

Professional Practice Guideline 14:

National codes and standards relevant to psychiatry practice and mental health services in Australia and New Zealand

April 2017



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| Authorising Committee: | Board |
| Responsible Committee: | Committee for Professional Practice |
| Document Code: | PPG PPP National codes and standards relevant to psychiatry practice and mental health services in Australia and New Zealand |

Background

This guideline has been prepared as a resource for RANZCP members to readily identify and access national codes and standards that may be relevant to psychiatry practice and/or mental health services.

The table below provides a summary of each document – purpose, applicability and compliance requirements – and is divided according to jurisdictional relevance (i.e. Australia and New Zealand, Australia or New Zealand).

Please note that this guideline does not cover mental health legislation.

Australia and New Zealand

Royal Australian and New Zealand College of Psychiatrists (2010) [Code of Ethics](#)

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| Purpose | Serves to guide ethical conduct, and may be applied by other bodies as a benchmark of satisfactory ethical behaviour in the practice of psychiatry as is interpreted in Australia and New Zealand. Complements the codes of conduct of the medical regulatory bodies of Australia and New Zealand – the Medical Board of Australia and the Medical Council of New Zealand – and is used by them to assess the high level principles expected of a medical practitioner. |
| Applies to | All psychiatrists and trainee psychiatrists in Australia and New Zealand. |
| Compliance | Psychiatrists working in Australia and New Zealand have a professional and ethical responsibility to comply with the RANZCP <i>Code of Ethics</i> . |

Australian Medical Council (2010) [Standards for Assessment and Accreditation of Specialist Medical Education Programs and Professional Development Programs by the Australian Medical Council](#)

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| Purpose | Provides accreditation standards for specialist medical education providers for their training and professional development programs. |
| Applies to | Specialist Medical Colleges in Australia and New Zealand. |
| Compliance | Mandatory. Compliance is assessed via accreditation. |

Royal Australian and New Zealand College of Psychiatrists (2016) [Standards for Accreditation of Training Programs](#). Stage 3 appendices:

- [Addiction Psychiatry standards](#)
- [Adult Psychiatry standards](#)
- [Child and Adolescent Psychiatry standards](#)
- [Consultation-Liaison standards](#)
- [Forensic Psychiatry standards](#)
- [Psychiatry of Old Age standards](#)
- [Psychotherapies standards](#).

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| Purpose | <p>Details the training standards for Stages 1 and 2 of the RANZCP 2012 competency-based Fellowship Program.</p> <p>Seven appendices cover the specific standards for the approved Stage 3 Advanced Training Certificate programs.</p> |
| Applies to | <p>RANZCP Accreditation Committee (AC) of the Education Committee</p> <p>Site visitors</p> <p>Directors of Training</p> <p>BTCs</p> |
| Compliance | <p>Accreditation is undertaken every five years by site visitors appointed by the AC.</p> <p>The process for conducting accreditation visits is outlined in the RANZCP <i>Standard Operating Procedures: Accreditation of Training Programs</i>.</p> |

Royal Australian and New Zealand College of Psychiatrists [Accreditation of new rotations: Branch Training Committee report](#)

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| Purpose | <p>Outlines the standards, minimum requirements and supporting documents and evidence that must be supplied to demonstrate minimum requirements are met for the accreditation of a psychiatry training rotation.</p> <p>A rotation must be part of an established training program approved by the RANZCP Accreditation Committee of the Education Committee.</p> |
| Applies to | <p>Branch Training Committees (BTC) or individual training programs have responsibility for arranging rotation accreditation processes.</p> <p>BTCs have the ultimate responsibility for the accreditation, monitoring and review of all training rotations.</p> |
| Compliance | <p>Newly established positions require accreditation as a College approved rotation.</p> <p>Evidence and supporting documents must be provided to demonstrate how minimum requirements for each standard have been met.</p> |

Royal Australian and New Zealand College of Psychiatrists (2014) [Rotation Accreditation Standards](#)

