Joint 3rd Place Winner of 2024 PIF Australian Essay Competition

Dr Alexander Diaz
PGY2, The Melbourne Clinic, Victoria

Essay topic - 'Addressing equity in psychiatric care' – including but not limited to improving mental health care of culturally and linguistically diverse individuals, and in rural and remote areas.

By Dr Alexander Diaz

Psychiatry at the Brink:

The Influence of Medical Workforce Challenges on Care Inequity

Introduction

The sociopolitical landscape of 2025 poses threats to Australia's mental healthcare provision that are concerningly unprecedented. Equitable provision of psychiatric care begins with an equitable industrial landscape and working conditions for those who provide said care. Without this foundation, the question shifts from 'if' to 'when' the standard of treatment will inevitably erode.

Inequitable psychiatric care results from systemic failures to adequately fund and structure the psychiatric medical workforce and its resources. Illustrative of this is the recent mass exodus of New South Wales psychiatrists, a situation which may merely be the canary in the coal mine for future psychiatric disasters.

An attuned sceptic might argue that mental healthcare governance is divided across states and territories, suggesting the poor conditions in one state are not enough to extrapolate from. However, an examination of impending national changes and existing inequities reveals a collective threat to the integrity of Australian psychiatry that is more far-reaching than at face value.

Solutions to these systemic problems are as numerous and complex as the factors contributing to the disparity (Hashmi, 2021). While systemic reforms are essential, this essay focuses on one critical aspect: the medical workforce. By examining this element in detail, we can better characterise the challenges we

face, recognising how they are intertwined with past failures to achieve systemic equity. This issue is not new; it is an old problem with novel manifestations.

Imminent challenges to psychiatric workforce integrity

With respect to the medical staff leading psychiatric care teams (i.e., registrars and specialist psychiatrists), two prominent threats loom: first, the challenge posed by expedited specialist pathways, which jeopardise both the RANZCP and public trust; and second, 'scope creep,' characterised by the expanding roles of non-medical practitioners, undermining the authority and expertise of doctors in psychiatry.

Notably, these changes were met with widespread criticism from Australian specialist colleges, citing lack of consultation and the unlikelihood they would address workforce imbalances (ANZCA 2024; RANZCOG 2024).

Expedited specialist pathways

Expedited specialist pathways, introduced nationally in December 2024, allow overseas medical specialists to effectively bypass the RANZCP and act as imported, government-endorsed medical specialists. Currently, this pathway only exists for anaesthesia, general practice, and psychiatry (AHPRA, 2024).

Practically, these are psychiatrists who have (a) never trained within Australia, (b) never sat Australian psychiatric exams tailored to our population, and (c) lack guarantees of language and cultural competence. While currently limited to the UK, there is a real risk of expansion.

This change was accompanied by more flexible English language requirements for those registering in Australia (Medical Board of Australia, 2024).

The recent surge of scope creep

> The second of the mentioned threats refers to the dangers of over-expanding the scope of pharmacists, nurses, and/or ‘physician assistants’; in short, the ‘noctorification’ of medical provision.
>
> Domestic examples include Queensland Health’s “Scope of Pharmacy” pilots (Queensland Health, 2024) and the removal of the “Collaborative Agreement” *(Health Legislation Amendment Bill, 2024)* for practicing nurse practitioners, effectively arming both groups with overreaching autonomy.

These overhauls reflect an attempt to emulate the failing NHS model, sold to the public as a way for Australians to be seen by specialists sooner.

At the core of these policies is the implied replacement of medical staff with cheaper, albeit less trained, alternatives.

In simple terms, the underlying agenda is to place a downward pressure on wages by inflating the supply of providers through the expansion of non-medical practitioners and fast-tracking overseas-trained psychiatrists. Dollars saved come at the price of weaker cultural knowledge, lost training standards, and system unfamiliarity.

Ultimately, the ongoing push to reduce medical workforce costs sets the stage for a two-tiered psychiatric care system, wherein wealthier individuals have access to experienced Australian-trained specialists and those from disadvantaged backgrounds face limited or lower-quality care. This further splinters the service quality across social groups.

Cultural competence and the urban-rural divide

Cultural competence is a cornerstone of effective mental healthcare, and Australia is no exception to this (Dune et al., 2021). Indeed, according to the RANZCP in a position statement, “cultural safety underpins achieving equitable health outcomes” (RANZCP, 2024).

When this competency is ignored, we risk damaging public trust in psychiatry, where cultural and language competence are essential (Ohtani et al., 2015; Pandey et al., 2021). Those who may end up facing poorer outcomes include those from diverse cultural backgrounds, particularly Indigenous populations.

Expedited specialists lacking cultural understanding threaten to exacerbate this further, which is cause for concern given their likely relegation to areas of workforce shortage. This would result in worse engagement in the communities, entrenching cycles of mistrust and substandard care.

