Advanced Training Curricula Renewal

DRAFT Curriculum standards

Advanced Training in Addiction Medicine

November 2023

RACP
Specialists. Together

About this document

This document outlines the curriculum standards for Advanced Training in Addiction Medicine for trainees and supervisors.

The curriculum standards should be used in conjunction with the Advanced Training in Addiction Medicine learning, teaching, and assessment programs.

For more information or to provide feedback contact curriculum@racp.edu.au.

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Program overview

Purpose of Advanced Training

The RACP offers Advanced Training in 33 diverse medical specialties as part of Division, Chapter, or Faculty training programs.

The purpose of Advanced Training is to develop a workforce of physicians who:

- have received breadth and depth of focused specialist training, and experience with a wide variety of health problems and contexts
- are prepared for and committed to independent expert practice, lifelong learning, and continuous improvement
- provide safe, quality health care that meets the needs of the communities of Australia and Aotearoa New Zealand.

Specialty overview

Addiction medicine specialists seek to minimise the burden of harm caused by substance use and addictive behaviours in individuals, families, and the broader community. Addiction medicine specialists have expertise in the following areas:

- **Providing clinical treatment and care.** Addiction medicine specialists have expertise in assessing people with substance use and addiction disorders, incorporating an understanding of both psychological aspects of addiction, and the frequent physical problems associated with addiction.

- **Management of acute substance withdrawal.** Addiction medicine specialists will directly manage or advise other treating clinicians on how to manage substance withdrawal including the most appropriate environment for the withdrawal, monitoring, medications, psychosocial supports, and linkages to aftercare.

- **Assessment and care planning for people with substance use or other addiction disorders.** This involves a comprehensive assessment and negotiation with the patient regarding ongoing treatment, often involving multidisciplinary team care. The context of the care varies and includes inpatient, outpatient, community withdrawal units, and outreach.

- **Educating and supporting other healthcare professionals in the management of addictive disorders and substance use.** Addiction medicine specialists work with other treating clinicians (such as hospital based or in primary care) to help them provide best care for their patients with substance use and other addiction disorders. Conditions include simple and complicated withdrawal syndromes, delirium, injection related complications, co-occurring pain and substance use disorders, and blood born virus infections.

- **Ensuring that there are guidelines and pathways of care** to ensure high quality evidence-based practice in a range of settings such as hospitals and primary care.

- **Advising policy makers and advocating for evidence-based strategies** which reduce harms associated with substance use and addictive disorders.

Addiction medicine specialists respect patient autonomy, understand the drivers of addictive behaviours, and accept that for some people, recovery is a life-long endeavour. They provide person-centred care with a focus on communication, respect, and advocacy, including:

- **Working as an integral part of a multidisciplinary team.** Addiction medicine specialists may be called upon to be the team leader and collaborate in the development of treatment plans.

- **Holistic respectful care of patients.** Addiction medicine specialists are comfortable with addictions as complex health issues which are often the source of shame and stigma for patients and their families.

- **Promotion of evidence-based policy.** Addiction medicine specialists recognise that complex factors drive policy, and they advocate for evidence-based approaches to harm reduction relating to substance use, gambling, and gaming.

- **Application of a scholarly approach.** Addiction medicine specialists use research and evidence in medical care and service development.

- **Providing culturally safe care to communities.** Addiction medicine specialists work in a culturally safe way and actively work with these communities to ensure culturally safe models of care and policies are in place.

Advanced Training curricula standards
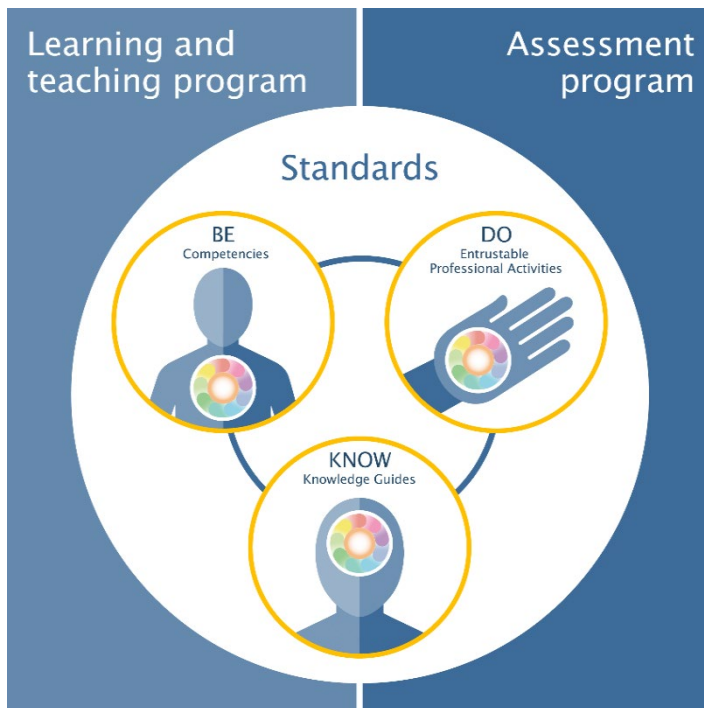
The **RACP curriculum model** is made up of curricula standards supported by learning, teaching, and assessment programs.

Learning and teaching programs outline the strategies and methods to learn and teach curricula standards, including required and recommended learning activities.

Assessment programs outline the planned use of assessment methods to provide an overall picture of the trainee's competence over time.
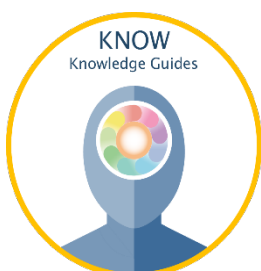
The **curricula standards** outline the educational objectives of the training program and the standard against which trainees' abilities are measured.

- **Competencies** outline the expected professional behaviours, values and practices of trainees in 10 domains of professional practice.

- **Entrustable Professional Activities** (EPAs) outline the essential work tasks trainees need to be able to perform in the workplace.

- **Knowledge guides** outline the expected baseline knowledge of trainees.

Common curricula standards

The renewed curricula for Advanced Training will consist of a mix of program-specific content and content that is common across Advanced Training programs.

- **Competencies** will be common across Advanced Training programs.[1]

- **Entrustable Professional Activities (EPAs)** will contain a mix of content that is common and content that is program-specific.

- **Knowledge Guides** will be program-specific, although content may be shared between complementary programs.

Professional Practice Framework

The Professional Practice Framework describes ten domains of practice for all physicians.

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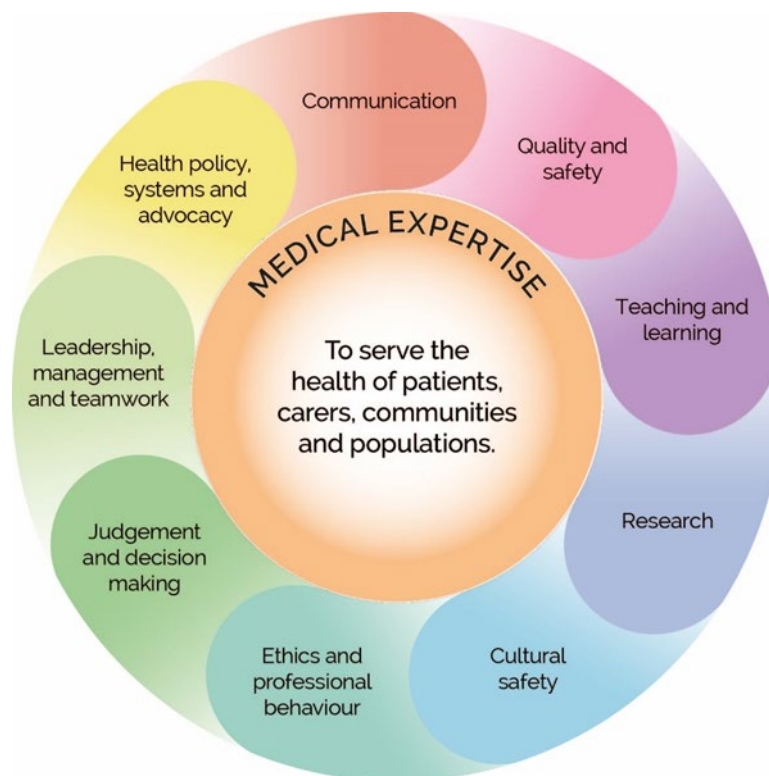
[1] Some tailoring of competencies may be necessary to ensure specialty relevance.

Learning, teaching, and assessment structure

The learning, teaching, and assessment structure defines the framework for delivery

Advanced Training learning, teaching, and assessment structure

- An **entry decision** is made before entry into the program.

- **Progress decisions**, based on competence, are made at the end of the specialty foundation and specialty consolidation phases of training.

- A **completion decision**, based on competence, is made at the end of the training program, resulting in eligibility for admission to Fellowship.

Advanced Training is a **hybrid time- and competency-based training program**. There is a minimum time requirement of between three to five years' full-time equivalent experience, depending on the training program undertaken. Progress and completion decisions are based on evidence of trainees' competence.

The Advanced Training program may be started once the prospective trainee has completed the entry requirements. This includes completion of Basic Physician Training required for Divisional Advanced Training programs.

Curriculum standards

Competencies

Competencies outline the expected professional behaviours, values and practices that trainees need to achieve by the end of training.

Competencies are grouped by the 10 domains of the professional practice framework.

Competencies will be common across training programs.

	Medical expertise
	Professional standard: Physicians apply knowledge and skills informed by best available current evidence in the delivery of high-quality, safe practice to facilitate agreed health outcomes for individual patients and populations.

Knowledge: Apply knowledge of the scientific basis of health and disease to the diagnosis and management of patients.

Synthesis: Gather relevant data via age- and context- appropriate means to develop reasonable differential diagnoses, recognising and considering interactions and impacts of comorbidities.

Diagnosis and management: Develop diagnostic and management plans that integrate an understanding of individual patient circumstances, including psychosocial factors and specific vulnerabilities, epidemiology, and population health factors in partnership with patients, families, or carers[2], and in collaboration with the health care team.

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[2] References to patients in the remainder of this document may include their families, whānau and/or carers.

Communication

Professional standard: Physicians collate information, and share this information clearly, accurately, respectfully, responsibly, empathetically, and in a manner that is understandable.

Physicians share information responsibly with patients, families, carers, colleagues, community groups, the public, and other stakeholders to facilitate optimal health outcomes.

Effective communication: Use a range of effective and appropriate verbal, nonverbal, written and other communication techniques, including active listening.

Communication with patients, families, and carers: Use collaborative, effective, and empathetic communication with patients, families, and carers.

Communication with professionals and professional bodies: Use collaborative, respectful, and empathetic clinical communication with colleagues, other health professionals, professional bodies, and agencies.

Written communication: Document and share information about patients to optimise patient care and safety.

Privacy and confidentiality: Maintain appropriate privacy and confidentiality, and share information responsibly.

Quality and safety

Professional standard: Physicians practice in a safe, high-quality manner within the limits of their expertise.

Physicians regularly review and evaluate their own practice alongside peers and best practice standards and conduct continuous improvement activities.

Patient safety: Demonstrate a safety focus and continuous improvement approach to own practice and health systems.

Harm prevention and management: Identify and report risks, adverse events, and errors to improve healthcare systems.

Quality improvement: Participate in quality improvement activities to improve quality of care and safety of the work environment.

Patient engagement: Enable patients to contribute to the safety of their care.

Teaching and learning

Professional standard: Physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and evaluating evidence.

Physicians foster the learning of others in their profession through a commitment to mentoring, supervising, and teaching[3].

Lifelong learning: Undertake effective self-education and continuing professional development.

Self-evaluation: Evaluate and reflect on gaps in own knowledge and skills to inform self-directed learning.

Supervision: Provide supervision for junior colleagues and/or team members.

Teaching: Apply appropriate educational techniques to facilitate the learning of colleagues and other health professionals.

Patient education: Apply appropriate educational techniques to promote understanding of health and disease amongst patients and populations.

Research

Professional standard: Physicians support creation, dissemination and translation of knowledge and practices applicable to health They do this by engaging with and critically appraising research, and applying it in policy and practice to improve the health[3] outcomes of patients and populations.

Evidence-based practice: Critically analyse relevant literature and refer to evidence-based clinical guidelines and apply these in daily practice.

Research: Apply research methodology to add to the body of medical knowledge and improve practice and health outcomes.

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[3] Adapted from Richardson D, Oswald A, Chan M-K, Lang ES, Harvey BJ. Scholar. In: Frank JR, Snell L, Sherbino J, editors. The Draft CanMEDS 2015 Physician Competency Framework – Series IV. Ottawa: The Royal College of Physicians and Surgeons of Canada; 2015 March.

Cultural safety

Professional standard. Physicians engage in iterative and critical self-reflection of their own cultural identity, power, biases, prejudices, and practising behaviours. Together with the requirement of understanding the cultural rights of the community they serve; this brings awareness and accountability for the impact of the physician's own culture on decision making and health care delivery. It also allows for an adaptive practice where power is shared between patients, family, whānau, and/or community and the physician, to improve health outcomes.

Physicians recognise the patient and population's rights for culturally safe care, including being an ally for patient, family, whānau, and/or community autonomy and agency over their decision making. This shift in the physician's perspective fosters collaborative and engaged therapeutic relationships, allows for strength-based (or mana-enhanced) decisions, and sharing of power with the recipient of the care, optimising health care outcomes.

Physicians critically analyse their environment to understand how colonialism, systemic racism, social determinants of health, and other sources of inequity have and continue to underpin the healthcare context. Consequently, physicians then can recognise their interfacing with, and contribution to, the environment in which they work to advocate for safe, more equitable and decolonised services, and create an inclusive and safe workplace for all colleagues and team members of all cultural backgrounds[4].

> **This is a placeholder for the competencies in the cultural safety domain, which are in development and will be added at a later date.**

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[4] The RACP has adopted the Medical Council of Aotearoa New Zealand's definition of cultural safety (below): Cultural safety can be defined as:

- the need for doctors to examine themselves and the potential impact of their own culture on clinical interactions and health care service delivery
- the commitment by individual doctors to acknowledge and address any of their own biases, attitudes, assumptions, stereotypes, prejudices, structures, and characteristics that may affect the quality of care provided
- the awareness that cultural safety encompasses a critical consciousness where health professionals and healthcare organisations engage in ongoing self-reflection and self-awareness, and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities.

Curtis et al. "Why cultural safety rather than cultural competency is required to achieve health equity". International Journal for Equity in Health (2019) 18:174

Ethics and professional behaviour

Professional standard: Physicians' practice is founded upon ethics, and physicians always treat patients and their families in a caring and respectful manner.

Physicians demonstrate their commitment and accountability to the health and wellbeing of individual patients, communities, populations, and society through ethical practice.

Physicians demonstrate high standards of personal behaviour.

Beliefs and attitudes: Reflect critically on personal beliefs and attitudes, including how these may impact on patient care.

Honesty and openness: Act honestly, including reporting accurately, and acknowledging their own errors.

Patient welfare: Prioritise patients' welfare and community benefit above self-interest.

Accountability: Be personally and socially accountable.

