

Focussed psychological strategies skills training

Dual application for GPMHSC accreditation 2017–19

INSTRUCTIONS FOR APPLICANTS

This application form is for training providers seeking accreditation from the GPMHSC for education activities to be recognised as ‘Focussed Psychological Strategies Skills Training’ (FPS ST).

Activities require prior accreditation with RACGP and/or ACRRM before adjudication by the GPMHSC.

Training providers can seek accreditation from RACGP and/or ACRRM using this form.

If you require RACGP and/or ACRRM accreditation, this application must be submitted directly to the relevant College. If you have existing accreditation for this activity with the RACGP and/or ACRRM, you may submit this application to directly to the GPMHSC Secretariat.

Training providers are strongly encouraged to view the mental health training standards outlined in the document *Mental health training standards 2017-2019: a guide for training providers*.

Key contact details for all applications for GPMHSC accreditation

If you are applying for GPMHSC accreditation of an activity that **does not have** prior accreditation with RACGP and/or ACRRM, this form must be forwarded to:

RACGP QI&CPD Program

Contact your relevant state / territory faculty:
<https://www.racgp.org.au/education/qicpd-program/gps/state-contact-details/>

ACRRM PD Program

P 1800 223 226
E pdp@acrrm.org.au
W www.acrrm.org.au

For **currently accredited** RACGP and/or ACRRM activities applying for GPMHSC accreditation, and for applications for GPMHSC re-accreditation, this form must be forwarded to:

GPMHSC Secretariat

100 Wellington Parade, East Melbourne, Vic 3002

P 03 8699 0556
F 03 8699 0570
E gpmhsc@racgp.org.au

To all applicants

Is this:

A new application for 2017–19 triennium Please go to Section 1 and complete the application form

An application for reaccreditation Please read instructions below:

Reaccreditation of 2014–16 GPMHSC approved activities for the 2017–19 triennium

Training providers who have had FPS activities accredited with the GPMHSC in previous trienniums, will need to apply for re-accreditation for the 2017–2019 triennium using this form.

Training providers seeking re-accreditation will need to:

- **Complete Section 6** (responses to the updated learning outcomes) **and Section 8** (acknowledgement of responsibilities) of this application form
- **Submit a letter outlining any changes** that have been made from the original FPS application that have been incorporated into this application. *This letter is not required if there have been no changes made since accreditation.*
- **A copy of an evaluation from report containing aggregated data from the activities conducted in the previous triennium.** The report can be identical to the evaluation report submitted to the RACGP and/or ACRRM.

Section 1 Please indicate which organisation(s) you are seeking accreditation from using this form:

**I want to use this form to seek
RACGP QI&CPD Program accreditation.**

Please complete all **yellow shaded** 'RACGP' sections.

Please forward a copy of this application to the RACGP for adjudication.

Please note that providers who do not have an existing 'Provider Contract' with the QI&CPD Program will be required to pay an adjudication fee. Please complete the Tax Invoice included at the back of the form.

**I want to use this form for
ACRRM PD Program accreditation.**

Please complete all **light blue shaded** 'ACRRM' sections.

Section 2 Please indicate if you already have accreditation and are seeking **only** GPMHSC accreditation:

I already have RACGP QI&CPD accreditation for this activity and seek GPMHSC accreditation only.

RACGP activity number:

I already have ACRRM accreditation for this activity and seek GPMHSC accreditation only.

ACRRM activity number:

Section 3 Training provider and activity information

3.1 Provider details

EAR Name	EAR number
Provider/organisation	Provider number

3.2 Contact details for activity enquiries

Name	
Phone	Email

3.3 Activity details

Title

Delivery Mode

E-learning URL

Blended learning URL

Face-to-face: Please supply the postcode

Postcode

Other (*please explain*)

Frequency

One-off event

Repeated activity (identical activity repeated at different times and/or locations)

Regular education (such as monthly education)

Continuous education (such as online education)

Total hours of educational content

Activity must be a minimum of 6 hours of educational content.

3.4 Advertising

GPMHSC accredited activities are automatically advertised on the GPMHSC webpage.

