# Proposed Institute of Psychiatry

Second Report of
The Royal Commission of Inquiry
into
Hospital and Related Services

Wellington
February 1973

# THE ROYAL COMMISSION OF INQUIRY INTO HOSPITAL AND RELATED SERVICES

*Chairman*

CHARLES P. HUTCHINSON, M.B.E., Q.C.

*Members*

JAMES R. CROPPER.

WILTON E. HENLEY, C.B.E.

JOHN TURNBULL, O.B.E.

IONA WILLIAMS.

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*Royal Commission to Inquire Into and Report Upon Hospital and Related Services*

ELIZABETH THE SECOND, by the Grace of God of the United Kingdom, New Zealand, and Her Other Realms and Territories Queen, Head of the Commonwealth, Defender of the Faith:

To Our Trusty and Well-beloved CHARLES PIERREPONT HUTCHINSON, Esquire, M.B.E., of Auckland, Queen's Counsel, JAMES RICHARD CROPPER, Esquire, of Auckland, company director, WILTON ERNEST HENLEY, Esquire, C.B.E., of Auckland, medical superintendent-in-chief, JOHN TURNBULL, Esquire, O.B.E., of Wellington, retired secretary, and IONA WILLIAMS, of Dunedin, married woman.

GREETING:

KNOW ye that We, reposing trust and confidence in your integrity, knowledge, and ability, hereby nominate, constitute, and appoint you, the said

CHARLES PIERREPONT HUTCHINSON, M.B.E.;
JAMES RICHARD CROPPER;
WILTON ERNEST HENLEY, C.B.E.;
JOHN TURNBULL, O.B.E.; and
IONA WILLIAMS

to be a Commission to receive representations upon, inquire into, investigate, and report upon the existing facilities and the future requirements for hospital and related services for New Zealand and the resources to provide such services, and to recommend such measures as you believe will ensure adequate provision of such services, and, in particular, but without restricting the generality of the foregoing, to receive representations upon, inquire into, investigate, and report upon the following matters:

1. The plans, policies, and programmes of the Department of Health, Hospital Boards, and other hospital and related agencies for dealing with the treatment, care, and rehabilitation of hospital patients, including the provision of specialist, out-patient, day-hospital, and domiciliary services, and the need, if any, for changes in such plans, policies, or programmes.

2. The functions, powers, responsibilities, and inter-relationships of the Department of Health, Hospital Boards, and other hospital and related agencies, and the need, if any, for changes in geographical areas of responsibility, or in the functions, constitutions, or powers of such bodies in relation to the said services.

3. The organisation and scope of the hospital services in relation to medical care work carried out by non-hospital agencies, including medical practitioners, and the need, if any, for changes in relationships, particularly in the light of developments such as the emergence of health centres and group medical practice, and particularly also in respect of the provision of hospital treatment for maternity patients.

4. The relationship of hospital services with the preventive aspects of medicine including the public health services, and the need, if any, for closer integration of these services.

5. The financing of hospital and related services, including those provided by private hospitals and welfare agencies, and the need, if any, for changes in the system of finance or methods of control over expenditure, including the sources from which and the means by which any such services should be financed.

6. The provision of buildings and other physical facilities for the housing or treatment of patients in all classes of hospitals, including the inter-relationship of such facilities and also their relationship with other medical care facilities, and the need, if any, for changes in policies or programmes in relation thereto.

7. The existing medical, nursing, para-medical, and other staffing provision for hospitals and the adequacy of such provisions, and the need, if any, for changes in any of these matters.

8. The administration of hospital services, and, in particular, the organisation of hospital work, the management and training of staff (otherwise than for the purpose of obtaining registrable qualifications), the provision of staff accommodation and amenities, the use of modern methods and techniques and aids to management, and the need, if any, for changes in respect of any of those matters.

9. In respect of nursing, the justification, if any, for a differential pay scale in favour of—

(a) Psychiatric and psychopaedic nurses as such over other kinds of nurses; or

(b) All nurses employed in psychiatric or psychopaedic hospitals over nurses employed elsewhere,—

on the grounds of job content or responsibility, conditions of work, or for any other reasons.

10. Any amendments that should be made to existing legislation to promote improvements in any of the aforesaid matters.

11. Any associated matters that may be thought by you to be relevant to the general objects of the inquiry.

And We hereby appoint you the said

CHARLES PIERREPONT HUTCHINSON, M.B.E.,

to be Chairman of the said Commission:

And for the better enabling you to carry these presents into effect you are hereby authorised and empowered to make and conduct any inquiry or investigation under these presents in such manner and at such time and place as you think expedient, with power to adjourn from time to time and place to place as you think fit, and so that these presents shall continue in force and any such inquiry may at any time and place be resumed although not regularly adjourned from time to time or from place to place:

