

A framework for professional development in mental health for GPs

Incorporating the standards of the General Practice
Mental Health Standards Collaboration for accredited
mental health professional development for GPs

2011—2013

Version 2



The Royal Australian
College of General
Practitioners



Australian College
of Rural & Remote
Medicine



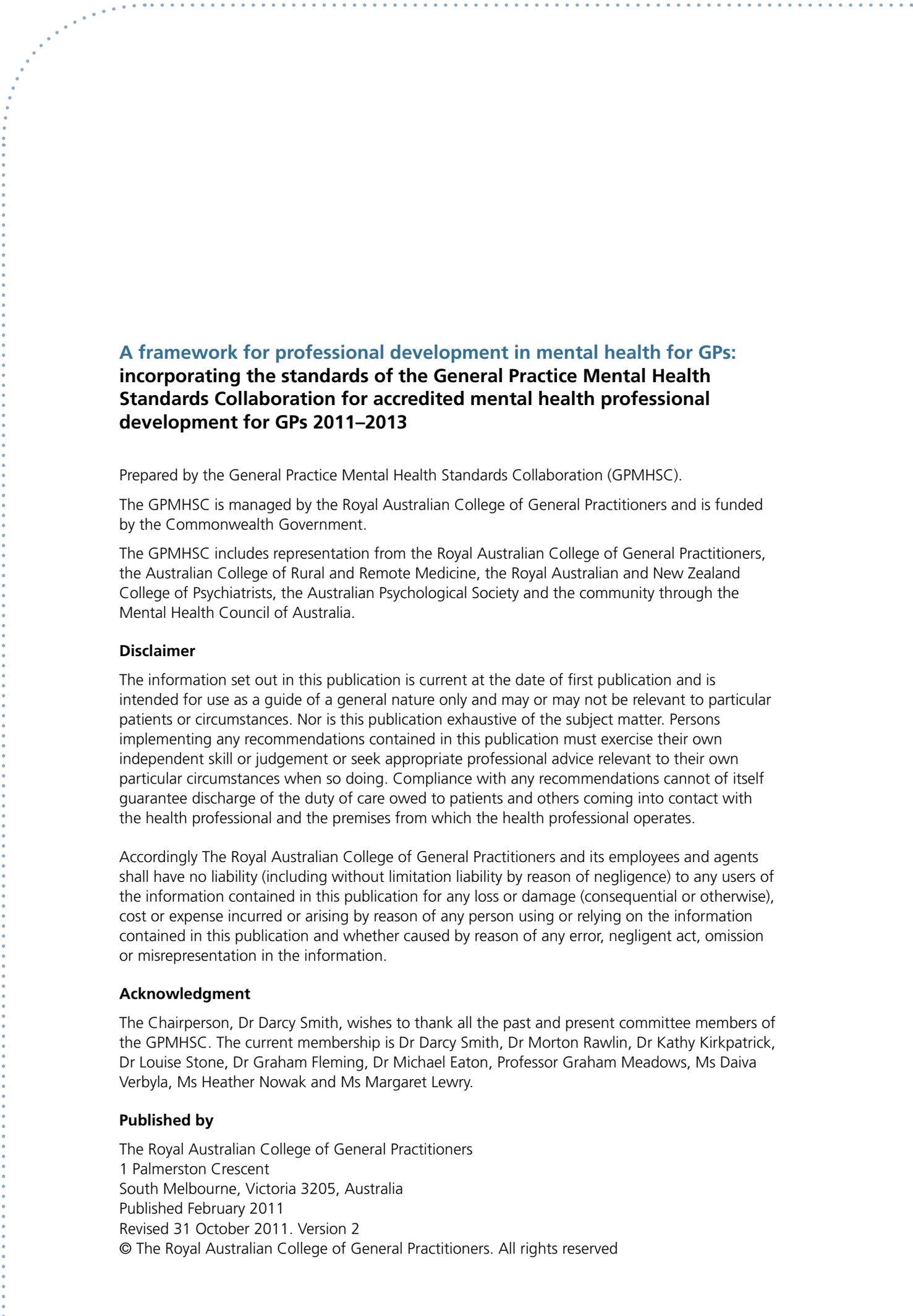
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A framework for professional development in mental health for GPs: incorporating the standards of the General Practice Mental Health Standards Collaboration for accredited mental health professional development for GPs 2011–2013

Prepared by the General Practice Mental Health Standards Collaboration (GPMHSC).

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The GPMHSC includes representation from the Royal Australian College of General Practitioners, the Australian College of Rural and Remote Medicine, the Royal Australian and New Zealand College of Psychiatrists, the Australian Psychological Society and the community through the Mental Health Council of Australia.

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1 Introduction

Mental health is one of Australia's national health priority action areas.¹ Almost half of the Australian population has experienced mental illness at some stage in their life and one in five Australian adults experience mental illness in any one year.²

General practitioners (GPs) have been reported to be the most consulted group of healthcare professionals for people with mental illness, with 71% of patients in Australia initially presenting to their GP.²

Developing and maintaining knowledge and skills in detection and treatment of mental illness is essential for GPs as they play a central role in providing evidence based continuity of care to meet the needs of people living with mental health illness in the community.

