

## Important information to read before completing this application form

In **exceptional circumstances**, the GPMHSC can exempt GPs from completing the requirements for obtaining MHST and/or FPS ST accreditation to gain access to specific mental health Medicare Benefits Schedule (MBS) item numbers.

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 MHST and/or FPS ST form* available on the GPMHSC website at [www.gpmhsc.org.au](http://www.gpmhsc.org.au)
- attach any evidence of previous mental health training or qualifications obtained – this includes copies of certificates of completion
- provide evidence of mental health CPD in the past five years if mental health training was completed more than five years ago
- provide a current resume (outlining details of training history); and
- provide a letter of reference from a nominated professional referee or supervisor (who may be a GP or mental health professional skilled in CBT and/or IPT is required). The letter needs to address the nature of the relationship and include details of the experience and skills acquired.

### Presentation

The application needs to be **typed** in the space provided on this form and adhere to the 150-300 word limit.

## Information regarding adjudication of the application by the GPMHSC

Once you have submitted your application for exemption to the GPMHSC Secretariat, your application will be placed on the agenda for the next meeting of the GPMHSC for adjudication. Closing dates for applications can be found on the GPMHSC website.

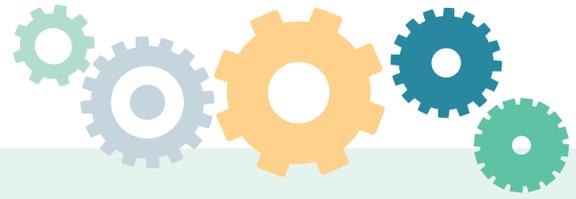
Once the application had been adjudicated by the GPMHSC Committee, you will be notified in writing of the outcome of your application within 10 business days of the meeting. If your application is successful, the GPMHSC Secretariat will provide your details to Medicare Australia.

*GPs are advised that they need to wait to receive written confirmation from Medicare Australia before claiming against the relevant MBS item numbers.*

### If you have any queries regarding your application for exemption for MHST and/or FPS ST, please contact the GPMHSC Secretariat:

GPMHSC Secretariat  
100 Wellington Parade, East Melbourne 3002  
Email [gpmhsc@racgp.org.au](mailto:gpmhsc@racgp.org.au)  
Phone **03 8699 0556**

Continued next page 



## Section 1 General information

RACGP/ACRRM number (if applicable)		Provider number	
Full name		Date of birth	
Preferred mailing address			
Suburb		Postcode	
Is this your	Practice address	Home address	Other
Business phone		Business fax	
Mobile (optional)		Email	

Please tick if you **do not** want to receive updates from GPMHSC via your email address

## Section 2 Identifying the level of exemption

**Mental Health Skills Training (MHST)** Complete sections 3, 4, 6, 7 and 8

**Focussed Psychological Strategies Skills Training (FPS ST)** Complete sections 3, 5, 6, 7 and 8

*Please note:* If applying for an exemption for FPS ST, you must have completed MHST or also apply for an exemption for MHST using this form, in order to become a registered provider of FPS with Medicare Australia.

## Section 3 Consent to disclosure of personal information

**I consent to** the information provided on this form being used by the GPMHSC to assess whether I have completed appropriate education and training for MHST and/or FPS ST. I understand that the outcome of this assessment and the information collected on this form will be disclosed to Medicare Australia which maintains a register of practitioners who are eligible to access specific mental health Medicare Benefits Schedule (MBS) item numbers and provide focussed psychological strategies to patients.

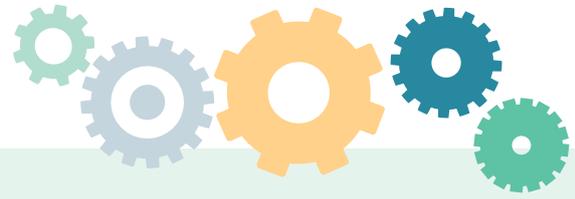
I also understand that this information may be disclosed to the Commonwealth Department of Health.

**I confirm that** I wish to apply for exemption for MHST and/or FPS ST, and confirm that I have reviewed and am familiar with the requirements for provision of these services as detailed in the MBS.

Signature

Date





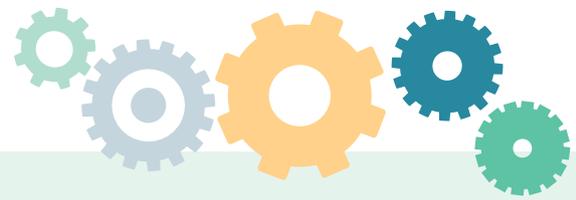
## Section 4 Exemption from Mental Health Skills Training (MHST)

MHST provides participants with the skills in the recognition and assessment of mental disorders, the preparation of a plan for mental health care grounded in evidence based practice, and the on-going monitoring and review of progress. It also provides GPs with insight into the perspectives of people who have experienced mental illness and their non-professional carers.

