



The Royal Australasian
College of Physicians

Addiction Medicine
Advanced Training Curriculum
Australasian Chapter of Addiction Medicine





The Royal Australasian
College of Physicians

Physician Readiness for Expert Practice (PREP) Training Program

Addiction Medicine Advanced Training Curriculum

TO BE USED IN CONJUNCTION WITH:
Professional Qualities Curriculum

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- Dr Allan Quigley, FChAM
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CONTACT DETAILS

THE ROYAL AUSTRALASIAN COLLEGE OF PHYSICIANS

AUSTRALIA

145 Macquarie Street
Sydney
NSW 2000
Australia

Tel: (+61) (2) 9256 5444
Fax: (+61) (2) 9252 3310

Email: racp@racp.edu.au
Website: www.racp.edu.au

NEW ZEALAND

5th Floor
99 The Terrace
Wellington
New Zealand

Tel: (+64) (4) 472 6713
Fax: (+64) (4) 472 6718

Email: racp@racp.org.nz
Website: www.racp.edu.au

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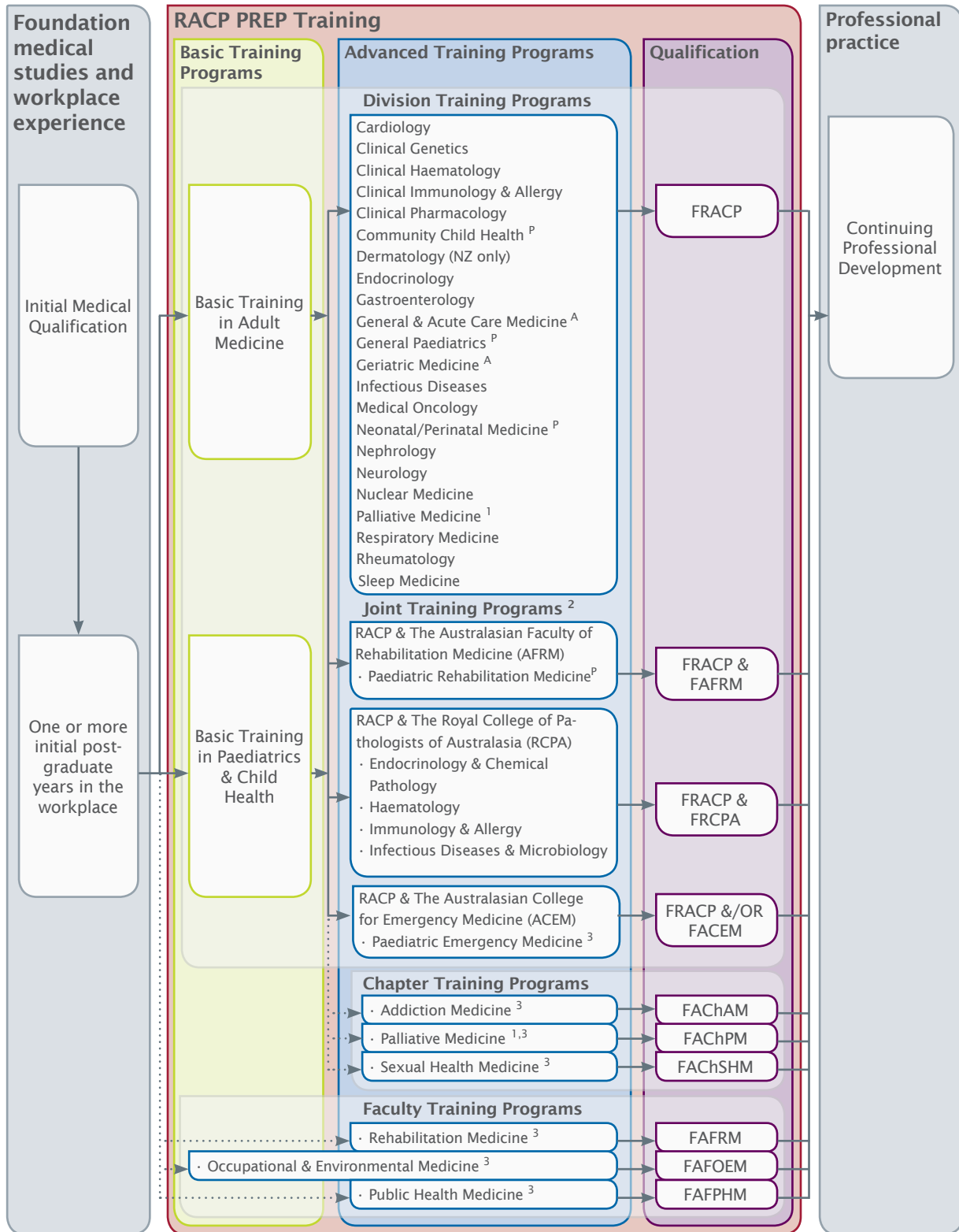
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Please note: No Domains, Themes or Learning Objectives have been updated for this edition; design changes ONLY.

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RACP FELLOWSHIP TRAINING PATHWAYS AND THE CONTINUUM OF LEARNING



^P Trainees must complete Basic Training in Paediatrics & Child Health to enter this program.

^A Trainees must complete Basic Training in Adult Medicine to enter this program.

¹ Trainees who have entered Advanced Training in Palliative Medicine via a RACP Basic Training Program will be awarded FRACP upon completion and may subsequently be awarded FACHPM. Trainees who have NOT entered Advanced Training in Palliative Medicine via a RACP Basic Training Program will only be awarded FACHPM upon completion.

² The Child & Adolescent Psychiatry Joint Training Program with the Royal Australian and New Zealand College of Psychiatrists (RANZCP) is currently under review by the RACP and RANZCP and closed to new entrants at present.

³ Alternative entry requirements exist for these training programs; please see the corresponding PREP Program Requirements Handbook for further information.

NB1: This diagram only depicts training programs that lead to Fellowship. Please see the RACP website for additional RACP training programs.

NB2: For further information on any of the above listed training programs, please see the corresponding PREP Program Requirements Handbook.

OVERVIEW OF THE SPECIALTY

Definition and Scope of Addiction Medicine

The term *addiction medicine* is used internationally, but many of the issues dealt with by addiction medicine consultants do not fit under the label *addiction*. Rather, they relate to the more general issue of harm associated with the non-medical use of drugs.

Addiction medicine includes primary, secondary and tertiary prevention of harm related to non-medical use of drugs, management of acute drug related problems, and rehabilitation of people who have become dependent on drugs.

Rehabilitation from drug related problems often implies a level of social reintegration, as well as optimisation of psychological and physical functioning.

