

Annual Review

2013



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PRESIDENT'S WELCOME

Professor Dame Sue Bailey

2013 has truly been a momentous year for the College. In January, we purchased the freehold of 21 Prescott Street – a six-storey building on the edge of the city of London. There began an ambitious refurbishment programme to transform the building from a tired office block to a medical Royal College fit for the future. You can see the stunning results on pages 4–7.

Our new headquarters is more than just a building. I believe it represents a turning point in our College's history. Since we opened our doors on 7 October, a huge number of members have visited the building – many of whom had not visited us before. Young doctors have commented to me that 21 Prescott Street is much more welcoming than our old offices at Belgrave Square, and established members are using the building not only for their College business but for other important meetings.

Throughout 2013, the College has continued to do what it does best – promoting excellence in psychiatry and mental health. In November, it was my very great pleasure to attend the fifth annual RCPsych Awards. For the first time, we rewarded the achievements of medical students, foundation doctors and staff and associate specialist doctors – allowing us to recognise excellent practice from psychiatrists at all stages of their careers.

One of our core purposes is to lead, represent and support psychiatrists, and I believe the College is now more accessible than ever – for members of all ages. On pages 11–15, four of our members talk about their relationship with the College, and how it has changed throughout their careers.

As always, the College has had many fantastic achievements over the past 12 months and it is



impossible to capture them within these few pages. We continue our valuable work with patients and carers, lead the way in education and training, influence mental health commissioning, and drive up standards of care through our College Centre for Quality Improvement. But one achievement of which I am most proud is the work we've done around parity of esteem for mental health. Our landmark report, *Whole Person Care: From Rhetoric to Reality*, was published in March and its recommendations pave the way to achieving equality with physical health.

This is the last occasion on which I will introduce an *Annual Review*. Therefore, I would like to take this opportunity to thank all our Members and Fellows for their continued support. There are plenty of ways to support our work, from becoming involved in one of the many and varied College projects to leaving a legacy, and I encourage you to do so. With your input, I am confident our College will go from strength to strength, and improve and deliver the best clinical practice, research and services across mental health in the UK and throughout our International Divisions.

The core purposes of the Royal College of Psychiatrists are to:

- set standards and promote excellence in psychiatry and mental healthcare
- lead, represent and support psychiatrists
- work with service users, carers and their organisations

DEVELOPMENTS IN DEVELOPMENT

Ann Paul, Director of Development

My first full year at the College has been a very busy and fulfilling one – a year in which the concept of development has become more widely known and accepted throughout the membership.

Our remit for development in the College is clear – to find those strategic projects which are important to the College, to our members and to psychiatry as a whole and then to begin to seek the funding for those projects.

We were extremely pleased to receive a most generous legacy in 2012 and 2013 – a bequest with which we have been able to launch two very important strategic projects – the Pathfinder Fellowships and the RCPsych Research Fellowship in Sustainability. Without the most generous legacy left to the College by Dr Emerson, we would not have recruited the second cohort of Pathfinder Fellows nor would Dr Daniel Maughan, RCPsych Sustainability Fellow, be trail-blazing and pushing forward the essential agenda of sustainability in mental healthcare.

The Pathfinder Fellows are students in their penultimate year at medical school. It has been our experience that all the candidates who have applied – both last year and this – have been exceptional students, all of whom we would just love to choose psychiatry as their future medical career. In this way, Dr Emerson's legacy is making a significant difference to one of our strategic challenges – recruitment into psychiatry.

We have published two legacy messages to the membership in *The Psychiatrist* (now the *Psychiatric*

Bulletin), in which we asked whether you have ever considered leaving a gift to the College in your will. I know this is a difficult and often sensitive topic – but one which we have to mention because that is one of the very best ways of ensuring that our members are able to make a lasting impact through the work that the College does, not just now or in the next year or two, but looking far into the future.

So what of the future? Now that we have settled into our beautiful new home, it is time to do some different things, and to do those things differently. It is time that the Royal College of Psychiatrists supported some members to undertake vital research into a range of psychiatric topics – so we will be launching our annual giving project with another very generous legacy acting as our start point.

Please look at the Development Office pages on our website where you will find further information about how you might become more involved, and please do get in touch with me if you would like further information – apaul@rcpsych.ac.uk





21 PRESCOT STREET

In 2013, the College relocated its headquarters from 17 Belgrave Square to 21 Prescott Street. After almost 40 years in Belgravia, the College had outgrown the space available to it, and was keen to acquire a building with enough room to provide enhanced facilities to its members, trainees and visitors. After viewing many buildings, College officers finally alighted on 21 Prescott Street – a modern, six-storey building boasting an impressive 50,000 sq ft of space and a central location on the edge of the city of London.

The run-down building required major refurbishment, and we consulted closely with the membership to ensure we designed a building that met the needs of psychiatrists at all stages of their careers, as well as the College's 200 staff. An ambitious 24-week refurbishment process began, overseen by project management company Watts Group PLC and design and build company Area Sq.

Visitors to the new building are welcomed with a light and airy reception area (*above*). Although 21 Prescott Street has an undeniably modern feel, we have retained a sense of the College tradition by preserving and showcasing items acquired by us throughout our history. The double-height atrium is lit by an antique chandelier donated to the College in 1976. The spacious members area on the ground floor (*facing page, top*) is surrounded by portraits of our past Presidents and leads to the library areas, including a specially constructed reading room showcasing our antiquarian books collection (*overleaf, top*).





An elegant stone and glass staircase leads visitors from the reception area to the first floor balcony and exhibition space (*previous page, bottom*) and conference suite. The main conference area – equipped with stage and large screens – can seat 265 people, allowing us to host large events and meetings in-house for the very first time. A 50-seat media room has been created (*facing page, top*), providing a venue for film screenings as well as press conferences. In total, 24 meeting rooms are spread across the building, with video- and teleconferencing facilities to assist the College's national and international work.

Open-plan office space on the second and third floors houses the College's permanent staff. Over the years, the College has expanded its operations so much that it outgrew Belgrave Square, and separate offices in Aldgate were acquired to house the College Centre for Quality Improvement and the National Collaborating Centre for Mental Health. Now, the entire family has been brought together under one roof.

