



Background to the RANZCP

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises government on mental health care.

The RANZCP recently made a [submission](#) to AHPRA's inquiry into revised international criminal history checks for health practitioners. In this submission, the RANZCP presented a number of perspectives which represented the concerns of psychiatrists and consumers for AHPRA's consideration. In considering criminal history registration standards, a careful balance must be found between the protection of the public and the burden to the practitioner.

Responses to consultation questions

1. From your perspective, how is the current registration standard working?

The RANZCP supports retaining the current registration standard for criminal history checks.

However, the RANZCP's community and consumer representatives have a number of concerns regarding some of the factors that the Board considers when deciding if a health practitioner's criminal history is relevant to the practice of their profession. These factors should be re-assessed, taking into account the comments below.

- **The nature and gravity of the offence or alleged offence and its relevance to health practice:** A criminal offence should be considered relevant to a health practitioner's professional practice, regardless of the gravity of the offence. However, alleged offences should not be included in these considerations – as far as natural justice is concerned, an *alleged offence* is not an offence.
- **The period of time since the health practitioner committed, or allegedly committed, the offence:** If a criminal act has been proven and the individual in question has been sentenced the practitioner should be ineligible for registration, irrespective of time elapsed. See the comments above relating to alleged offences.
- **Whether or not the conduct that constituted the offence or to which the charge relates has been decriminalised since the health practitioner committed, or allegedly committed, the offence:** If a criminal act has been proven and the individual in question has been sentenced, the practitioner should be ineligible for registration, regardless of whether the act is no longer an offence or not.
- **The health practitioner's behaviour since he or she committed, or allegedly committed, the offence:** See the comments above relating to alleged offences. It is up to the Board to determine if the practitioner has demonstrated evidence of good conduct since committing the offence.
- **The likelihood of future threat to a patient of the health practitioner:** The purpose of AHPRA is to monitor suitability for registration and the renewal of registration, and also to protect the community. The safety, ethics, probity of the health practitioner is paramount and must be rigorous.

2. Are there any state or territory-specific issues or impacts arising from applying the existing standard that you would like to raise with the Boards?

The RANZCP has no comment on this question.

3. Is the content of the registration standard helpful, clear and relevant?

Yes.

4. Is there any content that needs to be changed or deleted in the registration standard?

The RANZCP recommends taking into consideration the comments on the factors used by the Board in considering a health practitioner's criminal history, noted at question one.

5. Is there anything missing that needs to be added to the registration standard?

The RANZCP has no comment on this question.

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

The RANZCP has no comment on this question.

Review of English language skills registration standard

1. From your perspective, how is the current registration standard working?

The RANZCP supports retaining the current registration standard for the English language skills registration standard, with some modifications outlined in the responses below.

2. Should the countries recognised in the standard be consistent with those countries recognised by the Department of Immigration and Citizenship for exemptions from English language testing?

Yes.

3. If so, should the recognition of South Africa in the National Boards' English language skills registration standard be phased out over time?

See the RANZCP's proposal for testing English language competency in response to Question 5. This could apply to applicants from South Africa.

4. Is there any evidence to assist National Boards to assess whether there are any additional countries that should be recognised in their English language skills registration standard?

The RANZCP has no comment on this question.

5. Do you have comments about how the National Boards should approach test results that are very close to, but slightly below, the current standard?

National Boards should not accept test results that are very close to, but slightly below, the current standard. In practice, some international medical graduates whose scores on the International English Language Testing System are just below the required standard frequently have deficits in spoken and written language, including comprehension and

fluency, and adaptation to the Australian vernacular. Medical practitioners may score highly on the test but may lack the ability to effectively communicate verbally.

AHPRA should consider implementing the criteria that are required of medical practitioners to practice in New Zealand. The practitioner must:

- provide evidence of continuous work as a registered medical practitioner in an institution where English was the first and primary language for a period of at least two years within the five years immediately prior to application
- Provide the names and contact details of at least two referees who are senior medical practitioners who speak English as a first language, and who can attest to the applicant's ability to comprehend and communicate effectively in English in a clinical setting with both patients and professional colleagues.

6. Should National Boards accept results from more than one sitting or is there a better way to address this issue, such as the approaches described above?

APHRA should accept English test results from more than one sitting. A provision should also be given to write the examination part by part for some candidates. Further, each component or sitting of the tests should require a higher score, to mitigate any risk of a lower cumulative score for taking multiple tests.

7. Is the content of the draft revised registration standard helpful, clear, relevant and more workable than the current standard?

Yes. The RANZCP supports the draft revised registration standard.

8. Is there any content that needs to be changed or deleted in the revised draft registration standard?

The RANZCP has no comment on this question

9. Is there anything missing that needs to be added to the revised draft registration standard?

The RANZCP has no comment on this question

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

Psychiatry is a highly language dependent speciality, and a patient being able to understand their psychiatrist is fundamental to the delivery of good mental health care. If language or accents are difficult to understand, then mistakes can occur with the wrong information being provided or misunderstood by patients. AHPRA must ensure that any changes to the standard do not negatively impact on patient care.