



aspm
australian society
for psychological medicine

Applying for Fellowship

This document contains information for applicants for Fellowship of the Australian Society for Psychological Medicine.

Fellowship of the Society has been established as a method of recognising the qualifications and experience of members who have achieved a high level of expertise and reflective practice in the field of psychological medicine. Fellowship is open to registered medical practitioners who are current financial members of the Australian Society for Psychological Medicine and who spend a substantial amount of time in the clinical practice of psychological medicine.

You are welcome to apply to the Fellowship Committee for assistance to determine your eligibility for Fellowship using the criteria outlined in this document.

The contents of this document may be modified by the Committee of the Australian Society for Psychological Medicine at its discretion. Please ensure that you consult the most recent version of the Handbook.

Updated March 2026.

Pre-requisites:

- FRACGP, FACRRM, FRANZCP or equivalent
 - Unconditional AHPRA registration
 - ASPM Financial Membership + application fee ^{1,2}
 - Adherence to the ASPM Code of Ethics
 - At least five years' clinical experience and recency of experience within the past five years
 - CV with provision of two referees
1. You must be a full paying ASPM member for at least 12 months prior to application.
 2. A person registered as a 'Friend of ASPM' may become a Fellow however will not have voting rights. This is to ensure that ASPM remains an organisation led by and representing the interest of General Practitioners working in this space.

Current Practice Requirements:

You have been working in an area of psychological medicine for at least five years, and your claim can be substantiated by colleagues familiar with your work.

Evidence of Reflective Practice Requirements:

- Provide evidence of supervision OR PPRG participation, confirming evidence of your capacity for reflective practice.
- A reflective essay outlining how your clinical experience and philosophy of practice align with ASPM Core Competencies.
- Please note, we do not condone the use of AI in the writing of the reflective essay.

Psychological Medicine Credentialing Requirements:

We ask you to provide supportive documentation of your formal qualifications and / or experience to meet a total of 100 points. The total of 100 points may come from either your academic qualifications or your clinical experience or a mixture of both, but it is essential that you demonstrate your abilities as well as your academic qualifications.

Please specifically address how your training has addressed the issues of generalism, the importance of the therapeutic relationship and trauma informed care/therapy in your response

Academic Qualifications:

- Masters degree: psychotherapy or equivalent (100 points)
- Bachelor's degree: clinical psychology or equivalent (100 points)
- Successful completion of advanced specialised training in mental health: 12 months program (ACRRM) or award of FARGP in Mental Health (RACGP) (50 points)
- Graduate Certificate in Counselling or equivalent (50 points)
- ASPM Level 2 GPMHSC training / 8 ASPM modules (25 points)
- Other recognised professional development courses in the field of psychological medicine with appropriate documentation (up to 25 points)

Clinical Experience:

- Logbook documenting at least 200 hours of clinical practice in psychological medicine (50 points)
- evidence of clinical supervision or case consultation-facilitated reflection on

- clinical practice of at least 50 hrs duration in the last 5 years (25 points)
- Documentation of five clinical cases: assessment, management, and key learning outcomes (25 points)

Documentation Required with Fellowship Applications:

Your application to the Fellowship Committee must include:

1. A completed Fellowship Application Form
2. A copy of your current AHPRA certificate
3. A copy of your current medical indemnity certificate
4. Copies of relevant postgraduate and undergraduate qualifications
5. Comprehensive documentation of your clinical experience
6. A reflective essay
7. A report from your ASPM PPRG facilitator or clinical supervisor in psychological medicine practice.
8. Your curriculum vitae with contact details of two referees. Referees will be contacted personally by a member of the ASPM Management Committee.

How to Apply:

Please send your completed application with all necessary supportive documentation to: admin@aspm.org.au

What to Expect:

The secretariat processes applications and forwards them to the Management Committee for review. The review process takes up to three months. After your application has been approved, you will be invited to receive your Fellowship certificate at the next scheduled state or national meeting as appropriate.