Personal limits: Practise within their own limits and according to ethical principles and professional guidelines.

Self-care: Implement strategies to maintain personal health and wellbeing.

Respect for peers: Recognise and respect the personal and professional integrity, roles, and contribution of peers.

Interaction with professionals: Interact equitably, collaboratively, and respectfully with other health professionals.

Respect and sensitivity: Respect patients, maintain appropriate relationships, and behave equitably.

Privacy and confidentiality: Protect and uphold patients' rights to privacy and confidentiality.

Compassion and empathy: Demonstrate a caring attitude towards patients and endeavour to understand patients' values and beliefs.

Health needs: Understand and address patients', families', carers', and colleagues' physical and emotional health needs.

Medical and health ethics and law: Practise according to current community and professional ethical standards and legal requirements.

Judgement and decision making

Professional standard: Physicians collect and interpret information, and evaluate and synthesise evidence, to make the best possible decisions in their practice.

Physicians negotiate, implement, and review their decisions and recommendations with patients, their families and carers, and other health professionals.

Diagnostic reasoning: Apply sound diagnostic reasoning to clinical problems to make logical and safe clinical decisions.

Resource allocation: Apply judicious and cost-effective use of health resources to their practice.

Task delegation: Apply good judgement and decision making to the delegation of tasks.

Limits of practice: Recognise their own scope of practice and consult others when required.

Shared decision-making: Contribute effectively to team-based decision-making processes.

Leadership, management, and teamwork

Professional standard: Physicians recognise, respect, and aim to develop the skills of others, and engage collaboratively to achieve optimal outcomes for patients and populations.

Physicians contribute to and make decisions about policy, protocols, and resource allocation at personal, professional, organisational, and societal levels.

Physicians work effectively in diverse multidisciplinary teams and promote a safe, productive, and respectful work environment that is free from discrimination, bullying, and harassment.

Managing others: Lead teams, including setting directions, resolving conflicts, and managing individuals.

Wellbeing: Consider and work to ensure the health and safety of colleagues and other health professionals.

Leadership: Act as a role model and leader in professional practice.

Teamwork: Negotiate responsibilities within the healthcare team and function as an effective team member.

Health policy, systems, and advocacy

Professional standard: Physicians apply their knowledge of the nature and attributes of local, national, and global health systems to their own practices. They identify, evaluate, and influence health determinants through local, national, and international policy.

Physicians deliver and advocate for the best health outcomes for all patients and populations.

Health needs: Respond to the health needs of the local community and the broader health needs of the people of Australia and Aotearoa New Zealand.

Prevention and promotion: Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients and their social support networks.

Equity and access: Work with patients and social support networks to address determinants of health that affect them and their access to needed health services or resources.

Stakeholder engagement: Involve communities and patient groups in decisions that affect them to identify priority problems and solutions.

Advocacy: Advocate for prevention, promotion, equity, and access to support patient and population health needs within and outside the clinical environment.

Resource allocation: Understand the factors influencing resource allocation, promote efficiencies, and advocate to reduce inequities.

Sustainability. Manage the use of healthcare resources responsibly in everyday practice.

Entrustable Professional Activities

Entrustable Professional Activities (EPAs) outline the essential work tasks trainees need to be able to perform in the workplace.

#	Theme	Title
1	**Team participation and leadership**	Lead a team of health professionals
2	**Supervision and teaching**	Supervise and teach professional colleagues
3	**Quality improvement**	Identify and address failures in health care delivery
4	**Communication with patients**	Communication with patients
5	**Addiction medicine assessment and treatment planning**	Evaluate patients using a comprehensive addiction medicine assessment
6	**Acute care withdrawal management**	Diagnose and manage acute substance withdrawal
7	**Writing a medicolegal report**	Prepare a comprehensive medicolegal report
8	**Prescribing**	Prescribe therapies and develop management plans tailored to patients' needs
9	**Substance use in pregnancy**	Manage substance use during pregnancy using a harm minimisation and multidisciplinary framework
10	**Advising other health professionals**	Advising other health professionals who are providing care for people using substances or with addictive disorders
11	**Clinic management**	Manage an outpatient clinic

EPA 1: Team participation and leadership

Theme	Team leadership	AM-EPA-01
Title	Lead a team of health professionals	
Description	This activity requires the ability to:	

This activity requires the ability to:

- prioritise workload
- manage multiple concurrent tasks
- articulate individual responsibilities, expertise, and accountability of team members
- understand the range of team members' skills, expertise, and roles
- acquire and apply leadership techniques in daily practice
- self-reflect, recognise group dynamics and effectively manage conflict within teams
- collaborate with and motivate team members
- encourage and adopt insights from team members
- act as a role model.

Behaviours

Professional practice framework domain	**Ready to perform without supervision** Expected behaviours of a trainee who can routinely perform this activity without needing supervision	**Requires some supervision** Possible behaviours of a trainee who needs some supervision to perform this activity
	The trainee will:	The trainee may:
Medical expertise	- synthesise information from other disciplines to develop an optimal, goal-centred plan with patients - use evidence-based care to meet the needs of patients or populations - assess and effectively manage clinical risk in various scenarios - demonstrate clinical competence and skills by effectively supporting team members	- demonstrate adequate knowledge of health care issues by interpreting complex information - assess the spectrum of problems to be addressed - apply medical knowledge to assess the impact and clinical outcomes of management decisions - provide coordinated and quality health care for populations or patients as a member of a multidisciplinary team
Communication	- provide support and motivate patients or populations and health professionals by effective communication - demonstrate a transparent, consultative and respectful style by engaging patients and relevant professionals in shared decision making - demonstrate rapport with people at all levels by tailoring messages to different stakeholders - work with patients, families, or carers and other health professionals to resolve conflict that may arise when planning and aligning goals	- communicate adequately with colleagues - communicate adequately with patients and families or carers and/or the public - respect the roles of team members

Quality and safety	- be aware of elements of clinical governance and their role in continuous quality improvement - identify opportunities to improve care by participating in surveillance and monitoring of adverse events and near misses - identify activities within systems to reduce errors, improve patient and population safety, and implement cost-effective change - place safety and quality of care first in all decision making	- participate in audits and other activities that affect the quality and safety of patients' care - participate in multidisciplinary collaboration to provide effective health services and operational change - use information resources and electronic medical record technology (where available)
Teaching and learning	- regularly self-evaluate personal professional practice and implement changes based on the results - actively seek feedback from supervisors and colleagues on their own performance - identify personal gaps in knowledge and skills and engage in self-directed learning - maintain current knowledge of new technologies, health care priorities and changes of patients' expectations - teach competently by imparting professional knowledge - manage and monitor learner progress, providing regular assessment and feedback	- accept feedback constructively and change behaviour in response - recognise the limits of personal expertise and involve other health professionals as needed - demonstrate basic skills in facilitating colleagues' learning
Cultural safety	- demonstrate culturally safe relationships with professional colleagues and patients - wherever possible, engage Māori and Aboriginal and Torres Strait Islander team members and community members in treatment planning and provision to improve outcomes for those patient populations - demonstrate respect for diversity and difference - take steps to minimise unconscious bias, including the impact of gender, religion, cultural beliefs, and socioeconomic background on decision making	- demonstrate awareness of cultural diversity and unconscious bias - work effectively and respectfully with people from diverse backgrounds
Ethics and professional behaviour	- promote a team culture of shared accountability for decisions and outcomes - encourage open discussion of ethical and clinical concerns - respect differences of multidisciplinary team members - understand the ethics of resource allocation by aligning optimal patients and organisational care	- support ethical principles in clinical decision making - maintain standards of medical practice by recognising the health interests of patients or populations as primary responsibilities - respect the roles and expertise of other health professionals

	- effectively consult with stakeholders, achieving a balance of alternative views - acknowledge personal conflicts of interest and unconscious bias - act collaboratively to resolve behavioural incidents and conflicts such as harassment and bullying	- work effectively as a member of a team - promote team values of honesty, discipline, and commitment to continuous improvement - demonstrate understanding of the negative impact of workplace conflict
Judgement and decision making	- evaluate health services and clarify expectations to support systematic, transparent decision making - make decisions when faced with multiple and conflicting perspectives - ensure medical input to organisational decision making - adopt a systematic approach to analysing information from a variety of specialties to make decisions that benefit health care delivery	- monitor services and provide appropriate advice - review new health care interventions and resources - interpret appropriate data and evidence for decision making
Leadership, management, and teamwork	- combine team members' skills and expertise in delivering patient care and/or population advice - develop and lead effective multidisciplinary teams by developing and implementing strategies to motivate others - build effective relationships with multidisciplinary team members to achieve optimal outcomes - ensure all members of the team are accountable for their individual practice	- understand the range of personal and other team members' skills, expertise, and roles - acknowledge and respect the contribution of all health professionals involved in patients' care - participate effectively and appropriately in multidisciplinary teams - seek out and respect the perspectives of multidisciplinary team members when making decisions
Health policy, systems, and advocacy	- awareness of operational management, including organisational structures and organisational decision-making processes - engage in appropriate consultation with stakeholders on the delivery of health care - advocate for the resources and support for health care teams to achieve organisational priorities - influence the development of organisational policies and procedures to optimise health outcomes - identify the determinants of health of the population, and mitigate barriers to access to care - remove self-interest from solutions to health advocacy issues	- communicate with stakeholders within the organisation about health care delivery - understand methods used to allocate resources to provide high-quality care - promote the development and use of organisational policies and procedures

EPA 2: Supervision and teaching

Theme	Supervision and teaching	AM-EPA-02
Title	**Supervise and teach professional colleagues**	
Description	This activity requires the ability to:	

This activity requires the ability to:

- provide work-based teaching in a variety of settings
- teach professional skills
- create a safe and supportive learning environment
- plan, deliver, and provide work-based assessments
- encourage learners to be self-directed and identify learning experiences
- supervise learners in day-to-day work and provide feedback
- support learners to prepare for assessments.

Behaviours

[Professional practice framework](#) domain	**Ready to perform without supervision** Expected behaviours of a trainee who can routinely perform this activity without needing supervision The trainee will:	**Requires some supervision** Possible behaviours of a trainee who needs some supervision to perform this activity The trainee may:
Medical expertise	- combine high-quality care with high-quality teaching - explain the rationale underpinning a structured approach to decision making - consider issues that arise during assessment and treatment at both the individual and population health levels - encourage the learner to consider the rationale and appropriateness of investigation and management options	teach learners using basic knowledge and skills
Communication	- listen and convey information clearly and considerately - establish rapport and demonstrate respect for junior colleagues, medical students, and other health professionals - communicate effectively when teaching, assessing, and appraising learners - actively encourage a collaborative and safe learning environment with learners and other health professionals - encourage learners to tailor communication as appropriate for different patients, such as younger or older people, and different populations - support learners to deliver clear, concise, and relevant information in both verbal and written communication	demonstrate accessible, supportive, and compassionate behaviour
Quality and safety	support learners to deliver quality care while maintaining their own wellbeing	observe learners to reduce risks and improve health outcomes

	• apply lessons learned about patient safety by identifying and discussing risks with learners • assess learners' competence and provide timely feedback to minimise risks to care • maintain the safety of patients and organisations involved with education, and appropriately identify and action concerns	
Teaching and learning	• demonstrate knowledge of the principles, processes, and skills of supervision • provide direct guidance to learners in day-to-day work • work with learners to identify professional development and learning opportunities based on their individual learning needs • offer feedback in a timely manner • role model high level professional behaviour • schedule training with time for supervision and feedback • participate in teaching and supervision professional development activities • encourage self-directed learning and assessment • develop a consistent and fair approach to assessing learners • tailor feedback and assessments to learners' goals • seek feedback and reflect on own teaching by developing goals and strategies to improve • establish and maintain effective mentoring through open dialogue • recognise the limits of personal expertise, and involve others appropriately	• demonstrate basic skills in the supervision of learners • apply a standardised approach to teaching, assessment, and feedback to without considering individual learner needs • implement teaching and learning activities that are misaligned to learning goals • adopt a teaching style that discourages learner self-directedness
Research	• clarify junior colleagues' research project goals and requirements, providing feedback regarding the merits or challenges of proposed research • monitor the progress of learners' research projects regularly, and review research projects prior to submission • support learners to find forums to present research projects • encourage and guide learners to seek out relevant research to support practice	• guide learners with respect to the choice of research projects • ensure that the research projects planned are feasible and of suitable standards

Cultural safety	• role model a culturally appropriate approach to teaching • encourage learners to seek out opportunities to develop and improve their own cultural safety • encourage learners to consider culturally appropriate care of Māori and Aboriginal and Torres Strait Islander peoples into patient management • consider cultural, ethical, and religious values and beliefs in teaching and learning	• function effectively and respectfully when working with and teaching with people from different cultural backgrounds
Ethics and professional behaviour	• apply principles of ethical practice to teaching scenarios • act as a role model to promote professional responsibility and ethics among learners • respond appropriately to learners seeking professional guidance	• demonstrate professional values, including commitment to high-quality clinical standards, compassion, empathy, and respect • provide learners with feedback to improve their experiences
Judgement and decision making	• prioritise workloads and manage learners with different levels of professional knowledge or experience • link theory and practice when explaining professional decisions • promote joint problem solving • support a learning environment that allows for independent decision making • use sound and evidence-based judgment during assessments and feedback to learners • address and escalate concerns about learners appropriately	• provide general advice and support to learners • use health data logically and effectively to investigate difficult diagnostic problems
Leadership, management, and teamwork	• maintain personal and learners' effective performance and continuing professional development • maintain professional, clinical, research and/or administrative responsibilities while teaching • create an inclusive environment whereby the learner feels part of the team • help shape organisational culture to prioritise quality and work safety through openness, honesty, shared learning, and continued improvement	• demonstrate the principles and practice of professionalism and leadership in health care • participate in mentor programs, career advice, and general counselling
Health policy, systems, and advocacy	• advocate for suitable resources to provide quality supervision and maintain training standards • explain the value of health data in the care of patients or populations • support innovation in teaching and training	• incompletely integrate public health principals into teaching and practice

EPA 3: Quality improvement

Theme	Quality improvement	AM-EPA-03
Title	Identify and address failures in health care delivery	
Description	This activity requires the ability to: • conduct system improvement activities • adhere to best practice guidelines • audit clinical guidelines and outcomes • contribute to the development of policies and protocols designed to protect patients and enhance health care • identify, mitigate and report actual and potential (near miss) errors related to treatment of patients in hospital and community settings • monitor one's own practice and develop individual improvement plans.	

