The Royal Australian & New Zealand College of Psychiatrists

Western Australian Branch

15 September 2023

Medical Workforce Team
Office of the Chief Medical Officer
Department of Health

By email: medicalworkforceroyalstreet@health.wa.gov.au

Dear Dr Towler and team members

Draft Psychiatry Workforce Five-Year Action Plan 2023-2028

Thank you for the opportunity to contribute to this iteration of the draft Psychiatry Workforce Action Plan. The Royal Australian and New Zealand College of Psychiatrists (RANZCP) WA Branch has been advocating for many years for a detailed plan to improve the trainee 'pipeline' and to address the gaps within the psychiatry workforce, including issues of retention. We welcome the opportunity to contribute to this work. We are also pleased that the Mental Health Clinical Workforce Action Plan (MHCWAP) is also being developed, as there are opportunities to improve consumer access to mental health services through greater use of non-psychiatrist medical and nursing and allied health staff. The WA Branch would also welcome inclusion in this project.

Draft Plan Phase 1 (p 3)

The WA Branch notes that the Phase 1 of the Plan involves a review of current activities and priorities of all psychiatry stakeholders in WA. The RANZCP WA Branch acknowledges that there is a diversity of perspectives within the profession about the factors contributing to issues within the psychiatry training pipeline and broader issues. Phase 1 affords an opportunity to better define the issues, and time invested in this phase will improve the strategies in phase 2.

The RANZCP WA Branch is keen to lead a conversation to identify these perspectives. We plan to draw together the different voices from the WA Branch membership and provide key findings to you during phase 1. We anticipate that this process would include consultation with current trainees, doctors taking breaks in training, staff in the two postgraduate training schools, overseas trained medical graduates and the psychiatry clinical leads of the various health service providers. We would be happy to discuss the scope of this work with you to ensure that the information gathered contributes to the draft Plan.

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Psychiatry Workforce (pp 5 – 7)

The RANZCP WA Branch notes the comprehensive strategic context detailed in the plan, including the data around the psychiatry workforce. However we feel that it is important to include additional data, including but not limited to the following.

We acknowledge that Western Australia continues to have the second lowest number of psychiatrists in the country, and that there is a significant shortfall of psychiatrists in regional areas.

- Anecdotally, we are also aware that outer metropolitan suburbs have significantly fewer psychiatrists than those close to the centre of Perth.

The profile of the WA psychiatry workforce is very different from the rest of Australia.

- WA employs significantly more psychiatry medical officers than any other jurisdiction (see Graph 1, Appendix).
- WA has also had the lowest number of trainees per 100,000 population in all states and territories each year since 2015-16, and prior to that had the second lowest rates, falling behind Tasmania (see Graph 2, Appendix).
- Between 2018 and 2023, some 341 applications were made for the 119 funded psychiatry training places in WA. With better coordination of training position creation and accreditation, many of these medical officers could join the training pipeline.

There are also nuances in the make up of the psychiatry workforce:

- For example, female psychiatrists may now comprise an equal proportion of the 45-64 years age group, and a greater proportion of female specialists in the younger age bracket, which gives the appearance of gender equity.
- However female specialists commonly work fewer hours on average than male specialists, and so patients do not have the same access to a female psychiatrists (see Graph 3, Appendix).
    - The 2021 gender equity snapshot highlights further areas of gender imbalance within the profession.
    - The 2023 RANZCP gender equity action plan has recently been published and includes measures to help redress this imbalance.
- We also note the workforce modelling indicating that 47% of the current psychiatric workforce will be over retirement age within the next 10 years. Anecdotally, this is a greater issue for public psychiatry than private psychiatry.
    - New Fellows are increasingly opting to move straight to private practice rather than working in the public sector, and this appears to reflect the advice from trainees that they are becoming burned out during their traineeship, due to workload and other factors.
    - There is limited data available for the last couple of years, however modelling of the age of private sector psychiatrists suggests that there has been an upswing in the number of young psychiatrists in private practice. (see Graph 4, Appendix).

Psychiatry Education and Training in WA (p 6)

- This section needs some small tweaks:
    - the first paragraph under the heading ‘The Royal Australian and New Zealand College of Psychiatrists (RANZCP) Training Program in WA’ is not clear and appears to be missing some linking words. Perhaps it should read ‘RANZCP *is* accredited…’
- We note that the second paragraph gives a detailed explanation of the RPTWA but not the Metropolitan Psychiatry Training Program (MPTP). The document also refers to the ‘PTP’ rather than the MPTP. (This may be because the North Metro website

still refers to the PTP – but that postgraduate training in psychiatry page has not been update since 2021, prior to the commencement of the RPTP).