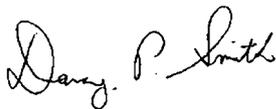
The General Practice Mental Health Standards Collaboration (GPMHSC) strives to ensure optimal mental health for the Australian population through ensuring high quality GP education and training in mental health. The GPMHSC has developed this framework document for two purposes:

- to provide GPs with a framework to develop knowledge and skills in the detection and treatment of mental illness
- to give training providers the educational standards of the GPMHSC to assist them in developing GPMHSC accredited mental health education and training activities.

This framework focuses on postvocational training and continuing professional development. It has been the result of an iterative process of review and development undertaken by the GPMHSC. This framework has benefited from input not only from the professions that provide the majority of mental health services in Australia and organisations with a focus on mental health, but importantly also from consumers and carers.

It is anticipated that this framework document will complement the educational standards and training of the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicines' (ACCRM) curriculum for Australian general practice.

While not all GPs attest to a high professional interest in mental health, the high prevalence and burden of disease associated with mental illness dictates development and maintenance of skills in the area of mental health service delivery, a key component of every GPs working life.



Dr Darcy Smith
Chairperson GPMHSC

2 A framework for GP skills development in mental health

2.1 Overview

This section aims to place GPMHSC accredited mental health skills training (MHST) and focussed psychological strategies (FPS) skills training within a framework of professional competency areas, and highlight the areas that the GPMHSC considers of most relevance to GPs in the context of a 'whole of person' approach to primary healthcare.

The framework is specifically related to the education and training requirements associated with the GP Mental Health Care Item Numbers accessed through the Medicare Benefits Schedule (MBS). As the requirements for using these items may change over time, this framework will be updated to reflect future changes and developments in general practice mental health service delivery.

The framework is not comprehensive in its application to all possible variations of general practice, but is intended as an adaptable tool to assist GPs in planning their professional development in mental health at different stages of their working life.

It is recommended this framework be used by training providers involved with GP education, including regional training providers and divisions of general practice, in developing mental health education and training activities accredited by the GPMHSC.

2.2 Competency training framework

Table 1 describes (left to right) a progression of skill acquisition recommended by the GPMHSC in mental health and *Table 2* shows the GPMHSC accredited categories.

Competency areas addressed within each column are not exhaustive, but represent broad areas in which GPs should consider developing their abilities.

'Presumed competency' areas – those in which the GPMHSC believes doctors should be skilled at the conclusion of undergraduate and prevocational training.

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

'Expected competency' areas – those that all GPs should aim to address over the course of regular professional development activities, taking into account their particular practice profile.

'Advanced competency' areas – those which GPs with a particular interest in mental health should aim to selectively address.

2.3 GPMHSC accreditation

Building on the framework, and to assist GPs in selecting education and training activities in mental health, the GPMHSC accredits training programs in four categories.

Only education and training activities which are recognised by the RACGP QI&CPD Program as 'Category 1' continuing professional development (CPD) and/or equivalent by the ACRRM Professional Development (PD) Program can receive GPMHSC accreditation. Generally, Category 1 activities are substantial education activities which are grounded in adult learning principles.

This reflects an emphasis on recognising higher quality training in mental health, but does not preclude GPs from undertaking other, nonaccredited activities which meet their learning needs. *Table 3* provides a summary of the key characteristics of accredited training.

2.4 Completion of training and Medicare Australia

In addition to accrediting education and training programs, the GPMHSC is also responsible for forwarding the names of GPs to Medicare Australia following completion of MHST and FPS skills training for GPs to be eligible to use GP Mental Health Care Item Numbers accessed through the MBS (Figure 1).

General practitioners accredited with MHST can access MBS Item 2715 and 2717.

General practitioners registered as providers of FPS with Medicare Australia can access MBS Items 2721, 2723, 2725 and 2727.



Figure 1. Training requirements to become eligible to deliver MBS subsidised FPS

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

1. Be accredited with MHST
2. Be accredited with FPS skills training
3. Submit a completed Application to be registered as a GP provider of FPS with Medicare Australia, to the GPMHSC Secretariat

Please note that completion of a MHST activity is a prerequisite before undertaking FPS skills training to become a registered GP provider of FPS.

Continued recognition as a registered GP provider of FPS is dependant on the GP completing a FPS CPD training activity, in subsequent trienniums.

2.5 Applying for an exemption from completing MHST and FPS skills training

The GPMHSC is able to provide exemptions for GPs from the requirement to complete an MHST and/or FPS skills training activity, to be eligible to access Mental Health Care Items through the MBS.