Behaviours		

[**Professional practice framework** domain](#)	**Ready to perform without supervision** Expected behaviours of a trainee who can routinely perform this activity without needing supervision The trainee will:	**Requires some supervision** Possible behaviours of a trainee who needs some supervision to perform this activity The trainee may:
Medical expertise	• identify opportunities for improvement in services by using both clinical outcomes and population health outcomes • evaluate environmental and lifestyle health risks, and advocate for healthy lifestyle choices and favourable public policy • use standardised protocols to adhere to best practice • regularly monitor personal professional performance	• contribute to processes on identified opportunities for improvement • recognise the importance of prevention and early detection in clinical practice • use local guidelines to assist patient care decision making
Communication	• support patients to have access to and use high-quality, easy-to-understand information about health care • support patients to share decision making about their own health care, to the extent they choose • assist patients' access to their health information, as well as complaint and feedback systems • discuss with patients any safety and quality concerns they have relating to their care • implement the organisation's open disclosure policy	• demonstrate awareness of the evidence for consumer engagement and its contribution to quality improvement in health care • apply knowledge of how health literacy might affect the way patients or populations gain access to, understand, and use health information
Quality and safety	• demonstrate safety skills, including infection control, adverse event reporting, and effective clinical handover	• demonstrate understanding of a systematic approach to improving the quality and safety of health care

	• participate in organisational quality and safety activities, including morbidity and mortality reviews, clinical incident reviews, and root cause analyses • participate in systems for surveillance and monitoring of adverse events and near misses, including reporting such events • ensure that identified opportunities for improvement are raised and reported appropriately • use clinical audits and registries of data on patients' experiences and outcomes, learning from incidents and complaints to improve health care outcomes	
Teaching and learning	• use quality improvement approaches in educational practice • participate in professional training in quality and safety to ensure a contemporary approach to safety system strategies • supervise and manage the performance of junior colleagues in the delivery of safe, high-quality care	• work within organisational quality and safety systems for the delivery of clinical care • use opportunities to learn about safety and quality theory and systems
Research	• use protocol for human research that is approved by a human research ethics committee, in accordance with the national statement on ethical conduct in human research	• understand that patient participation in research is voluntary and based on an appropriate understanding about the purpose, methods, demands, risks, and potential benefits of the research
Cultural safety	• undertake professional development opportunities that address the impact of cultural bias on health outcomes • work with Māori and Aboriginal and Torres Strait Islander communities and service providers to improve the cultural safety of services	• communicate effectively with patients from diverse backgrounds
Ethics and professional behaviour	• align improvement goals with the priorities of the organisation • contribute to developing an organisational culture that enables and prioritises patients' safety and quality	• comply with professional regulatory requirements and codes of conduct
Judgement and decision making	• use decision-making support tools, such as guidelines, protocols, pathways, and reminders • analyse and evaluate current care processes to improve health care	• access information and advice from other health care practitioners to identify, evaluate, and improve patients' care management

	• recognise the complex care needs of patients with substance use and addiction use disorders	
Leadership, management, and teamwork	• advocate for appropriate care for patients with substance use and addiction disorders in other areas of the health system • formulate and implement quality improvement strategies as a collaborative effort involving all key health professionals • support multidisciplinary team activities to lower patient risk of harm, and promote multidisciplinary programs of education • actively involve clinical pharmacists in improving the use of medications	• demonstrate attitudes of respect and cooperation among members of different professional teams • partner with clinicians and managers to ensure patients receive appropriate care and information on their care
Health policy, systems, and advocacy	• participate in all aspects of the development, implementation, evaluation, and monitoring of governance processes • participate regularly in multidisciplinary meetings where quality and safety issues are standing agenda items, and where innovative ideas and projects for improving care are actively encouraged • measure, analyse, and report clinical process and outcome indicators, and generic safety indicators • take part in the design and implementation of the organisational systems for 　» clinical, and safety and quality education and training 　» defining the scopes of clinical practice 　» performance monitoring and management • work with consumer representative groups to ensure that systems of care are designed to aid consumer engagement in decision making • work with regulatory agencies to optimise legislation, regulations, and administrative processes relevant to the needs of people with substance use and addiction disorders to minimise harms	• maintain a dialogue with service managers about issues that affect patient care • contribute to relevant organisational policies and procedures • help shape an organisational culture that prioritises safety and quality through openness, honesty, learning, and quality improvement

EPA 4: Communication with patients

Theme	Communications with patients	AM-EPA-04
Title	**Discuss diagnoses and management plans with patients**	
Description	This activity requires the ability to: • select a suitable setting and include family and/or carers and other team members • adopt a patient-centred perspective, including adjusting for educational level and cultural background, current level of intoxication or withdrawal, and patients' cognitive capacity and disabilities • select and use appropriate modalities and communication strategies • structure conversations intentionally • negotiate a mutually agreed management plan • verify patient understanding of information conveyed • develop and implement a plan for ensuring actions occur • document the conversation and inform stakeholders, such as GPs and specialists.	

Behaviours		

[Professional practice framework](#) **domain**	**Ready to perform without supervision** Expected behaviours of a trainee who can routinely perform this activity without needing supervision The trainee will:	**Requires some supervision** Possible behaviours of a trainee who needs some supervision to perform this activity The trainee may:
Medical expertise	• use active listening skills, open ended and targeted questioning to improve rapport, gain a clear account of the patient's perspective and optimise assessment • assess the patient's capacity and decision-making skills and communicate accordingly • use motivational interviewing skills • provide feedback sensitively to patients about their conditions and/or risk factors • inform patients of all their management options, and give them adequate opportunity to question or refuse interventions and treatments • seek to understand the concerns and goals of patients, and plan management in partnership with them	• apply knowledge of the scientific basis of health and disease to the management of patients • demonstrate an understanding of the clinical problem being discussed • formulate management plans in partnership with patients
Communication	• evaluate, adjust, and tailor the mode and content of communication to patients' circumstances and levels of understanding • modify communication styles and techniques to accommodate patients' current mental state, level of intoxication or withdrawal, and capacity	• select appropriate modes of communication • engage patients in discussions, avoiding the use of jargon • check patients' understanding of information

	• summarise treatment plans and goals for patients • use appropriate communication modalities such as face-to-face, phone calls or video, reflecting the objectives of the encounter and possible risks • provide information to patients in plain language, avoiding jargon, acronyms, and complex medical terms • encourage questions, and answer them thoroughly • recognise the possible role of family, and engage accordingly, with the patient's agreement	• adapt communication style in response to patients' age, developmental level, cognitive, physical, cultural, socioeconomic, and situational factors • collaborate with patient liaison officers as required
Quality and safety	• discuss with patients their condition and the available management options, including potential benefit and harm and any legal considerations • provide information to patients in a way they can understand before asking for their consent • participate in processes to manage patient complaints • recognise where patients may not have capacity to make decisions about management and communicate accordingly	• inform patients of the material risks associated with the proposed management plan • treat information about patients as confidential
Teaching and learning	• obtain informed consent or other valid authority before involving patients in teaching	• respond appropriately to information sourced by patients and to patients' knowledge regarding their condition
Research	• provide information to patients that is based on guidelines issued by the National Health and Medical Research Council and/or Health Research Council of NZ • provide information to patients in a way they can understand before asking for their consent to participate in research • obtain informed consent or other valid authority before involving patients in research	• refer to evidence-based clinical guidelines • demonstrate an understanding of the limitations of the evidence and the challenges of applying research in daily practice
Cultural safety	• demonstrate effective and culturally competent safe communication with Māori and Aboriginal and Torres Strait Islander peoples • effectively communicate with members of other cultural groups by meeting patients' specific language, cultural, and communication needs • use qualified language interpreters or cultural interpreters to help meet patients' communication needs when necessary	• identify when to use interpreters • allow enough time for communication across linguistic and cultural barriers

	• provide plain language and culturally appropriate written materials to patients when possible	
Ethics and professional behaviour	• encourage and support patients to be well informed about their health and to use this information wisely when they make decisions • encourage and support patients and, when relevant, their families or carers, in caring for themselves and managing their health • demonstrate respectful professional relationships with patients • prioritise honesty, patients' welfare, and community benefit above self-interest • develop a high standard of personal conduct, consistent with professional and community expectations • support patients' rights to seek second opinions	• respect the preferences of patients • communicate appropriately, consistent with the context, and respect patients' needs and preferences • maximise patient autonomy and support their decision making • avoid sexual, intimate, and/or financial relationships with patients • demonstrate a caring attitude towards patients • respect patients, including protecting their rights to privacy and confidentiality • behave equitably towards all, irrespective of gender, age, culture, social and economic status, sexual preferences, beliefs, contribution to society, illness-related behaviours or the illness itself • use social media ethically and according to legal obligations to protect patients' confidentiality and privacy
Leadership, management, and teamwork	• communicate effectively with health care team members involved in patients' care, • discuss medical assessments, treatment plans, and investigations with patients and primary care teams, working collaboratively with them • discuss patient care needs with health care team members to align them with the appropriate resources • facilitate an environment where all team members feel they can contribute, and their opinion is valued • communicate accurately and succinctly, and motivate others on the health care team to do likewise	• answer questions from team members • summarise, clarify, and communicate responsibilities of health care team members • keep health care team members focused on patient outcomes
Health policy, systems, and advocacy	• help patients navigate the healthcare system by working in collaboration with consumer groups and other services such as NGOs, peer support groups, private providers, general practices, and primary care organisations • advocate for patients with substance use and addictive disorders in all settings, recognising the impacts of stigma on patient health, wellbeing, and access to care	• communicate with and involve other health professionals as appropriate

EPA 5: Addiction medicine assessment and treatment planning

Theme	Addiction medicine assessment and treatment planning	AM-EPA-05
Title	Evaluate patients using a comprehensive addiction medicine assessment	
Description	This activity requires the ability to:	

This activity requires the ability to:

- perform a comprehensive substance use and behavioural addiction history
- elicit medical, psychiatric and psychosocial history
- assess level of intoxication or withdrawal
- perform a physical examination
- perform a mental state examination, including assessment of confusion
- complete a risk assessment, including of harm to self or others
- select and use laboratory tests and clinical investigations
- establish the diagnoses, relevant antecedent factors and sequelae
- complete a set of agreed problems and goals with the patient
- develop a management plan.

Behaviours

[Professional practice framework](#) domain	Ready to perform without supervision Expected behaviours of a trainee who can routinely perform this activity without needing supervision	Requires some supervision Possible behaviours of a trainee who needs some supervision to perform this activity
	The trainee will:	The trainee may:
Medical expertise	- elicit a: » comprehensive substance use and behavioural addiction history » medical history with a focus on, but not limited to, substance use related harms such as blood borne infections, respiratory COPD, sleep apnoea, cardiovascular problems and liver disease » psychiatric history, assessing the interaction between the patients substance use, any behavioural addictions, and their mental health » psychosocial history, considering the effect of early development and trauma and the patients social environment in the aetiology and continuation of addictions - perform a mental state examination, including cognitive assessment	- elicit a psychiatric history and psychosocial history but does not integrate this fully into an understanding of patient's [5]current predicament - construct a management plan that inconsistent with patient's priorities and readiness for change and that does not address opportunistic harm reduction

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[5] References to patients in the remainder of this document may include their families, whānau and/or carers.

	• perform a physical examination assessing degree of intoxication or withdrawal, and physical harms associated with their substance use, as well as co-existing medical disorders
	• perform a risk assessment, considering both risks to the patient and to others
	• perform relevant laboratory tests and other clinical investigations
	• clarify areas of uncertainty by seeking out alternate information sources, with attention to ethical issues
	• establish the diagnoses according to relevant guidelines such as the current International Classification of Functioning, Disability and Health (ICF) and/or Diagnostic and Statistical Manual of Mental Disorders (DSM) and relevant antecedent factors and sequelae
	• formulate the severity, associated risk, and clear chronology of a patient's substance use and behavioural addiction history
	• complete a set of agreed problems and goals with the patient
	• consider current legislation relating to the person's presentation and possible treatment options
	• develop a management plan based on the patient's readiness to change with the patient and other health professionals, using:
	  » culturally safe interventions and services for Māori and Aboriginal and Torres Strait Islander peoples and populations
	  » peer support groups
	  » non-government and private services
	  » private addiction specialists
	• determine when it is appropriate to engage with family members to support the patient
	• apply harm reduction measures wherever possible	

Communication	• develop a therapeutic alliance with the patient, through respectful communication, active listening, and acknowledgement of patients views during consultations	• compose detailed letters and/or summaries to health professionals, and especially the referring doctor and usual general practitioner • communicate management plans in their entirety

	• use clear and adequate communication in handover with other health professionals and those involved in patient treatment • communicate with the patient's other treating health professionals to facilitate clear planning and/or handover • negotiate respectfully with other team members, acknowledging their expertise, when developing a management plan for the patient • document management plans and share with other involved providers in a timely manner	
Quality and safety	• create well structured, documented and individualised assessments and management plans • use standard assessment tools, as required, for particular clinical scenarios such as such as, withdrawal, cognitive impairment, and sedation levels • communicate management plans effectively within the clinical context such as hospital settings requiring multimodal, and multilevel communication • undertake audits of records on a regular basis and revise assessment and care planning processes accordingly	• create broad plans and non-individualised documentation
Teaching and learning	• organise regular junior staff observations, especially during the early phases of learning • verify that junior staff use of patient-centred interview styles, assessment structure, and management plans are clearly documented, and evidence based • model good communication at all levels, both with patients and with fellow health professionals	• instruct more junior staff on assessment and management
Research	• demonstrate an understanding of the evidence behind various elements of assessment, including the strengths and weaknesses of various tools • use evidence-based interventions in development of treatment and management plans	• use evidence selectively • adhere to certain assessment strategies or tools without consideration of their relative strengths and weaknesses • not be sufficiently flexible in accommodating patient preferences and wishes, and resource limitations

Cultural safety	• describe the complex historical and contemporary factors that drive substance use and addictive disorders in some Māori and Aboriginal and Torres Strait Islander peoples and populations • assess patients in a culturally safe manner • recognise the importance of culture, – especially family, relationships, mental and spiritual health, as important aspects of patients' wellbeing • recognise the importance of involving family and carers in a culturally safe way • assess information gained during assessments and in formulation of management plans	• demonstrate difficulty engaging patients in a culturally safe manner, not adjusting communication styles according to the cultural needs of patients, families, and carers
Judgement and decision making	• incorporate principles of shared decision making with patients • evaluate risks and benefits of various interventions, acknowledging the patients right to autonomy • plan management outside of guidelines after conferring with appropriate colleagues • use flexible approaches to assessment and care planning with the correct precautions in place, which may result in better outcomes • use appropriate and validated tools for assessment • critique and scrutinise use of assessment strategies, tools, and the effectiveness of interventions throughout practice	• demonstrate clinical reasoning by gathering focused information relevant to patients' care • recognise personal limitations and seek help in an appropriate way when required
Leadership, management, and teamwork	• conduct regular multidisciplinary team review meetings to discuss patients and share knowledge • negotiate with other team members and other health providers to agree on the actions necessary to achieve goals, and the support required to do so	• participate in multidisciplinary meetings
Health policy, systems, and advocacy	• establish clear processes to access care and for others to make referrals, and that patients are prioritised transparently • communicate with referring health professionals and agencies in a timely manner	• identify and access relevant resources to support patient care

EPA 6: Acute care withdrawal management

Theme	Acute care withdrawal management	AM-EPA-06
Title	Diagnose and manage acute substance withdrawal	
Description	This activity requires the ability to: • elicit a comprehensive substance use history • assess general physical and mental state, including ongoing health problems • assess the level of current intoxication and withdrawal • integrate history and physical findings to develop provisional and differential diagnosis • develop a management plan with the patient • communicate with other health professionals.	