And you are hereby strictly charged and directed that you shall not at any time publish or otherwise disclose, save to His Excellency the Governor-General, in pursuance of these presents or by His Excellency's direction, the contents of any report so made or to be made by you, or any evidence or information obtained by you in the exercise of the powers hereby conferred on you, except such evidence or information as is received in the course of a sitting open to the public:

And it is hereby declared that the powers hereby conferred shall be exercisable notwithstanding the absence at any time of any one or any two of the members hereby appointed so long as the Chairman or a member deputed by the Chairman to act in his stead, and two other members are present and concur in the exercise of the powers:

And We do further ordain that you have liberty to report your proceedings and findings under this Our Commission from time to time if you shall judge it expedient to do so:

And, using all due diligence, you are required to report to His Excellency the Governor-General in writing under your hands,—

(1) Not later than the 31st day of December 1972 your findings and opinions on the matters in clause 9 of the aforesaid terms of reference;

(2) Not later than the 30th day of June 1973 your findings and opinions on the matters aforesaid so far as they relate to psychiatric services;

(3) Not later than the 30th day of June 1974 your findings and opinions on the other matters aforesaid,—

together, in each case, with such recommendations as you think fit to make in respect thereof:

And, lastly, it is hereby declared that these presents are issued under the authority of the letters patent of His Late Majesty King George

the Fifth, dated the 11th day of May 1917, and under the authority of and subject to the provisions of the Commissions of Inquiry Act 1908, and with the advice and consent of the Executive Council of New Zealand.

In witness whereof We have caused this Our Commission to be issued and the Seal of New Zealand to be hereunto affixed at Wellington this 28th day of February 1972.

Witness Our Right Trusty and Well-beloved Cousin, Sir Arthur Espie Porritt, Baronet, Knight Grand Cross of Our Most Distinguished Order of Saint Michael and Saint George, Knight Commander of Our Royal Victorian Order, Commander of Our Most Excellent Order of the British Empire, Governor-General and Commander-in-Chief in and over New Zealand.

ARTHUR PORRITT, Governor-General.

By His Excellency's Command—

J. R. MARSHALL, Prime Minister.

Approved in Council—

P. J. BROOKS, Clerk of the Executive Council.

## *Letter of Transmittal*

To His Excellency Sir Edward Denis Blundell, Knight Grand Cross of the Most Distinguished Order of Saint Michael and Saint George, Knight Commander of the Most Excellent Order of the British Empire, Governor-General and Commander-in-Chief in and over New Zealand.

MAY IT PLEASE YOUR EXCELLENCY

By Warrant dated 28 February 1972 we the undersigned CHARLES PIERREPONT HUTCHINSON, JAMES RICHARD CROPPER, WILTON ERNEST HENLEY, JOHN TURNBULL, and IONA WILLIAMS were appointed to report not later than 30 June 1973 our findings and opinions on the matters relating to psychiatric services under the terms of reference stated in that Warrant and were empowered to report from time to time if we judge it expedient to do so.

We now humbly submit for Your Excellency's consideration a report which we judge it expedient to make at this time relating to the establishment of an Institute of Psychiatry.

We have the honour to be

Your Excellency's most obedient servants,

C. P. HUTCHINSON, Chairman.

J. R. CROPPER, Member.

W. E. HENLEY, Member.

J. TURNBULL, Member.

I. WILLIAMS, Member.

Dated at Wellington this 23rd day of February 1973.

## Letter of Transmittal

# THE NEED FOR AN INSTITUTE OF PSYCHIATRY

1. On 1 December 1972 we made our first report, as required by our Warrant, on the justification for a differential nursing pay scale. We are now engaged on the second stage of our inquiry in preparation for making a report, which is required before 30 June 1973, on matters relating to psychiatric services.

2. We have become convinced that there is one matter—the present and prospective shortage of qualified specialist psychiatrists—on which we should make an immediate interim report, without waiting for the completion of this stage of our inquiry.

3. The directly relevant clauses in our Warrant are—

> "(7) The existing medical, nursing, para-medical, and other staffing provisions for hospitals and the adequacy of such provisions and the need, if any, for changes in any of these matters.
>
> "(8) The administration of hospital services, and, in particular, the organisation of hospital work, the management and training of staff (otherwise than for the purpose of obtaining registrable qualifications) . . . "

4. We note that clause 8 does not require us to consider the training of staff "for the purpose of obtaining registrable qualifications". This exclusion has posed some difficulty in interpretation, not only for us but for organisations making submissions to us. We take "registrable qualifications" to mean qualifications, primary or post-graduate, which are registrable with an appropriate authority and that the purpose of this exclusion is to avoid our trespassing on such matters as the curricula of courses which by statute are the responsibility of registration authorities.

5. We believe, however, that shortages of staff are in some instances inseparably related to shortcomings in the facilities for the training of staff. In seeking ways of overcoming such shortages we do not consider that we are debarred from advocating the creation or improvement of training facilities.

