

FPS Mentorship Program Evaluation

Findings from interviews with Mentees and Mentors

13 June 2025



Overview

Primary objective

Provide feedback on the FPS Mentorship Program, with a view to:

- 1 Delivering insights that can be used to promote the benefits of the program to encourage future uptake
- 2 Providing input to optimise the program for Mentees

The FPS Mentorship Program has been in place since 2022, with recruitment for the 6th 8-month intake now underway. Each intake has 8 mentors and 8 to 12 mentees. To date ~50 mentees have completed the program.

In order to provide feedback on the program, interviews were conducted with both mentees and mentors. 18 mentees and 5 mentors were interviewed using the following approach:

- Email sent to all mentees and mentors by GPMHSC inviting them to participate in the research.
- Mentees were offered a \$100 gift voucher in exchange for 20 minutes of their time (the interviews often ran to 30 minutes).
- Mentors were offered a \$150 gift voucher in exchange for 30 minutes of their time.
- The interviews were conducted by Cecile Thornley, a research director from The Navigators, via pre-booked Zoom calls.
- A topic list was used to guide the discussion, which was unstructured in nature.
- Participants were assured that their responses were confidential and any quotes used in the report would be anonymous.
- The interviews were recorded and the transcripts were used in developing this report.

Note that this study is qualitative in nature, the small number of interviews is not suitable for a quantitative evaluation.

The Mentorship Program is very well regarded by mentees and mentors

A highly rated program

Both mentees and mentors consider the program to be highly valued in terms of meeting a need, and very well regarded in terms of benefitting participants and making a positive impact.

All participants are strong advocates for the program and would highly recommend it to others.

A small number of areas are identified for improvement or optimisation, with many areas being identified as important to retain that contributed to the overall success of the Mentorship Program.

Key factors contributing to the favourable response to the program are outlined to the right.



Addressed unmet needs

The program addressed a need for supervision applying the newly acquired knowledge from FPS 2 training, navigating the challenges of growing Mental Health as a component of their practice, and support for their own well-being as mental health practitioners.



Timely

The offer to participate arrived when GPs were grappling with the challenge of putting their learnings into practice and considering how they would move forward with incorporating Mental Health consults into their work.



Effective

All participants found the program met or exceeded their objectives and had a positive impact on multiple fronts, benefitting from the guidance of experienced, talented and committed mentors.



Connected emotionally

Participants appreciated the support for their own mental health and wellbeing as well as the opportunity to connect with and feel part of a wider community of like-minded GPs which they anticipate will be of ongoing benefit to them.



Well executed

There was little administrative burden associated with the program, it was easy to join and participate in, the arrangements were flexible and made it easy to be part of.



Funded

Participation was free for mentees, removing funding as a consideration or potential barrier and delivering a highly valued benefit.



"...after FPS training I felt very lost. I had got the training, but not the practicalities of putting it together, with no access to a supervisor: I know the theory, but practically how do I tailor it to what I'm already doing and make it viable for me?....I found out about it via email, fantastic timing, thought 'gee that's exactly what I'm looking for'. Helped me take that theory and convert it into something more practical."

"Even having done the course [FPS Level 2], my ability to apply on a case by case basis was limited, I didn't get enough supervision to know if what I was doing was the right thing. ...It definitely has been very helpful, exactly what I was looking for."

"It was great. They knew their stuff, enabled me to understand the system better and provide the service better. How to approach a consultation or plan with a patient is not covered in FPS - the theory was covered but not the coal face, how to actually do the consultation...mentorship filled that gap."

"I had finished FPS at the end of '23 and thought 'yay!', then found I didn't know how to navigate this in the real world. And I felt I needed a sounding board for tricky cases ... and then the email arrived!"

Mentees: Timely and addressed an unmet need



"9 out of 10. It was customised to me. A good matching process, that worked out well with a supportive mentor."

*"If I had not done the mentorship I might have taken a different path. [Mentor name] was so influential in building confidence in my ability to do this...prior to mentoring I had imposter syndrome...**she emphasised that this is what we do as GPs: we are skilled in whole person care, we are a special entity, we offer more than psychologists...**I give it a 10/10"*

"It was a good year of clarification. The mentorship program helped me clarify what path I wanted to take. I knew I was going solo...I was feeling at sea at the time...and wanted some supervision and a sounding board for clinical challenges that I hadn't done before."