The practice of addiction medicine is holistic, dealing with individuals and the circumstances of their lives. A critical role for the consultant in addiction medicine is recognition of the role of different services in providing an effective treatment system.

The practice of addiction medicine embraces three perspectives – a clinical perspective, a public health approach to drug-related problems, and an advisory role to practitioners in primary and secondary care exposed to alcohol and drug users.

The treatment of individuals and families affected by drugs is part of the role of every medical practitioner in clinical practice. The availability of informed, supportive advice from health providers is an important part of the community response to drug problems.

Knowledge and techniques in addiction medicine have developed to such a degree that a comprehensive understanding and application of this specialty by every medical practitioner cannot be expected.

Establishment of the Australasian Chapter of Addiction Medicine

The Australasian Chapter of Addiction Medicine has been established within the Adult Medicine Division of the RACP.

The Chapter was established in December 2001. Key objectives of the Chapter include:

- promoting the study of and the advancement of knowledge in the field of addiction medicine
- promoting and encouraging high levels of skill and expertise and high ethical standards in the practice of addiction medicine
- raising and maintaining the educational standards of medical graduates wishing to enter the field of addiction medicine.

CURRICULUM OVERVIEW

Addiction Medicine – Advanced Training Curriculum

This curriculum outlines the broad concepts, related learning objectives and the associated theoretical knowledge, clinical skills, attitudes and behaviours required and commonly utilised by addiction medicine specialists within Australia and New Zealand.

The purpose of Advanced Training is for trainees to build on existing cognitive and practical skills. At the completion of the Addiction Medicine Advanced Training Program, trainees should be competent to provide unsupervised comprehensive medical care in addiction medicine at a consultant level.

Attaining competency in all aspects of this curriculum is expected to take three years of training. It is expected that all teaching, learning and assessment associated with the Addiction Medicine Advanced Training Curriculum will be undertaken within the context of the specialist's everyday clinical practice and will accommodate discipline-specific contexts and practices as required. As such it will need to be implemented within the reality of current workplace and workforce issues and the needs of health service provision.

There may be learning objectives that overlap with or could easily relate to other domains; however, to avoid repetition, these have been assigned to only one area. In practice it is anticipated that within the teaching/learning environment the progression of each objective would be explored.

Note: The curricula should always be read in conjunction with the relevant College Training Handbook available on the College website.

Professional Qualities Curriculum

The Professional Qualities Curriculum (PQC) outlines the range of concepts and specific learning objectives required by, and utilised by, all physicians and specialists, regardless of their specialty or area of expertise. It spans both the Basic and Advanced Training Programs and is also utilised as a key component of the Continuing Professional Development (CPD) program.

Together with the various Basic and Advanced Training Curricula, the PQC integrates and fully encompasses the diagnostic, clinical, and educative-based aspects of the physician's/paediatrician's daily practice.

Each of the concepts and objectives within the PQC will be taught, learnt and assessed within the context of everyday clinical practice. It is important, therefore, that they be aligned with, and fully integrated into, the learning objectives within this curriculum.

EXPECTED OUTCOMES AT THE COMPLETION OF TRAINING

Graduates from this training program will be equipped to function effectively within the current and emerging professional, medical and societal contexts. At the completion of their overall training program, it is expected that a new Fellow will be able to manage complex patient problems, provide public health advice and provide advice to other medical practitioners.

In particular they will have a team approach working with other non-medical addiction prevention and treatment workers.

CURRICULUM THEMES AND LEARNING OBJECTIVES

Each of the curriculum documents has been developed using a common format, thereby ensuring a degree of consistency and approach across the spectrum of training.

Themes

The themes identify and link specific aspects of learning into logical or related groups.

Learning Objectives

The learning objectives outline the specific requirements of learning. They provide a focus for identifying and detailing the required knowledge, skills and attitudes. They also provide a context for specifying assessment standards and criteria as well as providing a context for identifying a range of teaching and learning strategies.

LEARNING OBJECTIVES TABLES

Theme 1	
Clinical Assessment	
Learning Objectives	
1.1	Take a drug use history and establish whether there is a substance use disorder diagnosis
1.2	Take a medical history
1.3	Elicit the reasons the patient is presenting for treatment
1.4	Take a psychosocial history
1.5	Take a psychiatric history
1.6	Perform a mental state examination
1.7	Perform a risk assessment
1.8	Perform a focused physical examination
1.9	Undertake clinical investigations
1.10	Provide personalised feedback on diagnoses, drug related harm and harm minimisation strategies
1.11	Provide information on treatment options and formulate a management plan
Theme 2	
Attitude, Ethical Issues and Professional Development	
Learning Objectives	
2.1	Adopt an appropriate attitude towards patients, families and other professionals
2.2	Recognise the ethics and obligations of service provision

2.3	Recognise what comprises professional competence
2.4	Recognise and practice the principles of informed consent
2.5	Maintain principles of privacy in relation to the keeping of personal information
2.6	Recognise respective powers and vulnerabilities of practitioners and patients
2.7	Maintain professional standards
2.8	Recognise cross-cultural issues in health care, including Aboriginals and Torres Strait Islander and Maori and Pacific Islander Peoples health care
Theme 3	Administration and Teamwork
Learning Objectives	
3.1	Work within, lead or manage a multidisciplinary team
3.2	Participate in health service development and management
3.3	Recognise and work within the social, historical, ethical and political contexts relevant to the delivery of health services for clients with substance use disorders, as well as those relevant to substance use in society
Theme 4	Consultation and Liaison
Learning Objectives	
4.1	Provide a clinical consultation and advisory service to assist other health care workers with their management of patients with drug and alcohol problems
4.2	Undertake joint management (shared care) of patients with drug and alcohol problems, particularly with primary care and mental health services
4.3	Develop, implement and evaluate clinical guidelines and pathways, treatment protocols, policies and procedures relevant to drug and alcohol medicine
4.4	Develop, provide and evaluate drug and alcohol education programs for medical colleagues and other health care workers
Theme 5	Medico-Legal
Learning Objectives	
5.1	Comply with legislation concerning prescription and supply of drugs of dependence
5.2	Comply with legislation relating to the supply and prescription of opioid replacement treatment and understand the process leading to the authorisation to prescribe these medications
5.3	Outline requirements of the Medical Practitioners Registration Act applicable to local jurisdiction
5.4	Have an appreciation of what behaviour by a practitioner might constitute unprofessional conduct

