



# REVIEW NSW INSTITUTE OF PSYCHIATRY

Dr Tim Smyth  
August 2013

---

GUYRA ARDEE PTY LTD ABN 46 095 832 778

---

## Table of Contents

<b>BACKGROUND TO THIS REVIEW</b>	<b>3</b>
<b>WHAT DID THIS REVIEW CONCLUDE?</b>	<b>4</b>
<b>WHAT OUTCOME IS RECOMMENDED BY THIS REVIEW?</b>	<b>5</b>
<b>RECOMMENDATIONS OF THIS REVIEW</b>	<b>5</b>
<b>CREATION OF THE INSTITUTE</b>	<b>8</b>
<b>WHAT IS THE NSW INSTITUTE OF PSYCHIATRY?</b>	<b>9</b>
<b>GOVERNANCE OF THE INSTITUTE</b>	<b>10</b>
<b>INSTITUTE OBJECTS UNDER THE ACT</b>	<b>11</b>
<b>OTHER RECENT REVIEWS OF THE INSTITUTE</b>	<b>13</b>
<b>WHAT COURSES AND PROGRAMS DOES THE INSTITUTE CURRENTLY PROVIDE?</b>	<b>14</b>
<b>WHAT DID PEOPLE INTERVIEWED SAY ABOUT THE INSTITUTE?</b>	<b>16</b>
<b>WHAT CHANGES ARE RECOMMENDED AND WHY ARE THEY REQUIRED?</b>	<b>18</b>
<b>FIXING THE GOVERNANCE</b>	<b>18</b>
<b>ALIGNMENT WITH HETI AND LINKAGE WITH UNIVERSITY SECTOR</b>	<b>18</b>
<b>PSYCHIATRY TRAINING</b>	<b>20</b>
<b>COMMUNITY AND CONSUMER EDUCATION</b>	<b>21</b>
<b>BUSINESS DEVELOPMENT AND OPERATIONAL EFFICIENCY</b>	<b>21</b>
<b>WHY NOT SIMPLY AMEND THE CURRENT ACT?</b>	<b>22</b>
<b>WHY NOT SIMPLY TRANSFER IT TO A UNIVERSITY?</b>	<b>23</b>
<b>KEY RISKS</b>	<b>24</b>

## Background to this review

In May 2013 the Mental Health Commission of NSW engaged Dr Tim Smyth to undertake a functional review of the NSW Institute of Psychiatry (IOP). This review forms part of the ongoing work of the Commission under its Charter to, “review the work of academic and other institutions receiving mental health funding and prepare advice to the Minister on how activity might be better coordinated to meet the needs of current and future mental health care in NSW”.

In undertaking the review of the IOP, Dr Smyth was requested to consider:

- the extent to which the Institute of Psychiatry’s current activities reflect the role described under its Act and the extent to which the objects of the Act remain relevant;
- the role of the Institute of Psychiatry as described under the Act in view of changes across the NSW Health system since 1964, including changes in mental health education and training and the creation of the Mental Health Commission of NSW; and
- the extent to which the Institute of Psychiatry’s current functions require a specialised institute having regard to, but not limited to:
  - overlap and duplication with other education providers;
  - how competitive the Institute of psychiatry is within that space; and
  - the ongoing feasibility of meeting resourcing and capacity requirements of a specialised institute model.

The consultant met with senior staff of the IOP and interviewed the Chair and a number of members of the Institute’s “board”<sup>1</sup>, senior officers of the NSW Ministry of Health, heads of the NSW university Schools of Psychiatry, representatives of the NSW Branch of the Royal Australian and New Zealand College of Psychiatrists (RANZCP), the Chief Executive Officer of the Health Education and Training Institute (HETI), the Chair of the IOP Academic Board and the Executive Director, Brain and Mind Research Institute.

The consultant was provided with detailed background information on the IOP, its courses, other activities and student cohort. The assistance provided to the consultant by the IOP staff and, in particular, Ms Gail Gregory, Director Corporate Business and Ms Ros Montague, Chief Executive Officer, was very much appreciated.

---

<sup>1</sup> While commonly referred to as the “Board”, the New South Wales Institute of Psychiatry Act 1964 does not establish a Board as such. The Act constitutes the Institute itself as a body of 11 members (the Director and 10 members appointed by the Minister).