General practitioners who are able to demonstrate that they have achieved the learning objectives and outcomes as outlined in sections 3.2 and 5.3 of this framework, are able to apply to the GPMHSC for consideration for an exemption. Further information regarding the exemption process and application forms are available on the GPMHSC website www.gpmhsc.org.au

Table 1. Framework of competencies

Presumed competency areas	Core competency areas	Expected competency areas	Advanced competency areas
<ul style="list-style-type: none"> • Relevant general clinical skills including communication skills, cultural competency and history taking • Knowledge of the general aetiology, epidemiology and prevalence of mental health disorders in the community • Understanding of the principles of psychiatric assessment and diagnosis • Knowledge of common evidence based pharmacological and nonpharmacological treatments 	<ul style="list-style-type: none"> • Completing mental health assessments • Developing mental health treatment plans • Undertaking mental health reviews 	<ul style="list-style-type: none"> • Provision of FPS 	<ul style="list-style-type: none"> • Provision of advanced FPS • Provision of cognitive behaviour therapy (CBT) • Provision of interpersonal therapy
	<ul style="list-style-type: none"> • Identification and management of planning for specific disorder groups: <ul style="list-style-type: none"> – affective – anxiety – somatising – substance misuse – personality – psychotic • Undertaking risk assessments, suicide and self harm prevention • Providing preventive and early intervention strategies for mental health 	<ul style="list-style-type: none"> • Identifying and managing complexity and co-morbidity (e.g. substance use, impaired cognition, physical co-morbidities) • Identifying and managing disorder subtypes • Identification and management of other disorders: <ul style="list-style-type: none"> – eating disorders (other than anorexia nervosa) – reactive attachment disorder • Identifying and managing phase of life/role transition issues: <ul style="list-style-type: none"> – children – adolescents – parenting – psychogeriatrics • Identifying and managing mental health issues in specific population subgroups: <ul style="list-style-type: none"> – culturally and linguistically diverse – rural and remote – Aboriginal people and Torres Strait Islanders – antenatal and postnatal 	<ul style="list-style-type: none"> • Provision of family therapy • Provision of narrative therapy for Aboriginal and Torres Strait Islander people • Provision of evidence based psychological therapies • Identification and management of more common disorders, eg. <ul style="list-style-type: none"> – anorexia nervosa – reactive attachment disorder

Table 2. GPMHSC accreditation categories

Presumed competency areas	Core competency areas	Expected competency areas	Advanced competency areas
No accreditation undertaken by the GPMHSC	MHST	FPS skills training	FPS continuing professional development
	MH continuing professional development		

Table 3. Key characteristics of GPMHSC accredited training

Accreditation category	General objectives	Minimum duration	Activity format	Consumer and carer involvement
MHST	Provides training in mental health assessment, treatment planning and review for mental disorders commonly presenting in general practice	6 hours	Any interactive, structured learning format with predisposing and reinforcing elements	Required for accreditation
MH CPD	Extends MHST, augmenting skills in assessing and treating mental disorders	6 hours	Any interactive, structured learning format with predisposing and reinforcing elements	Recommended
FPS skills training	Develops skills in provision of evidence based FPS as part of a treatment plan for common mental disorders	20 hours	At least 12 hours supervised face-to-face training, with the balance via any interactive, structured learning format. Also requires predisposing and reinforcing elements	Required for accreditation
FPS CPD	Extends FPS skills training and strengthens skills in the provision of FPS	6 hours	Any interactive, structured learning format with predisposing and reinforcing elements	Recommended

3 Mental health skills training

3.1 Overview

This section presents the standards that underpin the accreditation of training programs by the GPMHSC referred to as MHST – mental health skills training.

Mental health skills training provides participants with skills in recognising and assessing mental disorders, preparing mental health treatment plans grounded in evidence based practice and the ongoing monitoring and review of progress. It also provides GPs with insight into the perspectives of people who have experienced mental illness and their nonprofessional carers.

Mental health skills training assumes that participants have an existing understanding of the contextual constraints of general practice.

The GPMHSC encourages regional training providers to incorporate MHST into the curriculum for registrar training to broaden skills development in mental health.

3.2 Learning objectives

While the learning objectives outlined relate primarily to GPs, the GPMHSC supports multidisciplinary training programs that bring different professional groups together in a shared learning environment. Multidisciplinary learning reflects the team based nature of primary care and has the potential to improve collaboration between different service providers.

Accredited MHST activities incorporate the following learning objectives and on completion of MHST, participants will be able to:

- demonstrate an increase in their skills in detecting and assessing common mental disorders. Specifically, participants will:
 - demonstrate an understanding of the epidemiology and aetiology of common mental health conditions
 - demonstrate an appreciation of the complexities of comorbidity (eg. substance misuse, impaired cognition, physical comorbidities),
 - be able to detect the common, disabling and treatable mental health disorders in general practice
 - be able 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 to identify change
 - be able to reassess people in their care with a known mental disorder
- demonstrate an increase in skills in preparing evidence based mental health treatment plans, for common mental health disorders. Specifically, participants will:
 - be able to negotiate a shared understanding of a mental health problem with consumers that culminates in an agreed care plan
 - demonstrate an understanding of the importance of consumer and carer psychoeducation and access to accurate and consumer friendly educational materials
 - demonstrate increased knowledge of local mental healthcare providers and their referral pathways in the public and private systems, and of relevant nongovernment organisations
 - demonstrate 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 disorders

- demonstrate skills in shared care and team work models
- be able to introduce consumer and carer self help strategies
- demonstrate an increase in skills in undertaking progress reviews and developing relapse prevention strategies for common mental health disorders. Specifically, participants will:
 - demonstrate an understanding of the need for systematic monitoring of the effectiveness of the mental health plan
 - be able to assist consumers to develop self monitoring strategies to identify recurrence and to increase proactive steps in response to early warning signs
 - be able to assist a consumer and carer to develop a personal relapse prevention plan
- demonstrate a greater understanding of practice systems (and other issues) which safeguards patient safety in providing mental healthcare
- demonstrate a greater understanding of the experience of mental disorder from the perspective of consumers and their families, friends and/or other carers
- demonstrate a working knowledge of the Medicare Benefits Schedule Items relating to provision of mental healthcare by a GP
- demonstrate a working knowledge of the local mental healthcare services and resources available to assist GPs in providing mental healthcare.

