as complainants and therefore any process of investigation must be completely impartial, confidential and based on the principles of natural justice. Each institution should set up its own speedy system to manage complaints of scientific misconduct and take appropriate legal advice. The report goes on to suggest a suitable procedure based on a scheme devised by the Association of American Universities. One of the principal recommendations is that there should always be one person designated to investigate complaints in any organisation which conducts research. This could be the Dean in a University or Post-graduate Dean in the National Health Service. Anonymity should be guaranteed until there is sufficient evidence to indicate that the allegation requires formal investigation. Special independent assessors may be needed and the person should have full right of reply to all the charges. If there is a finding of serious scientific misconduct the General Medical Council, employing authorities, and funding organisations should be informed. Serious scientific errors, on the other hand, are best dealt with internally and brought to the attention of the ethics committee involved. If the allegation is unproven, researchers must be offered a statement of vindication and be allowed to preserve their good reputation but the complainant should also be allowed protection from victimisation.

The Research Committee of the Royal College of Psychiatrists is keenly aware that many ethics committees as presently constituted do not have the resources to monitor individual research projects to the level described above and could not ensure storage of research material. The Committee would wish to see the establishment of such principles of good practice in the long run.

The Committee would therefore like to thank the Royal College of Physicians for sharing the report and its recommendations and allowing the publication of a summary in the *Psychiatric Bulletin*.

Psychiatric Bulletin (1992), 16, 629

World Association for Psychosocial Rehabilitation

World Association for Psychosocial Rehabilitation (WAPR) was established in 1986. The exclusive mission of WAPR was to improve the quality of life of individuals and families throughout the world affected by disabling mental illness. This is achieved through the promotion of national and international policies and programmes; providing a medium for international exchange of experience; through the provision of consultation, technical assistance and speakers for local organisations; the promotion of efforts to reduce relapse and disability among the mentally disabled; and through encouraging national and international adherence to the United Nations Principles on the Human and Civil Rights of the Mentally Ill. WAPR is in official non-Governmental Organisational Status with the World Health Organisation and the United Nations Economic and Social Council. Currently WAPR has a 37 Member International Board of Directors and representatives of consumers, families and voluntary organisations.

Over 70 National Secretaries have now been established. To date there have been four World Congresses, the most recent being in Montreal in September 1991. The first World Congress held in the British Isles is planned for September 1993 in Trinity College, Dublin.

WAPR Membership is available to all individuals or organisations who share the aims of the association and wish to participate in their pursuit. Anyone wishing further information should contact:

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Dr Brian McCaffrey (Chairman of Organising Committee WAPR 1993, International Congress) Professor R. J. McClelland (Chairman Scientific Committee)