## What did this review conclude?

The **key findings** of this review are:

1. The Institute under its current governance and separate Act of Parliament should not continue longer term.
2. There is a need to maintain a capability in NSW to provide high quality training and professional development for the mental health workforce.
3. There are a growing number of providers of mental health training and professional development in both the university and non university space, but the market has not matured to a stage where the NSW government can rely on this "market" to meet all of its needs, especially in relation to:
  - a. necessary core training of NSW public sector mental health workforce;
  - b. including desired NSW Government mental health policy directions in the training;
  - c. retaining flexibility and responsiveness to particular needs;
  - d. cost effectiveness; and
  - e. maintaining reasonable student/course fees.
4. Having a body that can provide best practice, evidence based professional development for the mental health workforce at a system wide level, rather than leaving this responsibility to Local Health Districts and their mental health services to source and provide, is both appropriate and necessary.
5. The Tertiary Education and Quality Standards Agency (**TEQSA**) national accredited higher education provider status achieved by the Institute is an asset that should be retained.
6. There is a need to review the Institute's role in the content, delivery and approach to postgraduate training in psychiatry in NSW.
7. Overall, the education provided by the NSWIOP is of high quality and valued by students and mental health services.
8. While mental health education, training and professional development still needs assertive support and funding by the NSW health system, there are costs in it being 'siloed'. These include administrative and infrastructure costs associated with having a standalone entity, the duplication of expertise and capability in course development, electronic learning and material production, and the needs of mental health services not being considered and resourced by generalist health education providers due to the existence of a standalone entity.
9. Subject to appropriate governance and monitoring, mental health education, training and professional development can be strengthened by aligning and linking it with:
  - a. the Health Education and Training Institute (**HETI**) and other health education providers to sensitise and inform other professions and health worker roles on mental health issues and best practice; and

- b. with universities to strengthen pathways from undergraduate degrees to postgraduate training, to strengthen academic and research input into mental health education and training, to leverage from adult learning best practice and to support the development of Academic Health Centres in NSW.
10. To minimise disruption to the current and 2014 intake of students undertaking an accredited course, and to psychiatry trainees, a transition program of up to 3 years will be required to move to the outcome recommended by this review.
11. A transparent transition plan, with clear ongoing accountability and reporting mechanisms overseen by the Mental Health Commission of NSW, is required to address concerns raised that a move from a standalone entity may lead to a diminution of effort or of focus on the particular needs of mental health services.

## What outcome is recommended by this review?

**The review recommends an appropriately governed and monitored transition, overseen by the Mental Health Commission of NSW, from the current Institute under its own Act of Parliament to a highly regarded professional provider of comprehensive, best practice mental health education and training, accredited as a national higher education provider by TEQSA, and organisationally part of a distinct mental health education and training portfolio within the Health Education and Training Institute.**

## Recommendations of this review

To achieve the outcome recommended by this review, a **transition plan** should be developed by a joint working group with representation from the Institute, the NSW Ministry of Health, HETI and the Mental Health Commission of NSW.

The implementation of this transition plan should be oversighted by the Mental Health Commission of NSW, with the key steps and a monitoring and reporting framework included in the Service Compact between the Director-General and HETI.

The transition plan should include the following elements:

1. The Mental Health Commission of NSW and the Director-General recommend to the Minister for Mental Health that legislation be introduced into the NSW Parliament to repeal the NSW Institute of Psychiatry Act with a commencement date for the repeal to be subsequently determined by the Minister. The legislation should provide that the assets of the Institute transfer on repeal of the Act to another NSW statutory body providing mental health education and training, determined by the Minister.

2. The Minister for Health make directions to HETI under s53(2)(a) of the Health Services Act (with these reflected in the NSW Ministry of Health's Service Compact with HETI) requiring the CEO to establish and maintain a formal and distinct mental health education and training portfolio (**MHETP**) within HETI, advised by an external skills based group appointed by the Director-General, in consultation with the Mental Health Commission of NSW. HETI should engage the current Institute as a provider of educational and training for this portfolio, pending full implementation of the transition plan.
3. Discussions with TEQSA commence to determine agreed strategies to retain the current TEQSA accreditation during the transition with a view to HETI achieving this higher education provider (**HEP**) accreditation as soon as possible. The strategies should include:
  - a. maintenance of TEQSA accreditation of current Institute courses during the transition (including, if required, temporary accreditation of courses under a university);
  - b. transfer of the current TEQSA accreditation of the Institute to the new mental health education and training portfolio within HETI, pending full accreditation of HETI;
  - c. transfer of the current TEQSA accreditation of the Institute to another statutory body within the health portfolio, pending full accreditation of HETI.
4. Subject to the outcome of discussions with TEQSA and maintaining the HEP accreditation of the current Institute courses (ensuring that no students are disadvantaged in the process), agree a timetable (supported by TEQSA) to merge the Institute with HETI and repeal the Act by December 2014.
5. If TEQSA accreditation of the Institute's courses cannot be maintained under a merger with HETI and/or HETI accreditation as a HEP is not possible to be achieved by December 2014, an Institute of Mental Health Education (**IMHE**), be established as a Board governed statutory health corporation under the Health Services Act from 1 July 2014 (with a view to a subsequent merger with HETI) and the repeal of Institute of Psychiatry Act occur with effect on 1 July 2014 with the assets of the Institute transferred to the new IMHE. (With TEQSA agreement, the current HEP accreditation of the Institute would transfer to the IMHE).
6. To facilitate the merger with HETI:
  - a. HETI provide administrative and corporate services support to the Institute from 1 January 2014 under a services agreement (and if required to the IMHE from 1 July 2014); and
  - b. the staff in the NSW Institute of Psychiatry Division Special Employment Division of the Government Service under the Public Sector Employment

and Management Act 2002 be transferred to the NSW Health Service under the Health Services Act from 1 January 2014, managed by the CEO of HETI, as part of the HETI MHETP, under delegation from the Director-General.