Don't display on the GPMHSC website

Attendees – Select one

By invitation only

Only available to members

All attendees welcome

Target Audience – Select one

GPs

GPs and practice team

Third party sponsors

Name:

Details:

Name:

Details:

Partnering organisations

Name:

Details:

Name:

Details:

3.5 Attendance

How many GPs do you anticipate will attend?

How many facilitators will assist?

Please indicate how this activity will be funded,
and the anticipated cost to general practitioners:

3.6 Sessions

Date

Time

Venue

Postcode

RACGP required information: complete only if seeking RACGP QI&CPD accreditation with this form.
Questions relating to completion of this section should be directed to the RACGP QI&CPD Office in your state
(refer to www.racgp.org.au/qicpd/contacts for contact details)

3.7 GP involvement in planning/development of this activity

Name of GP(s)

AHPRA number

RACGP QI&CPD number

3.8 Domains of general practice

For each domain select only one competency outcome (a minimum of one domain).

Select the appropriate domains and competency outcomes

Domain 1. Communication skills and the patient-doctor relationship	Domain 2. Applied professional knowledge and skills		Domain 3. Population health and the context of general practice	Domain 4 Professional and ethical role	Domain 5. Organisational and legal dimensions
CS1.1.1 Communication is clear, respectful, empathic and appropriate to the person and their <i>sociocultural context</i>	CS2.1.1 The conduct of the consultation is appropriate to the <i>needs of the patient</i> and the sociocultural context	CS2.2.7 The results of investigations are interpreted in the context of the patient	CS3.1.1 The <i>patterns and prevalence of disease</i> are incorporated into screening and management practices	CS4.1.1 <i>Adherence to relevant codes and standards of ethical and professional behaviour</i>	CS5.1.1 <i>Infection control and relevant clinical practice standards</i> are maintained
CS1.1.2 Effective communication is used in <i>challenging situation</i>	CS2.1.2 <i>Continuity of care</i> promotes quality and safety	CS2.2.8 Diagnosis and management is evidence-based and relevant to the needs of the patient	CS3.1.2 The impacts of the <i>social determinants of health</i> are identified and addressed	CS4.1.2 <i>Duty of care</i> is maintained	CS5.1.2 Effective <i>clinical leadership</i> is demonstrated
CS1.1.3 Communication with <i>family, carers and others</i> involved in the care of the patient is appropriate and clear	CS2.1.3 Comprehensive and <i>holistic management plans</i> are developed collaboratively	CS2.2.9 <i>Rational prescribing and medication monitoring</i> is undertaken	CS3.1.3 Current and emerging <i>public health risks</i> are effectively managed	CS4.1.3 <i>Patient–doctor boundaries</i> are identified and maintained	CS5.1.3 <i>Relevant data</i> is clearly documented, securely stored and appropriately <i>shared</i> for quality improvement
CS1.1.4 <i>Complaints and concerns</i> are managed effectively	CS2.2.1 A comprehensive, clearly documented <i>biopsychosocial history</i> is taken from the patient	CS2.2.10 The uncertainty of ongoing <i>undifferentiated conditions</i> is managed	CS3.2.1 <i>Barriers to equitable access to quality care</i> are addressed	CS4.1.4 <i>Critical incidents and potential critical incidents</i> are identified and managed	CS5.1.4 Quality and safety is enhanced through the effective use of <i>information systems</i>
CS1.2.1 Ways in which health can be optimised and maintained are communicated to patients, family members and carers	CS2.2.2 <i>An appropriate and respectful physical examination</i> of the patient is undertaken	CS2.3.1 Quality <i>evidence-based resources</i> are critically analysed and utilised	CS3.2.2 The health needs of individuals are balanced with the health needs of the community through effective <i>utilisation of resources</i>	CS4.2.1 Professional knowledge and skills are reviewed and developed	CS5.1.5 Effective <i>triaging and time management structures</i> are in place to allow timely provision of care
	CS2.2.3 <i>A significantly ill</i> patient is identified and managed appropriately	CS2.3.2 Innovative approach to care of patients with <i>multisystem and/or complex health issues</i> is taken	CS3.2.3 Effective leadership improves outcomes for patients	CS4.2.2 <i>Reflection and self-appraisal</i> are undertaken regularly	CS5.1.6 Ethical <i>business processes and practices</i> , and effective <i>governance structures</i> are implemented
	CS2.2.4 <i>A rational list of differential diagnoses</i> is formulated	CS2.4.1 Appropriate <i>mode of care delivery</i> to suit the needs of the patient		CS4.2.3 <i>Personal health and wellbeing</i> is evaluated, maintained and developed	CS5.2.1 <i>Patient confidentiality</i> is managed appropriately
	CS2.2.5 Appropriate procedures are undertaken after receiving informed consent	CS2.4.2 <i>Fragmentation of care</i> is minimised		CS4.3.1 Professional knowledge and skills are effectively shared with others	CS5.2.2 <i>Shared decision making and informed consent</i> are explained and obtained
	CS2.2.6 <i>Rational options for investigations</i> are offered	CS2.4.3 Demonstrate <i>leadership in emergency situations</i>		CS4.3.2 Identify and support <i>colleagues who may be in difficulty</i>	CS5.2.3 <i>Medico-legal requirements</i> are integrated into accurate documentation

