About the 2017–18 handbook

This handbook outlines the complete program requirements for the RACP Physician Readiness for Expert Practice (PREP) Advanced Training in Addiction Medicine Program. Satisfactory completion of these requirements is necessary for admission to Fellowship. The 2017–18 handbook applies to all Australian and New Zealand based trainees registered in a PREP program in 2017 and/or 2018, regardless of the year in which they commenced PREP Advanced Training. A trainee is considered to be in a PREP Advanced Training Program if they first enrolled in that program from 2011 onwards. Where not specified as being particular to either Australia or New Zealand, information applies to trainees and supervisors in both countries.

2017–18 Program requirement updates

Overseeing committees evaluate training requirements every two years (previously annually) to ensure that they are in line with educational best practice. Requirements are published and communicated accordingly. Changes to the training program that may substantially impact a trainee’s plan for training will be implemented following an extended period of notice. It is the trainee’s responsibility to ensure that they are following the correct handbook.

<table>
<thead>
<tr>
<th>Changes to program requirements for 2017–18</th>
<th>Rationale for changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>New <a href="#">Research Project</a> requirement for trainees commencing training in 2017 onwards.</td>
<td>To align with College-wide implementation of research projects to enable trainees to gain research skills and experience.</td>
</tr>
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Addiction Medicine
Addiction Medicine is the comprehensive care of people with a wide range of addiction disorders, including drug and alcohol addiction, and pharmaceutical dependency. Addiction Medicine physicians work collaboratively with a multidisciplinary team of clinicians to improve health outcomes for patients.

Program overview
Advanced Training provides a ‘depth’ of specialty training under supervision to prepare trainees for independent practice as consultants. It builds on the skills developed in preceding training through work-based assessments and learning tools as outlined in this handbook.

<table>
<thead>
<tr>
<th>Program</th>
<th>Advanced Training in Addiction Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overseeing committee(s)</td>
<td>Training Committee in Addiction Medicine (TCAM)</td>
</tr>
<tr>
<td>Entry requirements</td>
<td>Completion of RACP Basic Physician Training, including the RACP Written and Clinical Examinations or holding Fellowship from another prescribed Medical College, Current Medical registration, Appointment to an appropriate Advanced Training position</td>
</tr>
<tr>
<td>Minimum duration</td>
<td>3 years (full-time equivalent (FTE))</td>
</tr>
<tr>
<td>Curricula</td>
<td>Download the Addiction Medicine Advanced Training Curriculum (PDF 1MB), Download the Professional Qualities Curriculum (PDF 1MB)</td>
</tr>
<tr>
<td>Qualification</td>
<td>Fellowship of the Royal Australasian College Chapter of Addiction Medicine (FACChAM)</td>
</tr>
</tbody>
</table>

Quick links
- Apply or re-register
- Program requirements overview
- Important dates
- Advanced Training Portal
- Accredited training sites
- Part-time training
- Membership fees (including training fees)
- Supervision
- Download the Advanced Training supervisor amendment form (.doc 153KB)
- Download the Advanced Training interruption of training form (.doc 1.1MB)

Learning and assessment tool forms
- Download the Addiction Medicine Supervisor's Report (.doc 352KB)
- Download the Addiction Medicine Assessment Cover Sheet (.doc 137KB)
- Download the Addiction Medicine Consent Form for Video or Supervised Interview of Consultation (.doc 133KB)
- Download the Addiction Medicine Observed Patient Interview Assessment Sheet (PDF 79KB)
- Download the Addiction Medicine Marking Sheet for Research Projects (.doc 346KB)
- Download the Addiction Medicine Marking Criteria for Case Histories (.doc 85KB)
- Download the Addiction Medicine Marking Criteria for Public Health Workbook (.doc 118KB)
Contact us
Phone: +61 2 8247 6248
Email: AddictionMedTraining@racp.edu.au
Apply for Advanced Training

Eligibility
There are two pathways of entry into Advanced Training in Addiction Medicine. Both pathways require appointment to an appropriate Advanced Training position at a suitable training site and current medical registration.

Completion of RACP Basic Training
New trainees can apply for Advanced Training after completing Basic Training, including passing the Divisional Written and Clinical Examinations. They must have current medical registration and appointment to an appropriate Advanced Training position at a suitable training site.

Fellowship of a College, Faculty or another Chapter
Trainees may apply to enter Advanced Training in Addiction Medicine after obtaining Fellowship of another College (e.g. Royal Australasian College of General Practitioners) and appointment to an appropriate Advanced Training position at a suitable training site.

