Online archive 25*a*

Association and College committees and structures – Divisions

The early Association had few members who met once a year. The increase in membership in all parts of the British Isles led after 50 years to the development of quarterly and local meetings. Ireland and Scotland had a Secretary each from the early days of the Association but it was only in the 1890s that a more elaborate divisional structure was developed with three divisions in England and Wales as well as the Scottish and Irish Divisions. These divisions which held their own regular meetings continued till 1972 when the number of divisions was increased to nine. (Each Division then covered two Regional Board areas). International divisions, of which there are now six, were started in 2004. In this online archive I quote liberally from Dr Tait.

As the Association increased in size it needed to do more than hold an annual meeting and circulate its journal. The first development was to hold quarterly meetings as well as the A.G.M. The first of these was held in 1868 in London. The Annual General Meetings had been held in different towns and the same pattern continued with Quarterly Meetings. The Association also had an honorary Irish Secretary (Dr Robert S. Stewart, first Branch Secretary for Ireland in 1847) and a Scottish Secretary (Dr W.A.F. Browne, first appointed 1855). Separate Divisions of the Association were formally instituted in 1894 when England was divided into three divisions (Northern and Midland) (South East) (South West). This pattern remained unchanged for the next eighty years. When the Association became the Royal Medico–Psychological Association a similar Divisional pattern continued. At the inception of the College in 1971 the Scottish and Irish Divisions remained unchanged but England was divided into seven Divisions each one consisting of two Regional Board Areas.

THE SCOTTISH DIVISION

The Divisional structure in the Association and College is best exemplified with an account of the Scottish Division (Tait, 1992). In 1854 there was a suggestion to form a Branch Association in Scotland which was approved but not implemented. The following year Dr W.A.F. Browne was appointed Honorary Secretary for Scotland (Dr Browne later became the first President of the renamed Medico–Psychological Association in 1866). Dr Skae, the father of Edinburgh Psychiatry, was the first Scottish psychiatrist to be President of the early Association in 1863. The first A.G.M. of the Association to be held in Scotland had taken place under the Presidency of John Connolly in 1858. In September 1869 Dr John Batty Tuke of Cupar (later to be knighted as a politician) announced that, 'it is the wish of the members of the Medico–Psychological Association resident in Scotland and the North of England to hold a meeting at Edinburgh…for the purpose of organising a Branch Association on the same basis as the one now working in London.' This proposal was stimulated by the preceding 1868 meeting in London, when it was suggested that regular quarterly as well as annual meetings be held, and that two of these should be in Scotland or the North. In 1869 an Edinburgh meeting was held, and it was minuted that those present 'resolve themselves into a Branch Association, always under the Medico–Psychological Association, with a view to having special meetings of those members who reside in Scotland and the North of England, and others who may choose to attend.' Such a resolution had to be acceptable to the Association, and the then President was consulted as to its legitimacy and propriety. The President was Dr Thomas Laycock, Professor of the Practice of Physic at Edinburgh University, and he assured the members that the plan was permissible. He appears to have anticipated the decision, attending in that year the Lord

Advocate concerning mentally defective criminals, and leading a deputation from 'the Scottish Branch of the Association'. A second, largely scientific, meeting was held in Glasgow the following spring.

The number and vigour of meetings varied over the years, with secretaries recording their traditional complaints. Even in the 1900s one wrote , 'It is always a great difficulty getting papers for the meeting', and the plaintive, 'I have not received replies to my postcard from a great number of members'. At the turn of the century meetings were more frequently held in asylums, rather than centrally. This was to be recurrently advocated even as late as 1932 when the then Dr David Henderson moved that future meetings should be held 'in varying parts of the country, and that these meetings be of a whole day nature, so that adequate time is provided for the discussion of both business and scientific subjects'. This was unanimously carried.