3.3 Educational framework

Mental health skills training needs to meet the following education criteria:

- accredited by the RACGP QI&CPD Program as a Category 1 activity and/or equivalent within the ACRRM PD Program,
- incorporate a minimum of 6 hours structured learning, which excludes all breaks, predisposing and reinforcing activities
- be highly interactive, with a focus on participant engagement and active learning
- be adaptable to diversity in participants' existing knowledge and skills
- incorporate predisposing and reinforcing activities designed to maximise educational value and increase transference of knowledge and skills into practice behaviours
- provide participants with resources to assist with the application of learning into practice
- be delivered face-to-face format or online through electronic media.

For training providers considering developing an online activity, please read section 7.2 of this document.

3.4 Stakeholder involvement and consultation

Mental health skills training is planned, developed, delivered and evaluated with genuine and inclusive participation from each of:

- GPs
- mental health professionals
- experienced educators or vocational trainers
- consumers of mental health services
- nonprofessional carers (eg. family, friends) of people with a mental disorder.

Refer to section 7.2 for the GPMHSC's standards and requirements on consumer and carer participation.

4 Mental health continuing professional development

4.1 Overview

This section presents the standards that underpin the accreditation of training activities by the GPMHSC referred to as mental health continuing professional development (MH CPD). MH CPD aims to extend participants' skills in assessing or managing mental disorders in the context of general practice. It builds on the areas addressed in MHST.

The GPMHSC recommends all GPs with MHST accreditation undertake ongoing MH CPD each triennium.

4.2 Learning objectives

Mental health CPD has learning objectives that relate to the assessment and management of mental disorders in general practice. Specific learning objectives are at the discretion of the training organisation but should be in line with this broad goal.

Mental disorder is a term used to describe a range of clinically diagnosable disorders that significantly interfere with an individual's cognitive, emotional or social abilities.² These disorders include:

- alcohol use disorders
- drug use disorders
- chronic psychotic disorders
- acute psychotic disorders
- bipolar disorder
- depression
- phobic disorders
- panic disorder
- generalised anxiety
- mixed anxiety and depression
- adjustment disorder
- dissociative (conversion) disorder
- unexplained somatic complaints
- neurasthenia
- eating disorders
- sleep problems
- sexual disorders
- hyperkinetic (attention deficit) disorder
- conduct disorder
- enuresis
- bereavement disorders
- mental disorder, not otherwise specified.

Note that dementia, delirium, tobacco use disorder and mental retardation are not regarded as mental disorders for the purpose of GPMHSC accreditation, but may be addressed in the context of comorbidity with mental disorders (eg. treatment of mental disorders in consumers with impaired cognition). This is consistent with the MBS explanatory notes relating to the eligibility of consumers to be treated under the GP Mental Health Care Items.

4.3 Educational framework

Mental health CPD meets the following education criteria:

- accredited by the RACGP QI&CPD Program as a Category 1 type activity, and/or equivalent within the ACRRM PD Program
- highly interactive structured learning, with a focus on participant engagement and active learning
- incorporates predisposing and reinforcing activities designed to maximise educational value and increase transference of knowledge and skills into practice behaviours.

4.4 Stakeholder involvement and consultation

Mental health CPD is planned, developed, delivered and evaluated with genuine and inclusive participation from each of:

- GPs
- mental health professionals skilled in the specific techniques being taught
- experienced educators or vocational trainers, and
- consumer and carer involvement is strongly recommended.

In some cases individuals may have multiple skill sets across these areas, eg. a GP may have postgraduate qualifications in mental health, or substantial prior training experience.

5 Focussed psychological strategies skills training

5.1 Overview

This section presents the standards that underpin the accreditation of training activities by the GPMHSC referred to as focussed psychological strategies (FPS) skills training.

Focussed psychological strategies skills training, provides participants with skills in the provision of FPS for the treatment of common mental disorders. It also provides GPs with an insight into the perspectives of people who have experienced mental illness, and their carers.

Focussed psychological strategies skills training activities assume that participants have an existing understanding of the contextual constraints of general practice, and of the structured approach to providing mental healthcare as addressed in mental health skills training.

5.2 What are FPS?

Focussed psychological strategies are specific mental healthcare treatment strategies, derived from evidence based psychological therapies. They have been shown to integrate the best research evidence of clinical effectiveness with general practice clinical expertise.

While FPS are derived from CBT and interpersonal therapy (IPT), they are not the same as ‘fully fledged’ CBT or IPT. Rather, FPS consist of a range of specific strategies drawn from CBT and IPT.

The MBS states that the following interventions are appropriate for delivery under the FPS Item Numbers. Extended definitions for these interventions are available from www.racgp.org.au/mentalhealth.

- CBT
- IPT
- psychoeducation
- motivational interviewing
- relaxation strategies
- skills training.

