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Mental health education standards 2014–2016
A handbook for GPs
Mental health education standards 2014–2016: A handbook for GPs

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The information set out in this publication is current at the date of first publication and is intended for use as a guide of a general nature only and may or may not be relevant to particular patients or circumstances. Nor is this publication exhaustive of the subject matter. Persons implementing any recommendations contained in this publication must exercise their own independent skill or judgement or seek appropriate professional advice relevant to their own particular circumstances when so doing. Compliance with any recommendations cannot of itself guarantee discharge of the duty of care owed to patients and others coming into contact with the health professional and the premises from which the health professional operates.

Whilst the text is directed to health professionals possessing appropriate qualifications and skills in ascertaining and discharging their professional (including legal) duties, it is not to be regarded as clinical advice and, in particular, is no substitute for a full examination and consideration of medical history in reaching a diagnosis and treatment based on accepted clinical practices.

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The GPMHSC includes representatives from the RACGP, the Australian College of Rural and Remote Medicine (ACRRM), the Royal Australian and New Zealand College of Psychiatrists (RANZCP), the Australian Psychological Society (APS) and the community through the Mental Health Council of Australia (MHCA).

The Chairperson, Associate Professor Morton Rawlin, wishes to thank all the past and present Committee members of the GPMHSC. The current membership is Dr Eleanor Chew, Dr James Antoniadis, Dr Louise Stone, Dr Graham Fleming, Dr Michael Eaton, Professor Graham Meadows, Dr Rebecca Mathews, Ms Heather Nowak, and Ms Margaret Lewry.
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<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACRRM</td>
<td>Australian College of Rural and Remote Medicine</td>
</tr>
<tr>
<td>ALM</td>
<td>Active learning module</td>
</tr>
<tr>
<td>APS</td>
<td>Australian Psychological Society</td>
</tr>
<tr>
<td>CBT</td>
<td>Cognitive behaviour therapy</td>
</tr>
<tr>
<td>CPD</td>
<td>Continuing professional development</td>
</tr>
<tr>
<td>DoH</td>
<td>Australian Government Department of Health</td>
</tr>
<tr>
<td>FPS CPD</td>
<td>Focussed psychological strategies continuing professional development</td>
</tr>
<tr>
<td>FPS ST</td>
<td>Focussed psychological strategies skills training</td>
</tr>
<tr>
<td>GP</td>
<td>General practitioner</td>
</tr>
<tr>
<td>GPET</td>
<td>General Practice Education and Training Ltd</td>
</tr>
<tr>
<td>GPMHTP</td>
<td>General practitioner mental health treatment plan</td>
</tr>
<tr>
<td>GPMHSC</td>
<td>General Practice Mental Health Standards Collaboration</td>
</tr>
<tr>
<td>GPRA</td>
<td>General Practice Registrars Australia</td>
</tr>
<tr>
<td>IMG</td>
<td>International medical graduate</td>
</tr>
<tr>
<td>IPT</td>
<td>Interpersonal therapy</td>
</tr>
<tr>
<td>MBS</td>
<td>Medicare Benefits Schedule</td>
</tr>
<tr>
<td>MH CPD</td>
<td>Mental health continuing professional development</td>
</tr>
<tr>
<td>MHCA</td>
<td>Mental Health Council of Australia</td>
</tr>
<tr>
<td>MHST</td>
<td>Mental health skills training</td>
</tr>
<tr>
<td>QI&amp;CPD</td>
<td>Quality Improvement &amp; Continuing Professional Development</td>
</tr>
<tr>
<td>RACGP</td>
<td>Royal Australian College of General Practitioners</td>
</tr>
<tr>
<td>RANZCP</td>
<td>Royal Australian and New Zealand College of Psychiatrists</td>
</tr>
</tbody>
</table>
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Foreword


For most Australians, general practice is considered the first port of call when they need to access the Australian healthcare system. The patient’s general practitioner (GP) is usually the first person they would consult for their mental healthcare. According to the Bettering the Evaluation of Care in Health (BEACH) survey, an estimated 11.7% of GP encounters were mental health-related in 2011–2012. Furthermore, in 2011–2012 GPs and other medical practitioners provided more than 2.1 million MBS-subsidised mental health services.

The high prevalence and burden of disease associated with mental health necessitates the need for GPs to play a central role in providing evidence-based, patient-centred care to meet the needs of people in the community living with a mental illness. Skills in the detection and treatment of mental illness are an essential part of a GP’s clinical toolkit.

The GPMHSC is committed to ensuring optimal mental healthcare is delivered to the Australian population by upholding the standard of high-quality GP education and training. Over the past decade, the work of the GPMHSC has equipped GPs with better skills and knowledge to detect, diagnose and manage mental illnesses.

The 2014–2016 Education Standards focuses on post-vocational training and continuing professional development (CPD) for GPs and builds on the work that has been achieved over the past five trienniums. It is anticipated that the 2014–2016 Education Standards outlined in this document compliment the documented standards of education and training of the RACGP and the ACRRM curriculum for Australian general practice.

I would like to take this opportunity to thank all those who contributed in the consultation and evaluation process leading to these standards. The GPMHSC actively sought input and advice from professions that actively provide mental health services in Australia, organisations with a mental health focus and, importantly, from consumers and carers. The feedback obtained enabled a greater understanding of the strengths and weaknesses of the previous triennium and helped to strengthen the GPMHSC’s approach for the new 2014–2016 triennium.

On behalf of the GPMHSC, I encourage all GPs to refer to this document when reviewing their current skill sets and participating in mental health professional development.

Associate Professor Morton Rawlin
Chairperson, GPMHSC
1. A GP’s guide to mental health training

Who is this document for?
This document is for GPs and outlines the educational requirements to access and maintain specific mental health Medicare Benefit Schedule (MBS) items.

The GPMHSC is responsible for registering GPs who have completed mental health skills training (MHST) and/or focussed psychological strategies skills training (FPS ST) to Medicare Australia. This will enable GPs to access specific mental health MBS items under the Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS (Better Access) initiative.

Why are GPs important in mental health?
GPs play a pivotal role in mental health in Australia.

GPs are often the first point of contact for patients experiencing a mental illness and subsequently the most common providers of mental health services.

It is estimated that almost half (45%) of Australians aged 16–85 years will be affected by a mental illness at some stage during their lifetime. One in five (around 3.2 million) Australians will be affected during a 12-month period.¹

General practice mental health in Australia covers the assessment, management and ongoing care of the full range of mental illness seen in the community. To provide the necessary care, GPs require the skills to be able to:

- perform a behavioural, emotional and cognitive assessment within the context of a patient’s physical findings – this includes obtaining a background of chronic and current acute problems, with knowledge of their current personal and social circumstances, as well as past experiences
- identify early warning signs
- provide appropriate care
- provide continuity of care – a key factor in the successful treatment of people with mental illness
- ability to effectively utilise and participate in a multidisciplinary approach to care.

2. About the GPMHSC

Mission statement
The GPMHSC strives to ensure optimal mental health for the Australian population through ensuring high quality general practice education and training in mental health.

Overview
The GPMHSC is a multidisciplinary body funded by the Commonwealth Government under the Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS (Better Access) initiative.
The GPMHSC operates under the management of the RACGP and promotes the development and uptake of quality professional development in mental health for GPs.