The lower ground floor houses a fantastic new restaurant, Cafe 21, which offers a wide range of hot and cold meals, drinks and snacks throughout the day (*facing page, bottom*). The College's doors are always open to members, who are welcome to pop in, enjoy our new facilities, and take time to work, network and relax.



THE COLLEGE CENTRE FOR QUALITY IMPROVEMENT: A PERSONAL ACCOUNT

Sophie Hodge, CCQI

Having a psychology background, I thought I knew a lot about mental illness, but beginning work at the College Centre for Quality Improvement (CCQI) I realised I knew nothing about real people with mental health problems or the services that care for and support them. In the past 4 years I have worked directly alongside people with various mental health problems as well as dedicated and enthusiastic carers, and I now appreciate that there is a drive among many patients and carers to improve the quality of mental health services. Some have had exemplary care and want to share their knowledge with others; others have had less positive experiences and want to prevent others having the same experience in future. What they all have in common is enthusiasm, a desire to make a difference and, above all, lived experience.

The College involves patients and carers at the heart of all their activities; they are equal partners with clinicians and other professionals that sit on our committees, attend service visits and steer our work. It is crucial that we never lose sight of our objective – to improve the care and experience of people with mental health problems, in all areas of the healthcare system.

The review and accreditation networks assess various areas, from child and adolescent services to older persons' wards and almost everything in between, and these networks are expanding in size and number all the time. We now have 17 accreditation networks and these conduct hundreds of site visits each year involving thousands of staff, patients and carers.

Teams that take part in the process are not only reviewed against standards; they are also part of a network which encourages them to share knowledge and advice with peers, and to continue thinking regularly about what they might improve on. Part of the process includes a visit by a team of peers to the service, and it is really exciting to see staff beaming with pride in the compliments paid to their service by the team and the people who use their service, as well as the genuine enthusiasm at coming away with so many shared ideas for improvements.

National audits are also conducted on a rolling basis, on prescribing, psychological therapies, care of people with dementia in general hospitals, and people with schizophrenia. Participating trusts and



**COLLEGE CENTRE FOR
QUALITY IMPROVEMENT**



services can benchmark themselves against national averages and discover change over time, and national audit reports show a snapshot of the national picture and are frequently referred to in the press. Some of our audits have even won awards.

So why would people choose to take part in these processes, which are largely voluntary? Those teams I have visited have really appreciated the feeling of being connected with others on a professional and personal level, to trust them and feel able to go to them for advice in future. They often appreciate that being reviewed has reassured them that on the whole they are doing the right thing. Other teams

have appreciated that it provides them with a space in which to be honest about their shortcomings, and if necessary to gain the support of independent peers and the College to get the resources or change that they need.

More than anything, the audits and reviews demonstrate to patients and their carers the quality of the services they use, and the teams' drive for betterment. After all, patients and carers are involved all the way along the process and it is they who are at the heart of everything we do. As staff we hope to make a difference; as patients and carers, we know they make a difference.

RCPsych AWARDS 2013

On 14 November 2013, the College hosted the fifth annual RCPsych Awards ceremony. As always, the Awards are a fantastic opportunity to recognise, reward and celebrate excellence in psychiatry and mental health services.

This year we presented a record number of awards, with new categories for medical students, foundation doctors, and staff and associate specialist doctors. Over 300 guests gathered at the Royal Society of Medicine to hear the winners announced.

The prestigious Lifetime Achievement Award was presented to perinatal psychiatrist Dr Margaret Oates. During a career spanning more than 40 years, Margaret has worked tirelessly to improve the lives of women with maternal mental illness. Since 1997, her contribution to the UK's Confidential Enquiries into Maternal Deaths has led directly to significant improvements in the care that women can expect across maternity services, primary care and psychiatry.

The winners in each category were:

Core Psychiatric Trainee of the Year – Dr Pamela Bowman

Advanced Psychiatric Trainee of the Year – Dr Benjamin Spencer

Psychiatric Trainer of the Year - Dr Guy Undrill

Psychiatric Academic Researcher of the Year – Professor Ian Jones

Public Educator of the Year - Dr Nasser Loza

Service User Contributor of the Year – Rosemary Marston

Carer Contributor of the Year – Veronica Kamerling

Psychiatric Team of the Year: children and adolescents – Isle of Wight Community CAMHS Team, Isle of Wight NHS Trust

Psychiatric Team of the Year: working-age adults – Naomi Unit, The Retreat, York

Psychiatric Team of the Year: older-age adults – Bryn Hesketh Memory Clinic Team, Betsi Cadwaladr University Health Board

Psychiatric Team of the Year: non-age specific – jointly: City and Hackney Primary Care Psychotherapy Consultation Service, Tavistock and Portman NHS Foundation Trust, and Hampshire Perinatal Service, Southern Health NHS Foundation Trust

Medical Student of the Year – Nicholas Deakin

Foundation Doctor of the Year - Dr Ahmed Hankir

Specialty Doctor/Associate Specialist of the Year – Dr Mai Luen Wong

Dr Margaret Oates receives her Lifetime Achievement Award from Rt Hon Paul Burstow MP. A long-standing champion of mental health issues and the social care agenda, Paul was presented with a President's Medal during the Awards ceremony.



DR DIAS INVESTIGATES...

Marisa Casanova Dias interviewed four of our members in different stages of their careers. She explored their experiences with the College and their views for the future.

ADRIENNE VAN NIEUWENHUIZEN

How did you become involved with the College?

I was among those applying for one of the first Pathfinder Fellowships in 2012.

How did you hear about the Pathfinder Fellowship?

I was involved in the Cambridge University Psychiatry Society and heard about it. It sounded very good. You get support for your interest in psychiatry for 3 years – never a bad thing. In addition, funding was offered to help with doing electives and at that time I was planning mine. Then you get a chance to meet nine other people who are also very interested in psychiatry. That is the most fun and exciting part of it.

Were you interested in a career in psychiatry?

Yes. The fellowship takes people who have an interest in psychiatry and helps them maintain enthusiasm and find ways to have rewarding opportunities.

