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

ASSOCIATIONS AND COLLABORATIONS

The Royal Australian and New Zealand College of Psychiatrists

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²Policy Research Officer, Royal Australian and New Zealand College of Psychiatrists

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 Psychiatry and others), and through a number of international, national, and regional collaborations. The RANZCP is affiliated with a number of national and international organisations, including the International Association for Research in Psychiatry (IARP), the International College of Neuropsychopharmacology (ICNP), and the World Federation of Societies of Psychiatric Physicians (WFSPP).

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.

Website http://www.ranzcp.org/publicarea/public.asp
Psychiatry, the Faculty of Psychiatry of OId 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 N europsychiatry) 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 con-
centrates 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 team-
work. Assessment of basic training is via two case
histories, and written and clinical examinations.

Advanced training involves 2 years’ full-time equiva-
 lent 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 con-
tinuing 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.

<table>
<thead>
<tr>
<th>Australia</th>
<th>New Zealand</th>
</tr>
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<tbody>
<tr>
<td>Population 20 million; majority of European descent, 2.2% Aboriginal and Torres Strait Islanders</td>
<td>Population 4 million; majority of European descent, 15% Maori, 7% Pacific Islanders</td>
</tr>
<tr>
<td>12.1 psychiatrists per 100 000 population</td>
<td>4.3 psychiatrists per 100 000 population</td>
</tr>
<tr>
<td>60% of psychiatrists work mainly in private practice, the other 40% mainly in the public system</td>
<td>The majority of psychiatrists work in the public system</td>
</tr>
</tbody>
</table>

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