If you are not successful, the Committee will provide you with reasons for their decision and advise you on an appropriate course of action should you wish your application to be reconsidered.

Overall Requirements for Society Assessment:

To qualify for Fellowship of the Australian Society for Psychological Medicine (FASPM) you are required to show evidence of completion of postgraduate studies which focus on the practice of psychological medicine. Although most applicants are general practitioners, other doctors, notably those who provide mental health care in hospitals and community clinics, are also eligible.

Acceptable qualifications include a graduate certificate, graduate diploma or master's degree in psychological medicine, clinical psychology, general practice psychiatry or psychotherapy from an accredited academic institution, normally a university or recognised institute such as the NSW Institute of Psychiatry.

Courses are usually a minimum of one-year full time or three years' part time study, but the length and quality of each applicant's clinical experience are also taken into consideration.

You need to provide details of course content and structure to ensure that the course you have undertaken meets the criteria outlined below.

Training Standards for Academic Qualifications:

Overall Requirements:

1. The course provides a clear statement of the philosophy behind the program.
2. The course outline includes a description of the skills and competencies to be achieved.
3. The course provides sound grounding both in the relevant theoretical basis of psychological medicine and in the acquisition of clinical skills.

The course content includes:

- an outline of models of psychological assessment and interventions
- ethical issues and competencies
- training in, and assessment of, interpersonal communication
- a substantial experiential component (modelling by trainers, supervised practice with clients/simulated clients using direct observation, audio recording and/or video recording).

Assessment includes:

- live or recorded observation of clinical skills
- appropriate feedback
- A mixture of class participation, workplace-based assessment, written or oral examinations and/or written assignments as appropriate.

Interview:

If all other criteria have been met, or are likely to be met, you will be invited for a formal interview with a member of the ASPM Management Committee. This is an opportunity to review your achievements to date and will take approximately 30 minutes.

Application timing:

You may apply for consideration for Fellowship at any time.¹

1. The applicant must be a full paying ASPM member for 12 months prior to application

Costs:

Application fee is \$550.00.

Appeals:

If you are not successful at the first application, you may appeal the Committee's decision by writing to the Society's Assessment Committee.

Unsuccessful Applicants:

For unsuccessful applications, the ASPM Fellowship Application Review Panel will provide individualised feedback regarding what may be required for their application to become successful in the future. If the applicant would like to implement these improvements, they can re-apply in 6 months time with a cost of a second application fee of \$200, and the application will be re-evaluated once by the panel. If an application is unsuccessful after this additional attempt, we suggest a time delay of 3 years before re-applying as this gives the applicant time to fulfil the requirements of either the academic or clinical pathway criteria for the Fellowship.

Continuing Professional Development:

As a Fellow of the Australian Society for Psychological Medicine you will be required to participate in quality assurance and continuing professional development relevant to the practice of psychological medicine. This will normally be done via the Royal Australian College of General Practitioners or the Australian College of Rural and Remote Medicine. You will be asked to provide evidence of participation in CPD activities when you renew your membership each year. Further to this, you will be required to demonstrate ongoing supervision.

Core Expectations:

Our core values include respect for evidence-based practice, awareness of the limitations of some mental health frameworks, professional and legal standards, available community support and consideration of patient preferences.

Fellows of the ASPM are expected to have a high level of skills in integrative diagnostic formulation of complex whole person care, within their biological, social, relational, cultural, and environmental context. These skills will be complemented by ongoing reflective practice and self-care that acknowledges the clinician's own limitations, as well as a high level of skill in at least one evidence-based therapeutic modality. Good communication skills (both written and verbal) with patients, colleagues, and family are highly valued.

Fellows of the ASPM should aim to commit to being available as a resource for younger clinicians undertaking the fellowship pathway. It is expected that they contribute to a culture of safety, display cultural awareness and protection of diversity through clear, respectful and supportive communication.

