

### ENTRY CRITERIA

#### Summary of proposed changes

- No proposed changes

#### CURRENT REQUIREMENT

- Hold general medical registration with the Medical Board of Australia if applying in Australia, or a medical registration with a general scope of practice with the Medical Council of New Zealand and a practising certificate if applying in Aotearoa New Zealand
- Appointment to an appropriate Advanced Training position in an accredited setting

And

- Completed RACP Basic Training, including Written and Clinical Examinations

Or

- Hold Fellowship from an eligible medical college

#### PROPOSED REQUIREMENT

- Hold general medical registration with the Medical Board of Australia if applying in Australia, or a medical registration with a general scope of practice with the Medical Council of New Zealand and a practising certificate if applying in Aotearoa New Zealand
- Appointment to an appropriate Advanced Training position in an accredited setting

And

- Completed RACP Basic Training, including Written and Clinical Examinations

Or

- Hold Fellowship from an eligible medical college

### PROFESSIONAL EXPERIENCE

#### Summary of proposed changes

- Accredited training (previously core training) increased to minimum 24 months.
- Supplementary training (previously non-core training) decreased to 12 months.
- Time requirements removed from clinic attendance as they are incorporated in the learning goals.

#### CURRENT REQUIREMENT

Complete 36 months of training consisting of:

- 18 months minimum core training
- 18 months maximum non-core training

#### PROPOSED NEW REQUIREMENT

Complete at least 36 months of relevant professional experience in approved rotations.

- Minimum 24 months in settings accredited towards Addiction medicine. The following clinics must be a focus during accredited training:
  - Consultation liaison rotation in a general hospital
  - Inpatient/residential/acute withdrawal unit
  - Ambulatory (community) assessment and/or detoxification service
  - Pain clinic attachment
  - Experience in prescribing opioid substitution treatment
  - Psychiatry experience
- Maximum 12 months of a prospectively approved supplementary training position. The following are suitable supplementary training for Addiction Medicine:
  - research towards an MD, PhD or completion of a Master's program related to addiction medicine
  - clinical training in medical, psychiatric or public health positions.

### LOCATION OF TRAINING

#### Summary of proposed changes

- Increase to 24 months of training required to be completed in Australia or Aotearoa New Zealand.

#### CURRENT REQUIREMENT

- Recommended to complete your Advanced Training at more than 1 training setting.
- Complete a minimum of 12 months of training in Australia and/or Aotearoa New Zealand.

#### PROPOSED NEW REQUIREMENT

- Recommended to complete training in at least 2 different accredited training settings.
- Complete at least 24 months of training in accredited training settings in Australia and/or Aotearoa New Zealand.
- A maximum of 12 months can be accepted for prospectively approved overseas settings.

### LEARNING PROGRAM

#### Summary of proposed changes

- Learning Needs Analysis replaced with Learning Plan tool which will be common across all Advanced Training programs

<b>CURRENT REQUIREMENT</b>	2 Learning Needs Analysis per year
<b>PROPOSED NEW REQUIREMENT</b>	1 Learning plan per phase of training, reviewed quarterly

### LEARNING COURSES

#### Summary of proposed changes

- Adoption of new RACP learning courses that will be common and required across all Advanced Training programs.

<b>CURRENT REQUIREMENT</b>	<ul style="list-style-type: none"> <li>Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety <a href="#">resource</a>, by the end of Advanced Training</li> </ul>
<b>PROPOSED NEW REQUIREMENT</b>	<ul style="list-style-type: none"> <li><b>RACP Orientation to Advanced Training</b> resource (within the first six months of Advanced Training)</li> <li><b>RACP Health Policy, Systems and Advocacy</b> resource (recommended completion before the Transition to Fellowship phase)</li> <li><b>RACP Supervisor Professional Development <a href="#">Program</a></b>, by the end of Advanced Training</li> <li>Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety <a href="#">resource</a>, by the end of Advanced Training</li> </ul>

### RECOMMENDED LEARNING ACTIVITIES

#### Summary of proposed changes

- No change to addiction medicine online courses
- Recommended courses to be completed during Advanced Training if not completed during Basic Training.

