PDSA PRACTICE GUIDE

Aboriginal and Torres Strait Islander health assessments

A worked PDSA cycle for identifying unmet health needs, optimising MBS billing and meeting CPD requirements as a whole practice team.

AUTHOR

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CPD HOURS

Up to 9 hours (EA + RP + MO)

MBS ITEMS

715, 228, 10987, 10997, 965, 967

TIMELINE

3 to 6 months

Why run a PDSA in your practice

CPD for the whole team

GPs can meet a significant share of their 50-hour annual CPD requirement without leaving the practice. When submitted as a practice-based or group activity, hours can be logged across EA, RP and MO categories. Nurses maintain their own CPD records and declare compliance at annual registration renewal via AHPRA. Practice managers count it toward AAPM certification.

GP retention

A practice that runs structured QI activities absorbs a substantial portion of the 50-hour CPD obligation on behalf of its GPs. The GP gets CPD hours done within practice time, on problems relevant to their clinical work. That benefit disappears if they leave.

Quality of care

Data extraction shows what is happening with patient care, recalls and coding. Most practices find gaps they did not know existed. A documented PDSA is ready-made evidence for RACGP accreditation.

Revenue

Depending on the topic, PDSAs surface missed MBS items, lapsed recall lists and unregistered incentive payments. This topic addresses items 715, 228, 10987, 10997, 965, 967 plus PIP IHI and CTG PBS Co-payment.

PDSA: Aboriginal and Torres Strait Islander health assessments

Most GP practices have Aboriginal and Torres Strait Islander patients whose preventive care needs are not fully met. The gap is rarely about intent. It is about systems: identification at reception, recall and reminder processes, health assessment templates and MBS billing workflows that do not flag eligible patients consistently.

REVENUE AND INCENTIVE OPPORTUNITY

MBS item 715 (health assessment, claimable every 9 months). PIP Indigenous Health Incentive: sign-on payment plus Tier 1 and Tier 2 outcome payments per registered patient per 12-month assessment period for chronic disease and mental health management. CTG PBS Co-payment registration supports patient retention. Nurse follow-up via item 10987 (up to 10 per patient per year). Chronic condition management via item 965 (GPCCMP).

Note: The PIP IHI patient registration payment was removed from 1 July 2025. The program now operates on a back-ended outcome payment structure. See the PIP Indigenous Health Incentive section in Background and reference for current payment details.

CPD HOURS FROM THIS PDSA

Approximately 9 hours when submitted as a practice-based or group activity: 3 EA (practice education sessions), 3 RP (data extractions and analysis), 3 MO (the PDSA cycle itself). All participating GPs log via myCPD or their preferred portal. Nurses and practice managers claim separately under their own frameworks.

Note on CPD categorisation: The RACGP currently classifies PDSAs under Measuring Outcomes (MO). However, the broader project involves components that qualify separately as Educational Activities and Reviewing Performance. When submitted as a group or practice-based activity, each component can be logged to its correct category.

How this guide works

- Worked example from a real practice (Dr Chris Mitchell's experience)
- Your practice: fill in your own details

Each section includes a worked example from a real cycle conducted by Chris Mitchell in a mixed rural practice with approximately 33 regularly attending Aboriginal and Torres Strait Islander patients, followed by space for your practice to document your own process.

CM

Dr Chris Mitchell AM

Rural GP and Rural Generalist with over 30 years of clinical and leadership experience. Member of the Order of Australia for contributions to general practice and eHealth. Chris has worked across practice operations, governance, digital health and quality improvement throughout his career.

The PDSA cycle

Idea

Identify Aboriginal and Torres Strait Islander patients of the practice who have unmet health needs the practice could better support through systematic identification, assessment and follow-up.

Plan

Map the current state: how many patients identify as Aboriginal or Torres Strait Islander, what proportion have had a recent health assessment (item 715), how many are registered for CTG PBS Co-payment and PIP Indigenous Health Incentive, and where the gaps sit in vaccination schedules and care plans.

