CHIEF PSYCHIATRIST
of Western Australia

Chief Psychiatrist's Guideline for

Prescribed Medical Practitioners

Issued under section 547 of the *Mental Health Act 2014* and *Mental Health Regulations 2015*

February 2025

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Version Control

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Relevant To	Prescribed Medical Practitioners		
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Acknowledgements

We acknowledge Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of our State and its waters. We pay our respects to Elders who were, who are and who will be, and extend this to all Aboriginal and Torres Strait Islander peoples seeing this message.

We acknowledge the individual and collective expertise of those with a living or lived experience of mental health, alcohol and other drug issues. We recognise their vital contribution at all levels, and value the courage of those who share this unique perspective for the purpose of learning and growing together to achieve better outcomes for all.

We are committed to embracing diversity and eliminating all forms of discrimination in the provision of health and mental health services.

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Background

WA has one of the lowest rates of publicly employed psychiatrists in Australia, at just 12.7 FTE psychiatrists per 100,000 population whilst the national figure was 13.7 FTE per 100,000.[i] A shortage of psychiatrists is an acknowledged risk for all public mental health services in WA and is particularly acute in rural areas of the state. Many public mental health services have traditionally relied on overseas specialists and locums or short-term cover to provide a service. However, it has been more difficult to recruit international and interstate psychiatrists to bolster the workforce which has undergone attrition due to retirement and other issues.

A diminished workforce in the face of increasing demand has led to increasing difficulties in administering the MHA 2014, particularly Inpatient Treatment Orders (ITOs) and Community Treatment Orders (CTOs). While WA has the lowest number of CTOs per population in the nation, psychiatrists have reported difficulties managing their CTO patients in addition to their increasing overall caseloads and have flagged that they may need to revoke CTOs in order to allow new CTOs to be made for incoming patients. There are significant risks of psychiatrists holding too many CTOs: they may not have enough time to adequately get to know their patients and may not be able to guarantee that all the requirements of the MHA 2014 are being met (e.g. completion of appropriate forms, reviews, reports and second opinions offered). Consequently, there is concern that there may be a negative impact on standards of treatment and care available for patients, and it poses a serious risk of the MHA 2014 being breached.

[i] Australian Institute of Health and Welfare, "Mental health services in Australia", web report 17 May 2022, figures cited for July 2021.

Definition

The Mental Health Act 2014 uses the term 'psychiatrist' to describe a medical practitioner who can carry out certain MHA 2014 functions.

Section 4 of the MHA 2014 defines a psychiatrist as a medical practitioner who holds fellowship of the Royal Australian and New Zealand College of Psychiatrists (RANZCP), and the following people who are prescribed under the Regulations:

a) Medical practitioners who hold specialist registration in WA in the specialty of psychiatry

b) Medical practitioners who hold limited registration in WA that enables them to practice in the specialty of psychiatry

c) In addition, individual medical practitioners whose names and registration are set out in the Regulations through a process of gazettal.

This standard describes the criteria for individual medical practitioners to demonstrate their suitability for gazettal as a 'psychiatrist' under the MHA 2014.

Prescribed Medical Practitioners exercise significant powers and functions which impact the rights of individuals. The need for accountable procedures and processes and the establishment of rigorous knowledge and skill requirements are fundamental to the proper and effective administration of the MHA 2014 for the protection of individual rights, and patient, carer and community confidence in the system of care.

Medical practitioners who are gazetted under this standard are called Prescribed Medical Practitioners.

Prescribed Medical Practitioners are Medical Practitioners who are prescribed under Regulation 4A (3) of the *Mental Health Regulations 2015* as provided for under the definition of psychiatrist under the MHA 2014 and whose name and registration number are set out in the Table under Regulation 4A.

All mental health service clinicians are subject to a range of standards and requirements that govern their clinical practice including the National Practice Standards for the Mental Health Workforce (2013), discipline specific practice standards, codes of ethics and conduct, registration and credentialing requirements.

All medical practitioners registered with the Medical Board of Australia are subject to the expectations set out in Medical Board of Australia - Good medical practice: a code of conduct for doctors in Australia and need to meet the requirements for annual renewal of registration.

In addition, a range of credentialing processes, employment requirements, and clinical governance structures operate at Health Service Provider (HSP) level to ensure safe and quality patient care, including clinical accountability and reporting, clinical supervision and clinical review processes. Prescribed Medical Practitioners operate within this context.