Curriculum contextual areas – select one or more relevant contextual units			
Main units		Presentations	
AH16	Aboriginal and Aboriginal Torres Strait Islander health	AV16	Abuse and violence
RH16	Rural health	AM16	Addiction medicine
Populations		DE16	Dermatology
AD16	Adult health	DM16	Disaster management
CO16	Care of older people	EN16	Ear and nose medicine
CY16	Children and young people health	EY16	Eye medicine
CH16	Custodial health	MS16	Musculoskeletal and sports medicine
DH16	Doctor's health	OM16	Occupational medicine
DB16	Individuals with disabilities	OP16	Oncology and palliative care
MH16	Men's health	PM16	Pain management
MM16	Military medicine	PS16	Psychological health
PC16	Pregnancy care	SH16	Sexual and reproductive health
RA16	Refugee and asylum seeker health	TM16	Travel medicine
RC16	Residential care	Processes	
SG16	Sex, sexuality, gender diversity and health	GR16	General practice research
WH16	Women's health	GT16	General practice teaching
		IM16	integrative medicine
Other: please supply further information			

3.9 Specific requirements

If you have completed this activity for the purpose of meeting a third party / specific requirement, please indicate below. To be eligible for specific requirements, content must represent more than 50% of the activity. Some topic areas require additional requirements. Please see specific topic area pages for more details. Select the relevant topic area and upload supporting material.

Recommended attachments include:

- Conference program clearly highlighting the components relevant to the selected specific requirements, including qualifications of facilitators / speakers
- Session summary

General practitioners providing anaesthesia services	Diagnostic radiology
Medical acupuncture	Focussed psychological strategies skills training
Breast medicine	Focussed psychological strategies CPD
General practitioners providing surgical services	Mental health skills training
Cultural safety training	Mental health CPD
Cultural awareness training	Mental health core module
Women's reproductive health	Mental health clinical enhancement module

 Please attach evidence documentation

3.10 CPR CPR skill training must form a minimum of 1 hour of the education and be consistent with the ARC guidelines

Will the activity include CPR?	Yes	No	 Please attach evidence documentation
--------------------------------	-----	----	--

ACRRM required information: complete only if seeking ACRRM accreditation with this form.

Questions relating to completion of this section should be directed to the ACRRM Professional Development Program – pdp@acrrm.org.au; 07 3105 8200.

3.11 Activity type

Conference

Distance Education

Workshop

Skills based training (including simulator training)

Other – please specify

3.12 Curriculum area(s) and educational domain(s)

Education Domains

Please select the curriculum area(s) relevant to the activity mapped against the relevant educational domain(s)

Provide medical care in the ambulatory and community setting

Provide medical care in the hospital setting

Respond to medical emergencies

Apply a population health approach

Address the health needs of culturally diverse and disadvantaged groups

Practise medicine with an ethical, intellectual and professional framework

Practise medicine in the rural and remote context

Curriculum areas

Aboriginal People & Torres Strait Islander Health

Adult Internal Medicine

Aged Care

Anaesthetics

Business and Professional Management

Child and Adolescent Health

Dermatology

Information Management and Information Technology

Mental Health

Musculoskeletal Medicine

Obstetrics/Women's Health

Ophthalmology

Oral Health

Palliative Care

Radiology

Rehabilitation

Research and Teaching

Surgery

Target audience:

Rural medical practitioners

Rural registrars

Other

Section 4 Overview of the activity

4.1 Activity summary

Aim

What is the aim of the activity?

