

follow-up. The present study found that 19% of patients with conversion disorder also had depression, but it did not examine physical illness. The results of the two studies regarding depressive disorder are similar.

Finally, Lancman *et al* (1994) examined the presence of comorbidity among patients with conversion disorder and reported that 48% of the sample were taking anticonvulsants. The results of the present study regarding comorbidity of epilepsy with conversion disorder are in line with these findings.

Conclusions

Conversion disorder is more common in married women with a family history of psychiatric disorder. High levels of psychiatric comorbidity exist with conversion disorder. Emphasis must be given to the better use of neurodiagnostic tools for the evaluation and the management of comorbidity. Further studies are required to explore this aspect.

References

- American Psychiatric Association (1980) *Diagnostic and Statistical Manual of Mental Disorders* (3rd edn) (DSM-III). Washington, DC: APA.
- American Psychiatric Association (1994) *Diagnostic and Statistical Manual of Mental Disorders* (4th edn) (DSM-IV). Washington, DC: APA.

- Crimlisk, H. L., Bhatia, K., Cope, H., *et al* (1998) Slater revisited: 6 year follow up study of patients with medically unexplained motor symptoms. *BMJ*, **316**, 582–586.
- Ettinger, A. B., Devinsky, O., Weisbrot, D. M., *et al* (1999) A comprehensive profile of clinical, psychiatric and psychosocial characteristics of patients with psychogenic nonepileptic seizures. *Epilepsia*, **40**, 1292–1298.
- Kapfhammer, H. P., Buchheim, P., Bove, D., *et al* (1992) Conversion symptoms of patients in psychiatric liaison care. *Nervenarzt*, **63**, 527–538.
- Kaplan, H. I. & Sadock, B. J. (2004) Somatoform disorders. In *Synopsis of Psychiatry* (8th edn), pp. 629–645. Baltimore, MD: Williams and Wilkins.
- Lancman, M. E., Asconape, J. J., Graver, S., *et al* (1994) Psychogenic seizures: long term analysis of 43 cases. *Journal of Neurology*, **9**, 404–407.
- Mace, C. J. & Trimble, M. R. (1996) Ten year prognosis of conversion disorder. *British Journal of Psychiatry*, **169**, 282–288.
- Pehlivanurk, B. & Unal, F. (2002) Conversion disorder in children and adolescents: a 4-year follow-up study. *Journal of Psychosomatic Research*, **52**, 187–191.
- Ron, M. A. (1994) Somatisation in neurological practice. *Journal of Neurology, Neurosurgery and Psychiatry*, **57**, 1161–1166.
- Scheidt, C. E., Koster, B. & Deuschl, G. (1992) Diagnosis, symptoms and follow up of psychogenic tremor. *Nervenarzt*, **63**, 527–538.
- Spierings, C., Poels, P. J., Sijben, N., *et al* (1998) Conversion disorders in childhood: a retrospective follow-up study of 84 inpatients. *International Journal of Clinical and Experimental Hypnosis*, **46**, 171–190.
- Tomasson, K., Kent, D. & Coryell, W. (1991) Somatization and conversion disorders: comorbidity and demographics at presentation. *Acta Psychiatrica Scandinavica*, **84**, 288–293.
- Uguz, S. & Toros, F. (2003) Sociodemographic and clinical characteristics of patients with conversion disorder. *Turk Psikiyatri Dergisi*, **14**, 51–58.
- Webster, R. (1996) *Why Freud Was Wrong*. London: Fontana.

Attempts have been made over the past century to abolish and then to reinstate the condition by using different labels, and conversion hysteria continues to attract controversy.

ASSOCIATIONS AND COLLABORATIONS

The Royal Australian and New Zealand College of Psychiatrists

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The vision of the Royal Australian and New Zealand College of Psychiatrists (RANZCP) is of 'a fellowship of psychiatrists working with and for the general community to achieve the best attainable quality of psychiatric care and mental health'. It is the principal organisation representing the specialty of psychiatry in Australia and New Zealand; it currently has around 2600 Fellows, who account for approximately 85% of psychiatrists in Australia and 50% of psychiatrists in New Zealand. The RANZCP sets the curriculum, accredits training and training programmes, and assesses trainee psychiatrists. In addition, it administers a continuing professional development programme for practising

psychiatrists, has a role in policy development, publishes two scientific journals – the *Australian and New Zealand Journal of Psychiatry* and *Australasian Psychiatry* – and holds an annual scientific congress.