7. An external review of the medical postgraduate psychiatry training needs for New South Wales be auspiced by the Mental Health Commission of NSW, in conjunction with the College and HETI with a view to an invitation to the "market" in 2015 for training providers (including providers of the College Formal Education Course) to commence in 2016.
8. HETI, in consultation with the Mental Health Commission of NSW and Local Health District Mental Health Services develop a NSW Health Mental Health Workforce Education and Training Plan.
9. The community mental health education activities of the Institute, HETI MHETP and/or IMHE be informed and guided by the Mental Health Commission of NSW.
10. The Institute review its current courses and programs to identify opportunities to rationalise courses, develop common subjects with greater student numbers across courses and to implement a smaller number of generic programs with opportunities for students to select majors within these programs.
11. The Institute review the composition of the Academic Board to strengthen its external membership and build the external course advisory network.
12. A commercial business plan be developed to enable the Institute, HETI MHETP and/or IMHE to become less reliant on government subsidy in the longer term (noting that they are unlikely to be fully self funded in the longer term).
13. An EOI/RFP is developed and issued to NSW Universities in late 2014 with a view to a formal linkage between the HETI MHETP and/or IMHE and a University (or university consortia) from July 2015 (perhaps along the lines of the Centre for Rural and Remote Mental Health in Orange with the University of Newcastle).
14. A review of the Fellowships program occur in 2014, but the concept of funded Fellowships be retained with the NSW Ministry of Health resuming a subsidy payment for Fellowships in July 2014.
15. The Institute, HETI MHETP and/or IMHE continue to attract contracted work from other Commonwealth and State/Territory governments and organisations and the NSW Ministry of Health permits retention and use of this contract revenue by HETI MHETP and/or IMHE.

16. The NSW Ministry of Health resume an agreed core subsidy payment to the HETI MHTEP and/or IMHE/MH from July 2014.
17. HETI MHTEP and/or IMHE actively explore becoming a contracted provider of mental health education and training to other NSW government agencies, especially in the Police and Justice and Family and Community Services clusters.
18. The name Institute of Psychiatry be retained as a brand and registered as a business name of HETI and/or the new IMHE.

## Creation of the Institute<sup>2</sup>

The Institute was created in 1964. A number of significant changes in mental health and psychiatry training were also occurring around that time.

These changes included the then new Mental Health Act 1958, the Royal Commission on Matters Affecting Callan Park Mental Hospital (1961-1962), the commencement of de-institutionalisation of the old 5<sup>th</sup> schedule psychiatric hospitals and the establishment of the Australian and New Zealand College of Psychiatrists in 1963<sup>3</sup> (replacing the Australasian Association of Psychiatrists (AAP), which had been officially formed in 1946).

Prior to 1965, only a few Australian universities offered formal psychiatric qualifications (Diplomas in Psychological Medicine), and it was necessary for most doctors wishing to train in psychiatry to relocate interstate or overseas. In the 1950s, the AAP moved to establish its own formal qualification, the Diploma of Psychological Medicine (**DPM**) administered by the Association, after unsuccessful attempts to have a university recognise the Association's curricula. The first AAP exams were held in 1962.

The NSW Government supported the establishment of a training institute for psychiatrists in NSW leading to the passing of the *NSW Institute of Psychiatry Act 1964*. With the establishment of the IOP, the new IOP adopted a syllabus for the DPM and commenced training.

From its beginnings, the IOP had a strong connection with the College. Early members of the Institute included Professors David Maddison and Leslie Kiloh and Drs Ian Simpson, Brian Shea and Jack Russell. Professor Maddison was a significant player in psychiatry education and, subsequently, medical education in Australia.

---

<sup>2</sup> Some of the background material is sourced from the publication, *Menders of the Mind*, W.D. Rubinstein and Hilary L. Rubinstein 1996.. Available on RANZCP website.

<sup>3</sup> Royal College status was attained in 1978.



The Institute also served as the centre for most of the College's NSW Branch functions as well as providing office space for the Branch secretariat for many years.

The consultant notes that the Institute has played an important role in NSW mental health over the past 50 years. In moving to a new role and organisational status recommended by this review, it is essential that this role and the contributions made by past and present Members and staff is recognised.

## What is the NSW Institute of Psychiatry?

The Institute is a statutory body established under a separate Act of the NSW Parliament, the *NSW Institute of Psychiatry Act 1964*. The Act received royal assent on 27 November 1964.