Trainees must be a Fellow of one of the following colleges/faculties/chapters:
- Australasian Chapter of Palliative Medicine (FAChPM)
- Australasian Chapter of Sexual Health Medicine (FACSHM)
- Australasian College for Emergency Medicine (FACEM)
- Australasian Faculty of Occupational and Environmental Medicine (FAFOEM)
- Australasian Faculty of Public Health Medicine (FAFPHM)
- Australasian Faculty of Rehabilitation Medicine (FAFRM)
- Australian and New Zealand College of Anaesthetics (FANZCA)
- Australian College of Rural and Remote Medicine (FACRRM)
- Faculty of Pain Medicine (FFPMANZCA)
- Royal Australian and New Zealand College of Psychiatrists (FRANZCP)
- Royal Australasian College of Physicians (FRACP)
- Royal Australian College of General Practitioners (FRACGP)
- Royal New Zealand College of General Practitioners (FRNZCGP)

Advanced Training positions
Core training usually needs to be undertaken at accredited training sites that have been accredited by the overseeing committee for Advanced Training in the relevant specialty. Some specialty groups conduct a coordinated Advanced Trainee Selection and Matching process for appointing trainees to training positions. Details of participating states, regions and specialties are available from June each year.

Please note that the College is not responsible for trainee recruitment and has no role in the recruitment process.

Approval and certification of training
Once trainees have secured a training position, they must prospectively apply for approval as per the Progression through Training Policy.

Approval of training periods will be determined by the overseeing committee. To be approved, a trainee’s individual training program must be consistent with the training requirements and appropriate for the stage in training.

Upon completion of each rotation or calendar year of training, the overseeing committee considers each trainee’s progress according to the program requirements. If all requirements of training have been satisfactorily completed, the overseeing committee will certify the period of training.

How to apply
Both new and current trainees need to apply for Advanced Training each year.
**Australian Trainees**

Apply online for Advanced Training by the due dates below.

Where online registration is not available please download, complete and submit the application form to apply for Advanced Training in Addiction Medicine (.doc 472KB).

**New Zealand Trainees**

Download, complete and submit the application form to apply for Advanced Training in Addiction Medicine (.doc 475KB) by the due dates below.

Trainees must organise the timely submission of all necessary documentation, keep a copy of the application for future reference and pay required fees.

**Closing dates for applications**

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 February</td>
<td>Closing date for applications for prospective approval of rotations in the current year</td>
</tr>
<tr>
<td>31 August</td>
<td>Closing date for applications for prospective approval of rotations in the second half of the current year</td>
</tr>
</tbody>
</table>
College training program resources

This handbook should be used alongside the following resources.

Curricula
RACP curricula outline the learning objectives and associated knowledge, skills, attitudes and behaviours required of graduates of College training programs across program-specific/clinical and non-program/non-clinical attributes.

- Download the Addiction Medicine Advanced Training Curriculum (PDF 1MB)
- Download the Professional Qualities Curriculum (PDF 1MB)

Advanced Training Portal
Resources for many of the requirements of this training program can be accessed through the Advanced Training Portal. These include:

- summary of training completed and required
- detailed information on training rotations, including approval and certification decisions
- past examination results
- online teaching and learning and formative assessment tools
- information sheets, workflows, rating forms and interactive video tutorials for online tools

Education policies
Education policies underpin all training requirements. Key education policies include the following:

- Academic Honesty and Plagiarism
- Flexible Training
- Progression through Training
- Recognition of Prior Learning
- Special Consideration for Assessments
- Trainee in Difficulty Support Policy

Variations in training and flexible training options
Variations in training processes cover dual, joint, conjoint and post-fellowship training. Flexible training option information covers part-time training, interruptions to training, withdrawing from training and exceptional circumstances.

Trainee responsibilities
All trainees are adult learners who must understand trainee responsibilities and play a role in teaching and mentoring junior doctors.

The College is committed to supporting trainees who are experiencing difficulty in their training. If trainees or supervisors are experiencing difficulty, they should contact their Education Officer and the Training Support Unit.

Supervisor roles and responsibilities
Supervision in PREP training involves a comprehensive level of educationally-focused support for trainees. The College runs supervisor workshops to help develop required skills for this role.

Accreditation of settings
Core training is usually conducted in training positions at accredited training sites that have been accredited by the overseeing committee.
eLearning@RACP

eLearning@RACP is a central, online space which supports College members in their learning. It contains educational resources developed by the RACP or shared by other postgraduate medical colleges. College members can login and access courses and modules designed and developed in collaboration with Fellows, trainees and education committees, on topics including:

- Communication
- Indigenous Health
- Research
- Supervisor Professional Development
- Telesupervision

These courses and modules are optional and completion is not a program requirement.

Admission to Fellowship

Trainees are eligible to be admitted to Fellowship on the completion of all requirements of training. The College will invite trainees to apply for Fellowship once the overseeing committee has recommended them for admission. The admission process involves completion of an application form, and the payment of a fee.

