voice at the annual 'Medlink' Careers Events at the University of Nottingham, which are attended by very large numbers of potential medical students. Members of the Collegiate Trainees' Committee represented the College at the 2001 event. There are also plans for the University Psychiatry Committee and Collegiate Trainees Committee to collaborate in 'targeting' medical students who may potentially be interested in a career in psychiatry. We are also developing opportunities for sixth-formers with an interest in psychiatry as a possible career to obtain work placements/experience in psychiatric settings.

I owe an enormous debt of gratitude to the Sub-Deans and wish particularly to thank Dr Parimala Moodley, who has recently demitted office, and Dr Sue Whyte, who is about to. Thanks are also due to Anne Dean, Carole Pashley and their colleagues in the Department of Postgraduate Educational Services. I want to take the opportunity of welcoming Lynn Bryson, our new head of Exams and thank her and her colleagues for tolerating the many changes to the exams so uncomplainingly. Finally it is important to emphasise how much the progress we have been able to make depends on the many psychiatrists who contribute to the SACs and as examiners and accreditation visitors. Thank you all.

Editor's Report

Sincere thanks are due to the Deputy Editor, Alan Kerr, to editors, authors, assessors, the Publications Management Board, Vanessa Cameron, Howard Croft, Martin Briscoe (Website Editor), Anne Farmer, Fiona Subotsky, Paul Taylor, Dave Jago, Lucy Alexander and the rest of Dave's staff.

All academic publishers have continued to experience erosion of institutional subscriptions. This has applied to the *British Journal of Psychiatry* (BJP), although to a lesser extent than had been feared. The impact factor reached 4.1. Special issues containing papers of particular relevance to each psychiatric sub-speciality have been published. The new column 'Psychiatry in Pictures', edited by Robert Howard, has been a popular success. Highlights of each issue, written by Mary Cannon and Elizabeth Walsh, have also proved successful – data indicate that they are particularly popular among online readers. The *Psychiatric Bulletin* continues to delight and inform members under the very successful editorship of Professor Tom Fahy.

Advances in Psychiatric Treatment (APT) has managed to buck the industry-wide trend and subscriptions have increased



steadily. Alan Lee has been appointed as the new Editor of APT and during 2002, as part of the 'hand-over' year, Alan will perform editorial functions jointly with the outgoing Editor, Andrew Sims. Alan will take over as sole Editor in January 2003. I would pay special tribute to Professor Sims' brilliant foundation editorship of APT.

Online journals – the service provided for our online readers – is undergoing constant improvement. This past year, the facility for non-members to purchase individual articles ('pay-per-view') was added to all three online journals, increasing the journals' worldwide visibility (and increasing revenue). Over the coming year, improvements will include the potential to search the whole of Medline from each journal site. More sophisticated tools to help researchers get the best from the journal sites are under development.

Our book programme continues to flourish. Highlights include publication of the fifth edition of the essential *Use of Drugs in Psychiatry* (Cookson, Taylor & Katona), greatly expanded from the previous edition and re-designed in a user-friendly format. *Childhood-Onset Eating Problems: Findings from Research and Parent-Training Programmes for the Management of Conduct Disorders in Young Children* are the two latest publications written by the Research Unit's FOCUS team, aimed at promoting child and adolescent mental health. New editions of *Family Work for Schizophrenia* (Kuipers, Leff & Lam) and *Measuring Mental Health Needs* (ed. Thornicroft) have been published. The 'Books Beyond Words' series continues to expand with titles on hygiene (*Susan's Growing Up* and *George Gets Smart*) and discrimination (*Speaking Up for Myself*). New editions have been commissioned of all of the Seminars' titles for trainees.

I must draw attention to correspondence in the BJP in January 2002 that linked my connection with Neurolink (a £2000 annual consultancy, sponsored by a grant from Wyeth, previously disclosed to the College but not in the *Journal*) and two papers with authors employed by Wyeth. The outcome is that I will not take part in the peer review of any further papers concerning Wyeth products. *The Lancet* took up the story in April and I replied in a May edition, drawing readers' attention to the original full correspondence, which *The Lancet* omitted to do. Finally, *Private Eye* gave a fair account of the issue in May.

In conclusion, this is my last year as Editor. I look forward to working hard for another year on your behalf and to hand over to my successor a successful Publications Department and a trio of journals of international affection and acclaim.

Librarian's Report

I took up post from the AGM in June 2001 but it was early autumn before I could attend the College regularly. There were further changes in staffing within the Library with our previous Information Officer, Lucy Hastings, developing her career outwith the College, leaving towards the end of last year, and Thomas Kennedy, Information Officer, developing his career in a new post within the College. We were very pleased to appoint Morwenna Davis as our new Information Officer and to have Laura Hulse join us as Information Administrator, following an internal move within the College.