Originally located in the Kirkbride Building at Rozelle Hospital, the IOP relocated to the Cumberland Hospital campus in 1994. The Institute is a major provider of mental health education and training. While the majority of course participants work in NSW mental health services, many participants come from interstate. For some courses, the Institute is the sole provider in Australia.

The Institute is an accredited higher education provider<sup>4</sup> with the national Tertiary Education Quality and Standards Agency (**TEQSA**), offering accredited courses at Graduate Certificate, Graduate Diploma and Master levels. There are currently 245 students working towards an accredited qualification through the Institute.

A wide variety of workshops, other short programs of continuing professional development and customised courses are also provided. Courses are provided for medical, nursing and allied health professionals and for mental health consumer organisations.

The Institute has successfully established contracts to provide mental health education to health and education services in other States.

A significant current contract is with the Commonwealth Department of Health and Ageing to provide training, service development and network coordination for the Australian Mental Health Outcomes and Classification Network (AMHOCN).

---

<sup>4</sup> This accreditation articulates with the university sector both nationally and internationally and is a significantly higher level than that of a registered training organisation (RTO).

The Institute is a major (but not sole<sup>5</sup>) provider of the core education component for the RANZCP psychiatry registrar basic training in NSW and the provider of core education for advanced training in child and adolescent psychiatry.

The Institute has a core staff of 29 FT and 16 PT, supported by a large number of visiting lecturers. In keeping with NSW government policy, the Institute is not the employer of staff, with staff being part of the Government Service of NSW under the *Public Sector Employment and Management Act 2002*<sup>6</sup>.

In 2011/2012, expenditure was \$7.092M against an income of \$8.387M. Core funding from the NSW Ministry of Health was around \$2.2M (25%), course/workshop fees provided \$1.7M (20%) and contract/project income \$3.9M (46%).

Due to an accumulated surplus of over \$8M as at 30 June 2012, the NSW Ministry of Health has ceased providing core funding to the Institute. The Ministry advised the Institute in April 2013 that the Ministry anticipated that the Institute's accumulated funds would be used to support the following core program areas in 2012/13:

- Core infrastructure and administration \$1.132M
- Fellowship Program \$1.045M
- GP program \$0.421M
- Master of Psychiatry program<sup>7</sup> \$0.387M
- Accredited Persons program \$0.056M.

The Fellowship Program provides salary support for approved applicants undertaking agreed research, clinical or other projects. The majority of approved applicants are psychiatry registrars undertaking advanced training.

### Governance of the Institute

The Act establishing the Institute does not reflect modern corporate governance or current public sector governance for statutory bodies. While establishing a body corporate and setting out objects, the Act does not provide a clear accountability and governance framework.

Unlike more modern statutes creating statutory authorities, the Act does not establish the body and also provide for the appointment of a Board, a Chief Executive and an internal governance structure. The Act creates a statutory body with 11 "Members" – the Director of the Institute, 3 persons appointed by the Minister, 6 others appointed by

---

<sup>5</sup> The other provider is a program run by the Hunter New England Local Health District in conjunction with the University of Newcastle and the Hunter Institute of Mental Health.

<sup>6</sup> The PSEM Act 2002 creates a NSW Institute of Psychiatry Division as a Special Employment Division of the Government Service. The Head of this Division is the Director-General of the NSW Ministry of Health.

<sup>7</sup> Basic training program for psychiatry registrars.

the Minister from nominations made by specified bodies and a senior officer of the NSW Ministry of Health.

Contrary to best practice governance for a statutory authority and business enterprise, the Members are based on a stakeholder representation model, rather than on the skills mix required by the organisation.

The Institute is not subject to the direction and/or control of a Minister. The Act does not make clear the reporting relationships for the Director of the Institute, and the internal governance is further complicated as the Institute is not the employer of the staff.

Other than being the head of the NSW Institute of Psychiatry Division of the Government Service under the *Public Sector Employment and Management Act 2002*, the Director-General has no direct functions or powers in relation to the Institute.

The consultant did note that an academic governance mechanism was in place with an Academic Board for the Institute, chaired by Professor Tony Baker from UTS. The Board grew out of an earlier external advisory committee.

All persons interviewed agreed that the current Act was an anachronism and, if the Institute was to continue as a separate legal entity, the Act should be extensively amended or replaced to reflect modern government policy and best practice corporate governance.

### **Institute objects under the Act**

Section 4 of the Act sets out the objects of the Institute.