*Please ensure that you address all learning outcomes and attach supporting documentation in the form of certificates of completion or academic transcripts. Please attach additional typed pages if necessary.*

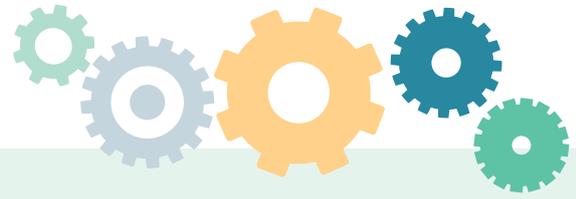
Learning outcome	Please provide evidence of how your mental health training and experience has addressed this learning outcome
<p>Demonstrate an increase in skills in the detection of and assessment of common mental health disorders, specifically:</p> <ul style="list-style-type: none"> <li>• Demonstrate an understanding of the epidemiology and aetiology of common mental health conditions</li> <li>• Demonstrate an appreciation of the complexities of co-morbidity (e.g., substance misuse, impaired cognition, physical co-morbidities)</li> <li>• Be able to detect the common, disabling and treatable mental health disorders in general practice</li> <li>• Be able to undertake a systematic mental health assessment, including interview skills, the fundamentals of psychiatric history taking, mental status assessment, risk assessment and co-morbidity</li> <li>• Be able to use appropriate psychometric instruments to aid assessment and to identify change</li> <li>• Be able to reassess people in their care with a known mental disorder</li> </ul>	





Learning outcome	Please provide evidence of how your mental health training and experience has addressed this learning outcome
<p><b>Demonstrate an increase in skills in the preparation of evidence based mental health treatment plans, for common mental health disorders, specifically:</b></p> <ul style="list-style-type: none"> <li>• Be able to negotiate a shared understanding of a mental health problem with consumers that culminates in an agreed treatment plan</li> <li>• Demonstrate an understanding of the importance of consumer and carer education and access to accurate and consumer friendly educational materials</li> <li>• Demonstrate increased knowledge of local mental health care providers and their referral pathways in the public and private systems, and of relevant nongovernment organisations</li> <li>• Demonstrate an understanding of the rationale for the appropriate use of effective pharmacological and psychological therapies (alone or in combination) for treatment of common mental disorders</li> <li>• Be able to introduce consumer and carer self help strategies</li> </ul>	
<p><b>Demonstrate an increase in skills in undertaking progress reviews and developing relapse prevention strategies for common mental health disorders:</b></p> <ul style="list-style-type: none"> <li>• Demonstrate an understanding of the need for systematic monitoring of the effectiveness of the mental health plan</li> <li>• Be able to assist consumers to develop self-monitoring strategies to identify recurrence and to increase proactive steps in response to early warning signs</li> <li>• Demonstrate a knowledge of how to assist a consumer and carer to develop a personal relapse prevention plan</li> </ul>	
<p><b>Additional learning objectives:</b></p> <ul style="list-style-type: none"> <li>• An understanding of practice systems which safeguard patient safety in providing mental health care</li> <li>• An understanding of the experience of mental disorder from the perspective of consumers and their families, friends and/or other carers</li> <li>• A working knowledge of the Medicare Benefits Schedule items relating to the provision of mental health care by a GP</li> </ul>	





## Section 5 Exemption from Focussed Psychological Strategies Skills Training (FPS ST)

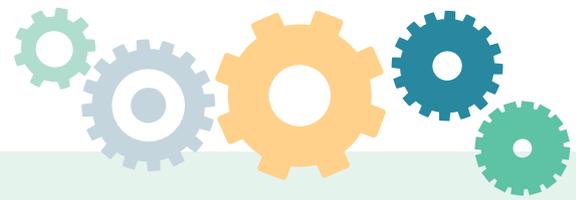
FPS ST provides participants with the skills in the provision of FPS for the treatment of common mental disorders. It also provides GPs with insight into the perspectives of people who have experience mental illness and their non-professional carers.

Please ensure that you address all learning outcomes and attach supporting documentation in the form of certificates of completion or academic transcripts if relevant. Please attach additional typed pages if necessary.

Learning outcome	Please provide evidence of how your training/experience has addressed this learning outcome
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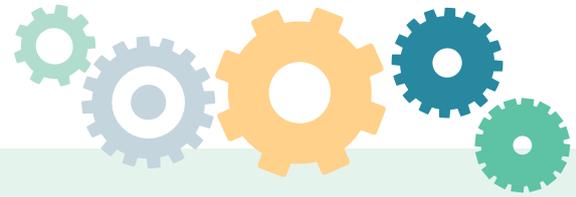
The GPMHSC has endorsed two program variations for FPS ST. Please choose either the *cognitive behaviour therapy (CBT)*, or the *interpersonal therapy (IPT)* stream, and indicate how your training and experience addresses the learning outcome of the relevant stream.