Membership of the GPMHSC
The GPMHSC includes representatives from general practice, psychiatry, psychology and the community.
The RACGP provides Secretariat services and chairs the Committee.
The Committee members are nominated by the RACGP, ACRRM, APS, RANZCP and the MHCA.

Role of the GPMHSC
The GPMHSC:
• is responsible for establishing standards of education and training for the Better Access initiative
• accredits general practice mental health training activities
• promotes accredited general practice training in mental health to develop knowledge and skills in the detection and treatment of mental illness
• promotes the uptake of MBS mental health items under the Better Access initiative
• develops resources to support GPs in providing mental health services for the community
• regularly updates the general practice sector on current mental health issues
• contributes to the development of policy in general practice and mental health.
GPMHSC Secretariat

The GPMHSC Secretariat undertakes a range of activities to support the role and function of the GPMHSC.

The Secretariat:

- pre-adjudicates skills training activities prior to GPMHSC Committee consideration
- pre-adjudicates GP applications of exemption from skills training activities
- reports the GPs who are eligible to claim Better Access MBS item numbers to Medicare Australia
- develops supporting resources to GPs and training providers regarding mental health education activities and the Better Access initiative
- provides support to the GPMHSC Committee and Chair
- responds to general enquiries from GPs, practice managers, training providers, Medicare Locals and other stakeholders around GPMHSC-accredited activities and the Better Access initiative
- provides ongoing communication, marketing and support services to implement the GPMHSC Standards.
3. GP mental health training competency framework

The GP mental health training competency framework (the ‘Framework’) is a progression of skill acquisitions, and the training activities needed to acquire them, as recommended by the GPMHSC for GPs in primary mental healthcare. The Framework also highlights the areas the GPMHSC considers most relevant to GPs in the context of a ‘whole of person’ approach to primary mental healthcare.

The GPMHSC prescribes three levels of competencies:

1. **Core competency** – areas in which the GPMHSC believes all GPs should be skilled at the conclusion of vocational training.

2. **Intermediate competency** – areas all GPs should aim to address over the course of regular professional development activities, taking into account their particular practice profile.

3. **Advanced competency** – areas GPs with a particular interest in mental health should aim to selectively address.

Competency areas addressed within each column are not exhaustive, but represent broad fields in which GPs should consider when developing their abilities. This is detailed in Table 1.

All participants are encouraged to undertake various mental health education activities from across the three levels of competencies in order to address their individual learning needs.

While the Framework is not comprehensive in its application to all possible variations of general practice, it should be used as an adaptable tool to assist GPs in planning their professional development in mental health at different stages of their working life.

**Presumed areas of competency**

The Framework presumes the GP is skilled in the following areas at the conclusion of undergraduate and prevocational training:

- Relevant general clinical skills, including communication, cultural competency and history-taking.
- Knowledge of the general aetiology, epidemiology and prevalence of mental illness in the community.
- An understanding of the principles of psychiatric assessment and diagnosis.
- Knowledge of common evidence-based pharmacological and non-pharmacological treatments.
### Table 1. Framework of GP mental health competencies

<table>
<thead>
<tr>
<th>GPMHSC training pathway</th>
<th>Mental health continuing professional development (MH CPD)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Core competency areas</strong></td>
<td></td>
</tr>
<tr>
<td>GPMHSC training pathway</td>
<td></td>
</tr>
<tr>
<td>MHST</td>
<td></td>
</tr>
<tr>
<td>• Completing mental health assessments</td>
<td>• Identification and management of planning for specific illness groups:</td>
</tr>
<tr>
<td>• Developing mental health treatment plans</td>
<td>- affective</td>
</tr>
<tr>
<td>• Reviewing GP mental health treatment plans (GPMHTPs)</td>
<td>- anxiety</td>
</tr>
<tr>
<td>• Understanding the clinical usefulness of a GPMHTP in primary care</td>
<td>- somatising</td>
</tr>
<tr>
<td>• Providing preventive and early intervention strategies for mental health</td>
<td>- substance misuse</td>
</tr>
<tr>
<td></td>
<td>- personality</td>
</tr>
<tr>
<td></td>
<td>- psychotic</td>
</tr>
<tr>
<td></td>
<td>• Undertaking risk assessments, suicide and self-harm prevention</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Intermediate competency areas</strong></td>
<td></td>
</tr>
<tr>
<td>Focussed psychological strategies skills training (FPS ST)</td>
<td></td>
</tr>
<tr>
<td>MH CPD</td>
<td></td>
</tr>
<tr>
<td>• Provision of FPS</td>
<td>• Identifying and managing complexity and co-morbidity (e.g. substance use, impaired cognition, physical comorbidities)</td>
</tr>
<tr>
<td></td>
<td>• Identifying and managing illness sub-types</td>
</tr>
<tr>
<td></td>
<td>• Identification and management of other disorders:</td>
</tr>
<tr>
<td></td>
<td>- eating disorder (other than anorexia nervosa)</td>
</tr>
<tr>
<td></td>
<td>- reactive attachment illness</td>
</tr>
<tr>
<td></td>
<td>• Identifying and managing phase of life/role transition issues:</td>
</tr>
<tr>
<td></td>
<td>- children</td>
</tr>
<tr>
<td></td>
<td>- adolescents</td>
</tr>
<tr>
<td></td>
<td>- parenting</td>
</tr>
<tr>
<td></td>
<td>- psychogeriatrics</td>
</tr>
<tr>
<td></td>
<td>• Identifying and managing mental health issues in specific population sub-groups:</td>
</tr>
<tr>
<td></td>
<td>- culturally and linguistically diverse</td>
</tr>
<tr>
<td></td>
<td>- rural and remote</td>
</tr>
<tr>
<td></td>
<td>- Aboriginal and Torres Strait Islander people</td>
</tr>
<tr>
<td></td>
<td>- antenatal and postnatal</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Advanced competency areas</strong></td>
<td></td>
</tr>
<tr>
<td>Focussed Psychological Strategies CPD (FPS CPD)</td>
<td></td>
</tr>
<tr>
<td>MH CPD</td>
<td></td>
</tr>
<tr>
<td>• Provision of advanced FPS</td>
<td>• Provision of family therapy</td>
</tr>
<tr>
<td>• Provision of cognitive behaviour therapy (CBT)</td>
<td>• Provision of narrative therapy for Aboriginal and Torres Strait Islander people</td>
</tr>
<tr>
<td>• Provision of interpersonal therapy (IPT)</td>
<td>• Provision of evidence-based psychological therapies</td>
</tr>
<tr>
<td></td>
<td>• Identification and management of more common illness (e.g. anorexia nervosa, reactive attachment illness)</td>
</tr>
</tbody>
</table>
4. The Better Access initiative

The Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS (Better Access) initiative was introduced by the Commonwealth Government in 2006.

The Better Access initiative aims to improve health outcomes by using best evidence to treat individuals with a clinically-diagnosed mental illness.

What does the Better Access initiative involve?

Under this initiative, individuals with an assessed mental illness are eligible for a maximum of 10 individual and 10 group allied mental health services per calendar year.*

To gain access, individuals must be referred by:
- a GP managing the patient under a GPMHTP
- a psychiatrist
- a paediatrician.