Organisation and history

General Council is the governing body of the RANZCP. Its core functions are served by four boards: the Fellowships Board, the Board of Practice Standards, the Board of Professional and Community Relations, and the Board of Research. Each board oversees committees. Sub-specialties of psychiatry are represented through faculties (the Faculty of Child and Adolescent

Website <http://www.ranzcp.org/publicarea/public.asp>

The educational remit of the RANZCP extends beyond election to Fellowship. Its programme for continuing professional development provides a pathway for psychiatrists to review and develop professional practice and abilities, with the objective that the profession delivers the highest quality of psychiatric service.

Psychiatry, the Faculty of Psychiatry of Old Age), sections (Section of Consultation–Liaison Psychiatry, Section of Forensic Psychiatry, Section of Psychotherapy, Section of Social and Cultural Psychiatry, Section of Addiction Psychiatry, Section of Neuropsychiatry) and special interest groups. The RANZCP has branches in New Zealand and in each Australian state and the Australian Capital Territory.

The RANZCP began life in 1946 as the Australasian Association of Psychiatrists. There were 67 foundation members, all practising psychiatrists. The Association's inception closely followed the Second World War; the war may have been influential in its establishment, having led to an increase in the recognition of, and demand for, psychiatric treatment. Membership was limited to those with both medical and psychiatric qualifications: at this stage the Association had no role in the process by which people could enter the profession and did not admit trainees. Some of its other activities, however, remain the same today: publication (in those days of the *Australasian Psychiatric Quarterly*) and an annual conference. The Association became the Australian and New Zealand College of Psychiatrists in 1963, acquiring the 'Royal' prefix in 1977. The College's remit expanded to include a role in education and it became the gateway for doctors to become specialists in psychiatry (Rubenstein & Rubenstein, 1996).

Becoming a Fellow: the RANZCP's training programme

The RANZCP programme for postgraduate training in psychiatry is based on an apprenticeship model. Trainee psychiatrists must complete a minimum of 5 years' full-time (or equivalent part-time) training in psychiatric practice. To register with the RANZCP as a trainee, applicants must:

- have satisfactorily completed at least 2 years' full-time equivalent general medical training
- hold current registration as a medical practitioner in Australia, New Zealand or other approved country, state, territory or dependency
- be in good standing with the relevant medical registration board or equivalent approved body

- be selected to enter an approved basic training programme
- be appointed to an approved training post.

Basic training takes 3 years. The first year concentrates on the acquisition of knowledge and skills in phenomenology, interviewing, clinical assessment and the principles of management planning. The second and third years place an emphasis on the development of knowledge and skills in clinical management and teamwork. Assessment of basic training is via two case histories, and written and clinical examinations.

Advanced training involves 2 years' full-time equivalent supervised experience in clinical psychiatry or in an approved advanced training programme, and completion of core advanced training experiences. Self-directed learning and the processes used in continuing medical education are important for advanced training. On successful completion of all training requirements, trainees are eligible for election to Fellowship of the College.

The educational remit of the RANZCP extends beyond election to Fellowship. Its programme for continuing professional development provides a pathway for psychiatrists to review and develop professional practice and abilities, with the objective that the profession delivers the highest quality of psychiatric service.

Providing strategic leadership and support in mental health policy

In Australia and New Zealand, as in many other countries, recognition of mental health issues has increased in recent years. Table 1 gives an overview of psychiatry in Australia and New Zealand.

The RANZCP aims to inform and influence mental health policy by offering credible, objective and clinically informed advice and initiatives. It works in partnership with governments, consumer organisations, and other medical organisations. It publishes position statements and other guidelines on psychosocial issues in response to current events and for the information of its members and the wider public.

In both countries there is an under-supply of psychiatrists, and the shortage is particularly acute in rural

Table 1. An overview of psychiatry in Australia and New Zealand

Australia	New Zealand
Population 20 million; majority of European descent, 2.2% Aboriginal and Torres Strait Islanders	Population 4 million; majority of European descent, 15% Maori, 7% Pacific Islanders
Total health budget (2002) A\$66.6 billion	Total health budget (2001–02) NZ\$6918 million
Mental health budget (2002) A\$3.9 billion	Mental health budget (2001–02) NZ\$692 million
12.1 psychiatrists per 100 000 population	4.3 psychiatrists per 100 000 population
60% of psychiatrists work mainly in private practice, the other 40% mainly in the public system	The majority of psychiatrists work in the public system

Sources: Australian Bureau of Statistics, Statistics New Zealand, Australian Institute of Health and Welfare, New Zealand Mental Health Commission.

and remote areas. The RANZCP recognises that workforce shortages and difficulties in recruitment are significant and constitute a major challenge to service provision, and is attempting to improve recruitment into the profession.