5.5	Understand the range of presentations of the impaired practitioner
5.6	Apply clinical and interpretive procedures required to monitor biological markers, including drug screening
5.7	Apply diagnostic procedures required to correctly interpret blood/breath alcohol levels when required to act as an expert witness on alcohol and drug issues
5.8	Outline the range of issues surrounding alcohol and/or drug use in the workplace as they relate to workplace occupational health and safety legislation
5.9	Describe the role and application processes related to involuntary treatment encompassed in the various mental health acts in each jurisdiction
5.10	Work within court diversion programs
Theme 6	Self-Education
Learning Objectives	
6.1	Demonstrate enthusiasm for self-directed, lifelong learning, to ensure engagement in continuing education or continuing professional development
Theme 7	Patient Management
Learning Objectives	
7.1	Diagnose and manage acute withdrawal and intoxication states
7.2	Determine risks to self and others from intoxication, withdrawal and dependence, and respond appropriately
7.3	Obtain informed consent to treatment and develop a treatment plan based on an assessment of motivation
7.4	Identify and coordinate management of comorbid medical conditions
7.5	Identify and coordinate management of comorbid psychiatric conditions
7.6	Facilitate ongoing participation of the patient, family and significant others in the rehabilitation program
7.7	Use assessments and therapies of the interdisciplinary teams
7.8	Manage dependence relapse prevention, monitoring and review
Theme 8	Public Health and Prevention
Learning Objectives	
8.1	Discuss the public health impact of tobacco, alcohol and other drug dependence, and other public health areas related to substance use
8.2	Promote the use of evidence-based prevention strategies and screening and brief interventions in healthcare settings
8.3	Appraise research literature relating to addiction medicine

Theme 9	Research
Learning Objectives	
9.1	Critically appraise research publications and assess applicability of findings to clinical practice
9.2	Design, perform and report on quality assurance studies
9.3	Present or publish a piece of original work, critical literature review or research project

Overview of Theme 1 – Clinical Assessment

Practitioners in addiction medicine should be skilled in taking a detailed history that includes substance use, medical history and psychiatric history. They should also be skilled at assessing the individual's psychosocial status and understand how this impacts on health. The ability to perform a focussed physical examination and formulation of the diagnoses and options for treatment are essential for the practice of an addiction medicine consultant.

Overview of the Assessment of the Clinical Assessment Learning Objectives

Assessment is the cornerstone of all treatment of alcohol and other substance use disorders. Assessment comprises an interview or series of interviews, clinical examination and relevant investigations.

Assessment requires a comprehensive approach to the patient's medical, psychological and social circumstance. It normally occurs during initiation of treatment, or when treatment needs to be reviewed. It mostly takes place in outpatient settings, but also in residential settings. Initial assessment is often best undertaken over several interviews.

Throughout treatment, there will be occasions for reassessment, particularly when problems are appearing or a change of treatment is being contemplated.

Correspondence to referring practitioners, mental health services, and other bodies is an important aspect of training. These are perused by the supervisor and are noted to demonstrate comprehensive assessment and treatment planning.

A trainee's competence in assessing patients will be assessed throughout training by supervision (reflected in the written and oral presentation of clinical cases and in the supervisors' reports). Regular meetings are held between the supervisor and trainee, and at these meetings it is expected that interesting and difficult patients are discussed and the trainee will from time to time deliver formal case presentations. During such meetings it is expected that the trainee will be given feedback on the adequacy of the assessment.

Trainees will have the opportunity to work within a multidisciplinary team, and to observe assessments undertaken by other professionals, and to present assessments to multidisciplinary team meetings.

Theme 1	Clinical Assessment
Learning Objective 1.1	Take a drug use history and establish whether there is a substance use disorder diagnosis
Knowledge	Skills
<ul style="list-style-type: none"> define diagnostic criteria for substance use disorder outline epidemiology, natural history, clinical features, and complications of diseases and disorders associated with drug and alcohol abuse and dependence recognise neurobiological aspects of addiction describe risk and protective factors that influence adolescent substance use outline genetic aspects of addiction. 	<ul style="list-style-type: none"> take a drug use history assess the likelihood of a substance use disorder.

Theme 1	Clinical Assessment
Learning Objective 1.2	Take a medical history
Knowledge	Skills
<ul style="list-style-type: none"> outline diagnosis and broad management principles of major medical disorders, with particular knowledge of alcohol related diseases, tobacco related diseases, and blood-borne viruses (BBVs) describe complications of injecting drug use. 	<ul style="list-style-type: none"> take a medical history develop formulation of patient presentation recognise limits of physician's own expertise, and when appropriate, consult with colleagues and/or refer for specialised assessment.

Theme 1	Clinical Assessment
Learning Objective 1.3	Elicit the reasons the patient is presenting for treatment
Knowledge	Skills
<ul style="list-style-type: none"> outline stages of change define principles of motivational interviewing outline stages of adolescent development identify parental/familial factors that influence adolescent substance use. 	<ul style="list-style-type: none"> elicit why the patient is presenting for treatment assess motivation and readiness for change establish goals assess individual's presentation in context of their personality, developmental stage, strengths and coping mechanisms, family context, and ethnic and cultural background.

Theme 1	Clinical Assessment	
Learning Objective 1.4	Take a psychosocial history	
Knowledge	Skills	
<ul style="list-style-type: none"> describe epidemiology, natural history, clinical features, and complications of diseases and disorders associated with drug and alcohol abuse and dependence describe relationship between psychosocial status and health status outline adolescent development and its impact on risk behaviours and alcohol and substance use identify relevant family dynamics. 	<ul style="list-style-type: none"> take a psychosocial history conduct a family interview. 	

Theme 1	Clinical Assessment	
Learning Objective 1.5	Take a psychiatric history	
Knowledge	Skills	
<ul style="list-style-type: none"> outline relationship between substance use and psychological trauma, including physical, sexual and emotional abuse outline diagnosis and broad management principles of major psychiatric syndromes: <ul style="list-style-type: none"> delirium and dementia psychosis mood disorders (mania and depression) anxiety disorders personality disorder somatisation disorders eating disorders post traumatic stress disorder describe genetics of psychiatric disorders describe neurobiology underlying psychiatric disorders. 	<ul style="list-style-type: none"> develop appropriate formulation of patient's mental health status recognise limits of own expertise and, when appropriate, consult with colleagues and/or refer for specialised assessment. 	

Theme 1	Clinical Assessment	
Learning Objective 1.6	Perform a mental state examination	
Knowledge	Skills	
<ul style="list-style-type: none"> describe features of intoxication describe withdrawal states outline assessment of confusion outline assessment of delirium. 	<ul style="list-style-type: none"> perform mental state examination relate to the intoxicated patient. 	