Breaks in Training (p 7)

- Trainees can take a break in training for up to 5 years in total across their training trajectory, rather than 3 years, including up to 2 years continuous break in training (see Leave and interruptions to training (ranzcp.org)).
- RANZCP data suggests that across Australia and New Zealand, female trainees take slightly longer to complete their training than the male counterparts (see gender equity snapshot).
- It is not accurate to say that an 'accredited position remains reserved for the trainee on break', however the impact of a trainee being on a break means that gaps emerge: instead of moving on to their next rotation, the trainee is on a break, and there may be no other suitable trainee available to fill the resulting vacancy.

Pscyhiatry Subspecialty Training (pp7-8):

- A subspecialty advanced certificate in Child and Adolescent Psychiatry is available for trainees in both the rural and metropolitan psychiatry training programs and is run through the statewide Child and Adolescent Mental Health Service.
- However there are limited subspecialist advanced training opportunities in the rural zone, depending on which area of practice the trainee wishes to pursue.

Health System Performance (Mental Health) (p 8)

The RANZCP WA Branch welcomes the opportunities provided by the new mental health governance arrangements to revisit the key performance indicators for mental health.

- We note that the current indicators are not effective and are subject to 'gaming' – that is services find ways to work around the indicators so that they can obtain perfect compliance, but without ensuring that the policy intent of the indicators is met.
    - For example, the 'mental health' performance indicators P1-1 measures the percentage of post discharge community care within 7 days following discharge from acute specialised mental health inpatient services. This is aimed at ensuring the smooth transfer from inpatient to community services.
    - In practice, instead of the community service taking over the care of the person within seven days, a hospital employee phones the person to enquire about their welfare, thus meeting the performance indicator, but is unable to offer any care for the person. The community service then takes responsibility for care from day 8 onwards, potentially delaying care by a week.
- We recommend that the new indicators be introduced on a trial basis, and reviewed within twelve months, and on an ongoing basis, to ensure that they deliver the outcomes sought.

Phase 2: Priority Areas for Action

We note:

- Objective 4.1 - A Diploma of Psychiatry is currently under development by the RANZCP and will commence in 2024. (A consultation on the program is currently underway)
    - We suggest this dot point be reconfigured, to "explore options to support GPs, Rural Generalists and senior medical officers completing the Diploma of Psychiatry".
    - We also note that the Diploma of Psychiatry is not rural specific, so this item could be moved to another section.

- Objective 4.2 - We note the strategy to 'Utilise the Area of Need program to encourage health services to recruit IMGs'.
    - In practice, the Area of Need program is only available to International Medical Graduates whose qualifications are assessed as being 'substantially comparable' to those of Australian graduates.
    - If this strategy is restricted to 'Areas of Need' it will exclude those IMGs whose qualifications are assessed as 'Partially Comparable', which may unnecessarily restrict the people available to work in rural areas.
    - We also note that it essential that supports be put in place for all overseas trained practitioners, to assist them to adjust to Australian culture and become part of a rural community. This requires far more than finding the person a job, and also extends to helping embed family members within a community.

