

New curricula

Learning, teaching, and assessment programs

Advanced Training in Addiction Medicine



RACP
Specialists. Together

About this document

The new Advanced Training in Addiction Medicine curriculum consists of curriculum standards and learning, teaching, and assessment (LTA) programs.

This document outlines the Advanced Training in Addiction Medicine LTA programs for trainees and supervisors. It should be used in conjunction with the Advanced Training in Addiction Medicine [curriculum standards](#).

The new curriculum was approved by the College Education Committee in May 2024. Please refer to the [College website](#) for details on its implementation.

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Program overview

CURRICULUM STANDARDS

The [curriculum standards](#) are summarised as 23 learning goals. The learning goals articulate what trainees need to be, do and know, and are assessed throughout training.

BE	1. Professional behaviours
DO	2. Team leadership 3. Supervision and teaching 4. Quality improvement 5. Communication with patients 6. Assessment and treatment planning 7. Acute withdrawal management 8. Prescribing 9. Managing substance use in pregnancy 10. Undertaking consultation-liaison work 11. Clinic management
KNOW	12. Scientific foundations of addiction and related problems 13. Public health aspects of substance use and behavioural addictions 14. Withdrawal management 15. Psychological and pharmacological approaches to treatment 16. Prescribing for opioid dependence 17. Assessment and management of behavioural addictions 18. Mental health problems and cognitive impairment 19. Medical conditions associated with substance use 20. Substance use and addiction disorders in Aboriginal and Torres Strait Islander people and Māori 21. Substance use and behavioural addictions across diverse population 22. Medicolegal framework 23. Pain and dependence

LTA STRUCTURE

The learning, teaching, and assessment (LTA) structure defines the framework for delivery and trainee achievement of the curriculum standards in the program. The program is structured in three phases. These phases establish clear checkpoints for trainee progression and completion.



Entry criteria

Prospective trainees must have:

- general medical registration with the Medical Board of Australia if applying in Australia, or a medical registration with a general scope of practice with the Medical Council of New Zealand and a practising certificate if applying in Aotearoa New Zealand.
- an Advanced Training position in an RACP-accredited training setting or network or an approved non-core training position.

AND

- completed RACP Basic Training, including the Written and Clinical Examinations
OR
- Fellowship from an eligible medical college

LTA PROGRAMS

The LTA programs outline the strategies and methods to learn, teach, and assess the curriculum standards.

Entry

- 1 [entry application](#)

Learning

Minimum 36 months FTE [professional experience](#)

- 1 [learning plan](#) per rotation

[RACP Advanced Training Orientation resource*](#)

[RACP Supervisor Professional Development Program](#)

[RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource](#)

[RACP Health Policy, Systems and Advocacy resource](#)

[RACP Communication Skills resource](#)

[RACP Ethics resource](#)

[RACP Introduction to Leadership, Management and Teamwork resource](#)

[Recommended resources](#)

Teaching

- 2 [supervisors](#) per rotation

- 1 [research project supervisor](#)

Assessment

- 12 [learning captures](#) per phase

- 12 [observation captures](#) per phase

- 4 [progress reports](#) per phase

- 1 [research project](#)

*Resource will be available in 2025

About the program

Purpose of Advanced Training

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

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

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

Overview of specialty

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

Addiction medicine specialists have expertise in the following areas:

- **Providing clinical treatment and care.** Addiction medicine specialists have expertise in assessing people with substance use and addictive disorders, and the treatment and alleviation of these conditions, incorporating an understanding of both psychological aspects of addiction, and the frequent physical problems associated with addiction.
- **Management of acute substance withdrawal.** Addiction medicine specialists will directly manage or advise other treating clinicians on how to manage substance withdrawal, including the most appropriate environment for the withdrawal, monitoring, medications, psychosocial supports, and linkages to aftercare.
- **Ongoing care planning for people with substance use or other addictive disorders.** This involves a comprehensive assessment and negotiation with the patient regarding ongoing treatment, often involving multidisciplinary team care. The context of the care varies and includes inpatient, outpatient, community care units, and outreach.
- **Educating and supporting other health professionals in the management of substance use and addictive disorders.** Addiction medicine specialists work with other treating clinicians (such as hospital-based or primary care) to help them provide the best care for their patients with substance use and other addictive disorders. Conditions include simple and complicated withdrawal syndromes, delirium, injection-related complications, co-occurring pain and substance use disorders, and blood borne virus infections.
- **Ensuring there are guidelines and pathways of care** so high-quality evidence-based practice is provided in a range of settings, such as hospitals and primary care.