WORKED EXAMPLE

We ran the numbers in Cubiko and found 147 patients flagged as Aboriginal or Torres Strait Islander. Cross-referencing against Best Practice direct search returned 33 regularly attending patients. The discrepancy was from inactive and non-attending patients captured in the broader extraction. We decided to focus on the 33 active patients and work through their care systematically.

YOUR PRACTICE

Run an initial data extraction. Record your numbers below.

Total patients flagged as Aboriginal or Torres Strait Islander	
Regularly attending patients (active in last 12 months)	
Patients with a 715 health assessment in last 9 months	
Patients registered for CTG PBS Co-payment	
Patients registered for PIP Indigenous Health Incentive	

Aims

- All new patients are asked about their cultural status at registration
- Active Aboriginal and Torres Strait Islander patients are offered a health assessment (item 715)
- Eligible patients are registered for CTG PBS Co-payment via HPOS/PRODA
- Cultural awareness training requirements are met (minimum 2 staff, including 1 GP)
- Vaccination schedules are reviewed against NIP recommendations for Aboriginal and Torres Strait Islander people
- Eligible patients are registered for PIP Indigenous Health Incentive (lifetime consent for patients 15 years and over)
- Chronic condition management plans (GPCCMP, item 965) are in place for eligible patients

Do: meeting and action schedule

YOUR PRACTICE: RECORD YOUR DATES

- Executive planning meeting
- Clinical discussion meeting
- Practice planning and education meeting
- First data extraction
- Strategy confirmation meeting
- Second data extraction
- Third data extraction
- Follow-up meeting to confirm learnings
- RACGP portal upload

Study: what to monitor in data extractions

MEASURE	EXTRACTION 1	EXTRACTION 2	EXTRACTION 3
Active patients identified as Aboriginal or Torres Strait Islander			
Health assessments completed (item 715)			
CTG PBS registrations			
PIP Indigenous Health Incentive registrations			
GPCCMPs in place (item 965)			
Mental health care plans in place			
Vaccination schedules up to date			
Nurse follow-up appointments (item 10987)			

What we learned

WORKED EXAMPLE

The initial data showed that Best Practice permitted health assessments for identified patients aged over 50, but the template was not titled as an ATSI health assessment. We identified the ATSI Updated Health Assessment as the preferred document.

From 1 March 2026, MBS items 715 and 228 no longer require age-based clinical activities. The assessment is holistic and tailored to the patient's individual needs regardless of age group. This is a recent change and practices should update their templates and workflows accordingly.

Recalls and reminders were generated for Indigenous Health Incentive (annual) and Aboriginal Health Assessment (annual). Shortcuts were created for common clinical documentation.

Vaccination requirements were more complex than expected. Doctors Control Panel handled this well, but the team needed education on the specific NIP schedule for Aboriginal and Torres Strait Islander people, particularly around pneumococcal vaccines (Prevenar from age 50, different sequencing for high-risk patients) and Shingrix eligibility from age 50 rather than the general population threshold.

YOUR PRACTICE: RECORD YOUR LEARNINGS

Key MBS items and billing reference

Schedule fees are not listed as they are updated annually. Verify current fees against MBS Online before billing.

ITEM	DESCRIPTION	NOTES
715	Aboriginal and Torres Strait Islander health assessment	Claimable every 9 months. Not time-based. Updated 1 March 2026: age-based clinical activities removed in favour of holistic, individualised care.

ITEM	DESCRIPTION	NOTES
228	Health assessment by prescribed medical practitioner (ATSI)	Alternative to 715 where a PMP conducts the assessment. Same 9-month frequency. Updated 1 March 2026.
10987	Nurse follow-up after health assessment	Up to 10 per patient per calendar year. Provided by practice nurse or Aboriginal and Torres Strait Islander health practitioner on behalf of the medical practitioner.
10997	Nurse follow-up for patients with a care plan	Up to 5 per patient per calendar year. Billable in addition to 10987 if a current GPCCMP or equivalent care plan exists.
965	GP chronic condition management plan (GPCCMP)	Replaced items 721 (GPMP) and 723 (TCA) from 1 July 2025.
967	Review of GPCCMP	Replaced item 732 from 1 July 2025. Required for PIP IHI Tier 1 outcome payment.