I went to medical school because I was interested in psychiatry. I already had another degree – I did international relations and clinical psychology in the USA, but did not qualify clinically. Most teaching was done by psychiatrists which started the pull that I felt. I went to work at a hospital with a research group doing clinical trials in psychiatry. Then I became curious about the social psychiatry side. That was only done here in London, so I came over. King's College London had a master in philosophy of mental disorder. After I came, I was so happy here that I decided to stay.

What attracts you to a career in psychiatry?

Psychiatry and academic psychiatry is especially appealing because it would give me what a PhD



Dr Marisa Dias (left) and Adrienne van Nieuwenhuizen

job or a clinical job in psychiatry would give me, but then I get to do both. As a teenager I thought that understanding how people think and behave and why was the most fascinating thing. Psychiatry research is clearly more interesting to me than any other area of medical research because a lot more is to be learnt and done, and the complexity is greater.

In an ideal world I would like to have a half clinical and half academic job, but that is very difficult to achieve.

Why did you apply to become a Pathfinder Fellow?

To have extra support for 3 years, including mentorship. This was very important for me because almost every opportunity I had so far was due to a mentor. And get to know other people who also want to do psychiatry because as a medical student you sometimes feel like it's a bit hard to find other peers who are interested. Financial support was also important.

What have been the highlights so far?

Soon after the fellowship started, they organised a dinner for all the Pathfinders to meet each other. There were ten of us as well as other people involved in College activities. Unfortunately I could not attend the International Congress as I was

doing my elective, but hopefully there will be more opportunities. I think there are plans to connect us on Facebook.

How do you think the College supports medical students?

The Pathfinder Fellowship, I think, is one of the most important ways. It introduces the competitive element that I believe is used by other colleges to attract students. It regularly hosts career evenings – I went to one and thought it was very helpful. I also did a summer school which was very enjoyable. You got to hear from many top researchers and clinicians about what they are doing and why they chose psychiatry. A variety of congresses have free places for students and there are regular essay competitions for medical students. They also allow for a medical student to sit on the PTC (Psychiatric Trainees' Committee).

In 20 years' time, what would you like to see in this annual review as the biggest achievement?

The announcement that there had been a very competitive process to apply to specialise in psychiatry and that two applications were received for each available post. That applicants fought hard to have a chance to do psychiatry. You will always get better care if you have someone who is really excited about what they are doing day to day.

Events where you get people together to meet and talk such as the 'meet the trainee' event (dinner and drinks) organised by our Psychiatry Society. Meeting other people who are interested in psychiatry is what makes the dinner and the summer school exciting. Keep doing such events!

JASPREET PHULL

How have you been involved with the College work so far?

I became involved by chance. I was flying back from Copenhagen following a Forensic Faculty meeting

and happened to be sitting next to Sue [Bailey]. We started talking about our common interest and expertise in forensics and discussed some ideas on physical and mental health, and better recording of data, and she invited me to a young leaders' dinner. There, I had the chance to talk about my thoughts on the role of the College in developing innovation for clinicians and setting up a Special Interest Group (SIG). But the SIG wasn't agreed – it was already part of the College's core business.

I had a couple of ideas and met with Laurence [Mynors-Wallis] and he offered me the chance to attend a commissioning best practice group as the College needed representation on that. More locally, I became the trust RCPsych representative. I am a central conduit to keep my colleagues up to date with events and anything relevant.

What role do you think the College needs to play in helping young consultants?

Sharing experience and expertise. Having courses for young consultants would be very helpful.

I remember when I was starting off as a consultant and initially did 3 months acting up. I didn't really know much of what consultants do – it all seemed a bit of a mystery! A consultant job isn't 100% clinical care. There were components of the job on clinical governance, service development tasks, and I felt I wasn't fully ready for that. Having courses that cover those components would be very useful.



Dr Jaspreet Phull

I also found having a mentor incredibly helpful. I wonder whether the College could do something to promote mentorship or peer-group support. For instance, it could promote young consultant groups within the different trusts or the College where people could ask questions and discuss things within the peer group.

What about mentorship from senior colleagues?

Although you can get a lot of wisdom from more experienced colleagues, young consultants can be slightly inhibited to ask questions to senior peers.

You do change as a consultant. You are still getting used to changing the whole style of your practice. It's not just about dividing yourself more with the non-clinical elements, but it is about taking up a role that you are going to stay in most likely for some years. There is benefit in both but I also think that promoting a young consultant peer group could be a good idea for the College.

How do you think your relationship with the college will change in the future?

I am hoping to get more involved. I really do support what the college is doing. I am hoping to get involved in that best practice commissioning group. I am particularly interested in innovation and developing technology and using it within services.

In 20 years' time, what would you like to see in this annual review as the biggest achievement?

I am hopeful that what we will find is that our patients still value our input and expertise and leadership within the MDT [multi-disciplinary team]. I am hopeful we can develop ourselves and become better at meeting the needs of our patients through technology and using more innovative approaches to understand a bit more about our interventions. I would like to see us offering interventions that have an impact on their diagnosis. I would also like to see innovative approaches to capture our data, measure outcomes, and ensure that what we are

doing is as good as possible for our patients because I don't think we are doing that particularly well at the moment.

PETER RICE

How have you been involved with the College?

I started on the trainees' committee and had been the secretary and vice-chair of the Scottish Division of the College before I was elected the chair. During that period (2009–2013) it changed its name to RCPsych in Scotland to strengthen the profile within the country.

How was it to be the chair of RCPsych in Scotland?

It was very interesting. It is a good job in that you are representing psychiatry and Scotland at the College. It was enjoyable, because it was a manageable job. I probably knew most of the members of the College because I worked in Scotland all my working life and I think that helped. We also had very good staff, a small team of three or four people, which made a huge difference to the officers.

Are you taking early retirement?

I was one of the lucky generation, who were able to retire at the age of 55 from NHS practice and I took up that opportunity.

But you carry on working?