- (1) The objects for which the Institute is established are:
- (a) to assist and foster research and investigation into the causation, prevention, diagnosis and treatment of mental illnesses and disorders,
  - (b) to assist and foster post-graduate education and training in psychiatry,
  - (c) to prescribe programmes of training in psychiatry for medical practitioners to meet the requirements and standards of authorities which are recognised by the Institute and which conduct examinations for post-graduate degrees and post-graduate diplomas in psychiatry,
  - (d) to prescribe programmes of training in psychiatry for medical practitioners, and for other persons approved by the Institute,
  - (e) to prescribe programmes of training in mental health for non-medical groups approved by the Institute,
  - (f) to provide training for the purpose of carrying out any of the programmes of training prescribed by the Institute pursuant to paragraph (c), (d) or (e),
  - (g) to co-ordinate, as far as is practicable, programmes of research and investigation into the causation, prevention, diagnosis and treatment of mental illnesses and disorders,

- (h) to award fellowships for training or research in psychiatry or allied disciplines,
- (i) to promote visits from other States or countries by lecturers in psychiatry or allied disciplines,
- (j) to promote mental health education in the community.

Based on the current programs of the Institute and the interviews conducted, the consultant would rank achievement of the above objects as:

Level of achievement	Objects
LOW	a, g, i
MEDIUM	c, d, e, f, h, j
HIGH	b

Key observations are:

- the Institute does not undertake significant research and is not equipped to do so
- while the Institute provides a large number and wide range of training programmes, it does not appear to “prescribe” programs of training as suggested in objects c, d and e.
- in relation to the basic training and advanced training components of psychiatry registrar training, the core content is determined by the RANZCP rather than the Institute.

It is also interesting to note that staff of the Institute provided the consultant with a conceptually different outline of the Institute’s mission, goals/priorities and educational philosophy:

*MISSION: The NSWIOP provides a quality learning and research environment to the mental health workforce and the wider community.*

**GOALS/STRATEGIC PRIORITIES:**

1. To provide education that promotes mental health
2. To provide broad access to mental health education
3. To deliver high quality mental health education
4. To support the development of a sustainable mental health workforce
5. To influence support and promote development and delivery of National and State mental health policies.

**EDUCATIONAL PHILOSOPHY:**

*The NSWIOP programs provide an integration of contemporary knowledge with clinical skills and ethical practice.*

From its beginnings in 1964, it appears that the Institute has moved from being primarily a body set up to provide training in psychiatry for doctors and other health professionals and to assist and foster research into mental illness and treatments, to a body that provides a diverse range of mental health education to a broad mental health workforce.

The consultant notes that this is not a criticism. However, it reinforces the need to re-examine the appropriate future role for the Institute and the need to revise and/or replace the current Act.

### **Other recent reviews of the Institute**

The consultant was advised that PwC undertook a review in 2006. The Institute commissioned Ernst & Young to review the financial systems. This review reported in August 2011. Greg Masters of Nexus was engaged in 2011 to review the organisational structure. Greg presented a draft report to the staff of the Institute in October 2011.

While most of the Ernst & Young review recommendations have been implemented, very few of the PwC or Nexus recommendations have been actioned.

The PwC and Nexus recommendations included stronger strategic and business planning, building commercial, marketing and business development skills, a revised organisational structure and performance management system and portfolio and program budgeting.

It was evident to the consultant that there is a need to develop a clear strategy for the future of the Institute. The cessation of funding to the Institute from the NSW Ministry of Health has added to the uncertainty about the future. Staff and “Members” of the Institute are keen to have the way forward for the Institute clearly articulated and then implemented to provide certainty for both students and the Institute.

## What courses and programs does the Institute currently provide?

The Institute's 2013 Postgraduate Course Handbook is an impressive document outlining courses in:

- Psychiatry and General Practice
- Perinatal and Infant Mental Health
- Child and Adolescent Mental Health
- Family Therapy
- Adult Mental Health
- Older Person Mental Health.

25 courses are available, including 13 Masters, 6 Graduate Diplomas and 5 Graduate Certificates.

The courses comprise a total of 65 units. Some of these units are also available as stand alone units for students not wishing to enrol in a postgraduate course.

In addition, the Institute provides a wide range of workshops, customised courses and consumer, carer and community education programs.

There is a growing incorporation of e learning tools, online self directed learning and CDs and use of podcasts, videoconferencing, webinars and other communication technology. Distance learning is encouraged through computer based distance learning packages, linked with on campus workshops/study blocks and teleconferences. The Institute uses Moodle as its e learning resource platform.

Fees charged in 2013 were \$1,830 per course unit for most courses.

Psychiatry registrars undertaking the Master of Psychiatry or Postgraduate Course in Psychiatry pay \$7,350 per year, as do psychiatry registrars undertaking advanced training in the Child, Adolescent and Family Psychiatry.

The Institute is the sole provider in NSW for many of these courses, and for some courses, the sole provider in Australia – particularly in the areas of perinatal and infant mental health and family therapy.

The Institute is the major NSW provider of the RANZCP formal education course for basic training for psychiatry registrars and is currently the sole NSW provider of the RANZCP formal education course for advanced training in child and adolescent psychiatry.

In the medical courses, there are currently 126 students:

- 97 registrars doing the Master of Psychiatry/PCP<sup>8</sup>
- 10 registrars doing advanced training in Child, Adolescent and Family Psychiatry
- 19 GPs doing a Grad Cert, Grad Dip of Master of MH.<sup>9</sup>

In the multidisciplinary courses there are currently 165 students:

- Perinatal and Infant 58
- Child and Adolescent 49
- Family Therapy 25
- Adult Mental Health 14
- Older Persons Mental Health 19.