The Better Access initiative involves the development of a GPMHTP to assess, manage and provide appropriate care to patients with a mental illness. This may involve a GP to referring the patient to obtain care from:
- eligible GPs who are registered as a provider of FPS
- clinical psychologists
- registered psychologists
- appropriately trained social workers and occupational therapists.

GPs can also provide ongoing patient management of mental illnesses through specific GPMHTP review and mental health consultation MBS item numbers.

What is the role of GPMHSC in the Better Access initiative?

Although all GPs are able to create a GPMHTP for their patients, Medicare provides financial incentives for GPs who develop a GPMHTP and are accredited with a level of mental health training.

The GPMHSC sets and monitors the education requirements and standards that GPs need in order to access specific mental health MBS item numbers.

The requirements for using the MBS items under the Better Access initiative may change over time. The GPMHSC will continue to update the standards and education requirements accordingly to reflect these changes.

A list of the current mental health MBS items can be found on the following page.


* This is correct at the time of printing but is subject to change. Current information is available on the MBS website at www.mbsonline.gov.au
4.1 Better Access initiative MBS item numbers

Table 2. Mental healthcare item numbers

<table>
<thead>
<tr>
<th>Medicare benefits schedule ($)</th>
<th>100% fee</th>
<th>75% rebate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2700 Preparation of a GPMHTP lasting at least 20 minutes (without MHST)</td>
<td>$70.30</td>
<td>$52.75</td>
</tr>
<tr>
<td>2701 Preparation of a GPMHTP lasting at least 40 minutes (without MHST)</td>
<td>$103.50</td>
<td>$77.65</td>
</tr>
<tr>
<td>2712 Mental health plan and review</td>
<td>$70.30</td>
<td>$52.75</td>
</tr>
<tr>
<td>2713 Attendance relating to mental illness and consultation lasting at least 20 minutes</td>
<td>$70.30</td>
<td></td>
</tr>
<tr>
<td>2715 Preparation of a GPMHTP lasting at least 20 minutes (with MHST)</td>
<td>$89.25</td>
<td>$66.95</td>
</tr>
<tr>
<td>2717 Preparation of a GPMHTP lasting at least 40 minutes (with MHST)</td>
<td>$131.45</td>
<td>$98.60</td>
</tr>
</tbody>
</table>

Table 3. Mental health items for registered GP providers of FPS

*Only applicable to GPs registered with Medicare Australia as having satisfied the educational requirements determined by the GPMHSC for the provision of the service*

<table>
<thead>
<tr>
<th>Medicare benefits schedule ($)</th>
<th>Rebate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2721 FPS of at least 30 minutes to less than 40 minutes (in consultation room)</td>
<td>$90.95</td>
</tr>
<tr>
<td>2723 FPS attendance of at least 30 minutes to less than 40 minutes (out of surgery consultation)</td>
<td>Up to six patients: fee for item 2721, plus $25.45 divided by the number of patients seen. For seven or more patients: fee for item 2721, plus $1.95 per patient</td>
</tr>
<tr>
<td>2725 FPS extended attendance of at least 40 minutes (in consultation room)</td>
<td>$130.15</td>
</tr>
<tr>
<td>2727 FPS extended attendance of at least 40 minutes (out of surgery consultation)</td>
<td>Up to six patients: fee for item 2725, plus $25.45 divided by the number of patients seen. For seven or more patients: fee for item 2725, plus $1.95 per patient</td>
</tr>
</tbody>
</table>

* MBS fees are current at the time of printing. Up-to-date information on the MBS item numbers, including current rebates, is available on the MBS website at www.mbsonline.gov.au
4.2 Preparing a GPMHTP

What are the benefits of developing a GPMHTP?

GPMHTPs:

- provide a ‘cycle of care’ for people with a mental illness
- provide a structured framework for GPs to undertake early intervention, assessment and management of patients with mental illness
- assist with coordination of care and provide a referral pathway to clinical psychologists and allied mental health service providers
- allow the GP to actively involve the patient and, where possible, their carer, in their treatment.

What does a GPMHTP involve?

<table>
<thead>
<tr>
<th>Assessment of a patient</th>
<th>Preparation of a GPMHTP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Must include:</strong></td>
<td><strong>Must include:</strong></td>
</tr>
<tr>
<td>- recording the patients agreement for the GPMHTP</td>
<td>- discussing the assessment with the patient, including the diagnosis and/or formulation</td>
</tr>
<tr>
<td>- relevant history taking (biological, psychological, social), including the presenting complaint</td>
<td>- identifying and discussing referral and treatment options and appropriate support services with the patient</td>
</tr>
<tr>
<td>- conducting a mental health examination</td>
<td>- agreeing on goals with the patient, including what should be achieved by treatment and what actions the patient will take</td>
</tr>
<tr>
<td>- assessing associated risk and any co-morbidity</td>
<td>- provision of psycho-education</td>
</tr>
<tr>
<td>- making a diagnosis and/or formulation</td>
<td>- a plan for relapse prevention and/or crisis intervention (if appropriate at this stage)</td>
</tr>
<tr>
<td>- administering an outcome measurement tool, except when it is considered clinically inappropriate</td>
<td>- making arrangements for referrals, treatment support services, review and follow up</td>
</tr>
<tr>
<td></td>
<td>- documenting this in the plan</td>
</tr>
</tbody>
</table>
Reviewing a GPMHTP

Reviewing a patient’s progress is an important part of mental healthcare. The review of a GPMHTP must include:

- recording the patient’s agreement for this service
- re-administration of the outcome measurement tool used during the assessment, unless considered clinically inappropriate
- review of the patient’s progress towards the goals as outlined in the treatment plan
- modification of the documented GPMHTP, if required
- checking, reinforcing and expanding the education
- a plan for crisis intervention and/or relapse prevention, if appropriate and if not previously provided.

4.3 Accessing Medicare rebates*

All GPs are able to access the mental healthcare MBS items to prepare a GPMHTP.

Although not mandatory, it is strongly recommended that GPs complete appropriate mental health training (in addition to general medical training), particularly those endorsed by the GPMHSC.

However, GPs who have completed GPMHSC accredited mental health training will be able to access higher schedule fee MBS items to develop a GPMHTP. GPs who have not completed the training must develop a GPMHTP under the MBS items listed below.

Table 4. Mental healthcare MBS items without mental health training

<table>
<thead>
<tr>
<th>Medicare Benefits Schedule ($)</th>
<th>100% fee</th>
<th>75% rebate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2700 Preparation of a GPMHTP lasting at least 20 minutes</td>
<td>$70.30</td>
<td>$52.75</td>
</tr>
<tr>
<td>2701 Preparation of a GPMHTP lasting at least 40 minutes</td>
<td>$103.50</td>
<td>$77.65</td>
</tr>
<tr>
<td>2712 Mental health plan and review</td>
<td>$70.30</td>
<td>$52.75</td>
</tr>
<tr>
<td>2713 Attendance relating to mental illness and consultation lasting at least 20 minutes</td>
<td>$70.30</td>
<td></td>
</tr>
</tbody>
</table>

* MBS fees are current at the time of printing. Up-to-date information is available at www.mbsonline.gov.au
5. Levels of GPMHSC accredited mental health training

Unlike the Quality Improvement & Continuing Professional Development (QI&CPD)/PDP programs of the general practice colleges where CPD is measured in ‘points’, the mental health training and education endorsed by the GPMHSC works on GPs achieving ‘levels’ of training. The GP pathway for mental health training is illustrated in Figure 1.