All staff should work collaboratively and in partnership with consumers in their care, as well as their families and carers, to ensure their unique age related, cultural and spiritual, gender related, religious and communication needs are recognised, respected and followed to the greatest extent practicable. This should include the timely involvement of appropriate local supports and use a rights based, recovery-oriented focus.

Legislative context

Legislative requirements for the appointment of Prescribed Medical Practitioners are set out in Regulation 4A (3) of the *Mental Health Regulations 2015* of the *Mental Health Act 2014*.

The Chief Psychiatrist's Guideline and Standards for Prescribed Medical Practitioners apply to all Health Service Providers (HSPs) and their staff and requires the Chief Executive of a HSP to document procedural requirements for the appointment of these practitioners in compliance with the requirements of the Chief Psychiatrist's Standard.

This guideline must be read in conjunction with the Chief Psychiatrist's Standard for the Appointment of Prescribed Medical Practitioners which sets out the requirements for senior psychiatric registrars, senior medical practitioners[ii] and international medical graduates on comparability pathways via the RANZCP, who are able to demonstrate that they are suitably qualified and experienced, and who are supported by their employing Health Service Provider, to seek approval to apply the provisions of the *Mental Health Act 2014* (MHA 2014).

[ii] **WA HEAL TH SYSTEM - MEDICAL PRACTITIONERS - AMA INDUSTRIAL AGREEMENT 2016: "**Senior Medical Practitioner" means a medical practitioner who does not have a recognised specialist qualification but practices without clinical supervision exclusively in a specialist area recognised by the AMC or such other area recognised by the Director General of Health as being a specialist area; and/or who clinically supervises other practitioners; and/or who has significant medical administration duties (50% as guide). Promotion to the position of Senior Medical Practitioner shall be by appointment only.

Responsibilities

Failure to comply with the ongoing responsibilities will mean that the status of a Prescribed Medical Practitioner may be revoked.

Under the standard the responsibilities of the various personnel will be as follows:

Medical practitioner

- A medical practitioner's appointment as a PMP is on the condition that the person continues to have the competencies necessary to be prescribed (see Chief Psychiatrist's Standard for the Appointment of Prescribed Medical Practitioners).
- Current credentialing required for a WA health service (for Senior Medical Practitioners and overseas specialists), Criminal Records Screening (CRS) and Working with Children (WWC) checks must be maintained.
- Continuing professional development and supervision through a peer or 1:1 supervision process is mandatory (a minimum of 50 hours CPD and 10 peer or 1:1 supervision sessions per year). Peer supervision sessions run according to RANZCP requirement.
- Evidence of minimum hours of supervision and continuing medical education to be provided annually as evidence to the Chief Psychiatrist.
- Completion of the MHA 2014 refresher course at least once within every two year period is required to demonstrate continuation of competence.

Nominating Director/Clinical Head of Service

- The nominating Director/Clinical Head of Service must be satisfied that the medical practitioner is registered under the Health Practitioner Regulation (WA) National Law, and has the necessary competencies, as outlined in this document, to be a Prescribed Medical Practitioner.
- They must be satisfied that suitable supervision arrangements (which will differ for Senior Psychiatric Registrars, overseas specialists and Senior Medical Practitioners) are in place for the PMP.
- The Director/Clinical Head of Service is accountable for ongoing oversight of statutory functions exercised by PMPs and ensuring competencies continue to be satisfied whilst employed in their jurisdiction.

Chief Psychiatrist

- The Chief Psychiatrist is responsible for assessing the merits of the individual medical practitioner who has been nominated for prescribed status.

- Verification of details supplied is completed by the Office of the Chief Psychiatrist staff as per current protocols.
- The documentation is reviewed by the Chief Psychiatrist and if approved progresses to the Mental Health Commission for gazettal.
- The Chief Psychiatrist is responsible for the treatment and care of patients of Mental Health Services, and the monitoring of standards of care delivered throughout the State. Through the mechanisms of the Office of the Chief Psychiatrist there is ongoing oversight of PMPs.

