1. **How are you selecting GPs for the program?**

The selection process is designed to aim for geographical spread of applicants, with prioritisation for GPs caring for patients and communities with identified higher needs and access barriers.

Eligibility criteria – to participate in the training program, you must:

- be a specialist GP currently registered with Ahpra
- be practising in Victoria
- have no conditions against Ahpra registration
- be practising in a clinical general practice setting (eg not hospital based)

Exclusion criteria – you will be ineligible to complete the training program if you:

- are providing fully telehealth-only services
- flag financial models inconsistent with program intent (eg to open an ADHD-only clinic)
- are unable to attend training dates

Prioritisation criteria – priority will be given to the following applicants:

- Non-metro practices (MMM 3+)
- GPs in community health
- GPs working in mental health services
- GPs working in custodial medicine
- GPs practicing addiction medicine
- GPs working in SEIFA quintile 1 and 2

Other criteria:

- Capacity to undertake assessments for undiagnosed patients
- Ability to commit to seeing ADHD patients for at least 12 months to ensure they have an established long-term regime and continuity of care
- Commitment to continuing practicing in Victoria for at least 24 months after completing the training

2. **Are the prioritisation criteria weighted in any way?**

While there is supporting evidence for the prioritisation categories, there is not regarding weighting for each category.

3. **How was the prioritisation criteria decided?**

The prioritisation framework was informed by the Department of Health Expert Advisory Panel, expert specialist General Practitioners and key stakeholders, including the Royal Australian and New Zealand College of Psychiatrists.

The framework is designed to aim for geographical spread of applicants, with prioritisation for GPs caring for patients and communities with identified higher needs and access barriers.

4. What is the training format?

Two self-paced online modules* (mandatory)	• Identification and management of attention deficit hyperactivity disorder (ADHD) https://mycpd.racgp.org.au/activity/793668 • The pharmacological management of attention deficit hyperactivity disorder (ADHD) https://mycpd.racgp.org.au/activity/1169026 **Time commitment:** Approx 3.5 hours
Two-day in-person workshops* (mandatory)	Attend **one** of the following workshop options: **Option 1:** Saturday 10 October: 9am – 5pm (AEDT) Sunday 11 October: 9am – 5pm (AEDT) **OR** **Option 2:** Saturday 24 October: 9am – 5pm (AEDT) Sunday 25 October: 9am – 5pm (AEDT) **Location:** RACGP House, 100 Wellington Parade, East Melbourne VIC 3002 **Time commitment:** 16 hours
Six Community of Practice sessions (optional)	**Virtual sessions:** Held from 7pm - 8pm (AEST/AEDT) on the last Wednesday and Thursday of each month in November, February, March, April, May, and June. **Time commitment:** 60 minutes per virtual session (optional - but strongly encouraged)

***Participants will be required to complete all mandatory program components.**

5. When will selection outcomes be communicated?

The Expression of Interest process closes on **5 July.** Applicants will be notified of the outcome by late July.

6. Can EOIs be withdrawn?

EOI withdrawals should be made by COB 19 July, via vic.adhd@racgp.org.au

7. If I am not successful in the EOI process, will more training be available?

The Victorian Government has committed to an initial 150 GPs undertaking training to enable them to safely diagnose and treat ADHD in both adults and children aged 6 years and over.

Any future expansion of the program is subject to government endorsement.

8. Is there financial support for GPs attending training?

GPs will receive a $1,000 participation payment to offset time away from clinical practice. Rural GPs will also an additional $1,000 stipend to cover travel and accommodation costs.

9. When can GPs prescribe after completing training?

After completion of the online modules and 2-day workshop, GPs will be able to diagnose and prescribe ADHD medicines.

10. Can you run training for rural GPs?

The 2-day workshop format is best suited to be in-person. Rural GPs will have access to a $1000 stipend to support travel and accommodation costs to participate in the in-person workshop.

All other components of the ADHD Training and Support Program are accessible virtually or online. This includes the six community of practice sessions and the WhatsApp platform

11. Is there a grandfathering process for GPs who have experience in ADHD care?

The Victorian Government has committed to an initial 150 GPs undertaking training run by the RACGP. Initially, only the RACGP training will be recognised as endorsed training for GPs to diagnose and initiate ADHD medicines.

If Government approves the expansion of the number of GPs able to diagnose and initiate ADHD medicines in Victoria, recognition of prior learning may be considered.

12. Are regulatory changes required?

Regulatory changes are required in order to enact these reforms.

Regulatory changes will be subject to a consultation process, which will involve key stakeholder groups.

13. Will I still need to use SafeScript?

Stimulants for ADHD will continue to be monitored through SafeScript. It will continue to be mandatory to check SafeScript prior to writing or dispensing a prescription for medicines monitored through the system.

For further information please refer to Medicines monitored in SafeScript on the Victorian Department of Health website.

https://www.health.vic.gov.au/drugs-and-poisons/medicines-monitored-in-safescript

14. How should I manage billing? Will I be required to bulk bill ADHD patients?

General practices are small businesses and are free to set their own billing models required for their business costs.

ADHD assessments take time and cannot be done in a short consultation. Patients may need a long consultation (Level E, 60-minutes or more), and/or more than one consultation in order to complete the assessment.

15. Will I be expected to see a certain number of ADHD patients a month/year?

There will no patient limits associated with this training program. The number of ADHD assessments undertaken by trained GPs may vary based on differences in demand in different geographic areas, and for different patient cohorts.

16. Will I be expected to see children or can I limit my practice to adults if I feel more comfortable doing that?

GPs should only treat patients that they feel confident to do so on completion of the training.

Asynchronous support will be available to GPs in the program from specialists, including psychiatrists and paediatricians. This includes case conferencing and support via the WhatsApp platform.

Like with any condition, it is also important to commit to undertaking continuing professional development and stay up to date with new and emerging evidence and clinical practice.