The GPMHSC offers four types of accredited activities under two broad categories:

1. **Skills training**

   The GPMHSC defines skills training activities as ‘the specific knowledge, abilities, skills and attitudes required to access, manage and provide ongoing mental healthcare in general practice, either through preparing high quality GPMHTPs and/or providing FPS.’

   Skills training activities accredited by the GPMHSC include:
   - MHST – often referred to as Level 1
   - FPS ST – often referred to as Level 2.

2. **Continuing professional development (CPD)**

   The Medical Board of Australia defines CPD as ‘the means by which members of the profession maintain, improve, and broaden their knowledge, expertise and competence, and develop the personal qualities required in their professional lives’.

   CPD activities accredited by the GPMHSC include:
   - MH CPD
   - FPS CPD.

A summary of the four types of accreditation activities, as endorsed by the GPMHSC, is detailed in Table 5.

---

### Table 5. Overview of GPMHSC levels of mental health training

<table>
<thead>
<tr>
<th>Accreditation category</th>
<th>General objectives</th>
<th>Minimum duration</th>
<th>Activity format</th>
</tr>
</thead>
<tbody>
<tr>
<td>MHST</td>
<td>Provide training in mental health assessment, treatment planning and review of mental illnesses commonly presenting in general practice</td>
<td>6 or 7 hours, depending on the pathway</td>
<td>Any interactive, structured learning format with pre-disposing and reinforcing elements</td>
</tr>
<tr>
<td>FPS ST</td>
<td>Develop skills in provision of evidence-based FPS as part of a treatment plan for common mental illnesses</td>
<td>20 hours</td>
<td>At least 12 hours of supervised face-to-face training, with the balance via any interactive, structured learning format, plus an additional 8-hour active learning module (ALM). Also requires predisposing and reinforcing elements</td>
</tr>
<tr>
<td>MH CPD</td>
<td>Extend MHST, augmenting skills in assessing and treating mental health issues</td>
<td>Varies depending on the activity</td>
<td>Includes ALM, individual ALM, clinical audit, research activity, small group learning and supervised clinical attachments</td>
</tr>
<tr>
<td>FPS CPD</td>
<td>Extend FPS ST and strengthen skills in the provision of FPS</td>
<td>Varies depending on the activity</td>
<td></td>
</tr>
</tbody>
</table>

### GPMHSC-accredited mental health training activities

All GPMHSC-accredited mental health training activities will be required to display the GPMHSC accreditation logo. This will apply for all FPS ST and MHST activities.
The mental health training pathway for GPs

The flow chart in Figure 1 demonstrates the training pathways a GP can take in mental health. Completion of a certain ‘level’ of mental health training provides access to specific MBS items under the Better Access initiative.

**MHST**
- **Primary Pathway**
  - Minimum 6 hours of structured learning activities aimed at detecting and assessing common mental health disorders.

**MHST**
- **Modular Pathway**
  - **Mental Health (Core Module)**
    - (prerequisite)
    - Minimum of 3 hours of structured learning activities covering the fundamentals of mental healthcare in Australia, such as an overview of the Better Access initiative, key components of a GPMHTP and overview of common mental illnesses presented in general practice.

  + **Mental Health (Clinical Enhancement Module)**
    - Minimum of 4 hours of structured learning activities that focus on a range of specific scenarios. GPs can choose a training activity that matches their interest.

**GP becomes accredited with MHST**
- GP can now claim MBS items 2715 and 2717.

**FPS ST**
- Minimum of 12 hours of face-to-face or live/interactive contact time, plus a further 8 hours of interactive, structured learning activities. Provide skills in the provision of FPS for the treatment of common mental disorders.

**GP becomes accredited with FPS ST**
- GP can now claim MBS items 2721, 2723, 2725 and 2727.

**FPS CPD**
- Ongoing and must be completed every triennium to retain FPS ST accreditation.

Figure 1. Overview of the mental health training pathway for a GP
5.1 MHST

MHST provides GPs with the skills to recognise and assess mental illnesses in order to prepare evidence-based GPMHTPs, and to provide ongoing monitoring and review of progress. MHST also provides GPs with insight into the perspective of people who have experienced mental illness, as well as their non-professional carer.

When a GP achieves their MHST accreditation they gain access to the following MBS item numbers:

Table 6. Mental healthcare MBS items (with MHST)

<table>
<thead>
<tr>
<th>Medicare Benefit Schedule ($)</th>
<th>100% fee</th>
<th>75% rebate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2715 Preparation of a GPMHTP lasting at least 20 minutes</td>
<td>$89.25</td>
<td>$66.95</td>
</tr>
<tr>
<td>2717 Preparation of a GPMHTP lasting at least 40 minutes</td>
<td>$131.45</td>
<td>$98.60</td>
</tr>
</tbody>
</table>

* MBS fees are current at the time of printing. Up-to-date information is available at www.mbsonline.gov.au

Mental illnesses applicable under MHST

Mental illness is a term used to describe a range of clinically-diagnosable disorders that significantly interfere with an individual’s cognitive, emotional or social abilities.1

Table 7 presents a list of eligible mental illnesses/disorders under the Better Access initiative. MHST provides a foundation to enable GPs to determine the eligibility of the client and if his/her condition would benefit from a MHTP.

Table 7. Mental illnesses eligible for treatment under the Better Access initiative2

<table>
<thead>
<tr>
<th>Alcohol-use disorders</th>
<th>Drug-use disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic psychotic disorders</td>
<td>Acute psychotic disorders</td>
</tr>
<tr>
<td>Bipolar illness</td>
<td>Depression</td>
</tr>
<tr>
<td>Phobic disorders</td>
<td>Panic illness</td>
</tr>
<tr>
<td>Generalised anxiety</td>
<td>Mixed anxiety and depression</td>
</tr>
<tr>
<td>Adjustment illness</td>
<td>Dissociative (conversion) illness</td>
</tr>
<tr>
<td>Unexplained somatic complaints</td>
<td>Neurasthenia</td>
</tr>
<tr>
<td>Eating disorders</td>
<td>Sleep problems</td>
</tr>
<tr>
<td>Sexual disorders</td>
<td>Hyperkinetic (attention deficit) illness</td>
</tr>
<tr>
<td>Conduct illness</td>
<td>Enuresis</td>
</tr>
<tr>
<td>Bereavement disorders</td>
<td>Mental illness, not otherwise specified</td>
</tr>
</tbody>
</table>

Note: Dementia, delirium, tobacco-use illness and mental retardation are not regarded as mental illnesses for the purpose of the Better Access initiative and GPMHSC accreditation. However, they can be addressed in the context of comorbidity with mental illnesses (e.g. treatment of mental illnesses in consumers with impaired cognition).

1. World Health Organization (WHO). Diagnostic and Management Guidelines for Mental Disorders in Primary Care: ICD – 10, Chapter V, Primary Healthcare Version. WHO, 1996
New in 2014–2016

For the 2014–2016 triennium, the GPMHSC is offering two education pathways for GPs to become accredited with MHST:

1. MHST (Primary Pathway) – previously known as MHST in 2011–2013.
2. MHST (Modular Pathway) – new pathway offered from 2014.