"10/10, it was really good, I got a lot out of it. My mentor helped on all fronts, cases and guidance as well as practical questions and bouncing ideas off her...I want to set up a mental health only practice and wanted advice and guidance on how to approach it."

"I did it so I could gain more confidence...it definitely achieved that objective. My mentor had experience, knew what they were talking about. It was spaced out well, not too close so enough time to implement, but not so far you forgot. I felt supported, like there was someone there to help me."

"Just knowing that there's somebody who has already learned those skills and can share them with me and is there for me if I have questions, it just made the whole thing more approachable.For me, it was about seeing someone who is living and working in the way I wanted to, and knowing I could get there."

"She (the mentor) was able to give me those real life examples of what she'd seen—like, oh, you know, I saw a person with this and I went down this road, or did this intervention and it really worked. And that was immediately useful to me in clinic."

Mentees: Strong support for the program



"I think just practical things like, you know, like bookings, billings, and boundaries, and how you work in a clinic setting as a sort of psychological medicine GP, you know, just lots of questions of practicality when I was just finding my sort of feet, that was very helpful as well."

"How many sessions should I book with them or how do I structure it, like that kind of thing. It's still a bit kind of not sure about, and I guess the other billing and stuff as well in terms of what would be appropriate... because it's a private billing practice, how to integrate that, yeah."

"Lots of tips around whether it be Medicare billings, do we charge privately, do we charge through Medicare rebates, you know, providing resources for the patients at the start, what kind of resources we could give to them."

"[The mentorship] very nicely coincided with me opening up my private rooms. So the mentor that I had was able to really, in a way, help supervise me in starting that process so that I could take new clients, like new patients to her and present them and yeah, brainstorm ideas and sort of new skills to sort of use."

Mentees: Practical support

Benefits of participation in the program: professional and clinical practice

Increased clinical confidence	Mentees described feeling more assured in applying focused psychological strategies to patient care after working with mentors.
Access to practical, real-world advice	Mentors shared real clinical examples and practical interventions, providing immediately applicable solutions for everyday practice. This covers from billing to scheduling or establishing a new practice if that is the goal.
Personalised learning experience	The mentorship was tailored to individual mentees' learning goals, challenges, and stage of career, making the experience especially relevant and supportive.
Ongoing support and encouragement	Having an experienced mentor available for questions and professional guidance made the process of learning and applying new skills less daunting.
Improved patient care	Mentees reported using new strategies and approaches with patients soon after sessions and feeling more confident in their delivery, resulting in perceived improvements in care delivery.
Opportunities for case discussion	Regular sessions focused on discussing complex or challenging cases, enabling mentees to gain insights into different management approaches.
Skill refinement through practice	The program allowed mentees to repeatedly practice and fine-tune structured assessment, formulation, and psychological intervention skills under the guidance of mentors.
Reduced professional isolation	Mentees felt more connected and less isolated in their roles, knowing they had a mentor and, at times, a community for support.
Encouragement to try new approaches	Mentors motivated mentees to trial new methods and interventions they might not have considered independently.
Validation and reassurance	Receiving feedback and validation from experienced mentors helped mentees feel their clinical decisions and patient management were on the right track.

Aspects of the Mentorship Program that are well regarded and recommend to retain going forward

1 Calibre of mentors

Without exception the mentees who participated in the research had high praise for their mentor. The mentees appreciated that the mentors were highly experienced in their field as well as good educators & mentors, a powerful combination. The calibre of the mentor and the match with their needs was often described by mentees as the reason they believed the program had been successful for them.

2 Matching process

Participants in the program mostly believed they were well matched with their mentor and praised the way in which the program co-ordinator had achieved this. Being able to review mentor bios in advance and indicate a preference was highlighted as a positive feature. Some of the specific areas that mentees thought were important to include in the bios were areas of special interest/expertise and type of practice experience (e.g. worked or working within a generalist practice or experience setting up a mental health practice/going solo).