6. We submit this interim report after consideration of all submissions received to date from parties interested in psychiatric services even though some of these submissions have not yet been formally presented. They clearly reveal a situation which requires immediate attention and corrective action.

7. We commented in our first report on the shortage of psychiatric nurses and trainees which was sufficient, in our view, to justify retention of a salary differential to encourage recruitment and retention until the position improves. The submissions presented to us on psychiatric services claim a shortage of most other categories of staff, including specialist psychiatrists, academic psychiatrists, child psychiatrists, clinical psychologists, and psychiatric social workers.

8. Opinions vary about the extent of staff shortages, but in respect of psychiatrists there is unanimous insistence on its severity. The most rapid possible solution needs to be found and this report is submitted to create a sense of urgency, if not of crisis.

9. It must be borne in mind that the training of psychiatric specialists is a lengthy process. We note that the qualifications required of a specialist psychiatrist (as also for specialists in other medical disciplines) are: 8 years qualified, 5 years' experience in the specialty and an appropriate post-graduate qualification. Membership of the Australian and New Zealand College of Psychiatrists is the recommended post-graduate qualification. Trainees serve as registrars for 3 or more years in posts approved by this college before presenting themselves for examination for this qualification.

10. In *A Review of Hospital and Related Services in New Zealand* published in 1969 (paragraphs 376 to 465 of which were read into the record) the Department of Health stated (para. 456):

> "At a reasonably conservative estimate to provide for the needs of public mental health services a further 100 trained and qualified specialist psychiatrists should be available within the next ten years and this figure takes no account of the requirements of private practice or academic departments."

11. In discussing the development of *Community Mental Health Centres* (para. 452) the Department of Health stressed that the requirements for staff would be high and added "New Zealand could not hope in the immediate future to recruit sufficient staff to set up such units outside major centres of population."

12. This pessimism is no doubt the result of past experience in recruitment. The Medical Association of New Zealand believed that, as a general statement, it was "unduly discouraging". We consider that it contains an element of defeatism which should not be tolerated in the present circumstances.

13. The submissions (No. 35) of the Medical Association of New Zealand were formulated by the Australian and New Zealand

College of Psychiatrists. After considering the prediction of the Department of Health that 100 additional psychiatric specialists would be required in the 10 years from 1969, the Medical Association of New Zealand concluded (para. 41.1)—

> "Assuming a five-year training period and without any attrition either for trainees (e.g., dropping out due to sickness or vocational unsuitability) or within the specialist ranks (e.g., death, retirement, or departure overseas), we believe that this figure of 100 psychiatrists should be at least doubled. This number of psychiatric specialists would approximate the number of psychiatrists in Victoria, Australia, at the present time." (The populations of Victoria and New Zealand were stated by the Faculties of Medicine to be approximately the same.)

14. The joint submission (No. 54) of the Faculties of Medicine of the Universities of Otago and Auckland confirmed this estimate of 200 as the need for more specialist psychiatrists in the next 10 years.

15. The Medical Association of New Zealand supports the statement of the Australian and New Zealand College of Psychiatrists that New Zealand should have 50 child psychiatrists. There are at present only six in New Zealand.

16. The New Zealand Medical Association has also submitted (No. 69) that "our work force of about 1000 G.Ps should be backed up by at least 100 practising community [or "private"] psychiatrists or their part-time equivalent" and that "the first priority in building up a community psychiatric service must be to see that sufficient community psychiatric manhours are available to satisfy the needs of the clientele of the General Practitioner".

17. It was stated by the Director of Mental Health that optimal establishments are difficult to define and impossible to plan except on an ad hoc basis.

18. We do not accept such an entirely negative approach. It is true that the estimates placed before us of the number of psychiatrists required are in round figures, unsupported by the sort of "establishment" detail which might be expected to be available in respect of other specialties. But they are made by the people who have studied the problem and who are qualified to do so. For our own part we have seen enough of mental hospitals and other psychiatric services to be certain that there is a gross shortage of specialist psychiatrists and trainees in psychiatry in New Zealand and that this shortage gravely circumscribes the treatment which can be given to those needing it in the psychiatric and general hospitals and in the community. If the position is to be improved strong positive action is immediately essential.

19. This is not a new problem. The Hospital Boards Association has drawn our attention to a Board of Health Committee Report made in 1960 on Psychiatric Services in Public Hospitals in New Zealand. The report said,

> "The key to any future development of psychiatric services in this country is staff, medical and auxiliary, both in mental hospitals and general hospitals. . . . However it is obvious that little can be achieved until a far greater number of psychiatrists are available to work in the psychiatric field."

The committee recommended that "a vigorous staff recruitment programme will need to be added to the staff recruitment scheme of the Mental Hygiene Division". The Board of Health itself considered that this was one of the "keys" to the problem, and recommended a system of bonded bursaries for qualification overseas in psychiatry, and the establishment of a University Chair in Psychiatry in New Zealand. These two recommendations were put into effect but the shortages remain.