The Institute runs a large number of customised workshops and programs. Some of these are in response to specific requests from the NSW Ministry of Health or Local Health District mental health services.

Others are developed to provide education and training for community organisations, consumers and carers and other government agencies (NSW, other states and Commonwealth). Participant numbers in these programs vary according to the target audience.

Under contracts with AusAID, the Institute also provides training in mental health in Papua New Guinea and the South Pacific region.

The Fellowship program has existed for many years. The Institute had received funding of \$1M each year from the NSW Ministry of Health for this program. With the cessation of this funding, the Institute has allocated \$600,000 to the Fellowship program in 2013/14.

While Fellowships are allocated on a competitive submission process, they are now, in effect, providing salary support for advanced trainees in psychiatry undertaking agreed projects. Eleven Fellowships have been allocated in 2013/14.

In past years, the Department of Ageing, Disability and Home Care had also allocated funding for Fellowships in intellectual disability.

---

<sup>8</sup> Additional registrars are doing their basic training core education with the HNE LHD program in Newcastle.

<sup>9</sup> The only course of its type in Australia and accredited with RACGP, ACRRM and GPMHSC.

## What did people interviewed say about the Institute?

Overall, the people interviewed by the consultant were very positive about the Institute's courses and programs.

Positive features highlighted included:

- TEQSA accreditation of the formal courses, the employer and international recognition that this gives to graduates for career development and the ability to articulate the qualifications gained with other higher education providers.
- the quality of the courses, their overall academic rigour and the involvement of the Academic Board.
- the increasing use of e learning tools and availability of distance education.
- the relevance, practicality and flexibility of the workshops and special programs.
- responsiveness of the Institute when asked to put together a special workshop or training program
- the integration of theory and practice into the courses
- the fee structure.
- the availability of Fellowships

There was very strong agreement that direct government support of, and involvement in, mental health education and training was required. Neither universities nor commercial providers of education can meet the needs, either in content or cost effectively.

The availability of a body like the Institute to develop workshops, training programs and courses at short notice in response to both short term and high priority needs of the NSW health system was highly valued. The workshops, training programs and courses are also able to incorporate both theory and practice. It was also noted that this availability enabled government to incorporate its priorities, policies and other requirements into this training.

Many examples of this responsiveness and the value of the Institute to Local Health Districts and to the NSW Ministry of Health were provided to the consultant - for example, resource and training material on new mental health legislation, the Accredited Persons training program and programs for induction and training of staff for new clinical services and units.



A number of issues were raised in the interviews. These included:

- the difficulties experienced in getting to the Cumberland campus for face to face learning
- a perceived trend by some of a dilution of the depth of experience of teaching staff in some units
- the lack of active involvement in research
- a perception by some that the Institute was responding to demand and teaching to curricula determined by others, rather than actively informing, challenging, innovating and driving evidence based mental health practice
- continued reliance on didactic lectures in the medical courses
- a relatively low participation rate by mental health nurses in general adult mental health services
- very low penetration into general practice.

In relation to the operation and governance of the Institute, there was strong agreement that the governance needed review and that the current Act was anachronistic.

On the commercial side, the lack of a transparent program and course budgeting, costing and resource allocation process was noted, together with the need for a commercial business plan and marketing and business development capability. This had been brought sharply into focus by the cessation of the Ministry of Health's core funding.

Opportunities to gain more revenue and for the Institute to play a greater role in mental health education in other sectors were highlighted to the consultant – especially in the police, courts, family and community services and school education portfolios.

A small number of people interviewed were much more critical of the Institute, arguing that it had “served its initial purpose” and that times have changed and something different is required.

These criticisms centered around four areas:

- the psychiatry registrar training program
- the significant subsidy that had been provided to the Institute by the NSW Ministry of Health
- the “boutique” nature of the courses provided
- the “isolation” of the Institute and the lack of a formal association with the university sector.

The critics, however, also made the point that there was a need to ensure that NSW retained a strong mental health education and training capability. No-one advocated simply closing the Institute.

## **What changes are recommended and why are they required?**

The changes recommended by the consultant in this review can be grouped into five themes.

### **Fixing the Governance**

There is clearly a need to align the governance of the Institute with modern governance practice and government policy for statutory bodies.

While perceived independence from government can be regarded as a ‘positive’ by some, it will be the quality and relevance of the courses, programs and workshops that will determine whether students enrol and other bodies contract with the Institute for projects.

As there has been a significant public investment in the Institute and if a subsidy is to resume as recommended by this review, the governance needs to be overhauled with clear linkages to the Minister and to the Director-General, and a skills-based “Board”.