<p><b>Demonstrate an understanding of the range of evidence based FPS and the rationale for their use in different clinical circumstances and,</b></p> <p><b>Be able to provide FPS to consumers as part of a treatment plan for common mental disorders:</b></p> <p><b><i>CBT Stream</i></b></p> <ol style="list-style-type: none"> <li>1. Psycho-education</li> <li>2. Motivational interviewing</li> <li>3. Theory and principles underlying CBT</li> <li>4. Behavioural interventions                             <ol style="list-style-type: none"> <li>4.1 Essential: Behaviour modification</li> <li>4.2 Optional: Activity scheduling</li> <li>4.3 Optional: Exposure techniques</li> </ol> </li> <li>5. Cognitive Interventions                             <ol style="list-style-type: none"> <li>5.1 Essential: Cognitive analysis, thought challenging and cognitive restructuring</li> <li>5.2 Optional: Self Instructional training, attention regulation and control</li> </ol> </li> <li>6. Relaxation strategies</li> <li>7. Skills training (problem-solving, communication training, parent management training, stress management)</li> </ol>	
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Learning outcome	Please provide evidence of how your training/experience has addressed this learning outcome
<p><b>Demonstrate an understanding of the range of evidence based FPS and the rationale for their use in different clinical circumstances and,</b></p> <p><b>Be able to provide FPS to consumers as part of a treatment plan for common mental disorders:</b></p> <p><b><i>IPT Stream</i></b></p> <ol style="list-style-type: none"> <li>1. Psycho-education</li> <li>2. Motivational interviewing</li> <li>3. Theory and principles underlying IPT:                             <ul style="list-style-type: none"> <li>Mental Disorders linked to 4 types of relationship difficulties (loss, role disputes, role transitions and interpersonal deficits)</li> </ul> </li> <li>4. Interpersonal Therapy Training:                             <ul style="list-style-type: none"> <li>• Exploration of patient's perceptions, expectations of others and relationships</li> <li>• Identification of problems with relationships</li> <li>• Use of affect to bring about change</li> <li>• Problem-solve to get resolution of relationship issues</li> <li>• Communication analysis and training</li> <li>• Role-play changed behaviour</li> <li>• Use of the therapeutic relationship</li> </ul> </li> </ol>	
<p><b>Additional learning objectives:</b></p> <ul style="list-style-type: none"> <li>• An understanding of practice systems which safeguard patient safety in providing mental health care</li> <li>• An understanding of the experience of mental disorder from the perspective of consumers and their families, friends and/or other carers</li> <li>• An understanding of the value of supervision and other professional development to maintain and extend skills in the provision of FPS over time</li> <li>• A working knowledge of the Medicare Benefits Schedule items relating to the provision of mental health care by a GP</li> </ul>	





## Section 6 Professional referee

If applying for an exemption, a letter from a nominated professional referee or supervisor (who may be a GP or mental health professional skilled in CBT and/or IPT) is required. The letter needs to address the nature of the relationship and include details of the experience and skills acquired. This letter needs to be attached to this application form.

Referee name

Professional qualifications

Referees experience in FPS (CBT and/or IPT)

Professional relationship to applicant

Contact numbers

Email

## Section 7 Checklist

Have you provided all your information in section 1?

Have you indicated what level(s) of training you are seeking exemption from, in section 2?

Have you signed section 3?

Have you provided details and a letter from your professional referee outlining details of the experience and skills acquired, in section 6?

Have you attached supporting documentation in the form of certificates of completion or academic transcripts to provide evidence of recent mental health education and training?

Have you attached a current copy of your resume?

### If applying for exemption for MHST:

Have you addressed all learning objectives in section 4?

### If applying for exemption for FPS ST:

Have you addressed all learning objectives in section 5?





## Section 8 Declaration

Please sign and date the application form below. In signing below, you confirm that:

- to the best of your knowledge, all information supplied in relation to this application is complete, true and correct;
- you have contacted the referee listed in section 6, and confirmed that they consent to be contacted by the GPMHSC about your application;
- you will accept the decision of the GPMHSC in assessing your submission for exemption from MHST and/or FPS ST as final, in the knowledge that this adjudication is based solely on the information presented in or accompanying this application; and
- you understand that you have the right to appeal a decision of the GPMHSC not to approve your submission where you are able to supply further information not previously submitted with your application which specifically addresses the reason given for non-approval.

Signature

Date

Please return this completed and signed form to the GPMHSC Secretariat:

Email [gpmhsc@racgp.org.au](mailto:gpmhsc@racgp.org.au) Phone 03 8699 0556 Fax 03 8699 0570