20. The existing shortages could theoretically be overcome in several different ways or by a combination of them. We propose to examine briefly:

(a) Recruitment of specialist psychiatrists in excess of retirements and withdrawals.

(b) Training of New Zealand graduates overseas.

(c) Training of New Zealand graduates and suitable overseas graduates in New Zealand.

# RECRUITMENT OF SPECIALIST PSYCHIATRISTS IN EXCESS OF RETIREMENTS AND WITHDRAWALS

21. This is the method which has been relied upon in the past. It is clear that the response has been less than desirable. It could not be expected to correct the present shortages in the face of a world demand for psychiatrists (and particularly child psychiatrists) unless the salaries, conditions of work, and facilities offered in New Zealand were comparable with or superior to those available overseas. We are informed that this is not the case.

22. An analysis of the register of specialist psychiatrists recognised by the Medical Council of New Zealand in 1972 reveals the extent to which recruitment overseas has contributed to specialist psychiatry in New Zealand.

We are aware that this list, for various reasons, does not contain the names of all psychiatric specialists in New Zealand. However, of the 63 psychiatrists listed 40 graduated initially from the University of Otago and 23 (36.5 percent) from medical schools overseas. In the Medical Register of 1972, 53 of the 63 are listed as Members or Fellows of the Australian and New Zealand College of Psychiatrists. Some may not have registered this qualification.

The 23 overseas graduates have all registered a Diploma of Psychological Medicine obtained by 19 in the United Kingdom, by 2 in Eire, and by 1 each in Australia and Ceylon.

Of the 52 recognised psychiatric specialists who have registered a Diploma of Psychological Medicine in the Medical Register (out of the 63 on the Specialist Register) 32 obtained their first Diploma in the United Kingdom, 15 in Australia, 2 in Eire, 2 in Canada and 1 in Ceylon.

From analysis of the Medical and Specialist Registers it is clear that:

(a) In the past, psychiatrists who received their post-graduate qualifications in the United Kingdom have constituted the greatest number of recruits.

(b) Of graduates of the University of Otago who have registered a Diploma of Psychological Medicine in the Medical Register (29 in number) *all* obtained that Diploma overseas.

23. The number of specialist psychiatrists recruited to the psychiatric hospitals in the 10 years ending 31 March 1972 (the last 10 years of

control by the Division of Mental Health) was 31 whole-time and 9 part-time (full-time equivalent about 4.5). Of these, 20 received their first medical qualification in New Zealand and 20 in overseas medical schools. Twelve of the 40 have already left the mental hospitals. The effective rate of recruitment minus losses is about two whole-time and one part-time per year.

24. It is noted that the estimate (100) of the Department of Health for additional specialist psychiatrists required in the 10 years from 1969 does not include psychiatrists in private practice or academic psychiatrists (without whom specialist psychiatrists cannot be trained). The Department estimate presumably allows for attrition (by emigration, withdrawal, retirement, or death) though no figures were produced to assess this loss. Of the 63 specialist psychiatrists on the Specialist Register of the New Zealand Medical Council, 15 will complete 40 years from their first qualification as medical practitioners in the period 1973–82 (i.e., will be near or over the age 65 and due for retirement). Twenty-two more will complete 40 years from qualification in the decade 1983–92.

Thus retirements on age alone may be expected to account for a loss of 1.5 specialist psychiatrists per year for the next 10 years. It would be unwise to assume a total attrition of fewer than two per year.

25. It is clear that recruitment of psychiatric specialists in the last 10 years has been well below what is needed to meet New Zealand's requirements. Indeed recruitment at the same rate could barely suffice to maintain the present strength of specialist psychiatrists. It might be possible to improve the rate of recruitment by making conditions of service in New Zealand more attractive. It may not be generally appreciated that overseas psychiatric specialists are more likely to regard an acute shortage as an adverse condition of service since it implies an excessive pressure of work on those who are appointed. For this reason and because there is certainly no world surplus of psychiatrists we cannot envisage the rate of recruitment from overseas being sufficiently improved within the next decade to make any appreciable headway against the present and projected shortage.

## TRAINING OF NEW ZEALAND GRADUATES OVERSEAS

26. In the past New Zealand graduates have trained overseas in psychiatry either with Department of Health sponsorship or by private arrangement. In the last 10 years 14 New Zealanders have received bursaries for overseas training. Of these, 11 obtained a Diploma in Psychological Medicine and 3 failed to do so.

27. It was stressed by the Medical Faculties of Otago and Auckland that to encourage overseas training for a period of several years was to invite unbonded trainees to remain in the country in which the training was received—particularly since the conditions of service may be more attractive than those in New Zealand.

28. The countries in which New Zealand graduates have sought training in the past are mainly the United Kingdom, Australia, and Canada. It was asserted in the submission of the Medical Faculties that it is probable that Australia has, at present, more New Zealanders training or trained in psychiatry than there are in New Zealand.