Needs assessment

All needs assessments need to be supported by current and clinical evidence based references, in accordance with the RACGP QI&CPD guidelines, demonstrating that this activity is valid to GP needs.

The needs assessment for this activity may include information from one or more of the following:

- information from expert bodies including references to peer reviewed medical literature and/or recognised health organisation documentation
- references to federal and/or state government policy; relevant guidelines, reports and initiatives
- GP perspective, e.g. formal GP participant survey – Note: anecdotes, informal surveys, personal opinions and single 'expressions of interest' are not valid
- community perspective, e.g. information from community groups, other health professionals, GP divisions and consumer groups.

 **Attach a copy of your needs assessment including references**

Activity overview

Responses to the following points should incorporate clear examples from the program development process and/or content where appropriate and relevant. The overall educational goal of MHST is to provide GPs with quality training in mental health assessment, care planning and review for mental disorders commonly presenting in general practice.

Please provide responses to all points and include attachments where indicated. If you require more space for your responses please attach additional pages clearly indicating point number.

OFFICE
USE ONLY

4.2 Please give an **overview** of the activity

☐ Criterion met
☐ Criterion not met

(100 words or less) including: – Title of the activity
– Summary of the topic areas covered
– Summary of participation and engagement styles

(Please note that this section may be used as a publishable summary of your activity if accredited)

 **Attach a copy of the advertising material / program flyer**

4.3 Please describe the **duration and format** of the activity

☐ Criterion met

☐ Criterion not met

Including different learning opportunities that will be utilised to cater to varying skills and knowledge levels of participants. For example, scripting and rehearsing, demonstration of techniques, supervised practice of skills, case based discussion.

 Attach a detailed program timetable or outline

4.4 Please describe how the **skills** learnt can be transferred into practice

☐ Criterion met

☐ Criterion not met

4.8 Describe the active involvement of mental health professionals within program	☐ Criterion met ☐ Criterion not met
• Planning <i>(required)</i> • Development <i>(required)</i> • Delivery <i>(required)</i> • Review <i>(required)</i> Provide the name, qualifications and organisational affiliation of the mental health professionals involved.	
4.9 Describe the active involvement of mental health carers and consumers within program	☐ Criterion met ☐ Criterion not met
• Planning <i>(required)</i> • Development <i>(required)</i> • Delivery <i>(required)</i> • Review <i>(required)</i> Please also briefly detail carer's and consumer's organisational affiliations (e.g. with recognised advocacy groups) and past experience in similar roles. <i>For information on consumer and carer participation, refer to Section 4 within the document Mental health education standards 2017-2019: A handbook for training providers' available from www.gpmhsc.org.au</i>	

4.10 Describe how the activity will be evaluated	☐ Criterion met ☐ Criterion not met

RACGP required information

Applicants for RACGP QI&CPD accreditation must include three mandatory questions within post program evaluations. These are:

1. to what degree were the learning outcomes met (each learning outcome listed),
2. to what degree were your learning needs met, and;
3. rate to what degree this activity was relevant to your practice.

 **Attach a copy of all evaluation materials**

Section 5 Focussed psychological strategies

The GPMHSC has endorsed two FPS program variations.

Table 1:

Activities based on CBT	Activities based on IPT
Activities predominately based on CBT must provide skills in the following strategies, except those shown as optional. • Psychoeducation • Motivational interviewing • Theory and principles underlying CBT • Behavioural interventions: – Behaviour modifications – Optional: Activity scheduling – Optional: Exposure techniques • Cognitive interventions: – Cognitive analysis, thought challenging and cognitive restructuring – Optional: Self-instructional training, attention regulation and control • Relaxation strategies • Skills training (e.g. problem solving, communication training, parent management training and stress management)	Activities predominantly based on IPT must provide skills in all of the following strategies: • Psychoeducation • Motivational interviewing • Theory and principles underlying IPT, mental illnesses linked to four types of relationship difficulties (loss, role dispute, role transitions and interpersonal deficits) • IPT training: – Explore consumer's perceptions, expectations of others and relationships – Identify problems with relationships – Use consumers' affect to bring about change – Problem-solve to achieve a resolution of relationship issues – Communication analysis and training – Role play changed behaviour – Use therapeutic relationship