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

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

- **Working as an integral part of a multidisciplinary team.** Addiction medicine specialists may be called upon to be the team leader and collaborate in the development of treatment plans.
- **Providing holistic and respectful care of patients.** Addiction medicine specialists are comfortable with addictions as complex health issues which are often the source of shame and stigma for patients and their families, whānau and/or carers.
- **Promotion of evidence-based policy.** Addiction medicine specialists recognise that complex factors drive policy, and they advocate for evidence-based approaches to harm reduction relating to substance use, gambling, and gaming.
- **Application of a scholarly approach.** Addiction medicine specialists use research and evidence in medical care and service development.
- **Providing culturally safe care to communities.** Addiction medicine specialists work in a culturally safe way and actively work with them.

Addiction medicine specialists manage or advise on:

- concurrent mental disorders
- complications of substance use, such as cognitive impairment, liver disease, blood borne virus infections, and cardiac complications
- gambling and gaming disorders
- overdose and drug toxicity
- pain and dependence
- substance dependence and harmful substance use
- substance withdrawal, including complicated withdrawal.

Supervising committee

The program is supervised by the Training Committee in Addiction Medicine.

Qualification

Trainees who successfully meet the completion standards and criteria of this program will be awarded Fellowship of the Australasian Chapter of Addiction Medicine.

Learning goals and progression criteria

Learning, teaching, and assessment structure

The learning, teaching and assessment structure defines the framework for delivery and trainee achievement of the curriculum standards in the Advanced Training program.

Advanced Training is structured in three phases. These phases will establish clear checkpoints for trainee progression and completion.

- 1 Specialty foundation**
 - Orient trainees and confirm their readiness to progress in the Advanced Training program.
- 2 Specialty consolidation**
 - Continue trainees' professional development in the specialty and support progress towards the learning goals.
- 3 Transition to Fellowship**
 - Confirm trainees' achievement of the curriculum standards, completion of Advanced Training, and admission to Fellowship.
 - Support trainees' transition to unsupervised practice.



Figure: Advanced Training learning, teaching, and assessment structure

- An **entry decision** is made before entry into the program.
- **Progress decisions**, based on competence, are made at the end of the specialty foundation and specialty consolidation phases of training.
- A **completion decision**, based on competence, is made at the end of the training program, resulting in eligibility for admission to Fellowship.



Advanced Training is a **hybrid time- and competency-based training program**. There is a minimum time requirement of full-time equivalent experience, and progression and completion decisions are based on evidence of trainees' competence.

Entry criteria

Entry attributes	<p>Prospective trainees can demonstrate:</p> <ul style="list-style-type: none"> • a commitment and capability to pursue a career as an addiction medicine specialist • the ability and willingness to achieve the common learning goals for Advanced Training: <ul style="list-style-type: none"> • team leadership • supervision and teaching • the professional behaviours, as outlined in the Competencies
Entry criteria	<p>Prospective trainees must have:</p> <ul style="list-style-type: none"> • general medical registration with the Medical Board of Australia if applying in Australia, or a medical registration with a general scope of practice with the Medical Council of New Zealand and a practising certificate if applying in Aotearoa New Zealand. • an Advanced Training position in an RACP-accredited training setting or network or an approved non-core training position. <p>AND</p> <ul style="list-style-type: none"> • completed RACP Basic Training, including the Written and Clinical Examinations <p>OR</p> <ul style="list-style-type: none"> • Fellowship from one of the following eligible medical colleges: <ul style="list-style-type: none"> ○ all RACP's Divisions (AMD and PCHD), Faculties (AFOEM, AFPHM, and AFRM) and Chapters (AChAM and AChSHM) ○ Australasian College for Emergency Medicine ○ Australian and New Zealand College of Anaesthetics ○ Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetics ○ College of Intensive Care Medicine ○ Australian College of Rural and Remote Medicine ○ Royal Australian and New Zealand College of Psychiatrists ○ Royal Australian College of General Practitioners ○ Royal New Zealand College of General Practitioners

Progression criteria

To progress to the next phase or to complete the program, trainees must demonstrate:

- the ability to plan and manage their learning and to complete their learning and assessment requirements in a timely manner
- achievement of the learning goals to the levels outlined in the [learning goal progression criteria](#).