TRANSITION NOTE

Patients with an existing GPMP and/or TCA created before 1 July 2025 can continue to access services under that plan until 30 June 2027. Any new plan or review after 1 July 2025 must be a GPCCMP (item 965) or GPCCMP review (item 967). From 1 July 2027, a GPCCMP is required for ongoing allied health access.

PRACTICE TIP

CTG PBS Co-payment registration is a one-off via HPOS/PRODA. The receptionist can register on the doctor's behalf once eligibility is confirmed. The patient does not need to re-register if they change practices. PIP Indigenous Health Incentive consent is separate and is lifetime for patients aged 15 and over (from 1 January 2025).

Act: what to change and embed

WORKED EXAMPLE

The practice changed its new patient registration form to include a cultural status question, updated recall and reminder templates, set the ATSI Updated Health Assessment as the standard document and created shortcuts for common billing and documentation workflows. Two staff members (one GP) enrolled in the RACGP Cultural Awareness Active Learning Module while waiting for the next PHN cultural safety training session.

YOUR PRACTICE: RECORD CHANGES TO EMBED

Vaccination reference: Aboriginal and Torres Strait Islander people

VACCINE	ELIGIBILITY	SCHEDULE NOTES
Influenza	Age 6 months and older (NIP funded)	Annual
Shingrix	Age 50+ (NIP funded). Age 18+ if immunocompromised.	2 doses, 2-6 months apart (1 month if immunocompromised)
Pneumococcal (Prevenar)	Age 50+ (PBS covered)	See sequencing for high-risk patients. 13vPCV at diagnosis of high risk or age 50 if ATSI, then 23vPPV 2-12 months later, then 23vPPV at least 5 years later.
Pneumococcal (Pneumovax)	As per schedule	Private script (not PBS covered)
Tetanus (ADT/ Boostrix)	As per schedule	ADT free / Boostrix private
COVID-19	As per current recommendations	Boosters as required

Verify all vaccination schedules against the current National Immunisation Program Schedule. Doctors Control Panel provides up-to-date patient-specific recommendations.

Submitting for CPD hours

Log this PDSA via myCPD or your preferred CPD portal as a group or practice-based activity. Record the time as you go and document discussions in meeting minutes for AHPRA requirements. Consider how the activity addresses your reflections on culturally safe practice, professional and health inequities, and ethical practice.

The activity structure maps to all three AHPRA CPD types when each component is submitted separately under its correct category:

ACTIVITY COMPONENT	AHPRA CPD TYPE	ESTIMATED HOURS
Practice education sessions (cultural safety, health assessment workflow)	Educational activities (EA)	3 hours
Data extractions and clinical audit analysis	Reviewing performance (RP)	3 hours
PDSA cycle (plan, do, study, act with documented outcomes)	Measuring outcomes (MO)	3 hours

Nurses log separately via AHPRA/NMBA. Practice managers count toward AAPM certification requirements.

TIMING TIP

Check where you sit in the triennium before logging hours. If the project spans two triennium periods, start the new submission from the date the new triennium begins. Do not log hours to a period where you have already met your requirements.

Doctors involved

DOCTOR'S NAME	QI AND CPD NUMBER

Resources

- RACGP National guide to preventive health assessment for Aboriginal and Torres Strait Islander people
- Services Australia: IHS eLearning modules (hpe.servicesaustralia.gov.au/elearning_IHS.html)
- Aboriginal and Torres Strait Islander Health Toolkit (available via your local PHN)
- RACGP Cultural Awareness Active Learning Module
- Integrated Team Care (ITC) Program via your local PHN
- Services Australia: Indigenous Health Incentive guidelines and forms
- Services Australia: Closing the Gap PBS Co-payment for health professionals
- National Immunisation Program Schedule: Immunisation for Aboriginal and Torres Strait Islander people
- MBS Online (mbsonline.gov.au) for current item descriptors and fees
- Department of Health: Annual health checks for Aboriginal and Torres Strait Islander people
- Referral form for follow-up allied health services (Department of Health and Aged Care)

EDUCATIONAL BACKGROUND MATERIAL

Background and reference

This section contains the educational and clinical background material that supports the PDSA. It forms part of the Educational Activities (EA) component of the CPD hours for this project. Review and discussion of this material with your practice team contributes to the 3 EA hours.