A view of Australia’s historical attempts to resolve workforce shortages and bridge social divides offers little hope. Failed schemes—such as the Bonded Medical Program, the 10-year moratorium on Medicare benefits, and Closing the Gap—share common criticisms of poor consultation, insufficient long-term funding, and overemphasis on recruitment over retention (Altman et al., 2008; ACRRM, 2024).

Public and private consequences

Australia’s unique cohabitation of private and public systems creates an environment for both disparities and opportunities. Both underfunding and policy neglect of the public sector have the potential to exacerbate inequities, with repercussions extending into private care.

The public-private quality chasm is also prone to widening in a hypothetical, oversaturated market containing Australian-trained RANZCP psychiatrists and overseas-trained/expedited psychiatrists or scope-expanded alternatives.

This may lead to a reduction in the quality of care for those with severe mental illness requiring involuntary treatment, regardless of whether they have means of access to private care. Put simply, even wealthy individuals face the critical limitation of the private system: its inability to provide involuntary treatment.

As the line between public and private care is blurred, the quality standards of the private sector may suffer as private providers face increasing pressure to compete on cost rather than quality.

Consider, for instance, a hypothetical telehealth clinic in which nurse practitioners or pharmacists could independently prescribe controlled substances, such as stimulants and benzodiazepines. This scenario risks simplifying psychiatry to a transactional process centred around prescribing psychotropics.

In the current system, the stringent requirements to become a psychiatrist safeguard against this commodification, as psychiatrists are trained under higher oversight and regulatory conditions to ensure treatment decisions are based on patient needs, not profit. This is important to protect vulnerable populations from inappropriate overprescription.

Transitioning from short-term fixes to long-term solutions

It is essential to commit to long-term strategies focused on the retention of a sustainable, well-supported medical workforce, ensuring that training standards are upheld, public trust in psychiatry is maintained, and the system avoids fragmenting into inequitable tiers of care.

To achieve this, three key strategies are worthy of consideration.

1. **Revamping training pathways around incentives**

   Psychiatry training in Australia mirrors the metropolitan versus rural “brain drain” that plagues the broader medical workforce (Hayter et al., 2024). This creates a paradox in which junior registrars can spend time in limbo performing unaccredited work to secure competitive urban training spots, while accredited rural and interstate positions go unfilled.

A possible solution lies in embedding robust incentives to encourage workforce retention in underserved areas.

Strategies such as HECS forgiveness, aggressive housing subsidies, and enhanced leave policies could entice doctors to commit to long-term rural practice, helping balance workforce distribution.

The success of such initiatives hinges on a voluntary model that improves quality of life for participants, rather than enforcing compliance through punitive measures.

2. Strengthen our existing workforce in primary care

The RANZCP Federal Pre-Budget Submission 2025-26 recommends that the government "invest $1 million to subsidise the education of GPs and medical practitioners to [upskill in mental healthcare]" (RANZCP, 2024).

This recommendation reflects an understanding that improving access to mental healthcare requires expanding the capacity of those already involved. GPs are often the first point of contact for mental health concerns but remain especially constrained by the MBS, which incentivises quick reviews rather than comprehensive care (MBS Review Taskforce, 2020).

The advantage of this suggestion rests in how it maximises the potential of our existing workforce without endangering the integrity of psychiatry through scope creep or relying on foreign supply to replace existing Australian medical graduates.

It is also worth noting the damaging effects of the Medicare freeze, which have caused patient rebates to become disconnected from the actual costs of care (Tsirtsakis, 2015). This stagnation discourages GPs from dedicating the time needed to address complex, root social determinants

that drive inequity. As such, strengthening the existing primary care workforce also requires properly funding MBS items related to mental health.

3. **Funding Specialist Training Program (STP) positions and pay parity**

   The RANZCP can accredit training positions, but it does not directly control their number. This is determined by government STP funding and regional service demands.

   Funding increases to STP positions have a dual positive impact. In the short term, they alleviate workforce shortages; in the long term, they provide opportunities for career growth in underserved areas and improved retention.

   For these benefits to be tenable long-term, pay parity across states is essential. Public psychiatrists accept lower wages, driven by a sense of duty rather than the financial gain that could be achieved through private or interstate work. To bolster retention, trainee psychiatrists deserve a tangible 'light at the end of the tunnel' after fellowship in the form of fair pay.

Conclusion

It is essential to recognise that the drivers of inequity extend well beyond medical workforce planning. Other critical factors that contribute, such as investment into social security, housing, and education, warrant their own elaboration. Planning effective policy also requires being able to appreciate when bandaid fixes may result in net harms.

Currently, psychiatry is in the spotlight for major reform. This is an opportunity for governments of all levels to demonstrate their commitment to reducing inequities and lay the foundation for meaningful, long-term change.