Yes, I am chair of Scottish Health Action on Alcohol Problems (SHAAP), which is an intercollegiate group in Scotland formed 8 years ago. We thought there was insufficient attention paid to rising rates of alcohol problems, affecting mental health, liver disease, cancer, the whole range of alcohol-related health problems. Through that I work with the Alcohol Health Alliance in the UK and increasingly in Europe. I knew I would be busy, so that was part of the plan.

We have been lucky in Scotland to have a political climate that has been quite brave on alcohol issues. We have been able to do what health groups in other countries would like to have done. I don't think there is an absolute formula that you can take to different countries – Portugal is going to be very different from Estonia on alcohol issues. But I think there are some principles and a very important one has been the medical voice. We sometimes as doctors, and particularly psychiatrists, underestimate that we deal with public trust most of the time and that the public does think highly of doctors.

Psychiatrists need to get out there. Sometimes there is a risk and I can understand the reluctance to get involved, but it pays off in the long run to get engaged and make a contribution. There ought to be an alliance between us practitioners and our patients. We need to get our interests aligned, and the College has done well in the past few years, but at a local level we can do that as well.

Dr Marisa Dias with Peter Rice



How do you get in touch with the work of the College?

I am still on the Addictions Faculty as alcohol policy advisor. There are a number of College members that are active in the specialist alcohol field. Also, my CPD needs to be made through the College, to keep up my revalidation.

How do you think the College supports its retired members?

Many people who retired from NHS practice still come to meetings such as the College's International Congress, because they find them interesting and perhaps to keep up their CPD for revalidation. I think it's an important role for the College.

In 20 years' time, what would you like to see in this annual review as the biggest achievement?

I think the College will have continued to establish its lead role in postgraduate training.

Recommendations from the College about service standards can be a very powerful lever to make change. And to take a central role in the big health policy challenges.

DORA BLACK

How has it been since you retired from the NHS?

I retired from the NHS in 1997 – it's a long time ago, isn't it? [laughs]

Can you tell a bit about your earlier career?

I set up a traumatic stress clinic, first at the Royal Free Hospital and then amalgamated with the adult traumatic stress clinic which had been set up at the Middlesex Hospital in the wake of the King's Cross underground fire [in 1987]. The joint clinic got started in 1995 and it is still going, but now for adults only. My successor negotiated for the child clinic to be at Great Ormond Street.

After I got to the age of 65, and the NHS made you retire in those days, I continued to do expert witness work for the courts and that's what I have been doing until 3 weeks ago when I retired.

What do you think the College means to its members?

It's a very important meeting place – it's a place where people who are psychiatrists meet like-minded people. We look to the College to maintain standards, to make sure that people who are being trained are being trained to a high standard. We also expect them to guard the name of psychiatry and psychiatrists in the outside world and to be active in speaking out against abuse of psychiatry globally.

How well do you think the College supports its retired members?

It depends on the support they need, really. I am also a fellow of Royal College of Paediatrics and Child Health. It has occasional lunches for its retired fellows. I think it's a good idea. I also think the College could make more use of retired psychiatrists in being available to mentor young consultants just starting out – it is often a very lonely path they are threading, particularly child psychiatrists because there is often only one in a children's clinic.

How do you keep in touch with what the College is doing?

I skim the *British Journal of Psychiatry* and read the *Psychiatric Bulletin*. I am not very good at looking at the website, but I read the newsletter.

I attended a party to say farewell to our old premises. And I came to a recent conference on community psychiatry, the first one to be held at 21 Prescott Street. I also met Fiona Subotsky, the archivist at the College, and she suggested I join a committee to do with the library.

What do you think is the College's biggest strength?

Setting the standards of psychiatry, the MRCPsych examination.

And it's most important role?

To represent psychiatry and psychiatrists. It is the voice of psychiatrists to the outside world.

What involvement did you have with the College?

I've enjoyed being a Member and a Fellow of the College, I enjoyed doing all the things I have done, I was an examiner, associate editor of the *British Journal of Psychiatry* for 10 years, was on a couple of committees in my youth and I enjoyed being involved with the College. I think it's a user-friendly College.

If you had to pick one of those roles, which one did you enjoy the most?

I enjoyed being an examiner. I particularly enjoyed being an examiner for the MRCPsych for overseas candidates (Hong Kong). It was a real pleasure because, since these people had to come such a long way, they really knew their stuff.

I also enjoyed having a look at the papers submitted for publication and deciding which ones deserved to be published.

In 20 years' time, what would you like to see in this annual review as the biggest achievement?

The College should be more involved in revalidation, particularly for what we call 'orphan doctors'. Having retired from the NHS I was no longer a member of an NHS organisation and setting up a process of revalidation was immensely difficult and one of the reasons I decided to retire. We probably ought to be more proactive in ensuring that people who don't easily fit in the patterns get some help. That may be one of the things that ought to be in the annual review in 20 years' time – hopefully before 20 years.

LATE VISITS TO A WIDER WORLD

Leslie Scarth, Edinburgh

In 1995, I retired early but like many others I could not leave clinical work with children and families at one fell swoop. I did lots of locum work round Scotland, expanding my experience (belatedly) of different services and settings.

By chance I heard that colleagues in Armenia were looking for up-to-date psychiatric journals. Looking into the freight charges, I thought it would be easier to take them myself.

In Yerevan I found a clinic on the fourth floor of a rundown block near the city centre but with an established and welcoming clinical team – although our philosophies of care differed. Post-Soviet child psychiatry there is advanced in its thinking compared with adult psychiatry. Two subsequent visits revealed an eagerness to learn about child development, which I was able to teach.

My next foray into the wider world is if anything even more unusual. At a child psychiatry meeting in Harrogate, I met an Iraqi colleague, Kareem Alobaidi, who taught me about the demand for children's mental healthcare there. He had trained in adult psychiatry but had started a children's clinic in Baghdad. At about this time I learned of an established child psychiatry clinic in Dohuk in Iraqi Kurdistan. This had been begun under the aegis of a Swedish non-governmental organisation with able guidance from Dr Abdulbaghi. He held joint appointments at the Universities of Uppsala and Dohuk and has developed an academic training programme in child mental health in Kurdistan. In my three visits there I have seen tremendous changes.