Core competencies for psychotherapy in general practice:

1. Communication skills and the patient-doctor relationship

- 1.1. Establish a therapeutic doctor-patient relationship that attends to the personhood of both patient and doctor
- 1.2. Use an evidence informed approach to clinical practice that integrates clinician experience and wisdom alongside transdisciplinary evidence from biomedicine and the social sciences.
- 1.3. Communicate findings of clinical assessment effectively and sensitively to the patient and/or carer
- 1.4. Use recovery concepts and ideas to develop mutually acceptable treatment and care plans and strategies for relapse prevention
- 1.5. Apply a trauma-informed and whole person approach to patient care that integrates life story, relationships, meaning (or spirit) and sense of self with biomedical understanding of the person
- 1.6. Engage with and support patients and families to access self-help and carer organisations
- 1.7. Communicate effectively with health-care teams, patient and/or carer including effective clinical handover

2. Applied professional knowledge and skills

- 2.1. Obtain a comprehensive mental health history considering the community, family and social context as well as awareness of inner experiences, perceptions, sense of self and beliefs
- 2.2. Take a collateral history from carers, family, other professionals and relevant others
- 2.3. Demonstrate capacity to calm distressed people
- 2.4. Undertake initial assessment and triage of patients with acute or life-threatening conditions, including assessment of risk to self or others
- 2.5. Respond to a mental health crisis or emergency, including assessment of potential risks and adverse reactions of patients
- 2.6. Apply strategies to ensure safety of patient, health professionals, and family.

- 2.7. Recognise the signs and symptoms of mental distress with an emphasis on early detection and where appropriate consider common mental health syndromes (currently known as disorders)

- 2.8. Recognise the signs and symptoms of mental distress with an emphasis on early detection and where appropriate consider common mental health syndromes (currently known as disorders)
- 2.9. Recognise the signs and symptoms of uncommon but serious mental health disorders, and manage and refer appropriately
- 2.10. Maintain an awareness of the whole person's wellbeing – attending to the social, emotional and physical wellbeing of each person.
- 2.11. Attend to the various ways that people cope with distress, including addictions, obsessions, compulsions as well as tuning in to strengths and evidence of resilience.
- 2.12. Select and use appropriate standardised assessment tools
- 2.13. Apply diagnostic classification systems as appropriate
- 2.14. Manage uncertainty, resist premature categorisation, and consider un-diagnosing in the processes of evaluating the risks versus the benefits of clinical decisions
- 2.15. Manage pharmacotherapy for the full spectrum of mental illness including monitoring and managing adverse effects of medication and competent deprescribing
- 2.16. Monitor and regularly re-evaluate patient progress and problem list and modify the management plan accordingly

3. Population health and the context of general practice

- 3.1. Maintain an awareness of the impact of societal conditions (including injustice, racism, ostracism), social climate (including culture at home, work or education and social media), and environment (including climate, land, housing and finances) on wellbeing.[1]
- 3.2. Identify and consider mental health clinical practice guidelines as part of whole person approaches to determine best practice patient management strategies
- 3.3. Diagnose and manage mental health problems in specific age groups and those from different socioeconomic and cultural backgrounds.
- 3.4. Provide mental health care using a range of mental health care interventions in collaboration with mental health nurses, other health care professionals and community/government organisations
- 3.5. Identify local risk behaviours, prevalence of mental disorders and mental health problems and specific needs of local community for community education and mental health promotion
- 3.6. Demonstrate awareness of the health care needs of culturally diverse and disadvantaged groups
- 3.7. Demonstrate awareness of the importance of kinship and country as part of Aboriginal and Torres Strait Islander social and emotional wellbeing
- 3.8. Apply knowledge of the ways in which mental health problems are expressed among culturally diverse and disadvantaged groups
- 3.9. Communicate effectively and in a culturally safe manner, using interpreters, key community contacts and networks as appropriate