5.1 Is this program a CBT based program, or a IPT based program?

CBT based program

IPT based program

Section 6 Learning outcomes

Responses to the following should incorporate brief, and clear, examples from the program content to demonstrate how each learning outcome is addressed. Training providers are encouraged to structure their response to the specific objectives outlined in the documents. *Mental health training standards 2017-2019: a handbook for GPs and Mental health training standards 2017-2019: a guide for training providers.*

6.1 Learning outcome: Select and use appropriate evidence-based FPS intervention relevant to consumer issues / needs outlined in the GPMHTP

OFFICE
USE ONLY

Outline the range of evidence-based FPS, and the rationale for use in different clinical circumstances, including when working with consumers from culturally and linguistically diverse backgrounds.

☐ Criterion met
☐ Criterion not met

For CBT programs (refer to Section 5, table 1), teach techniques to provide CBT-based FPS to consumers as part of the treatment plan for their mental illness.

☐ Criterion met
☐ Criterion not met

For IPT programs (refer to Section 5, table 1), teach techniques to provide IPT-based FPS to consumers as part of their treatment plan for their mental disorder.

☐ Criterion met
☐ Criterion not met

Explain the aetiology and epidemiology of the conditions covered.

☐ Criterion met
☐ Criterion not met

For each condition covered, outline the relevant FPS / treatment models that apply to particular disorders and the modes of assessment for making these determinations.	☐ Criterion met ☐ Criterion not met
Discuss integrated FPS and medication	☐ Criterion met ☐ Criterion not met
Discuss consumer progress review.	☐ Criterion met ☐ Criterion not met
Discuss safe closure / termination of intervention.	☐ Criterion met ☐ Criterion not met
6.2 Learning outcome: Incorporate the perspectives and needs of consumers, their carers and others in a persons network as outlined in the GPMHTP to inform FPS provision.	OFFICE USE ONLY
Consumer experience – Consumer experience of diagnosis, when first diagnosed, whether this diagnosis has changed over time and the impact of the diagnosis and the mental illness more broadly on the consumers life.	☐ Criterion met ☐ Criterion not met

Consumer experience – Helpful and unhelpful aspects of relationship with the GP and/or healthcare system, and the GP role of care coordinator	☐ Criterion met ☐ Criterion not met
Consumer experience – Value of the GPMHTP from a recovery perspective and the recovery journey.	☐ Criterion met ☐ Criterion not met
Consumer experience – Improvements that could be made to the primary healthcare system for consumers of mental health services to eliminate barriers to access.	☐ Criterion met ☐ Criterion not met
Consumer experience – Useful resources.	☐ Criterion met ☐ Criterion not met
Carer experience – How the mental illness diagnosis of the consumer has impacted on the carer role, their life and their health and wellbeing.	☐ Criterion met ☐ Criterion not met

Carer experience – How GPs can best support carers and other support people via care coordination.	☐ Criterion met ☐ Criterion not met
Carer experience – The values of the GPMHTP and the carer role in the recovery journey.	☐ Criterion met ☐ Criterion not met
Carer experience – Improvements that could be made to the primary healthcare system for carers of people accessing mental health services to eliminate barriers faced by carers.	☐ Criterion met ☐ Criterion not met
Carer experience – Useful resources.	☐ Criterion met ☐ Criterion not met
6.3 Learning outcome: Use the practice's systems to identify local services and resources that safeguard consumer safety and assist in providing holistic mental healthcare to consumers.	OFFICE USE ONLY
Systematic approaches to risk assessment and coordination of care for consumers.	☐ Criterion met ☐ Criterion not met

Knowledge of local services relevant to consumers' needs.	☐ Criterion met ☐ Criterion not met
Resources, frameworks and referral pathways available to assist in consumer care.	☐ Criterion met ☐ Criterion not met
6.4 Learning outcome: Engage in regular supervision and other professional development to maintain and extend skills in the provision of FPS.	OFFICE USE ONLY
Requirement to complete FPS CPD activity every triennium.	☐ Criterion met ☐ Criterion not met
Types of FPS CPD activities (refer to the GPMHSC website, www.racgp.org.au/education/gpmhsc).	☐ Criterion met ☐ Criterion not met
Discuss and model principles of professional supervision and reflective practice.	☐ Criterion met ☐ Criterion not met