Margaret Harcourt Williams has, of course, continued as our Archivist. Thus our thoughts as to how the Library might develop did not crystallise until the New Year. The thrust of these developments was approved by Council in April and reported briefly in the June edition of the College newsletter.

There are two very practical matters. We have re-named ourselves the Library and Information Service (dropping the name 'Helpline') and I meet with staff and Deborah Hart (Head of External Affairs) on a monthly basis as the Library and Information Services Committee, reporting to the Executive and Finance Committee of the College.

We have identified four major tasks ahead. Firstly, we wish to review the books and journals component of the Library such that it can act as a 'model library', i.e. at a level to which a local mental health service should aspire. This, in turn, would allow us to offer advice and consultancy to local services who wish to review their libraries, particularly in light of accreditation visits. It is an unrealistic task for the Librarian and his staff to undertake this in isolation and, in the first instance, we are forming a Virtual Library Committee, with representatives from each Faculty to help us.

Secondly, we have a fascinating archive of historical, and foreign language, texts. We are reviewing what that archive should comprise, with the help of Professor Harry Zeitlin, and have secured a five-figure grant to preserve some of the older texts which are in poor condition. Clearly, we have a responsibility as curators of this material itself and the intellectual property it embodies.

Thirdly, we are continuing to develop the electronic side of our Information Service, working particularly with College website staff. Increasingly, individuals will be more and more confident undertaking electronic searches, etc. themselves, but we will have a continuing role in helping members in this area. Complementing this specialist/professional service, we have a generalised/public information service, with patients and

their carers being the biggest single group seeking our help.

Lastly, there is the College archive which is both historical and also 'live', ensuring availability of referenced information on all College matters. It is remarkable that the broad church of 10 000 members can reach consensus across health policy, education, research and other areas in which it is right for the College to express a corporate view. Finally, I would like to thank my fellow Officers and the staff of the College for their warm welcome and support since I took up office.

Proposal to rename the Faculty of General and Community Psychiatry as the Faculty of Adult Psychiatry

Dr D. Jolley presented the case against the renaming of the Faculty of General and Community Psychiatry as the Faculty of Adult Psychiatry. He believed that by so doing, the College would add to the confusion felt by some regarding the age group catered for under the term 'Adult'. In particular, he objected to the inference that patients over the age of 65 were no longer considered to be adults. Instead of the proposed change of name, he suggested that the College might consider renaming those Faculties that had particular responsibility for a particular age group. He proposed: Psychiatry of the First Age (for child and adolescent psychiatry); Psychiatry of the Second Age (for adults between 18 and 64 years of age, currently served by the Faculty of General and Community Psychiatry) and Psychiatry of the Third Age (for old age psychiatry).

Dr Jolley's proposals were then answered by Dr A. Zigmond, who pointed out that the title 'General and Community' was not used in practice because it did not explain what psychiatrists did and was too long winded. As a result, a variety of terms were used to describe the Faculty and, more importantly, were used by psychiatrists to describe themselves. He went on to point out that the Faculty included a large range of psychiatrists, including sector psychiatrists and those working in perinatal, pulmonary intensive care unit, eating disorders and neurology settings, and a number of small – even more specialised – groups in addition to rehabilitation and liaison psychiatrists. As a result, it was very difficult to find a term which satisfactorily described their activities. The one thing they did have in common was that they all treated adult patients. The Faculty had considered the term 'Working Age Adults' but this was felt to be too clumsy and, in any case, many members of the Faculty also saw older-age adults and the term would



inevitably be shortened to 'Adult'. The name being proposed was therefore chosen after very wide consultation within the Faculty.

Finally, Dr Zigmund pointed out that psychotherapists and those working in forensic, substance misuse and learning disability settings, all saw adult patients and did not seem to be offended by the suggestion that the Faculty should adopt the name 'Adult Psychiatry'.

The essence of this Debate would be sent to the October 2002 meeting of Council for further discussion and the outcome presented for approval to the Annual General Meeting in 2003.

Election and Introduction of Honorary Fellows

Professor David A. Alexander

(introduced by Professor R. G. McCreadie)

Professor David Alexander thoroughly merits election to the Honorary Fellowship of the Royal College of Psychiatrists, on the grounds of his many and various contributions to the College, and to psychiatry more broadly, over the past 30 years.

David Alan Alexander was born in Ellen, in Aberdeenshire, on 28 August 1943. His schooling was at George Watson's College in Edinburgh and Morgan Academy in Dundee. In 1962, he entered St Andrews University, where, in the Faculty of Social Science, he studied Psychology and Philosophy. He graduated with an BA Honours Degree in 1966. For the next 4 years, he was a Medical Research Council Scholar in the Faculty of Medicine at the University of Dundee. He completed his PhD; the title of his thesis was *An Investigation into Some of the Cognitive Changes Associated with Senile Dementia*. This was the first paper in what was to prove to be a 30-year association with the 'yellow journal'.

