was not without its educational value, for it emphasised for me the huge iceberg of physical pathology in this group of elderly mentally ill people and the adverse conditions under which clinicians caring for the elderly struggle. It was also possible to teach members of staff formally on topics related to physical care of the elderly, matters they encounter on a daily basis.

Many service problems in psychiatry of the elderly are similar to those which faced the earlier geriatricians. The services consisted of lonely clinicians waging a single-handed battle against resource deprivation and lack of colleague support. Most geriatricians are no longer single-handed but the other factors have remained constant, and they are therefore in a position to understand and support their colleagues in psychiatry of the elderly. As senior registrars in the West Midlands burst forth from their cocoons into consultancy, they will graduate with a ready-made network of friends and colleagues in an allied branch of care of the elderly. Our scheme has great benefits and could be of value elsewhere. It might also be of value for more senior colleagues to experience similar attachments and one would hope that this sort of initiative could be supported by health authorities.

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Trainees' forum

A New Zealand experience

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Hamilton is New Zealand's fourth largest city. Situated on the banks of the Waikato river in the central North Island, it was my home during a year's experience as a psychiatric registrar in the Waikato Hospital. This paper describes aspects of a medical and psychiatric practice, including training in New Zealand, and offers general advice to trainees planning or considering overseas placements.

New Zealand has a population of three and a half million, divided approximately 2:1 between the North and South Islands. It has a multicultural population, with the majority being New Zealanders of European descent (known as *Pakeha*) and a sizeable minority of Maoris, the original inhabitants before the European colonisation in the 1800s. More recently a sizeable community of Pacific islanders has become established, especially in New Zealand's largest city, Auckland. There is a need for strong cultural awareness in all aspects of medical care, particularly psychiatry, where cultural beliefs and attitudes can readily be mistaken for symptoms or signs of mental disorder.

Maori issues

The Maori people have a strong sense of community, in fact the focus of traditional tribal life is the *Marae*, loosely translated as "village square". But it is more than this, having important spiritual as well as communal meaning. This sense of community means that extended families are the norm, with children often raised by grandparents or other relatives. The shared spiritual beliefs of the Maori vary between different tribes but the following holds true in general. There is a sense of continuity with one's ancestors so that to hear their voices and have thoughts and actions influenced by them is accepted as normal, perhaps even a special gift. It is also accepted that misfortune or illness can result from transgressions of family members in generations gone by. Each tribe has a number of *tapus* which are prohibitions handed down through generations. The breaking of *tapus* may lead to *makutu*, the collective term for any conditions, medical or psychiatric, said to be imposed as punishment by Maori gods. The *Tohunga*, the "Maori doctor", can be consulted in these matters and will often prescribe traditional remedies. It was often my experience that Maori patients would have exhausted this avenue before turning to "*pakeha* medicine". It was therefore essential to consult with family members and Maori members of staff to help differentiate shared cultural beliefs from delusions and to discern the true nature of abnormal perceptions. This was of special importance in the differential diagnosis of psychotic disorders and schizophrenia.

Medical services

The national hospital system in New Zealand operates along similar lines to the National Health Service in the United Kingdom. However, there are major differences in the model of primary care, especially in the major cities. The most obvious is that a fee is payable on each visit which varies with the nature of the consultation and treatment given. There is also no adherence to a patient list so that 'doctor shopping' is more frequent. In addition to the usual general practice surgeries, there are also 'Accident and Emergency Centres' situated on the main high streets of most large towns and cities. They are privately owned and operated practices with two main functions; they take over general practice calls after hours, and most of the 'minor' trauma and other self referrals to casualty departments are directed to them.

Waikato Hospital is a large general hospital with around 800 beds offering all specialities with the exception of neurosurgery. In addition to serving the population base of Hamilton, it is a secondary referral centre to much of the central North Island. The Psychiatric Unit has a 20-bed acute admission ward with five extra beds for elderly patients adjacent to the geriatric ward. A large proportion of the caseload was in a liaison setting and the out-patient clinic. In common with most western countries, the philosophy was one of working towards maintaining and supporting patients and their families within the community in the setting of a multidisciplinary team approach. A large psychiatric hospital, Tokanui Hospital, is situated 20 miles outside Hamilton and also serves as an acute admission centre, as well as providing long-stay facilities and care for the intellectually impaired. The Mental Health Act of New Zealand requires in general that compulsory patients receive treatment in psychiatric hospitals rather than psychiatric units of general hospitals, and therefore all patients at the Waikato Hospital were informal.

Psychiatric training

The training of psychiatrists in New Zealand is within the guidelines of the Royal Australian and New Zealand College of Psychiatrists (RANZCP). These have many similarities with the United Kingdom College, but some major differences which are of interest. The Fellowship of the Royal Australian and New Zealand College of Psychiatrists (RANZCP) is an 'exit' exam, the possession of which allows practice as a specialist psychiatrist. The minimum period that this can be obtained is five years if all hurdles are passed at the first attempt. There is no senior registrar grade, all five years are spent as registrars. The Part I is seen by most trainees as the major hurdle and is usually taken at the three and a half year stage. Prior to sitting the Part I accredited posts in acute and chronic adult psychiatry, child psychiatry and liaison psychiatry must be completed. Five case histories must also be submitted, comprising a first psychiatric admission, organic, child, chronic and psychotherapy cases. The Part I exam consists of two written papers (short and long essay papers) which must be passed before the clinical can be taken. The clinical exam, in addition to the usual long case and viva, also has a medical case. The Part II requires the completion of a piece of original research or scholarly dissertation on a topic broadly related to psychiatry. An alternative is the submission of a further five case histories around a common theme, which must be of a higher quality than those submitted for the Part I.

Conclusions

The opportunity to gain the personal and professional benefits of overseas work remains one of the great advantages of medical practice. Balanced against this challenge are the realities of family and financial commitments and, more recently, concerns about career progression. Junaid & Staines (1990) found that psychiatric trainees rated overseas experience as of little importance in advancement to senior registrar level. Great care and planning is needed to organise a suitable post. The College recognises up to one year's overseas training in suitable posts (e.g. those recognised by the RANZCP). It is therefore worthwhile checking this before acceptance. I would suggest that around nine months is needed to co-ordinate post applications, visa formalities and related issues.

Reference

JUNAID, O. & STAINES, J. (1990) Career progression in psychiatry: perceptions and realities. *Psychiatric Bulletin*, **14**, 484–486.