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| Purpose | <p>Outlines the standards and their specific requirements for the reaccreditation of psychiatry training rotations.</p> <p>A rotation must be part of an established training program approved by the RANZCP Accreditation Committee of the Education Committee.</p> |
| Applies to | <p>RANZCP BTCs or individual training programs have responsibility for arranging rotation re-accreditation processes.</p> <p>RANZCP BTCs have ultimate responsibility for the accreditation, monitoring and review of all training rotations.</p> |
| Compliance | <p>Existing rotations require a formal five-yearly reaccreditations.</p> <p>At the five-yearly training program accreditation visits, evidence must be provided, including copies of accreditation documents, to demonstrate how requirements for the standards have been met.</p> |

Australia

Medical Board of Australia Registration (2011) Standard for Specialist Registration

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| Purpose | States the requirements for specialist medical registration in Australia. |
| Applies to | Medical practitioners seeking initial, or who are reapplying for, specialist registration in Australia. |
| Compliance | Mandatory. The <i>Health Practitioner Regulation National Law Act</i> prescribes the qualifications for medical specialist registration. |

Medical Board of Australia (2016) Registration Standard Continuing Professional Development

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| Purpose | Sets out the minimum requirements for continuing professional development (CPD). |
| Applies to | All registered medical practitioners in Australia except those with a non-practising registration. |
| Compliance | Mandatory. Meeting the CPD requirements is a requirement of medical registration as prescribed by the <i>Health Practitioner Regulation National Law Act</i> . |

Medical Board of Australia (2014) *Good medical practice: a code of conduct for doctors in Australia*

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| Purpose | <p>Sets out the principles that define good medical practice. Defines the expected standards of ethical and professional conduct of all medical practitioners registered to practice in Australia by their professional colleagues and the wider community.</p> <p>Complements the Australian Medical Association's <i>Code of Ethics</i> and is consistent with the World Medical Association's <i>Declaration of Geneva</i> and the <i>International Code of Medical Ethics</i>.</p> |
| Application | Medical practitioners working in Australia. |
| Compliance | Medical practitioners working in Australia have a professional and ethical responsibility to comply with the code of conduct. |

Australian Department of Health (2013) *National Practice Standards for the Mental Health Workforce*

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| Purpose | <p>Provides standards that cover a range of common skills and methods required of mental health practitioners. Each standard includes indicators specifying how the required knowledge and skills can be applied to meet the required level of practice.</p> <p>Serves as a useful tool for supervising practice, mentoring and self-reflection.</p> |
| Applies to | All Australian health practitioners, services and agencies. |
| Compliance | Mandatory. |

| Australian Department of Health (2010) <u>National Standards for Mental Health Services</u> | |
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| Purpose | Provides a set of mental health service standards which are applicable to all mental health services within the private and public sectors across Australia. The standards relate to: rights and responsibilities, safety, consumer and carer participation, diversity responsiveness, promotion and prevention, consumers, carers, governance, leadership and management, integration and delivery of care. |
| Applies to | Public and private sector inpatient and community mental health services. |
| Compliance | Voluntary but will likely be incorporated into the relevant service accreditation programs. A service must have evidence of commitment to improving the quality of care whether this is through review against the standards or other quality improvement processes. |

| Australian Department of Health (2010) <u>Implementation guidelines for Private Office Based Mental Health Practices</u> | |
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| Purpose | Provides information to guide the implementation of the national standards for mental health services in private office-based practices. |
| Applies to | Private office-based mental health services. |
| Compliance | Voluntary but will likely be incorporated into the relevant service accreditation programs. A service must have evidence of commitment to improving the quality of care whether this is through review against the Standards or other quality improvement processes. |

| Australian Commission on Safety and Quality in Healthcare Commission (2012) <u>National Safety and Quality Health Service Standards</u> | |
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| Purpose | Each Standard defines the minimum performance expectations, processes and structures that should be enforced to ensure consistency in safety and quality to a national standard. Includes mechanisms for health providers to test whether relevant systems are in place to meet minimum standards of safety and quality. Used for external accreditation processes and can also be used for internal quality assurance assessments. |
| Applies to | All hospitals and day procedure services and the majority of public dental services. |
| Compliance | Voluntary in Victoria, New South Wales, Tasmania, South Australia, Western Australia, Australian Capital Territory and the Northern Territory. Mandatory in Queensland. Measurement is by accreditation. |

Australian Commission on Safety and Quality in Healthcare Commission (2014) Accreditation Workbook for Mental Health Services