When I first taught there, there was an excellent clinical team. It still functions. What has changed is the facilities in which it works thanks to the Director of Medicine for that Governate, Dr Nezar Taib (who is a child psychiatrist). The team, friendly as ever, continues to provide a superb clinical service in now palatial facilities. Sadly, of course, this does not represent – either in facilities or excellence of staff – the generality of child mental health provision in the rest of Iraq.

My other connection is to be honoured to be a member of the Iraq Subcommittee of the College's International Board. I am privileged to hear of the work that my adult psychiatry colleagues of Iraqi origin have pioneered in Iraq in trying circumstances. Their intellectual rigour and great enthusiasm have achieved much for psychiatric patients there. They have advanced psychiatric training of high quality. Maybe one day soon we will be able to do the same for child mental health.

It's a long way from Scotland to Armenia and Iraq. I have learned a lot and met some wonderful, courageous people. I have been very lucky as a latecomer to a broader world.

SUMMARISED ACCOUNTS TO 31 DECEMBER 2012

Comprising the Treasurer's Report (pp. 17–19), Statement of Financial Activities (p. 20), Balance Sheet and explanatory notes (p. 21)

Treasurer's report

Against the background of a challenging financial climate, the past 12 months has shown a resilient financial performance by the College marked by cost-efficiency initiatives, a continuing move towards increasing accountability to our members and, most notably, the highly cost-effective purchase of a new and much more suitable headquarters.

Value for money and accountability to College members

The College continues to recognise that members face major financial challenges, with salaries frozen and increasing costs. The annual membership fee for 2013 was frozen at the 2012 rate and the registration costs for the International Congress decreased from 2011 to 2012 and have been decreased again for 2013. In response to trainee concerns, examination fees have been reduced and College Council has renewed its commitment to ensure that fees represent good value for money and that any significant unexpected surpluses are reinvested in areas of College activity that will be of particular benefit to trainees. We are continuing to take actions to reduce costs, focus activities on those of highest priority, deliver better value to members, and develop additional income sources. Over the coming year, we are introducing further improvements to College budgeting and financial modelling to increase efficiency and effectiveness and make resource use more transparent and accountable to College members.

2012 financial overview

The College's income amounted to £17,165k (2011: £17,034k) with expenditure totalling £15,867k (2011: £16,184k). We concluded the year with an operational

surplus of £1,298k (2011: £850k) before gains on investments of £240k (2011: loss £96k) were included.

Bequests

The College is grateful to the late Mr T. R. Emerson who bequeathed £128k to the College, which has been allocated to the Pathfinder Fellowship scheme and mid-career sabbaticals. The College also received an anonymous donation of £96k.

Fundraising

In order to increase the funding available for important initiatives such as enhancing recruitment into psychiatry, a Fundraising Development Office, directed by Ms Ann Paul, has been established to attract more donations and legacies. This initiative will be closely monitored to ensure benefits outweigh costs.

College budgeting, financial models and value for money

The Senior Management Team was asked to scrutinise all College activities to identify opportunities for making cost savings, increasing quality and improving the value for money provided to members. The Chief Executive, together with the Senior Management Team, has undertaken several efficiency and cost-saving initiatives that have saved over £400k. The drive for continued efficiency improvements will be continued.

Internal audit to challenge and seek improvements

The firm of internal auditors, Crowe Clark Whitehill LLP, has undertaken audits of College travel arrangements and the College's IT systems. Reports were presented to the Treasurer and Chief Executive through the Finance Management Committee and appropriate actions taken

to improve College systems. Further internal audits are planned for 2013 and beyond. This will enhance the College's governance structure and internal controls, and reflects the sector's best practice.

External auditors

Following a tendering process and as approved at the AGM in July 2012, the College has appointed new external auditors, Baker Tilly UK Audit LLP. The College will benefit from a number of suggestions by the new auditors about improvements to financial reporting and governance.

Growth in membership of the College

Overall membership of the College has grown at a rate of 1% (2011: 2.7%) increasing to 16,069 (2011: 15,860). The total number of members includes 2,125 (2011: 2,026) from overseas, across grades.

Income

Income from membership subscriptions of £4,971k (2011: £4,866k) has increased by £105k (2011: £315k) due to the growth in membership numbers.

Total income generated from Examinations is £2,620k (2011: £2,416k). The increase in income by £204k is due to 3% increase in examinations fees and an average of 8% increase in candidate numbers. A designated fund has been established to hold funds from examinations surplus to be used for initiatives of specific benefit for trainees.

This year the National Collaborating Centre on Mental Health (NCCMH) has again been operating under very challenging circumstances with its funder, the National Institute for Health and Clinical Excellence (NICE), requiring more work for similar funding. Total funds received amounted to £1,348k for concurrent development of 6 guidelines (2011: £1,566k for concurrent development of six guidelines).

Faculties, Sections, Divisions and Special Interest Groups (FSDSIGs) have continued to contribute to income generation. The total income generated was £1,227k (2011: £1,034k). Though most FSDSIGs contribute successfully

to income generation, Faculty and Division Conferences continue to receive significant (in many cases the major) support through membership fees and other general funds, in the form of the direct costs of the Centre for Advanced Learning and Conferences (CALC) and the regional Divisions' offices.

The International Congress in Brighton generated a net surplus of £155k (2011: £228k), before contributing to College overheads and the central development fund. The reduced surplus was planned in order to provide increased benefit to members through substantially reduced registration fees.

The College Centre for Quality Improvement (CCQI) generated more surplus before College overheads than expected £1,192k (2011: £342k).

The newly established Centre for Advanced Learning and Conferences (CALC) generated a net surplus of £104k. There are excellent opportunities for CALC to develop academic and training events in line with the College's charitable aims and contribute to the College's financial stability. Performance will be monitored closely.

Expenditure

Staff costs amounted to £7,325k (2011: £7,569k). The average number of staff has reduced from 197 to 190.

A new CCQI information management system that was being implemented during the year proved to be unworkable and was discontinued. The cost to the College was £315k. The College is currently involved in legal discussions with the system provider.