Current NSW government policy in NSW is to reduce where possible the number of statutory bodies and to bring them within the broader cluster arrangements within the NSW public sector.

The retention of a separate statutory authority under its own Act of Parliament can only be supported if there is a clear public policy need for such independence.

The consultant does not see such a need and it is now appropriate to bring the Institute within the health cluster.

### **Alignment with HETI and linkage with university sector**

The consultant sees benefits to both the mental health sector and to the other parts of the health system if there was a closer alignment between HETI and the Institute.

An alignment with HETI will provide an opportunity to “sensitise” other health education and training programs auspiced by HETI with a mental health context and assist in developing a partnership and stronger teamwork between mental health staff and other health care professionals.

A linkage with HETI will also provide opportunities to share administrative costs and corporate and other support services.

HETI, to date, has not played a major role in mental health professional development and training of mental health staff, other than psychiatry registrars.

HETI (and an earlier body, the Institute of Medical Education and Training - IMET) has an active role in psychiatry registrar training. The 2005 Review of the Delivery of Psychiatry Training in NSW recommended the commencement of a networked approach to training across NSW. IMET, and subsequently HETI, was given the task of coordinating this program. A further review was undertaken in 2009.

There are 5 training networks in NSW. The NSW Institute of Psychiatry provides the core education component for 4 of these networks (the 5<sup>th</sup> being the Hunter New England Network). HETI funds a number of positions to support psychiatry training in NSW at a State, Network and local level.

When an alignment with HETI was raised with people interviewed a key concern was that mental health education and training would not get the priority and focus required within HETI. This concern was based on strong perceptions that HETI was primarily involved in acute hospitals and acute health, with little involvement in community based health services and mental health.

Acknowledging the concerns raised, the consultant is recommending that HETI establish a distinct mental health education and training portfolio (**MHETP**) and that the CEO of HETI, and the portfolio, be advised by an appropriate skills-based group.

The MHETP would be established by a formal direction of the Minister made under s53(2)(a) of the Health Services Act 1997. The Ministerial direction would include the establishment of a skills based expert external advisory group and the maintenance of a separately identified budget for the MHETP. Members of the external expert advisory group would be appointed by the Director-General, in consultation with the Mental Health Commission of NSW.

A linkage with a university (or universities consortium) would also be beneficial. This would assist in maintaining a strong academic rigour, facilitate the two way adoption of mental health research findings, adult learning innovation and mental health service delivery practice, strengthening of the teaching faculty and development of new courses and programs.

While the arrangement for the Centre for Rural and Remote Mental Health in Orange is a model to be considered, this model has the Centre as an operational unit of the University.

Due to the large number of universities now involved in both undergraduate and postgraduate mental health education and training for doctors, nurses and allied health professionals, and diversity of their strengths and focus, it is unlikely that one university

would provide a complete “fit” with the work of the Institute/HETI MHETP. An EOI to see what interest there is in such a linkage and the models that might be proposed would appear to be an appropriate next step.

### Psychiatry training

The RANZCP introduced a competency based Fellowship training program for new entrants in 2012. The program will replace the former 2003 program (3 year basic training and 2 years advanced training) by end 2015. The new program has three stages – Stage 1 twelve months, Stage 2 two years and Stage 3 two years.

The College accredits providers of its “Formal Education Courses” (**FEC**). The FEC complements that registrar placements, supervised clinical training and other learning components of the Fellowship program.

The College has accredited the Institute for basic training FEC and for child and adolescent advanced training FEC. As noted earlier, the HNELHD in conjunction with the University of Newcastle is also a College accredited provider of the basic training FEC.

The College has not, to date, accredited other providers. The consultant understands that the Brain and Mind Research Institute has explored gaining such accreditation.

Up until 2012/13, the NSW Ministry of Health provided a direct subsidy of around \$400,000 for the basic training FEC and an indirect subsidy of around \$200,000 to the Child and Adolescent advanced training FEC.

While all College Fellowship programs receive very significant support and indirect subsidies through registrar training positions, teaching, infrastructure and other support from Australian health services, it is the exception, rather than the rule, for a direct subsidy of a College education course.

There is a clear interest of the NSW health system, and the Mental Health Commission of NSW, in ensuring and supporting high quality training of the medical mental health workforce. Addressing the medical mental health workforce recruitment, retention and distribution issues remain a high priority.

While acknowledging the importance of not disrupting the career plans of current and future candidates for the College Fellowship program, and recognising the reality that the College Fellowship will remain the primary pathway for medical graduates wishing to be recognised as specialist psychiatrists by the Medical Board of Australia and Medicare Australia, the consultant recommends that this review of the Institute be used as a catalyst to review medical postgraduate psychiatry training in NSW.

The review could be auspiced by the Mental Health Commission of NSW, and undertaken in conjunction with the College and HETI. The review might explore other training models, the development of other categories of medically qualified mental

health professionals, the interaction with training of GPs, new categories of advanced training and the availability of other providers of the College FECs.