Theme 1	Clinical Assessment	
Learning Objective 1.7	Perform a risk assessment	
Knowledge	Skills	
<ul style="list-style-type: none"> outline child protection legislation and responsibilities describe risk factors for self-harm outline jurisdictional requirements regarding impairment, such as occupational, fitness to drive, and mandatory treatment describe potential risks after detox or drug withdrawal. 	<ul style="list-style-type: none"> identify safe setting for treatment recognise potential risks during induction into treatment address issues of child protection, deliberate self-harm and impairment collaborate with mental health services and other health workers in joint management of patients. 	

Theme 1	Clinical Assessment	
Learning Objective 1.8	Perform a focused physical examination	
Knowledge	Skills	
<ul style="list-style-type: none"> describe physical signs associated with alcohol and drug use. 	<ul style="list-style-type: none"> elicit physical signs on examination of patient. 	

Theme 1	Clinical Assessment	
Learning Objective 1.9	Undertake clinical investigations	
Knowledge	Skills	
<ul style="list-style-type: none"> outline BBV screening describe common pathology tests describe drug elimination times for urine toxicology describe other toxicological methods, e.g. hair analysis. 	<ul style="list-style-type: none"> order appropriate investigations provide pre- and post-test counselling interpret investigation results. 	

Theme 1	Clinical Assessment	
Learning Objective 1.10	Provide personalised feedback on diagnoses, drug related harm and harm minimisation strategies	
Knowledge	Skills	
<ul style="list-style-type: none"> describe epidemiology and natural history of drug and alcohol problems detail harm minimisation strategies. 	<ul style="list-style-type: none"> weigh up conflicting priorities in order to minimise harm synthesise history, clinical examination and investigations into personalised feedback to the patient and, where appropriate, the family communicate appropriate harm minimisation strategies set limits/boundaries for doctor-patient relationships. 	

Theme 1	Clinical Assessment	
Learning Objective 1.11	Provide information on treatment options and formulate a management plan	
Knowledge	Skills	
<ul style="list-style-type: none"> outline evidence base supporting efficacy of different interventions for drug and alcohol problems identify indications, contraindications and precautions for the range of treatment options. 	<ul style="list-style-type: none"> integrate harm minimisation discuss and integrate stages of change explain and integrate disease models explain and integrate public health models. 	

Overview of Theme 2 – Attitude, Ethical Issues and Professional Development

- 2.1 Adopt an appropriate attitude towards patients, families and other professionals
- Practitioners should act in a professional and responsible way at all times. They should act with integrity, be conscientious, careful and thorough in their work, and take account of their obligations under the law and to the wider public interest.
 - Practitioners must at all times respect the rights, dignity and interests of their patients. They should treat all patients equitably, and must not discriminate against patients, colleagues, or anyone else with whom they have dealings in the course of their work.
- 2.2 Recognise the ethics and obligations of service provision
- Any service provided should be based on an assessment of the individual's need, and take account of the practitioner's professional responsibilities, including expertise and the relevant evidence base on effective practice.
- 2.3 Recognise what comprises professional competence
- Practitioners should keep their knowledge and skills fully developed. They should not attempt to work beyond their competence.
 - Practitioners should refrain from practice when their ability to act professionally is impaired as a result of a psychological or physical condition.
- 2.4 Recognise and practice the principles of informed consent
- Before providing a service, practitioners should secure the informed consent of the person concerned or their legal representatives.
- 2.5 Maintain principles of privacy in relation to the keeping of personal information
- Personally identifiable information about patients should normally be disclosed to others only with the valid informed consent of the person concerned or their legal representatives.
- 2.6 Recognise respective powers and vulnerabilities of practitioners and patients
- Practitioners must recognise that they hold positions of responsibility and power and that their patients will often be in a position of vulnerability.
- 2.7 Maintain professional standards
- Practitioners must disclose to their employer and supervisor any past disciplinary action taken against them by an employer or professional body in relation to unprofessional or unethical conduct.
 - Practitioners must not condone, support, conceal or otherwise enable the unethical conduct of colleagues.
 - Practitioners have a duty to explain to clients their rights and options in making a formal complaint about a service they have received, whether the service was provided by the practitioner themselves or by a fellow practitioner. Practitioners must never attempt to prevent or dissuade a client from making a complaint about a service with which they are dissatisfied.
- 2.8 Recognise cross-cultural issues in health care, including indigenous health care
- Practitioners need to recognise the impact of cultural issues, including values and attitudes characteristic of various cultural backgrounds in patient population and individual's health and wellbeing.

Overview of the Assessment of the Attitude, Ethical Issues and Professional Development Learning Objectives

Addiction medicine specialists seek to help reduce the harm that can be caused by psychotropic drug use. To do this they must adhere to a sound attitudinal, ethical and professional developmental stance and registrars shall be assessed for knowledge and skills in these areas.

In the normal course of duties, the supervisor will observe how the registrar interacts with patients, families and coworkers.

General discussion and interaction between the supervisor and registrar will further expose the registrar's attitudes, ethics, knowledge and willingness to further the latter.

The registrar will be exposed to a large number of clinical areas and types of patients. Many such situations will cause the registrar to apply their knowledge, skills and attitudes.

Referrals will be accepted from, and letters written to, referring professionals and perusal of these will indicate the attitude of the registrar to outside professionals.

Registrars will work as part of a multidisciplinary team and this will display attitudes and ethics and allow appropriate comment to add to the assessment process.

Case commentaries will help display the degree to which the registrar has furthered their knowledge.

Theme 2	Attitude, Ethical Issues and Professional Development	
Learning Objective 2.1	Adopt an appropriate attitude towards patients, families and other professionals	
Knowledge	Skills	
<ul style="list-style-type: none"> outline theory, principles and practice associated with effective interpersonal communication, therapeutic relationships and partnerships define boundaries of therapeutic relationships. 	<ul style="list-style-type: none"> employ a patient-focused practice relate to others in the therapeutic team plan, establish, maintain and evaluate therapeutic relationships reflect on own practice in regard to relationships, seeking clinical supervision where necessary recognise own responsibility for interactions with patients and families. 	

Theme 2	Attitude, Ethical Issues and Professional Development	
Learning Objective 2.2	Recognise the ethics and obligations of service provision	
Knowledge	Skills	
<ul style="list-style-type: none"> recognise ethical obligations of service provision define role of ethics committees describe evidence-based best practice. 	<ul style="list-style-type: none"> assess patients' needs reflect on own skills in managing particular problems, seeking clinical supervision where necessary incorporate scientific evidence into clinical practice. 	

Theme 2	Attitude, Ethical Issues and Professional Development	
Learning Objective 2.3	Recognise what comprises professional competence	
Knowledge	Skills	
<ul style="list-style-type: none"> recognise the level of knowledge required by a consultant in addiction medicine outline ethics of competence to practice as a doctor outline registration laws and regulations outline impaired doctor services. 	<ul style="list-style-type: none"> reflect on own skills in managing particular problems, seeking clinical supervision where necessary discuss issues with colleagues. 	