29. This leads us to the conclusion that dependence on training in overseas countries—sponsored or unsponsored—is not a reliable way of overcoming the present acute shortage.

30. In all branches of medicine and surgery, except psychiatry, New Zealand has overcome its earlier sense of colonial dependency. We understand that adequate facilities now exist in New Zealand for training in all specialties except psychiatry. Trainees are encouraged to obtain their post-graduate qualifications in New Zealand and to proceed overseas only for selective experience as senior registrars or specialists. We see no reason why psychiatry should remain the exception.

# TRAINING OF NEW ZEALAND GRADUATES AND SUITABLE OVERSEAS GRADUATES IN NEW ZEALAND

31. Adequately staffed and equipped training facilities which meet the requirements of the Australian and New Zealand College of Psychiatrists are, in our view, essential in New Zealand.

32. To us this seems so obvious a solution to the present problem that it may be wondered why it was not undertaken on a national basis years ago.

33. The reason is not far to seek. The trouble is that no one appears to have been given the responsibility of prosecuting the training of psychiatrists on a national basis. Up till 1 April 1972 the Director of the Division of Mental Health was responsible for recruitment of staff. Neither he nor the Department of Health was *responsible* for training of psychiatric specialists. Dr Mirams said in cross-examination that, in the strict sense, the department has no educational responsibility for the training of doctors though it was "interested". (P. 744 of transcript.)

34. On a local basis, the Otago and Auckland Hospital Boards have set up registrar training schemes in psychiatry. These, according to the joint submission of the Faculties of Medicine of Otago and Auckland are the only schemes in New Zealand approved by the Australian and New Zealand College of Psychiatrists. Since 1964, 10 trainees from Otago have become Members of the College and 5 others (4 from Otago and 1 from Auckland) have obtained the Diploma of Psychological Medicine. Four of the 15 are at present overseas.

35. It is of interest to note that a similar problem concerning the training of specialist psychiatrists has also been encountered in England. The *Report of the Royal Commission on Medical Education 1965–68* (the "Todd Report") commented as follows (page 62):

"PSYCHIATRY

124. In 1944 the Goodenough Committee deplored the low standard of existing diplomas in psychological medicine. The Committee advocated a much more thorough preparation for future specialists in psychiatry and, while accepting that training would necessarily go on in a number of centres, recommended that it should be given at a much higher standard of thoroughness in two national teaching

centres. This recommendation has been only partly implemented. In 1968 the picture of psychiatric training, although not as black as at the time of the Goodenough Report, still leaves a great deal to be desired. The two biggest changes have been the development of the teaching programme of the University of London Institute of Psychiatry at the Maudsley Hospital and the creation of small academic departments of psychiatry in all the British provincial and in some of the London medical schools."

36. The following are extracts from paragraphs 125 and 126 of the "Todd Report":

(125) "In 1964–65 the Institute of Psychiatry was giving instruction to 174 psychiatrists in training . . ."

"The number of students who take university diplomas in this subject elsewhere than in London is extremely small, amounting only to twos and threes in each centre except at Edinburgh where there is now a two-year course with about fifteen students each year."

"This (the standard required for the DPM) still falls well short, both in duration and content, of the minimum experience judged appropriate for the training of psychiatrists by a World Health Organisation Expert Committee in a recent report on this subject. A recent survey carried out by the Royal Medico-Psychological Association revealed that between a quarter and a half of the hospitals nominally recognised as suitable to provide training for the Diploma of the Conjoint Board had not in fact met the relatively modest requirements for such recognition: they fell short in such matters as library provision, regular teaching sessions and access to child psychiatry."

(126) "During the last twenty years the Institute of Psychiatry has played a most important part in training future teachers and research workers and will undoubtedly continue to do so. We think, however, that the interests of psychiatry would be best served not by development of more such institutes but rather by concentration on developing, in line with the general proposals set out elsewhere in this chapter, national and regional programmes of specialty training in which university departments of psychiatry, the hospital service and the psychiatrists' own professional association will collaborate. An important aspect of this line of development (as was emphasised in the recent report of a Working Party on Vocational Training for the Psychiatric Services) will be the pressure for an improvement of teaching facilities and activities in every psychiatric hospital, and not merely in the established teaching centres. The programme can be made effective, however, only by the appointment of senior psychiatrists charged with the responsibility of organising and participating in more intensive teaching for junior psychiatric staff. The departments of psychiatry in the great majority of medical schools are at present quite inadequately staffed in relation to their current responsibility.

37. The "Todd Report" also has this to say about the teaching of psychiatry in the undergraduate medical course (para. 263):

"Psychiatry

263. We have repeatedly emphasized that the object of the undergraduate medical course is education and not vocational training; any doctor who remains ignorant of human psychology (both normal and abnormal) must be considered ill-educated, however thoroughly he may be trained in his chosen specialty, because this subject permeates the whole of medical practice. We have been dismayed to find how inadequate is the present provision for the teaching of psychiatry in most undergraduate medical schools and we think that every effort should now be made to remedy this. Every undergraduate medical school should have a chair of psychiatry, and its associated hospitals should have the facilities and staff needed for a full range of teaching on this subject."