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| Purpose | Documents the 10 National Safety, Quality and Health Commissions Standards. Serves as a guide for the accreditation process for the NSQHS Standards. |
| Applies to | Public and private hospitals, inpatient, forensic and community mental health services. |
| Compliance | Voluntary in Victoria, New South Wales, Tasmania, South Australia, Western Australia, Australian Capital Territory and the Northern Territory. Mandatory in Queensland. Measurement is by accreditation. |

Australian Council of Healthcare Services (2014) Mental Health Clinical Indicator User Manual

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| Purpose | A guide to assist health care organisations with membership in the Australian Council of Healthcare Standards (ACHS) healthcare accreditation program to assess the clinical performance of their organisations. The collective data of the participating health care organisations constitutes the ACHS national clinical data set. This facilitates benchmarking by the participating healthcare organisations, at both a peer and a national level. |
| Applies to | Public and private health care organisations – inpatient and community-based services. |
| Compliance | Voluntary. Comparative reports of health care organisations are provided on a six-monthly basis. Collection performance against each of the ACHS Clinical Indicators are reported annually in the <i>Australasian Clinical Indicator Report</i> . |

Australian Commission on Safety and Quality in Healthcare Commission (2015) Guide to the National Safety and Quality Health Service Standards for health service organisation boards

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| Purpose | Delivers advice to Board members in executing their governance responsibilities and accountabilities following the implementation of the National Safety and Quality Health Services (NSQHS) Standards. |
| Applies to | Community health services included in an accreditation assessment as part of a Local Health Network or private hospital ownership group. |
| Compliance | Voluntary or may be required as part of a funding agreement, legislation, government programs or directives or private health service organisations. Measurement is by accreditation. |

Australian Commission on Safety and Quality in Healthcare Commission (2008) [The Australian Charter of Healthcare Rights](#)

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| Purpose | Describes and facilitates a shared understanding the health care rights of people using the Australian health system and those providing health services. The rights relate to access, safety, respect, communication, participation, privacy and comment. |
| Applies to | Health service providers. |
| Compliance | The rights in the Charter express many of the actions and obligations that health care providers already have under existing organisational or professional codes or policies. |

Cultural Respect Framework 2016–2026 For Aboriginal and Torres Strait Islander Health [Cultural Respect Framework 2016–2026](#)

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| Purpose | The framework provides a guide for a nationally consistent approach to jurisdictional action in health care design and delivery for Aboriginal and Torres Strait Islander people. |
| Applies to | Health service providers. |
| Compliance | Working under the Framework guides strategies to improve culturally respectful services. |

Australian Health Practitioner Regulation Agency (AHPRA) Mandatory Reporting Guidelines (2014) [Mandatory Reporting Guidelines](#)

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| Purpose | The guidelines are developed to provide direction to registered health practitioners, employers of practitioners and education providers about the requirements for mandatory notifications under the National Law. |
| Applies to | Registered health practitioners. |
| Compliance | The obligation to make a mandatory notification applies to the conduct or impairment of all practitioners, not just those within the practitioner's own health profession. |

New Zealand

Health Practitioners Competence Assurance Act (2003) [Health Practitioners Competence Assurance Act](#)

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| Purpose | Provides a framework for the regulation of health practitioners in order to protect the public where there is a risk of harm from professional practice. |
| Applies to | Health practitioners working in New Zealand. |
| Compliance | Medical practitioners working in New Zealand must be registered under the Act and hold a current annual practising certificate and must practice within their scope of practice. The Act also sets standards around reporting on other health practitioners: a psychiatrist may report another health practitioner to the regulator if they believe that individual may pose a risk of harm. In addition, a psychiatrist must report promptly if another health practitioner is unable to perform their role due to a physical or mental condition. The Act also outlines the principles of recertification (see further information below). |

Medical Council of New Zealand (2013) [Good Medical Practice](#)

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| Purpose | Defines the set of standards for which the public and the profession of New Zealand expect a competent medical practitioner to meet. |
| Applies to | Medical practitioners working in New Zealand. |
| Compliance | Medical practitioners working in New Zealand have a professional and ethical responsibility to comply with the code of conduct. |

Medical Council of New Zealand *Specialist Medical Education and Training and Continuing Professional Development Programmes:*