Behaviours		

[Professional practice framework](#) domain	**Ready to perform without supervision** Expected behaviours of a trainee who can routinely perform this activity without needing supervision The trainee will:	**Requires some supervision** Possible behaviours of a trainee who needs some supervision to perform this activity The trainee may:
Medical expertise	• use comprehensive addiction medicine assessment as a framework to assess and manage patients • assess, investigate, manage, and treat common withdrawal syndromes and associated complications such as Wernicke encephalopathy • identify, assess, and proactively manage patients with withdrawal related delirium or psychosis • elicit an accurate, organised, and problem-focused substance use history considering physical, psychosocial, and risk factors • perform a targeted physical examination • consider general medical and surgical conditions as contributors to the patient's presentation • synthesise and interpret findings from the history and examination to determine a reasonable differential diagnoses • assess the severity of problems, the likelihood of complications, and clinical outcomes	• elicit patient-centred histories considering psychosocial factors • perform accurate physical examinations • recognise and correctly interprets abnormal findings • synthesise pertinent information to direct the clinical encounter and diagnostic categories • develop appropriate management plans • manage a condition with consideration of the patient's overall function

	• develop management plans based on the assessment of the patient, concurrent medical and mental health problems and treatments for these, relevant guidelines, and consider the balance of benefit and harm by taking patients' personal set of circumstances into account • manage patients with co-existing problems • assess and prioritise further investigations to benefit the patient	
Communication	• communicate openly, listen, and take patients' concerns seriously, giving them adequate opportunity to ask questions • provide information to patients, family or carers if relevant, to enable informed decisions about diagnostic, therapeutic and management options • communicate clearly, effectively, respectfully, and promptly with other health professionals involved in patients' care	• anticipate, read, and respond to verbal and nonverbal cues • demonstrate active listening skills • communicate patients' situations to colleagues, including senior clinicians
Quality and safety	• determine the optimal environment for management of the withdrawal • document management plans clearly • communicate procedures for management of withdrawal, including criteria for care escalation • demonstrate safety skills, including infection control, adverse event reporting, and effective clinical handover • recognise and effectively deal with aggressive and violent patient behaviours through appropriate training • obtain informed consent before undertaking any investigation or providing treatment, except in an emergency • inform patients of the material risks associated with proposed management plans	• perform hand hygiene, and take infection control precautions at appropriate moments • take precaution against assaults from confused or agitated patients, ensuring appropriate care of patients • document history, physical examination findings, and synthesise with clarity and completeness
Teaching and learning	• set defined objectives for clinical teaching encounters, and solicit feedback on mutually agreed goals • regularly reflect and self-evaluate professional development • set clear goals and objectives for self-learning • obtain informed consent before involving patients in teaching activities	• deliver teaching considering learners' level of training

	• turn clinical activities into an opportunity to teach, appropriate to the setting	
Research	• compile, analyse, interpret, and evaluate information relevant to the research subject • use relevant resources to assist with resolving clinical problems, including practice guidelines and current literature • consider treatment decisions, considering evidence from clinical trials and their applicability to older patients	• refer to guidelines and medical literature to assist in clinical assessments when required • demonstrate an understanding of the limitations of evidence, and the challenges of applying research in daily practice • refer to colleagues to assist with research or finding resources to resolve clinical problems
Cultural safety	• acknowledge patients' beliefs and values, and how these might impact on health • demonstrate effective and culturally safe communication and care for Māori and Aboriginal and Torres Strait Islander peoples, and members of other cultural groups • engage a culturally safe carer or family member to assist during the withdrawal • use a professional interpreter, a health advocate or a family or community member to assist in communication with patients • use plain-language patient education materials, demonstrating cultural and linguistic sensitivity	• display respect for patients' cultures, and attentiveness to social determinants of health • display an understanding of at least the most prevalent cultures in society, and an appreciation of their sensitivities • appropriately access interpretive or culturally focused services
Ethics and professional behaviour	• discuss the treatment and non-treatment options available with patients • explain access options for treatments now and in the future • facilitate interactions within multidisciplinary teams, respecting values, encouraging involvement, and engaging all participants in decision making • demonstrate critical reflection on personal beliefs and attitudes, including how these may affect patient care and health care policy	• communicate medical management plans as part of the multidisciplinary plans • establish, where possible, patients' wishes and preferences about care • contribute to building a productive culture within teams
Judgement and decision making	• evaluate and determine the balance of intensity of treatment options in collaboration with patients' families and decision makers • recognise the need for escalation of care, and escalate to appropriate staff or service • integrate evidence related to questions of diagnosis, therapy, prognosis, risks, and causes into clinical decision making	• involve additional staff to assist in a timely fashion when required • recognise situations in which to ask for help

	• reconcile conflicting advice from other specialties, applying judgement in making clinical decisions in the presence of uncertainty	
Leadership, management, and teamwork	• interact with medical, pharmacy, and nursing staff to ensure safe and effective medicine use • collaborate with colleagues in other specialties about common risks, side effects, and drug interactions	• work collaboratively with pharmacists • participate in medication safety, and morbidity and mortality meetings
Health policy, systems, and advocacy	• advocate for improved access to withdrawal services in metropolitan, regional and remote areas • provide support community withdrawal services adequately • prepare and implement appropriate treatment escalation protocols • manage measures to ensure continuity of care when transferring care to non-government organisations (NGOs) or primary care to ensure continuity of care • work with Māori and Aboriginal and Torres Strait Islander communities to improve access and develop culturally safe withdrawal services	• prescribe in accordance with the organisational policy

EPA 7: Write a medicolegal report

Theme	Write a medicolegal report	AM-EPA-07
Title	Prepare a comprehensive medicolegal report	
Description	This activity requires the ability to: - analyse the medicolegal report request and determine the purpose of the report - gather, interpret and assess evidence to support a medicolegal report - prepare a clear, concise, and well-structured report or verbal advice - provide evidence on the medicolegal report in court as required.	

Behaviours

[Professional practice framework](#) domain	Ready to perform without supervision Expected behaviours of a trainee who can routinely perform this activity without needing supervision. The trainee will:	Requires some supervision Possible behaviours of a trainee who needs some supervision to perform this activity. The trainee may:
Medical expertise	- interview the referred individual using a trauma-informed approach - develop a template for medicolegal report writing - elicit a clear history of substance use, other addictions and related consequences as possible using a trauma-informed approach - interpret and/or request evidence including specialists reports, pathology and toxicology reports, and autopsy reports - undertake a targeted physical examination - undertake an assessment of impairment, referring to approved local or national guidelines - synthesise evidence into the report, taking into consideration the specific questions asked, areas of uncertainty, and the scientific literature - declare any potential bias and describe the limits of knowledge or expertise - recognise requirements for special security requirements for medicolegal records - outline and use specific strategies with professionals engaged in high-risk activities including pilots, drivers, or health professionals	- review the reports of other specialists and conduct or order relevant investigations - obtain relevant information from the individual including medical history and information related to the case interpret and formulate a response to requested reports - use existing template to formulate a report - demonstrate an understanding of the operations of Medical Defence services and/or Defence Health
Communication	discuss with the referred individual the process of the interview and tests, report writing, and follow up processes	explain the role of a specialist in writing a medicolegal report

	• use an empathic and respectful approach to gather data • explain evidence and areas of uncertainty, seeking to make evidence as understandable as possible • communicate with employing bodies and other information sources to clarify work arrangements and other relevant matters • present findings and opinions and explain complex medical concepts in court	• respond to questions about the information provided in the report • demonstrate an understanding of the role of an expert witness to courts or administrative bodies
Quality and safety	• adhere to standards around toxicology specimen collection • address chain of custody issues • use relevant national and state standards (such as, AUSTROADS – Assessing Fitness to Drive and Waka Kotahi NZ Transport Agency) • review quality of reports and/or expert testimony with a view to continuous improvement	• obtain feedback from report recipients, participating in and/or undertake QA audit of reports • prepare for expert witnessing and cross-examination • participate in court experience activities including , attending court as observer and mock trials
Teaching and learning	• maintain knowledge of new technologies, changes to standards and legislation related to medicolegal reporting • gather feedback from colleagues on their own performance • teach competently by imparting professional knowledge • monitor learner progress • provide regular assessment and feedback to learners	• outline current Medical Board, National and State Drug Regulations • recognise the limits of personal expertise and involve other health professionals as needed • demonstrate and understanding of facilitating colleagues' learning • accept feedback constructively and change behaviour in response • review medicolegal publications
Research	• consider limitations inherent in researching the effectiveness of medicolegal review processes • describe potential opportunities for developing the evidence base in this area	• review literature on topics, including medicolegal and forensic medicine
Cultural safety	• demonstrate culturally safe relationships with referred individuals • demonstrate respect for diversity and difference • work to recognise and address unconscious bias, including the impact of gender, religion, cultural beliefs, and socioeconomic background on decision making	• demonstrate awareness of cultural diversity and unconscious bias • collaborate effectively and respectfully with people from different cultural background
Ethics and professional behaviour	• adhere to ethical standards, prioritising the well-being, confidentiality, and autonomy of individuals involved	• maintain a respectful approach to the referred individual • understand requirements for assessing minors, patients under detention, in prison, under mandatory

		treatment, mental health orders or guardianship
		• outline consent law, confidentiality, and scenarios when exceptions exist such as, court orders (Tarasoff Case)
Judgement and decision making	• assess evidence using an impartial approach acknowledging multiple and conflicting perspective	• recognise different perspectives in the assessment of evidence • apply human bioethical principles when working with referred individuals
Leadership, management, and teamwork	• collaborate and consult with other medical professionals, especially in complex cases, to gain additional insights and perspectives • lead reviews and evaluation of assessments and reports	• acknowledge and respect the contribution of all health professionals involved in assessments • participate in service level reviews of medicolegal assessments
Health policy, systems, and advocacy	• contribute to the development of organisational policies and procedures to optimise assessments and reporting • manage the competing resource demands of this facet of practice with direct clinical service delivery • advocate for appropriate resourcing for this service type, broadly within the jurisdiction	• promote the development and use of organisational policies and procedures • outline relevant Clinical Guidelines & State Drug Regulations

EPA 8: Prescribing

Theme	Prescribing	AM-EPA-08
Title	Prescribe therapies and develop management plans tailored to patients' needs	
Description	This activity requires the ability to:	

Description content:

This activity requires the ability to:

- take an addiction medicine history
- determine the level of risk associated with the patients' current substance use
- develop a management plan with the patient based on risks, and patient goals and preferences
- address other health issues which are identified at the start of or during treatment such as concurrent mental health and physical health conditions
- collaborate with pharmacists, general practitioners and other health professionals
- monitor progress and assess risks on an ongoing basis and modify plan accordingly with the patient.

Behaviours

[Professional practice framework](#) domain	Ready to perform without supervision Expected behaviours of a trainee who can routinely perform this activity without needing supervision	Requires some supervision Possible behaviours of a trainee who needs some supervision to perform this activity
	The trainee will:	The trainee may:
Medical expertise	• use a comprehensive addiction medicine assessment as a framework to assess and manage patients • evaluate the interrelationships between the chronic pain, past treatments, and the current opioid dependence • determine the presence of substance dependence and associated risks • assess the severity of substance and/or related health problems, the likelihood of complications, and clinical outcomes • develop management plans based on the assessment of the patient, concurrent medical problems, treatments, and relevant guidelines • manage patient co-morbidities or broker required treatment through general practice or specialist services • comply with legislation concerning prescription and supply of drugs of dependence discuss psychological strategies that may be used alongside medication	• elicit patient-centred histories considering psychosocial factors • perform accurate physical examinations • recognise and correctly interpret abnormal findings • synthesise pertinent information to direct the clinical encounter and diagnostic categories • develop appropriate management plans

	• prescribe off-label, if indicated, considering the risks and benefits, as far as they are known and with full disclosure • use current ongoing monitoring systems to evaluate progress, or to detect emerging risks • interpret toxicology results • discuss the nature of opioid agonist treatment, its risks and benefits and costs with patients	
Communication	• communicate openly, listen, and take patients' concerns seriously, giving them adequate opportunity to question • provide information to patients, family or carers if relevant, to enable them to make a fully informed decision from various diagnostic, therapeutic and management options • communicate clearly, effectively, respectfully, and promptly with other health professionals involved in patients' care including general practitioners and pharmacist	• anticipate, read, and respond to patients' questions and comments • demonstrate active listening skills • communicate patients' situations to colleagues, including senior clinicians • understand how to assess communication skill and effectiveness, evaluating patient feedback
Quality and safety	• determine what reasonable risk mitigation strategies need to be in place • document management plans clearly • communicate clearly prescribing procedures for opioid dependence • demonstrate safety skills, including infection control, adverse event reporting, and effective clinical handover • recognise and de-escalate challenging behaviours obtain informed consent before undertaking any investigation or providing treatment, except in an emergency • inform patients of the material risks associated with any part of the proposed management plans	• perform hand hygiene, and take infection control precautions at appropriate moments • take precaution against assaults by patients
Teaching and learning	• set defined objectives for clinical teaching encounters, and solicit feedback on mutually agreed goals • reflect regularly and self-evaluate professional development • obtain informed consent before involving patients in teaching activities	• set vague goals and objectives for self-learning • deliver teaching considering learners' level of training • participate in specialty journal club and available advanced training tutorials

	• use clinical activities as an opportunity to teach, appropriate to the setting • collaborate with primary care and pharmacy colleagues to increase understanding and adoption of opioid agonist treatment (OAT)	
Research	• compile, analyse, interpret, and evaluate information relevant to the research subject • use relevant resources to assist with resolving clinical problems, including practice guidelines and current literature • consider treatment decisions, considering evidence from clinical trials	• refer to guidelines and medical literature to assist in clinical assessments when required • demonstrate an understanding of the limitations of evidence, and the challenges of applying research in daily practice • refer to colleagues to assist with research or finding resources to resolve clinical problems
Cultural safety	• acknowledge patients' beliefs and values, and how these might impact on health • demonstrate effective and culturally safe communication and care for Māori and Aboriginal and Torres Strait Islander peoples, and members of other cultural groups • use culturally safe settings for service provision • use a professional interpreter, a health advocate or a family or community member to assist in communication with patients • use plain-language patient education materials, demonstrating cultural and linguistic sensitivity	• display respect for patients' cultures, and attentiveness to social determinants of health • access interpretive or culturally focused services
Ethics and professional behaviour	• facilitate interactions within multidisciplinary teams, respecting values, encouraging involvement, and engaging all participants in decision making • demonstrate critical reflection on personal beliefs and attitudes, including how these may affect patient care and health care policy	• communicate medical management plans as part of the multidisciplinary plans • establish, where possible, patients' wishes and preferences about care • contribute to building a productive culture within teams • outline management strategies for resolving high conflict situations
Judgement and decision making	• determine risks associated with treatment and manage accordingly taking into account impact on patients • identify high risk presentations while in treatment and respond accordingly • collaborate with colleagues, including medical nursing and allied health, and at times regulatory authorities, in determining management of complex high-risk situations	• involve additional staff to assist in a timely fashion when required • recognise situations in which to ask for help

	• integrate evidence related to questions of diagnosis, therapy, prognosis, risks, and causes into clinical decision making • reconcile conflicting advice from other specialties, applying judgement in making clinical decisions in the presence of uncertainty	
Leadership, management, and teamwork	• collaborate with medical, pharmacy, nursing, and allied health professionals to ensure safe and effective medicine use • collaborate with colleagues in other specialties about common risks, side effects, and drug interactions	• work collaboratively with pharmacists • participate in medication safety, and morbidity and mortality meetings • outline the meaning of Clinical Governance and lines of accountability
Health policy, systems, and advocacy	• choose medicines based on evidence underpinning comparative efficacy, safety, and cost-effectiveness • collaborate with other health professionals and community to better understand risks associated with opioid dependence and the role of opioid agonist treatment • manage clear guidelines in place for management of opioid dependence prescribing • manage adequate processes for transfers between specialist services and custodial services and primary care to ensure continuity	• prescribe in accordance with the organisational policy

EPA 9: Substance use in pregnancy

Theme	Substance use in pregnancy	AM-EPA-09
Title	Manage substance use during pregnancy using a harm minimization and multidisciplinary framework	
Description	This activity requires the ability to:	

This activity requires the ability to:

- use advanced communication skills to develop a therapeutic relationship with patients
- assess the patient's substance use
- undertake a psychiatric and psychosocial history with specific focus on current strengths and vulnerabilities
- undertake a risk assessment
- integrate history, physical findings and psychosocial assessment to develop a problem list
- collaborate with the patient, healthcare colleagues and relevant services, to develop treatment goals and a patient-centred management plan
- contribute to ongoing monitoring of progress during and after the pregnancy and participate in multidisciplinary care planning.

