



THE ROYAL  
AUSTRALIAN AND NEW ZEALAND  
COLLEGE OF PSYCHIATRISTS  
ABN 68 000 439 047

30 April 2009

Committee Secretary  
Senate Standing Committee on Community Affairs  
PO Box 6100  
Parliament House  
Canberra ACT 2600  
Australia

By email to: [community.affairs.sen@aph.gov.au](mailto:community.affairs.sen@aph.gov.au)

Dear Committee,

**Re: Submission to the Inquiry into the National Registration and Accreditation Scheme for Doctors and Other Health Workers**

Please find attached a copy of the Royal Australian and New Zealand College of Psychiatrists Submission to the Senate Inquiry into the National Registration and Accreditation Scheme for Doctors and Other Health Workers.

We look forward to the opportunity to attend a public hearing to speak to this submission, and provide further information about the College's view on the scheme.

Yours sincerely

Professor Ken Kirkby  
President, RANZCP

Enc.



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**Submission to the Inquiry into the National Registration  
and Accreditation Scheme for Doctors and Other Health  
Workers**

**April 2009**

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## **The Royal Australian and New Zealand College of Psychiatrists**

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is the principal organisation representing the medical specialty of psychiatry in Australia and New Zealand and has responsibility for the training, examining and awarding the qualification of Fellowship to medical practitioners. There are 2,900 Fellows of the RANZCP who account for approximately eighty-five per cent of all practicing psychiatrists in Australia and over fifty per cent of psychiatrists in New Zealand. The RANZCP also has almost 1,000 Associate Members, which includes trainees and 150 Affiliate Members. There are branches of the RANZCP in each State of Australia, the ACT, and New Zealand.

Through its various structures, the RANZCP accredits training programs and administers the examination process for qualification as a consultant psychiatrist; supports continuing medical education activities at national and regional level; holds an annual scientific congress and various sectional conferences throughout the year; publishes a range of journals, statements and other policy documents; and liaises with government, allied professionals and community groups in the interests of psychiatrists, patients and the general community.

### **Overview of submission**

This brief submission highlights the areas the RANZCP believe should be addressed as part of the Senate Inquiry into the National Registration and Accreditation Scheme for Health Professions.

The RANZCP has previously made submissions to the National Health Workforce Taskforce with regard to its views about the effect of the scheme within the context of the practice of psychiatry and the quality of mental health care services in Australia. In this submission, the RANZCP continues to stress concerns that the scheme will reduce the responsibility of standard setting for specialist medical training and accreditation from the medical profession, and the impact that this may have on the quality and safety of care that consumers and carers will receive.

## **Key areas for consideration**

### **a) The impact of the scheme on state and territory health services**

The RANZCP is supportive of a national scheme that enables health care professionals to seamlessly move between jurisdictions. Currently the registration requirements for health professionals, and the scope of their practice, may vary between the States and Territories. By ensuring that the requirements for registration and scope of practice is consistent, government and health care organisations are likely to find that it will be easier to encourage workforce mobility, and thereby better meet health care needs.

The RANZCP also notes that a nationalised registrations scheme may prevent the 'border crossing' practice of some health professionals whom are under investigation, and have restrictions or conditions placed upon their practice.

However the RANZCP recognises that there may be a negative effect of an increase in the mobility of the health workforce. Health service districts and organisations that are well funded and resourced are likely to benefit from the scheme, and attract staff from other jurisdictions. Conversely, health service districts and organisations that not well resourced, or are located in rural and remote areas, are likely to have even greater difficulty in retaining and recruiting staff. The RANZCP recommends that government is mindful of the impact of the scheme when considering resources for health service districts and organisations, and when planning and implementing health workforce schemes.

### **b) The impact of the scheme on patient care and safety**

The RANZCP asserts that the national registration and accreditation scheme must be implemented and operated in a way that ensures that patient safety and the quality of patient care is not reduced or compromised.