The Division's announced functions were the advancement of knowledge of mental illness, and improving the treatment and care of the afflicted. In pursuing these aims the Scottish Division, a small body, was sometimes able to act formally under its own flag; but often individual members grouped together, and the intentions were realized through larger and more influential bodies, the established Colleges and the Universities. In Scotland psychiatry, represented by the Division and its members, probably had a closer relationship with mainstream medicine and the academic world than in some other parts of Britain. The Scottish members of the Association were always involved in direct representations to official bodies, on behalf of their patients. In the middle 1850s there was a Governmental

enquiry into the care and legal status of lunatics in Scotland to which distinguished colleagues like Skae and Browne gave evidence; and the 1857 Lunacy (Scotland) Act, which established the Board of Control, was only the first of many statutory proposals and measures to whose ideas and drafting the members gave detailed comment and criticism.

At the 1869 meeting there was a recommendation that wards be provided in the new Edinburgh Royal Infirmary 'for teaching purposes'. This did not succeed, and was watered down to a resolution addressed to Universities and the General Medical Council that teaching in insanity, and examination thereon, should be imperative in any medical curriculum. It was only in 1888 that the GMC suggested this was desirable, and five years later it was made compulsory. Postgraduate education by the Division, pending the much later establishment of academic training courses, was carried out mainly by the presentation and discussion of cases and investigations.

The Division was interested in research. In 1896 the Central Pathological Laboratory was founded, located in Edinburgh, supervised by a Special Board, elected by the Superintendents, with a view to conducting research and examining pathological material. This institution was to continue for several decades, with some duplication elsewhere – as in the West of Scotland Neuropsychiatric Institute. In the Laboratory's research, and in its publications, there was some concentration on brain pathology, on infections, on theories of auto-intoxication, and on vaccines. As well as studies of that type, the Division recurrently tried to mount general enquiries of its membership. In 1895 Dr George Robertson suggested a Committee on Collective Investigation: to propose subjects, to

circulate these for criticism and to render uniform the methods of inquiry. The first enquiry was to be on Statistics and Types of Epileptic Insanity. It was later, as a College Division, that collaborative studies, from member groups in the Division flourished on, for example, first episode schizophrenia, or the condition of long-stay patients.

Following the 1939-1945 War that Scottish special interest sections and groups were established in research, child psychiatry, learning disability, forensic psychiatry, psychotherapy, old age, and rehabilitation and management. These sections also concerned themselves with medico-political matters.

The advent of the National Health Service meant an enormous expansion of the Division's medico-political role, in both responding to Governmental consultation papers and developing their increasingly detailed suggestions and plans. In 1969 a memorandum on the 'Development of Area Mental Health Services in Scotland' was composed; in 1971 a memoranda on 'Doctors in an Integrated Health Service'; and in 1973 an 80-page detailed, uninvited and widely circulated statement on 'The Future of Psychiatric Services in Scotland'. Since then there has been a multitude of working groups and subcommittees, sometimes Division based, sometimes Governmentally sponsored with invited or nominated members from the Division. This places a considerable burden on committee members, and others. Scotland, with its own distinctive law, its own Health Department, its many statutory and voluntary institutions of entirely Scottish character, probably requires as much consultation with and input from the Division, as England. The Scottish

Division now awards two prizes for trainees in Scotland, the McHarg and the Margaret Methven Prize.

THE IRISH DIVISION

A single meeting of the Irish Division can give an example of Divisional meetings which provided opportunities for colleagues to meet. They generally took place at a mental hospital (Asylum) when papers would be given followed by discussion. This included medico-political and administrative matters. Reports of all the Divisional meetings were given in the Association Journal initially and later in the Notes and News Section.

A summer meeting of the Irish Division was held at the District Asylum Kilkenny in July 1906. Dr G.F. West, Physician Superintendent, occupied the Chair and there were also present Drs. C. Norman, A. Fitzgerald, T. Drapes, and W.R. Dawson (Hon.Sec.), as well as Dr L. Buggy, who was present as a visitor. The minutes of the previous meeting having been read, confirmed, and signed, the Hon. Secretary reported with reference to various matters therein contained, and a short informal discussion took place. Letters from Mrs. Molony and Dr Oscar Woods relative to resolutions of condolence passed at the last meeting of the Division were read. It was decided to hold the next meeting of the Division at the Royal College of Physicians, Dublin.

Dr G.F. WEST contributed a ‘Note on Kilkenny Asylum.’

DR CONOLLY NORMAN made a communication on ‘An Ancient Form of Physicians’ Register,’ which he exhibited.