New Fellows will receive formal notification from the College that they have been admitted to Fellowship. In addition to the award of Fellowship, individuals who complete training are issued a letter confirming the completion of their training. Fellows who complete another training program subsequent to admission to Fellowship receive a letter confirming all of the RACP training programs that they have completed.

All Fellows in Australia, New Zealand and overseas who are in active practice must meet the requirements of a Continuing Professional Development (CPD) program.
Program requirements

Program requirements are the components of a training program that a trainee must complete in order to progress through training. Mandatory program requirements are linked to the certification of training, progression through training and program completion. Program requirements are made up of formative and summative assessments, teaching and learning activities, the type and duration of clinical rotations, course work and other requirements, such as minimum overall duration of training.

Overseeing committees evaluate training requirements every two years (previously annually) to ensure that they are in line with educational best practice. Requirements are published and communicated accordingly. Changes to the training program that may substantially impact a trainee’s plan for training will be implemented following an extended period of notice.

It is the trainee's responsibility to ensure that they are following the correct handbook and are aware of the current program requirements. They must also ensure that they are familiar with current RACP education policies and processes, such as those for dual trainees.

Program requirements overview

<table>
<thead>
<tr>
<th>Core training (minimum 18 months)</th>
<th>Non-core training (maximum 18 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Content</strong></td>
<td></td>
</tr>
<tr>
<td>• Addiction Medicine Advanced Training Curriculum</td>
<td>• Addiction Medicine Advanced Training Curriculum</td>
</tr>
<tr>
<td>• Professional Qualities Curriculum</td>
<td>• Professional Qualities Curriculum</td>
</tr>
<tr>
<td><strong>Supervision</strong> per year:</td>
<td></td>
</tr>
<tr>
<td>• 1 supervisor with FAChAM</td>
<td>• 1 supervisor with FAChAM</td>
</tr>
<tr>
<td>• A second supervisor who may or may not have FAChAM (recommended)</td>
<td>• A second supervisor who may or may not have FAChAM (recommended)</td>
</tr>
<tr>
<td><strong>Teaching and learning requirements</strong></td>
<td></td>
</tr>
<tr>
<td>Per year:</td>
<td></td>
</tr>
<tr>
<td>• 2 Learning Needs Analysis</td>
<td>• 2 Learning Needs Analysis</td>
</tr>
<tr>
<td>• 1 Professional Qualities Reflection (recommended)</td>
<td>• 1 Professional Qualities Reflection (recommended)</td>
</tr>
<tr>
<td>• 2 Logbook Certifications</td>
<td>• 2 Logbook Certifications</td>
</tr>
<tr>
<td><strong>Assessments</strong></td>
<td></td>
</tr>
<tr>
<td>Per year:</td>
<td></td>
</tr>
<tr>
<td>• 2 Case-based Discussions</td>
<td>• 2 Case-based Discussions</td>
</tr>
<tr>
<td>• 2 Supervisor’s Reports</td>
<td>• 2 Supervisor’s Reports</td>
</tr>
</tbody>
</table>

By the end of Advanced Training:

36 months of certified training time consisting of:
• Minimum of 18 months core training
• Maximum of 18 months non-core training
• 2 Observed Patient Interviews
• 1 Case History
• 1 Research Project:
  ◦ Research Project (for trainees commencing training in 2017 onwards)
  ◦ Research Project (for trainees who commenced training before 2017)
• 1 Public Health Workbook
• Addiction medicine online modules (recommended)
## Time-based requirements - Training time and rotations

<table>
<thead>
<tr>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>To ensure adequate time for trainees to gain necessary learning experiences across a range of relevant rotations.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total training time</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 years (36 months (FTE))</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Training rotations</th>
</tr>
</thead>
<tbody>
<tr>
<td>36 months of certified training time consisting of:</td>
</tr>
<tr>
<td>• Minimum of 18 months core training</td>
</tr>
<tr>
<td>• Maximum of 18 months non-core training</td>
</tr>
<tr>
<td>Training in specialist addiction medicine positions requires minimum exposure as follows:</td>
</tr>
<tr>
<td>• 6 months (two to three sessions per week or equivalent) in a consultation–liaison term in a general hospital.</td>
</tr>
<tr>
<td>• 6 months (two to three sessions per week or equivalent) with an inpatient/residential/acute withdrawal unit. It is suggested that trainees consider a continuous two-week block per six months.</td>
</tr>
<tr>
<td>• 12 months (two to three sessions per week or equivalent) in an ambulatory (community) assessment and/or detoxification service.</td>
</tr>
<tr>
<td>• 6 months (one to two sessions per week or equivalent) pain clinic attachment.</td>
</tr>
<tr>
<td>• 12 months (two to three sessions per week or equivalent) experience prescribing opioid substitution treatment. It is expected that trainees will be involved in long-term follow-up.</td>
</tr>
<tr>
<td>• Experience in psychiatry, as a significant part of addiction medicine rotation and/or as a separate rotation.</td>
</tr>
</tbody>
</table>

It is expected that the pain clinic attachment, the opioid substitution attachment and the inpatient/residential/acute withdrawal unit experience would not be full-time positions, but rather sessional positions in the context of working in a comprehensive treatment service.