In 1970, David was appointed to a clinical psychologist post in Aberdeen and he has worked there ever since. He joined the Department of Mental Health at the University of Aberdeen in 1971 as a lecturer; he was promoted to senior lecturer in 1980 and to a personal chair in 1994.

As a clinical psychologist, throughout his career he has believed in the mutual value of collaborative work between psychologists and psychiatrists, and between psychologists and other medical disciplines. At the start of his career this was not a fashionable perspective and his immense professional credibility has done a huge amount to foster and promote productive collaborative work in the North of Scotland.

As I have said, he has worked in the University of Aberdeen's Department of Mental Health since 1971. Over this lengthy period, it is difficult to overestimate his contribution to undergraduate education in psychiatry. That Aberdeen, since the 1970s, has remained near the top of the UK 'league table' with regard to the percentage of graduates pursuing a career in psychiatry, is testament of the effect of his unflagging hard work and enthusiasm upon successive generations of medical students. Professor Alexander has also constituted a pillar around which the Aberdeen Postgraduate Training Scheme in Psychiatry has developed. For countless trainees, he has provided excellent clinical and research supervision and he has selflessly acted as a supporter and advocate for many young psychiatrists.

The Piper Alpha Disaster in the North Sea in 1988 was a turning point in his career. He spearheaded the response of psychiatric services to this catastrophe and, since then, his clinical and research work has focused to a great extent upon the care of victims of various kinds of trauma. He became Director of Scotland's first Centre for Trauma Research, which was opened by Terry Waite in 1999. Professor Alexander has established himself internationally as a renowned clinical and academic expert in the field of trauma. He has lectured in 17 countries overseas and has the almost unique distinction of acting as Visiting Lecturer to the FBI Academy. When 253 people were killed in the bombing of the American Embassy in Nairobi in 1998, this College received a plea for assistance. It asked Professor Alexander to go on its behalf, and his expert and humane contribution was immensely valuable both to victims and to professional colleagues.

David Alexander is a hugely valued member of the psychiatric community in Scotland and it will be noted that the current Chair of the Scottish Division and her two immediate predecessors are among his sponsors. We recommend him without reservation to the Honorary Fellowship of the Royal College of Psychiatrists.

Professor Sir David Goldberg

(introduced by Professor David Taylor)

'Here, under leave of Brutus and the rest –

For Brutus is an honourable man
So are they all, all honourable men
Come I to speak . . . at Sir David

Goldberg's Honorary Membership.'

I think of Caesar because he had gone back to Rome for his citation. In his case, that proved to be a mistake; and no hope of resuscitation either. I do not think a

citation is a reiteration, or recitation, of what you have on paper. I think a citation is a celebration and that is what this will be.

I came to know David Goldberg well when we shared Kraupl Taylor's firm at the Maudsley in 1964. He was 30. His father was a distinguished doctor in rehabilitation medicine. David had been at William Ellis School, read Psychology, Philosophy and Physiology (PPP) at Oxford, and learned to value Psychology. He was, briefly, a teacher and learned how to deal with difficult children and committees. He held excellent jobs in postgraduate medicine at The Brompton, The National and St Thomas's, in pursuit of the MRCP, which he passed when his wife advised him not to try to educate his examiners. He had started his habit of winning prizes by taking the Mental Health Research Fund prize in 1960 and the Doris Odlum prize in community medicine in 1962.

He was grown-up, rounded and widely experienced. He knew about loss. He had read everything worth reading then, and has read everything written since. No good suggesting books to him; there are those he has already read and those he implies you wasted your time reading. Aubrey Lewis and Michael Shepherd recognised his exceptional talents and nurtured his research into the recognition of mental disorder in the community. We continued together for a while at the Institute. He invented Competitive Cooking for dinner parties 30 years before Ready Steady Cook. His prodigious work rate allowed him to win the Gaskell Gold Medal and Prize in 1969.

In that year, he was appointed to a Senior Lectureship at Manchester but spent the year at Temple University in Philadelphia as Associate Professor to undertake research in America and to make a point in Manchester. As a Visiting Lecturer in Philadelphia, I had to listen to his praises being sung.

In 1970, he produced the GHQ (never yet called the Goldberg Health Questionnaire) and his Oxford DM. After returning in 1970, he was appointed Professor of Psychiatry at Manchester alongside Neil Kessel in 1973. His arrival in Manchester marked the rapid growth of that department. Goldberg's passion has been for equipping all doctors to recognise psychiatric disorders and do something about it. This starts with inspiring medical students out of their characteristic torpor by all possible means of stimulation, especially the television they have grown up to love. He included a research option into their curriculum, knowing that it would bring recruits into psychiatry and psychiatric research. Postgraduates in Manchester knew they would have a well-organised training if they chose