Theme 2	Attitude, Ethical Issues and Professional Development	
Learning Objective 2.4	Recognise and practice the principles of informed consent	
Knowledge	Skills	
<ul style="list-style-type: none"> outline legislative and regulatory references regarding informed consent, particularly for patients with impaired ability to make decisions define accepted practice for informed consent explain involuntary treatment orders. 	<ul style="list-style-type: none"> reflect on own skills in managing particular problems discuss issues with colleagues adapt informed consent for patients with impaired cognitive ability and/or for adolescents and/or for other special contexts, e.g. for patients mandated to treatment by the court. 	

Theme 2	Attitude, Ethical Issues and Professional Development	
Learning Objective 2.5	Maintain principles of privacy in relation to the keeping of personal information	
Knowledge	Skills	
<ul style="list-style-type: none"> outline legislative and regulatory privacy requirements define accepted practice regarding privacy. 	<ul style="list-style-type: none"> reflect on own skills in managing particular problems related to patient privacy discuss issues with colleagues. 	

Theme 2	Attitude, Ethical Issues and Professional Development	
Learning Objective 2.6	Recognise respective powers and vulnerabilities of practitioners and patients	
Knowledge	Skills	
<ul style="list-style-type: none"> outline legislation and regulatory body rules on doctor-patient conduct define interpersonal interactions and reactions define boundaries between professionals and patients. 	<ul style="list-style-type: none"> maintain appropriate relationships with patients reflect on own skills in managing doctor-patient relationships discuss issues with colleagues. 	

Theme 2	Attitude, Ethical Issues and Professional Development	
Learning Objective 2.7	Maintain professional standards	
Knowledge	Skills	
<ul style="list-style-type: none"> outline legislation and regulations, particularly those of registration bodies describe complaint procedures. 	<ul style="list-style-type: none"> reflect on own skills in maintaining professional standards discuss issues with colleagues. 	

Theme 2	Attitude, Ethical Issues and Professional Development	
Learning Objective 2.8	Recognise cross-cultural issues in health care, including Aboriginals and Torres Strait Islander and Maori and Pacific Islander Peoples health care	
Knowledge	Skills	
<ul style="list-style-type: none"> recognise impact of cultural issues on health and wellbeing outline values and attitudes characteristic of various cultural backgrounds in patient population identify factors relating to non-English speaking backgrounds that influence treatment of substance use disorders. 	<ul style="list-style-type: none"> reflect on own awareness of cultural issues in the individuals being managed discuss issues with colleagues use health care information resources for Aboriginals and Torres Strait Islander and Maori and Pacific Islander Peoples. 	

Overview of Theme 3 – Administration and Teamwork

A consultant in addiction medicine is expected to be able to work effectively within a multidisciplinary team, and may have a leadership or management role. This role includes clinical leadership, service development and planning, quality improvement activities and promotion of team development/cohesion. They should model good standards of clinical record keeping and communication with other relevant agencies, e.g. sending discharge summaries to the client's GP and other healthcare workers involved in ongoing care.

From an administrative perspective, a consultant in addiction medicine is expected to participate in health service development and management at an appropriate level.

Within the broader social and political contexts, an addiction specialist is expected to show knowledge of, and capacity to work within, the various social, historical, ethical and political contexts relevant to delivery of health services for clients with substance use disorders as well as those relevant to substance use in society.

Overview of the Assessment of the Administration and Teamwork Learning Objectives

This theme will be assessed by:

- a quality improvement project designed, implemented and written by the trainee
- the supervisor's observations and report
- the trainee's log book.

Theme 3	Administration and Teamwork	
Learning Objective 3.1	Work within, lead or manage a multidisciplinary team	
Knowledge	Skills	
<ul style="list-style-type: none"> • outline organisational dynamics and change processes • describe styles of management for a clinician • outline political, legal, financial and ethical issues related to health service administration, service development and management • outline management principles underlying staff selection, training and supervision • outline mechanisms of health care funding. 	<ul style="list-style-type: none"> • participate in a multidisciplinary team • employ interpersonal skills in team management • lead a team, exhibiting clinical skills and engaging staff in clinical issues • accept group consensus to provide optimum care for clients • use roles and attributes of other team members and collaborators in patient care • participate in quality improvement and management • use clinical record keeping software. 	

Theme 3		Administration and Teamwork
Learning Objective 3.2		Participate in health service development and management
Knowledge		Skills
<ul style="list-style-type: none"> describe health service administration and management outline federal and local state legislation and regulatory requirements relevant to health services delivery, including but not restricted to: <ul style="list-style-type: none"> Mental Health Acts Poisons Act medical practice requirements freedom of information patient privacy and confidentiality guardianship workers compensation third party compensation criminal to treatment court diversion systems, e.g. MERIT in NSW requirements for accreditation of treatment services and current methods of evaluation and improvement of quality medical services. 		<ul style="list-style-type: none"> contribute to policy and procedure development informed by legislation and regulatory requirements undertake quality assurance activities addressing problems identified in immediate work environment evaluate implementation of findings to improve health service delivery contribute to operational planning for service development.

Theme 3		Administration and Teamwork
Learning Objective 3.3		Recognise and work within the social, historical, ethical and political contexts relevant to the delivery of health services for clients with substance use disorders, as well as those relevant to substance use in society
Knowledge		Skills
<ul style="list-style-type: none"> outline international, national and state contexts for substance use and substance use disorders outline organisation and policies of relevant government and non-government health services describe historical evolution of addiction services and ethical premises of treatments outline cost/benefit findings of treatments define role of government and non-government services in provision of health services. 		<ul style="list-style-type: none"> develop policies and procedures grounded in social policy, public health outcomes and individual treatment outcomes.

Theme 4 - Overview of the Assessment of the Consultation and Liaison Learning Objectives

A consultant in addiction medicine is expected to:

- provide consultation to hospital units, community programs, mental health services and primary health care
- provide treatment plans, educational programs and, in some situations, monitor and follow-up
- provide advice on management, at times working in a shared care environment
- assist in development of appropriate policies and protocols.

Theme 4	Consultation and Liaison	
Learning Objective 4.1	Provide a clinical consultation and advisory service to assist other health care workers with their management of patients with drug and alcohol problems	
Knowledge	Skills	
<ul style="list-style-type: none"> • describe acute and emergency management of drug and alcohol problems • outline assessment and management of common psychiatric disorders • outline assessment and management of acute and chronic pain • outline relevant legislation, including the Poisons Act and Mental Health Act • outline community resources and referral options • describe different models of service delivery. 	<ul style="list-style-type: none"> • perform clinical assessment and case formulation • use various forms of communication, verbal and written • develop capacity to function in the health system and interface across the broad range of community services. 	