Trainees must also gain exposure in the following areas, as set out in the [Addiction Medicine Advanced Training Curriculum](#):

- Public health
- Psychiatry
- Working with pregnant patients
- Working with adolescent patients
- Working with older patients
- Access to the Indigenous community
- Medico-legal
- Long-term follow-up
- Emergency medicine
- Research

Collaboration with co-located services.

### Core training

A minimum of 18 months FTE must be spent in accredited addiction medicine training positions under the supervision of a Fellow of the Chapter.

### Non-core training

Trainees may undertake a maximum of 18 months of non-core training in prospectively approved research in relation to Addiction Medicine or clinical training in approved medical, psychiatric or public health positions.

Accredited research directed towards an MD or PhD, or completion of a Master’s program, may be counted towards the training program. This training must also be prospectively...
### Time-based requirements - Training time and rotations

Training time in Australia/New Zealand
At least 12 months of Advanced Training must be undertaken in Australasia. This is to ensure that trainees receive adequate exposure to local practices and health services.

### Predetermined recognition of prior learning arrangements

#### Training requirements for trainees with a Certificate of Advanced Training in Addiction Psychiatry

Advanced Trainees in Addiction Medicine who have completed a [Certificate of Advanced Training in Addiction Psychiatry](#) must complete the following requirements:

- 12 months of core training in Addiction Medicine (FTE)
- 1 observed patient interview
- 1 Public Health Workbook*
- 2 Learning Needs Analysis
- Logbook
- 2 Case-based Discussions
- 2 Final Supervisor’s Reports

*maybe granted recognition of prior learning (RPL) for projects if already undertaken as part of advanced training in psychiatry

### Supervision requirements

#### Purpose
To provide trainees with appropriate support and guidance to complete the training program.

#### Core training
- 1 supervisor with FACHAM (required)
- A second supervisor who may or may not have FACHAM (recommended)

#### Non-core training
- 1 supervisor with FACHAM (required)
- A second supervisor who may or may not have FACHAM (recommended)

During a non-core year, trainees may be working in an environment where there may be no FACHAM supervisors available. In such circumstances, trainees should contact the Training Committee to discuss an acceptable arrangement.

#### More information
- [Supervision](#)
- [Download the Advanced Training supervisor amendment form (.doc 153KB)](#)
Work-based learning and assessment tools

PREP teaching and learning activities are designed to support reflective practice and self-directed learning. A variety of teaching and learning activities and assessments are used throughout PREP training. These activities cater to a range of learning needs, styles and situations that may arise in workplace training, and aim to facilitate learning and enhance the attainment of desired learning outcomes.

Trainees are required to complete all teaching and learning activities, including formative and summative assessments, throughout training.

Formative assessments focus on assessment for learning through feedback and guidance. The College’s formative assessments aid the trainee and supervisor through a formal feedback discussion, prompting areas for discussion highlighted by the trainee’s performance. The College’s formative assessments are based on existing workplace-based assessment methods and best practice in medical education.

Summative assessments focus on judgements about trainee progression, resulting in pass or fail decisions on a trainee’s performance.

