



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists

New South Wales Branch

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**Re: Special Commission of Inquiry into Healthcare Funding**

1. Thank you for the opportunity to provide this statement to the NSW Government's Special Commission of Inquiry into Healthcare Funding.

2. This statement sets out the evidence that I am prepared to give to the Special Commission of Inquiry into Healthcare Funding as a witness. This statement is true to the best of my knowledge and belief.

- **Introduction**

**1) A brief overview of the College**

**a) Any recognised subspecialties**

3. The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is the principal organisation representing the medical specialty of psychiatry in Australia and New Zealand providing access to Fellowship of the College to medical practitioners. The RANZCP has approximately 8400 members bi-nationally. The NSW Branch represents over 2100 members, including over 1400 qualified psychiatrists.

4. The NSW Branch offers a substantial resource of distinguished experts – academics, researchers, clinicians, and leaders dedicated to developing expertise in understanding the risk factors of mental disorders, treating individuals and families, developing models of care, and promoting public health measures that will reduce the personal suffering, loss of potential and huge economic costs caused by mental disorders in our community. RANZCP Fellows can receive advanced training in a variety of [specialist areas of psychiatry or subspecialties](#). [SCI.0011.0209.0001]

5. The RANZCP comprises: Seven internationally recognised specialties of psychiatry or [faculties](#), [SCI.0011.0200.0001] internationally recognised academic or clinical interest areas of psychiatry or [sections](#), [SCI.0011.0208.0001] and [networks](#) [SCI.0011.0204.0001] representing broad areas of interest within psychiatry. The RANZCP also has members contributing as experts to [working and advisory groups](#). [SCI.0011.0210.0001].

**b) The relationship with any subspecialty representative organization or body**



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Psychiatrists

6. NSW Government [Health Education and Training](#) (HETI) [SCI.0011.0204.0001] are stakeholders in psychiatry training in NSW alongside the RANZCP. HETI provides trainees with a diverse range of training opportunities through their [network of training sites](#) [SCI.0011.0204.0001] but HETI does not provide training in specialists areas of psychiatry or subspecialties. As noted in the previous question, it is the RANZCP that provides advanced training in [specialist areas of psychiatry or subspecialties](#). [SCI.0011.0209.0001].

7. The RANZCP and the Royal Australasian College of Physicians (RACP) have together developed the [Dual Fellowship Training Program \(DFTP\)](#) [<https://www.ranzcp.org/become-a-psychiatrist/psychiatry-training/about-fellowship-program/dual-fellowship-program>] for medical graduates (including medical graduates in NSW) who wish to attain Fellowship in Community Child Health and Child and Adolescent Psychiatry or General Paediatrics and Child and Adolescent Psychiatry.

- **The current state of the psychiatry workforce**

## 2) Information as to the following in NSW

- 8. Accredited Trainees:** As of 2 July 2024, there were 645 accredited trainees in NSW.
- 9. Unaccredited Trainees:** The RANZCP does not hold this information, this information may be available from NSW Government [Health Education and Training](#) (HETI) [SCI.0011.0204.0001]
- 10. Fellows able to supervise trainees:** RANZCP Fellows attend a mandatory half day training workshop conducted by the RANZCP NSW Branch Training committee to become a RANZCP-accredited Supervisor. To maintain accreditation, updated training must be completed every 5 years. As of 2 July 2024, there were 1290 accredited supervisors in NSW.
- 11. Training sites:** The full list of training networks and sites can be found [here](#). [SCI.0011.0204.0001]

## 3) The extent to which the current number of practising specialists can meet the demand for services within New South Wales – generally and in the public health system.

12. Current capacity is limited and deteriorating due to the crisis in the psychiatric workforce, and the mental health workforce in general. NSW has a 25% vacancy rate in staff specialist positions.

13. This contraction in psychiatry workforce numbers has occurred against a background of population growth and increased demand, reflected in ED presentations across most LHDs. Based on a recent RANZCP NSW Branch survey of psychiatrists and trainees working in the public system, 70 percent of psychiatrists working in the public sector will leave in the next 12 months unless there are significant improvements to pay and conditions.

## 4) If there is a maldistribution of specialists across New South Wales (either geographically or between the public and private systems):



**a) The nature of the maldistribution:**

14. The RANZCP does not maintain data on the maldistribution of the psychiatry workforce beyond the data provided to us by NSW Health. The RANZCP is part of Health's recently established Psychiatric Workforce group, comprising Workforce Branch, Mental Health Branch and other stakeholders. Data on staffing profiles, vacancies and distribution is held by the Department.