Why are there two MHST pathways?

There are two pathways in the 2014–2016 triennium to recognise that MHST should cater for the diversity in general practice. While MHST (Primary Pathway) is considered an essential starting block targeted towards general practice registrars and other doctors entering Australian general practice, the MHST (Modular Pathway) provides flexibility and choice for experienced GPs.

The MHST (Modular Pathway) was developed in response to the increasingly complex mental health issues that present on a daily basis. MHST through this pathway is completed in two modules:

1. Mental Health (Core Module)
   Provides GPs with an overview of the Australian mental healthcare system, aetiology and epidemiology of common mental health illnesses and how to complete a GPMHTP.

2. Mental Health (Clinical Enhancement Module)
   Applies learnings from Mental Health (Core Module) into specific or complex situations, or sub-sets of the community. Clinical Enhancement Modules are more specific than MHST (Primary Pathway) activities, which are broad by nature.

By completing MHST in two modules, GPs are able to tailor their MHST experience according to their special interests and needs while still acquiring core skills and knowledge in mental health. It is anticipated that GPs will seek to complete different Clinical Enhancement Modules as part of their ongoing MH CPD journey and to expand their skill set in treating complex mental illnesses.

Consumer and carer involvement

GPMHSC-accredited mental health activities include a presentation from both a mental health consumer and a carer. Hearing about these first-hand experiences is very well received by course participants because it allows them to gain a clearer understanding of the consumer’s and carer’s treatment and recovery, and gives them an insight into the experience of living with mental illness.

Sharing experiences associated with their journey allows GPs to consider strategies that may be useful in enhancing the provision of mental healthcare in their communities.

Mental health consumers and carers are also involved in the planning, development and delivery of GPMHSC-accredited mental health activities.
Which MHST pathway should I take?

Figure 2. Overview of the two MHST pathways for GPs in the 2014–2016 triennium

Target audience: General practice registrars and other doctors entering Australian general practice.

Primary Pathway
Minimum 6 hours of structured learning activities aimed at detecting and assessing common mental health disorders.

Modular Pathway

MHST
Mental Health (Core Module) (prerequisite)
Minimum of 3 hours of structured learning activities covering the fundamentals of mental healthcare in Australia, such as an overview of the Better Access initiative, key components of a MHTP and an overview of common mental illnesses presented in general practice.

Mental Health (Clinical Enhancement Module)
Minimum of 4 hours of structured learning activities that focus on a range of specific scenarios. GPs can choose a training activity that matches their interest.

GP becomes accredited with MHST
GP can now claim MBS items 2715 and 2717.

Target audience: All GPs who are experienced in mental health.

Recommended ongoing education

Other MH CPD
5.2 MHST (Primary Pathway)

MHST (Primary Pathway) is the most common pathway for GPs to become accredited with MHST. It is targeted towards general practice registrars and other doctors entering Australian general practice. Medical practitioners entering general practice require the basic skills to detect and assess common mental illnesses, prepare evidence-based GPMHTP, undertake a progress review and have an understanding of the Better Access initiative. Common mental illnesses covered in MHST (Primary Pathway) activities include depression, anxiety, bipolar and schizophrenia.

Educational requirements

The MHST (Primary Pathway) must incorporate a minimum total of 6 hours of structured interactive learning activity (this excludes all breaks, as well as predisposing and reinforcing activities).

Learning objectives

Accredited MHST (Primary Pathway) activities incorporate several learning objectives, and on completion GPs will be able to:

1. demonstrate increased skill in detecting and assessing common mental illnesses. Specifically, GPs will:
   - have an understanding of the epidemiology and aetiology of common mental illnesses
   - have an appreciation of the complexities of comorbidity (e.g. substance misuse, impaired cognition, physical comorbidities)
   - be able to detect the common, disabling and treatable mental illnesses in general practice
   - have the necessary abilities to undertake a systematic mental health assessment, including interview skills, the fundamentals of psychiatric history taking, mental status assessment, risk assessment and comorbidity
   - be able to use appropriate psychometric instruments to aid assessment and identify change
   - be able to reassess people in their care who have a known mental illness.

2. demonstrate increased skill in preparing evidence-based GPMHTP for common mental illnesses. Specifically, GPs will:
   - be able to negotiate a shared understanding of a mental illness with a consumer that culminates in an agreed care plan
   - have an understanding of the importance of consumer and carer psychoeducation and access to accurate and consumer-friendly educational materials
   - have an increased knowledge of local mental healthcare providers and their referral pathways in the public and private systems, and of relevant non-government organisations
   - have an understanding of the rationale for the appropriate use of effective pharmacological and evidence-based psychological therapies (alone or in combination) for the treatment of common mental illnesses
   - develop skills in shared care and teamwork models
   - be able to introduce consumer and carer self-help strategies.
3. demonstrate increased skill in undertaking progress reviews and developing relapse prevention strategies for common mental illnesses. Specifically, GPs will:
   • have an understanding of the need for systematic monitoring of the effectiveness of the mental health plan
   • be able to assist consumers in developing self-monitoring strategies to identify recurrence and increase proactive steps in response to early warning signs
   • be able to assist consumer and carer in developing a personal relapse prevention plan.

4. demonstrate a greater understanding of practice systems and other issues that safeguard patient safety in providing mental healthcare.

5. demonstrate a greater understanding of the experience of mental illness from the perspective of consumers and their families, friends and/or carers.

6. demonstrate a working knowledge of the MBS items relating to provision of mental healthcare by a GP.

7. demonstrate a working knowledge of local services and resources available to assist GPs in providing mental healthcare.
5.3 MHST (Modular Pathway)

As GPs are being increasingly presented with more complex mental health issues, the GPMHSC has expanded MHST to include programs with a specific mental health focus. The MHST (Modular Pathway) provides GPs with an opportunity to become accredited with MHST by completing two modules:

1. Mental Health (Core Module) – minimum total of 3 hours.
2. Mental Health (Clinical Enhancement Module) – minimum total of 4 hours.

Mental Health (Core Module) – minimum total of 3 hours

This module covers the fundamentals of mental health in Australian general practice, including:

- Overview of the Better Access initiative
- Mental healthcare services and resources available to GPs
- Key components of a GPMHTP
- Overview of mental illnesses commonly presented in general practice.

The module will also involve an understanding of the consumer and carer perspective in the provision of mental healthcare.

GPs who require a refresher on core mental health skills may wish to complete the Mental Heath (Core Module) as part of their ongoing CPD.

Education requirements

The Mental Health (Core Module) must incorporate a minimum of 3 hours of structured learning activity (this excludes all breaks, as well as predisposing and reinforcing activities). The module can be completed online or in a face-to-face format.