3 GP led

This was often mentioned as a valuable aspect of the program: that the mentors had walked in the shoes of the mentees. This ensured that the expertise being imparted was not limited to case based subject matter, but to the real world experience of GPs. This included the difficulties of practising in a broader practice context, detail around billing and administration, and the benefit of knowing the 'whole person', which were all unique to being a GP delivering mental health consults.

4 Participant led

Participants had varying levels of experience with delivering FPS, some were nervous starters needing to be encouraged to put a toe in the water after their theoretical FPS training, whereas on the other end of the spectrum, there were experienced mental health practitioners looking to develop a specific skill (e.g. EDMR). Helping the mentee to define success and tailor the program to their needs was valued by participants and helped develop confidence at a pace appropriate for mentees.

5 Content balance

Mentees valued that the sessions were not only focused on putting the theory learnt in FPS 2 training into practice, but allowed them to address all their concerns, which varied from mentee to mentee. For some the practical elements of delivering mental health in a busy practice context was the barrier they needed help overcoming. Others needed guidance on how to get started with delivering FPS in the real world context after the training. And others wanted to focus on cases. It is useful that the mentors are open to working with mentees to address any or all of these barriers, as needed.

Aspects of the Mentorship Program that are well regarded and recommend to retain going forward

(continued)

6 Duration of sessions & program

The cadence of 8 per year, roughly one per month, suited most. This was described as having enough time between sessions to put learnings into practice, not too onerous in terms of diary management, and allowing time to grow and develop skills over the 8 months. The one hour sessions were a comfortable length to achieve what was needed without being too onerous.

7 Flexibility setting up the sessions

Both mentees and mentors value being able to arrange the sessions to suit both parties, this flexibility works well for all. Some expressed a little confusion over who was responsible for initiating the sessions and setting them up, particularly for mentees who had no prior exposure to a mentoring program.

8 Funding

Participants are appreciative of the program being funded which eliminates cost as a barrier to attend. Most attach value to the program, with having to fund their own CPD being the frame of reference for many. A number of the mentees who plan to make mental health a core element of their future practice have gone on to fund their own mentors after completing this program and realising the benefit to them. Both mentees and mentors expect that mentors are being paid for their time (see more on that under mentor feedback.)

9 Administration

Participants appreciate that the program does not require excessive administrative effort to participate and that the GPMHSC team is responsive and coordinates the program well. Most describe themselves as busy and appreciate the efficient way in which the program is run. Note that there are some suggestions for optimising the process of onboarding and administration.

Suggestions for optimisation and improvement

No substantial issues arose

With almost all mentees and mentors rating the Mentorship Program very highly, there were few suggestions about what could be improved.

The suggestions were intended as enhancements rather than addressing any notable shortcomings in the program.



Lack of awareness of the program

Most mentees mentioned that they knew nothing of the program before the email arrived asking for expressions of interest. They suggested that GPs would benefit from knowing about the program to incorporate it into their career planning, particularly to reduce the uncertainty that they felt after completing the FPS Level 2 training and considering how they would use their new knowledge.



Onboarding and lead up to first session

Many mentees expressed uncertainty at the early stages of the process.

Some weren't clear on how to go about setting up the first session and what their responsibility was.

Many were uncertain about what they could expect to get out of the program and how to express their goals ahead of the first session, particularly since the program notification arrived unannounced and they had no firm idea what they were looking for from the program. This uncertainty was partly because mentees needed guidance with the practical, day to day considerations with mental health consults (e.g. scheduling it into a busy practice, billing, building a patient base for a stand-alone practice) as well as guidance with the FPS content (how to implement what they had learnt through training or develop new skills), and this diverse set of needs created uncertainty about what they could expect to get out of the program.

While the mentors did well at allaying their concerns and developing a plan together with the mentee in the first session, mentee uncertainty and nervousness could be alleviated by providing resources such as templates, examples of what others got from the programs, ways in which the mentorship could be approached etc.

Not all were familiar with how a one-on-one mentorship program would work and what was second nature to the mentors was new territory for some of the mentees.