38. We have considered the joint submission of the Faculties of Medicine of the Universities of Otago and Auckland against the background of the opinions of this British Royal Commission the composition of which was such as to make its opinions authoritative.

39. The Faculties of Medicine of the Universities of Otago and Auckland agree with the recommendation of the Department of Health in paragraph 43 of its Second Submission to Stage II of this inquiry.

Para. 43 (page 17)—

"The Department of Health recommends that the Royal Commission endorse the view that the development of adequate university departments of psychiatry is of great importance for the future of the health services emphasizing the importance of research and service in addition to teaching functions."

40. After reviewing the existing facilities for post-graduate training in specialist psychiatry in the Universities of Otago and Auckland, the faculties recommend that registrar training posts "especially in Dunedin" be increased to the level that will provide the number of psychiatrists needed to bring the specialty up to strength. The clinical schools at Christchurch and Wellington are expected to contribute later.

41. The faculties also recommend the academic and clinical development of the following psychiatric sub-disciplines: child psychiatry, forensic psychiatry, family psychiatry, geriatric psychiatry, ethno psychiatry, and biochemical and pharmacological psychiatry. They suggest that each of the four main centres should develop their own particular interests.

42. The views expressed above in paragraph 40 are in keeping with the opinions in the "Todd Report". We do not believe however that this solution alone is sufficient in the face of the present realities and in view of the urgency of the position.

There are 31 registrarships in psychiatry in New Zealand hospitals. In 1972, 15 of these 31 posts were vacant. The only registrarships recognised by the Australian and New Zealand College of Psychiatrists for training are 6 in Otago and 8 of the 14 in Auckland. All 6 positions in Dunedin are filled in 1973: only 4 of the Auckland posts are filled. With such support the eventual output of specialist psychiatrists will not exceed 3 per year (instead of 10–20).

43. One reason for the lack of support is that some of the registrarships are not recognised by the Australian and New Zealand College of Psychiatrists and thus do not lead to specialist qualification. Non-recognition is due to a lack of facilities and of teaching staff of appropriate academic status.

44. The estimate of need for specialist psychiatrists in the next 10 years is somewhere between "over 100" and 200. This means that from 10 to 20 trainees must be recruited every year, i.e., that there will be from 30 to 60 post-graduate students involved when the scheme enters its third year.

45. Both faculties emphasise that the teaching of undergraduates is their first responsibility and that they have insufficient teaching staff for the small group teaching considered to be desirable especially in psychiatry. The Otago Faculty also reports a lack of space and facilities. Three medical lectureships (5/10) are vacant. Good applicants have been lost from lack of facilities and of opportunity for research.

46. Registrarships without teachers are useless. It is only wishful thinking to expect the Australian and New Zealand College of Psychiatrists to recognise them for specialist qualifications.

47. While we consider it desirable that the professorial units in Otago and Auckland and later in Christchurch (four registrar posts—i.e., output one per year) and Wellington should continue to develop their post-graduate training schemes, we are firmly of the opinion that their output alone will be too little, too late. What is required is a massive positive step *now*.

# AN INSTITUTE OF PSYCHIATRY

48. We recommend that consideration be given to an establishment, with the least possible delay, of an Institute of Psychiatry, (or of Psychological Medicine) in association with a university.

49. The concept is not new. It was recommended by the Goodenough Committee in the United Kingdom in 1944 and was implemented at the Maudsley Hospital by the University of London. As already noted 174 psychiatrists were in training in 1964–65 (see para. 36).

The New Zealand problem requires an institute about one-quarter of this size—accepting about 15 trainees per year.

50. The proposal is in keeping with the recommendation of the Medical Association of New Zealand and the Australian and New Zealand College of Psychiatry (para. 40.1 and 41.2 of submission No. 35) viz:

> 40.1 "That the organisation of specialist training in psychiatry throughout the mental health services be the responsibility of the Medical and Clinical Schools at Universities and that very substantial funds for this purpose over and above existing University Grants Committee financial resources be urgently provided by Government."
>
> 41.2 "We recommend that to provide for the needs of Mental Health Services at least 20 specialist psychiatrists per annum will need to be trained over the next ten years—i.e., not less than 10% of medical graduates."

51. A proposal to establish an Institute of Psychological Medicine in Auckland has been part of the published policy of the New Zealand Medical Association since 1965.

52. In a late submission (No. 69, Part 5) received after this interim report had been prepared, the New Zealand Medical Association recommends:

> "that a multidisciplinary post-graduate institute of psychological medicine be created in Auckland with the function of conducting research into mental health and mental disease and of training suitable members of mental health workers for our psychiatric services."