Learning objectives

On completion of the Mental Health (Core Module), GPs will be able to:

1. demonstrate increased skill in detecting and assessing common mental illnesses. Specifically, GPs will:
   - have an understanding of the epidemiology and aetiology of common mental illnesses
   - have an appreciation of the complexities of comorbidity (e.g. substance misuse, impaired cognition, physical comorbidities),
   - be able to detect the common, disabling and treatable mental illnesses in general practice
   - have the necessary abilities to undertake a systematic mental health assessment, including interview skills, the fundamentals of psychiatric history taking, mental status assessment, risk assessment and comorbidity
   - be able to use appropriate psychometric instruments to aid assessment and identify change
   - be able to reassess people in their care who have a known mental illness.
2. demonstrate a greater understanding of practice systems and other issues that safeguard patient safety in providing mental healthcare.
3. demonstrate a greater understanding of the experience of mental illness from the perspective of consumers and their families, friends and/or carers.
4. demonstrate a working knowledge of the MBS items relating to provision of mental healthcare by a GP.
5. demonstrate a working knowledge of local services and resources available to assist GPs in providing mental healthcare.
Mental Health (Clinical Enhancement Module) – minimum total of 4 hours

The Mental Health (Clinical Enhancement Module) is the second module GPs need to complete in order to be accredited with MHST.

Mental Health (Clinical Enhancement Module) activities apply GPMHTPs across a range of conditions under the Better Access initiative. GPs can choose a specific Mental Health (Clinical Enhancement Module) activity that compliments their interests.

GPs who have not completed the Mental Health (Core Module) will not be accredited with MHST. GPs are not bound to complete the Mental Health (Core Module) and Mental Health (Clinical Enhancement Module) with the same training providers, or on the same day. GPs must ensure both certificates of completion are provided to the GPMHSC to obtain accreditation.

As part of their professional development, GPs are encouraged to complete Mental Health (Clinical Enhancement Modules) across a number of specific-interest topics as part of their ongoing professional development. However, completing a mental health CPD each triennium is not mandatory to continue accessing MBS items 2715 and 2717.

Educational requirements

The Mental Health (Clinical Enhancement Module) must incorporate a minimum of 4 hours of structured interactive learning activity (this excludes all breaks, as well as predisposing and reinforcing activities).

Learning objectives

On completion of a Mental Health (Clinical Enhancement Module) activity, GPs will be able to:

1. demonstrate increased skill in detecting and assessing mental illness or illnesses covered in the activity. Specifically, GPs will:
   - have an understanding of the epidemiology and aetiology of the condition
   - have an appreciation of the complexities of comorbidity (e.g. substance misuse, impaired cognition, physical comorbidities)
   - have the necessary abilities to undertake a systematic mental health assessment for the condition, including interview skills, the fundamentals of psychiatric history taking, mental status assessment, risk assessment and comorbidity
   - be able to use appropriate psychometric instruments to aid assessment and to identify change
   - be able to reassess people in their care who have a known mental health illness.

2. demonstrate increased skill in preparing evidence-based GPMHTP for the mental illness or illnesses covered in the activity. Specifically, GPs will:
   - be able to negotiate a shared understanding of the mental illness with a consumer that culminates in an agreed care plan
   - have an understanding of the importance of consumer and carer psychoeducation and access to accurate and consumer-friendly educational materials
   - have applied knowledge of local mental healthcare providers and their referral pathways in the public and private systems, and of relevant non-government organisations
   - have an understanding of the rationale for the appropriate use of effective pharmacological and evidence-based psychological therapies (alone or in combination) for the treatment of mental health illness or illnesses covered in the activity
   - have applied skills in shared care and teamwork models
   - apply consumer and carer self-help strategies.
3. demonstrate increased skill in undertaking progress reviews and developing relapse prevention strategies for mental illness or illnesses covered in this activity. Specifically, GPs will:

- have an applied understanding of the need for systematic monitoring of the effectiveness of the mental health plan
- be able to assist consumers in developing self-monitoring strategies to identify recurrence and increase proactive steps in response to early warning signs
- be able to assist a consumer and carer in developing a personal relapse prevention plan.

What steps do I take to become accredited with MHST to access MBS items 2715 and 2717?

1. A GP completes a GPMHSC-accredited MHST activity from either the Primary Pathway or Modular Pathway.

2. On completion of the course, including the reinforcing activity, the training provider will provide the GP with a certificate of completion. If the GP completes the Mental Health (Modular Pathway) they must ensure the certificates of completion for the Mental Health (Core Module) and the Mental Health (Clinical Enhancement Module) are provided to the GPMHSC in order to be accredited.

3. The GPMHSC is advised of the GP’s completion of the training activity.

- The GP must advise the training provider if they are a member of the RACGP or ACRRM during enrolment or registration of the training activity.
- If the GP has not provided their details to the training provider or is not a member of the RACGP or ACRRM, the GP must forward their certificate of completion to the GPMHSC Secretariat.

4. Each fortnight, the GPMHSC forwards a list of GPs who have completed MHST to Medicare Australia.

5. Medicare Australia processes the details of the eligible GP and will register their MHST accreditation. To ensure a more timely process, GPs must ensure their details are correct with Medicare Australia.

6. If registration is successful, Medicare Australia will send the GP a letter confirming their eligibility to access MBS item numbers 2715 and 2717. The GP must receive this letter before claiming for these numbers. Waiting time for receipt of this letter from Medicare Australia may vary. Most GPs will receive a confirmation letter approximately 2–4 weeks after the GPMHSC is advised of the GP’s completion of the course.
5.4 FPS ST

What are FPS?

FPS are specific mental healthcare treatment strategies derived from evidence-based psychological therapies. Medicare has approved a range of acceptable strategies for use by a GP in providing FPS under the Better Access initiative, including:

- psychoeducation, including motivational interviewing
- CBT, including behavioural interventions and cognitive interventions
- relaxation strategies, including progressive muscle relaxation and controlled breathing
- skills training, including problem solving skills and training, anger management, social skills training, communication training, stress management and parent management training
- IPT.

There is some flexibility to include narrative therapy for Aboriginal and Torres Strait Islander people.

GPs who are accredited with FPS ST have access to the following MBS item numbers:

Table 8. Mental healthcare MBS items (with FPS ST)

<table>
<thead>
<tr>
<th>Medicare Benefits Schedule ($)</th>
<th>Rebate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2721 FPS of at least 30 minutes to less than 40 minutes (in consultation room)</td>
<td>$90.95</td>
</tr>
</tbody>
</table>
| 2723 FPS attendance of at least 30 minutes to less than 40 minutes (out of surgery consultation) | Up to six patients: fee for item 2721, plus $25.45 divided by the number of patients seen  
For seven or more patients: fee for item 2721, plus $1.95 per patient |
| 2725 FPS extended attendance of at least 40 minutes (in consultation room) | $130.15 |
| 2727 FPS extended attendance of at least 40 minutes (out of surgery consultation) | Up to six patients: fee for item 2725, plus $25.45 divided by the number of patients seen  
For seven or more patients: fee for item 2725, plus $1.95 per patient |

* MBS fees are current at the time of printing. Up-to-date information is available at www.mbsonline.gov.au

What are the benefits of being a registered FPS provider?

Many benefits of FPS exist for patients as well as the wider community. The delivery of FPS by a GP also enables members of the community to receive psychological interventions where shortages or lack of access to psychologists and psychiatrists exist, particularly in rural and remote settings.

The effectiveness of FPS has been demonstrated in treating people with depression and anxiety. FPS is also effective in meeting the immediate needs of patients in an acute medical situation when delivered by a FPS accredited GP.