Suggestions for optimisation and improvement

(continued)

≠ **Mismatched expectations between mentees and mentors about readiness to practice**

While not widespread, one mentor expressed frustration that the mentee was not doing sufficient mental health cases to be bringing cases for discussion to the session. The mentor felt that mentees needed to be practicing FPS to benefit through a case-based approach. This view does not fit well with the mindset of many mentees, who needed encouragement to take the first steps to developing their practice, and weren't quite ready for a case study approach to mentorship.

A different mentee described feeling stressed by the expectation to have cases ready for discussion, when they were looking for help with a specific area that they wanted to learn rather than develop a broad practice based on FPS.

It was evident that each mentor has a different style and approach to mentoring, and there may be value in having a common set of expectations prepared by the GPMHSC with regard to the extent to which GPs are practising FPS or mental health consults and if this is a prerequisite to participation, or an outcome of participation.



Opportunities for group-based activities

The one-on-one nature of the mentorship program was key to the success and this is not a recommendation that group work replace it.

One mentor suggested that group sessions may be useful to introduce those who were doing very little case-based work to the subject, given that they did not have their own case-based experience to draw from.

Some mentees suggested the option of one or more group sessions, either during or after the program, to give them exposure to a broader range of like-minded GPs to learn from their experience. They believe this would address their need to feel connected to a broader community of GPs, particularly since they often feel isolated within their own practice, with relatively few GPs developing mental health as a special interest.

Suggestions for optimisation and improvement

(continued)



Sense of closure

Many mentees felt the need for ‘something more’ once they reached the end of their 8 sessions. They felt the program was of great benefit and felt a pity that it had come to an end, although they felt that 8 sessions was sufficient to meet their initial goals.

The group sessions mentioned previously was one way in that some mentees hoped to continue the thread, others joined ASPM or employed a private mentor to continue on their journey.

There is an opportunity for GPHMSC to play a more prominent role when the program draws to a close, to develop a sense of community and potentially a network from which future mentors can be recruited.



Additional resources

This was a direct question asked in the interviews, no-one spontaneously identified this as an opportunity to enhance the program. Mentees valued additional resources, and most were getting these from their mentors, who typically had a vast library of resources that they had developed or that they used.

Some mentors mentioned that they may be better placed to share resources with other mentors for the benefit of the program if there was more opportunity to collaborate across the mentor group.

Some of the mentors noted that the mentees had taught them new things and shared resources with them that they weren't aware of, and that the learning went in both directions.

Resources that were valued varied from resources to share with patients, digital resources like apps or websites, cards to use in consults, or tips and tricks to use in certain situations.

Observations from a mentor perspective

The program benefits from attracting experienced, passionate mentors.

Experienced with the program: Five mentors provided feedback on the program. All had been involved with the program for more than a year and referred to their experience across more than two rounds of mentoring in the program.

Leaders in the profession: The program is attracting GP mentors who are deeply engaged with the field of mental health, active contributors to the profession outside of their employment arrangements and experienced educators and supervisors beyond this program.

Common for mental health to be stand-alone practice: While many are still actively involved in general practice, all but one delivers mental health services in a stand-alone practice environment or had been a generalist for many years before developing a practice focused on mental health.

As with the mentees, the **mentors hold the program in high esteem**, noting that they see **substantial impacts on the mentees who participate** in the program. They most often describe this as a growth in confidence in the mentee's ability to use their mental health skills, whether this is inexperienced practitioners putting theory in practice or experienced practitioners honing their skills. 'Empowered' is a word often used to describe the impact.

Call for stronger sense of connection and community



Create a sense of connection with and between mentors

Beyond their interaction with their mentees, the mentors don't have a strong sense of belonging to the program more broadly. They wish to know who the other mentors are and be given the opportunity to connect with them, to learn from one another, share ideas and resources and extend their networks. The mentors appreciate opportunities for personal growth and connecting with like-minded GPs, which they believe would come from having a stronger sense of community amongst mentors. Occasional meetings or a WhatsApp group were all suggested as easy ways to connect with other mentors.