Training committees or delegated progress review panels will consider evidence supporting trainees' achievement of the progression criteria and make progress decisions.

If criteria have not been met, committees or panels may decide to place conditions on trainees' progression to the next phase of training or not to progress trainees until all criteria have been achieved.

Learning goals

The [curriculum standards](#) are summarised as **23** learning goals.

The learning goals articulate what trainees need to be, do, and know, and are assessed throughout training on a five-point scale. This scale determines the expected standard for each learning goal at the end of each training phase. Trainees must meet these standards to progress to the next phase or complete the program.

Learning and assessment tools are linked to the learning goals which allows trainees to demonstrate competence across each learning goal.

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

		Entry criteria	Progression criteria		Completion criteria
	Learning goals	Entry into training <i>At entry into training, trainees will:</i>	Specialty foundation <i>By the end of this phase, trainees will:</i>	Specialty consolidation <i>By the end of this phase, trainees will:</i>	Transition to fellowship <i>By the end of training, trainees will:</i>
Be	1. Professional behaviours	Level 5 consistently behave in line with all 10 domains of professional practice	Level 5 consistently behave in line with all 10 domains of professional practice	Level 5 consistently behave in line with all 10 domains of professional practice	Level 5 consistently behave in line with all 10 domains of professional practice
	2. Team leadership: Lead a team of health professionals	Level 1 be able to be present and observe	Level 2 be able to act with direct supervision	Level 4 be able to act with supervision at a distance	Level 5 be able to provide supervision
Do	3. Supervision and teaching: Supervise and teach professional colleagues	Level 2 be able to act with direct supervision	Level 3 be able to act with indirect supervision	Level 4 be able to act with supervision at a distance	Level 5 be able to provide supervision
	4. Quality improvement: Identify and address failures in health care delivery	Level 1 be able to be present and observe	Level 1 be able to be present and observe	Level 4 be able to act with supervision at a distance	Level 5 be able to provide supervision
	5. Communication with patients: Discuss diagnoses and management plans with patients	Level 2 be able to act with direct supervision	Level 3 be able to act with indirect supervision	Level 4 be able to act with supervision at a distance	Level 5 be able to provide supervision
	6. Assessment and treatment planning: Evaluate patients using a comprehensive addiction medicine assessment	Level 2 be able to act with direct supervision	Level 3 be able to act with indirect supervision	Level 4 be able to act with supervision at a distance	Level 5 be able to provide supervision
	7. Acute withdrawal management: Diagnose and manage acute substance withdrawal	Level 1 be able to be present and observe	Level 2 be able to act with direct supervision	Level 4 be able to act with supervision at a distance	Level 5 be able to provide supervision
	8. Prescribing: Prescribe therapies and develop management plans tailored to patients' needs	Level 2 be able to act with direct supervision	Level 3 be able to act with indirect supervision	Level 4 be able to act with supervision at a distance	Level 5 be able to provide supervision
	9. Managing substance use in pregnancy: Manage substance use during pregnancy using a harm minimisation and multidisciplinary framework	Level 1 be able to be present and observe	Level 2 be able to act with direct supervision	Level 4 be able to act with supervision at a distance	Level 5 be able to provide supervision
	10. Undertaking consultation-liaison work: Advising other health professionals who are providing care for people using substances or with addictive disorders	Level 1 be able to be present and observe	Level 1 be able to be present and observe	Level 4 be able to act with supervision at a distance	Level 5 be able to provide supervision
	11. Clinic management: Manage an outpatient clinic	Level 1 be able to be present and observe	Level 1 be able to be present and observe	Level 3 be able to act with indirect supervision	Level 4 be able to act with supervision at a distance