<table>
<thead>
<tr>
<th>Case history</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purpose</strong></td>
</tr>
<tr>
<td>To allow the trainee to demonstrate their capacity to think critically, to synthesise information from a range of disciplines and to appropriately refer to original research.</td>
</tr>
<tr>
<td><strong>Requirement</strong></td>
</tr>
<tr>
<td>One case history over the course of training, due during the second year of training. The case history should be approximately 3000–5000 words in length, and is designed to allow a trainee to demonstrate their capacity to think critically, to synthesise information from a range of disciplines and to appropriately refer to original research. Trainees are expected to address a different area in each of their case history and observed interviews. The case history should cover one or more of the following topic areas:</td>
</tr>
<tr>
<td>• Consultation–liaison case for general hospital setting</td>
</tr>
<tr>
<td>• Case report of treatment of an adolescent</td>
</tr>
<tr>
<td>• Case involving psychiatric morbidity</td>
</tr>
<tr>
<td>• Case involving medical co-morbidity</td>
</tr>
<tr>
<td>• Case involving significant social issues such as criminality, forensic issues, child protection, issues relating to culturally and linguistically diverse populations, and third-party compensation</td>
</tr>
<tr>
<td>• Case involving continuing direct patient care over at least three months. All relevant information should be included along with any relevant negatives. The trainee should have thought the diagnoses through, be able to discuss them, and propose investigation and management relevant to addiction medicine with reference to relevant literature. The case history should address the following areas:</td>
</tr>
<tr>
<td>• The reason why an addiction medicine physician was contacted</td>
</tr>
<tr>
<td>• A detailed drug-use and treatment history</td>
</tr>
<tr>
<td>• Review of symptoms</td>
</tr>
<tr>
<td>• Physical examination findings</td>
</tr>
<tr>
<td>• Mental state examination findings</td>
</tr>
<tr>
<td>• Investigations</td>
</tr>
<tr>
<td>• Formulation</td>
</tr>
<tr>
<td>• Discussion of management in short term and in longer term</td>
</tr>
<tr>
<td>• Back-up discussion with findings from the literature.</td>
</tr>
</tbody>
</table>
### Case history

**More information**
- [Learning and assessment tool forms](#)

### Case-based Discussion (CbD)

**Purpose**
To guide the trainee’s learning through structured feedback and help the supervisor evaluate the expertise and judgement exercised in clinical cases. This is a formative assessment.

**Requirement**
Two per year (core and non-core) due by 31 January of the following year

**More information**
- Enter CbD rating form data into the [Advanced Training Portal](#)
- [Case-based Discussion information sheet, workflow, rating form and other resources](#)

### Learning Needs Analysis (LNA)

**Purpose**
To embed the process of planning and evaluating learning in the trainee’s practice.

**Requirement**
Two per year, early in the year (core and non-core) due by 31 January of the following year

**More information**
- Complete and submit the LNA via the [Advanced Training Portal](#)
- [Learning Needs Analysis information sheet, workflow and other resources](#)

### Logbook

**Purpose**
To demonstrate the trainee’s breadth of exposure in addiction medicine.

**Requirement**
One logbook to be kept throughout training. A signed certification of the logbook needs to be submitted with each Supervisor’s Report at the end of each six-month term.

Logbooks are intended to demonstrate breadth of exposure in addiction medicine. They need not necessarily contain large amounts of detail. Rather, it is important to show what sort of cases have been seen and what new learning has been achieved.

Logbooks need to be seen by and discussed with a supervisor. It is often through such discussion that valuable learning takes place. The supervisor must then certify to the overseeing committee that this process has occurred.

Certification of the logbook needs to be submitted in conjunction with the Final Supervisor’s Report at the end of each six-month training term. Logbooks do not need to be sent to the College unless the training program of an individual comes into question. In this instance, patient information in the logbook needs to be de-identified (black marker through the name and identifying details will suffice).

The logbook should include the following details:
- date(s) seen
- diagnoses
Logbook

- issues dealt with
- intervention
- management (fine details are not required, e.g. brief intervention, alcohol pharmacotherapy).

The logbook needs to document that the trainee at some time during the training period conducted:

- assessments of patients with problems related to alcohol, opioids, benzodiazepines, stimulants and other drugs
- brief interventions
- long-term interventions – including relapse prevention with pharmacotherapeutic agents, medical treatment for opioid dependence, ambulatory detoxification, management of iatrogenic dependence – where patients were seen for several visits over a period of time, and not just once for assessment
- assessment and management of drug use in pregnancy.

The logbook must include some examples of correspondence written by the trainee. For example, evidence of a typical outpatient letter for each of the points listed above, any medico-legal reports and any assessments of fitness, etc. Examples of correspondence written by the trainee should be sighted by the supervisor and need not be included with the logbook certification unless specifically requested by the Training Committee.

Observed patient interview

Purpose
To assess a trainee’s communication and counselling skills. It is not necessary to perform a physical examination for this assessment.

Requirement
Twice over the course of training, one in first year of training due by 31 January of the following year and one in third year of training due by 15 October of that year

Trainees are required to obtain consent (use consent forms provided) from their patients before performing the observed (or videotaped) interview.

The observed (or videotaped) interview is assessed on the following criteria:

- development of a good rapport with the patient
- effective communication, i.e. not interrupting patient
- adequate listening
- provision of information to the patient.

Throughout their training, a trainee should submit a maximum of two observed assessment interview reports from clinical interviews. The two interviews should include:

- one assessment interview with an alcohol-dependent patient
- one assessment interview with an opioid-dependent patient
  and preferably include an interview with either an adolescent patient or a patient with chronic pain and iatrogenic dependence.