5.3 Learning objectives

Focussed psychological strategies skills training activities incorporate the following broad learning objectives and on completion of FPS skills training, participants will be able to:

- demonstrate an understanding of the range of evidence based FPS and the rationale for their use in different clinical circumstances
- be able to provide FPS to consumers as part of a treatment plan for common mental disorders
- demonstrate a greater understanding of practice systems (and other issues) which safeguards patient safety in providing mental healthcare
- demonstrate a greater understanding of the experience of mental disorder from the perspective of consumers and their families, friends and/or other carers
- demonstrate an understanding of the value of supervision and other professional development to maintain and extend skills in the provision of FPS over time
- demonstrate a working knowledge of the MBS Item Numbers for provision of FPS by GPs.

Not all approved FPS interventions are expected to be addressed within a 20 hour program. The GPMHSC has endorsed two program variations presented in *Table 4*.

5.4 Educational framework

FPS skills training activities need to meet the following education criteria:

- accredited by the RACGP QI&CPD Program as a Category 1 type activity and/or equivalent within the ACRRM PD Program

Table 4. Two program variations endorsed by GPMHSC

Programs based on CBT	Programs based on IPT
<p>Programs predominately based on CBT must provide skills orientated training in 1, 2, 3, 4.1, 5.1 and any one strategy from 6 or 7 from the following list</p> <ol style="list-style-type: none"> 1. Psychoeducation 2. Motivational interviewing 3. Theory and principles underlying CBT 4. Behavioural interventions <ol style="list-style-type: none"> 4.1 Essential: behaviour modification 4.2 Optional: activity scheduling 4.3 Optional: exposure techniques 5. Cognitive interventions <ol style="list-style-type: none"> 5.1 Essential: cognitive analysis, thought challenging and cognitive restructuring 5.2 Optional: self instructional training, attention regulation and control 6. Relaxation strategies 7. skills training, such as problem solving, communication training, parent management training and stress management 	<p>Programs predominately based on IPT must at the minimum provide skills orientated training in the areas listed below</p> <ol style="list-style-type: none"> 1. Psychoeducation 2. Motivational interviewing 3. Theory and principles underlying IPT mental disorders linked to four types of relationship difficulties (loss, role disputes, role transitions and interpersonal deficits) 4. IPT training <ul style="list-style-type: none"> • explore patient’s perceptions, expectations of others and relationships • identify problems with relationships • use affect to bring about change • problem solve to get resolution of relationship issues • communication analysis and training • role play changed behaviour • use therapeutic relationship

- incorporates a minimum of 12 hours of face-to-face contact time, plus a further 8 hours of interactive, structured learning activities, for a total of at least 20 hours training. This figure excludes all breaks, predisposing and reinforcing activities
- highly interactive, with a focus on participant engagement and active learning, including opportunities for the supervised practice of skills, scripting and rehearsal, and case based discussion
- adaptable to diversity in participants’ existing knowledge and skills
- incorporates predisposing and reinforcing activities designed to maximise educational value and increase transference of knowledge and skills into practice behaviours
- provides participants with resources to assist with the application of learning into practice
- the activity can be delivered face-to-face format or online through electronic media.

Training providers considering developing an online activity, should read section 7.2 of this document and address all points in their application.

5.5 Stakeholder involvement and consultation

Focussed psychological strategies skills training is planned, developed, delivered and evaluated with genuine and inclusive participation from each of:

- GPs
- mental health professionals skilled in the specific techniques being taught
- experienced educators or vocational trainers
- consumers of mental health services
- nonprofessional carers (eg. family, friends) of people with a mental disorder.

Refer to section 7.1 for the GPMHSC’s standards and requirements on consumer and carer participation.

In some cases, individuals may have multiple skill sets across these areas, eg. a GP may have postgraduate qualifications in mental health or substantial prior training experience. This does not apply to consumer and carer roles.

6 Focussed psychological strategies continuing professional development

6.1 Overview

This section provides the standards that underpin the accreditation of training programs by the GPMHSC referred to as focussed psychological strategies continuing professional development (FPS CPD).

Focussed psychological strategies CPD extends participants' skills in providing FPS as part of a treatment plan for mental disorders. It builds on the skills acquired through FPS skills training.

General practitioners who are registered with Medicare Australia as GP providers of FPS can maintain their registration by completing a FPS CPD activity in each triennium. Following the triennium FPS skills training was completed.

6.2 Learning objectives

Focussed psychological strategies CPD has learning objectives which relate to extending or consolidating participants' skills in the provision of FPS. Specific learning objectives are at the discretion of the training organisation, but should reflect this overarching goal.

Refer to section 5.2 for information on FPS, or visit www.racgp.org.au/gpmhsc/fps for full definitions.

6.3 Educational framework

Focussed psychological strategies CPD meets the following education criteria:

- accredited by the RACGP QI&CPD Program as a Category 1 activity, and/or equivalent within the ACRRM PD Program
- highly interactive structured learning, with a focus on participant engagement and active learning
- incorporates predisposing and reinforcing activities designed to maximise educational value and increase transference of knowledge and skills into practice behaviours.

6.4 Stakeholder involvement and consultation

FPS CPD is planned, developed, delivered and evaluated with genuine and inclusive participation from each of:

- GPs
- mental health professionals skilled in the specific techniques being taught
- experienced educators or vocational trainers
- consumer and carer involvement is strongly recommended.