53. We support the establishment of an institute of psychiatry only if it is conceived as setting standards of excellence not of just adequacy.

54. New Zealand already has evidence of the fruits of such a policy in the success of the Post-graduate School of Obstetrics and Gynaecology which has, in 30 years, achieved an international reputation attracting trainees from all over the world.

55. Recommendations about hospital and related services are more concerned with people than with things. Since the quality of the service is related to the number and quality of staff it would be pointless to make recommendations as to improve services and ignore the fact that facilities do not exist to provide the necessary qualified staff.

56. We are also aware that many persons and autonomous bodies are involved in the proposal we make—the Ministers of Health and Education, Treasury, the University Grants Committee, the Department of Health, the university in the centre where the institute might be established, the Hospital Boards' Association and the hospital board involved.

57. The present shortages are so gross and the predictions of future need are so ominous that we have unanimously decided to submit this interim report in the hope that our sense of urgency will be shared and positive action will be taken immediately for the enlargement of training facilities.

58. We could not make the proposal for an institute of psychiatry unless we were satisfied that the necessary conditions for its establishment were available or potentially available in New Zealand. It was therefore necessary for us to make a detailed study of the evidence submitted as to existing, planned, and potential facilities. Having done so, we are of the opinion that the institute could and should be established in Auckland. A training scheme of this size (45 trainees) requires the largest available clinical facilities. No considerations of parochialism should be allowed to obscure the simple fact that the institute should be where it can best serve its purpose.

59. If the proposal is approved we consider it will require a special grant for its implementation since neither university nor hospital board could cover the expense within existing quinquennial grant or annual budget.

60. The academic staff required is a matter for the university to decide. We emphasise that the staff/student ratios should be optimal rather than sub-optimal as is the case in the existing undergraduate and post-graduate training schemes in psychiatry at present.

61. The key to the success of an institute of psychiatry is its academic staff. We are of the opinion that there will be no shortage

of applicants for positions if the institute is conceived with wide vision, provided with modern academic and clinical facilities, and assured of funds for research.

62. The role of the institute might change after 10 to 20 years. After the initial shortages of psychiatric specialists had been overcome the intake of trainees might be reduced to the number required for expansion and replacement. The institute would then have a special role in the training of teachers and in psychiatric research.

63. We consider the need for an institute of psychiatry is so urgent that existing buildings should be used in the meantime to accommodate it to avoid the delay involved in new construction. We express the opinion that the institute should be in Auckland. We noted on our visit to Oakley Hospital that the buildings formerly occupied by the New Zealand School of Occupational Therapy were being vacated and that the Wolfe Home was vacant. These buildings are beside the admission unit of Oakley Hospital. In our view, these buildings suitably modified, could accommodate the institute. If there are other claims on their use we consider that the institute should now be added with a high priority in the national interest.

64. It is men and women who set standards and achieve results. Buildings help but some of the best work is done in makeshift surroundings. It is of interest to note that the Post-graduate School of Obstetrics and Gynaecology made its start—and its mark—in temporary buildings in Cornwall Hospital.

65. We consider the primary function of an institute of psychiatry to be teaching and research. Some "service" commitment is desirable but it should be secondary. The staff of the institute should not be used to bolster staff shortages in the associated hospitals. The service commitments of academicians should not exceed 3/10.

66. Research in psychiatry in New Zealand has been virtually non-existent until recently. The joint submissions of the Faculties of Medicine (No. 54, p. 13) reported that the Medical Research Council gave psychiatry project grants amounting to $152 between 1962 and 1969. Since 1970 the project grants have increased; in 1972–73 projects received $28,380. This was 2.4 percent of the Government grant for that year to the Medical Research Council.

If suitable academic staff are to be attracted to an institute of psychiatry they must have an assurance of support for research.

## REGISTRAR TRAINING SCHEMES

67. The concept of many registrars in nationally understaffed specialties is not new to the Auckland Hospital Board which greatly increased its establishment in a number of specialties when a survey of staff shortages in New Zealand hospitals revealed where the deficiencies lay. It has thus already displayed a sense of national rather than local responsibility for the future (see para. 34).

68. In its own submission (No. 73, paragraph 5.2) the Auckland Hospital Board recommends "that the Royal Commission stress the urgent need for the establishment within New Zealand of additional post-graduate facilities for the training of specialist psychiatrists".

69. We are informed that graduates are prompted to seek training in specialties in which they *know* there is a shortage and therefore a good prospect of a career. However the main incentive to recruitment is the knowledge that the training programme is good, that the teachers are enthusiastic and stimulating, and that the examination results confirm the quality of the programme.

70. The training of psychiatric specialists in New Zealand has been hampered by a lack of academic staff and a consequent shortage of potential recruits prepared to undertake training in New Zealand.

71. We envisage, in an institute of psychiatry, first, an adequate academic staff with a teaching commitment of not less than one full-time equivalent to each five or six trainees.

