

12 October 2023

The Royal Australian & New Zealand College of Psychiatrists
309 La Trobe Street
Melbourne VIC 3000

Via email: diploma@ranzcp.org

Dear RANZCP Secretariat,

Re: RANZCP Diploma of Psychiatry Offering Consultation

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide a response to the RANZCP Diploma of Psychiatry Offering Consultation. We provide specific comments on the curriculum and learning outcomes below.

Curriculum learning outcomes

The RACGP supports the choice of learning methods and assessments for the Diploma. However, we note the Diploma seems to be designed in close alignment with the academic program for psychiatry trainees. We provide suggestions regarding the level of the curriculum learning outcomes and their content as relevant to general practice.

Level of learning outcomes

Mental health is already firmly embedded in GP training and is a core part of the RACGP's [Curriculum for general practice](#) and [The Fellowship in Advanced Rural General Practice: Advanced Rural Skills Training – Curriculum for mental health](#). The learning outcomes described in the [RACGP curriculum](#) are those expected of a general practitioner (GP) at the level of Fellowship.

A review of the learning outcomes in the Core and Mental health units of the RACGP curriculum shows significant overlap with the competencies as described in the Diploma. As the Diploma is directed towards GPs to extend their knowledge and skills in psychiatry, the RACGP recommends the outcomes should have greater focus on the application of knowledge and skills in the clinical setting of community based/general practice services.

Content of the curriculum

The curriculum needs to reflect more on the range of mental health presentations and needs of the patient population who present outside of tertiary or specialists care. Many of these people are disempowered and often do not have the resources to access mental health systems, leaving the care in the hands of GPs. Some specific areas to consider are:

1. Management of co-morbidities and complex care needs

In addition to managing common mental health conditions such as depression, grief and anxiety disorders, Australian GPs spend a large amount of clinical practice in the management of complex comorbidities in these patients.

- Section 1.5 states "broadly discuss" a range of impact of developmental goals and mental health across the lifespan. This is in fact the bulk of mental health work that GPs do, and any approaches to these areas need to be attended to in detail, rather than just a broad scope.



- While Section 1.5 mentions 'physical health and illness', the psychiatric support of patients with complex multiple morbidities is a major part of the work undertaken by GPs requiring detailed attention including multiple diagnoses, and complex management including medication interactions and the monitoring of disease complications, etc.
2. Management of specific populations presenting in the community/general practice
- GPs see patients in many different population groups who have specific mental health needs, specifically:
- Section 1.5 needs to include the mental health needs of military personal and veterans
 - Section 1.5 should include mental health needs in occupational health eg emergency workers, police, teachers, work related injuries.
 - Section 1.5 needs to include people who come into contact with the justice system. Some GPs provide custodial care, and most GPs will manage patients who have been or are involved with the justice system.
 - Inclusion of disability mental health needs: The curriculum needs to include the mental health management of people living with disability, including cognitive disability as highlighted in the recent Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability – [Health care for people with cognitive disability](#). GPs provide the vast majority of mental health services to people living with disability, and this is not mentioned in this curriculum.
 - The provision of mental health care for homeless people in general practice: GPs will provide mental health services for homeless people so this should be included in the curriculum. While section 3.7 mentions housing, the management of the mental health of homeless people needs to be specifically included.
3. Inclusion of general practice management of dual disorders/dual diagnoses
- The curriculum requires more emphasis on the management of substance use disorders. Coexistent mental health and substance use disorders are very difficult to manage in the community and can include psychiatrists and addiction medicine specialists. The patients move between services and usually end up being managed in the general practice setting. As such, GPs need the appropriate evidenced based skills to manage these complex patients. For these reasons, where section 1.11 refers to Appendix 1.11, this needs to include dual disorders/dual diagnoses.

Thank you again for the opportunity to provide a response to the RANZCP Diploma of Psychiatry Offering Consultation. For any enquiries regarding this letter, please contact Stephan Groombridge, National Manager, Practice management, Standards and Quality Care on 03 8699 0544 or stephan.groombridge@racgp.org.au.

Yours sincerely

Dr Nicole Higgins
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