In some cases, individuals may have multiple skill sets across these areas, eg. a GP may have postgraduate qualifications in mental health, or substantial prior training experience.

7 Accreditation information for training providers

The following information is for training providers that are considering developing mental health training activities for accreditation by the GPMHSC in the 2011–2013 triennium.

7.1 GPMHSC requirements for consumer and carer participation in training activities

7.1.1 Background

The involvement of consumers and carers is invaluable during the development of clinical training in mental health.³ This position reflects the priority placed on consumer and carer participation in decision and policy making within all three national mental health plans.

A 'consumer' in this context is a person who has personal experience of mental illness, who may or may not have accessed mental health services.

A 'carer' in this context is a person who is directly involved in the care of a person with a mental illness because of a familial or social relationship to that person.

The consumer perspective and carer perspective are frequently different and it is important that each perspective is actively and independently present within training.

7.1.2 GPMHSC accredited training

Mental health skills training and FPS skills training incorporate learning objectives that relate directly to the consumer and carer experience. To meet these objectives, the 'lived experience' of consumers and carers must be incorporated within these types of programs in accordance with the following principles.

Both consumers and carers (as defined in 7.1.1) should:

- be actively involved within all stages of the training activity, including:
 - initial planning processes
 - development of program content and materials
 - delivery of the activity
 - review and evaluation of the activity.
- contribute to the program from their consumer or carer perspective, and must not take on other or dual roles (eg. a consumer who is also a GP should be given the opportunity to focus on their experiences as a consumer; a carer who has also experienced mental illness should not represent both carer and consumer perspectives)
- have personal experience of mental illness or of caring for someone with a mental illness
- be appropriately skilled (eg. have the necessary general and specific skills to enable them to contribute effectively to the process of planning, development, delivery and review)
- be appropriately experienced (eg. have previously contributed to multidisciplinary projects in primary care or other mental health sector programs)
- be appropriately supported in a sensitive manner throughout their involvement
- be appropriately networked via a recognised consumer and/or carer advocacy organisation.

The GPMHSC strongly recommends consumer and carer involvement in development of GPMHSC accredited MH CPD and FPS CPD.

7.1.3 What constitutes appropriate and active involvement?

Planning

At least one consumer and at least one carer must be actively involved in the formal planning processes for mental health training, along with GPs, mental health professionals and trainers/educators. This means that consumers and carers should each be represented on planning or advisory groups, whether these are formally or informally constituted.

Development

Both consumers and carers should also have the opportunity to actively contribute to the selection and/or development of program content, including materials and resources. This may be achieved through the input of experienced individual advocates, or through substantial consultation with focus groups.

Delivery

An experienced consumer and carer should contribute to the delivery of training. They may lead a specific section focussing on the consumer or carer's perspective on treatment and recovery, or give insight into the lived experience of mental illness. Appropriately experienced consumers may give feedback during role plays or demonstrations.

For programs that are not delivered in a face-to-face format, alternative media may be considered and approved by the GPMHSC, but in general, a consumer and carer should be physically present at training. In cases where training organisations are experiencing difficulty meeting this requirement, the Mental Health Council of Australia (MHCA) should be engaged to provide input into delivery strategies as outlined below.

Review and evaluation

At least one consumer and at least one carer must be involved in the formal review of mental health training during which objectives are reviewed and the success of the program evaluated.

7.1.4 What if I have difficulty sourcing a consumer and carer to be involved in training activities?

There are no exemptions from the requirement to incorporate both the consumer and carer perspectives at each stage of GPMHSC accredited MHST and FPS skills training activities.

Where providers are experiencing difficulty engaging a consumer and carer at any stage, the GPMHSC strongly recommends providers contact the MHCA, which may be able to provide assistance in accessing the necessary skills and experience.

If after taking this step, the provider and the MHCA remain unable to identify both an appropriate consumer and a carer, the training program should be formally reviewed by the MHCA (or delegate). The outcomes of this review must be included in the training submission to the GPMHSC, along with documentation demonstrating that these outcomes have been incorporated within the program.

In cases where this process has been followed, and where there are extenuating circumstances (such as delivery of a program in a remote centre), the GPMHSC may exempt a provider from the requirement to engage a consumer or a carer within training delivery by utilising a video/DVD of the consumer and carer perspective. In this situation, training providers must submit a letter, along with the application form, outlining how and what attempts were made to engage a consumer and carer and how their perspectives will be incorporated into the training program in a meaningful way. The GPMHSC requires three copies of the DVD to be submitted along with the application for review.

7.2 Developing online education and training programs

As with any form of education, there are key educational principles supporting quality CPD delivered online through electronic media. This document aims to provide prospective providers of online training guidance on the key aspects that the GPMHSC considers underpin high quality mental health education and training programs delivered online.

7.2.1 Program design

- Online training providers must ensure the length of training meets the same requirement as face-to-face training
- GPs, mental health professionals, consumers and carers are each involved at all stages – the GPMHSC may require training providers to submit learning management system logs of the time participants take to complete training
- A thorough learning needs analysis specific to general practice is undertaken
- Clear goals and program objectives are specified and need to be addressed with the MHST and FPS skills training standards,
- The appropriate use of multimedia, hyperlinks and online communication tools is planned
- Suboptimal broadband access outside metropolitan areas is taken into account during program design
- There is a high level of collaboration among information technology (IT) specialists, educators and the target audience
- The training must block premature access to the final screen (ie. there should be sufficient blocks to prevent rapid transit through the program).

