

13 September 2011

Executive Officer Medical AHPRA GPO Box 9958 Melbourne VIC 3001

By email to: medboardconsultation@ahpra.gov.au

Dear Sir/Madam,

Re: Standard for Intern Training

Please find enclosed a copy of the submission from The Royal Australian and New Zealand College of Psychiatrists (RANZCP) in response to the Medical Board of Australia's consultation on the proposed registration standard for granting general registration as a medical practitioner.

RANZCP is supportive of the Medical Board of Australia's proposed standard for intern training. However, we would emphasise the critical importance of encouraging and strengthening psychiatric training in the intern period.

The RANZCP thanks the Medical Board of Australia for the opportunity to make a submission on this important matter and would be pleased to contribute to the development of guidelines or strategy. For further information, or to schedule a meeting, please contact Felicity Kenn, Manager, Policy

Yours sincerely

10.81

Dr Maria Tomasic

President

Ref: 2188

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Submission to the Medical Board of Australia

Proposed registration standard for general registration as a medical practitioner on completing intern training

September 2011



The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to comment on the Medical Board of Australia's consultation paper regarding the proposed registration standard for granting general registration as a medical practitioner on completion of intern training.

The RANZCP is the principal organisation representing the medical specialty of psychiatry in New Zealand and Australia and has responsibility for training, examining and awarding the qualification of Fellowship of the RANZCP to medical practitioners.

Currently there are approximately 2800 Fellows of the College who account for around 85 percent of all practicing psychiatrists in Australia and over 60 percent of psychiatrists in New Zealand.

The vision of the RANZCP is: "a fellowship of psychiatrists working with and for the general community to achieve the best attainable quality of psychiatric care and mental health"

The RANZCP wish to highlight the two key points noted below:

1. That RANZCP supports the introduction of a consistent uniform national standard for prevocational training.

2. That encouraging rotations in psychiatry during internship is strongly recommended by RANZCP given the prevalence of mental disorder and the burden of disease related to mental health.

Background

There is a high prevalence of mental health disorders in the community, as exemplified by the findings of the 2007 National Survey of Mental Health and Wellbeing summarized below:

Of the 16 million Australians aged 16-85 years, almost half (45% or 7.3 million) had a lifetime mental disorder, ie a mental disorder at some point in their life. One in five (20% or 3.2 million) Australians had a 12-month mental disorder. There were also 4.1 million people who had experienced a lifetime mental disorder but did not have symptoms in the 12 months prior to the survey interview.

Thus mental health problems will undoubtedly be encountered by medical graduates during their careers.

Mental health is a crucial area of the health workforce where there is unmet demand. Underpinning any workforce strategy is the inherent unmet need within the population as approximately 60% of those with mental disorders receive no specific mental health care. With additional funding recently announced in the 2011 Australian budget, there is hope of increased and improved mental health services. However, delivery of these services simply cannot be achieved without a resultant increase in the health, and more specifically, the mental health workforce. There is a need for committed investment to increase and enhance the capacity of the mental health workforce and allow it to be distributed appropriately to meet community needs.

1. That RANZCP supports the introduction of a consistent uniform national standard for prevocational training.

RANZCP is supportive of the aim of the proposed standards to increase national consistency in the intern year. It is crucial that the intern year continues to meet the educational needs of young graduates. Additionally, the improved flexibility in explicitly allowing part-time internships and broadening the experiences allowed during internship, for example allowing particular rural general practice settings to count as rural emergency medicine, are encouraging moves and supported by the RANZCP.

2. That encouraging rotations in psychiatry during internship is strongly recommended by RANZCP given the prevalence of mental disorder and the burden of disease related to mental health.

Mental health affects around 20 percent of the population, can be a chronic and enduing illness and is associated with a higher percentage of severe physical illness and high mortality. We note that psychiatry is often poorly understood by general hospital consultants, particularly as the vast majority of 'psychiatric hospital' work is based in the community. It is important that all medical practitioners understand how psychological issues affect the mental health and wellbeing of their patients. Therefore exposure to a mental health rotation would be valuable in the internship programme. RANZCP is keen to ensure that the approved psychiatry intern positions are not solely focused on placements within acute inpatient settings, but rather reflect the current Australian focus on community care.

Psychiatry has a lot to offer doctors during their prevocational training years, including:

- experiencing (and becoming comfortable) relating to people unwell with a Mental Illness
- learning psychological core competencies relevant to patient interactions important across all areas of a doctor's work.
- learning about common specific psychiatric illnesses

Competencies such as those noted above, can be developed during an attachment to a mental health service or a drug and alcohol service, which for a majority of placements, can be in the community. However, resourcing and establishing an appropriate infrastructure, without jeopardising vocational training will remain a challenge.

The RANZCP believes that there is an urgent need to better promote psychiatry as an attractive career option to medical students and recent graduates. Australia is currently experiencing an overall shortage of psychiatrists and a mal-distribution of the psychiatric workforce with the shortages particularly severe in rural and remote areas. This strategy should be targeted to doctors in their first and second years following graduation when they are most likely going to make those choices. One successful example, of a psychiatric intern program is outlined below.

In recent years the Wollongong Hospital introduced a specific training program for interns rotating through their inpatient mental health unit. This involved a check list of psychiatry experiences such as observed interviews and mental state examinations, risk assessments, home visits and witnessing ECT. The introduction of this program has seen a dramatic increase in Wollongong interns applying for psychiatric training positions. Metro North Mental Health, Royal Brisbane and Women's Hospital (RBWH), also introduced the 'Wollongong' program and have similarly seen an increase in RBWH interns applying to enter psychiatric training. RBWH have also successfully obtained funding for a 'Medical Education Registrar' (a Senior Psychiatric Registrar) who is tasked with supporting and training their interns full time. Such programs give junior medical staff a good initial training experience in psychiatry and can pay dividends in increasing the mental health workforce in the long term.

Conclusion

Overall, the RANZCP is supportive of the Medical Board of Australia's proposed registration standard for granting general registration as a medical practitioner on completion of intern training. However, we would emphasise the critical importance of encouraging and strengthening psychiatric training in the intern period.