

Stakeholder details

Initial questions
<p><i>To help us better understand your situation and the context of your feedback please provide us with some details about you. These details will not be published in any summary of the collated feedback from this consultation.</i></p>
<p>Question A</p> <p>Are you completing this submission on behalf of an organisation or as an individual?</p> <p>Your answer:</p> <p><input checked="" type="checkbox"/> Organisation</p> <p>Name of organisation: The Royal Australian and New Zealand College of Psychiatrists</p> <p>Contact email: [REDACTED]</p> <p><input type="checkbox"/> Myself</p> <p>Name: Click or tap here to enter text.</p> <p>Contact email: Click or tap here to enter text.</p>
<p>Question B</p> <p>If you are completing this submission as an individual, are you:</p> <p><input type="checkbox"/> A registered health practitioner?</p> <p>Profession: Click or tap here to enter text.</p> <p><input type="checkbox"/> A member of the public?</p> <p><input checked="" type="checkbox"/> Other: Medical Specialty College</p>
<p>Question C</p> <p>Would you like your submission to be published?</p> <p><input checked="" type="checkbox"/> Yes, publish my submission with my name/organisation name</p> <p><input type="checkbox"/> Yes, publish my submission without my name/ organisation name</p> <p><input type="checkbox"/> No – do not publish my submission</p>

Your responses to the consultation questions

1. Is the content and structure of the draft revised specialist registration standard helpful, clear, relevant and workable?

Yes, the content and structure are helpful, and workable. There are some concerns from the RANZCP perspective around quality and safety of practice, and what is meant by 'suitable person' in the documentation.

2. Is there any content that needs to be changed, added or deleted in the draft revised specialist registration standard?

Who will ensure the quality and safety of practice?

Removing this responsibility from the RANZCP could lead to a lack of experienced and established psychiatrist peers assessing the suitability of SIMG candidates.

How will the new streamlined system maintain the current level of checks and balances?

The RANZCP's involvement ensures that only qualified and competent psychiatrists are admitted, which is crucial for maintaining public trust and safety

It is not clear to the RANZCP, under the Eligibility for specialist registration, who is a "suitable person" to hold registration. The draft standard does not refer/link to anywhere for further information. The RANZCP suggest the inclusion of some sort of explanation to relieve the ambiguity for prospective applicants.

On Page 8 of the draft revised standard, 'competency requirements for specialist registration' does not explain how "satisfactory" supervised practice is defined and how it will be evaluated. The RANZCP suggest that AHPRA consider the necessity of an exit assessment.

3. Are there any impacts for patients and consumers, particularly vulnerable members of the community that have not been considered in the draft revised specialist registration standard?

Patient and Consumer Safety

Ensuring patient safety is paramount in any changes to the registration process for SIMGs. Key considerations include:

- **Robust Assessment Processes:** Maintaining rigorous assessment processes to ensure that SIMGs have the necessary skills and knowledge to provide safe and effective care.
- **Continuous Monitoring:** Implementing continuous monitoring and evaluation mechanisms to identify and address any issues related to the performance of SIMGs.
- **Patient Feedback:** Establishing systems for collecting and acting on patient feedback to ensure that any concerns about the care provided by SIMGs are promptly addressed.
- **Cultural Competence:** Ensuring that SIMGs receive training in cultural competence to provide appropriate care to diverse patient populations.

The RANZCP have concerns regarding standards and adaptation to Australian context and how this standard may not address geographical and the public/private distribution issue which plagues our system.

There is variability of experiences such as some overseas specialist qualification training programs don't have certain rotations considered mandatory in RANZCP training. The speciality of psychiatry is unique. For example, Radiologist's look at an MRI brain/or a surgeon's surgical techniques are very similar all over the world albeit the health system and follow up pathways could be different. A psychiatrist's skills,

having trained and worked for years in a different psychosocial/cultural background is not that easy to transfer to Australian context. It is the RANZCP's experience that partially and substantially comparable psychiatrists struggle in this area, and many need a few years to manage this situation well.

The RANZCP have concerns the expedited pathway could impact on psychiatry as a speciality. A six-month supervised practice pathway without an intense look at this matter, including varied skill sets, may not solve the workforce issue.

4. Are there any impacts for Aboriginal and Torres Strait Islander Peoples that have not been considered in the draft revised specialist registration standard?

Need for Meaningful Stakeholder Engagement.

Ensure that any changes involve meaningful engagement with patients and consumers, especially vulnerable members of the community. The current draft mentions the intent to engage with health stakeholders, but the approach needs to be clearly defined and implemented to ensure comprehensive input from those affected by these changes.

It is unclear to the RANZCP as to how much consultation occurred with Aboriginal and Torres Strait Islander communities. It is unlikely SIMGs will have a specialist level knowledge of Aboriginal and Torres Strait Islander issues. This is especially important in a field like mental health compared to some other specialities. Gaps in knowledge of Aboriginal and Torres Strait Islander health is global but this standard is likely to place SIMGs who are new to system in care of Aboriginal and Torres Strait Islander people and could potentially disadvantage their care.