Leadership from and connection with GPMHSC

While the program is seen to be very well run and all are familiar with the program co-ordinator at GPMHSC, some mentioned that there was no visibility of who the medical leaders were at GPMHSC and who they could reach out to as a subject matter expert when challenges arose. This observation relates to the comment above, where some mentors are looking for a greater sense of connection with the program. To some the program feels quite transactional, with an email arriving asking if they are interested in or available to participate and soon after, it kicks off. Some like this simplicity and low touch engagement, but most would appreciate more peer to peer collaboration.

Observations from a mentor perspective

(continued)



Process for attracting and vetting mentors as program grows

Mentees noted that the initial email calls for expressions of interest, as either mentors or mentees, in one piece of communication. This prompted some to question what process was in place to vet the suitability of mentors. Mentors also raised the vetting process, partly because they did not know who the other mentors were, and partly because they do not recall how they were chosen or vetted. Mentors mentioned the importance of maintaining a high standard of mentorship, and mentees praised the program for the high calibre of mentors it offered. There might be a benefit to a more formal or transparent process of engaging mentors if the size of the program grows substantially.

Some mentees who did the program a while back and had become experienced practitioners expressed self-doubt about their own ability to become mentors, although they had toyed with the idea. There may be a role for a workstream focused on developing the pipeline of future mentors: building confidence is a key ingredient.



Closing the feedback loop

Some mentors mentioned that they did not receive feedback, either positive or negative, on how the mentee found the program. Even though they mostly assumed that all was well based on how they felt the sessions were running, there was still a desire to have a more formalised evaluation process in place at the end of the 8 sessions with a mentee.



Compensation: valuing expertise and experience

All mentors regarded it as important that this was a paid role, although they did it with a strong sense of 'giving back' to the profession, future generations of doctors, and communities in need of greater mental health services. For those doing mental health consults as a stand-alone business or doing private mentoring, the rate was lower than they earned elsewhere for their time and there was a perception of donating time to the profession by doing this mentoring. For those working in a GP practice, the rate was acceptable as it was invoiced outside of their practice and no portion went to the practice owner. The point was made by some that industry bodies who fight for GPs being better valued (e.g. RACGP) should consider paying a market-related rate for their services.

Record keeping



One mentor suggested that it would be helpful if the invoicing or other system could be used to keep an easy record of the number of sessions completed by a mentee. For example, including '2nd of 8 sessions for mentee x' on the invoice to indicate the status.



"It's enjoyable work because you are helping that person grow. And you can see that through the process. And again, you know, they're going to do more of it if they feel supported."

"A lot of the things that lead to burnout are things that my mentees raise in mentoring sessions."

"And I also see them therefore develop a lot of confidence in their capacity to do their work and a blossoming of interest in doing more and more upskilling in mental health care and feeling like they're getting more satisfaction in their work and pride in seeing patients notice that and improve. And I think it just leads to people losing their imposter syndrome and just building confidence."

"Having a mentor in working in mental health is invaluable in improving your confidence and improving your ability to know how your peers would interact with a particular patient in front of you. It helps to develop your skills, your understanding of mental health."

"I think that people enormously appreciate the chance to talk through knotty problems that are at the edge of their scope of practice or scope of comfort."

"I'm getting satisfaction of knowing that I'm helping people to feel better about themselves and about their work, to validate what they are doing, because I usually find that mostly that's what I'm doing. Most of the time, I feel that people have got plenty of skills and they need to transfer them from general medical mindset skills into a wider mental health sphere. And they do have all the core components and they know how to do them..."

Mentors on the benefits they observed

Approaches to billing mental health



How to approach billing mental health consults is a question on the minds of many mentees and is often raised in the Mentoring Program. **It is important to these GPs** because it is complex and associated with professional risk if done wrong, as well as having financial implications for the GP and for the patient.

The **mentors are influential in shaping** what the mentees do with regard to billing, as mentees look for helpful tips on how to bill, clarification on documentation and billing requirements, and in some cases are encouraged to use the FPS item numbers as their confidence builds, particularly if they are making mental health a core pillar of their professional practice.

Since this is not a quantitative survey no firm conclusions can be drawn with regard to the quantum of consults using FPS MBS item numbers, but **unless a GP is dedicating their practice (or part of their practice) to mental health, more often than not the FPS MBS item numbers are not being used**, even though all participants are accredited to use these item numbers.