Delivery of FPS by GPs, particularly in rural and remote locations, can have a significant role to play in providing psychological support for communities that are affected by disasters and mass adversities.
GPs skilled in FPS are better equipped in managing stressful situations and supporting individuals experiencing difficulties with their mental health, such as post-traumatic stress illness or people encountering an exacerbation of a pre-existing mental health illness.

What is FPS ST?

FPS ST provides GPs with skills in the provision of FPS for the treatment of common mental illnesses. It also provides GPs with an insight into the perspective of people who have experienced mental illness, as well as their carers.

GPs must achieve their MHST accreditation prior to completing an FPS ST activity.

In 2014–2016, the GPMHSC has endorsed two program variations in delivering FPS ST for GPs:

1. Programs based on CBT.
2. Programs based on IPT.

Definitions of CBT and IPT

CBT is a focused approach that is based on the concept that cognitions influence feelings and behaviours, and that subsequent behaviours and emotions can influence cognitions. The therapist helps individuals identify unhelpful irrational thoughts, emotions and behaviours. CBT has two aspects: behaviour therapy and cognitive therapy.

Behaviour therapy is based on the theory that behaviour is learned and therefore can be changed. Cognitive therapy is based on the theory that distressing emotions and maladaptive behaviours are the result of faulty or irrational patterns of thinking. Therapeutic interventions are aimed at replacing such dysfunctional thoughts with more rational cognitions, which leads to an alleviation of problem thoughts, emotions and behaviour.

IPT is a brief, structured approach that addresses interpersonal issues and has evidence of effectiveness in treating depression. The causes of depression and psychological distress, according to this therapy, can often be traced to aspects of social functioning (relationships and social roles).

The underlying assumption with IPT is that mental health problems and interpersonal problems are interrelated. The goal of IPT is to help the person understand how these types of factors, operating in the person’s current life situation, lead them to become distressed, and put them at risk of mental health problems.

Specific interpersonal problems, as conceptualised in IPT, include interpersonal disputes, role transitions, grief, and interpersonal deficits. IPT explores client’s perceptions and expectations of relationships, and aims to improve communication and interpersonal skills.

An overview of the two program variations is detailed in Table 9.

### Table 9. FPS ST program variation

<table>
<thead>
<tr>
<th>Programs based on CBT</th>
<th>Programs based on IPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs predominately based on CBT must provide skills-orientated training in 1, 2, 3, 4.1, 5.1 and any strategy from 6 or 7 from the following list:</td>
<td>Programs predominately based on IPT must, at a minimum, provide skills-orientated training in the areas listed below:</td>
</tr>
<tr>
<td>1. Psychoeducation</td>
<td>1. Psychoeducation</td>
</tr>
<tr>
<td>2. Motivational interviewing</td>
<td>2. Motivational interviewing</td>
</tr>
<tr>
<td>3. Theory and principles underlying CBT</td>
<td>3. Theory and principles underlying IPT, mental illnesses linked to four types of relationship difficulties (loss, role dispute, role transitions and interpersonal deficits)</td>
</tr>
<tr>
<td>4. Behavioural interventions</td>
<td>4. IPT training:</td>
</tr>
<tr>
<td>5. Behaviour modification (essential)</td>
<td>• Explore patient’s perceptions, expectations of others and relationships</td>
</tr>
<tr>
<td>6. Activity scheduling (optional)</td>
<td>• Identify problems with relationships</td>
</tr>
<tr>
<td>7. Exposure techniques (optional)</td>
<td>• Use affect to bring about change</td>
</tr>
<tr>
<td>8. Cognitive interventions</td>
<td>• Problem solve to achieve a resolution of relationship issues</td>
</tr>
<tr>
<td>9. Cognitive analysis, thought challenging and cognitive restructuring (essential)</td>
<td>• Communication analysis and training</td>
</tr>
<tr>
<td>10. Self-instructional training, attention regulation and control (optional)</td>
<td>• Role play changed behaviour</td>
</tr>
<tr>
<td>11. Relaxation strategies</td>
<td>• Use therapeutic relationship</td>
</tr>
<tr>
<td>12. Skills training (such as problem solving, communication training, parent management training and stress management)</td>
<td></td>
</tr>
</tbody>
</table>

### Education requirements

To achieve FPS ST accreditation, a GP must complete an FPS ST activity that incorporates all of the following requirements:

- A minimum of 12 hours of face-to-face or live/interactive contact time.
- An additional interactive structured learning activity of a minimum of 8 hours.
- A predisposing and reinforcing activity.

Programs may be delivered over consecutive days or a weekend.

### Learning objectives

On completion of FPS ST, GPs will be able to:

1. demonstrate an understanding of the range of evidence-based FPS and the rationale for their use in different clinical circumstances.
2. provide FPS to consumers as part of a treatment plan for common mental illnesses.
3. demonstrate a greater understanding of practice systems and other issues that safeguard patient safety in providing mental healthcare.
4. demonstrate a greater understanding of the experience of mental illness from the perspective of consumers and their families, friends and/or carers.
5. demonstrate an understanding of the value of supervision and other professional development to maintain and extend skills in the provision of FPS over time.
6. demonstrate a working knowledge of the MBS item numbers for provision of FPS by GPs.
How do I become a registered FPS provider?

GPs must complete a number of steps before becoming a registered FPS provider:

1. The GP must have completed MHST.
2. The GP must have completed a GPMHSC-accredited FPS ST activity.
3. On completion of the FPS ST course, including the reinforcing activity, the training provider will present the GP with a certificate of completion. The GP forwards the certificate of completion and a application form to the GPMHSC. Applications to register with Medicare Australia as an FPS provider are available on the GPMHSC website. Training providers may also provide these forms at the activity.
4. Once the application is received in full, the GPMHSC will register the GP’s course completion details with Medicare Australia.
5. Medicare Australia processes the details of the eligible GP and will register their FPS accreditation.
6. Upon successful registration, Medicare Australia will send the GP a letter confirming their status as an FPS provider and eligibility to access MBS item numbers 2721, 2723, 2725 and 2727. The GP must receive this letter before claiming for these item numbers.

Waiting time for receipt of this letter from Medicare Australia may vary. Most GPs will receive a confirmation letter approximately 2–4 weeks after the GPMHSC receives the GP’s FPS application in full.

At a glance

To become a registered FPS provider with Medicare Australia, GPs must:

• be accredited with MHST
• complete an FPS ST course
• provide the GPMHSC Secretariat with a completed application to be registered as an FPS provider with Medicare Australia.
Maintaining FPS ST accreditation

Once FPS ST accreditation has been obtained, an FPS CPD activity must be completed each subsequent triennium in order to maintain FPS accreditation and have access to the specific FPS MBS item numbers. Figure 3 provides an overview of becoming a registered FPS provider and maintaining compliance.

For example, GPs registered as FPS providers in the 2011–2013 triennium must complete an FPS CPD course during the 2014–2016 triennium to remain compliant.

FPS CPD activities include:

- ALM
- individual ALM
- clinical audits
- research activities
- small group learning
- supervised clinical attachments.

Further information on the types of FPS CPD activities can be found on the following page.

More information on how GPs can maintain their FPS registration can be found on the GPMHSC website.