<b>CURRENT REQUIREMENT</b>	<ul style="list-style-type: none"> <li>Addiction Medicine online courses (recommended)</li> </ul>
<b>PROPOSED NEW REQUIREMENT</b>	<ul style="list-style-type: none"> <li><b>RACP Communication skills</b> resource** (recommended completion before the specialty consolidation phase.)</li> <li><b>RACP Ethics and Professional Behaviour</b> resource** (recommended completion before the specialty consolidation phase.)</li> <li><b>RACP Leadership, Management, and Teamwork</b> resource** (recommended completion before the specialty consolidation phase.)</li> <li>Addiction Medicine online courses (recommended)</li> </ul> <p>**Required in the new Basic Training programs. Not required to be repeated if already completed in Basic Training</p>

## TEACHING PROGRAM

### Summary of proposed changes

- Required to have two supervisors, one with FACHAM, and a second supervisor with or without FACHAM, e.g. FRACP or FRANZCP
- Introduction of Progress Review Panels

<b>CURRENT REQUIREMENT</b>	<ul style="list-style-type: none"> <li>• 1 x supervisor per training year, who is a Fellow of the AChAM</li> <li>• 1 x supervisor per training year, who can be a Fellow of the AChAM (recommended)</li> </ul>
<b>PROPOSED NEW REQUIREMENT</b>	<ul style="list-style-type: none"> <li>• Name <b>2 individuals for the role of Education Supervisor</b> <ul style="list-style-type: none"> <li>• 1 supervisor per phase, who is a Fellow of the AChAM</li> <li>• 1 supervisor per phase, who may be a Fellow of the AChAM</li> </ul> </li> <li>• Nominate <b>1 x RACP training committee to act as a Progress Review Panel</b></li> <li>• Name <b>1 x individual for the role of Research Project Supervisor</b> (may or may not be the Education Supervisor).</li> </ul>

## ASSESSMENT PROGRAM

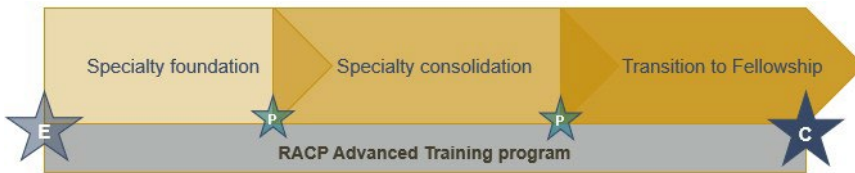
### Summary of proposed changes

- Case-based discussions replaced with Observation Captures
- Professional qualities reflections replaced with Learning Captures
- Supervisor's report replaced by Progress reports
- Case history, logbook, public health workbook and patient interview requirements removed and replaced with Observation and Learning captures.

<b>CURRENT REQUIREMENT</b>	<p><b>2</b> Supervisor's Reports per training year</p> <p><b>1</b> Professional Qualities Reflection (PQR) per year (recommended)</p> <p><b>2</b> Case-based discussions per year</p> <p><b>2</b> logbook certifications per year</p> <p><b>1</b> Research project</p> <p><b>1</b> case history</p> <p><b>1</b> public health workbook</p> <p><b>2</b> observed patient interviews</p>
<b>PROPOSED NEW REQUIREMENT</b>	<p><b>12</b> Observation captures per year</p> <p><b>12</b> Learning captures per year*</p> <p><b>1</b> Research project</p>

\* Two Learning Captures per phase must be completed against KG01 Substance Use And Behavioural Addictions - Public Health, to address population health learning

### LTA STRUCTURE



- A learning, teaching and assessment (LTA) structure defines the framework for delivery and trainee achievement of the curriculum standards
- Advanced Training is structured in three phases that establish checkpoints for progression and completion.

### PROGRESS POINTS

- 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.