Under what circumstances are the FPS MBS item numbers more likely to be used?

1. When the practitioner's self-perception is that their service offering is at least on a par with what the patient might obtain from a psychologist (they feel empowered and have self-confidence). This is typically when point 2 below applies.
2. When the GP's practice structure has been adapted for mental health to be the core service and their area of focus
3. When the likelihood of the patient using the services of a psychologist is deemed low and there is no feeling that this might eat into the patient's 10 subsidised visits
 - a. e.g. cultural stigma associated with seeing a psychologist creates a barrier
 - b. e.g. patient has indicated a preference to be counselled by their GP
 - c. e.g. lack of access to psychologists in the area
4. When the GP is offering a bridging service and starting the treatment that will be continued by the psychologist (e.g. they are on leave)

Approaches to billing mental health

(continued)

Reasons why the FPS or other mental health MBS item numbers are not being used:

1. The relatively new Level E (123) item number is commonly used by some in place of any mental health item number as the rebate for the patient is highest (~\$50 more suggested by GPs)
2. Not wanting to reduce the patient's access to 10 MBS-rebated consults with a psychologist, out of concern that the patient might still need (or choose) this access
3. Not wanting to alienate local psychologists by being seen to cannibalise their income stream
4. FPS principles are often used in consults, but not such that they follow a Mental Health Care Plan and would qualify for an FPS item number
5. Habits and familiarity with item numbers that GPs know and understand make them an easy option

The factor that distinguishes most strongly between those using the FPS item numbers and those not, is the way in which the GP has incorporated mental health into their practice offering. GPs whose practice is centred on mental health service provision tend to use the FPS item numbers. (This could be their entire practice or a part of it.) They position themselves as on a par with any other service provider in the field and bill accordingly, which mirrors how they view themselves and positions them to patients and referral sources.

Many of these service providers suggest that it is not financially viable to bulk bill mental health, they are billing privately.



"Yeah, I have started using [FPS item numbers], because when I've only done the course without the mentoring, I have been very hesitant at using these particular mental health items. But since doing the mentoring, I've started billing a bit more confidently."

"I talk to them about the gap because some of the people I've mentored are in bulk billing clinics. And I go, look, you just cannot financially afford it. It's you lose money for it. Even with the 123 it's still not enough. It's not equivalent to what you'd get if you were doing four consults in an hour. So I really encourage them to, you know, to say it's separate and put a higher gap and you've got to, it's very much about empowering the GPs."

"My idea was to get more confident with my craft before I start charging. I think it's a double-edged sword. If you don't charge, they don't value the service as well. So there's that because now all psychologists are charging a gap. So their commitment is not there. They have a financial commitment; they're paid upfront. That's how most relaxation hypnotherapy people work because it's a commitment; you're financially committed, so you go through with it."

"If I've gone over the 10 sessions and there's been a real need for ongoing... initially I had to use item number 44 for that. And then fortunately item number 123 was brought in and providing I feel comfortable that I've done a comprehensive assessment and mental state examination and management plan, I will use the item number 123.... it's more financially beneficial for the patient because their rebate is \$197 instead of \$152."

"I am thinking that if I am claiming those items, I am automatically cutting it from the patient's allowance with the psychologist. I do not want to be doing that."

"They get 10 in a calendar year, and whether that's some of them from me or some of them from the psychologist or what have you, it is a little bit difficult because you don't want to upset the local psychologists. So, if you've sent a patient along to them and asked them to embark on therapeutic care, but you've taken the first three of their 10 visits, that's a bit of a funny one."

Mentors and mentees on billing

How can GPs be further supported to deliver high quality mental health consults?

Respondents were asked what challenges they faced and what further support would enable GPs to deliver mental health services. These findings are not intended as a comprehensive analysis of what is required to deliver high quality mental health services in general practice, it is qualitative feedback on the real world experience of the GPs who participated in the Mentorship Program.