7.2.2 Educational methods

Active learning is encouraged through:

- participant self assessment
- participant reflection
- self directed learning
- material based on realistic cases and problems presenting in general practice
- participant interaction is essential
- feedback to participants.

Higher order thinking is promoted through learning tasks requiring:

- application of knowledge and skills
- problem solving
- analysis.

7.2.3 Program support

- Online communication is monitored
- Ongoing IT help is available to users of the service
- Content is regularly checked and updated.

7.2.4 Quality improvement and patient outcomes

Translation of learning into improved patient outcomes is supported through:

- addressing the implementation of learning into general practice
- addressing the implications of learning for systems and organisation of general practice
- the program having appropriate assessment, evaluation and improvement processes.

7.2.5 FPS skills training for GPs must be delivered for a minimum of 20 hours online with the GPMHSC framework

The training must incorporate 12 hours of supervised interactive learning, with the balance made up of structured learning activities.

Ideally, the interactive component of the training would be delivered in a face-to-face format. However, where appropriate, training providers can utilise electronic formats for the interactive component of the training.

7.2.6 Educational methods

Active learning for FPS skills training via electronic media is encouraged through methods such as:

- opportunities for participants to discuss course material in a moderated peer forum
- ensuring education material is based on realistic cases and problems presenting in general practice
- critical observation of expert demonstration of techniques by participants
- performance of techniques in role play
- peer formative feedback
- participant self assessment, reflection and interaction
- feedback to participants.

Higher order thinking is promoted through learning tasks such as:

- application of knowledge and skills in authentic case review or practice audit
- analysis of significant aspects of practice population, history, organisation and culture
- application of the learning in the participant's clinical practice.

7.2.7 Quality improvement and patient outcomes

Translation of learning into improved patient outcomes is supported through:

- the use of participants' clinical examples
- addressing the implementation of learning into general practice
- addressing the implications of learning for systems and organisation of general practice
- the program having appropriate assessment, evaluation and improvement processes, including criteria for successful completion and participant satisfaction measures.

7.2.8 Program support and technical requirements

- Online communication is monitored
- Two way or multiuser communication is enabled
- Ongoing IT support is available to participants
- Ensure participants have access to sufficient technology
- Continually review the training program to adjust content and technology when required
- Programs should be flexible to allow further development of the online/electronic training medium.

7.2.9 The core educational objectives expected in FPS skills training, and how these might translate in an electronically mediated environment

- Participants are introduced to the knowledge required in the course
- Participants clarify their understanding of course content
- Participants discuss relevant cases in a peer setting with an opportunity for expert feedback
- Participants observe a demonstration of a technique by an expert
- Participants can practice a given technique with peer feedback
- Participants can demonstrate their mastery of a technique with expert formative feedback
- Self directed written materials with encouragement to reflect and discuss material in an appropriate forum
- Prerecorded educational material (eg. demonstrations, DVDs)
- Participants ask the expert questions in a discussion forum – peer discussion is encouraged

- Participants discuss cases and ask questions of the expert verbally, by text (in a discussion forum) or via other methods of e-communication in a large or small group setting – peer discussion is encouraged
- Facilitators role play the desired technique using computer mediated techniques (eg. audio, video or text), with the opportunity for participants to comment or discuss the process
- Facilitators can use a prerecorded demonstration of the desired technique, with the opportunity for participants to comment on or discuss the process
- Participants role play the desired technique using video (preferred), audio or text media, with the opportunity for participants to comment on or discuss the process
- Participants role play the desired technique using video (preferred), audio or text media, with the opportunity for experts to comment. Note that formal summative assessment is not required as this course is not designed to certify competency.

If developing an online activity, consult the GPMHSC

Prospective providers who anticipate seeking GPMHSC accreditation for online mental health education and training activities, are strongly encouraged to submit a proposal to the GPMHSC outlining their program for comment and feedback before committing substantial resources that are often required to develop online/distance based training activities.

7.3 The GPMHSC accreditation process

7.3.1 Applications

Applications made to the GPMHSC need to be submitted on the dual application form. The dual application form will enable providers to seek prior accreditation with the RACGP and/or ACRRM before adjudication by the GPMHSC.

The GPMHSC Secretariat welcomes submission of draft applications and will work with training providers to ensure that applications fully address the GPMHSC standards before being sent to the committee for adjudication.

Applications will be adjudicated by the GPMHSC during committee meetings. Information regarding the meeting dates can be found on the GPMHSC website: www.gpmhsc.org.au.

Late applications will generally be held over to the following meeting or at the discretion of the GPMHSC Secretariat after discussion with training providers. Training applications may be held over to the next face-to-face meeting of the GPMHSC when teleconference meeting agendas are full.

Important points to consider when applying for accreditation

Please consider the following information when planning and developing mental health training activities for accreditation by the GPMHSC.