### RATING SCALES

Levels	1	2	3	4	5
<b>Entrustable Professional Activities (EPAs)</b>	Is able to be present and observe	Is able to act with direct supervision	Is able to act with indirect supervision (e.g. supervisor is physically located within the training setting)	Is able to act with supervision at a distance (e.g. supervisor available to assist via phone)	Is able to provide supervision
<b>Knowledge guides</b>	Has heard of some of the topics in this knowledge guide that underpin patient care ( <i>heard of</i> )	<b>Knows</b> the topics and concepts in this knowledge guide that underpin patient care ( <i>knows</i> )	<b>Knows</b> how to apply the knowledge in this knowledge guide to patient care ( <i>knows how</i> )	<b>Frequently shows</b> they can apply knowledge in this knowledge guide to patient care ( <i>shows how</i> )	<b>Consistently applies</b> sound knowledge in this knowledge guide to patient care ( <i>does</i> )
<b>Professional Behaviours (competencies)</b>	Needs to work on behaviour in <b>more than 5 domains</b> of professional practice	Needs to work on behaviour in <b>4 or 5 domains</b> of professional practice	Needs to work on behaviour in <b>2 or 3 domains</b> of professional practice	Needs to work on behaviour in <b>1 or 2 domains</b> of professional practice	Consistently behaves in line with <b>all 10 domains</b> of professional practice

### PROGRESSION CRITERIA

		Progression criteria		Completion criteria
		End of specialty foundation	End of specialty consolidation	End of Transition to Fellowship
	<b>Learning goals</b>			
<b>Be</b>	<b>1. Professional behaviours</b>	Level 5	Level 5	Level 5
	<b>2. Team leadership</b> : Lead a team of health professionals	Level 2	Level 4	Level 5
	<b>3. Supervision and teaching</b> : Supervise and teach professional colleagues	Level 3	Level 4	Level 5
	<b>4. Quality improvement</b> : Identify and address failures in health care delivery	Level 1	Level 4	Level 5
	<b>5. Communication with patients</b> : Communication with patients	Level 3	Level 4	Level 5
	<b>6. Addiction medicine assessment and treatment planning</b> : Evaluate patients using comprehensive addiction medicine assessment	Level 3	Level 4	Level 5
	<b>7. Acute care withdrawal management</b> : Diagnose and manage acute substance withdrawal	Level 2	Level 4	Level 5
	<b>8. Writing a medicolegal report</b> : Prepare a comprehensive medicolegal report	Level 1	Level 3	Level 4
	<b>9. Prescribing</b> : Prescribe therapies and develop management plans tailored to patients' needs	Level 3	Level 4	Level 5
	<b>10. Substance use in pregnancy</b> : Manage substance use during pregnancy using a harm minimization and multidisciplinary framework	Level 2	Level 4	Level 5
	<b>11. Advising other health professionals</b> : Advising other health professionals who are providing care for people using substances or with addictive disorders	Level 1	Level 4	Level 5
	<b>12. Clinic management</b> : Manage an outpatient clinic	Level 1	Level 3	Level 4
<b>Do (work tasks)</b>	<b>13. Substance use and behavioural addictions - public health</b>	Level 2	Level 4	Level 5
	<b>14. Withdrawal management</b>	Level 2	Level 4	Level 5
	<b>15. Psychological and pharmacological approaches to treatment</b>	Level 2	Level 4	Level 5
	<b>16. Prescribing for opioid dependence</b>	Level 2	Level 4	Level 5
	<b>17. Assessment and management of behavioural addictions</b>	Level 2	Level 4	Level 5
	<b>18. Mental disorders and cognitive impairment</b>	Level 2	Level 4	Level 5
	<b>19. Medical conditions associated with substance use</b>	Level 2	Level 4	Level 5
	<b>20. Substance use and behavioural addictions across diverse populations</b>	Level 2	Level 4	Level 5
	<b>21. 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</b>	Level 2	Level 4	Level 5
	<b>22. Medicolegal framework</b>	Level 2	Level 4	Level 5
	<b>23. Pain and dependence</b>	Level 2	Level 4	Level 5
<b>Know (Knowledge Guides)</b>				