Behaviours

[Professional practice framework](#) domain	Ready to perform without supervision Expected behaviours of a trainee who can routinely perform this activity without needing supervision The trainee will:	Requires some supervision Possible behaviours of a trainee who needs some supervision to perform this activity The trainee may:

Medical expertise	• use a comprehensive addiction medicine assessment as a framework to assess and manage pregnant patients
	• integrate assessment findings, with knowledge of pharmacology and toxicology of substances, in determining risks relating to the pregnancy
	• develop a management plan, based on:
	  » patient's mental health and social circumstances
	  » patient's readiness for change
	  » relevant legislation and reporting obligations
	  » risks associated with ongoing use
	  » risks of withdrawal
	  » the pattern of substance use
		• elicit patient-centred histories considering psychosocial factors
		• perform accurate physical examinations
		• recognise and correctly interpret abnormal findings
		• synthesise information to direct the clinical encounter develop appropriate management plans

Communication	• communicate with the patient, partner, family or support person were involved in antenatal care, in a way that encourages engagement and increases motivation to change • discuss the risks associated with ongoing substance use, and the benefits and risks of various therapeutic options	• adopt a patient centred communication style • discuss risks in a way that may overly alarm the mother risking disengagement • develop a potentially clinician centred management plan

	• involve the patient, partner, family, or support person in the development of the management plan taking into account patients preferences and social circumstances • communicate with other professionals involved in the patients care in an effective, respectful, and timely manner	
Quality and safety	• manage processes in place for screening pregnant patients for substance use, including appropriate pathways for referral • document management plans clearly • demonstrate safety skills, including infection control, adverse event reporting, and effective clinical handover • inform of the benefits and risks associated with their choices and proposed management plans	• undertake infection control measures • document management plans • conduct adequate handover • possibly over emphasise risks with outcome of reduced patient engagement • assess child safety and have knowledge of reporting obligations
Teaching and learning	• discuss the opportunities associated with pregnancy for behaviour change • set defined objectives for clinical teaching encounters, and solicit feedback on mutually agreed goals • reflect regularly and self-evaluate professional development • obtain informed consent before involving patients in teaching activities • use clinical activities as an opportunity to teach, appropriate to the setting	• set general goals and objectives for self-learning • self-reflect on occasions • deliver teaching considering learners' level of training
Research	• compile, analyse, interpret, and evaluate information relevant to the research subject • use relevant resources to assist with resolving clinical problems, including practice guidelines and current literature • consider evidence from clinical trials and applicability to pregnancy	• refer to guidelines and medical literature to assist in clinical assessments when required • demonstrate an understanding of the limitations of evidence, and the challenges of applying research in daily practice • refer to colleagues to assist with research or finding resources to resolve clinical problems
Cultural safety	• demonstrate effective and culturally safe communication and care for Māori and Aboriginal and Torres Strait Islander peoples, and members of other cultural groups • collaborate with Māori and Aboriginal and Torres Strait Islander midwifery streams and professionals in ensuring responses are suitable and culturally safe	• display respect for patients' cultures, and attentiveness to social determinants of health • display an understanding of at least the most prevalent cultures in society, and an appreciation of their sensitivities • appropriately access interpretive or culturally safe focused services

	• acknowledge patients' beliefs and values, and how these might impact on health • use a professional interpreter, a health advocate or a family or community member to assist in communication with patients, to ensure cultural safety • use plain-language patient education materials, demonstrating cultural and linguistic sensitivity encourage family involvement to support treatment during prenatal and postnatal period	
Ethics and professional behaviour	• communicate with patients regarding the choices they have regarding treatment and non-treatment • explain access options for treatments now and in the future facilitate interactions within multidisciplinary teams, respecting values, encouraging involvement, and engaging all participants in decision-making • demonstrate critical reflection on personal beliefs and attitudes, including how these may affect patient care and health care policy	• facilitate patient-centred care • communicate medical management plans as part of the multidisciplinary plans • where possible, establish patients' wishes and preferences about care • contribute to building a productive culture within teams
Judgement and decision making	• evaluate the need for patient autonomy, against the fetus' wellbeing • evaluate the intensity of the interventions against risks of alienating the patient • recognise the need for escalation of care, and escalate to appropriate services or agencies • reconcile conflicting advice from other specialties, applying judgement in making clinical decisions in the presence of uncertainty • seek advice from senior colleagues in high-stakes, difficult clinical situations	• obtain advice when making decisions around competing interests • have difficulty achieving an appropriate balance, resulting in treatment hesitancy • recognise situations in which to ask for help
Leadership, management, and teamwork	• collaborate respectfully with midwifery, obstetric, mental health, paediatric clinicians, and child protection professionals to optimise outcomes through multidisciplinary care planning and case reviews • provide leadership and advocacy regarding issues around substance use	• collaborate with the other relevant health professionals • participate in multidisciplinary meetings
Health policy, systems, and advocacy	• address stigma through advocating and educating health practitioners	• practice in accordance with guidelines and organisational policies for perinatal care

- advocate for improved screening and referral pathways for pregnant women using substances
- advocate that support services are adequately supported
- manage treatment escalation protocols
- collaborate with Māori and Aboriginal and Torres Strait Islander communities to improve access, appropriateness, and cultural safety of addiction services for pregnant patient people

EPA 10: Advising other health professionals

Theme	Advising other health professionals	AM-EPA-10
Title	**Advising other health professionals who are providing care for people using substances or with addictive disorders**	
Description	Addiction Medicine frequently involves advising other health professionals around their management of people with substance use and addictive disorders.	

Description content continued:

Addiction Medicine frequently involves advising other health professionals around their management of people with substance use and addictive disorders.

In some settings such as hospital consultation-liaison, the patient is directly seen and assessed by the addiction medicine specialist, while under the care of another team or clinician (the 'principal' treating health professional).

At other times advice is given based on the clinical picture given by the principal treating health professional, with the patient not being directly seen.

The principal treating health professional may be a community pharmacist, a nurse or a medical practitioner – hospital based or community – with a range of seniorities and experience.

This activity requires the ability to:

- assess the clinical situation either directly with the patient, or through structured discussions with the principal treating health professional
- assess the risks associated to patients, and treatment options
- develop a clear agreed management plan
- create detailed medical records for medicolegal purposes.

Behaviours

[Professional practice framework](#) domain	**Ready to perform without supervision** Expected behaviours of a trainee who can routinely perform this activity without needing supervision	**Requires some supervision** Possible behaviours of a trainee who needs some supervision to perform this activity
	The trainee will:	The trainee may:
Medical expertise	- use a targeted framework to assess the scenario, determining the main clinical issues - define the issues the treating clinician/s want advice about - seek corroborative information where appropriate, such as clinical databases, past case notes - consider whether the patient may have impaired capacity due to delirium or cognitive impairment - develop a management plan, with the principal treating clinician or team and in collaboration with the patient where possible, based on the patient's: » context in the community, such as the setting or geographical » legal capacity » mental health and social circumstances	- take patient-centred histories considering psychosocial factors - perform accurate physical examinations - recognise and correctly interprets abnormal findings - synthesise pertinent information to direct the clinical encounter and diagnostic categories - develop appropriate management plans

	» patient's concurrent medical problems » pattern of substance use » readiness for change » various risks present • use brief interventions or more extensive motivational interview techniques to influence the patient's readiness for change, with direct patient contact • adopt harm reduction approaches to minimise harm from continuing substance use, be this unchanged or reduced • plan for timely follow up of progress where required	
Communication	• communicate with the patient, and family if appropriate, in a way that encourages engagement, increases motivation to change, and reflects their educational level and cognitive status • communicate with other health professionals in a respectful timely manner which enables open sharing of information and collaboration • involve the patient in the development of the management plan considering their preferences and social circumstances • communicate the responsibilities of the treating team or calling health professionals	• adopt a patient centred communication style • not adequately communicate or seek to engage the other professionals involved in the patient's care • develop a management plan which does not necessarily consider patient preferences and circumstances
Quality and safety	• document assessment and management plans clearly • demonstrate safety skills, including infection control, adverse event reporting, and effective clinical handover • describe the criteria for seeking further advice and escalation of care are described	• undertake infection control measures • document management plans • conduct adequate handover
Teaching and learning	• use opportunities to educate the referring clinicians about substance use and addictive disorders • model respectful patient centred care, and the focus on harm minimisation • set defined objectives for clinical teaching encounters, and solicit feedback on mutually agreed goals • regularly reflect and self-evaluate professional development • obtain informed consent before involving patients in teaching activities • use opportunities to teach using clinical activities	• set unclear goals and objectives for self-learning • self-reflect infrequently • deliver teaching considering learners' level of training

Research	• compile, analyse, interpret, and evaluate information relevant to the research subject • use relevant resources to assist with resolving clinical problems, including practice guidelines and current literature • consider treatment decisions, considering evidence from clinical research	• refer to guidelines and medical literature to assist in clinical assessments when required • demonstrate an understanding of the limitations of evidence, and the challenges of applying research in daily practice • refer to colleagues to assist with research or finding resources to resolve clinical problems
Cultural safety	• demonstrate effective and culturally safe communication and care for Aboriginal and Torres Strait Islander and Māori peoples, and members of other cultural groups • work with Māori and Aboriginal and Torres Strait Islander services and professionals in ensuring responses are culturally safe • acknowledge patients' beliefs and values, and how these might impact on health • use a professional interpreter, a health advocate or a family or community member to assist in communication with patients • use plain-language patient education materials, demonstrating cultural and linguistic sensitivity	• respect patients' cultures, and attentiveness to social determinants of health • demonstrate understanding of at least the most prevalent cultures in society, and an appreciation of their sensitivities • access interpretive or culturally focused services
Ethics and professional behaviour	• communicate with patients regarding the choices they have regarding treatment and non-treatment • explain access options for treatments now and in the future • facilitate interactions within multidisciplinary teams, respecting values, encouraging involvement, and engaging all participants in decision making • demonstrate critical reflection on personal beliefs and attitudes, including how these may affect patient care and health care policy	• communicate medical management plans as part of the multidisciplinary plans • establish patients' wishes and preferences about care • contribute to building a productive culture within teams
Judgement and decision making	• respect the need for patient autonomy, even in the setting of what appears to be poor decision making • have awareness of when compulsory treatment and mandatory reporting need to be used per the jurisdiction	• have difficulty reconciling poor decision making by patients • not able to match advice re management with the setting of the referring health professional • recognise situations in which to ask for help • have difficulty with conflicting advice from specialties and arriving at an agreed plan • seek advice at lower thresholds than at expert level

	• assess the risks present in the clinical scenario, taking into consideration the context of the referral such as, community-based GP with patient in community with high levels of uncertainty, versus senior registrar or consultant with an inpatient in a much more controlled environment • recognise the need for escalation of care and escalate to appropriate services or agencies or advise such accordingly • balance conflicting advice from other specialties, applying judgement in making clinical decisions in the presence of uncertainty • seek advice from colleagues in high stakes difficult clinical situations	
Leadership, management, and teamwork	• collaborate respectfully with nursing, pharmacy and other medical professionals to optimise outcomes through care planning • provide leadership and advocacy regarding issues around substance use and addictive disorders	• collaborate with the other relevant health professionals • participate in multi-department meetings
Health policy, systems, and advocacy	• advocate for appropriate guidelines and pathways to assist people with substance use and addiction disorders both in primary and tertiary care settings • adequately resource support services for addiction medicine specialty practice • verify that treatment escalation protocols are in place • collaborate with Māori and Aboriginal and Torres Strait Islander communities to improve access and appropriateness of addiction services	• practice in accordance with guidelines and organisational policies for perinatal care

EPA 11: Clinic management

Theme	Clinic management	AM-EPA-11
Title	Manage an outpatient clinic	
Description	This activity requires the ability to:	

This activity requires the ability to:

- manage outpatient clinics and related services including telehealth, outreach programs
- oversee risk management strategies and plans
- collaborate with multidisciplinary healthcare teams
- manage clear pathways for care escalation
- collaborate with the full range of health professionals
- demonstrate problem-solving skills
- lead and/or participate in planning and quality improvement activities
- use public resources responsibly.