Prescribed Medical Practitioners in Western Australia

- The medical practitioners who can apply to become a PMP under the MHA 2014 and *Mental Health Regulations* 2015 are:
    - Senior medical practitioners as defined by the AMA Award, who can demonstrate training and experience in psychiatry, work exclusively in psychiatry, and who are supported by their HSP
    - International medical graduates on comparability pathways to fellowship via the Royal Australian and New Zealand College of Psychiatrists (RANZCP) who are supported by their supervisor and their HSP
    - Senior psychiatric registrars within a year of expected attainment of fellowship of RANZCP, who are supported by their supervisor and their HSP
- No medical practitioner is compelled to become a PMP due to the nature of their employment or service demand. Medical practitioners will be asked to confirm that they wish to become a PMP, and that they are able to meet ongoing eligibility requirements.
- All applications will be considered on a case by case basis, through a rigorous assessment process, and there is no automatic right to become a PMP through holding a particular position or job title. Assessment processes are linked to the Australian Health Practitioner Regulation Agency (AHPRA) registration requirements and include a requirement for substantial experience in mental health, a timeframe for post registration eligibility, and possession of the qualifications, training, and experience appropriate for performing the functions of a PMP under the MHA 2014.

  To apply, a medical practitioner must provide a letter of nomination from the Director/Clinical Head of Service to be furnished with the application and endorsement by the Chief Executive of the Health Service Provider (HSP). If the medical practitioner is a registrar, they must also provide a letter of support from their supervisor. The supervisor and Director/ Clinical Head of Service may be the same person, where relevant.
- The recommendation is submitted to the Chief Psychiatrist, with a copy of the medical practitioner's Curriculum Vitae outlining their relevant training and experience, and evidence that they meet the regulated criteria for appointment.
- Verification of the details supplied is completed by the Office of the Chief Psychiatrist's staff as per current protocols.
- The documentation is then reviewed by the Chief Psychiatrist and, if approved, the application is progressed to the Mental Health Commission for publication in the WA Government Gazette and set out in the Table under Regulation 4A.3 in the *Mental Health Regulations 2015*.

- It is imperative that the medical practitioner does not attempt to use any of the powers of a psychiatrist under the MHA 2014 until it has been confirmed that their name has been prescribed in the Mental Health Regulations (WA) 2015.
- The Chief Psychiatrist will maintain a list of the names of current Prescribed Medical Practitioners on their website.

It is imperative that the medical practitioner does not attempt to use any of the powers of a psychiatrist under the MHA 2014 until it has been confirmed that their name has been published in the Mental Health Regulations (WA) 2015.

Conditions of appointment

The powers of a PMP are not legally limited to patients of the HSP at which they are appointed.

However, all appointments as a PMP are conditional upon the following:

- The PMP provides suitable evidence that they meet the criteria to be prescribed (see Chief Psychiatrist's Standard for the Appointment of Prescribed Medical Practitioners (link)).
- The PMP has ongoing employment at a specified HSP
- The PMP exercises powers under the MHA 2014 in accordance with their employing HSP's credentialing, scope of practice, clinical governance and clinical review processes
- The PMP continues to demonstrate the competencies necessary to be a PMP
- The PMP completes a MHA 2014 refresher course at least once within every two year period

Ceasing appointment as a Prescribed Medical Practitioner

The appointment of a Prescribed Medical Practitioner ceases when their name is removed from the MHA 2014 Regulations. This will occur in the following circumstances:

- The appointment is subject to a condition that is no longer satisfied (e.g. the PMP is unable to meet the requirements of minimum 50 hours of CME and 10 peer supervisions sessions per year in the previous year)
- The Chief Psychiatrist is satisfied the person is unable to perform the functions of the office and gives written notice to the person stating that the person stops being a PMP from a specified date, and that their name and registration number will be removed from the Table under Regulation 4A of the Mental Health Regulations 2015.

- The appointed person resigns from being a PMP by written notice given to the Director/ Clinical Head of Service of their HSP and Chief Executive, who then advises the Chief Psychiatrist.

Register of PMPs

The Office of the Chief Psychiatrist maintains a register of PMPs in Western Australia, and will undertake a review of persons registered as a PMP at each HSP in the first quarter of each financial year.

The staff of the Office of the Chief Psychiatrist will liaise with the PMPs, Directors/Clinical Heads of Service and Chief Executives of HSPs as required to ensure the register is accurate and up to date.

Documentation requirements

All HSPs are responsible for ensuring that an accountable system for the appointment of PMPs exists at their service. This includes the need to identify which senior psychiatrists (denoted as Director/ Clinical Head of Service in this document) are to be able to nominate PMPs and endorsed by the Chief Executive.

In addition to the oversight functions of the Chief Psychiatrist regarding the appointment of PMPs, each HSP **must** also maintain a record of the appointment and cessation of appointment of a PMP, ensure that there is a process for ongoing oversight of statutory functions exercised by a PMP and ensure competencies continue to be satisfied.