15. The overview of the RANZCP set out in Item 1 explains the role of the RANZCP. However, as a resource of distinguished experts in the specialty of psychiatry we do advocate for increased funding for mental health, reform to policy impacting the mental health sector including the psychiatry workforce.

16. Feedback from clinical directors of major hospitals across NSW tells us that in NSW there is an unprecedented reliance on locum service utilisation to keep services running which is unsustainable and invariably leads to poorer outcomes.

17. Locums can deliver quality clinical services, but they do not provide continuity or service/team leadership, affecting patient outcomes and training experiences for registrars.

18. For the [NSW mental health care system on the brink: Evidence from the frontline report](#), [SCI.0011.0270.0001] (On the brink) The NSW Branch of the RANZCP, in partnership with other peak health and mental health groups surveyed frontline mental health workers across NSW to illuminate the mental health crisis in NSW. Pages 16 and 17 of '[On the brink](#)' [SCI.0011.0270.0001] describes an exodus of clinical staff, including employed psychiatrists from the sector post covid, mostly to the private sector where there is less stress and significantly greater remuneration.

19. For reasons identified in our response to b) 'the factors that contribute to the maldistribution', and on page 8 of [the RANZCP submission to the Upper House Inquiry into Mental Health Services](#) [ZCP.0001.0122.0001] the lure away from public psychiatry to private practice is severely impacting psychiatry services in public hospitals. It has become increasingly difficult to recruit psychiatrists into staff specialist positions in the public system. These are positions that were once considered to be great opportunities for staff specialists to either launch or further a career. It's the case in urban areas and the challenges are even greater in rural and regional areas.

**b) The factors that contribute to the maldistribution:**

20. The RANZCP does not maintain data on the maldistribution of the psychiatry workforce. We have, in our submission to the Special Commission on Inquiry into Healthcare Funding on 17 June and other submissions, commented on what we consider to be the problems



contributing to the psychiatry workforce crisis in NSW. The following comments are taken from that submission.

21. NSW has the lowest employment awards for junior medical and senior specialist staff in Australia, specifically non-competitive with our major neighbours in Victoria and Queensland, where specialists are paid up to 25-30% more. In Queensland recruitment is boosted by an up to \$70,000 relocation allowance for specialists.

22. In NSW, Visiting Medical Officers (VMOs) are no longer attracted to long term contracts because they can be paid significantly above award rates on short term VMO contracts or as locums. And many staff specialists report that they are not able to access long standing employment conditions like non-clinical time and study leave and they have less time to provide supervision or participate in workplace-based assessments.

23. Poor pay and conditions are also a factor in the exodus by psychiatrists from the public to the private system. So is the contraction in clinical variety seen in public sector services. The focus of public services is provision of care to those with acute psychotic disorders, often with comorbid disorders, and those in crisis. This happens both at hospital and community levels. It results in de-skilling of psychiatrists in the public sector and limited opportunities for trainees to gain broader clinical experiences. At the end of training, most are ill-equipped to manage the variety of presentations seen in the private system, where most psychiatrists are ultimately headed.

- **Specialist training programs**

**5) A summary of the specialty training program(s) administered by the College in New South Wales by reference to the relevant policy documents and including:**

- 24. Entry Requirements:** [Entry requirements](#) [ZCP.0001.0042.0001] for the Fellowship Training Program
- 25. Length of program:** 5 years
- 26. Location of delivery (metropolitan/rural):** Trainees are required to rotate to sites within [the training network](#). [SCI.0011.0271.0001] For example, gain experience in different LHDs where required. While completing a rotation at a facility, trainees may also be seconded to another facility.
- 27. Program Structure:** The RANZCP Fellowship Program Structure is [here](#). [SCI.0011.0206.0001] In addition to clinical training a trainee must pass RANZCP assessments. Assessments are made up of: Multiple Choice Question, Modified Essay Questions and Critical Essay Question exams, a clinical competency assessment (modified portfolio review), Psychotherapy Written Case and a Scholarly Project.
- 28. Number of trainees admitted in the relevant period, including how that number is determined:** Currently application rounds for trainees are twice a year in April and September. The September interview aligns with [NSW Health's 'Junior Medical Officer Recruitment Campaign'](#) [<https://www.health.nsw.gov.au/jmo-apply>] so it also serves as an interview for



employment. Trainees accepted in April to start in May or August and trainees accepted in September start in February the following year.