Figure 3. Requirements to access FPS mental healthcare MBS items
6. CPD in mental health

High quality mental health and FPS CPD activities provide GPs with opportunities to extend their skills in areas of interest within mental health. The GPMHSC promotes the uptake of mental health-related CPD to all GPs. The GPMHSC offers two types of CPD activities:

- **MH CPD** aims to extend GP skills in assessing or managing mental illnesses in the context of general practice. It builds on the areas addressed in MHST.
  
  GPs can complete Clinical Enhancement Modules across a number of specific interest topics as part of their ongoing professional development.

- **FPS CPD** extends GP skills in providing FPS as part of a treatment plan for mental illnesses. It builds on the skills acquired through FPS skills training.
  
  FPS CPD will need to be completed by GPs registered as FPS providers in order to remain compliant and continue accessing the FPS mental healthcare MBS item numbers.

There are a number of CPD options that cater for different learning styles and preferences. GPs can attend courses organised by training providers or design their own CPD activity.

MH CPD and FPS CPD activities include:

- **ALM**
  
  ALMs are structured, quality educational activities.
  
  They are designed to enhance the performance, knowledge, skills, behaviours and attitudes of GPs in practice. All ALMs include a predisposing activity, structured learning activity and reinforcing activity.
  
  The most common ALMs are training activities delivered in a workshop or seminar format.

- **Individual ALM**
  
  Many GPs attend sessions organised by non-GP specialists, such as the APS. These courses are relevant for GPs who wish to upskill in mental health but have not been approved for RACGP Qi&CPD or ACRRM PD points.
  
  Individual ALM applications offer GPs the option to gain CPD recognition at these courses.

- **Clinical audits**
  
  Clinical audits provide GPs with the opportunity to systematically review aspects of their own clinical performance in practice. This type of learning is particularly useful for GPs who use their FPS skills frequently.
  
  Some training providers offer ‘ready to use’ clinical audit packages, or GPs can plan an audit based on their own learning objectives.

- **Research activities**
  
  Mental health research activities in general practice not only strengthen the evidence base for primary mental healthcare, but may also be eligible for CPD accreditation.

- **Small group learning**
  
  Managing mental health cases is often a complex process and small group learning allows participants to debrief with their peers. Small group learning also has the advantage of allowing the group to set its own learning objectives and vary the content of the session depending on the needs of the group.

- **Supervised clinical attachments**
  
  Supervised clinical attachments provide the opportunity for GPs to work directly with a mental health practitioner. This can be undertaken in a variety of settings, such as an inpatient psychiatric facility, community mental health service, or a drug and alcohol service.
7. Applying for an exemption to complete MHST and/or FPS ST

In exceptional circumstances, the GPMHSC can exempt GPs from completing the requirements for obtaining MHST and/or FPS ST accreditation to gain access to mental healthcare items through the MBS.

Although mental health training is strongly encouraged, GPs who are able to demonstrate that they have achieved the learning objectives of MHST (Primary Pathway or Modular Pathway) and/or FPS ST are able to apply for an exemption to the GPMHSC for consideration.

To apply for an exemption, a GP must:

- complete the Application for exemption from Mental Health Skills Training (MHST) and/or Focussed Psychological Strategies Skills Training (FPS ST) form available on the GPMHSC website at www.gpmhsc.org.au
- attach any evidence of previous mental health training – this includes copies of certificates of completion
- provide evidence of mental health CPD in the past 5 years if mental health training was completed more than 5 years ago
- provide a current resume (outlining details of training history)
- provide a letter of reference.

Once a GP has submitted their application to the GPMHSC Secretariat, the application will be placed on the agenda for adjudication at the next meeting of the GPMHSC Committee.

Once the application has been reviewed by the GPMHSC Committee, the GP will be notified of the outcome in writing within 10 business days of the meeting. If successful, the GPMHSC will then provide the GP’s details to Medicare Australia.

GPs must wait for written confirmation from Medicare Australia before claiming against the relevant MBS item numbers.
8. FAQs

1. Where can I find MHST and FPS ST activities?
   A list of upcoming MHST or FPS ST activities is located on the GPMHSC website under the Find Mental Health Training category. Each event is listed with the contact details of the training provider. Interested participants are encouraged to contact training providers directly for further information on dates and registration.

2. As a GP who has completed online MHST, why are my 2715 and 2717 item claims being rejected by Medicare?
   With online MHST activities, there is a requirement to complete a reinforcing activity before you are considered to have fully completed the training and can receive the certificate of completion. The training provider will send you this reinforcing activity in the weeks following your completion of the initial activity.

3. Does the patient need a new GPMHTP each calendar year in order to access allied mental health services?
   GPMHTPs do not expire. New plans should not be prepared unless the referring practitioner considers it is clinically required. Generally, this should not be within 12 months of a previous plan.

   A patient does not require a new plan developed each calendar year in order to remain eligible for Medicare allied mental health services. Patients can continue to be eligible for allied mental health services under an existing plan as long as the need for these services continues to be recommended by the referring GP.

   A GPMHTP review item, a GP mental health consultation item, or a standard GP consultation item can be used to assess and manage the patient’s progress and to write a new referral for further services.

4. What are the requirements for maintaining registration as an FPS provider in the new triennium?
   GPs registered as FPS providers in the 2011–2013 triennium are required to complete an RACGP- or ACRRM-accredited FPS CPD activity within the 2014–2016 triennium in order to remain compliant.

5. How often and under what circumstances can MBS item number 2712 (MHTP review) be used?
   MBS item number 2712 is for a consultation in which a review of a GPMHTP or a review of a psychiatrist assessment and management plan is required.

   The explanatory notes in the MBS advise the recommended review after the completion of the GPMHTP is a frequency between 4 weeks and 6 months and, if required, a further review at least 3 months after the initial review.
6. **Do I need to tell Medicare Australia if I have attended a GPMHSC-accredited training course?**
   In order for GPs to be eligible to use mental healthcare MBS item numbers, the GPMHSC forwards the names of GPs to Medicare Australia following completion of MHST and/or FPS ST.
   GPs who wish to register with Medicare Australia as an FPS provider in order to access FPS MBS item numbers need to complete the application form, available at www.gpmhsc.org.au.
   GPs must wait for written confirmation from Medicare Australia before claiming the relevant MBS item numbers.

7. **Are there any training requirements for ongoing access to MBS items 2715 and 2717?**
   Currently, there is no requirement for GPs accredited with MHST to undertake MH CPD to continue accessing MBS items 2715 and 2717. However, the GPMHSC recommends all GPs with MHST accreditation undertake MH CPD each triennium to extend their skills in assessing and/or managing mental illnesses in general practice.

8. **How do I find out if I have met the requirements to remain eligible to deliver FPS in the new triennium?**
   Contact the GPMHSC Secretariat on 03 8699 0556 or via gpmhsc@racgp.org.au.

9. **Does the GPMHSC endorse particular assessment tools in general practice?**
   It is the policy of the GPMHSC to not endorse a particular diagnostic tool for use in general practice. The choice of assessment method and diagnostic tool should be left to the individual doctor.

10. **What if I want to be re-registered as a GP FPS provider?**
    GPs removed from the register due to non-compliance can re-apply for registration by completing an FPS CPD activity during the triennium. But they will then need to complete a second activity to meet the current triennium CPD requirements.