Process for appointment and cessation of Prescribed Medical Practitioners under the *Mental Health Act 2014*

These processes must be read in conjunction with the Chief Psychiatrist's Standard for Prescribed Medical Practitioners issued under section. 547 of the Mental Health Act 2014.

Process for appointment of Prescribed Medical Practitioners

1. PMPs will be nominated by the Director/ Clinical Head of Service (or equivalent) of the relevant Health Service Provider. (NB: The ability to nominate a PMP may be exercised by a person temporarily acting in the position of Director/Clinical Head of Service).
2. Applications for PMPs are to be made using the Application form for appointment as a Prescribed Medical Practitioner, available on the Chief Psychiatrist's website.
3. Recommendations for appointment as a PMP can only be made by the Director/Clinical Head of Service with the support of the Chief Executive (or delegated authority) of an HSP. (NB: The Director/Clinical Head of Service's ability to nominate a PMP may be exercised by a person temporarily acting in the position).
4. All components of the *Mental Health Act 2014* eLearning modules relevant to the functions of a PMP **must** be completed. Verification of the health practitioner's satisfactory completion of the eLearning modules **must** be provided with the recommendation.
5. The Director/Clinical Head of Service is responsible for reviewing the application to verify that the applicant satisfies the required competencies for PMP status prior to progression of the application to the OCP.
6. The Director/Clinical Head of Service is responsible for confirming the PMP applicant's registration as a medical practitioner under the *Health Practitioner Regulation National Law (WA) Act 2010*.
7. Once reviewed, the application must be forwarded to the Chief Psychiatrist of Western Australia for review evidencing the support of the Chief Executive (or delegated authority) of the HSP.
8. On review the Chief Psychiatrist will require the nominated PMP to sign a declaration indicating their willingness to discharge the functions of the PMP and comply with the requirements in the Standard for PMPs.

9. The Chief Psychiatrist will forward the recommended PMP's details to the Mental Health Commission for publication in the Western Australian Government Gazette and set out in the table under Regulation 4A (3) of the *Mental Health Regulations 2015*.
10. On being prescribed, the Chief Psychiatrist will provide the PMP, the Director/ Clinical Head of Service and the Chief Executive of the HSP with a copy of the Gazettal Notice which should be retained on the PMP's human resource file.
11. The Chief Psychiatrist will publish a publicly accessible register of all gazetted PMPs on their website.
12. The Director/Clinical Head of Service is accountable for ongoing oversight of the statutory functions exercised by PMPs to ensure compliance with legislative, policy and operational requirements.

The Director/Clinical Head of Service must advise the Chief Psychiatrist and Chief Executive in writing in circumstances where a PMP ceases to meet the requirements or is no longer required to undertake the functions, powers and duties of a PMP.

Process for cessation of Prescribed Medical Practitioners

- The circumstances in which a PMP ceases to be one are set out in the Chief Psychiatrist's Standard for Prescribed Medical Practitioners and include the following:
    - At the end of a specified term of appointment (unless a further appointment has been requested by the Chief Executive of the HSP)
    - On the HSP's written advice that the person has ceased to be a PMP
    - The PMP advises the OCP that they no longer wish to continue as a PMP
    - The PMP has gained their specialist registration or FRANZCP.
- Removal of status as a PMP will be in writing and will be provided to the PMP, CE and Director/ Clinical Head of Service of an HSP.
- Except for the appointment of a PMP that ends at a specified term, a written record of the date of, and reasons for, the cessation of PMP is to be retained on the person's human resource file (e.g. written advice that a validation factor and compliance requirement is no longer satisfied or the person's resignation from office).
- The Chief Psychiatrist is responsible for ending a PMP's status by recommending to the Mental Health Commission that a PMP status be ceased through publication in the WA Government Gazette and removal of the PMP's details as set out in the table in regulation 4A (3).
- The register of PMPs on the Chief Psychiatrist's website will be amended.

Checklist of required documents to apply to become a Prescribed Medical Practitioner

- ☐ Application forms Parts A - D (available on the Chief Psychiatrist's website)
- ☐ Evidence of Working with Children (WWC) and Criminal Record Screening (CRS)
- ☐ Curriculum Vitaé
- ☐ Two written references supporting applicant's ability to discharge statutory responsibilities
- ☐ Evidence of completed Referring Practitioners eLearning Package (ReLP)
- ☐ Evidence of completed Clinician eLearning Package (CeLP)
- ☐ Evidence of continuing medical education

Resources

Western Australian Mental Health Act 2014

Western Australian Mental Health Regulations 2015

Mental Health Commission of Western Australia Clinician eLearning Package