Trainees must organise to be observed by a Fellow of the Chapter of Addiction Medicine other than their nominated supervisor(s). Where this is not possible, arrangement may be made with the overseeing committee prior to the observed interview being performed.

More information

- Learning and assessment tool forms
**Professional Qualities Reflection (PQR)**

**Purpose**
To help trainees to articulate and formalise ideas and insights about their professional development through the process of reflection.

**Requirement**
One per year (core and non-core) due any time during the year (recommended)

**More information**
- Complete and submit the PQR via the Advanced Training Portal
- Professional Qualities Reflection information sheet and workflow

**Public Health Workbook**

**Purpose**
To provide evidence of useful learning experiences in considering and defining clinical problems; the systematic acquisition, synthesis and interpretation of data; and effective written communication.

**Requirement**
One over the course of training due by 15 September in the final year of training

The public health workbook assessment comprises a diary of eight public health issues encountered during training (to be checked by the nominated supervisor). For each of the eight issues encountered, trainees are required to submit a workbook to the College consisting of 400–500 words on the context in which the issue was raised and how it was dealt with, and including a description of the relevant data or literature.

These issues may be encountered in daily patient care, management decisions, or in matters raised by the general community.

For any given issue, the domains of public health that should be covered in the workbook include one or more of the following:
- epidemiological aspects, e.g. incidence, prevalence, geographical aspects, relationship between prevalence and demographics, or other relevant factors
- aspects relating to media, e.g. media interviews relating to addiction
- relationship with industry, e.g. considerations around advertising, etc.
- public health programs of relevance
- policies of relevance
- legislation of relevance.

Trainees are also required to submit a Certification of Public Health Workbook which has been signed by their supervisor.

Recommended length: 400–500 words per issue\(^1\)

\(^1\) *The recommended length is indicative only.*

**More information**
- Learning and assessment tool forms

**Research Project (for trainees commencing training in 2017 onwards)**

**Purpose**
To enable trainees to gain experience in research methods; in interpretation of research literature; in participation in research at some stage of their career; and to develop quality improvement skills. Submission of a research project provides evidence of the skills of
### Research Project (for trainees commencing training in 2017 onwards)

considering and defining research problems; the systematic acquisition, analysis, synthesis and interpretation of data; and effective written communication.

#### Requirement

**For trainees commencing training in 2017 onwards:**

One over the course of training due by the annual submission date of 15 September in any year before the end of Advanced Training.

The research project must be marked as satisfactory prior to admission to Fellowship. It is recommended that trainees submit their research project by 15 September in their penultimate year of training to allow time for marking and resubmission of research projects initially marked ‘Resubmit’.

**For trainees who commenced training before 2017:**

This project is not required - see below for pre-2017 Research Project requirements

#### More information

- [More information on Research Projects](#)
- [Research Projects eLearning@RACP module](#)
- [Education policies](#)

### Research Projects (for trainees who commenced training before 2017)

#### Purpose

To enable trainees to gain experience in research methods; in interpretation of research literature; in participation in research at some stage of their career; and to develop quality improvement skills.

#### Requirement

**For trainees commencing training in 2017 onwards:**

This project is not required - see above for 2017 onwards Research Project requirements

**For trainees who commenced training before 2017:**

One over the course of training due by the annual submission date of 15 September in any year before the end of Advanced Training.

The research project must be marked as satisfactory prior to admission to Fellowship. It is recommended that trainees submit their research project by 15 September in their penultimate year of training to allow time for marking and resubmission of research projects initially marked ‘Resubmit’.

Trainees are required to submit:

- a report of a research project in which they have had significant involvement in design, conduct of research and analysis of data

OR

- a systematic review

Recommended length: 3000 words

The project is assessed by two independent reviewers. The main aim of project submission is to provide evidence of useful learning experiences in considering and defining clinical problems; the systematic acquisition, synthesis and interpretation of data; and effective written communication.

The projects should usually be presented in a standard scientific format. Care should be taken with the presentation of the projects, including spelling and grammar. PowerPoint and other electronic formats are not acceptable, although a project discussing an online production or
Research Projects (for trainees who commenced training before 2017)

PowerPoint presentation may be acceptable. Trainees are asked to seek advice from their supervisor or another Fellow of the Chapter of Addiction Medicine before embarking on such a project.

It is a requirement that the project must be prepared specifically for this task. The same work may not have been used for any other purpose such as a project for another College training program. A thesis or project prepared for a higher qualification such as a PhD or MD may not be submitted as a project, although a reformatted project based on the work undertaken during these studies may be. Trainees are encouraged to seek the advice of a member of the overseeing committee before embarking on this option.