		Entry criteria	Progression criteria		Completion criteria
	Learning goals	Entry into training <i>At entry into training, trainees will:</i>	Specialty foundation <i>By the end of this phase, trainees will:</i>	Specialty consolidation <i>By the end of this phase, trainees will:</i>	Transition to fellowship <i>By the end of training, trainees will:</i>
Know	12. Scientific foundations of addiction and related problems	Level 1 have heard of some of the topics in this knowledge guide that underpin specialty practice (<i>heard of</i>)	Level 2 know the topics and concepts in this knowledge guide that underpin specialty practice (<i>knows</i>)	Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice (<i>shows how</i>)	Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (<i>does</i>)
	13. Public health aspects of substance use and behavioural addictions	Level 1 have heard of some of the topics in this knowledge guide that underpin specialty practice (<i>heard of</i>)	Level 2 know the topics and concepts in this knowledge guide that underpin specialty practice (<i>knows</i>)	Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice (<i>shows how</i>)	Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (<i>does</i>)
	14. Withdrawal management	Level 1 have heard of some of the topics in this knowledge guide that underpin specialty practice (<i>heard of</i>)	Level 2 know the topics and concepts in this knowledge guide that underpin specialty practice (<i>knows</i>)	Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice (<i>shows how</i>)	Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (<i>does</i>)
	15. Psychological and pharmacological approaches to treatment	Level 1 have heard of some of the topics in this knowledge guide that underpin specialty practice (<i>heard of</i>)	Level 2 know the topics and concepts in this knowledge guide that underpin specialty practice (<i>knows</i>) (<i>knows</i>)	Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice (<i>shows how</i>)	Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (<i>does</i>)
	16. Prescribing for opioid dependence	Level 1 have heard of some of the topics in this knowledge guide that underpin specialty practice (<i>heard of</i>)	Level 2 know the topics and concepts in this knowledge guide that underpin specialty practice (<i>knows</i>)	Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice (<i>shows how</i>)	Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (<i>does</i>)
	17. Assessment and management of behavioural addictions	Level 1 have heard of some of the topics in this knowledge guide that underpin specialty practice (<i>heard of</i>)	Level 2 know the topics and concepts in this knowledge guide that underpin specialty practice (<i>knows</i>)	Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice (<i>shows how</i>)	Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (<i>does</i>)
	18. Mental health problems and cognitive impairment	Level 1 have heard of some of the topics in this knowledge guide that underpin specialty practice (<i>heard of</i>)	Level 2 know the topics and concepts in this knowledge guide that underpin specialty practice (<i>knows</i>)	Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice (<i>shows how</i>)	Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (<i>does</i>)

		Entry criteria	Progression criteria		Completion criteria
	Learning goals	Entry into training <i>At entry into training, trainees will:</i>	Specialty foundation <i>By the end of this phase, trainees will:</i>	Specialty consolidation <i>By the end of this phase, trainees will:</i>	Transition to fellowship <i>By the end of training, trainees will:</i>
	19. Medical conditions associated with substance use	Level 1 have heard of some of the topics in this knowledge guide that underpin specialty practice (<i>heard of</i>)	Level 2 know the topics and concepts in this knowledge guide that underpin specialty practice (<i>knows</i>)	Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice (<i>shows how</i>)	Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (<i>does</i>)
	20. Substance use and addiction disorders in Aboriginal and Torres Strait Islander people and Māori	Level 1 have heard of some of the topics in this knowledge guide that underpin specialty practice (<i>heard of</i>)	Level 2 know the topics and concepts in this knowledge guide that underpin specialty practice (<i>knows</i>)	Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice (<i>shows how</i>)	Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (<i>does</i>)
	21. Substance use and behavioural addictions across diverse population	Level 1 have heard of some of the topics in this knowledge guide that underpin specialty practice (<i>heard of</i>)	Level 2 know the topics and concepts in this knowledge guide that underpin specialty practice (<i>knows</i>)	Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice (<i>shows how</i>)	Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (<i>does</i>)
	22. Medicolegal framework	Level 1 have heard of some of the topics in this knowledge guide that underpin specialty practice (<i>heard of</i>)	Level 2 know the topics and concepts in this knowledge guide that underpin specialty practice (<i>knows</i>)	Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice (<i>shows how</i>)	Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (<i>does</i>)
	23. Pain and dependence	Level 1 have heard of some of the topics in this knowledge guide that underpin specialty practice (<i>heard of</i>)	Level 2 know the topics and concepts in this knowledge guide that underpin specialty practice (<i>knows</i>)	Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice (<i>shows how</i>)	Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (<i>does</i>)