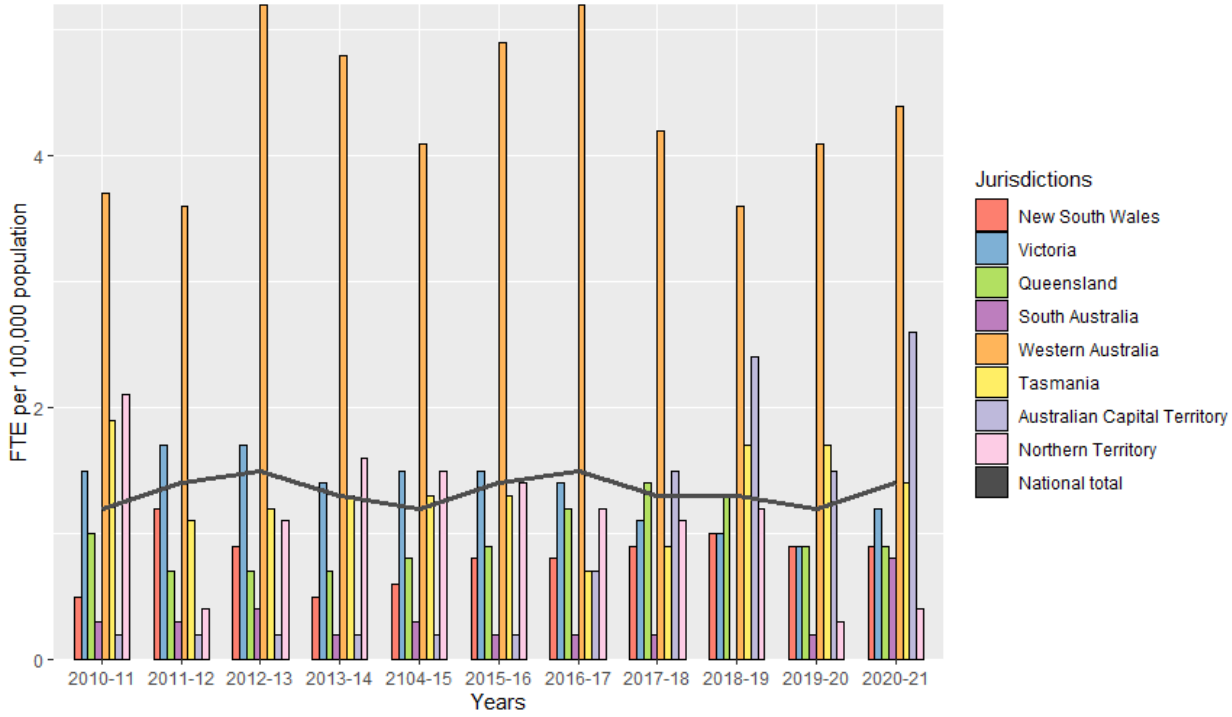
Thank you once again for the opportunity to contribute to this important work. If you have any queries, I can be reached via ranzcp.wa@ranzcp.org or please contact our Senior Advisor, Policy, Advocacy and Educational Development, Ms Gillie Anderson via gillie.anderson@ranzcp.org or 6458 7802.

Yours sincerely

Dr Michael Verheggen
Chair, RANZCP Western Australia Branch

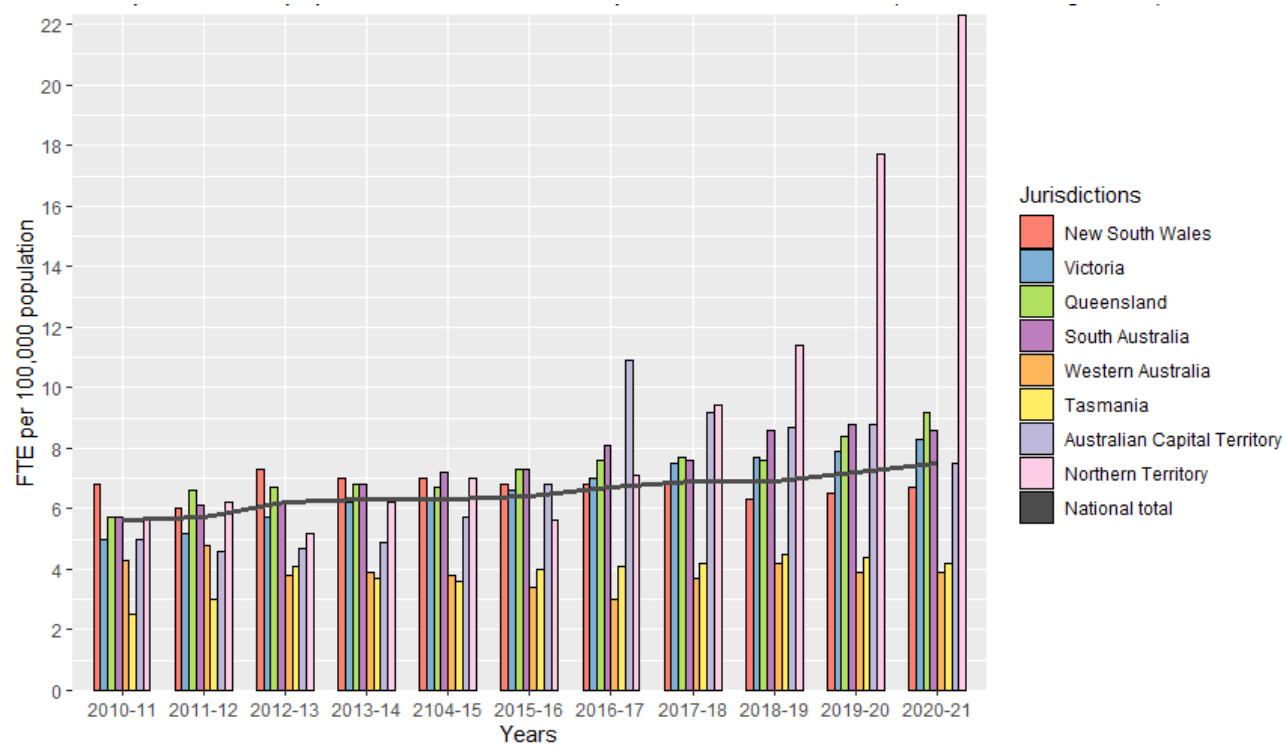
Appendix

Graph 1: FTE per 100,000 population of workforce for psychiatry medical officers in specialised care sectors, from 2010-11 to 2020-21