72. Registrarships with 5/10 student status (as in Dunedin) would we think be appropriate for trainees.

73. We refer back to paragraph 47. Any development of an institute of psychiatry in Auckland or elsewhere should be without prejudice to the development and adequate staffing of training schemes in other centres.

## THE TRAINING OF OTHER PROFESSIONS

74. In making this special report on the shortage of specialist psychiatrists and in making proposals to remedy this shortage, we have not overlooked the fact that psychiatric services are seriously handicapped by the shortage of other qualified staff: nor do we seek to minimise the importance of such staff, or the gravity of the problem.

We have simply recognised that the specialist psychiatrists must play a key part in the provision of psychiatric services and that the provision of adequate training facilities and the process of training must inevitably take a period of years before any results can be obtained. Therefore this problem is the most urgent.

Moreover we believe that, once established, the institute of psychiatry could play an important part in the training of clinical psychologists, psychiatric social workers, and other allied professionals, supplementing and enriching the scattered but increasing facilities which now exist.

Nor does the emphasis which this report places on the training of specialist psychiatrists indicate that we are unmindful of the very important part which general practitioners play, and ought to play, in providing psychiatric services. On the contrary, we would hope that the institute could serve an extremely useful purpose in providing post-graduate training for general practitioners who wish to take a greater interest and expand their competence in this side of their profession.

We propose to deal with these matters in greater detail in our later reports.

75. We realise that if our recommendations are accepted and put into effect, one of the results may be that a greater proportion of medical graduates will choose to specialise in psychiatry. This inevitably must mean that a smaller proportion than at present will opt for other specialties or for general practice and we are conscious that there is at present a shortage of general medical practitioners in New Zealand, and of at least some other medical specialists. We are also conscious of the fact that we have not yet had the opportunity to survey the whole medical field and to assess all of the needs and weigh the priorities. But in the face of all this we are certain that the creation of an institute of psychiatry—

or some equivalent—would be found to be an urgent necessity, and to delay our recommendation would be contrary to the country's best interests.

76. We are also well aware that to put our recommendations into effect will cost money. We have not attempted to make any estimate of the cost, much less any cost—benefits analysis. But we hope that it will be borne in mind that expenditure on the mental health of the community is an investment of the very greatest importance and has very significant implications, human, economic, and social.

77. There has been, in the submissions made to us, a fairly unanimous insistence that the accent in psychiatric services should be moved from hospitals to the community. Whatever may be the outcome of this, it must not be supposed that such development would, in the next 20 years, significantly reduce the need for qualified psychiatrists or for the other professional personnel we have mentioned. On the contrary, it may well be found that as better services become available in the community a greater need may become apparent than has hitherto been realised.

78. If an institute of psychiatry were to commence an intake of trainees in 1974 it would be at least 4 years before trainees were available to serve as specialists and 5 years before they obtained full status, i.e., 1979.

In effect the prediction, made in 1969 by the Department of Health that 100 additional psychiatrists would be required before 1979, cannot be achieved solely by training within New Zealand even if an institute of psychiatry is established in 1974 with a full intake of trainees.

79. In the circumstances it is essential that all three methods of recruitment which we have examined be followed with the utmost energy for the next 10 years, viz:

(a) Recruitment overseas.

(b) Recruitment of New Zealand graduates who are training or have trained overseas.

(c) The establishment, forthwith, of an institute of psychiatry in New Zealand.

# SUMMARY AND RECOMMENDATIONS

1. There is a gross shortage of specialist psychiatrists in New Zealand. Estimates of need for more vary from "over 100" in the next 7 years to 200 in the next 10 years. We accept the latter figure.

2. The only training schemes in New Zealand approved by the Australian and New Zealand College of Psychiatrists (which grants the appropriate post-graduate qualification) are the registrar training schemes at the Otago and Auckland Hospital Boards in association with the local Faculties of Medicine of the universities.

3. The output of such training schemes (14 approved posts) will not exceed 4 specialists per year at the current rate of recruitment.

4. We support the estimate that from 10 to 20 more specialists are required per year for the next 10 years (i.e., from 30 to 60 training posts in total).

5. While we support the maintenance, by each medical and clinical school, of registrar training schemes approved by the Australian and New Zealand College of Psychiatry, we are convinced that their output cannot, even with improved levels of academic staff, meet these requirements.

6. We therefore recommend the establishment of an institute of psychiatry (or a post-graduate school of psychiatry) in Auckland.

7. We recommend that our views be brought to the notice of those concerned without delay.

8. In our final report on "psychiatric services" we shall draw attention to measures which may help to tide over what is in fact a state of grave emergency for the next 10 years. It is clear that during that period recruitments from overseas, especially of New Zealanders who have trained or are training overseas, will need to be pursued with the utmost energy.

NOTE—Since this report was written the Royal Commission has been advised that it is to be dissolved on 9 March 1973. We have however submitted this report in its original form.

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