29. The number of trainees selected is determined by [each training network](#). [SCI.0011.0271.0001] Selection factors are based on the number of positions to fill, expected number of trainees to gain Fellowship, positions applied for and stages of training. If required, we can seek further advice from Directors of Training (DOTs) on your behalf, as DOTs are not RANZCP employees, if you have more specific questions.

**6) An overview of the role/function of other agencies/bodies etc. in administering specialty training programs relevant to the college, including NSW Health.**

30. In NSW three organisations run accredited Formal Education Courses:

- [HETI Higher Education](#) [SCI.0011.0203.0001]
- [Hunter New England Training in Psychiatry](#) [SCI.0011.0201.0001]
- [The University of Sydney Brain and Mind Centre](#) [SCI.0011.0202.0001]

31. Trainees are also free to do courses online with approved interstate providers. HETI does not provide training in specialist areas of psychiatry or subspecialties. A description of HETI's role in the NSW Psychiatry program can be found [here](https://www.heti.nsw.gov.au/education-and-training/courses-and-programs/psychiatry-training-program). [https://www.heti.nsw.gov.au/education-and-training/courses-and-programs/psychiatry-training-program]

**7) A summary of the process for the accreditation of training sites/places in New South Wales by reference to relevant policy documents, including:**

- a) **32. The role of the College in the accreditation of training sites/places:** [Sites or individual health services](#) [SCI.0011.0204.0001] are not accredited by the RANZCP for the training of psychiatrists – that is, the actual locations within the five psychiatry networks where training takes place – however [the RANZCP Accreditation Committee](https://www.ranzcp.org/college-committees/committees,-faculties,-sections-networks/committees/education-committee/accreditation-committee) [https://www.ranzcp.org/college-committees/committees,-faculties,-sections-networks/committees/education-committee/accreditation-committee] is responsible for the accreditation of Fellowship Programs including Formal Education Courses (FECs). There are 5 networks in NSW, each comprising urban and rural areas. Training is overseen by 5 Network Directors of Training, as well as Directors of Advanced Training, Site Coordinators of Training, all overseen by Network Governance Committees (NGC's), the Psychiatric State Training Committee, HETI and the RANZCP Branch Training Committee. Standards are set by the College which is responsible for accreditation of placements.

33. [This link](#) [SCI.0011.0199.0001] provides information on the accreditation of posts, programs, and FECs by the RANZCP.



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Psychiatrists

- b) **34. The criteria applied for the accreditation of training sites/places.** [This link](#) [SCI.0011.0199.0001] details the RANZCP Training Program Accreditation Standards. Sites or individual health settings are not accredited by the RANZCP for the training of psychiatrists.
- c) **35. Process by which new sites are identified for possible accreditation:** Sites or individual health settings are not accredited by the RANZCP for the training of psychiatrists, therefore the RANZCP is not involved in identifying new sites for accreditation.
- d) **36. The process of determining how many training places will be accredited at a particular training site, and who is responsible for making those decisions:** [Each training network](#) [SCI.0011.0204.0001] ensures the equal distribution of trainees across the Network. As trainees rotate through the different terms of the [Psychiatry training program](#), [<https://www.heti.nsw.gov.au/education-and-training/courses-and-programs/psychiatry-training-program>] they are exposed to a broad range of sub-specialty areas and learn through clinical and individual supervision, dedicated teaching time and RANZCP examination preparation sessions. Trainees will work in both city, regional and rural hospitals through their training.
- e) **37. The process for reviews of accreditation, including the withdrawal of accreditation:** [This link](#) [SCI.0011.0199.0001] details the principles for removal of accreditation from Fellowship programs, Certificates of Advanced Training, and Formal Education Courses which are not compliant with the RANZCP 2012 Fellowship Accreditation Standards.
- f) **38. The body responsible for setting criteria applied for accreditation of training sites/places and the process for the review of those criteria:** RANZCP does not accredit sites or individual health services for the training of psychiatrists. [This link](#) provides information on the accreditation of posts, programs, and courses by the RANZCP.
- 8) An overview of the role/function of other agencies bodies in the accreditation of training sites/placements**
39. [HETI](#) [<https://www.heti.nsw.gov.au/education-and-training/courses-and-programs/psychiatry-training-program>] is responsible for the Training Networks. The RANZCP is responsible for the [selection of trainees](#) [<https://www.ranzcp.org/become-a-psychiatrist/psychiatry-training/selection-of-trainees>] and the [Fellowship Program](#). [<https://www.ranzcp.org/training-exams-and-assessments/fellowship-program/program-overview>] It is the role of the [NSW Branch Training Committee](#) [<https://www.ranzcp.org/college-committees/committees,-faculties,-sections-networks/committees/education-committee/committee-for-training/branch-and-new-zealand-training-committees-btcs>] to administer the regulation of the College's Fellowship Training Programs.
- **Internationally trained doctors**
- 9) An overview of the process by which internationally trained doctors may attain Fellowship of the College**
40. The [Committee for Specialist International Medical Graduates Education \(CSIMGE\)](#)