Source: [Facilities - Mental health - AIHW]

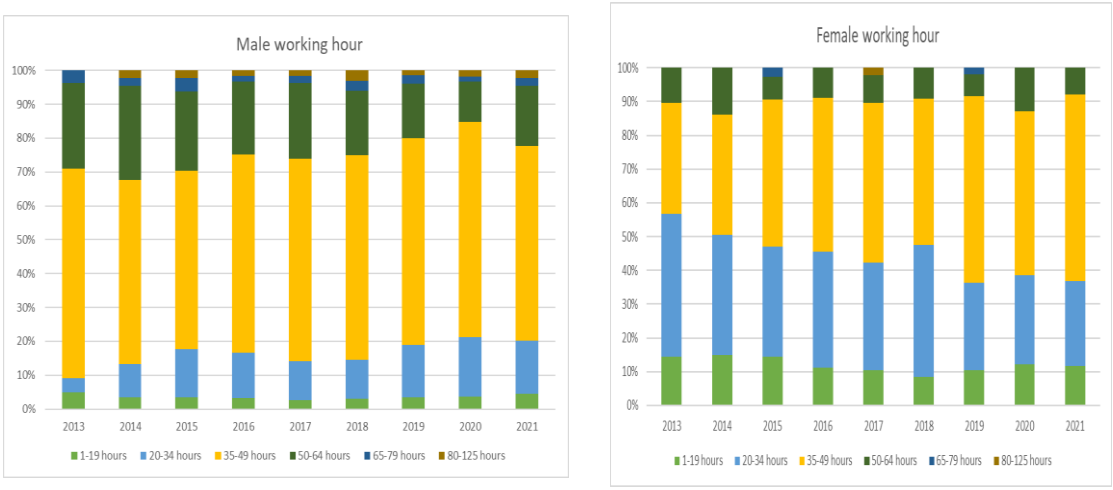
Graph 2: FTE per 100,000 population of workforce for psychiatry registrars (including trainees)* in specialised care sectors from 2010-11 to 2020-21



Source: [Facilities - Mental health - AIHW]

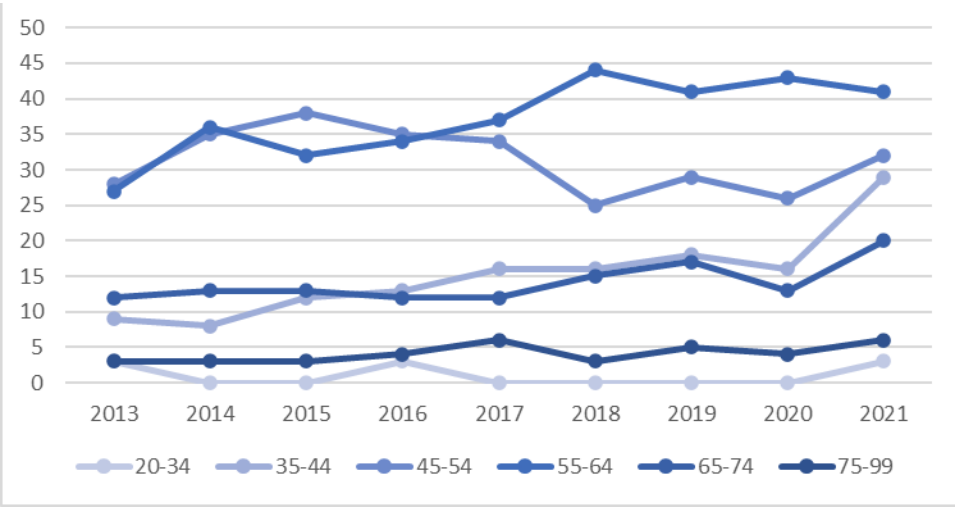
* ”Psychiatry registrars (including trainees)” includes those on the training pathway AND service registrars who are effectively the same as SMOs with lower pay.

Graph 3: Proportion of male psychiatrists by groups of working hours, from 2013 to 2021; and proportion of female psychiatrists by groups of working hours from 2013, to 2021



Source: National Health Workforce Dataset

Graph 4: Number of psychiatrists working in the private sector by age groups, from 2013 to 2021



Source: National Health Workforce Dataset