Theme 4	Consultation and Liaison	
Learning Objective 4.2	Undertake joint management (shared care) of patients with drug and alcohol problems, particularly with primary care and mental health services	
Knowledge	Skills	
<ul style="list-style-type: none"> • recognise common patterns of drug and alcohol morbidity in patients in different medical settings • describe needs of special populations • outline referral agencies and community resources and factors that influence patterns of referral • define roles and skills of multidisciplinary team members. 	<ul style="list-style-type: none"> • plan case management • implement and monitor treatment plans • implement strategies to optimise multidisciplinary team function • Use various forms of communication, verbal and written • write reports • interface between hospital and community environments. 	

Theme 4	Consultation and Liaison	
Learning Objective 4.3	Develop, implement and evaluate clinical guidelines and pathways, treatment protocols, policies and procedures relevant to drug and alcohol medicine	
Knowledge	Skills	
<ul style="list-style-type: none"> describe clinical governance processes and protocols outline principles of evidence-based medicine outline research and evaluation methods describe organisation and administration of clinical services. 	<ul style="list-style-type: none"> appraise research literature develop, implement and evaluate clinical guidelines and pathways, treatment protocols, policies and procedures facilitate multidisciplinary work groups apply research and evaluation methods facilitate data collection and analysis. 	

Theme 4	Consultation and Liaison	
Learning Objective 4.4	Develop, provide and evaluate drug and alcohol education programs for medical colleagues and other health care workers	
Knowledge	Skills	
<ul style="list-style-type: none"> outline adult learning principles describe program evaluation methods. 	<ul style="list-style-type: none"> facilitate groups deliver lectures structure education programs to meet learning objectives, addressing the core subject matter. 	

Theme 5 - Overview of the Assessment of the Medico-Legal Learning Objectives

- In the normal course of duties, the supervisor observes that the registrar deals with paperwork that has a legal implication correctly and ethically.
- The registrar is to be exposed to a wide variety of clinical areas during their training. Many such areas would be expected to have a medico-legal emphasis, e.g. impaired practitioners/pain clinics. The registrar is observed to correctly deal with these patients, complete appropriate paperwork and liaise with various bodies, including the Medical Board.
- The registrar is involved in teaching medical students, RMOs and other practitioners (this will inevitably involve the medico-legal elements of practice named above). The registrar is noted to have a good grasp of medico-legal aspects of practice during teaching.
- Correspondence to referring practitioners, medical boards, and other bodies form a part of the registrar's log book. These are perused by the supervisor and are noted to contain letters with medico-legal elements. These are noted to demonstrate exposure to, and a good understanding of, the medico-legal framework of practice.
- Regular meetings are held between the supervisor and registrar. At these meetings it is expected that interesting and difficult patients are discussed. During such meetings it is expected that the registrar will present cases to the supervisor that involve a medico-legal framework.
- Case commentaries form a part of the requirements for Fellowship. It is likely that elements of case(s) will have a medico-legal framework with which to judge the knowledge of the registrar.
- Registrars form part of a multidisciplinary team. The treatment team deals with patients with a medico-legal aspect of their treatment. The registrar will be noted to be an integral part of this team that deals with medico-legal aspects of care competently.
- In the normal course of work, the registrar deals with the results of random urine testing. This is usually in the context of an opioid treatment program, but may also be part of a court diversion program or as a result of legal proceedings. The results of urine testing have implications for treatment that vary between programs and jurisdictions. The registrar is required to deal appropriately with the results of such toxicological testing within their particular work environment.
- The registrar provides reports to courts, legal representatives of patients, and other official bodies. These reports reflect an understanding of medico-legal and forensic aspects of care.

Theme 5		Medico-Legal
Learning Objective 5.1		Comply with legislation concerning prescription and supply of drugs of dependence
Knowledge		Skills
<ul style="list-style-type: none"> • outline relevant legislation concerning prescription and supply of drugs of dependence • outline Drugs of Dependence Act • describe administrative requirements, and processes related to application and compliance. 		<ul style="list-style-type: none"> • advise prescribers on legislation details • complete correct paperwork for prescription of such medications • liaise with local pharmaceutical services and doctor shopping information services • participate in workshops where these skills are taught.

Theme 5	Medico-Legal	
Learning Objective 5.2	Comply with legislation relating to the supply and prescription of opioid replacement treatment and understand the process leading to the authorisation to prescribe these medications	
Knowledge	Skills	
<ul style="list-style-type: none"> describe pharmacology of opioid replacement drugs outline applicable legislations outline prescription requirements and procedures outline procedures to become an authorised prescriber. 	<ul style="list-style-type: none"> complete relevant paperwork advise other medical practitioners on ignore legislation regarding gaining authority for prescribing these medications advise other medical practitioners on the legislation and correct use of paperwork regarding ongoing prescription of these medications. 	

Theme 5	Medico-Legal	
Learning Objective 5.3	Outline requirements of the Medical Practitioners Registration Act applicable to local jurisdiction	
Learning Objective 5.4	Have an appreciation of what behaviour by a practitioner might constitute unprofessional conduct	
Learning Objective 5.5	Understand the range of presentations of the impaired practitioner	
Knowledge	Skills	
<ul style="list-style-type: none"> describe relevant components of the Medical Practitioners Registration Act describe assessment and management of the impaired professional. 	<ul style="list-style-type: none"> treat practitioners of various disciplines as patients apply diagnostic and monitoring procedures liaise with professional bodies, e.g. medical and nursing registration boards. 	

Theme 5	Medico-Legal	
Learning Objective 5.6	Apply clinical and interpretive procedures required to monitor biological markers, including drug screening	
Knowledge	Skills	
<ul style="list-style-type: none"> define role of monitoring biological markers describe specimen collection and chain of evidence. 	<ul style="list-style-type: none"> analyse and interpret screening results write reports liaise with laboratory staff discuss results with patients. 	

Theme 5	Medico-Legal
Learning Objective 5.7	Apply diagnostic procedures required to correctly interpret blood/ breath alcohol levels when required to act as an expert witness on alcohol and drug issues
Knowledge	Skills
<ul style="list-style-type: none"> describe forensic toxicology outline applicable court/judicial procedures and operational processes define professional, legal and ethical responsibilities describe toxicology of alcohol and drugs. 	<ul style="list-style-type: none"> use alcohol breath analysis equipment interpret blood and breath alcohol levels determine levels of impairment and responsibility write legal reports.