5. Are there any other regulatory impacts or costs that have not been identified that the Board needs to consider?

Risks of Decentralising Oversight

The decentralisation of oversight from the RANZCP could lead to several risks:

- **Loss of centralised tracking:** The RANZCP currently maintains a comprehensive overview of candidates and their potential employment locations.
- **Reduced accountability:** Without the requirement to become a RANZCP Fellow of the college, SIMGs might lack a thorough understanding of the professional and ethical standards expected in Australia.
- **Fragmented professional identity:** There is a risk of SIMGs operating independently without the collective accountability that being a RANZCP Fellow ensures. This could lead to inconsistent practices and undermine public confidence.
- **Inconsistent Professional Standards:** Without the centralised oversight of the RANZCP, there may be inconsistencies in the standards applied to SIMGs. This can result in variations in the quality of care provided by psychiatrists across different States and Territories in Australia.

Additional Concerns and Questions

- **Data and Accountability:** Who will be responsible for maintaining data on the quality of SIMGs and ensuring public safety?
- **Transparency:** Will there be a system for the public to check the background of non-college practicing psychiatrists, including any past malpractice issues?
- **Codes of Conduct:** How will shared understanding and adherence to Professional Codes of Conduct be maintained if individual psychiatrists choose not to become RANZCP College fellows?

Impact on Professional Development and Continuous Education

- **Reduced Access to Professional Development:** The RANZCP provides continuous professional development opportunities, which are crucial for maintaining high standards of care. Without being part of the college, SIMGs might miss out on these opportunities, impacting their professional growth and the quality of care they provide.
- **Lack of Mentorship:** New SIMGs might not have access to mentorship programs that are typically available through the college, which can help them, integrate into the Australian healthcare system more effectively.

Financial Implications

- **Hidden Costs:** While streamlining the process may reduce initial costs for SIMGs, there could be hidden costs related to ensuring quality and safety through other means, such as additional oversight mechanisms or remediation programs for psychiatrists who do not meet the required standards when in practice settings.
- **Cost of Remediation:** If SIMGs are found to be underperforming or unsafe to practice after being integrated into the workforce, the cost of remediation, both financially and in terms of patient safety, could be substantial.

Public Perception and Trust

- **Erosion of Public Trust:** The public may lose trust in Australian Psychiatry as a specialist profession if they perceive that standards have been lowered to facilitate the faster integration of SIMGs. Ensuring transparency and maintaining high standards is essential for maintaining public confidence.

Impact on Workforce Dynamics

- **Tension among Psychiatrists:** The introduction of SIMGs without the same level of scrutiny could create tension and resentment among previous SIMG cohorts of psychiatrists who have undergone rigorous training and assessment processes through the existing RANZCP processes

The regulatory impact doesn't consider costs of infrastructure and supervision for SIMGs, their peer support, and socialisation with existing specialists. There is a danger of creating a two-tiered specialist system.

6. Do you have any other comments on the draft revised specialist registration standard?

Further Considerations for Mental Health Care Delivery and Alternative Workforces

While addressing the integration of SIMGs is important, it is also crucial to think about innovative ways of delivering mental health care in Australia that go beyond the biomedical model. Many people benefit from community-based care models that involve peers and non-health workers. This holistic approach can address various needs and preferences, offering a more inclusive and supportive environment for mental health care.

Such as:

- **Community-Based Models:** Developing and supporting models of care that integrate mental health services within community settings, involving peers and non-health workers in the care process.
- **Peer Support:** Encouraging the growth of the mental health peer workforce, which can provide valuable support and understanding to patients from individuals with lived experience.
- **Holistic Approaches:** Exploring and implementing care models that address social, emotional wellbeing
- **Innovation in Service Delivery:** Promoting creative and innovative approaches to mental health care that can better meet the needs of diverse populations, including those who survived past harmful practices and biomedical treatments.

Specialists need common set of standards; it would be best to work with existing regulators (such as specialist medical colleges) to develop a more efficient and nuanced system to intake and support more SIMGs then create a parallel system.

It is also important to consider the effect this pathway would have on countries such as NZ and UK which may see a drain of their specialist workforce (at least in the short term). Is this pathway in keeping with International Code of Conduct of recruitment of health care practitioners?

Various Colleges (especially the RANZCP) have embarked on increasing trainee positions and there is concern that there may be no consultant roles available when they qualify as they may be filled by SIMGs through the MBA's expedited pathway.

The expedited pathway may affect RANZCP Trainees and therefore homegrown (sustainable) workforce:

1. inadequate supervision of trainees as it is likely that this revised scheme will see most SIMGs through the expedited pathway occupy full time public roles and Fellows of the College exit to private settings due to lack of employment or poor working conditions in the public sector;
2. previously the public sector had to work hard to keep their infrastructure and environment conducive to training which will not be a priority anymore as they know they can fill vacancies with SIMGs through the expedited pathway.