The Royal  
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College of  
Psychiatrists

[RANZCP \[https://www.ranzcp.org/college-committees/committees,-faculties,-sections-networks/committees/education-committee/committee-for-specialist-international-medical-graduates-education-csimge\]](https://www.ranzcp.org/college-committees/committees,-faculties,-sections-networks/committees/education-committee/committee-for-specialist-international-medical-graduates-education-csimge) oversees the procedure for Specialist International Medical Graduates (SIMG) seeking permanent registration as a psychiatrist in NSW.

41. [Recognition of prior learning \(RPL\) \[https://www.ranzcp.org/training-exams-and-assessments/support-help-centre/recognition-of-prior-learning\]](https://www.ranzcp.org/training-exams-and-assessments/support-help-centre/recognition-of-prior-learning) is the evaluation process that determines whether a candidate is suitable for RANZCP training based on their past learning, skills, and experience.

42. International Medical Graduates (IMG) who would like to apply to be a psychiatry trainee must meet [Australian Medical Council Guidelines \[https://www.amc.org.au/img-guides/\]](https://www.amc.org.au/img-guides/) prior to their acceptance by the RANZCP.

43. NSW has a long history of attracting IMGs for trainee and SIMGs for specialist psychiatry posts, notably in Hunter, Illawarra, Western and South Western Sydney. Prior to Covid the mental health system, particularly in outer metro and rural/regional areas, relied on IMGs entering the system across the breadth of the State. This came to a standstill during Covid and has not recovered. The Federal Government's recent adoption of the recommendations of [the Kruk Review \[https://www.regulatoryreform.gov.au/news-and-events/2023-12-06-final-report-independent-review-overseas-health-practitioner-regulatory-settings\]](https://www.regulatoryreform.gov.au/news-and-events/2023-12-06-final-report-independent-review-overseas-health-practitioner-regulatory-settings) will go some way to seeing more streamlined and timely recruitment of IMGs. The RANZCP aims to assist Government in any way to maintain the standard of IMGs entering the system.

- **Workforce planning**

**10) The extent to which the specialist training programmes administered by the College are currently producing sufficient specialists to meet current and future demand in NSW.**

44. As we have already stated in our submission to the Special Commission of Inquiry into Healthcare Funding on 17 June and again in response to item 3, NSW has a staff specialist vacancy rate of 25% which has led to unprecedented levels of locum utilisation in NSW to fill the gaps.

45. According to 2019 [workforce modelling data from NSW Health \[SCI.0011.0273.0001\]](#) (current as of 5 July 2023) the average age of psychiatrists in NSW is 53 and 30% of psychiatrists are aged over 60. Of psychiatrists aged over 60, 69% are expected to retire in the next 3-5 years.

46. Training in psychiatry in NSW is not as popular as it is in Victoria and Queensland for a variety of reasons (see submission). The NSW RANZCP believes the most important investment NSW can make to meet current and future demand beyond improved pay and conditions to match interstate competitors is in PGY rotations in psychiatry. We know that exposure to a psychiatry rotation pre-vocationally is the most significant factor in people choosing a career in psychiatry.



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Psychiatrists

47. To address the rate of retirement among psychiatrists and the attrition rate of public sector psychiatrists (see submission; multiple reasons including lowest remuneration rates in the country, burnout and stress) NSW needs a major increase of PGY 1&2 rotations over the next three years. Year 1: 50 positions; Year 2: 100 positions; Year 3: 150 positions ([The RANZCP 2024-25 Pre-budget submission p18](#)). [ZCP.0001.0127.0001].

**11) If the College considers that specialist training programmes are not producing sufficient specialists to meet current and future demand in NSW**

**48. How many more specialists are required to meet that demand, including by**

**a) reference to locations within New South Wales (i.e., metropolitan/regional, etc)?**

49. The RANZCP cannot answer this question. NSW Health may have some data. Only with appropriate planning (for example the [Department's planned Gap Analysis](#)) [SCI.0011.0272.0001], will the extent of need be accurately calculated.

