

RCPsych Insight

Thursday 21 July 2022



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Why we're holding an EGM

By Dr Adrian James, President

On Thursday 8 September, the Officers and I will put a proposal to extend voting rights to College Affiliates – who are mostly SAS doctors – to an extraordinary general meeting, held concurrently at our central London main office, and other locations across the UK, between 6-9pm.

The debate, last month, in the lead up to our AGM, around whether to extend voting rights to Affiliates caused a great deal of distress, and I have been urged by a broad spectrum of College members to put the matter right by holding an early vote – so that we can do the right thing and ensure Affiliates are properly included as a part of the College family.

SAS doctors – who make up the bulk of our Affiliates – account for 24.3% of the psychiatric workforce and I believe it is critical that they are supported and valued, and treated with respect and dignity, by all of us.

When I was elected as President, I said I would place equality, diversity and inclusion centre-stage and, in my view, extending voting rights to Affiliates, who have worked in psychiatry for three years, is part of that agenda.

I will host webinars, along with other Officers, today (on 21 July) and on 2 August to explain what we are suggesting and take questions.

We will also hold a consultation, via our website, between 21 July-15 August, with a summary of the feedback being published on the website prior to the EGM.

At the EGM, we will also propose changing our rules to allow us to routinely hold AGMs and EGMs online.

Currently, our rules say that our AGMs and EGMs have to be held face-to-face. We believe this is very old-fashioned.

The only reason we were able to hold online AGMs in 2020 and 2021 is because the Charity Commission said that, due to the pandemic, charities could set aside their normal AGM rules.

The reason we could hold last month's AGM as a hybrid event, is that our lawyers said it would be defensible to hold it partially online due to the severe train strikes on the day of the AGM, and the increasing COVID infection rates.

They say this time around there would be no such defence.

It is because of this situation, we have decided to hold the EGM in parallel at several locations across the UK, including our main office at Prescot Street, in central London, and venues in Edinburgh, Cardiff, Belfast, Leeds, Birmingham and Exeter. The final list of venues is published on our website in the EGM section at www.rcpsych.ac.uk/egm.

**Read about our
consultation on
page 2**



RCPsych members outside the Edinburgh conference centre at this year's International Congress

Why now?

The Officers have decided to hold the EGM on 8 September for a range of key reasons:

- The morale of SAS doctors in psychiatry has been damaged by the debate around last month's AGM, and we need to repair the damage as quickly as possible
- Many members voting at the AGM said they were sympathetic to the idea of extending voting rights for Affiliates but needed more information – this is what we are providing now
- There were IT glitches on the day, with some members struggling to attend the AGM online and others reported finding it hard to vote digitally
- At the AGM, a whole range of different issues were put together in one package and while many were sympathetic to extending voting rights for Affiliates they had concerns about some other proposals – which have now been removed from this vote
- Even with the conflation of issues, there was strong support for the reforms, with a 62% share of the vote among those expressing a view.

What is not going to the EGM

A number of items tabled at last month's AGM, will not be put to the EGM.

The idea for creating new post-nominals for people other than those with MRCPsych has been abandoned and Adrian has said he will not put the idea forward again while he remains President.

However, he and the rest of the Officers are still keen to explore a number of other ideas that went to last month's AGM, over the next year, prior to next summer's AGM.

Council and Trustees have already decided that two such ideas will definitely be put to the next AGM. These are:

- Chairs of International Divisions to become members of Council, attending Council meetings online, and
- Council to be renamed Council of the College instead of UK Council.

The other ideas, previously floated, that may be put to next year's AGM are:

- Specialist Associates (who have been through CESR and are on the specialist register but won't have MRCPsych) to become entitled to apply for Fellowship of the College after 10 years. (Specialist Associates already have the right to vote at general meetings and in elections of the College.)
- International Associates to become entitled to vote in general meetings and elections of the College. (Council to set out the process for considering applications to become International Associates.)
- Students at international medical schools recognised by the equivalent of the GMC in other countries and by Council to become eligible to

become Student Associates. (Currently only medical students who are studying at UK medical schools recognised by the GMC are entitled to become Student Associates.)

- The current annual and total limits on the numbers of people who can be Mental Health Associates to be removed, so that the College can increase its engagement with allied mental health professionals who work in multi-disciplinary teams with psychiatrists.
- Introducing a power for the Board of Trustees to adopt a Code of Conduct to apply to Trustees, Council, Officers, Members, Associates, Affiliates and others.
- Annual elections during an Honorary Officer's tenure of office to only be called following a vote of Council to hold such an election.

Consultation would be carried out with the College members in advance of any of these ideas being tabled at the 2023 AGM.

Take part in our consultation

Between 21 July-15 August, the College will run a consultation, via our website, on the two EGM proposals – extended voting rights and enabling online general meetings. If you want to put forward your viewpoint, please visit the EGM section of our website at www.rcpsych.ac.uk/egm. A summary of the feedback will be published on our website prior to the EGM.

Our EGM processes explained

Why do we have to follow convoluted processes to bring about change?