Learning, teaching, and assessment requirements

Overview

Requirements over the course of training

What do trainees need to do?	When do trainees need to do it?
Entry	
1 entry application	At the start of the specialty foundation phase.
Learning	
Minimum 36 months full time equivalent (FTE) professional experience	Minimum 12 months FTE during each phase.
RACP Advanced Training Orientation resource	Available in 2025.
RACP Supervisor Professional Development Program	Before the end of Advanced Training.
RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource	Before the end of Advanced Training, if not completed during Basic Training. Recommended completion before the specialty consolidation phase.
RACP Health Policy, Systems and Advocacy resource	Before the end of Advanced Training. Recommended completion before the transition to fellowship phase.
RACP Communication Skills resource	Before the end of Advanced Training, if not completed during Basic Training.
RACP Ethics resource	Before the end of Advanced Training, if not completed during Basic Training.
RACP Introduction to Leadership, Management and Teamwork resource	Before the end of Advanced Training, if not completed during Basic Training.
Recommended resources	Recommended completion over the course of Advanced Training.
Teaching	
Nominate 1 research project supervisor	Recommended to be nominated before the specialty consolidation phase.
Assessment	
1 research project	Before the end of Advanced Training. Recommended submission before the transition to fellowship phase.

Requirements per phase

What do trainees need to do?	When do trainees need to do it?
Learning	
1 learning plan per rotation	At the start of the rotation.
Teaching	
Nominate 2 supervisors per rotation	At the start of each accredited or approved training rotation.
Assessment	

12 learning captures	Minimum 1 per month.
12 observation captures	Minimum 1 per month.
4 progress reports	Minimum 1 every 3 months.

Entry

Entry application

How to apply

Trainees are to submit an entry application for the program using the College's new Training Management Platform (TMP).

Further information on how to access the TMP will be available in 2025.

Applications will be assessed against the program [entry criteria](#).

Learning

Learning blueprint

This high-level learning program blueprint outlines which of the learning goals the learning requirements *could align* and *will align* with.

Learning goals	Learning requirements					
	Professional experience	Learning plan	RACP Advanced Training Orientation resource	RACP Supervisor Professional Development Program	RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource	RACP Health Policy, Systems and Advocacy resource
1. Professional behaviours	Could align	Will align	Will align	Will align	Will align	Will align
2. Team leadership	Could align	x	x	x	x	x
3. Supervision and teaching	Could align	x	x	Will align	x	x
4. Quality improvement	Could align	x	x	x	x	x
5. Communication with patients	Could align	x	x	x	x	x
6. Assessment and treatment planning	Could align	x	x	x	x	x
7. Acute withdrawal management	Could align	x	x	x	Will align	x
8. Prescribing	Could align	x	x	x	x	x
9. Managing substance use in pregnancy	Could align	x	x	x	x	x
10. Undertaking consultation-liaison work	Could align	x	x	x	x	x
11. Clinic management	Could align	x	x	x	x	x

12. Scientific foundations of addiction and related problems	Could align	x	x	x	x	x
13. Public health aspects of substance use and behavioural addictions	Could align	x	x	x	x	Will align
14. Withdrawal management	Could align	x	x	x	x	x
15. Psychological and pharmacological approaches to treatment	Could align	x	x	x	x	x
16. Prescribing for opioid dependence	Could align	x	x	x	x	x
17. Assessment and management of behavioural addictions	Could align	x	x	x	x	x
18. Mental health problems and cognitive impairment	Could align	x	x	x	x	x
19. Medical conditions associated with substance use	Could align	x	x	x	x	x
20. Substance use and addiction disorders in Aboriginal and Torres Strait Islander people and Māori	Could align	x	x	x	x	x
21. Substance use and behavioural addictions across diverse population	Could align	x	x	x	x	x
22. Medicolegal framework	Could align	x	x	x	x	x
23. Pain and dependence	Could align	x	x	x	x	x

Professional experience

These requirements can be completed in any sequence over the course of training.