The scheme provides for medical specialists (which includes general practitioners) to be endorsed on a general register. This is a change from the current arrangements whereby, in at least half of the Australian jurisdictions, there is a separate register of specialists. The proposed arrangement is likely to allow a generally registered medical practitioner to determine his or her own scope of practice. This poses a serious threat to the safety of consumers and the quality of care that they may receive. The role of specialist medical colleges in the process of assessing the qualifications and scope of practice of psychiatrists should be formally recognised in the legislation.

The medical profession has been advised that the primary legislation for the scheme will not contain important provisions related to medical registration. Instead these provisions will be set out in subordinate legislation, such as delegated instrument or guidelines. As such the requirements for registration, professional standards and competencies may be changed without public scrutiny and debate and consultation from the medical profession. In particular, the RANZCP is concerned that the legislation may enable less qualified practitioners to deliver mental health services, and as such, place at risk the quality of care available to consumers and carers.

The RANZCP submits that the legislation should formally seek the views of the medical profession before agreeing to allow other professions (whether registered or not) to undertake the activities that are currently only allowed to be undertaken under the supervision of a medical practitioner. Further, changes that may be proposed in relation to register and recognise any new class of health profession should also be introduced only after extensive consultation with existing health professions.

**c) The effect of the scheme on standards of training and qualification of relevant health professionals**

The RANZCP has three concerns in relation to the effect of the scheme on standards of training and qualification.

First, the RANZCP is concerned that the scheme will dismantle the independence and quality of the process of specialist accreditation and training. Currently the education and training of medical specialists is carried out by colleges. The colleges are accredited by the Australian Medical Council (AMC), which is the independent national standards body for the medical profession. The AMC consults with the colleges to accredit and develop requirements for the training in each speciality area. The cooperative process between the AMC and the specialist colleges ensures that the process for setting, monitoring and assessing professional competencies and standards for psychiatrists is independent of government.

Secondly, the RANZCP is concerned that the proposed scheme will alter or remove responsibility for designing and administering continuing professional development (CPD) for its Fellows. The College submits that any provisions in the legislation, subordinate regulations or operational guidelines, should be framed in such a way to ensure that responsibility for designing and implementing CPD for psychiatry remains with the RANZCP, and is not transferred to or duplicated by the medical board or any other body.

Thirdly, the RANZCP is concerned that the scheme will diminish the role of colleges in assessing the suitability of International Medical Graduates (IMGs) to practice as specialists in Australia. The role of medical colleges in accrediting IMGs should be set out in the legislation, and not in subordinate legal instruments.

**d) How the scheme will affect complaints management and disciplinary processes within particular professional streams**

The RANZCP shares the concerns of other medical specialist colleges and health professions that the mandatory notification provisions raise significant issues. Whilst the public interest of safety is paramount, the impairment of health professionals is an issue that needs to be handled confidentially, and in a supportive manner. It is important that the scheme consistently applies to ensure that an issue of mental and physical impairment of a health professional is regarded as a health issue, rather than an issue that relates to professional conduct and performance.

Further, the RANZCP submits that the scheme should give clarity as to how national standards of practice are met and assessed. The role of specialist colleges in determining standards of practice and methods of assessment for meeting standards should be formally recognised in the scheme.

**e) The appropriate role, if any, in the scheme for state and territory registration boards**

The RANZCP is supportive of a scheme that will enable Medical State Committees to be established in each State and Territory. The Medical State Committees should be empowered to determine the eligibility and category of registration for health professionals in accordance with nationally applicable standards.

**f) Alternative models for implementation of the scheme**

The RANZCP shares the concern of other medical specialist colleges and health professions that effective implementation of the scheme may not be achieved by the proposed date of 1 July 2010. Submissions to the Senate Committee Inquiry will enable wider public debate about the scheme, further delaying the implementation process. Until these issues are resolved in a democratic way, the RANZCP recommends that the scheme be introduced in a staggered way. Rather than attempting to roll out the scheme across all ten professions, the Senate Community Affairs Committee may consider the merits of initially piloting one, or perhaps a few, of the health professions.

We look forward to the opportunity to attend a hearing with the Senate Community Affairs Committee to speak to this submission and provide further information regarding reform of the scheme for the registration and accreditation of psychiatrists in Australia.