Theme 5	Medico-Legal
Learning Objective 5.8	Outline the range of issues surrounding alcohol and/or drug use in the workplace as they relate to workplace occupational health and safety legislation
Knowledge	Skills
<ul style="list-style-type: none"> outline workplace occupational health and safety legislation define role, and limitations, of alcohol and drug testing in differing workplace environments. 	<ul style="list-style-type: none"> interpret drug and alcohol test results write reports communicate occupational health and safety legislation as it relates to alcohol and drug use mediate between impaired employee and employer.

Theme 5	Medico-Legal
Learning Objective 5.9	Describe the role and application processes related to involuntary treatment encompassed in the various mental health acts in each jurisdiction
Knowledge	Skills
<ul style="list-style-type: none"> outline relevant federal and state mental health acts explain the role of involuntary treatment programs and the application process. 	<ul style="list-style-type: none"> follow involuntary treatment application procedures.

Theme 5		Medico-Legal
Learning Objective 5.10		Work within court diversion programs
Knowledge		Skills
<ul style="list-style-type: none"> • describe applicable court/judicial procedures and operational processes • describe the following for court diversion programs: <ul style="list-style-type: none"> • rationale • scope • utilisation • reporting requirements • outline range and use of referred treatments and referral processes • outline assessment principles • define the role of drug and alcohol treatments, including: <ul style="list-style-type: none"> • judicial supervision • implications of legal consequences as a result of non-compliance. 		<ul style="list-style-type: none"> • write reports • perform urine monitoring and screening • refer to and from local court diversion programs • liaise with multidisciplinary staff involved in court diversion programs • appear in court as a witness.

Overview of Theme 6 – Self-Education

A consultant in addiction medicine maintains professional competence by participating in appropriate educational activities, and educating other health professionals in the principles and practices of addiction medicine. Trainees are expected to demonstrate their preparation for this through self-directed learning, the use of written and online resources and participation in teaching activities.

Overview of the Assessment of the Self-Education Learning Objectives

A trainee's capacity for identification of areas of weakness and self-directed learning will be assessed throughout training in supervisor's reports.

Theme 6	Self-Education	
Learning Objective 6.1	Demonstrate enthusiasm for self-directed, lifelong learning to ensure engagement in continuing education or continuing professional development	
Knowledge	Skills	
<ul style="list-style-type: none"> describe techniques of self-evaluation outline methods for self-directed learning describe basic techniques for effective teaching. 	<ul style="list-style-type: none"> formulate plans for professional self-evaluation reflect on own performance present knowledge to others document participation in relevant medical education activities teach others, incorporating the use of audiovisual aids access and utilise libraries and online databases. 	

Overview of Theme 7 – Patient Management

A consultant in addiction medicine diagnoses and manages, or advises on the management of, acute problems, including overdose and withdrawal states, so as to minimise the harm to the patient and to others. A consultant plans, organises, administers and reviews appropriate and comprehensive long-term management, utilising and coordinating the skills of an interdisciplinary team, and communicating effectively with the patient, family, rehabilitation team, medical colleagues and other relevant agencies.

Overview of the Assessment of the Patient Management Learning Objectives

A trainee's competence in patient management will be assessed throughout training, in clinical supervision, reflected in the log book of clinical cases and in the supervisor's reports. Knowledge of management of complex drug related problems will be reflected in case histories submitted.

Theme 7	Patient Management	
Learning Objective 7.1	Diagnose and manage acute withdrawal and intoxication states	
Knowledge	Skills	
<ul style="list-style-type: none"> describe pharmacology of drugs of abuse, effects, side effects and interactions, including toxicological aspects, where relevant describe neurobiology of addiction describe management of withdrawal syndromes describe nature, costs and efficacy of treatment modalities for dependency problems, including self-help groups, residential treatments, substitution treatment, treatment of comorbidity, and role of counselling outline protocols for management of withdrawal states describe treatment settings, including residential, ambulatory and community based resources. 	<ul style="list-style-type: none"> use and interpret monitoring tasks apply empathic interviewing and reflective listening recognise withdrawal syndromes and intoxication states and formulate management plans provide balance of support and structure, setting limits while remaining non-judgemental write medical records, providing clear notes and reports perform a focused, relevant physical examination. 	

Theme 7	Patient Management	
Learning Objective 7.2	Determine risks to self and others from intoxication, withdrawal and dependence, and respond appropriately	
Knowledge	Skills	
<ul style="list-style-type: none"> describe indicators of self-harm recognise impact of drug problems on families, the potential disturbance to family function, and principles of intervention with family systems outline national, state and local acts including child protection issues. 	<ul style="list-style-type: none"> formulate appropriate management plans, minimising risks to patients and others maintain balance between respect for privacy and confidentiality, and legal, ethical and safety issues involved in obtaining and releasing information 	

Theme 7	Patient Management
Learning Objective 7.2	Determine risks to self and others from intoxication, withdrawal and dependence and respond appropriately
	<ul style="list-style-type: none"> • identify and manage conflict during treatment • define and maintain professional boundaries • perform a focused, relevant physical examination.

Theme 7	Patient Management
Learning Objective 7.3	Obtain informed consent to treatment and develop a treatment plan based on an assessment of motivation
Knowledge	Skills
<ul style="list-style-type: none"> • outline legislative and regulatory references regarding informed consent, particularly for patients with impaired ability to make decisions • define accepted practice for informed consent. 	<ul style="list-style-type: none"> • obtain informed consent • assess patient’s motivation for treatment • provide balance of support and structure, setting limits while remaining non-judgemental • maintain balance between respect for privacy and confidentiality, and legal, ethical and safety issues involved in obtaining and releasing information • identify and manage conflict during treatment • write medical records, providing clear notes and reports.

Theme 7	Patient Management
Learning Objective 7.4	Identify and coordinate management of comorbid medical conditions
Knowledge	Skills
<ul style="list-style-type: none"> • describe pharmacology of drugs of abuse, effects, side effects and interactions • describe common comorbidities that may accompany alcohol and drug use • describe neurobiology of addiction • describe nature, costs and efficacy of comorbidity treatments. 	<ul style="list-style-type: none"> • use and interpret monitoring tasks • identify comorbid medical conditions • refer patients for appropriate treatment of comorbidities • write medical records, providing clear notes and reports • perform a focused, relevant physical examination.

Theme 7	Patient Management	
Learning Objective 7.5	Identify and coordinate management of comorbid psychiatric conditions	
Knowledge	Skills	
<ul style="list-style-type: none"> describe common psychiatric comorbidities that may accompany alcohol and drug use, and their management outline differential diagnosis and management of delirium describe the nature of acquired brain injury (ABI) and services available to address ABI related issues outline management of psychiatric factors affecting rehabilitation management, including adjustment disorders, depression, anxiety and somatoform disorders, and ABI. 	<ul style="list-style-type: none"> use and interpret appropriate monitoring tasks identify comorbid psychiatric conditions refer patients for appropriate treatment of psychiatric conditions apply empathic interviewing and reflective listening techniques write medical records, providing clear notes and reports perform a focused, relevant physical examination. 	

