

THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS

Response to the Productivity Commission on Health Workforce

Position Paper

November 2005

This response is made by the Royal Australian and New Zealand College of Psychiatrists (RANZCP) to the Productivity Commission Position Paper on Australia's Health Workforce.

RANZCP acknowledges the difficult task of the Commission in producing, within a reduced timeline, a Position Paper that covers such a broad spectrum of workforces. Overall the recommendations it provides are logical; however, we do not believe that they will have any significant impact on the issues facing the mental health workforce, and may in fact worsen existing pressures.

RANZCP submitted a paper to the Productivity Commission highlighting the original Issues Paper's omission of mental health, and provided a range of specific concerns in relation to mental health workforce. In particular, we identified status as a driving factor in the resourcing and perceived attractiveness of certain high status specialty areas, and the influence low status has on attracting and maintaining appropriately trained staff in relation to Aboriginal and Torres Strait Islander health, mental health, disability services and aged care. While this was recognised in the Position Paper, the same report claims a lack of sufficient time to examine these specific areas, instead including them within a "special needs" section. This further contributes to the perception of these areas as low status or low importance.

We would like to stress that mental health should not be considered a "special need", but a core component of the improvement in health outcomes from which the effectiveness of such a report's recommendations will be measured. One in five Australians over the age of eighteen suffers from a mental illness, and, as the Position Paper itself notes, mental illness is the leading cause of disability burden in Australia. While the RANZCP welcomes the proposal that all broad, institutional health workforce frameworks make explicit provision to consider the requirements of the mental health sector (**Draft Proposal 11.1**), we cannot endorse any approach that considers mental health to be anything other than mainstream.

The Productivity Commission has failed to acknowledge the problem of inadequate funding of mental health care. RANZCP contends that it is the underfunding of the mental health care system, along with the low status of mental health care as a specialty area, that is a major contributor to the problems of mental health workforce recruitment and retention. Retention in particular needs to be addressed to reduce the attrition of the current workforce due to chronic under-resourcing, which places an intolerable burden on those who remain.

At present, it is not clear why it would be advantageous to move the responsibility for university health profession education from the Department of Education, Science and Training to the Department of Health and Ageing (**Draft Proposal 5.1**). RANZCP

believes that health departments are insufficiently sensitive to the needs of professional education, and that this would result in poorer outcomes after much time-consuming and expensive administration to effect the transition.

RANZCP does not support the recommendation that the Australian Health Ministers' Conference should establish a single national accreditation agency for university-based and postgraduate health workforce education and training (**Draft Proposal 6.1**). We believe that the present system for accreditation of medical colleges by the AMC is currently working well, and that the proposed change risks creating an inferior system. We contend that a large body overseeing all university-based and postgraduate education, and possibly even VET, would be significantly less effective than the current system for colleges and medical schools. When the recommendations of **Draft Proposal 6.2** are taken into account this seems an impossible task for one agency, and we are concerned about the impact this would have on standards.

If an independent standing review body is established to advise the Minister for Health and Ageing on the coverage of the Medicare Benefits Schedule, as recommended in **Draft Proposal 8.1**, RANZCP would seek to advise the proposed body on mental health issues. The proposed review body would need to consider evidence to ensure standards of safety and efficacy are met, and to consider carefully medico-legal implications.

Job redesign is posited as a possible solution to workforce shortages (**Draft Proposal 10.2**). While this may have some advantages, RANZCP suggests that, for mental health, workforce innovation should be less about the creation of novel roles and more about the better utilisation of existing ones. We would not support the creation of generic mental health workers. Better role definition of, and access to, clinical psychologists would increase the access of Australians to psychological therapies for mental illness, and there is a need for appropriate credentialing of clinical psychologists and mental health nurses for clinical practice in community settings. RANZCP also supports consultancy models for psychiatrists, to better capitalize on their specialist expertise. The profession with the most comprehensive training, psychiatrists are well-placed to provide high-level consultancy, leadership and management to support other health professionals in delivering quality mental health care. However, this must not be brought about by reducing the treatment role of psychiatrists for those individuals needing expert care.

RANZCP supports the Productivity Commission's view that overseas-trained professionals play a valuable role in the Australian workforce, while understanding that Australia should not be over-reliant on overseas-trained professionals (**Draft Proposal 3.1**). However, we reiterate the importance of adequately supporting international medical recruits.

Mental health is central to the health of Australians. RANZCP trusts that the Productivity Commission will consider the needs of the mental health sector in its recommendations.