- *Standards for Recognition of Vocational Scopes in New Zealand – Stage 1*
- *Standards for Recognition of Vocational Scopes in New Zealand – Stage 2*
- *Additional criteria for assessment of Specialist Medical Education Programmes and Professional Development Programmes.*

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| Purpose | <p>States the criteria for training providers for the initial recognition of a vocational scope of practice in New Zealand, as per two sets of standards:</p> <ul style="list-style-type: none"> • Stage 1 – the criteria for establishing a new vocational scope of practice. • Stage 2 – the process of assessing an organisation's training and re-certification programme. • Additional criteria – relates to standards 3.2, 8.2, 9.1, 9.3 and 10.1. <p>To maintain consistency between Australia and New Zealand the AMC and the MCNZ has a Memorandum of Understanding on a common accreditation process. Vocational training organisations in both countries must satisfy similar accreditation standards. The standards include New Zealand specific requirements.</p> |
| Applies to | Vocational Colleges in New Zealand. |

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| Compliance | The applicant body must provide evidence that demonstrates it meets the MCNZ criteria, as specified by the standards. Training providers must provide a submission to the MCNZ in support of an application for accreditation. |
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Medical Council of New Zealand *Reaccreditation of the Specialist Medical Education and Training and Continuing Professional Development Programmes: Standards and procedures for New Zealand Colleges*

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| Purpose | Details the standards/requirements for reaccreditation of vocational training and continuing professional development programmes offered by colleges/associations that operate only in New Zealand. |
| Applies to | Vocational Colleges in New Zealand. |
| Compliance | The applicant body must provide evidence that demonstrates it meets the MCNZ criteria, as specified by the standards. Training providers must provide a submission to the MCNZ in support of reaccreditation. |

Medical Council of New Zealand (2016) [Recertification and Continuing Professional Development Booklet](#)

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| Purpose | Details the recertification requirements for registered medical practitioners practising in New Zealand. There are particular requirements that New Zealand medical practitioners doctors must include in their continuing professional development programs. Vocationally registered medical practitioners have different recertification /CPD requirements from generally registered medical practitioners. |
| Applies to | All registered medical practitioners in New Zealand. |
| Compliance | All registered medical practitioners must meet the MCNZ criteria as specified by the recertification standards. The medical practitioner's CPD activities must be referenced to the domains of practice as listed on page 4 of the document. Doctors practising in New Zealand must participate in a CPD program that is accredited by the MCNZ. The MCNZ does not recognise overseas recertification programs for individual medical practitioners. All medical practitioners must engage in CPD to be eligible to hold an annual practising certificate. This requirement is outlined in the <i>Health Practitioners Competence Assurance Act 2003</i> . |

Health Quality and Safety Commission of New Zealand (2014) [Quality Accounts: a guide for the New Zealand health and disability sector](#)

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| Purpose | Provides best practice advisory guidance. Explains the purpose of Quality Accounts and provides a step-by-step guide to their preparation, documentation and publication. |
| Applies to | Health and disability service providers in New Zealand. |
| Compliance | Mandatory. Reported in annual report. |

Health and Disability Commissioner (2014) [Code of Health and Disability Services Consumers' Rights](#)

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| Purpose | Became law on 1 July 1996. Grants a number of rights to all consumers of health and disability services in New Zealand, and places corresponding obligations on providers of those services. |
| Applies to | All registered health providers in New Zealand. |
| Compliance | Under <i>the Code</i> health professionals have an obligation to take reasonable actions in the circumstances to give effect to the rights, and comply with the duties in <i>the Code</i> . The onus is on providers to show that such action has been taken. |

Te Tiriti o Waitangi (Treaty of Waitangi; 1840) [Treaty of Waitangi](#)

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| Purpose | There are three identified principles in Te Tiriti regarding Māori health: partnership, participation and protection. These principles are important to acknowledge and follow, in order to decrease disparities and improve Māori mental health. |
| Applies to | All registered health providers in New Zealand. |
| Compliance | Following the principles of Te Tiriti is an important aspect of cultural competency and safety. |

REVISION RECORD

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| Date | Version | Approver | Description |
| 04/2017 | 1.0 | B2017/3 R18 | New document |
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