- Applications must have accreditation with the RACGP and/or ACRRM, before submission to the GPMHSC
- Applications must be lodged on a GPMHSC dual application form
- All aspects of the application need to be fully addressed and required documents submitted with the application form
- The GPMHSC will not consider applications for accreditation of training that has been conducted before the meeting date where the activity is being adjudicated
- Adjudication of training activities does not automatically guarantee accreditation
- No activity should be publicised by training providers as a GPMHSC accredited MHST or FPS skills training activity, unless written confirmation of accreditation by the GPMHSC has been received.

7.4 Re-accrediting training activities with the GPMHSC

Training providers, who have had activities accredited with the GPMHSC in previous trienniums, will need to apply to the GPMHSC for re-accreditation for the 2011–2013 Triennium.

Training providers will be required to:

- submit a completed 2011–2013 application form to the GPMHSC for adjudication by the collaboration at a committee meeting
- submit a cover letter outlining the changes that have been made from the original application that have been incorporated into the program for which you are seeking accreditation
- submit copies of evaluation reports containing aggregated data from the activities conducted in the previous triennium, along with the 2011–2013 dual application form.

7.5 The GPMHSC quality assurance program

The GPMHSC is committed to an ongoing quality assurance program to ensure that all GPMHSC accredited training activities continue to meet the standards and to determine how accredited training activities are being implemented.

The quality assurance program will provide an avenue for training providers to openly discuss their mental health training activities and receive feedback on their performance to ensure that the standards for mental health training are being achieved as described by the framework document.

The GPMHSC utilises two main methods to assist in monitoring the quality of GPMHSC accredited training activities:

- attendance at an accredited training activity
- review of evaluation forms submitted by providers following completion of training activities.

Training providers are required to submit copies of activity evaluation reports four weeks following the completion of the training activity.

7.6 Frequently asked questions

When will I be notified of the outcome of adjudication?

The GPMHSC Secretariat will contact providers within 24 hours following the adjudication of the application by the Committee.

Formal written notification of the outcome of adjudication will be provided within 5–10 days following the meeting where the activity was adjudicated.

Once the accredited training activity has been conducted, is there anything that I am required to do?

Training providers are required to update GPs' training records with the RACGP and/or ACRRM. This will assist the GPMHSC to report information to Medicare Australia regarding those doctors who have completed MHST and FPS skills training for the purpose of claiming relevant MBS Item Numbers in a timely fashion.

Please note that GPs will need to wait until they have received written confirmation from Medicare Australia before they start claiming the relevant MBS Item Numbers.

Copies of evaluation reports for each training activity need to be submitted to the GPMHSC for review 4 weeks after the activity was conducted, as part of the quality assurance program.

If I plan on making changes to program once it has been accredited, do I need to inform the GPMHSC?

Training providers are advised to contact the GPMHSC Secretariat for further discussion if there are any changes or variations to the activities once accreditation has been granted.

Am I able to deliver a training program that has already been accredited by the GPMHSC with another training provider?

Some training providers, such as divisions of general practice, may share resources with respect to the delivery of GP education and training. Training providers who wish to adopt or utilise an existing GPMHSC accredited training activity are advised to contact the GPMHSC Secretariat for further discussion before the activity is delivered, in order to establish if there are any anticipated changes or variations to the program that was originally accredited.

8 Glossary of terms and acronyms

ACRRM

The Australian College of Rural and Remote Medicine is a professional college focused on supporting medical practitioners in rural Australia (www.acrrm.org.au).

APS

The Australian Psychological Society is the professional association for psychologists practising in Australia (www.psychology.org.au).

Carers

Generally reference to carers in GPMHSC documentation means people who have direct involvement in the care of a person with a mental illness because of a familial or social relationship to that person.

Consumer

Generally reference to consumers in GPMHSC documentation means people who have personal experience of mental illness, who may or may not have accessed mental health services.

CPD

Continuing professional development.

Face-to-face

Face-to-face training within GPMHSC standards is generally taken to mean training where the trainer and the student are in the same physical space, allowing for direct observation of demonstrated skills during training. Where appropriate, new technologies may be considered face-to-face by the GPMHSC, as assessed on a case-by-case basis.

FPS

Focussed psychological strategies are specific mental health care treatment strategies, derived from evidence based psychological therapies. They have been shown to integrate the best research evidence of clinical effectiveness with general practice clinical expertise (www.racgp.org.au/mentalhealth/fps).

GPMHSC

General Practice Mental Health Standards Collaboration. The GPMHSC includes representatives from the RACGP, the ACRRM, the RANZCP, the APS and from consumers and carers through the MHCA (www.racgp.org.au/mentalhealth/gpmhsc).

MBS

Medicare Benefits Schedule (www.health.gov.au/mbsonline).

MHCA

The Mental Health Council of Australia is the national peak body for the mental health sector (www.mhca.org.au).

PD

Professional Development Program of the ACRRM.

QI&CPD

Program Quality Improvement and Continuing Professional Development Program of the RACGP.

RACGP

The Royal Australian College of General Practitioners is the professional college supporting GPs practising anywhere in Australia (www.racgp.org.au).

RANZCP

The Royal Australian and New Zealand College of Psychiatrists is the professional college for psychiatrists practising in Australia and New Zealand (www.ranzcp.org).

9 References

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