CTG PBS Co-payment

To register a patient for the PBS (cheaper medications) the receptionist can do it on PRODA acting on the doctor's behalf (the doctor confirms eligibility) and no forms are required. You also need to tick in the patient demographics regarding CTG status.

A patient is eligible if they:

- Self-identify as an Aboriginal or Torres Strait Islander Australian
- Will have setbacks in preventing or managing their condition if they don't take the medicine
- Are unlikely to keep up their treatment without help with the cost
- Are enrolled with Medicare

Their age, where they live and their chronic disease status don't matter.

You only need to register a patient once. They don't need to register again if they move to a different health clinic. Register a patient in the Closing the Gap PBS Co-Payment Register through Health Professional Online Services (HPOS).

Registration process

- Check if the patient is eligible
- Discuss the CTG PBS Co-payment with the patient and get their consent to register them
- Login to HPOS using your individual PRODA account
- Select My programs from the HPOS landing page and Closing the Gap PBS Co-Payment register
- Search for a patient using their details

The Register button will show for patients with an inactive status. Select Register to change the patient's status to active.

PIP Indigenous Health Incentive

The PIP IHI encourages health services to meet the health care needs of Aboriginal and Torres Strait Islander people with a chronic disease. Health services include general practices, Aboriginal Medical Services and Aboriginal Community Controlled Health Services.

Register patients using PIP Online in HPOS. You can also use form IP017 (patient registration and consent) or IP029 (patient withdrawal of consent).

Eligibility

Practices can register patients aged 15 years and over. The patient must be an Aboriginal and/or Torres Strait Islander person who:

- Has a chronic disease or a mental health disorder

- Has had or been offered a health assessment using MBS items 228 or 715 (claimable every 9 months)
- Has a current Medicare card
- Has nominated the practice as their usual care provider and provided informed consent

Payments (from 1 July 2025)

The PIP IHI has two payment types:

Sign-on payment: A one-off payment when the practice registers for PIP IHI. Paid in the next quarterly payment after approval.

Tier 1 outcome payment: Per registered patient per 12-month assessment period. Requires the practice to prepare a GPCCMP (item 965) or GP Mental Health Treatment Plan, plus at least one review (item 967 or equivalent), OR complete two reviews if a plan is already in place.

Tier 2 outcome payment: Per registered patient per 12-month assessment period. Requires a minimum of 5 eligible MBS professional attendance or procedural items delivered to the registered patient within the assessment period. This may include services counted for Tier 1.

Source: Services Australia, PIP IHI Guidelines (updated December 2025). Specific dollar amounts are updated periodically. Verify current payment rates via Services Australia.

Lifetime registration

From 1 January 2025, all new registrations for patients 15 years and above are lifetime (ongoing). Practices no longer need to re-register these patients annually. Once a young patient reaches 15, they must be re-registered under their own consent (withdraw the current registration and re-register them).

Cultural awareness training

At least 2 staff members (one must be a GP) must complete appropriate cultural awareness training within 12 months of the practice being approved for PIP IHI. Training options include PHN cultural safety training sessions (usually annual) and the RACGP Cultural Awareness Active Learning Module (available online).

Preventive health assessments

Medicare rebates for preventive health assessments are available for all Aboriginal and/or Torres Strait Islander people of any age through MBS item 715. Claimable once every 9 months.

From 1 March 2026, items 715 and 228 no longer require age-based clinical activities. The assessment is holistic and tailored to the patient's individual needs regardless of age group. Revised item descriptors include the clinical activities required to bill the item.

When providing the assessment, you must:

- Take a patient history
- Do an examination and investigate as required
- Make an overall assessment
- Recommend appropriate interventions
- Advise and inform the patient
- Keep a health assessment record

You should offer the patient a written report, including any recommendations. If the patient agrees, you may provide relevant extracts to the patient's carer. You can refer for up to 5 allied health follow-up services per calendar year.