A short discussion followed, in which most of those present joined, and the meeting terminated.

This account of a Divisional Meeting gives some idea of the local activities of a Division. Four years later the obituary of Dr Conolly Norman who gave the second presentation at this meeting drew attention to some of the other activities. When Dr Conolly Norman was President and the whole Association came to Dublin they were lavishly and hospitably entertained. His obituary also drew attention to one of the problems facing doctors in charge of asylums, the outbreaks of physical illness among asylum inmates which were not understood at the time. In Dr Conolly Norman's case a vitamin B deficiency disease, Beri-beri. This account of a single meeting of a remote division of the Association should give some idea of the interests and activities of psychiatrists at the time and what was being done for patients. The psychiatrists were administrators and the patients were housed, clothed and fed. Their activities were on the farm or in housework (laundry, kitchen). Dr Conolly Norman's pre-First World War obituary shows a little of what they could, and could not do, and the way they liked to see themselves.

The Irish Division of the MPA became the Irish Division of the RMPA in 1926 and of the College in 1971. At that time it consisted of all members in Ireland. For many years a Fellow and Member from the South and a Fellow and Member from the North were the Irish Division representatives on the College Council. The chairman changed every two years alternating between one from the South and one from the North. The secretaries similarly came from the North and South in turn. There were problems for the psychiatrists

in the South as the Department of Health did not wish to take advice from a British Royal College. For this reason the members of the Committee of the Division in the South for a time called themselves the Irish Association of Psychiatrists and all members in the South became simultaneously members of the College and the Association. A few Southern Irish members thought they ought to form an Independent College of their own but the realization that premises would be expensive and a fear on the part of trainees that their education/training might not be accepted for the MRCPsych meant that this suggestion never got off the ground.

A further change came about in October 2002. The Irish Division had developed two sections, the Irish Section and the Northern Ireland Section and the Irish Section adopted the name the Irish College of Psychiatrists (Coláiste Siciatraithe na h'Éireann) as their business name. Both the Northern Ireland Section and the Irish College had representations on the Executive and Finance Committee. The Irish College of Psychiatrists was established in this form in 2002 responding to the need for a stronger identity for the profession in Ireland. This had implications for the Northern Ireland Section of the Irish Division which then became a division in its own right. In order to continue the harmonious relationship between psychiatrists in the North and South the All-Ireland Institute of Psychiatry was set up in 2003 to act as the body to serve the joint interests of the Irish College of Psychiatrists and the Northern Ireland Division of the College for the whole of Ireland. Administrative, educational and medico-political tasks had been increasing since the 1970s and in 1994 an office of the College was opened in Dublin, based at hospital premises at Stillorgan Dublin. An administrator was appointed and

business was put on a more formal footing. The office premises moved to St. Stephen's Green in 1998. The Northern Ireland Division also acquired premises and an administrator. Northern Ireland was developing new mental health legislation and the Division worked actively to influence it. They were also proactively linking in with the Northern Ireland Assembly.

THE ENGLISH DIVISIONS

After 1897 England was divided into three regions:

1. *Northern Division* included Cheshire, Cumberland, Derby, Durham, Lancashire, Leicester, Lincoln, Northumberland, Nottingham, Shropshire, Stafford, Warwick, Westmoreland, York, and North Wales.

2. *South- Western* included Berks, Cornwall, Devon, Dorset, Gloucester, Hants, Hereford, Oxford, Somerset, Wilts, Worcester, and South Wales.

3. *South-Eastern* included Bucks, Cambridge, Essex, Herts, Kent, London, Middlesex, Norfolk, Northampton, Suffolk, Surrey, and Sussex.