Role of the supervisor

The role of the supervisor is to assist the trainee in the selection of the project and project design, and to guide the trainee in completion of the project. The supervisor is not a joint author. Physicians are expected to be able to write succinct reports in English. Trainees who have language difficulties should undertake additional courses or training to address this problem.

The supervisor is asked to certify that the project is ready for submission. Trainees must allow adequate time for their supervisor to read and provide feedback prior to submission.

Some trainees work with project supervisors different from their term supervisors. This can introduce problems if there is not clear communication between supervisors, and particular caution is required to ensure that the trainee’s term supervisor remains appraised of the trainee’s progress in their project work.

Acceptable standard for projects

The written piece should have direct relevance to the practice of addiction medicine, and each trainee should aim to present and/or publish at least one research project in an appropriate forum during the course of Advanced Training. A presentation, for example, might be made to the Australasian Professional Society on Alcohol and other Drugs (APSAD).

Projects should be presented to a standard suitable for publication and should adhere to usual norms for scientific writing. Projects should provide defined aims, clearly articulated objectives and prospectively defined methodology. The conclusions should relate to the aims. The discussion should place the new work in the context of the published literature. In addition, projects should be written in sound English and be free from grammatical and typographical errors. A standard, consistent method of citing the literature should be used.

More information

- Learning and assessment tool forms

Supervisor’s Reports

Purpose

To evaluate and provide feedback on the trainee’s progress, which informs the certification of training decision. This is a summative assessment.

Requirement

Two Supervisor’s Reports are due per year (core and non-core)

- 15 July for the first half of the year.
- 31 January of the following year for terms in the second half of the year (15 October for trainees in their final year)

The Supervisor’s Report must be completed by supervisors who have directly supervised the trainee. If the supervisor has not directly supervised the trainee throughout the whole rotation, the supervisor should obtain individual reports from those who have directly supervised the
Supervisor’s Reports

trainee and provide a composite report. 
Supervisors should discuss the report with the trainee prior to both parties signing the report, and trainees should be provided with a copy of each report. 
It is the trainee’s responsibility to ensure that all supervisors receive a copy of the Supervisor’s Report. Failure to do this may result in delays or non-certification of a period of training. 
Progression to the next year of training is dependent upon the College receiving satisfactory Supervisor’s Report(s) covering the full year/period of training completed. 
Trainees must provide copies of previous Supervisor’s Report(s) to the next year’s/rotation’s supervisor. The College may provide subsequent supervisors with copies of past reports (and any other documents deemed relevant to the trainee’s training).

More information
• More information on Supervisor’s Reports
• Learning and assessment tool forms
• Progression Through Training Policy

Other requirements

Addiction medicine online modules

Purpose
These resources are intended to update healthcare professionals on the epidemiology and evidence base for current treatment approaches to addiction disorders.

Description
All trainees are encouraged to complete these modules, however, they are not compulsory. 
The modules, which assume a basic level of knowledge of drug and alcohol problems, can be undertaken in multiple sittings. 
There are eight addiction medicine online modules:
• Alcohol Use Disorder
• Alcohol, Anxiety and Mood Disorders
• Cannabis Use and Misuse
• Drug Use in Pregnancy and Parenthood
• Opioid Risk Management in Chronic Pain
• Opportunistic Intervention
• Prescription Drug Misuse
• Young People and Addiction.

Each module consists of online reading materials, statistics and case studies. There are multiple-choice, true/false and short-answer questions throughout the module to assist with learning.

More information
• Addiction Medicine Online Modules
## Important dates

<table>
<thead>
<tr>
<th>Month</th>
<th>Activities</th>
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<tbody>
<tr>
<td><strong>January–March</strong></td>
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<tr>
<td>15 February</td>
<td>Applications for Approval of Advanced Training due</td>
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<td></td>
<td><em>Other activities to be completed this quarter</em></td>
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<td></td>
<td>Learning Needs Analysis</td>
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<td>Observed Patient Interview</td>
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<tr>
<td><strong>April–June</strong></td>
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<tr>
<td>Activities to be completed this quarter</td>
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<td></td>
<td>Learning Needs Analysis self-evaluation</td>
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<tr>
<td></td>
<td>Case-based Discussion</td>
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<tr>
<td><strong>July–September</strong></td>
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<tr>
<td>15 July</td>
<td>Supervisor’s Report due for all trainees</td>
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<tr>
<td>31 August</td>
<td>Applications for Approval of Advanced Training for the second half of the year due</td>
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<tr>
<td>15 September</td>
<td>Research Project submission date</td>
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<td></td>
<td>Public Health Workbook submission date</td>
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<tr>
<td>Other activities to be completed this quarter</td>
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<tr>
<td></td>
<td>Learning Needs Analysis</td>
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<td></td>
<td>Observed Patient Interview</td>
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<td>Professional Qualities Reflection</td>
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<tr>
<td><strong>October–December</strong></td>
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<tr>
<td>15 October</td>
<td>Supervisor’s Report and all PREP tools due for trainees eligible for December Fellowship</td>
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<tr>
<td>Other activities to be completed this quarter</td>
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<tr>
<td></td>
<td>Learning Needs Analysis self-evaluation</td>
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<td></td>
<td>Case-based Discussion</td>
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<tr>
<td><strong>January</strong></td>
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<tr>
<td>31 January</td>
<td>Previous year’s Supervisor’s Report and all PREP tools due for trainees <em>not</em> applying for Fellowship in December</td>
</tr>
</tbody>
</table>
More information