4. Professional and ethical role

- 4.1. Engage in continuous learning and professional development
- 4.2. Demonstrate the capacity to reflect on personal assumptions, cultural beliefs and emotional reactions in providing culturally safe care
- 4.3. Undertake regular clinical supervision or case consultation as part of professional capacity building and self-care
- 4.4. Manage, appraise and assess own performance in the provision of mental health treatment for patients
- 4.5. Demonstrate the ability to critically evaluate and apply research in mental health care
- 4.6. Apply principles of partnership, community ownership, consultation, capacity building, reciprocity and respect in relation to health care delivery, health surveillance and research
- 4.7. Harness the resources available in the health care team, the local community and family to improve outcomes of mental health care
- 4.8. Develop and apply strategies for self-care, personal support and caring for family
- 4.9. Ensure safety, privacy and confidentiality in patient care and recognise the difficulty of maintaining confidentiality in small communities
- 4.10. Teach and clinically supervise health students, junior doctors and other health professionals when appropriate

5. Organisational and legal dimensions

- 5.1. Maintain timely and accurate patient documentation in medical records including drug prescription and administration
- 5.2. Use the legislative framework for involuntary psychiatric care, guardianship/power of attorney and child protection correctly where relevant
- 5.3. Use clinical information systems for the organised management and evaluation of mental health care in practice populations
- 5.4. Uphold the rights of people affected by mental health disorders or mental health problems, their family members and/or carers
- 5.5. Demonstrate awareness of duty of care issues arising from providing mental health care to colleagues, patients and the community
- 5.6. Work within relevant national and state legislation and professional and ethical guidelines related to the care and rights of people with mental illness
- 5.7. Provide accurate certification when required for sickness, employment, social benefits and other purposes

These core competencies have been prepared with reference to The Australian College of Rural and Remote Medicine, Advanced Specialised Training Mental Health Curriculum, Brisbane 2017. This document was revised in February 2021 by Dr Johanna Lynch, President, ASPM, Dr Erin Waters, ASPM Education Committee Member, and Dr Jill Gordon AM, past president of ASPM. Further revision was undertaken in April 2024, September 2025 and March 2026 by Associate Professor Mark Johnson, ASPM Academic Advisory Committee.

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The Society also wishes to thank former members of what was then known as the Australian College of Psychological Medicine (and became the Australian Society for Psychological Medicine in 2011) who since 2001 have maintained standards defining advanced training recognition for Australian General Practitioners in mental health.

Suggested reading for fellowship applicants:

1. Burke-Harris, N. (2018). *The Deepest Well: Healing the effects of childhood adversity*. Boston, Mariner Books Houghton Mifflin Harcourt.
2. Donald, M., et al., GPs' insights about discontinuing long-term antidepressant use: a qualitative study. *British Journal of General Practice*, 17 January, 2021. (BJGP.2020.0913. <https://doi.org/10.3399/BJGP.2020.0913>)
3. Gee, G., et al., *Aboriginal and Torres Strait Islander Social and Emotional Wellbeing*, in *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*, P. Dudgeon, H. Milroy, and R. Walker, Editors. 2014, Commonwealth of Australia: Canberra.
4. Lakeman, R. and M. Emeleus (2014). "Un-diagnosing mental illness in the process of helping." *Psychotherapy in Australia* 21(1): 38-45.
5. Launer, J. (2002). *Narrative-based primary care: a practical guide*, Radcliffe Publishing.
6. Launer, J. (2018). *Narrative-based practice in health and social care: conversations inviting change*, Routledge.
7. Lynch, J.M., *A Whole Person Approach to Wellbeing: Building Sense of Safety*. 2020 London: Routledge.
8. Pearson, Q.M., Getting the most out of clinical supervision: Strategies for mental health. *Journal of Mental Health Counseling*, 2004. 26(4): p. 361-373.
9. Spence, S.H., et al., Clinical supervision in four mental health professions: A review of the evidence. *Behaviour change*, 2001. 18(3): p. 135.