The review will also provide an opportunity to explore the appropriate role that the Ministry should play with direct subsidies of training programs and the future role of the Institute and HETI in psychiatry registrar training.

### **Community and consumer education**

While the Institute provides education to consumers, carers and families and to community organisations on mental health issues, and this is valued by participants, it is a small part of the Institute's operation and conceptually, a different context for training content and delivery from the other courses and programs.

However, there is a risk in separating community and consumer education from the Institute, particularly as it is important to incorporate the perspectives and needs of people living with mental illness and their "lived experience", and the needs of their families and carers, in the training and professional development of the mental health workforce.

With the establishment of the Mental Health Commission of NSW and its legislative remit in relation to community education and consumer support, it is appropriate that the MHC prioritise and guide community and consumer mental health education.

Future community and consumer mental health education programs planned by the Institute, MHETP and/or IMHE should be informed by, and guided by, the Mental Health Commission.

### **Business development and operational efficiency**

The Ernst & Young review and the cessation of the Ministry of Health subsidy in 2012 have brought this issue into focus for the Institute. With the heavy demands on the health budget, it is essential that the Institute explore opportunities to improve its operational efficiency and to responsibly increase revenue while maintaining quality services.

The current annual salary costs for the Institute (including overheads) are around \$5M. A proposed restructure would add a further \$365,000 to this cost.

Significant effort is being put into developing a program budgeting and reporting system and this should be accelerated. Early data indicates that, using only direct costs and revenues, 6 of the 9 major programs run at significant deficits. This costing excludes significant infrastructure and other overheads which, if added, would mean all programs require a substantial subsidy.

Projects and external contracts present a more positive picture with project income of \$2.72M projected in 2013/2104 making a net contribution to the Institute's operational costs of around \$200,000. However, current projected project income in 2013/2014 is much lower at \$1.16M.

Senior staff and others interviewed agreed that there are opportunities for the Institute to gain more project income, to selectively increase course fees and to develop short courses and other programs that would generate a surplus. The example of the Hunter Institute of Mental Health was given a number of times.

However, all agreed that the Institute lacks an experienced and dedicated business development and marketing team to explore and exploit these opportunities.

The recommendation made that HETI, in conjunction with the Mental Health Commission of NSW and Local Health District Mental Health Services develop a NSW Health Mental Health Workforce Education and Training Plan, will help inform the business development and marketing strategy.

With 25 accredited courses and 63 units of study, there is an opportunity to explore opportunities to rationalise courses, develop common subjects with greater student numbers across courses and to implement a smaller number of more generic courses with opportunities for students to select majors within these programs. Such a review should lead to greater economies of scale, attract more students and provide greater flexibility to respond to changes in demand and emerging training needs.

Alignment with HETI, sensitively handled, should generate efficiencies in administrative support and corporate and other "back office" functions, potentially freeing up funds to strengthen the training programs and support the business development and marketing function.

The consultant again notes however, that a continuing subsidy will be required for the foreseeable future and hence has recommended that, subject to completion of an Institute business plan, the NSW Ministry of Health resume provision of funding (at a level to be agreed) from July 2014.

### **Why not simply amend the current Act?**

While the current Act is no longer appropriate, amending the Act and retaining the Institute as a separate legal entity will not provide the legislative and regulatory framework and required catalysts to promote the alignments, repositioning and partnerships required for the future.

The Institute needs to be brought into the health portfolio regulatory framework for better governance and strategic alignment with government mental health policy.

Unlike 1964, there is no longer a public policy need for a statutory body under its own Act of Parliament.

### Why not simply transfer it to a university?

While there are synergies and potential benefits with a transfer to a university, along the lines of the establishment of the Centre for Rural and Remote Mental Health in Orange, there are strong arguments against doing so.

These include:

- a university will not wish to take over unfunded programs and a significant government subsidy would be required
- College accreditation and agreement is required to transfer the FEC programs to a university
- transfer to a university is likely to lead to a less timely, less responsive and more expensive availability of short course, workshops, resource material and programs required by the NSW health system
- a likely increase in fees and charges to students
- a reduction in the ability of the MHC, Ministry of Health and NSW government to align the training with mental health policy priorities.

The consultant does, however, recommend developing closer and mutually constructive linkages with the university sector.

## Key risks

While a well thought through transition plan that is well communicated will significantly reduce the risks associated with implementation of the recommendations of this review, it is important to highlight the key risks that will need careful management.

These risks are:

- potential disruption to current students
- possible loss of TEQSA accreditation
- sustained uncertainty leading to a drop in enrolments and revenues and a loss of key staff
- College and registrar concern over the future of the Fellowship training program in NSW
- balancing the merger with HETI and achieving the educational and operational benefits, while maintaining a distinct mental health education and training portfolio
- a perception (which should not become a reality) that mental health education and training is now a lower priority of government and the Ministry
- lack of a clear communication strategy leading to assumption that the Institute is to be closed.