Overheads

The formula for allocating overheads to College activities has been changed during 2012 to improve clarity and provide a more accurate representation of the full costs of the various activities undertaken within the College. The changes are consistent with best practice expected by the Charity Commission as set out in the Charities SORP and reviewed by the new external auditors as well as by the Finance Management Committee and College Council. For

comparative purposes, overhead allocation for the prior year has been restated.

Review of College staffing grades

An external review of the grading and pay of all College staff was undertaken by Hay Group. It showed that in general, College staff were at similar grades and pay to staff in similar organisations, but there were variations and inconsistencies across College Departments. Following recommendations by Hay Group, a more consistent grading structure has been introduced and the possibility of introducing performance-related pay is being explored.

Governance

Induction days were held for new Trustees and Financial Officers of the Faculties, Sections, Divisions and Special Interest Groups (FSDSIGs), emphasising the joint responsibility of trustees to ensure the financial governance of the College as a whole. The Finance Management Committee, enhanced by the internal audit reports, has scrutinised closely specific areas of College activity.

The College Treasurer would like to express his heartfelt and warm thanks to Drs Jan Falkowski, Ian Hall and Philip McGarry for their continued dedicated and insightful contributions as members of Finance Management Committee. Their contribution is invaluable and we are very grateful to them indeed for their wise counsel.

College investment portfolio

At the end of December the College's investment portfolio had a value of £4,250 k (2011: £4,009 k). Trustees will keep investments under review to ensure optimal spread of risk and return for the College.

Post-year-end transactions: Sale of 17 Belgrave Square and purchase of 21 Prescott Street

The College has sold its interest in the leasehold tenancy of 17 Belgrave Square and adjoining Belgrave Mews property for £15,000 k and purchased the freehold on 21 Prescott Street for £11,250 k on 8 January 2013. The new property offers larger accommodation and will be substantially more fit-for-purpose as the College headquarters. Further, the transaction costs have been favourable to the College with the balance of funds from the sale being available to contribute to refurbishment costs of 21 Prescott Street, with the remaining refurbishment costs coming from the New Building Fund that has been accumulated over previous years.

Treasurer's summary of financial review

2012 has been another successful year financially and the purchase of our new headquarters at 21 Prescott Street since the year end is a cause for celebration. But there are major challenges ahead. College Trustees and staff will continue to work towards controlling spending, enhancing income, striving for better value for money and seeking to ensure that activities and resources are focused on those areas of highest priority.

Professor Nick Craddock, Honorary Treasurer
7 May 2013

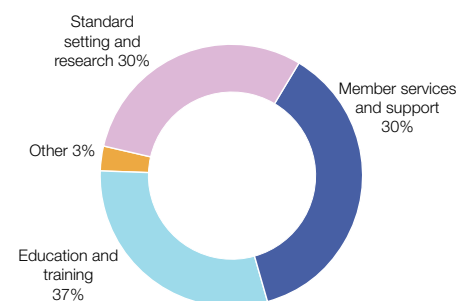
STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 31 DECEMBER 2012

	Unrestricted Funds £000	Restricted Funds £000	Endowment Funds £000	Total Funds 2012 £000	Total Funds 2011 £000
Incoming resources					
Incoming resources from generated funds					
Voluntary income – donations and gifts	1	223	–	224	110
Investment income and bank interest	188	–	3	191	145
Prize funds	–	7	–	7	25
Incoming resources from charitable activities					
Standard setting and research	2,451	2,700	–	5,151	4,990
Education and training	6,396	8	–	6,404	6,604
Member services and support	5,055	19	–	5,074	5,028
Communications and policy	26	88	–	114	132
Total incoming resources	14,117	3,045	3	17,165	17,034
Resources expended					
Cost of generating funds					
Cost of generating voluntary income	27	–	–	27	31
Investment management costs	31	–	–	31	24
Charitable activities					
Standard setting and research	3,339	2,558	–	5,897	6,211
Education and training	5,670	–	–	5,670	5,797
Member services and support	2,628	57	–	2,685	2,582
Communications and policy	1,174	14	–	1,188	1,141
Prize funds	–	16	–	16	10
Governance costs	353	–	–	353	388
Total resources expended	13,222	2,645	–	15,867	16,184
Net incoming resources before transfers	895	400	3	1,298	850
Transfer between funds	–	3	(3)	–	–
Net incoming resources before other recognised gains and losses	895	403	–	1,298	850
Other recognised gains and losses					
Gains/(losses) on investment assets	240	–	–	240	(96)
Net movement in funds	1,135	403	–	1,538	754
Reconciliation of funds					
Total funds brought forward	8,149	1,150	262	9,561	8,807
Total funds carried forward	9,284	1,553	262	11,099	9,561

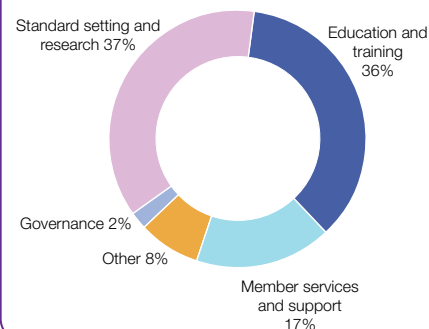
BALANCE SHEET AS AT 31 DECEMBER 2012

	2012 £000	2011 £000
Fixed assets		
Tangible assets	1,920	2,018
Listed investments	4,250	4,009
	6,170	6,027
Current assets		
Stocks	69	89
Debtors	3,041	1,418
Short-term bank deposits	2,000	4,000
Cash at bank and in hand	4,408	2,669
	9,518	8,176
Creditors: amounts falling due within one year	4,535	4,528
Net current assets	4,983	3,648
Creditors: amounts falling due after more than one year	54	114
Total net assets	11,099	9,561
Represented by:		
Funds and reserves		
Capital funds		
Endowment fund	262	262
Income funds		
Restricted funds	1,553	1,150
Unrestricted funds		
Designated funds	7,078	5,943
General funds	2,206	2,206
	9,284	8,149
	11,099	9,561

Incoming resources 2012: £17.2m



Resources expended 2012: £15.9m



Summarised accounts

The Trustees confirm that the summarised accounts on pages 20 and 21 are a summary of the information extracted from the full Annual Report and Accounts, which were approved on 3 May 2013. The summarised accounts may not contain sufficient information to allow a full understanding of the financial affairs of The Royal College of Psychiatrists. Copies of the full accounts on which the auditors have reported without qualification and which have been delivered to the Charity Commission may be obtained free of charge upon written request to the Finance Department, The Royal College of Psychiatrists, 21 Prescot Street, London E1 8BB.