Nurse follow-up

After an Aboriginal and Torres Strait Islander health assessment, you can bill item 10987 for nurse or Aboriginal and Torres Strait Islander health practitioner follow-up, up to 10 per patient per calendar year. If the patient also has a care plan (GPCCMP), item 10997 can be billed in addition, up to 5 per patient per calendar year.

Note: Items 10987 and 10997 cannot be claimed when a practice nurse or ATSI health professional assists with the health assessment itself.

Clinical shortcuts and templates

The following shortcuts were created during Chris Mitchell's PDSA cycle. Practices could adapt these to their own clinical software.

ATSI (shortcut)

Aboriginal and/or Torres Strait Islander

ATSIHAx (health assessment shortcut)

Aboriginal and/or Torres Strait Islander Health Assessment (Item 715, not time-based)

- Eligibility confirmed
- Consent provided for health assessment
- Health assessment performed
- Contribution from nurse noted
- A consultation was clinically required to be provided on the same day

Reason for visit: Health assessment – ATSI

Management section should cover: Advance Health Directive, health priorities, allergies, medications, family history, social history, employment, mood, memory, routine screening tests, diet, activity, smoking history, alcohol use, gambling, vaccinations, acuity, dental

reviews, cardiovascular risk assessment, recalls and reminders, eligibility for nurse item 10987, CTG registration confirmation, Indigenous Health Incentive consent.

ATSIX (management shortcut)

- Confirm CTG registration (once only via reception through PRODA)
- Confirm Indigenous Health Incentive if eligible via practice manager
- Health assessment booked
- GPCCMP reminder scheduled
- GPCCMP review scheduled
- GP Mental Health Care Plan scheduled
- Vaccination schedule confirmed

Integrated Team Care (ITC) Program

PHNs commission local services to provide the ITC Program. The program aims to contribute to improving health outcomes for Aboriginal and Torres Strait Islander people with chronic health conditions through better access to care coordination, multidisciplinary care and support for self-management, and improve access to culturally appropriate mainstream primary care services (general practice, allied health and specialists).

Contact your local PHN for details of ITC services available in your area.

PIP Quality Improvement Incentive

Under the PIP QI Incentive, PHNs have a central role. They can:

- Assist general practices to participate in the Incentive
- Answer questions about the PIP QI including guidelines, Improvement Measures and the PIP Eligible Data Set Data Governance Framework
- Assist general practices to undertake continuous quality improvement that addresses the ten Improvement Measures and/or meets the needs of their practice population
- Provide information to the Department of Health to confirm that a general practice has met the eligibility requirement for the PIP QI payment

The ten improvement measures

1. Proportion of patients with diabetes with a current HbA1c result
2. Proportion of patients with a smoking status
3. Proportion of patients with a weight classification
4. Proportion of patients aged 65 and over who were immunised against influenza
5. Proportion of patients with diabetes who were immunised against influenza
6. Proportion of patients with COPD who were immunised against influenza

7. Proportion of patients with an alcohol consumption status
8. Proportion of patients with the necessary risk factors assessed to enable CVD assessment
9. Proportion of female patients with an up-to-date cervical screening
10. Proportion of patients with diabetes with a blood pressure result

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Annual CPD requirements

Under the Medical Board of Australia's registration standard, all GPs must complete 50 hours of CPD annually:

- Minimum 12.5 hours of Educational Activities (EA)
- Minimum 25 hours combined Reviewing Performance (RP) and Measuring Outcomes (MO), made up of at least 5 hours of RP and 5 hours of MO. The remaining 15 hours can be completed in either RP or MO.
- Remaining 12.5 hours flexible across any category

PDSA cycles are classified under Measuring Outcomes. However, when a PDSA is run as a practice-based project, the associated education sessions qualify as EA and the data extraction and audit components qualify as RP. Submit each component separately under its correct category via myCPD or your preferred portal as a group or practice-based activity.

Using the GP-led Activity form, one GP can record the activity for multiple GPs on their behalf.