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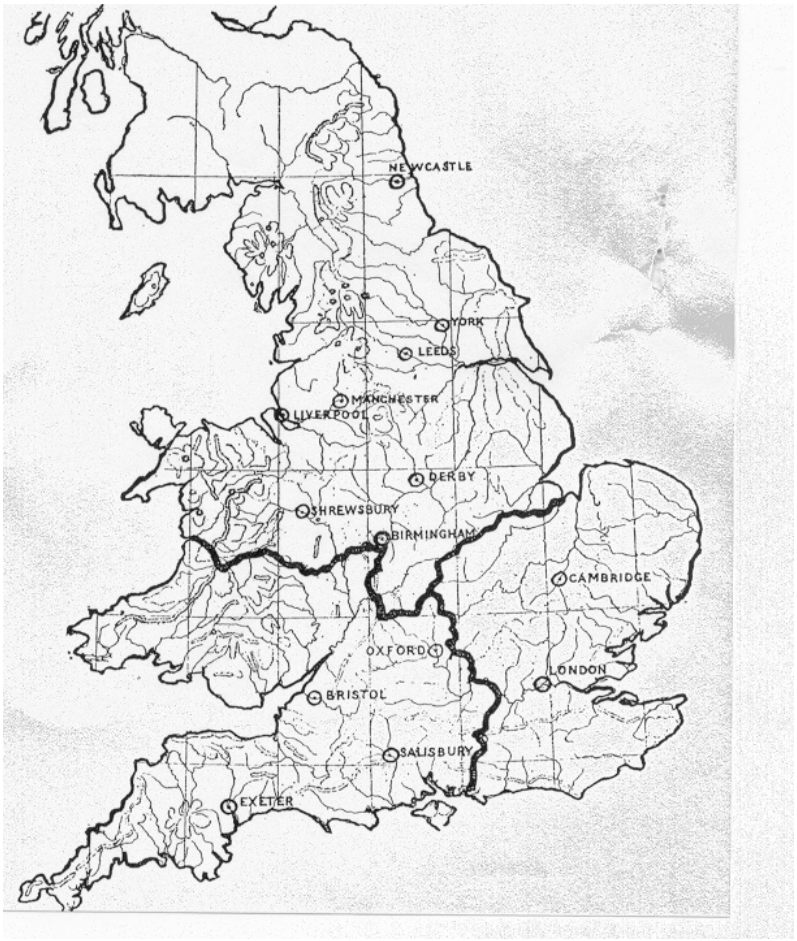
The Boundaries of the Region were shown in a map in the Journal in October 1897.

Notes and News

[Oct.,1897]

OUtLINE MAP OF DIVISIONS



The Boundaries of the Division remained unchanged until the Inception of the College in 1971. It was decided that two contiguous Regional Board Areas would form the new

Divisions. The new Divisional structure consisted of the Scottish, Irish and Welsh Divisions and seven separate English Divisions [North East; North West; Midlands; South Western; Chiltern and Thames Valley; East Anglian; Southern].

The pattern of activities of the Division was similar to the pattern described for Scotland with regional meetings, often at a mental hospital. The papers given at regional meetings could be published in the Journal and the minutes of these meetings were published in the Association's 'Notes and News'. The Divisional structure was again reorganised in 1995 in order to have College Divisions that would be contiguous with National Health Service Regions making eight Divisions in England as well as the Scottish, Irish and Welsh Divisions. A short account of the Trent Division can serve as a paradigm for the other English Divisions. Devolution led to great changes for Wales, Scotland and Ireland.

The Trent Division started in 1997. Its predecessors dated back to 1894. The interest of the Midlands was taken care of by the Northern and Midland Division, which began in 1897. The Midland Division (the immediate predecessor to the Trent Division) started functioning in 1972. The Midland Division covered the geographical area covered by the West Midland and Trent Regional Offices of the NHS and as a protocol, it was accepted that the Office bearers of the Division alternated between the two Regions and usually the Chair and the Honorary Secretary did not work in the same Region. The Executive Committee and the Divisional meetings were held at different locations alternating between the two Regions. It worked well. When the NHS was reorganised in 1997 the Council approved changes to the Divisional boundaries to be co terminus with the area covered by the Regional Offices of the newly defined NHS Executive. The Trent Division

worked very closely with the Trent NHS (E) and held successful annual joint meetings to discuss and debate issues of clinical importance. By then the Speciality Advisory Committees (of which Psychiatry was one) to the Regional Offices were dismantled thus leaving little or no room for Clinicians and Regional Officers to exchange ideas. Hospital Trusts were formed with almost total local control and management, with monitoring being one of the briefs given to the Regional Executives. The Trent Division was unique in that only one Regional Adviser of the College served the three Deaneries (North Trent in Sheffield, Mid Trent based in Nottingham and South Trent based in Leicester) as opposed to one Regional Adviser for each Deanery in the rest of the country. The Executive met quarterly. The Divisional meetings used to be held twice yearly, initially one of these being a residential meeting but because of increasing pressure of work these were reduced to one daylong meeting a year. Some 3 years ago it was possible to restore the Trent Research Presentation Prize for the trainees in the Division which had been postponed for a number of years because of lack of funds.