Provide information on professional supervisor registers / networks.	☐ Criterion met ☐ Criterion not met
--	--

6.5 Learning outcome: Use appropriate MBS item numbers relating to the provision of mental healthcare.	OFFICE USE ONLY
Discuss MBS item numbers relating to providing FPS	☐ Criterion met ☐ Criterion not met

Section 7 Attachments

Please ensure that you have attached **all** relevant documentation, including copies of all resources and materials provided to participants.

Attachment checklist:

Advertising material /program flyer	Evaluation material
Detailed program timetable or outline	Participant resources / workbooks
Predisposing activity material	Needs assessment (with references)
Reinforcing activity material	3 copies of pre-recorded consumer and carer perspective videos (If applicable. Requires prior approval from GPMHSC Secretariat)

Section 8 Acknowledgement of responsibilities

Providers of accredited FPS ST are required to:

- Notify the GPMHSC if any changes to the activity will be made such as, content and speakers, that differ from this application during the 2017-2019 triennium
- Submit to the GPMHSC an activity report which includes the aggregated evaluative data within 6 weeks of completion of the training activity. This can be the same report provided to the RACGP and/or ACRRM.

Please indicate your acceptance of these requirements.

I,

agree to comply with the requirements outlined above for providers of FPS ST.

Section 9 Additional information for RACGP and/or ACRRM accreditation

RACGP required information: complete only if seeking RACGP accreditation with this form.

Questions relating to completion of this section should be directed to the RACGP QI&CPD Office in your state (refer to www.racgp.org.au/qicpd/contacts for contact details).

9.1 Shared information consent

Do you give permission for program information to be shared with the researchers and interested GPs for continuing education purposes at the discretion of the RACGP QI&CPD Program. The RACGP may use the information in this application for its own research and evaluation.

Yes

No

9.2 Declaration

I declare that:

- I am the Education Activity Representative (EAR) and/or authorised person to submit activities on behalf of the organisation
- The development and delivery of this activity as described above meets the relevant requirements, educational standards and criteria of the RACGP QI&CPD Program
- All administration requirements will be in accordance with the RACGP QI&CPD Program
- The information provided by me in this document is accurate and complete
- I understand and acknowledge that the RACGP reserves the right to withdraw accreditation of the activity if in the opinion of the RACGP the activity does not meet the relevant requirements, educational standards and criteria
- I understand that on request I must be able to produce and provide all information relating to this activity for the purpose of Quality Review

Activity developers full name:

Date:

Signature:

ACRRM required information: complete only if seeking ACRRM accreditation with this form.

Questions relating to completion of this section should be directed to the ACRRM Professional Development Program – pdp@acrm.org.au; 07 3105 8200.

By submitting this application you agree to provide ACRRM with the following:

- A program outlining the session content and times
- Pre and post activities

Within one month of the activity provide electronic copies of:

- Attendance list with ACRRM member details and ACRRM membership numbers
- A summary of the event evaluation results

Name of contact person for providing documentation:

Position:

Phone:

Email:

Payment costs / Tax invoice

The adjudication fee is only applicable for providers that have not purchased an accredited activity provider service agreement with the RACGP QI&CPD program.

Adjudication fees: \$616 (includes GST) for each application. All prices quoted include GST.

RACGP will raise a tax invoice upon submission of this application to the RACGP. Payment will need to be processed before application is adjudicated.

Please submit your application and payment with this invoice to your QI&CPD Unit.

RACGP QI&CPD Unit contact details:

VIC	vic.qicpd@racgp.org.au	(03) 8699 0483
SA/NT	sant.qicpd@racgp.org.au	(08) 8267 8330
QLD	qld.qicpd@racgp.org.au	(07) 3456 8944
WA	wa.qicpd@racgp.org.au	(08) 9489 9555
NSW/ACT	nswact.qicpd@racgp.org.au	(02) 9886 4700
TAS	tas.qicpd@racgp.org.au	(03) 6278 1644

Postal addresses and fax numbers are available at racgp.org.au/education/qicpd-program