Behaviours

[Professional practice framework](#) domain	Ready to perform without supervision Expected behaviours of a trainee who can routinely perform this activity without needing supervision	Requires some supervision Possible behaviours of a trainee who needs some supervision to perform this activity
	The trainee will:	The trainee may:
Medical expertise	- enable intake systems to allow equitable access according to clinical need - use a comprehensive addiction medicine assessment to assess and manage patients - explain the scope of practice for the service, and for its constituent disciplines - develop management plans with patients and other involved colleagues	work adequately within the clinic while not considering broader application of medical skills to higher level clinic functions
Communication	- communicate effectively and respectfully with clinical and administrative staff to optimise clinic function - communicate effectively and in a timely manner with outside agencies and health and other professions, such as general practitioners, pharmacists, psychologists, legal practitioners, courts, in accordance with patient consent and clinical need - assist patients as they navigate the services they are requiring for their substance use and addiction disorders	- meet patients' specific language and communication needs - facilitate appropriate use of interpreter services and translated materials

Quality and safety	• communicate escalation processes to junior staff • identify and address risks that emerge such as non-attendances, intoxicated presentations, challenging behaviours, risk of harm to self and others, including in the context of family violence, driving, near-miss, and actual adverse events • manage adequate governance processes in place around medication prescribing • manage governance arrangements with involved pharmacists, regarding prescriber and pharmacist communications, and medication management • manage clear processes for raising patient safety issues	• describe escalation processes • address issues of compromised patients safety by taking reasonable steps • demonstrate a systematic approach to improving the quality and safety of health care • participate in organisational quality and safety activities, including clinical incident reviews • use health record systems in accordance with regulations • recognise the limits of personal expertise and involve other professionals as needed to contribute to patients' care • use information technology appropriately as a resource for modern health service
Teaching and learning	• facilitate adequate supervision and teaching arrangements in clinics • engage patients in teaching and learning opportunities with consent • evaluate their own professional practice • demonstrate skills and behaviour in teaching and learning when educating junior colleagues • role model destigmatising attitudes and behaviours when teaching other health professionals	• provide teaching and supervision to junior medical officers • provide teaching to other health professionals including nurses, pharmacists and doctors from other specialties
Research	• refer research involving patients to relevant human research ethics committees for approval • obtain informed consent or other valid authority before involving patients in research • inform patients about their rights, the purpose of the research, the interventions proposed, and the potential risks and benefits of participation before obtaining consent • contribute to the generation of knowledge	• allow patients to make informed and voluntary decisions to participate in research
Cultural safety	• apply knowledge of the cultural needs of the community being served in order to shape services that meet its needs	• acknowledge the social, economic, cultural, and behavioural factors influencing health, both at individual and population levels • engage with patients in a culturally appropriate way to a variable extent • use interpreter where required

	• design and conduct services to ensure culturally safe responses for Māori and Aboriginal and Torres Strait Islander peoples, and members of other cultural groups • recognise personal bias when interacting with patients and decision making • use a professional interpreter, a health advocate or a family or community member to assist in communication with patients • use plain-language patient education materials, demonstrating cultural and linguistic sensitivity	
Ethics and professional behaviour	• identify and respect the boundaries that define professional and therapeutic relationships • enact sensitive consenting processes for patients engaging in care • respect the roles and expertise of other health professionals • comply with the legal requirements of preparing and managing documentation	• understand the responsibility to protect and advance the health and wellbeing of individuals and communities • maintain the confidentiality of documentation, and store clinical notes appropriately • use social media consistent with ethical and legal obligations
Judgement and decision making	• demonstrate awareness of financial and other conflicts of interest • work effectively to achieve optimal and cost-effective patients care that allows maximum benefit from available resources	• use human resources, diagnostic interventions, therapeutic modalities, and health care facilities appropriately
Leadership, management, and teamwork	• prepare for and conduct clinical encounters in a well-organised and time-efficient manner • work effectively as a member of multidisciplinary teams or other professional groups • document discussions with colleagues, multidisciplinary team members, and patients • review discharge summaries, notes, and other communications written by junior colleagues • support colleagues who raise concerns about patients' safety	• attend relevant clinical meetings regularly, with variable degree of leadership demonstrated
Health policy, systems, and advocacy	• demonstrate capacity to engage in the surveillance and monitoring of clinical outcomes in the outpatient setting • describe the health service patterns of the community being served	• describe broad principles around patterns of community service need

- maintain collaborative relationships with health agencies and services, including Māori and Aboriginal and Torres Strait Islander services, to enable the best coordination of care for each patient
- apply the principles of efficient and equitable allocation of resources to meet individual, community, and national health needs
- understand billing requirements for outpatient clinic assessments where relevant
- manage adequate systems for treatment escalation or transfer of care to NGOs or primary care, to ensure continuity of care
- advocate with Māori and Aboriginal and Torres Strait Islander communities for appropriate care

Knowledge Guides

Knowledge guides (KGs) provide detailed guidance to trainees on the important topics and concepts trainees need to understand to become experts in their chosen specialty.

Trainees are not expected to be experts in all areas or have experience related to all items in these guides.

#	Title
1	**Substance and behavioural addictions – public health**
2	**Withdrawal management**
3	**Psychological and pharmacological approaches to treatment**
4	**Prescribing for opioid dependence**
5	**Assessment and management of behavioural addictions**
6	**Mental disorders and cognitive impairment**
7	**Medical conditions associated with substance use**
8	**Substance use and behavioural addictions across diverse populations**
9	*Placeholder for a guide describing the knowledge needed around substance use and behavioural addictions in specific patient groups. This proposed guide is undergoing further review and refinement before being released for consultation and feedback*
10	**Medicolegal Framework**
11	**Pain and dependence**

EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES

Advanced Trainees will describe the principles of the foundational sciences.

For the statistical and epidemiological concepts listed, trainees should be able to describe the underlying rationale, the indications for using one test or method over another, and the calculations required to generate descriptive statistics

Harm minimisation policies and programs

- Policies/programs to reduce uptake in populations including younger people and pregnant people
- Specific approaches for Māori and Aboriginal and Torres Strait Islander communities
- Tobacco smoking and vaping:
  » **Demand** reduction
    o packaging
    o reducing social acceptance
    o smoking cessation programs and medicines
    o social marketing including online
  » **Harm** reduction
    o passive smoke exposure policies in settings including worksites and public areas
  » **Supply** reduction
    o outlet regulation
    o minimum age of sales
- Alcohol:
  » **Demand** reduction
    o advertising regulation including online
    o current national drinking guidelines including during pregnancy
    o drink driving regulations including interlock systems and other interventions
    o minimum drinking age
    o social marketing including online
  » **Harm** reduction
    o managed alcohol programs
    o sobering up units
    o thiamine fortification of flour
  » **Supply** reduction
    o licenced premises regulation including late night restrictions
    o liquor outlet density and location
    o minimum drinking age
    o pricing
- Illicit substance use:
  » evidence for and against prohibition/legalisation
  » evidence for and against supply reduction
  » **Demand** reduction
    o drug driving regulations and testing
    o drug testing in workplace
    o social marketing
    o treatment access
  » **Harm** reduction
    o diversion programs
    o legalisation/regulation/drug policy
    o peer support programs
    o pill testing
- Injecting drug use:
  » Demand and harm reduction
    o Opioid agonist therapy for opioid dependence – public health aspects
  » **Harm** reduction
    o clean needle programs
    o drug testing for high potency opioids

- hepatitis C point of care (POC) testing and treating
- medically supervised injecting rooms
- peer administered opioid antagonists
- peer worker programs
- skin and hand hygiene programs
- take home naloxone
- Gambling and gaming:
  » **Demand** reduction
    - advertising regulation
    - social marketing
    - treatment availability
  » **Harm** reduction
    - precommitment programs
  » **Supply** reduction
    - gaming machine regulation including numbers and density

Prevalence and harm

- Attributable fractions of disease due to tobacco, alcohol, and other substances where established
- Demographics including:
  » age
  » cultural background and ethnicity
  » gender identity and sexual orientation
  » Māori and Aboriginal and Torres Strait Islander peoples
  » metropolitan/regional/remote location
  » socioeconomic status
- Prevalence patterns and harms of:
  » alcohol use
  » driving related harms from alcohol and other substances
  » gambling and other behavioural disorders
  » illicit substance use including unsanctioned use of prescription pharmaceuticals and medicinal cannabinoids
  » injecting drug use
  » nicotine use
  » novel psychoactive substance use
  » vape use

INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure. Advanced Trainees will know how to explain the investigation or procedure to patients, families, and carers, and be able to explain procedural risk and obtain informed consent where applicable.	**Public Health Data Sources** • Australian Institute of Family Studies – Australian Gambling Research Centre • Ecstasy and Related Drug Reporting System (EDRS) • Hospital separation datasets • Illicit Drug Reporting System (IDRS) • National Drug Strategy Household Survey • National Health Survey (ABS) • National Opioid Pharmacotherapy Statistics Annual Data • National Perinatal Data Collection • Penington Institute reports • Secondary Schools Survey

IMPORTANT SPECIFIC ISSUES

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis, management and outcomes.

- Evidence supporting the listed policies in the three pillars
- Importance of public health advocacy to reform policy to reduce substance use related harms and harms from gambling
- International perspectives, and the role of Australia and Aotearoa New Zealand in assisting low- and middle-income countries
- Need to work with communities to garner support and advice regarding public health measures
- Pharmaceutical industry promotion of inappropriate use of opioids, benzodiazepines and nonbenzodiazepine (z-drugs), anticonvulsants and gabapentinoids
- Population health impacts of drink and drug driving
- Prevalence of substance related harms and gambling in Aboriginal and Torres Strait Islander and Māori communities
- Role of industry in promoting licit substance use and gambling, and its advocacy for non-evidence based policies
- Three pillars of harm minimisation:
  » demand reduction
  » harm reduction
  » supply reduction

		For each presentation and condition, Advanced Trainees will **know how to:**

KEY PRESENTATIONS AND CONDITIONS
 	
Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions.
	Presentations
	● Substance withdrawal
	
	Conditions
	● Withdrawal from:
	  » alcohol
	  » benzodiazepines and Z drugs
	  » cannabis and synthetic cannabinoids
	  » GHB
	  » novel psychoactive substances
	  » opioids
	  » stimulants
		Synthesise
		» recognise the clinical presentation
		» identify relevant epidemiology, prevalence, pathophysiology, and clinical science
		» take a comprehensive clinical history
		» conduct an appropriate examination
		» establish a differential diagnosis
		» plan and arrange appropriate investigations
		» consider the impact of illness and disease on patients and their quality of life when developing a management plan

LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS Advanced Trainees will understand these presentations and conditions. Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.	**Presentations** ● Acute intoxication ● Delirium ● Seizures **Conditions** ● Co-existing medical and mental health conditions complicating withdrawal ● Psychosis in context of withdrawal ● Seizures associated with alcohol, benzodiazepine and GHB withdrawal ● Substance withdrawal with acute delirium ● Wernicke encephalopathy	**Manage** » provide evidence-based management » prescribe therapies tailored to patients' needs and conditions » recognise potential complications of disease and its management, and initiate preventative strategies » involve multidisciplinary teams **Consider other factors** » identify individual and social factors and the impact of these on diagnosis and management
EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES Advanced Trainees will describe the principles of the foundational sciences. .	● Benefits and risks associated with withdrawal both planned and unplanned for all substances ● Concept of neuroadaptation and the development of both acute withdrawal symptoms and protracted withdrawal ● Neurobiology and pathophysiology of alcohol and other substance withdrawal ● Prevention and management of Wernicke encephalopathy ● Relapse rates and factors that withdrawal ● Relevance of age on withdrawal management ● Risk factors for Wernicke encephalopathy	

INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS

Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure.

Advanced Trainees will know how to explain the investigation or procedure to patients, families, and carers, and be able to explain procedural risk and obtain informed consent where applicable

Clinical tools
- Commonly used tools to assess cognitive function, their strengths and weaknesses
- Commonly used withdrawal assessment scales, their strengths and weaknesses

Examination
- Focused examination to assess:
  - » cognitive impairment for Wernicke encephalopathy
  - » the nature and severity of withdrawal

Investigations
- Blood tests-biochemistry, haematology and blood borne virus (BBV) tests
- Breath alcohol meters
- Echocardiogram (ECG)
- Neuroimaging
- Urine drug testing and other methods of assessing substance use

IMPORTANT SPECIFIC ISSUES

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis, management and integrate these into care.

- Culturally safe withdrawal services for Māori and Aboriginal and Torres Strait Islander people
- Decision making capacity when delirium or psychosis are present
- Evidence-based management of withdrawal
- Importance of coexisting physical and mental health problems in both the evaluation of withdrawal, and in determining best management
- Indications for need to involve ICU
- Potential complications of withdrawal, their prevention and management
- Role of managed withdrawal in overall recovery
- Role of multidisciplinary input
- Suitable environments for a patient to withdraw
- Therapies tailored to patients' withdrawal severity, physiological state, and concurrent medications

CLINICAL SCIENCES

Advanced Trainees will describe the principles of the foundational sciences.

- Pharmacology and therapeutics of medications used in treatment
- Pharmacology and toxicology of substances commonly consumed in Australia, excluding opioids
- Pharmacology, treatment effect size, risks, benefits and costs
- Psychological approaches including:
  » cognitive-behavioural treatments
  » contingency management
  » mindfulness-based therapies
  » motivational interviewing
  » narrative, and family-based treatments
  » screening and brief interventions
  » structured problem solving

ELIGIBILITY CONSIDERATIONS

Advanced Trainees will assess the patient's current condition and plan the next steps.

- Determination of risks associated with substance use in individual patients
- Stepped-care approach
- Stratification of response against severity and complexity
- Substance dependence or substance use disorder, together with other relevant clinical diagnoses
- Use of multiple substances and associated risks – particularly alcohol and sedatives

LESS COMMON OR MORE COMPLEX PATIENT CONSIDERATIONS

Advanced Trainees will understand the resources that should be used to help manage patients.

- Complex presentations, such as:
  » mixed intoxications
  » withdrawals
- Management of substance use disorders during acute hospital admissions
- Multiple substance use disorders and risks this may present
- Pregnancy and substance use disorders
- Substance use disorders in patients with:
  » hepatic disease
  » kidney disease
  » respiratory disorders
  » severe cardiac disorders
  » sleep disorders
- Treatment in patients with comorbid mental health disorders
- Treatment in patients with impaired capacity/cognitive impairment

UNDERTAKING THERAPY

Advanced Trainees will monitor the progress of patients during the therapy.

- Collaborative treatment matching
- Ensuring that treatment services are culturally safe for Māori and Aboriginal and Torres Strait Islander peoples
- Monitoring treatment including:
  » functional improvements
  » hospital presentations
  » treatment outcome measures
  » urine toxicology
- Ongoing case management and multidisciplinary planning
- Problem and goal definition, and care planning
- Showing empathy and understanding, and demonstrating appropriate professional behaviour

	• Tailoring treatment in specific populations including groups such as, young people, homeless people and the LBGTQIA+ community • Treatment fidelity
POST THERAPY Advanced Trainees will know how to monitor and manage patients post-therapy.	• Long term trajectories of patients who have engaged in treatment • Optimising transitions between specialist services and primary care or custodial services, and government and non-government organisations • Planned treatment cessation • Unplanned treatment cessation
IMPORTANT SPECIFIC ISSUES	• Awareness of medications prescribed for a range of psychological disorders, and advise accordingly where there is potential for misuse • Designing and operating services and service systems to meet the needs of Māori and Aboriginal and Torres Strait Islander peoples • Developing and operating services for diverse and/or underserviced populations • Ensuring health practitioners and hospitals have guidelines for ongoing management of patients with common substance use related problems including withdrawal management, acute stimulant presentations • Ensuring transitions are as smooth as possible between: » colleagues in private practice » custodial services » government services » non-government services » primary care » specialist services • High priority patients for treatment • Ongoing advocacy and actual supporting structures for identifying and addressing risky substance use in primary care (screening, pathways, advisory services, other supports) • Roles of pharmacological approaches to substance use disorders (non-opioid), and synergies with psychological approaches

CLINICAL SCIENCES

Advanced Trainees will describe the principles of the foundational sciences.