Ongoing supervision & access to support

- Support for their own well-being and mental health, reduce stress and risk of burn-out, safe space to debrief
- Confidence that support will be available for difficult cases (or the ability to refer patients when necessary)



Practice environment in general practice

- Multiple short consults are more viable than single long consults, a disincentive for many
- Practice owners' attitudes (positive or negative) towards mental health/long consults
- Challenges in carving out time in the diary/headspace/physical environment to be conducive to mental health



Educating the public

- Position GPs as compelling alternative, knowing mental + physical health
- The need to book appropriate consult lengths and allocate time for mental health



Connection & networking

- Seeking solutions to compensate for the isolated nature of the work
- Network for learning and sharing (can be absent in standard practice environment)
- Direction for further training and development, the field can seem vast and resources scattered



Support developing mental health practice

- Skills and resources to establish suitable mental health practice environment (e.g. lower overheads in a solo practice to make longer consult fees viable)
- Building the patient base to make mental health practice viable (e.g. referral system within GP network)

Post-program support structures

The ASPM (Australian Society for Psychological Medicine) plays an ongoing role for many mentees and is a source of mentors

Four of the five mentors interviewed for this research are actively engaged with the ASPM (past and present leadership roles) and lead group reflection workshops, or provide their own private mentoring services. This introduction to the network has been valuable to many mentees as they have appreciated the benefits of mentorship and either sought their own mentors on completion of the program and/or joined ASPM to benefit from the community of GPs with an interest in psychological medicine.

For the mentees who have become involved with the ASPM it fulfills a need post the mentorship, when looking for further support for their own well-being, continuing to grow their new-found confidence in psychological medicine and connecting with other GPs who are walking the same path.

Not all mentees are aware of ASPM or other support structures available to them (e.g. Balint groups). It is likely that awareness is even lower amongst FPS Level 2 trained GPs who have not completed the mentorship program. There may be an opportunity for GPMHSC to explore how these existing support mechanisms could play a role to address the expressed need for greater support for GP's own mental health and well-being and connection with like-minded GPs beyond the mentorship program.

It may be circumstantial that four out of the five mentors interviewed were leaders within the ASPM network, but this does suggest merit in GPMHSC exploring their relationship with this entity as it is likely to be an important source of future mentors for the program.

Potential for the GPMHSC 'brand' to play a greater role in strengthening the network

Both mentees and mentors had little depth of understanding of what role GPMHSC played in the sector other than running the FPS courses and co-ordinating the mentorship program. Those who have participated in the FPS 2 training and engaged with the mentorship program are open to knowing more.

Conclusions and recommendations

Objective 1: Delivering insights that can be used to promote the benefits of the program to encourage future uptake

The Mentorship Program continues to be highly valued by past participants. Feedback consistently highlights strong demand, provided the core elements that underpin its success are preserved (see overleaf). The program arrives at a critical career moment for mentees—addressing real needs, delivering tangible value, presenting almost no barriers to uptake, and meaningfully supporting the mental health and well-being of GPs.

Key considerations to ensure ongoing demand

- **Create program awareness early** – Enable those completing FPS 2 training to anticipate future mentorship opportunities and incorporate them into career planning and CPD goals.
- **Safeguard program quality** – Limit intake to what can be supported by a strong cohort of high-calibre mentors. Scale only when confident in mentor availability and capacity.
- **Clarify expectations** – Communicate clearly what the Mentorship Program involves and what it doesn't. Do not assume prior understanding.
- **Minimise friction for participation** – Maintain a low-barrier entry for this time-poor audience: simple sign-up, flexible participation, and no cost.

Communication priorities

- **Participant-led and personalised** – The program adapts to individual needs and goals, based on experience level.
- **Comprehensive support** – It spans both clinical and practical dimensions, helping mentees navigate barriers to a sustainable, rewarding practice.
- **GP-led guidance** – Mentors offer authentic insight, having walked in mentees' shoes—bringing credibility, empathy, and relevance.

Primary value delivered

The program equips mentees with the **practical skills, confidence, and real-world strategies** to act on the psychological medicine knowledge they already possess—regardless of their stage in practice. This accelerates the transition from theory to effective application, enabling more meaningful patient care and more confident professional identity.

Conclusions and recommendations

Objective 2: Providing input to optimise the program

The Mentorship Program is highly regarded, with participant feedback pointing to refinement rather than reinvention. As the program evolves, it is critical to preserve the features that make it effective—ensuring quality, consistency, and the capacity to meet participant expectations.