As a medical royal college, we have to abide by our Royal Charter, Supplemental Charter, Bye-Laws and Regulations and are held to account by the Charity Commission and the Privy Council. This means we have to follow very prescriptive old-fashioned processes in order to achieve change. For example, resolutions have to be drafted in very specific ways, using particular Privy Council approved wording and changes to the Charter have to be in a separate resolution to changes to the Bye-laws.

How will voting work at the EGM?

We are working to try and find a way to allow members to vote on the two issues (extending voting to Affiliates and online general meetings) separately and are liaising with the Privy Council about this. However, we cannot guarantee that we will get Privy Council consent for this and may have no choice but to put the proposals forward as one, together with some other non-substantive changes to ensure the documents are easier to understand. Due to the rules around amending our type of constitution we will need separate resolutions for changes to the Supplemental Charter and the Bye-Laws (each require a two thirds majority to pass). While we will seek to make the resolutions as simple as we can, we have to follow the Privy Council's rules on format and drafting. As this can create a complex series of resolutions, we will provide a flow chart nearer the time of the

meeting to explain the process, once it has been finalised.

Where will the venues be for the EGM?

We will hold our EGM at parallel venues to enable as many people to take part as possible. The venues will include: our main office at 21 Prescot Street, in central London, as well as venues in Edinburgh, Cardiff, Belfast, Leeds, Birmingham and Exeter. The final addresses are on the College website at www.rcpsych.ac.uk/egm, and you will need to register in advance of attending.

Can I take part in the EGM remotely?

No. Unfortunately our rules preclude online AGMs and EGMs. (The previous exceptions are explained on page 1.) That is why we are holding the EGM in parallel locations – and why we are putting forward a proposal to enable us to hold such events digitally, in the future, as a matter of routine.

Can I watch the EGM remotely?

Yes, the EGM will be streamed online. Registration to receive a streaming link, as well as to attend the physical EGM meetings, is available via the College website at www.rcpsych.ac.uk/egm. You will not be able to take part in the meeting if you are watching remotely.

Affiliates explained

What is an Affiliate?

If the proposal on extending voting rights to Affiliates goes through, the definition of an Affiliate will be: A person who is a qualified medical practitioner who: (a) is working as a psychiatrist in the United Kingdom; (b) does not hold the MRCPsych qualification; (c) does not hold specialist registration; (d) has met the criteria for appointment to their post, as set out from time to time by the Department of Health in the United Kingdom, and (e) has worked as a psychiatrist for at least three years. Council would set out the process or terms for approving applications of Affiliates.

How many Affiliates are there?

The College has 1,519 Affiliates, of which 1,153 are SAS doctors.

How many additional people might join the College as Affiliates?

According to our records, the College has around 2,600 SAS doctors in membership of one grade or

another – such as Members, Specialist Associates and PMPTs. We estimate there are approximately 2,900 SAS doctors in the workforce across the UK. Therefore, at most, we might attract up to an additional 300 Affiliate members as a result of this change.

How would Affiliates be represented?

The 1,153 SAS doctors who are Affiliates would be represented by the SAS Doctors' Committee, a committee of Council, which represents SAS doctors in the College, of all grades.

Could Affiliates stand for election within the College?

No. The College's Regulations state that only Members – who are full voting Members – and Specialist Associates can stand for election for College roles.

SAS doctors at the RCPsych		Total SAS doctors at the RCPsych	Total non-SAS doctors at the RCPsych
Grade	Vote Status		
Member	Can vote	1,175	11,155
Affiliate	Cannot vote, vote proposed	1,153	366
PMPT	Cannot vote	201	2,031
Fellow	Can vote	48	3,018
Specialist Associate	Can vote	38	405
International Associate	Cannot vote	23	164
Foundation Affiliate	Cannot vote	3	55
		2,641	17,194

Putting SAS doctors on the map

SAS doctors make up 24.3% of the psychiatric workforce – and are one of two substantive grades of NHS secondary care physicians, along with consultants.

The term ‘SAS doctor’ includes specialty doctors and specialist grade doctors with at least four years of postgraduate training, two of which are in a relevant specialty.

SAS Doctors’ Committee Chair, Dr Lily Read says: “SAS doctors are a diverse group with a wide range of skills, experience and specialties. They are an essential part of the medical workforce”.

SAS psychiatrists, like consultant psychiatrists, tend to spend most, if not all of their career in psychiatry.

They often remain in that grade throughout their career.

SAS careers have a structure, supported by contractual requirements for progression, which expects increasing clinical autonomy and extended roles, similar to consultants.

Many international medical graduates (IMGs) moving to the UK may be initially employed on local, non-standard, temporary contracts, and are known as locally employed doctors (LEDs).

Some LEDs will join training programmes within the first few years of moving to the UK, others will choose to become SAS doctors when they meet the minimum four years of postgraduate medical experience.

According to a GMC report in 2019, half of all SAS and LEDs were Black, Asian and Minority Ethnic and one out of three was white. The number of doctors without recorded ethnicity is on the decline, as the number of older doctors who did not typically declare their ethnicity has fallen.

According to the same report, 44% of SAS and LEDs were women, with that percentage rapidly growing.

The proportion of IMGs in the SAS doctor group across medicine is significantly higher than in any other doctor grade.



Former SAS Doctors’ Committee Chair, Dr Monique Schelhase