Approved on behalf of the Trustees and signed on their behalf by: Professor S. Bailey, President; Professor N. Craddock, Treasurer – 3 May 2013

Independent auditor's statement to the trustees of The Royal College of Psychiatrists

We have examined the summarised financial statements of The Royal College of Psychiatrists for the year ended 31 December 2012 set out on pages 20 to 21.

Respective responsibilities of the trustees and the auditor

The trustees are responsible for preparing the summarised financial statements in accordance with applicable United Kingdom law and the recommendations of the charities SORP.

Our responsibility is to report to you our opinion on the consistency of the summarised financial statements within the summarised Annual Report with the full annual financial statements and the Trustees' Report.

We also read the other information contained in the summarised Annual Report and consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the summarised financial statements. The other information comprises only the Treasurer's Report.

We conducted our work in accordance with the Bulletin 2008/3 issued by the Auditing Practices Board.

Opinion

In our opinion the summarised financial statements are consistent with the full annual financial statements and the Trustees' Report of The Royal College of Psychiatrists for the year ended 31 December 2012.

Baker Tilly UK Audit LLP, Statutory Auditor, 25 Farringdon Street, London EC4A 4AB, 16 May 2013.

These summarised accounts were circulated to the membership of the College and were received and adopted at the Royal College of Psychiatrists' AGM, 4 July 2013.

COUNCIL MEMBERSHIP

President[†]

Professor S Bailey

Treasurer[†]

Professor N Craddock

Dean[†]

Dr W Burn

Registrar[†]

Dr L M Mynors-Wallis

Editor[†]

Professor P J Tyrer

Associate Deans[†]

Dr V Banks

Dr H M Bruce

Dr S M Carney

Dr G T Pinner

Associate Registrars[†]

Dr J G F Bolton

Dr T M Brown

Dr F L Mason

Dr E J Wilkinson

Chairs of Faculties[†]

Academic

Addictions

Child and Adolescent

Forensic

General Adult

Intellectual Disability

Liaison

Old Age

Psychotherapy

Rehabilitation and Social

Professor P Woodruff

Dr O Bowden-Jones

Dr P Hindley

Professor T A Fahy

Dr N Kosky

Dr I Hall

Dr P Aitken

Dr J P W Warner

Dr K Healy

Dr S Kalidindi

Chairs of Sections[†]

Eating Disorders

Neuropsychiatry

Perinatal

Dr J Morgan

Dr R A Faruqi

Dr E M P McDonald

Chairs of Divisions[†]

Eastern

London

Northern & Yorkshire

Northern Ireland

North West

Scottish

South East

South West

Trent

Welsh

West Midlands

Dr S Bhandari

Dr O Raji

Dr J Whaley

Dr D Day-Cody

Dr M Campbell

Dr A Cook

Dr H G Series

Dr C Fear

Dr C Rusius

Professor R G Poole

Dr G Milner

Information reflects committee membership as at 1 December 2013. Further enquiries should be sent in writing to the Registrar.

[†] member ex officio; F, Fellow; M, member

Elected members

Dr J Falkowski (F)

Professor J R Geddes (F)

Dr A N N Ramakrishnan (M)

Co-opted members

Professor M Crawford (College Centre for Quality Improvement)

Dr E Fellow-Smith (for the National Director of Mental Health)

Professor T J G Kendall (Director, National Collaborating Centre for Mental Health)

Chair of Professional Practice & Ethics Committee[†]

Professor S Benbow

Director of Conferences[†]

Dr H Miller

Affiliate Representative

Dr I Ahmad

Chair of the Psychiatric Trainees' Committee[†]

Dr H Ryland

Patients' and Carers' Representatives

Mr M Arbuthnott

Mrs E Bitcon

Mr D Pickering

FACULTY, SECTION AND DIVISION EXECUTIVE AND OTHER COMMITTEE MEMBERSHIP

EDUCATION, TRAINING AND STANDARDS COMMITTEE

Dr F Ahmad
Dr I M H Al-Otaibi
Dr A Ayton
Dr V M Aziz
Professor S M Bailey (President)
Dr V A Banks
Dr A B Biswas
Dr P C W Bowie
Dr A M Boyle
Dr A D Brittlebank (Specialist Advisor)
Dr G S Brookes
Dr D H Brown
Dr N S Brown (Specialist Advisor, Chief Examiner)
Dr H M Bruce
Dr W K Burn[†] (Dean)
Dr S M Carney[†] (Associate Dean)
Dr S P Dave
Dr H E De Waal
Dr N Dogra
Dr C Drummond
Dr P F Gallagher
Dr G M Garry
Professor J Hayden
Dr J Johnston
Dr M A Ledger
Dr D Longson
Dr K F Lovett
Dr M Maier
Dr N J Margerison (observer)
Dr G L Milner
Dr G D Mundempilly
Dr L M Mynors-Wallis[†] (Registrar)
Dr G J Ness
Dr W A O'Halloran
Dr M E Paffard
Dr T Pieters
Dr G T Pinner[†] (Associate Dean)
Dr D Reiss
Dr H Ryland
Dr A Wieck
Dr E J Wilkinson
Dr C Wilson

OFFICERS OF FACULTIES AND SECTIONS

Faculty
Academic
Addictions
Child and Adolescent
Forensic
General Adult
Intellectual Disability
Liaison
Old Age
Psychotherapy
Rehabilitation and Social
Section
Eating Disorders
Neuropsychiatry
Perinatal