- Evidence supporting opioid agonist treatment as a harm reduction measure
- Key quality use of medicines (QUM) principles:
  » prescribing for patients at higher risk for adverse drug events
  » safety and continuity of care in transfer of prescribing
- Low threshold, low treatment engagement versus high threshold, high treatment engagement - tailoring for the patient
- Overview toxicology and approaches to:
  » a poisoned patient
  » liaison with emergency department (ED) and psychiatry in OD cases
  » management of common toxidromes (intoxication)
  » overdose(OD) of substances commonly used
- Pharmacology and Toxicology of opioids commonly consumed in Australia and Aotearoa New Zealand
- Pharmacology of medications used in opioid agonist treatment
- Underlying harm-reduction role of opioid agonist treatment (OAT)

ELIGIBILITY CONSIDERATIONS

Advanced Trainees will assess the patient's current condition and plan the next steps.

- Diagnosis of opioid dependence
- Determination of risks associated with opioid use in each individual patient
- Poly drug use and associate risks – particularly alcohol and sedatives

LESS COMMON OR MORE COMPLEX PATIENT CONSIDERATIONS

Advanced Trainees will understand the resources that should be used to help manage patients.

- Buprenorphine (BUP) to methadone
- Chronic pain and opioid use disorder
- Complex presentations (mixed intoxications and withdrawals)
- High dose treatment considerations & approach to suspected enhanced metaboliser problem
- Management of OAT during acute hospital admissions
- Medication interactions with methadone
- Methadone to buprenorphine transfers
- Opioid agonist treatment in patients with severe cardiac, hepatic and kidney disease
- Patients who insist on methadone only despite past history of problems with methadone treatment
- Poly drug use and risks this may present for the opioid agonist treatment
- Post OD in ED and Medication Assisted Treatment for Opioid Dependence (MATOD) induction
- Pregnancy and OAT
- Prescribed sedatives, such as:
  » benzodiazepines
  » gabapentinoids
  » z drugs
- QT prolongation with methadone
- Role of opioid antagonists

	- Specific risk considerations including:
	  » adolescents
	  » occupational risks such as, pilot, bus driver, surgeon
	  » parenting and child safety
	  » people with disability
	- Treatment in people with impaired capacity/cognitive impairment
	- Treatment in young adults and older people
	- Treatment provision for remote patients

UNDERTAKING THERAPY Advanced Trainees will monitor the progress of patients during the therapy.	- Cautious induction with methadone - Culturally safe treatment services for Māori and Aboriginal and Torres Strait Islander peoples - Microinductions from full opioid agonists onto buprenorphine - Monitoring treatment including treatment outcome measures, urine toxicology, liaison with pharmacy, hospital presentations - Other approaches with buprenorphine; rapid induction while avoiding precipitated withdrawal - Take home naloxone discussion - Therapeutic implications for other special populations such as prisoners, rural and remote, adolescents, pregnant, prisoners, and LGBTQIA+ peoples - Treatment with long-acting buprenorphine injection
POST THERAPY Advanced Trainees will know how to monitor and manage patients post therapy.	- Long term trajectories of patients who have engaged in opioid agonist treatment and relapse risk - Optimising transitions between specialist services and primary care or custodial services - Planned cessation of OAT - Unplanned cessation of treatment
IMPORTANT SPECIFIC ISSUES Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis, management, and outcomes.	- Designing and operating services and service systems to meet the needs of Māori and Aboriginal and Torres Strait Islander peoples - Differentiate between physiological opioid and sedative/hypnotic dependence and opioid use disorder and sedative/hypnotic use disorder - Ensuring hospitals have guidelines for ongoing management of opioid against treatment (OAT) for admitted patients - Ensuring transitions are as smooth as possible between services including specialist services – primary care – custodial services - High priority patients for opioid agonist treatment - Legal aspects of opioid prescribing in relevant jurisdictions and administrative requirements - Management of benzodiazepine withdrawal - Managing patients with chronic pain and opioid dependence, and advising other prescribers regarding de-prescribing, formal OAT and the various risks - Medications in stimulant use disorder - Naltrexone, disulfiram and acamprosate (Australia only) - Newer medications in addiction medicine-gabapentin, topiramate, baclofen - Ongoing advocacy and actual supporting structures for OAT in primary care

KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions.

Presentations
- Other behavioural addictions
- Problematic gambling and videogaming

Conditions
- Excludes-paraphilias, eating disorders
- Gambling and gaming disorders online and offline

For each presentation and condition, Advanced Trainees will **know how to**:

Synthesise
» recognise the clinical presentation
» identify relevant epidemiology, prevalence, pathophysiology, and clinical science
» take a comprehensive clinical history
» conduct an appropriate examination
» establish a differential diagnosis
» plan and arrange appropriate investigations
» consider the impact of illness and disease on patients and their quality of life when developing a management plan

LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS

Advanced Trainees will understand these presentations and conditions.

Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.

Presentations
- Gambling or gaming in context of a mental health, neurological disorder or cognitive impairment
- Gambling or gaming problems in context of substance use disorders (SUD)

Conditions
- Cognitive impairment
- Co-morbid neurological problems such as Parkinson's disease
- Existing medication
- Mental disorders
- Substance use disorders

Higher risk groups
- Lower socioeconomic status communities
- Māori and Aboriginal and Torres Strait Islander peoples
- Specific cultural communities

Manage
» provide evidence-based management
» prescribe therapies tailored to patients' needs and conditions
» recognise potential complications of disease and its management, and initiate preventative strategies
» involve multidisciplinary teams

Consider other factors
» identify individual and social factors and the impact of these on diagnosis and management

EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES

Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences.

- Common comorbidity patterns
- Developmental and personality related predictors of gambling and gaming disorders such as:
  » attention deficit hyperactivity disorder (ADHD)
  » autism
  » family history
  » impulsivity
  » personality disorders
  » trauma
- Neurobiological understanding of gambling and gaming disorders
- Underlying evidence behind interventions
- Underpinnings of standardised outcome measures

INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS

Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure.

Advanced Trainees will know how to explain the investigation or procedure to patients, families, and carers, and be able to explain procedural risk and obtain informed consent where applicable

Clinical tools
- Commonly used outcome measures such as the Victorian Gambling Screen, GAMES (ICD-11)
- Commonly used tools to screen for cognitive function, mental disorders

Examination
- Mental state examination

IMPORTANT SPECIFIC ISSUES

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care.

- Elements relevant to assessment:
  » associated cognitions, somatic features and emotions
  » associated harms including effects on relationships, core daily roles, legal and financial status
  » patterns of gambling and gaming
  » presence of mental health problems and the interplay between the two
  » presence of substance use disorders and the interplay between the two
  » presence of underlying cognitive problems, or neurological problems
  » suicide risk
- Gambling and gaming treatment services and supports specific to Māori and Aboriginal and Torres Strait Islander peoples
- Harm minimisation strategies
- Harms and stigmas associated with these disorders
- Impact of conditions and presentations on higher risk communities
- Impact of policy on epidemiology
- Importance of considering comorbidities in management
- Involving multidisciplinary teams as severity and complexity increase
- Persistent co-occurring mental disorders
- Possible adjunctive therapy role of medications
- Role of multidisciplinary care for people with gambling or gaming disorders
- Role of mutual/peer support groups for patients or affected families such as Gambling Anonymous, Gaming Addicts Anonymous
- Role of the patient's family or friends as therapeutic supports
- The patients' readiness for change in the development of an action/management plan
- The place of medications for gambling disorder

- The use of management plans developed in collaboration with patients and other health professionals which are based on motivational enhancement and cognitive behavioural interventions
- Use of motivational interviewing to enhance the patient's commitment to addressing their behavioural addiction
- Value of screening for these problems in higher risk individuals such as those with substance abuse disorder (SUD) or mental health disorders and prisoners
- Value of screening for these problems in higher risk individuals

Knowledge guide 6– Mental health problems and cognitive impairment associated with substance use and addictive behaviours

Advanced Training in Addiction Medicine

KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions.

Presentations

- Cognitive impairment
- High prevalence, low acuity mental disorders, such as:
  - » adjustment disorders
  - » mild mood and anxiety disorders
- Low prevalence, high acuity mental disorders, such as:
  - » anxiety disorders
  - » eating disorders
  - » psychotic disorders
  - » severe mood
  - » severe personality disorders
- Psychological distress without mental disorder

Conditions

- Alcohol Spectrum Disorder
- Anxiety and mood disorders, trauma-related disorders
- Eating disorders
- Fetal Alcohol Spectrum Disorder (FASD)
- Learning Disorders
- Personality disorders
- Psychotic disorders
- Substance-induced and other types of neurocognitive disorder

For each presentation and condition, Advanced Trainees will **know how to**:

Synthesise

- » recognise the clinical presentation
- » identify relevant epidemiology, prevalence, pathophysiology, and clinical science
- » take a comprehensive clinical history
- » conduct an appropriate examination
- » establish a differential diagnosis
- » plan and arrange appropriate investigations
- » consider the impact of illness and disease on patients and their quality of life when developing a management plan

Manage

- » provide evidence-based management
- » prescribe therapies tailored to patients' needs and conditions
- » recognise potential complications of disease and its management, and initiate preventative strategies
- » involve multidisciplinary teams

Consider other factors

- » identify individual and social factors and the impact of these on diagnosis and management

LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS

Advanced Trainees will understand these presentations and conditions.

Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.

Presentations

- Ongoing severely challenging behaviours with forensic implications
- Severe borderline personality disorders

Conditions

- Impaired legal capacity due to an enduring condition affecting cognitive impairment

EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES
 	
Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences.
	• Common comorbidity patterns
	• Developmental and personality related predictors of mental disorders including:
	  » family history
	  » impulsivity
	  » personality disorders
	  » trauma
	• Neurobiological understandings of mental disorders and brain injury
	• Underlying evidence behind interventions

INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS
 	
Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure.
 	
Advanced Trainees will know how to explain the investigation or procedure to patients, families, and carers, and be able to explain procedural risk and obtain informed consent where applicable
	Clinical tools
	
	• Cognitive screening tools including
	  » Frontal Assessment Battery (FAB)
	  » Mini-Mental State Examination (MMSE)
	  » Montreal Cognitive Assessment (MoCA)
	• Mental health measures such as Kessler Psychological Distress Scale (K10)
	• Outcome measures
	
	Examination
	
	• Mental state examination including cognitive assessment where screen is positive

IMPORTANT SPECIFIC ISSUES
 	
Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care.
	• Common determinants, of the presentations and conditions such as:
	  » developmental
	  » early childhood
	  » genetic
	• Community based supports such as NDIS
	• Comprehensive assessment (history and examination), including:
	  » assessing risk of harm to others
	  » cognitive screening
	  » history of mental health disorders or brain injury
	  » mental state examination
	  » suicide risk assessment
	• Consider using legal measures to assist cognitively impaired patients with self-management
	• Dual diagnosis quadrant model is a good guide to what can be managed in primary care, alcohol and other drug (AOD) services or mental health support services (MHSs) or shared care between AODS/MHSs
	• Harms and stigmas associated with presentations and conditions

- Fetal Alcohol Spectrum Disorder (FASD) in Aboriginal and Torres Strait Islander peoples and the related public health and clinical aspects.
- Importance of considering comorbidities in management in jurisdictions where mandated treatment measures exist, consider their suitability for the patient, with the intention of improving outcomes for the patient
- In the absence of underling mental health disorders, the relationship between substance use, addictive behaviours and psychological distress
- Involve multidisciplinary teams as severity and complexity increase
- involve primary care/general practice and specialist mental health services as partners in shared care
- Role of multidisciplinary care for people with substance use and addictive disorders, and concurrent mental health problems and or cognitive impairment
- Role of self-help and peer support programs for patients and/or their families
- Role of the patient's family or friends as therapeutic supports
- Services and supports that are appropriate for Māori and Aboriginal and Torres Strait Islander peoples
- The inter-relationships between substance use and addictive behaviours and these conditions
- The patients' readiness for change in the development of an action/management plan
- The role of Dialectical behaviour therapy (DBT) in people with borderline personality disorder ready for change
- The use of management plans developed in collaboration with patients and other health professionals which are based on motivational enhancement and cognitive behavioural interventions together with substance use and addictive behaviours

KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions.

Including early indicators of possible severe disease presenting in the community, given higher than-usual pre-test probabilities. endocarditis

Presentations

- Acute intoxication
- Alcohol related presentations including but not limited to:
  » cardiac
  » cerebellar dysfunction
  » gastrointestinal, gastritis, Mallory-Weiss tears
  » haematology - macrocytic anaemia
  » liver disease
  » myopathy
  » peripheral neuropathy
- Altered conscious state presentation
- Cognitive impairment
- Congestive Cardiac Failure (CCF)
- Delirium/acute confusional state
- Drug induced psychosis
- Fever
- Hypertensive
- Infective complications of injecting drug use
- Rhabdomyolysis
- Seizures

Conditions

- Acute and chronic pancreatitis
- Alcohol related brain injury
- Alcohol related cardiovascular disease
- Alcohol related dental conditions
- Alcohol related hepato-steatosis and cirrhosis
- Chronic obstructive pulmonary disease
- Cognitive impairment from substances including benzodiazepines (BZD) alcohol
- Hepatitis B
  » HCV
  » HIV
  » blood born bacterial and fungal infections
- Injection related sinuses, DVT and soft tissue infections

For each presentation and condition, Advanced Trainees will **know how to**:

Synthesise
» recognise the clinical presentation
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» take a comprehensive clinical history
» conduct an appropriate examination
» establish a differential diagnosis
» plan and arrange appropriate investigations
» consider the impact of illness and disease on patients and their quality of life when developing a management plan

Manage
» provide evidence-based management
» prescribe therapies tailored to patients' needs and conditions
» recognise potential complications of disease and its management, and initiate preventative strategies
» involve multidisciplinary teams

Consider other factors
» identify individual and social factors and the impact of these on diagnosis and management

	- Methadone and other drug related QT prolongation - Seizures secondary to withdrawal and intoxication - Stimulant related cardiomyopathy - Thrombophlebitis - Wernicke encephalopathy (WE) and Korsakoff Syndrome
LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS Advanced Trainees will understand these presentations and conditions. Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.	**Presentations** - Acute cardiac or cerebrovascular events - Decompensated cirrhosis - Difficult-to-engage patient with severe medical conditions - Driving impairment due to medical complications secondary to substance use - Sepsis needing surgical intervention - Sexually Transmitted Infection (STI) in context of substance use - Significant risk to others in a hospital setting - Unstable diabetes mellitus **Conditions** - B12 deficiency and nitrous oxide use - Co-occurring hepatitis C virus (HCV), HIV, hepatitis B virus (HBV) and Sexually Transmitted Infection (STI) - Disseminated sepsis - Epidural and related central nervous system (CNS) infections - Hypogonadism and other hormonal side effects associated with opioid use - Infective endocarditis - Refeeding syndrome - Severe alcohol related liver disease and HCV - Stimulant related cerebrovascular accident (CVA), ischaemic heart disease or arrythmia - Thiamine deficiency - Tuberculosis (TB) treatment and significant drug interactions

	• Type 3C diabetes mellitus (secondary to chronic pancreatitis)

EPIDEMIOLOGY, PATHOPHYSIOLOY, AND CLINICAL SCIENCES Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences.	• Blood-borne viruses (BBVs) and current management • Pathophysiology of alcohol related brain injury • Pathophysiology of alcohol related medical conditions • Pathophysiology of hepatitis C related kidney disease and other complications • Pathophysiology of methamphetamine related cardiomyopathy • Pre-exposure and post-exposure prophylaxis • The pathophysiology of Wernicke-Korsakoff (WK) syndrome, its prevention (population and on an individual basis) and treatment • Underlying evidence behind prognoses for presentations and conditions in context of high severity substance use and addictive disorders

INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS
 	
Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure.
 	
