The New President

Dr Jim Birley will take up office as the new President at the Annual Meeting in July. He has been Dean of the College since 1982. Previously, he was Dean of the Institute of Psychiatry from 1971 to 1982. He has been a Consultant at Bethlem Royal and Maudsley Hospitals since 1968. He has a particular interest in social psychiatry and the care of persons suffering from long-term psychiatric disabilities.

Dr Birley writes: I have led a sheltered life, being born in 10 Upper Wimpole Street where my father practised as a neurologist, and my mother campaigned for the League of Nations, refused to help in the General Strike, and voted for the Labour Party. My father died when I was five years old. In psychiatric terms, this would probably rate as the most significant event of my childhood. In practical terms it meant that my mother settled with her young family in the home of her parents in Essex. I grew up in an ‘extended’ family, on a farm, and acquired a strong taste for village life, the planning and planting of gardens, and the exhilaration of playing silly games. With no one to rebel against, I followed my father’s footsteps to Winchester, University College, Oxford, and St Thomas’s. As a National Service medical specialist in Germany, I was alerted to the possibilities of psychiatry by witnessing the remarkable effects of treatment on the wife of a friend. This, and a chance encounter, at the RSM, with Dr Tony Isaacs, at the time a recent and enthusiastic convert to the Maudsley, were the lucky accidents which let me into a speciality where chance has always played an important part.

I enjoyed the intellectual stimulus of ‘The Maudsley’, but was vaguely aware that it seemed divorced from many of the realities of the rest of psychiatry. Considering what these realities had been, this was no bad thing. But the time had come to take the plunge into looking after a population as well as developing a subject. This has been my pre-eminent interest. It has always been obvious to me that such an enterprise, in terms both of service and of research, is far beyond the capacities of psychiatrists working on their own. The multidisciplinary approach, both academic and practical, is, in my view, a necessity, not a fad. This situation presents a healthy challenge to psychiatrists and to the College. If we maintain and develop our own high standards, our response to such a challenge can only be productive. We have much to teach others, as well as much to learn from them.

My initial contact with the College occurred at the time of its gestation, as a member of the ‘Petition Group’—an awkward squad who were protesting that our founders were too concerned with their new examination, at the expense of the training which should go with it. (Many members of that Group now hold high office in psychiatry and in College affairs.) Since arriving as Dean, I have been immensely impressed by the energy and imagination with which trainers and trainees have applied themselves to improving our educational standards. The membership of the College contains a wealth of talent. It will all be needed in the years ahead. In our ever-fascinating human predicaments, nothing stands still.

Psychiatrists and Psychologists

Working together for planning services in the post-Griffiths era

At the College’s Autumn meeting in 1984, a joint British Psychological Society (BPS)/Royal College of Psychiatrists Conference took place on the theme ‘Psychiatrists and Psychologists—Co-operation or Confrontation’. This was reported in the Bulletins of the College (June 1985) and of the BPS. It was generally agreed to have been a success, but perhaps at the price of being over-polite. A ‘more focused and hard hitting’ meeting was suggested for the future.

The future came to pass on 29 October 1986 at Kensington Town Hall—picketed rather discreetly by scientologists. In preparation for this meeting five College Groups, together with clinical psychologists working in the same fields, had been allocated a task: to address three critical problem areas in planning and in providing services for their specialty which involved the two professions, and to make feasible suggestions for improvement.