Professional experience

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

Location of training

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

Experiential training

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

Learning plan

Requirement

1 x learning plan per rotation.

Description

The learning plan is a work-based learning tool that documents what trainees intend to learn during their rotation.

Purpose

The learning plan assists trainees in planning their learning for each rotation. It helps trainees to:

- explicitly document self-assessment of their learning gaps, goal setting, and strategies to address and achieve goals
- proactively take control of their learning and career trajectories
- enhance awareness of their own areas of strengths and gaps
- make the most of learning opportunities available in their training setting, including conversations with supervisors.

How to complete it

Learning plans will be completed using the College's new Training Management Platform. Further information on how to complete a learning plan will be available in 2025.

Courses

RACP Advanced Training Orientation resource

Requirement

1 x RACP Advanced Training Orientation resource.

Description

More information on this resource will be available in 2025.

RACP Supervisor Professional Development Program

Requirement

1 x RACP Supervisor Professional Development Program (SPDP), completed by the end of Advanced Training.

Description

The SPDP consists of 3 workshops:

- Educational Leadership and Management
- Learning Environment and Culture
- Teaching and Facilitating Learning for Safe Practice

See [Supervisor Professional Development Program](#) for more information on the program.

Purpose

This requirement aims to prepare trainees for a supervisory/educator role in the workplace and supports trainees' learning aligned with the "team leadership" and "supervision and teaching" learning goals.

How to complete it

[Register for a supervisor workshop.](#)

Trainees can complete the SPDP in three ways:

- Virtual workshops
- Face-to-face workshops
- Online courses.

Workshops are free and presented by volunteer Fellows trained in SPDP facilitation.

RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource

Requirement

1 x Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource, if not completed during Basic Training.

Trainees must complete the resource by the end of their Advanced Training however it's recommended they complete it before the specialty consolidation phase.

Description

The Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource teaches best practice medicine for Aboriginal, Torres Strait Islander and Māori patients through reflection on the trainee's own cultural values and recognition of their influence on professional practice.

Estimated completion time: 2 hours.

Purpose

This resource supports trainees' learning aligned with the "professional behaviours" learning goal. Specialist training requires trainees to:

- examine their own implicit biases
- be mindful of power differentials
- develop reflective practice
- undertake transformative unlearning
- contribute to a decolonisation of health services for Indigenous peoples

How to complete it

Trainees can complete the [Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource](#) on RACP Online Learning.

Trainees will receive a certificate of completion on RACP Online Learning when they complete the resource. Completion of this requirement will automatically update in the Training Management Platform.

RACP Health Policy, Systems and Advocacy resource

Requirement

1 x RACP Health Policy, Systems and Advocacy resource, completed by the end of Advanced Training.

Description

This resource has been designed for Advanced Trainees, as an introduction to health policy, systems, and advocacy.

Estimated completion time: 5 hours.

Purpose

The resource aims to support Advanced Trainees in meeting the health policy, systems, and advocacy professional standard and underpinning competencies outlined in their specialty curriculum, and to enable connections between Advanced Trainees' own practice and the nature and attributes of local, national, and global health systems.

How to complete it

Trainees can complete the [RACP Health Policy, Systems and Advocacy resource](#) on RACP Online Learning.

Trainees will receive a certificate of completion on RACP Online Learning when they complete the resource. Completion of this requirement will automatically update in the Training Management Platform.

RACP Communication Skills resource

Requirement

1 x RACP Communication Skills resource, completed by the end of Advanced Training, if not completed during Basic Training.

Description

The communication skills online resource is a self-directed resource covering communication skills and frameworks to help trainees work through everyday conversations they will have as a physician.

Estimated completion time: 2.5 hours.

How to complete it

Trainees can complete the [RACP Communication Skills resource](#) on RACP Online Learning.

Trainees will receive a certificate of completion on RACP Online Learning when they complete the resource. Completion of this requirement will automatically update in the Training Management Platform.

RACP Ethics resource

Requirement

1 x RACP Ethics resource, completed by the end of Advanced Training, if not completed during Basic Training.