WELSH DIVISION

Since devolution, the NHS in Wales has followed a different path from that of the NHS in other parts of the UK. The Welsh Division has adapted to these changes and has been trying to work out the most effective means of influencing and commenting on those NHS reforms of greatest importance to psychiatry.

To those ends the Divisional Executive advises the Welsh Medical Committee, the main source of professional advice to the Assembly, and the Division Chairman sits on the Academy of Medical Royal Colleges in Wales. Individual College members have contributed to working parties responsible for, among other things, strategies for the development of adult psychiatric services, child and adolescent mental health services and learning disability services. Also, Professor Richard Williams was an influential contributor to the Carlisle Review which may well turn out to have implications for services in the UK as a whole. Recently there has been the issuing of the National Service Framework for adult mental health services in Wales, the interpretation and implementation of which will necessitate close monitoring by and contribution from the Division. Issues of concern to the Division have been psychiatric recruitment and retention at SpR and consultant levels and the Division has had assistance from the National Assembly to look into the issue in Wales. There is some concern that senior psychiatric staff may be lost to other parts of the UK unless psychiatric developments in Wales are strongly supported by the National Assembly.

INTERNATIONAL DIVISIONS AND INTERNATIONAL ASSOCIATES

Although the College has always had an international perspective, the establishment of a Board of International Affairs gave a new impetus to this area of its activities. Set up to address the needs of Members residing overseas, it enjoyed the support of those living and working in the United Kingdom and Ireland, manifested by the way in which the College and its various committees have acknowledged the need to look outwards more than it did in the past. The College aimed to develop new partnerships so that it can play an active

role in international psychiatry for the benefit of all those suffering from mental illness. The College has developed International Divisions and International Associateships. These were approved by the Privy Council of the UK and were formally established at the College's annual meeting in July 2004. The main objective of the International Divisions is to facilitate communication between the different countries in a region and to promote discussion about psychiatry. They focus on enhancing collaboration and co-operation in the training of psychiatrists, on facilitating professional development and on increasing the professional standing of all staff in the field of psychiatry and mental health. The aim of the College was to build on the successes of earlier overseas groups and bring the Members and Fellows of the College together across national boundaries in local coalitions to better support mental health and benefit individuals as well as institutions.

Creation of International Divisions offers an opportunity to provide a coherent, professional and responsive regional approach to training and educational activities in psychiatry and mental health. It is hoped that this multinational activity will engage the interests and enthusiasm of psychiatrists and psychiatric associations in countries in the region and that this will foster research and evaluation activities so that practice and experience can be shared widely. The International Divisions may become an influence on national policies for improving standards of care and encouraging de-stigmatisation of mental illness. They hope to provide tangible support and benefit to individual psychiatrists and their institutions, and steadily raise the standing and status of psychiatry as a discipline.

It is expected that the International Divisions will work co-operatively with national associations and societies, WPA regional zonal representatives, and WHO and University departments in pursuant of mental health and the practice of psychiatry.

Another initiative was the establishment of International Associateships. In many countries there are experienced, competent, and highly qualified psychiatrists who are not Members or Fellows of the Royal College of Psychiatrists. The category of Associate Membership of the College has been developed to acknowledge the contribution of such psychiatrists who reside outside the United Kingdom and Ireland and who have a specialist qualification in psychiatry. The award of International Associateship by the Court of Elector will be based on nominations provided by the Members of the College and the contribution of the candidates to the activities of the College and to its international divisions. With the development of six International Divisions and Associate Membership, the College has taken a step in the promotion of collaboration and co-operation across national boundaries. Success will rely on the commitment of individual members and psychiatrists in different regions to build on these initiatives.

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