Theme 7	Patient Management	
Learning Objective 7.6	Facilitate ongoing participation of the patient, family and significant others in the rehabilitation program	
Knowledge	Skills	
<ul style="list-style-type: none"> outline relevant national, state and local acts including child protection issues recognise impact of drug problems on families, the potential disturbance to family function, and principles of intervention with family systems outline ethical and legal issues relevant to the planning and delivery of rehabilitation care. 	<ul style="list-style-type: none"> use and interpret appropriate monitoring tasks apply empathic interviewing and reflective listening techniques involve family and significant others in the formulation of treatment plans provide balance of support and structure, setting limits while remaining non-judgemental identify and manage conflict during treatment define and maintain professional boundaries. 	

Theme 7	Patient Management	
Learning Objective 7.7	Use assessments and therapies of the interdisciplinary teams	
Knowledge	Skills	
<ul style="list-style-type: none"> outline ethical and legal issues relevant to the planning and delivery of rehabilitation care define roles of team members describe differing skills and strengths within team. 	<ul style="list-style-type: none"> use skills and strengths within multidisciplinary team. 	

Theme 7	Patient Management	
Learning Objective 7.8	Manage dependence relapse prevention, monitoring and review	
Knowledge	Skills	
<ul style="list-style-type: none"> • discuss factors that may contribute to relapse • describe relapse prevention strategies • outline neurobiological principles underlying substance dependence syndromes • describe management of psychiatric factors affecting rehabilitation. 	<ul style="list-style-type: none"> • assess likelihood of relapse • incorporate relapse prevention strategies into care plan • recognise signs of relapse • use and interpret monitoring tasks • apply empathic interviewing and reflective listening techniques • provide balance of support and structure, setting limits while remaining non-judgemental. 	

Overview of Theme 8 – Public Health and Prevention

A consultant in addiction medicine works to prevent drug related harm, or progression of harm, in communities and individuals.

Overview of the Assessment of the Public Health and Prevention Learning Objectives

A trainee's competence in public health and prevention will be assessed through a series of tasks set out in the public health workbook. It will include a diary considering public health issues encountered in clinical placements, a written project and guided reading.

Theme 8	Public Health and Prevention	
Learning Objective 8.1	Discuss the public health impact of tobacco, alcohol and other drug dependence, and other public health areas related to substance use	
Knowledge	Skills	
<ul style="list-style-type: none"> describe changing patterns of drug use within the community and their impact on public health outline spectrum, epidemiology and natural history of drug use and related harms, including risk factors for development of substance disorders outline key methods of primary, secondary and tertiary prevention in the context of drug problems, their effectiveness on a population and individual basis and relative cost. 	<ul style="list-style-type: none"> appraise publications relating to drug use, and the public health impact of drug use and methods for its prevention or treatment. 	

Theme 8	Public Health and Prevention	
Learning Objective 8.2	Promote the use of evidence-based prevention strategies and screening and brief interventions in healthcare settings	
Knowledge	Skills	
<ul style="list-style-type: none"> describe evidence-based medicine outline national, state or local drug related policies, prevention and treatment measures describe spectrum, epidemiology and natural history of drug use and related harms, including risk factors for development of substance disorders outline key methods of primary, secondary and tertiary prevention in the context of drug problems, their effectiveness on a population and individual basis and relative cost describe needle and syringe programs, detox and vaccination programs. 	<ul style="list-style-type: none"> appraise publications relating to drug use, and the public health impact of drug use and methods for its prevention or treatment promote the use of evidence-based prevention strategies and screening deliver brief interventions. 	

Theme 8	Public Health and Prevention	
Learning Objective 8.3	Appraise research literature relating to addiction medicine	
Knowledge	Skills	
<ul style="list-style-type: none"> • identify relevant resources • outline basic epidemiological and biostatistical principles, including research study design and hierarchies of research evidence. 	<ul style="list-style-type: none"> • appraise publications relating to drug use, and the public health impact of drug use and methods for its prevention or treatment. 	

Overview of Theme 9 – Research

A consultant in addiction medicine is able to critically appraise research publications and assess applicability of the findings to clinical practice. The consultant can:

1. design, perform and report on quality assurance studies
2. present or publish a piece of original work - critical literature review or research project.

Prior training or experience that can be accredited towards these outcomes:

- Masters or Diploma in Public Health
- other Masters with a research element
- PhD in any field
- a university short course (minimum 12 hours)
- a paper previously published in a refereed journal can be used for criterion 2 above
- presentation or publication of a piece of original work - critical literature review or research project.

Training activities:

1. Complete a research module: a short course in epidemiology or biostatistics from an Australian or New Zealand university (minimum 12 hours)
- 2a. Publish a paper in a refereed journal OR perform a short systematic literature review demonstrating ability to appraise the literature

OR

- 2b. Design a quality assurance project for your clinical setting
Consider current best practice and methods of assessing how your unit meets these
Conduct the study, or part thereof, and report results.

Overview of the Assessment of the Research Learning Objectives

The trainee is required to participate in the design, analysis and write up of a supervised research project or systematic review.

Theme 9		Research
Learning Objective 9.1		Critically appraise research publications and assess applicability of findings to clinical practice
Knowledge		Skills
<ul style="list-style-type: none"> • outline research methodologies • describe evidence-based medicine. 		<ul style="list-style-type: none"> • appraise literature • synthesise literature • apply findings to enhance daily clinical practice.

Theme 9	Research	
Learning Objective 9.2	Design, perform and report on quality assurance studies	
Knowledge	Skills	
<ul style="list-style-type: none"> describe quality improvement cycle outline quality assurance methodologies and processes describe codes of conduct. 	<ul style="list-style-type: none"> identify potential areas, processes and practices requiring improvement formulate proposals identify key processes evaluate skills. 	

Theme 9	Research	
Learning Objective 9.3	Present or publish a piece of original work, critical literature review or research project	
Knowledge	Skills	
<ul style="list-style-type: none"> outline research methodologies: <ul style="list-style-type: none"> problem selection research justification literature review hypothesis formulation study design sample selection data collection instruments data collection and analysis study conclusions research report describe evidence-based medicine outline ethics committee processes. 	<ul style="list-style-type: none"> formulate research proposals conduct literature review evaluate review or project apply and interpret statistical analysis processes apply statistics for research. 	