**b) 50. An identification of any impediments/obstacles/challenges in training sufficient specialists to meet that demand. As we noted in our 17 June submission on pages 22 and 23:** The RANZCP recently commissioned a review of support needs for training administration. There has been a 60% increase in trainees over the last decade, but there has been no change in the level of administrative support. That review, specifically comparing NSW with Victoria (similarly sized jurisdictions), detailed issues in NSW with complex governance arrangements in the interplay between the various stakeholders, and some confusion around College versus Employer responsibilities and reporting.

51. The RANZCP 17 June submission (page 7) also noted that the funding of mental health services means funding the right workforce, not only in terms of numbers, but skill mix. Attracting, training and retaining the right workforce will require a commitment to rolling out a suite of strategies, not in a 'business-as-usual' way, but by a dedicated MH taskforce or unit. The Commissioned review is a RANZCP internal document.

**12) The extent to which the College considers the demand for specialist services – generally and between different locations within New South Wales – in the administration of training programs.**

52. More recently, due in part to the NSW Health funded RANZCP Rural Psychiatry Programs, promoting and supporting training in rural NSW, there has been an expansion in numbers of trainees living and working in regional NSW. These now number 50.

53. In Northern NSW this has been further facilitated by the appointment of a Rural Director of Training, using temporary Federal [Flexible Approach to Training in Expanded Settings](#) [<https://www.health.gov.au/our-work/fates>] (FATES) funding. That position is now funded in an ongoing way by the LHD.





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College of  
Psychiatrists

54. Since this position has been in operation there has been a dramatic increase in LHD based trainees. Considering this success, the RANZCP, in its 2024-25 [pre-budget submission](#), ZCP.0001.0127.0001 called for funding of four rural Director Of Training positions across the State, to further promote the attraction, training and retention of a psychiatric workforce in the bush.

55. In addition, in the wake of its review, the RANZCP sees the time is now to review the Network arrangements in NSW, as well as the governance structures. These need to be simplified, the State needs to fund the additional administrative requirements that has come with the expanded trainee workforce over the last decade, and the notion of separate rural networks should be explored, given the evidence of their being self-sustaining.

### 13) In relation to “unaccredited trainees” working within the College’s specialty area:

#### a) 56. A description of an “unaccredited trainee” from the perspective of the College.

Unaccredited trainees are Australian trained doctors who occupy a training post but have not applied to join the RANZCP Fellowship Program. They also include IMGs whose medical qualifications are from a medical school outside Australia and New Zealand who are seeking to practice medicine and specialise in psychiatry. Unaccredited IMG trainees must meet [Australian Medical Council Guidelines](#) (AMC). [<https://www.amc.org.au/img-guides/>] Once they meet AMC requirements and are awarded general medical registration, or general registration, they are limited to practice in psychiatry and eligible to apply to join the RANZCP Fellowship Program.

#### b) 57. Pending successful selection to commence training and registration with RANZCP, an IMG could be eligible to apply for [Recognition of prior learning](#) (RPL).

[<https://www.ranzcp.org/training-exams-and-assessments/support-help-centre/recognition-of-prior-learning>]

[This link](https://www.ranzcp.org/become-a-psychiatrist/psychiatry-training/selection-of-trainees) [<https://www.ranzcp.org/become-a-psychiatrist/psychiatry-training/selection-of-trainees>] describes the RANZCP process for the selection of trainees.

#### c) 58. The role played by “unaccredited trainees” within the public health system in NSW. Please see our response to 13 a).

- Case studies

### 14) Suitable case studies to demonstrate:

#### a) 59. Workforce challenges / issues/ obstacles.

See 17 June submission and responses to Question 4 of this document.

#### b) 60. Challenges in implementing the training programs by the College, including examples of how challenges have been overcome.

See recommendations in the 17 June submission and responses to Question 4 of this document.

- Other matters

### 15) The extent to which the College agrees or disagrees with the conclusions and



**recommendations set out in the National Health Practitioner Ombudsman report titled “A roadmap for greater transparency and accountability in specialist medical training site accreditation”, dated October 2023.**

61. The RANZCP will take this question on notice and will respond after further consultation.

**16) Any other relevant matters raised by the College in relation to the administration of specialist training programs and the sustainability of the workforce generally.**

62. The RANZCP has addressed all relevant matters in our evidence to the Special Commission Inquiry into Healthcare Funding on 12 June and in our 17 June submission.

63. If you have any questions or if you would like to discuss any of the details in our statement, please do not hesitate to contact me through Richard Hensley, the NSW Branch Policy and Advocacy Advisor. Email: [Richard.Hensley@ranzcp.org](mailto:Richard.Hensley@ranzcp.org) or by phone on (02) 9352-3609.

Yours sincerely



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