Elements to retain and sustain - mentors

- **High-calibre mentors** – Maintain a strong pool of experienced, committed GP mentors to uphold the program’s integrity and credibility.
- **Mentor community and connection** – Strengthen ties between mentors and the GPMHSC, and foster peer connection across the cohort to build a shared identity and support network.
- **Fair remuneration** – Continue to pay mentors for their time, and periodically review the rate to ensure it reflects their seniority and expertise.
- **Future mentor pipeline** – Actively cultivate new mentors by engaging program alumni, respected educators, field leaders, and ASPM networks.
- **Recognition and retention** – Acknowledge the contributions of mentors meaningfully to reinforce ongoing engagement and advocacy.
- **Thoughtful matching process** – Prioritise a robust mentor-mentee match based on shared goals, values, and lived experience—not just clinical expertise or interests.
- **Comprehensive mentor profiles** – Provide mentees with rich information about mentors' career journeys, personal insights, and broader experience, beyond clinical scope.

Core program features to preserve

- **GP-led structure** – Keep the program rooted in the GP perspective; do not dilute the model by involving non-GP mentors.
- **Participant-led and flexible** – Support mentees in setting their own goals and agenda, with openness to a wide range of clinical and practical topics.
- **Inclusive of all experience levels** – Reinforce that all GPs—regardless of confidence or skill—are welcome. Normalise varied starting points.
- **Holistic support** – Continue offering guidance that addresses both clinical questions and practical barriers to fulfilling, sustainable GP practice.
- **Flexible format** – Retain the structure of eight 1-hour sessions, scheduled at the convenience of each mentoring pair to respect busy clinical workloads.
- **Cost-free for mentees** – Preserve full funding to eliminate cost as a barrier. Paying mentees is not required to drive engagement.
- **Minimal admin load** – Keep program administration light-touch and streamlined, allowing participants to focus on what matters most—mentorship.

Conclusions and recommendations

Objective 2: Providing input to optimise the program

Maximising the value of the Mentorship Program for mentees requires thoughtful communication, smooth onboarding, and supportive structures that foster confidence, clarity, and connection. Addressing common uncertainties early helps mentees feel prepared and supported as they put their FPS training into practice.

Optimise the experience for mentees

- **Enhancing Awareness and Preparation**
 - **Introduce the program early** – Communicate details at the conclusion of FPS Level 2 training to reduce anxiety about next steps and support proactive career and CPD planning.
 - **Help mentees clarify goals** – Encourage mentees to articulate their expectations and personal objectives ahead of joining, enabling a more focused and rewarding experience.
- **Strengthening Onboarding**
 - **Set clear expectations** – Provide comprehensive onboarding before the first session, including:
 - The types of support the program offers—both clinical and practical.
 - What a mentorship relationship looks like and how to make the most of it.
 - Defined roles and responsibilities for mentees and mentors.
 - **Align on readiness and scope** – Reduce potential friction by communicating that varying levels of experience and preparedness are normal, and clarifying that mentors are there to support—not assess—mentees.

- **Deepening Engagement and Connection**

- **Explore group-based opportunities** – Supplement one-on-one mentoring with optional group sessions to foster peer learning, shared experience, and a broader sense of community.
- **Design for meaningful closure** – Consider a structured end to the program, such as a final group debrief or an opportunity to reconnect with mentors in the following year, to consolidate learning and reinforce continuity.
- **Consider shared resources** – Develop a resource library to extend learning and enhance connection with the GPMHSC, building a lasting bridge between mentees and the broader support ecosystem.

Optimise the experience for mentors

Alongside continued payment, stronger community ties, and meaningful recognition, the following enhancements can further elevate the mentor experience:

- **Clarify mentor selection** – Be transparent about how mentors are identified, invited, and vetted.
- **Close the feedback loop** – Share feedback regularly between mentees, mentors, and program leads.
- **Offer session tracking** – Provide an easy way for mentors to record completed sessions if desired.

Contact for further information:

cecile.thornley@thenavigators.com.au

dean.harris@thenavigators.com.au

 **The Navigators**

