

at least three areas in which we have many common interests with numerous other professional groups; the first, the whole matter of training in psychotherapy and counselling. Trainees differ greatly in the intensity of their training, the breadth of their experience and their background of academic knowledge, and the various levels do not correspond easily to usual professional boundaries. I believe that there is enough in common between all of the methods of treatment for a greater effort to be made to integrate training schemes. Secondly, there ought to be certain common standards of professional behaviour. A start has been made in this direction in the long on-going Committee on Confidentiality. In spite of tremendous efforts by Professor Linford Rees and Dr Brian Ward, the Chairman and Secretary, respectively, of this inter-disciplinary group, agreement is proving difficult to reach, though much valuable discussion has taken place and it is hoped that a report will soon be published. The Zangwill Committee Report on a Code of Behaviour for Behaviour Therapy is another example of trying to apply standards of professional behaviour across disciplines. The Registration of Psychotherapists is a third topic where standards and training matters overlap. Finally, many of these organizations, including ourselves, have common interests in the prevention of mental disorder and in treatment in the community. The community-based work inevitably implies going beyond the treatment of the individual patient which is the traditional role of the doctor. It implies going beyond even the treatment of the family which is now well-established in psychiatry. I am not sure how many of us are ready to be involved even indirectly in changing the attitudes and behaviour of social groups, including some sort of social action. The problems here will probably be the most intractable, as social and political actions are hard to separate and political action is something that many professional people fight shy of.

As many of you know, before I became President of this College I was Chairman of the Association of Child Psychology and Psychiatry. This is a flourishing multi-disciplinary body whose membership is rightly increasing all the time. I hope that all child psychiatrists feel that they should belong to it. Amongst other things, it publishes a first

class Journal with an international reputation. But it has little influence in the corridors of power. I have often wondered why it is less influential than many of the bodies to which most of its members belong. Probably it is because ACPP does not control entry into any profession, nor training schemes, nor certificates of competence. These functions which the existing organization that do these things, such as the medical Royal Colleges, guard very jealously, and I suspect that they would be very reluctant to give them up or even accept the need for rationalization across disciplines.

Although many people express satisfaction at the flourishing state of the numerous Sections and Groups that the College has and of the numerous meetings held (even including committees!), I must express some concern at this proliferation—we might do better if we met less often for longer. The central core of general psychiatry needs to be jealously maintained as it is of primary importance for us all. Medicine and surgery, of course, have similar fissiparous tendencies, but I am sure the Royal College of Physicians and the Royal College of Surgeons are right to insist on the MRCP and the FRCS, respectively, as general examinations without which specialization and further training cannot be undertaken. What I say in this connection could be seen to be in conflict with what I have said in the previous paragraph about the need for multidisciplinary training and standards, but I think the contradiction is probably healthy, and I hope it will continue to stimulate discussion and debate.

We are particularly fortunate in having very good relations with the doctors in the DHSS concerned with mental health in all its aspects. Not all the other Royal Colleges have such close contacts. It has enabled us to have informal discussions about many sensitive medico-political issues before they reach the level of formal negotiation. Perhaps Sir Henry Yellowlees' distinguished psychiatric forebears have had a benign ghostly influence! As I write we are awaiting the news of a possible new Mental Health Act, and this will undoubtedly be a major issue for our new President—we could not be in safer and stronger hands to steer us through this and the many other problems that will doubtless emerge in the next few years.

Annual Subscription

It was with great reluctance that subscription rates for United Kingdom members were increased at the Annual General Meeting in July 1981. Details appear in the Minutes of the Annual Meeting on page 232. You are reminded that your subscription falls due on 1 January, 1982, and that if you do not pay by direct debit or banker's order payment should now be sent to me at the College.

Members whose subscriptions are outstanding for the current year were informed at the beginning of September that unless payment was received by the end of October, they would cease to receive the *British Journal of Psychiatry*

on 1 January, 1982. There are still some subscriptions outstanding, and in their own interest members are requested to make prompt payment of their dues.

The response from members who signed mandates to enable subscriptions to be paid by direct debit has exceeded our early expectations. However, it is hoped that members who have not already agreed to this method of payment will soon do so. Thus continuity of payment is assured even though the subscription varies and no further action is required by the member. Notification of the amount due will be sent annually. C. M. B. PARE *Honorary Treasurer*