Chair
Professor P Woodruff
Dr O Bowden-Jones
Dr P Hindley
Professor T A Fahy
Dr N Kosky
Dr I Hall
Dr P Aitken
Dr J P W Warner
Dr K Healy
Dr S Kalidindi
Chair
Dr J Morgan
Dr R A Faruqi
Dr E M P McDonald

Vice-Chair
Professor A Lingford-Hughes
Dr F Keaney
Dr G Rose
Dr H Stone
Dr P Rowlands
Dr J McCarthy
Dr A Santhouse
Dr G M Y Tadros
Dr J Birtle
Dr S Mitchell
Vice-Chair
Dr P Hugo
Dr N K Agrawal
Dr I R Jones

OFFICERS OF SPECIAL INTEREST GROUPS

Group
Adolescent Forensic
Forensic Psychotherapy
Gay and Lesbian
Occupational
Philosophy
Private & Independent Practice
Spirituality and Psychiatry
Transcultural
Volunteering and International
Women

Chair
Dr N Hindley
Dr G Kirtchuk
Dr W Hodgson
Dr M Lipsedge
Dr J Callender
Dr D Allen
Dr P Groves
Dr H Najim
Dr P Hughes
Dr K Anagnostakis

Vice-Chair
Dr P Misch
Dr D Reiss
Dr S Evans

Professor K Fulford
Dr S R Nimmagadda
Dr S Dein
Dr I K Ali
Dr V Doku

CHAIRS OF STANDING COMMITTEES

Committee
Policy
Conference and Training
Psychiatric Trainees
Publications Management
Board
Public Education
Westminster Parliamentary
Liaison

Chair
Dr L M Mynors-Wallis
Dr H Miller
Dr H Ryland
Professor K Bhui

Dr J Bolton
Dr A James

CHAIRS OF SPECIAL COMMITTEES

Committee
ECT and Related Treatments
Informatics
Professional Practice & Ethics
Human Rights

Chair
Professor I C Reid
Dr J P Richardson
Professor S Benbow
Dr S Khurmi

OFFICERS OF DIVISIONS

Division	Chair	Vice-Chair
<i>Eastern</i>	Dr S Bhandari	Dr V Agrawal
<i>London</i>	Dr O Raji	Dr G Rands
<i>Northern & Yorkshire</i>	Dr J Whaley	Dr S B Kannan
<i>Northern</i>	Dr D Day-Cody	Dr E O'Kane
<i>Ireland</i>		
<i>North West</i>	Dr M Campbell	Dr R A Overshott
<i>Scottish</i>	Dr A Cook	Dr J Taylor
<i>South East</i>	Dr H G Series	Dr J Harding
<i>South West</i>	Dr C Fear	vacant
<i>Trent</i>	Dr C Rusius	Dr A Ramakrishnan
<i>Welsh</i>	Dr R G Poole	Dr P S Prasad
<i>West Midlands</i>	Dr S Edwards	Dr A Roy

IN MEMORIAM

The following members and associates of the College died between December 2012 and December 2013

Ahmed, Ghouse Mohiuddin (b. 1941)
Amin, Rizkar Aziz Mohammad (b. 1958)
Armin, Richard Hayward (b. 1920)
Bale, Roderick Norman (b. 1937)
Barrow, Christopher Graham (b. 1939)
Beer, Michael Dominic (b. 1956)
Berg, Joseph Maurice (b. 1925)
Berner, Peter (b. 1900)
Biehl, Hugo Wilhelm (b. 1950)
Birley, James Leatham Tennant (b. 1928)
Black, Doris Jean (b. 1923)
Boucher, Karen Joy (b. 1956)
Cameron, Ian Archer (b. 1926)
Casement, Enda (b. 1922)
Dinniss, Stephen Paul (b. 1973)
Edmondson, John Stuart (b. 1934)
Galway, John Patrick (b. 1945)
Ghodse, Abdol-Hamid (b. 1938)
Glen, Alexander Iain Munro (b. 1930)
Godsall, Robin Richard (b. 1942)
Gonzalez, Alejandro (b. 1963)
Gurling, Hugh Malcolm Douglas (b. 1950)
Hall, Zaida Mary (b. 1925)
Heller, Michael David Arthur (b. 1927)
Hood, James Robertson (b. 1927)
Kennedy, Marie Therese (b. 1934)

Kreitman, Norman Basil (b. 1927)
Lambert, Christoph (b. 1961)
Maguire, Thomas Matthew (b. 1917)
Mann, Sheila Anne (b. 1942)
Minton, Nathaniel David (b. 1935)
Munro, Margaret (b. 1922)
Myers, Alice Mary (b. 1930)
Neville, Richard (b. 1929)
Nicholl, Geoffrey Mckillop Joseph (b. 1919)
Noble, James Gordon (b. 1928)
Nott, Peter (b. 1937)
Osman, Selim Ibrahim (b. 1923)
Pippard, John Sutton (b. 1919)
Polonio, Pedro (b. 1915)
Poole, Alan Julian (b. 1936)
Riordan, Thomas Prior (b. 1913)
Rose, Harry Kaye (b. 1924)
Sanders, Awena Ffowcs (b. 1966)
Segal, Montague (b. 1932)
Simmons, Joanna (b. 1960)
Sinanan, Rabindra Druva Kenneth (b. 1948)
Vorster, Dewet Stockstrom (b. 1928)
Walshe-Brennan, Kieran Stan (b. 1926)
Weerakoon, Bernard Stanley (b. 1932)
Williams, Edward James (b. 1936)
Woolf, Peter Grahame (b. 1927)

SUPPORTERS

The Royal College of Psychiatrists is grateful to the following organisations for their support of College research projects and academic activities, the mental health information programme and RCPsych Awards during the past year:

Cambridge University Press
National Institute for Health and Care Excellence
Oxford University Press
John Wiley & Sons

We received a generous bequest from the late Dr T R Emerson.

The College also thanks the many members, non-members and organisations that have given to College campaigns and appeals, and our advertisers for their continued business.

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21 Prescot Street, London E1 8BB

www.rcpsych.ac.uk

The Royal College of Psychiatrists is a charity registered in England and Wales (228636) and in Scotland (SC038369)

Occasional Paper OP91