Advanced Trainees will know how to explain the investigation or procedure to patients[6], families, and carers, and be able to explain procedural risk and obtain informed consent where applicable
	Investigation
	
	• Cognitive screening tools including:
	  » Frontal Assessment Battery (FAB)
	  » Mini-Addenbrooke's Cognitive Examination (mini-ACE)
	  » Mini-Mental State Examination (MMSE)
	  » Montreal Cognitive Assessment (MOCA)
	• CT scans
	• Drug and alcohol testing-urine, hair, blood tests
	• ECG
	• Fibroscan – hepatic elastography and liver ultrasound
	• Investigations relating to Wernicke-Korsakoff syndrome and alcohol related brain injury
	• Relevant biochemistry and haematology and BBV serology

IMPORTANT SPECIFIC ISSUES Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis	• Advocacy for community-based supports to assist with recovery • Advocacy for patients within the broader health system, based on evidence and health needs, countering against stigma and discrimination, to receive care in accordance with clinical need • Assessment for liver transplant suitability, including providing neutral evidence-based advice regarding substance use prognosis • Creative planning balancing optimal care with respect for patient autonomy

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[6] References to patients in the remainder of this document may include their families, whānau and/or carers.

and management and integrate these into care.	• Fitness to drive assessment
	• High risk behaviours contributing to medical problems experienced from addictive and substance use disorders
	• Legal requirements where there is risk to others
	• Patient readiness for change, when developing management plans
	• Promotion of preventative measures to reduce the risk of conditions
	• Role of harm reduction including needle exchange services
	• Role of hepatitis C point-of-care testing and treatment to reach hard to access populations
	• Role of multidisciplinary care for people with substance use and addictive disorders, and concurrent serious medical problems, including:
	» notifying multidisciplinary treating teams of concerns about substance use related medical problems, currently not being addressed in hospital settings
	» working within limits to scope of practice and need to seek assistance from or handover to, more appropriate specialised services
	• Role of self-help and peer support programs for patients, whānau and their families
	• Role of whānau, family and friends in supporting change
	• Services and supports that are culturally safe for Māori and Aboriginal and Torres Strait Islander peoples
	• Substance related cognitive impairment and capacity assessments
	• Therapeutic relationship and motivational interviewing to guide patient towards help-seeking and enhancing their commitment to addressing their substance use

KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions.

Presentations
- Substance use, gaming and gambling in:
  » older people
  » younger people

Conditions
- Younger people:
  » behavioural addictions/gaming gambling
  » harmful substance use
  » substance use disorders
- Older people:
  » behavioural addictions
  » harmful substance use
  » substance use disorders

LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS

Advanced Trainees will understand these presentations and conditions.

Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.

Presentations
- Substance use in younger or older people with cognitive impairment or reduced capacity

Conditions
- Cognitive impairment from:
  » Alcohol Related Brain Injury (ARBI)
  » Fetal Alcohol Spectrum Disorder (FASD)
  » other brain injuries
- Conduct disorder, other related disorders of young people

For each presentation and condition, Advanced Trainees will **know how to**:

Synthesise
» recognise the clinical presentation
» identify relevant epidemiology, prevalence, pathophysiology, and clinical science
» take a comprehensive clinical history
» conduct an appropriate examination
» establish a differential diagnosis
» plan and arrange appropriate investigations
» consider the impact of illness and disease on patients and their quality of life when developing a management plan

Manage
» provide evidence-based management
» prescribe therapies tailored to patients' needs and conditions
» recognise potential complications of disease and its management, and initiate preventative strategies
» involve multidisciplinary teams

Consider other factors
» identify individual and social factors and the impact of these on diagnosis and management

EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES

Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences.

Epidemiology
- Higher prevalence of substance use, gaming and gambling in Māori and Aboriginal and Torres Strait Islander communities

Pathophysiology
- Underlying principles of brain development
- Understanding of different effects of substance use in older people, younger people and different vulnerabilities
- Understanding of the gender and sexual health development during adolescent period and the impact this could have in the development of substance use disorders and addictive behaviours, such as the increase of vaping among teenagers

INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS

Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure.

Younger people

- Alcohol Smoking and Substance Involvement Screening Test – youth (ASSIST-Y)
- Car, Relax, Alone, Forget, Friends, Trouble (CRAFFT)
- Home, Education/Employment, Eating, Activities, Drugs, Sexuality, Suicide/Depression, and Safety (HEEADSS) framework

Adults

- Alcohol Smoking and Substance Involvement Screening Test (ASSIST)
- Alcohol Use Disorders Identification Test – (AUDIT)
- Frontal Assessment Battery
- Montreal Cognitive Assessment (MoCA)

IMPORTANT SPECIFIC ISSUES

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care.

- Adopting a systems-based approach involving families and/or carers where relevant
- Advise regarding evidence-based management options, considering patient wishes, underlying diagnoses and associated risks
- Coordinate a multidisciplinary and sometimes multi agency response
- Developing a therapeutic partnership with the patient whilst upholding patient autonomy
- Different contributing factors behind substance use gaming and gambling in older people, such as the role of loss and bereavement in contributing to problematic substance use and gambling in older people
- Importance of working with youth focussed treatment services as primary providers
- Need to take a psychiatric and psychosocial history including developmental as relevant
- Normal patterns and variations in patterns of development and experimental substance use, gaming and gambling in younger people
- Patterns of substance use, gambling and gaming and associated risks and harms
- Paucity of evidence to support mandated treatment for younger people in difficulty
- Role of developmental factors and social environment behind younger people's substance use, gaming and gambling
- The ethical, legal and practical issues with mandated/compulsory treatment for adults with questionable capacity such as legal measures where capacity is diminished, and other options have been exhausted
- The patients' readiness for change in the development of an action/management plan
- The role of specialist addiction services working with youth focussed services

EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES

Advanced Trainees will have in-depth knowledge of the topics listed under each clinical sciences heading.
For the statistical and epidemiological concepts listed, trainees should be able to describe the underlying rationale, the indications for using one test or method over another, and the calculations required to generate descriptive statistics.

Forensic sciences

- Clinical guidelines and off-label prescribing and prescribing behaviour
- Different matrices used in forensic toxicology such as:
  » blood
  » hair
  » nails
  » saliva
  » urine
  » vitreous fluid

- Interpretation of documentary evidence, such as:
  » autopsy
  » forensic toxicology
  » reports of other specialists

- Mandatory blood alcohol concentration (BAC) testing for MCA drivers attending the emergency department, and RBT/roadside drug testing process
- Pharmacology and toxicology of substance use in a forensic setting

INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS

Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure. Advanced Trainees will know how to explain the investigation or procedure to patients, families, and carers, and be able to explain procedural risk and obtain informed consent where applicable.

- Review material evidence provided including:
  » interpreting autopsy report, toxicology report, police, and other notes
  » understand the importance of storing information securely and either shredding or returning such sensitive information to provider

IMPORTANT SPECIFIC ISSUES

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis, management and outcomes.

- Common issues, such as:
  - » domestic violence (DV)
  - » drug prescribing regulations, particularly drugs of dependence
  - » drug-facilitated sexual assault (DFSA)
  - » drug-related crimes
- Forensics:
  - » chain of custody, regarding specimen collection
  - » clinical forensic medicine
  - » forensic pathology
  - » prison/custodial health settings
  - » psychology
  - » toxicology
  - » traffic medicine
- Important laws and legal principles relating to medical practice, such as:
  - » assessment of children and adolescents
  - » capacity and competence
  - » consent
  - » forensic psychiatric patients
  - » mental health orders
  - » power of Medical Attorney and Guardianship
  - » states with Court Mandated Treatment Orders
- Understand what constitutes a notifiable death and other relevant mandatory notifications or processes

Medicolegal report requirements
- Framework for the assessment and formulation of a medicolegal report
- Patients referred for medicolegal assessment may also suffer PTSD related to past traumatic events
- Process for assessment of impairment referring to appropriate regulatory guidelines such as worker's compensation insurance
- Public sector special requirements for reports, audience and recipients of the completed report
- Understand all relevant regulations across all jurisdictions including:
  - » Australian and/or Aotearoa New Zealand Medical Board codes for professional conduct
  - » Drug Regulations
  - » Health Practitioner Regulation Agencies (AHPRA and NZ HPCA Act

Court proceedings
- Acting as an Expert Witness, including:
  - » appropriate and best-practise use of Interpreters
  - » cross-examination preparation in any Court setting
  - » evidence interpretations
  - » interviews with partners/family/other informants
  - » nature of responses and not offering opinions on guilt or innocence
  - » questioning
  - » responding to a Court summons
- Awareness of consent issues regarding court cases and related reports
- Assessment process in custodial settings/under police guard:
  - » in hospital
  - » providing evidence via video in real time
  - » understand any medical records may become medicolegal later
  - » when a Court attends hospital/other setting
- Court functions, language and etiquette when presenting and/or testifying
- Mandated treatment and detention orders

- The role of an Expert Witness and presenting evidence in a report and/or in Court
- The role of Coroners and what constitutes a notifiable death in your Country, State or Territory

KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions.

Presentations

- Acute pain in the opioid tolerant patient in inpatient and outpatient settings
- Chronic pain with cannabis dependence
- Chronic pain with opioid dependence
- Chronic pain with other dependencies, such as:
  » alcohol
  » methamphetamine
- Chronic pain with overdose/toxicity, due to substances such as:
  » analgesics
  » opioids
  » sedating medicine

LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS

Advanced Trainees will understand these presentations and conditions.

Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.

Presentations

- Pain in the palliative care patient with opioid and/or other substance dependencies

For each presentation and condition, Advanced Trainees will **know how to**:

Synthesise
» recognise the clinical presentation
» identify relevant epidemiology, prevalence, pathophysiology, and clinical science
» take a comprehensive clinical history
» conduct an appropriate examination
» establish a differential diagnosis
» plan and arrange appropriate investigations
» consider the impact of illness and disease on patients and their quality of life when developing a management plan

Manage
» provide evidence-based management
» prescribe therapies tailored to patients' needs and conditions
» recognise potential complications of disease and its management, and initiate preventative strategies
» involve multidisciplinary teams

Consider other factors
» identify individual and social factors and the impact of these on diagnosis and management

EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES

Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences.

Rationale

- The increased risk of harm in long term use of opioids in the management of non-cancer pain, including:
  » death
  » dependence
  » hyperalgesia
  » loss of function
  » toxicity

Epidemiology

- Determinants of opioid use for chronic pain
- Differences between current International Classification of Functioning, Disability and Health (ICF) and Diagnostic and Statistical Manual of Mental Disorders (DSM) regarding problematic opioid use
- Harms associated with prescribed medications for chronic pain
- Population patterns of prescribing opioids and other high risk
- Prevalence of chronic pain and chronic pain with co-occurring substance use disorders
- Role of industry in promotion of non-evidence based treatments

Pathophysiology and clinical sciences

- Biopsychosocial approach to understanding and managing chronic pain:
  - » buprenorphine sublingual tablets
- Cannabis and cannabinoids and chronic pain – efficacy and risks
  - » central sensitisation in the development and maintenance of chronic pain
- Common analgesics - pharmacology
- Considerations:
  - » efficacy and risks
  - » evidence around opioid efficacy and harms in chronic pain
  - » full opioid agonists
- Gabapentinoids, tricyclics, and other medications for neuropathic pain
  - » hyperalgesia and neurobiology of nociceptive systems and anti-nociceptive homeostasis
  - » methadone, oral
  - » neurobiology and pharmacology
  - » neuropathic
  - » nociceptive
- Opioid/analgesic stewardship, specifically the universal precautions in opioid prescribing such as good prescribing practice
- Opioids and pain, specifically:
  - » pain experience and behaviours
  - » risk factors for development of dependence in pain patients
  - » tolerance and withdrawal – biology of neuroadaptation
  - » types of pain and underlying neurobiology

INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS

Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure.

Investigations
- Effects of age on test performance of investigations (particularly specificity)
- Risks and benefits of imaging in evaluation of chronic pain

Measures
- Clinical outcome measures
- Discharge planning - including reviewing and rationalising analgesics and appropriate handover to primary care
- Evidence based interventions
- Opioid risk tools
- Standard withdrawal measures

IMPORTANT SPECIFIC ISSUES

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care.

Acute pain

- Acute pain management in the opioid tolerant person
- Options for continuation/modification of opioid pharmacotherapy in context of acute pain in hospital settings
- Pharmacological approaches for acute pain in inpatient and community settings
- Switching opioids, from one type to another, such as from normal route to IV
- Working with acute pain services

Chronic pain

- Awareness of guidelines for opioid prescribing in chronic non-cancer pain
- Cannabis and cannabinoids risks and benefits
- De-identifying documents for potential allied health professionals to utilise if unable to access a Multidisciplinary (MDT) chronic pain service, such as:
  » exercise physiologist
  » occupational therapists (OT)
  » physiotherapists
  » psychologists

- Deprescribing – indications, risks, and benefits
- Educating patients and reaching a common understanding of their situation
- Gabapentioids, tricyclics, other antidepressants, and anticonvulsants
- Multidisciplinary rehabilitation principles
- Non-pharmacological approaches
- Nonpharmacological approaches to chronic pain:
  » Cognitive Behavioural Therapy (CBT),
  » mindfulness-based treatments

- Online sources of information for patients on non-pharmacological approaches to chronic non-cancer pain (CNCP)
- Patient on opioid substitution treatment prescribed additional opioids or sedating medications by other health practitioners
- Pharmacological approaches to chronic non cancer pain
- Prescribe therapies tailored to patients' needs and conditions
- Procedural/interventionist approaches to chronic non cancer pain
- Recognise potential complications of disease and its management, and initiate preventative strategies
- Switching to opioid pharmacotherapy
- Working with chronic pain specialists

Palliative care

- Advocacy for patients with substance use disorders to receive good palliative care
- Efficacy of opioids in palliative care setting
- Handover issues
- Managing opioids in the long-duration palliative care patient
- Modification of opioid replacement treatment in the palliative care patient
- Multidisciplinary approaches
- Working with palliative care professionals

Synthesis and management considerations

- Aberrant medication use
- Systems-based approach involving families, whānau and/or carers where relevant
- Advise regarding evidence-based management options, considering patient wishes, underlying diagnoses and associated risks
- Consider developmental history, life experience, and co-occurring mental disorders in understanding patients circumstances
- Consider legal measures where capacity is diminished, and other options have been exhausted
- Coordinate a multidisciplinary and sometimes multi agency response
- Develop a therapeutic partnership with the patient and uphold their autonomy
- Functional assessment
- Historical use of all substances to relieve pain, including signs of iatrogenic opioid dependence, such as:
  » alcohol
  » benzodiazepines
  » cannabis
  » long-term prescribing of high dose opioids and inability to tolerate deprescribing

- Past documentation