RACP policies
- Education policies
- Privacy Policy for Personal Information
- Code of Conduct and Working Together Policy

RACP initiatives
Pomegranate Podcasts (Pomcast) is a monthly medical podcast created by physicians, for physicians.
Evolve is a physician-led initiative to ensure the highest quality patient care through the identification and reduction of low-value practices and interventions.

Useful contacts

<table>
<thead>
<tr>
<th>Contact the College</th>
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<tbody>
<tr>
<td><strong>Member Services Contact Centre</strong></td>
</tr>
<tr>
<td>First point of contact for general enquiries.</td>
</tr>
<tr>
<td><strong>Australia</strong></td>
</tr>
<tr>
<td>Email: <a href="mailto:racp@racp.edu.au">racp@racp.edu.au</a></td>
</tr>
<tr>
<td>Phone: 1300 MyRACP 1300 69 7227</td>
</tr>
<tr>
<td><strong>New Zealand</strong></td>
</tr>
<tr>
<td>Email: <a href="mailto:racp@racp.org.nz">racp@racp.org.nz</a></td>
</tr>
<tr>
<td>Phone: 0508 MyRACP 0508 69 7227</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other College contacts</th>
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</thead>
<tbody>
<tr>
<td><strong>Education Officers</strong></td>
</tr>
<tr>
<td>Education Officers administer the training program and can respond to training-related enquiries.</td>
</tr>
<tr>
<td>Email: <a href="mailto:AddictionMedTraining@racp.edu.au">AddictionMedTraining@racp.edu.au</a></td>
</tr>
<tr>
<td>Phone: +61 2 8247 6248</td>
</tr>
<tr>
<td><strong>Training Support</strong></td>
</tr>
<tr>
<td>The Training Support Unit supports trainees and supervisors of trainees who are experiencing difficulties in their training.</td>
</tr>
<tr>
<td><strong>Australia</strong></td>
</tr>
<tr>
<td>Email: <a href="mailto:trainingsupport@racp.edu.au">trainingsupport@racp.edu.au</a></td>
</tr>
<tr>
<td>Phone: +61 2 9256 5457</td>
</tr>
<tr>
<td><strong>New Zealand</strong></td>
</tr>
<tr>
<td>Email: <a href="mailto:trainingsupport@racp.org.nz">trainingsupport@racp.org.nz</a></td>
</tr>
<tr>
<td>Phone: +64 4 472 6713</td>
</tr>
<tr>
<td><strong>Supervisor Support</strong></td>
</tr>
<tr>
<td>The Supervisor Learning Support Unit provides and coordinates supervisor skills training.</td>
</tr>
<tr>
<td>Email: <a href="mailto:supervisor@racp.edu.au">supervisor@racp.edu.au</a></td>
</tr>
<tr>
<td>Phone: +61 2 8076 6300</td>
</tr>
<tr>
<td><strong>College Trainees' Committee</strong></td>
</tr>
<tr>
<td>The College Trainees' Committee (CTC) reports to the College Board and represents and advocates on behalf of trainees.</td>
</tr>
<tr>
<td>Email: <a href="mailto:traineescommittee@racp.edu.au">traineescommittee@racp.edu.au</a></td>
</tr>
<tr>
<td><strong>New Zealand Trainees' Committee</strong></td>
</tr>
<tr>
<td>The New Zealand Trainees' Committee represents and advocates on behalf of trainees.</td>
</tr>
<tr>
<td>Email: <a href="mailto:traineescommittee@racp.org.nz">traineescommittee@racp.org.nz</a></td>
</tr>
</tbody>
</table>
### Other contacts

**Specialty societies** are medical/scientific societies that bring together research and clinical scientists and physicians who are actively involved in a particular area of medical practice, e.g. cardiology, geriatric medicine. The specialty societies are independent organisations that contribute to physician education through their members’ involvement in College education committees and activities.

The **Australasian Professional Society on Alcohol and Other Drugs** (APSAD) is the peak professional body representing addiction medicine specialists in Australia and New Zealand.