Strengthening the psychiatric workforce involves clarification of the role of the psychiatrist. The RANZCP supports the role of the psychiatrist as a specialist treatment provider, and as a consultant and clinical leader within a multidisciplinary team.

With a shortage of psychiatrists, and with much mental healthcare in the primary sector, the RANZCP has formed partnerships with the Royal Australian College of General Practitioners, the Australian Divisions of General Practice, consumer groups and the Australian government to develop a range of practical and systemic measures to improve liaison between psychiatry and general practice. Among these is the development of structures to allow psychiatrists to work in a consultant capacity, whereby general practitioners may refer their patients to a psychiatrist for an assessment and receive a management plan from the psychiatrist. This new practice will be supported by cross-discipline training workshops.

In a specialty which treats complex, multifactorial disorders, evidence-based principles are important in ensuring effective treatment. The RANZCP has recently published clinical practice guidelines on six common psychiatric conditions:

- schizophrenia
- bipolar disorder
- depression
- anorexia nervosa
- panic disorder and agoraphobia
- self-harm.

These guidelines stem from an earlier RANZCP project, carried out between 1981 and 1991, which produced ten evidence-based clinical practice guidelines for the common mental disorders – the first set of guidelines to be developed for any specialty. Comprehensive guidelines for clinicians are published in the *Australian and New Zealand Journal of Psychiatry* (Boyce *et al*, 2003), and versions for consumers and carers are available from the College's website or in booklet form. The RANZCP, with the assistance of funding from the Australian and New Zealand governments, is currently beginning the process of implementing these guidelines.

Improvements in mental health systems can be made only with the participation of those who use mental health services. Aware of this, the RANZCP invites consumer and carer representatives to sit on its Board of Professional and Community Relations, and is currently developing a broader policy of community engagement to inform the core areas of College business.

Looking ahead: community, workforce and international affairs

The RANZCP will build upon its existing practice to establish a programme of greater community participation, to use the lived experience of people with mental illness to inform the College's work, such as the training of psychiatrists, and in the ongoing professional development of RANZCP Fellows. Through engaging the community, the College hopes to make research partnerships to inform policy development and to advocate for improved and more accessible mental health services and psychiatric care.

The RANZCP aims to meet the challenge of mental health workforce shortages by improving recruitment into the profession. In addition, its training programme will broaden and support skills development in multidisciplinary practice, complex care coordination, specialised psychosocial interventions and leadership. Acquiring a basic understanding of, and respect for, the range of mental health disciplines is crucial during training and a key to ongoing professional collaboration. The College has also begun a programme to support psychiatrists trained overseas.

An important future focus for the RANZCP will be to establish and maintain collaborative working relationships internationally, particularly across the Asia-Pacific region. The College seeks to create closer links with neighbouring organisations and enhance public mental health promotion strategies in the region. To this end, an Office of International Relations is being established within the Office of the President and the Chief Executive Office to review strategic directions, respond to international issues, oversee international projects and build international relations.

The RANZCP will be hosting the World Psychiatric Association (WPA) World Congress in Australia in 2007. The WPA Congress is held annually and is one of the largest psychiatric meetings, attracting over 5000 participants from around the world. The RANZCP, in partnership with the WPA, has proposed a WPA Asia-Australasia Partnership Initiative for Mental Health to develop collaborations with membership societies in Asian countries and promote a programme for education and training to advance the best practices of clinical psychiatry. Such education and training aim to help member societies to improve and extend mental health service delivery to their citizens.

References

- Boyce, P., Ellis, P. & Penrose-Wall, J. (2003) Introduction to the Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines series. *Australian and New Zealand Journal of Psychiatry*, **37**, 637–640.
- Rubenstein, W. D. & Rubenstein, H. L. (1996) *Menders of the Mind: A History of the Royal Australian and New Zealand College of Psychiatrists, 1946–1996*. Melbourne: Oxford University Press.

In both countries there is an under-supply of psychiatrists, and the shortage is particularly acute in rural and remote areas. The RANZCP recognises that workforce shortages and difficulties in recruitment are significant and constitute a major challenge to service provision, and is attempting to improve recruitment into the profession.

Royal Australian and New Zealand College of Psychiatrists.
Clinical Practice Guidelines for Consumers and Carers. Updated 21 March 2005:
<http://www.ranzcp.org/publicarea/cpg.asp>