Appendix

Glossary of acronyms

ACRRM	Australian College of Rural and Remote Medicine One of two specialist medical colleges for general practitioners.
AHPRA	Australian Health Practitioner Regulation Agency Statutory authority that registers and accredits health professionals.
ANZCA	Australian and New Zealand College of Anaesthetists Specialist medical college for anaesthetists.
HECS	Higher Education Contribution Scheme Colloquially used to refer to debt accrued via this scheme.
MBS	Medicare Benefits Schedule A list of medical fees, set by the government, which are eligible for partial rebate.
NHS	National Health Service The publicly funded healthcare system(s) of the United Kingdom.
RANZCP	Royal Australian and New Zealand College of Psychiatrists Specialist medical college for psychiatrists.
STP	Specialist Training Program National government-funded initiative that contributes to funding trainee specialist salaries.

References

Altman, J.C., Biddle, N. and Hunter, B., 2008. *How realistic are the prospects for 'closing the gaps' in socioeconomic outcomes for Indigenous Australians?*. Canberra: Centre for Aboriginal Economic Policy Research.

Australian and New Zealand College of Anaesthetists (ANZCA), 2024. *Expedited SIMG registration pathway continues*. Available at: https://www.anzca.edu.au/news/expedited-simg-registration-pathway-continues (Accessed: 17 January 2025).

Australian College of Rural and Remote Medicine (ACRRM), 2024. *Feedback to the Review of Section 19AB and District of Workforce Shortage (DWS) classification system*. Available at: https://www.acrrm.org.au/docs/default-source/all-files/working-better-for-medicare-review-s19ab-and-dws.pdf (Accessed: 17 January 2025).

Australian Health Practitioner Regulation Agency (AHPRA), 2024. *Fast track registration pathway expanded*. Available at: https://www.ahpra.gov.au/News/2024-12-20-media-release-Fast-track.aspx (Accessed: 17 January 2025).

Dune, T., Chimoriya, R., Caputi, P., MacPhail, C., Olcon, K. and Ogbeide, A., 2022. White and non-White Australian mental health care practitioners' desirable responding, cultural competence, and racial/ethnic attitudes. *BMC psychology*, *10*(1), p.119.

Hashmi, R., 2021. *Inequity and inequality in Australian mental health and care systems: an investigation into the economics of wellbeing* (Doctoral dissertation, University of Southern Queensland).

Hayter, C.M., Allison, S., Bastiampillai, T., Kisely, S. and Looi, J.C., 2024. The changing psychiatry workforce in Australia: Still lacking in rural and remote regions. *Australian Journal of Rural Health*, *32*(2), pp.332-342.

Health Legislation Amendment (Removal of Requirement for a Collaborative Arrangement) Bill 2024 (Cth), Available at: https://www.aph.gov.au/Parliamentary_Business/Bills_Legislation/bd/bd2324a/24bd059 (Accessed: 17 January 2025).

MBS Review Taskforce, 2020. *Medicare Benefits Schedule Review Taskforce: Final Report*. Australian Government Department of Health. Available at:

https://www.health.gov.au/resources/publications/medicare-benefits-schedule-review-taskforce-final-report?language=en (Accessed: 17 January 2025).

Medical Board of Australia, 2024. *More flexible English language pathways for practitioners registering in Australia.* Available at: https://www.medicalboard.gov.au/News/2024-12-12-English-language-skills.aspx (Accessed: 17 January 2025).

Ohtani, A., Suzuki, T., Takeuchi, H. and Uchida, H., 2015. Language barriers and access to psychiatric care: a systematic review. Psychiatric Services, 66(8), pp.798-805.

Pandey, M., Maina, R.G., Amoyaw, J., Li, Y., Kamrul, R., Michaels, C.R. and Maroof, R., 2021. Impacts of English language proficiency on healthcare access, use, and outcomes among immigrants: a qualitative study. *BMC Health Services Research*, *21*, pp.1-13.

Queensland Health, 2025. *About community pharmacy pilots.* Available at: https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/community-pharmacy-pilots/about (Accessed: 17 January 2025).

Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), 2024. *RANZCOG calls for pause on expedited SIMG pathways.* Available at*:* https://ranzcog.edu.au/news/pause-on-expedited-simg-pathways/ (Accessed: 17 January 2025).

Royal Australian and New Zealand College of Psychiatrists (RANZCP), 2021. *Cultural safety in psychiatric practice*. Available at: https://www.ranzcp.org/clinical-guidelines-publications/clinical-guidelines-publications-library/cultural-safety (Accessed: 17 January 2025).

Royal Australian and New Zealand College of Psychiatrists (RANZCP), 2024. *Federal Pre-Budget Submission 2025-2026*. Available at: https://www.ranzcp.org/clinical-guidelines-publications/clinical-guidelines-publications-library/federal-pre-budget-submission-2025-2026 (Accessed: 17 January 2025).

Tsirtsakis, A., 2025. *'True extent of poor Medicare indexation revealed'.* NewsGP. Available at: https://www1.racgp.org.au/newsgp/professional/true-extent-of-poor-medicare-indexation-revealed (Accessed: 17 January 2025).