**My first blog**

Depending on when you read this, I am either about to become, or have just become, the next President of the Royal College of Psychiatrists.  And so I have to produce my first blog, and have been dabbling with various opening sentences.

Sometimes, when I am in a good mood, the words “honour”, “privilege” and “exciting” crowd the page.  At other times, when as now I have just read another article on cuts in services, these are replaced with “challenging”, “tough” and “difficult”.   And finally, when I allow myself a brief moment of honesty, I find myself typing “scary”, “nervous” and even “terrifying”.  But I have just realised that the moment of taking office occurs during our Annual Congress next week, which is taking place at the Barbican in London.  So to reduce my anxiety I have decided to use distraction, and take a wander through the programme on offer.

And what immediately catches my eye is the session for our new “Pathfinder” fellows, presenting at their first Annual Congress. These are a group of medical students/foundation year doctors, who will eventually be 30 in number, selected after a highly competitive process,  to receive high level mentoring and funding to carry out research on any topic relevant to psychiatry.  So my first request as President is for a good turn out for their presentations, starting on Tuesday afternoon and ending Friday morning, and be sure to cheer on our “student of the year” on Friday morning.

But seeing that made me muse about what the rest of the programme might tell them about the current state of psychiatry.

They will be left in no doubt about the prevalence and public health impact of the illnesses that lie at the heart of psychiatry – there are presentations every day about schizophrenia, autism, dementia, depression, eating disorders and so on.  And despite rumours to the contrary, they will discover that diagnosis does matter.  Any lingering doubts that psychiatry is not scientific will hopefully be dispelled, since the science of psychiatry is on constant display from the start to the finish of the conference.  This year one of the threads running through the conference is psychopharmacology.  If the students diligently attend every session, they will find out how to use psychotropic medication wisely, what we know and don’t know about the mechanisms involved, and what might lie ahead in the future.

And if inspired by all the research on offer – ranging from psychopharmacology, epidemiology, social psychiatry, genetics, imaging, neurochemistry, randomised controlled trials, inflammation and much more, they are attracted to an academic career, the single largest workshop is there to assist them and all those on the academic pathway (Thursday afternoon).

Our Pathfinders will learn that we have close links with, but are different to, neurologists.  I hope they will attend at least part of our annual update on neurology, run as ever by neurologists who secretly wish they were psychiatrists and psychiatrists who wish they were neurologists.  They will need to be there early, because it is invariably over subscribed –starting with Jon Stone’s tour de force on the five minute neurological examination (Tuesday), and moving on to popular updates on neuroimaging, and that wonderful, enigmatic and endlessly fascinating problem that is conversion disorder.

They will see that we are the most democratic of colleges.   We welcome the views of patients and carers – it is not a coincidence that the conference will kick off with a session on “What do patients and carers want from psychiatrists?”  (Tuesday), and will also give patients a platform to debate trust and coercion (Thursday).  Furthermore, not only are we one of the few that elect our officials by universal suffrage, we then expose them to regular grillings.  So come and challenge your College Officers during the Question Time on Wednesday lunchtime –please be as brutal, rude or condescending as you want – I really don’t mind because I will still have 24 hours left to be able to reply “Yes I know, isn’t it awful, and it’s not my fault”.  I think we will probably drop this session next year.

Of course psychiatry, like all branches of medicine, has its trends.  So this year we will be discussing mindfulness, Avatar therapy, compassionate therapy (is there another kind?), and Big Data.

We do not shy away from controversy, even if we sometimes seem to try and hide behind euphemism - so we have sessions on factitious disorder (ie Munchausen’s), confabulation (ie lying), placebos (eg homeopathy) and transgender (ie transgender).   We embrace the social and political (What should we do about stigma? Do veterans deserve special treatment?).   We welcome historical scholarship – not the pointless efforts to prove what ailed Darwin or killed Mozart – but a serious look at the past and its contemporary relevance (Wednesday afternoon).

We recognise that a career in psychiatry is no soft option – you have to work at it, and keep working at it.  Alan Currie will tell us next Tuesday afternoon that it is “a marathon, not a sprint”.  Support for new consultants is vital, and will be on offer, although I need to apologise to Mark Taylor who asked me for my thoughts before his Tuesday talk on “how to stay up to date and sell yourself as an expert”.  My response (“If you find out, please tell me”) wasn’t that much help.  And we give the stage to our retired Great and Good to tell us how it all went right for them in the end (Thursday morning).

But before you become a consultant, you have to be a trainee. And I hope that all the students looking around the conference in between presenting their papers or standing by their posters, will be reassured from another thread running through the meeting that our College recognizes that its primary function remains training – recruiting, setting standards and supporting trainees.  And it is fitting that our outgoing President, Sue Bailey (about whom more anon) has chosen that her last session wearing the Imperial purple is called “Trainees: The Heartland of Psychiatry” (Friday afternoon).

Most of all, I hope that our guests will take away the endless fascination of psychiatry. In what other discipline could you have four talks on gangs (next Tuesday afternoon)?  Ironically all come from the same institution – our own “Gang of Four”.   Where else could you encounter the twitter phenomenon known as @mentalhealthcop, or Inspector Michael Brown to his friends (next Wednesday afternoon). If he is as good in the flesh as his blog this will be worth the trip alone.

And psychiatry is entertaining.  Hunt and Salter will continue the tradition of the Shakespearean case conference with a debate on whether Ophelia died by suicide.  There will be post match discussions with Raj Persaud after the screening of “Silver Linings Playbook” next Wednesday evening, and a chance to learn what flying upside down really means in psychoanalytic terms after watching “Flight” on the Thursday.   And mention of post match discussion brings me to the post mortem that might follow England’s last match in the group stages late Tuesday afternoon.  If you can’t bear to watch that, we have a wonderful alternative for you - head off to Alex Langford and MEDFEST.  By the way, it took some courage to schedule “Is sport addictive?”  after the results of the group stage will be known  - “aversive” might be nearer the mark, especially given that the last talk in that session is “When athletes retire”.

And when our Pathfinders leave next Friday afternoon, I hope that they concluded that the state of psychiatry is good.  They will have detected the sense of optimism that others have finally started to recognise the importance of psychiatry in the modern health service. Suddenly everyone is talking about long term conditions, GPs are demanding an obligatory training period in psychiatry, and the public clearly want an NHS in which doctors are expected not just to be technical wizards but also decent human beings. “Parity of esteem” seems to be the new mantra.   And best of all, we are about to witness a massive expansion of Foundation Year posts in psychiatry, about which I will have much more to say, including to the organisers of next year’s conference.

No, it’s not plain sailing. Parity of esteem may now be policy, but still we take more than our fair share of cuts.  Recruitment has not recovered from the double whammy of Modernising Medical Careers and New Ways of Working, and will be my main focus for the next three years.  But looking at the breadth, depth, interest and enthusiasm of what we have on offer next week at the Barbican, I hope that we are making the Pathfinders an offer that they can’t and won’t refuse.

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