Description

In this resource trainees will learn about, discuss and reflect on the main ethical issues facing physicians.

Estimated completion time: 3.5 hours.

How to complete it

Trainees can complete the [RACP Ethics resource](#) on RACP Online Learning.

Trainees will receive a certificate of completion on RACP Online Learning when they complete the resource. Completion of this requirement will automatically update in the Training Management Platform.

RACP Introduction to Leadership, Management and Teamwork resource

Requirement

1 x RACP Introduction to Leadership, Management and Teamwork resource, completed by the end of Advanced Training, if not completed during Basic Training.

Description

This resource supports trainee development in leadership, management and teamwork skills and work effectively in multi-disciplinary teams.

Estimated completion time: 1 hour.

How to complete it

Trainees can complete the [RACP Introduction to Leadership, Management and Teamwork resource](#) on RACP Online Learning.

Trainees will receive a certificate of completion on RACP Online Learning when they complete the resource. Completion of this requirement will automatically update in the Training Management Platform.

Recommended resources

Addiction medicine

The RACP Addiction Medicine online courses are intended to update physicians on the epidemiology and evidence base for current treatment approaches to addiction disorders. The courses assume a basic level of knowledge of drug and alcohol problems.

The online courses available are:

- [Alcohol, Anxiety and Mood Disorders](#)
- [Alcohol Use Disorder](#)
- [Cannabis Use](#)

- [Drug Use in Pregnancy and Parenthood](#)
- [Opioid Therapy in Persistent Non-Cancer Pain](#)
- [Opportunistic Intervention](#)
- [Prescription Drug Use](#)
- [Young People and Addiction](#)

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

As this is a recommended activity, trainees are not required to provide evidence of completion. However, they may wish to record their learning experience using the learning capture tool. Learning captures will be completed using the College's new Training Management Platform. Instructions on how to complete a learning capture will be available in 2025.

General

- [RACP Research Projects resource](#)
- [RACP eLearning resources](#)
- [RACP curated collections](#)

Teaching

Supervision

Rotation supervisors

Trainees are to have 2 x supervisors per rotation, including:

- Minimum 1 x supervisor, who is a Fellow of the AChAM.

Nominating eligible supervisors

Trainees will be asked to nominate rotation supervisors as part of their learning plan. Trainees are required to nominate [eligible supervisors](#) who meet the above requirements.

A list of eligible supervisors can be found on [MyRACP](#). The list is not available for post-Fellowship trainees. Post-Fellowship trainees can [contact us](#) to confirm supervisor eligibility.

Research project supervisor

Trainees are to nominate 1 x research project supervisor over the course of Advanced Training. Recommended to be nominated before the specialty consolidation phase.

The research project supervisor guides trainees with their project choice, method, data analysis and interpretation, and quality of written and oral presentation.

More information about this role can be found in the Advanced Training research project guidelines.

Assessment

Assessment blueprint

This high-level assessment program blueprint outlines which of the learning goals *could be* and *will be* assessed by the assessment tools.

	Assessment tools			
Learning goals	Learning capture	Observation capture	Progress report	Research project
1. Professional behaviours	Could assess	Could assess	Will assess	Will assess
2. Team leadership	Could assess	Could assess	Will assess	x
3. Supervision and teaching	Could assess	Could assess	Will assess	x
4. Quality improvement	Could assess	Could assess	Will assess	Could assess
5. Communication with patients	Could assess	Could assess	Will assess	x
6. Assessment and treatment planning	Could assess	Could assess	Will assess	x
7. Acute withdrawal management	Could assess	Could assess	Will assess	x
8. Prescribing	Could assess	Could assess	Will assess	x
9. Managing substance use in pregnancy	Could assess	Could assess	Will assess	x
10. Undertaking consultation-liaison work	Could assess	Could assess	Will assess	Could assess
11. Clinic management	Could assess	Could assess	Will assess	Could assess

12. Scientific foundations of addiction and related problems	Could assess	Could assess	Will assess	Could assess
13. Public health aspects of substance use and behavioural addictions	Could assess	Could assess	Will assess	Could assess
14. Withdrawal management	Could assess	Could assess	Will assess	Could assess
15. Psychological and pharmacological approaches to treatment	Could assess	Could assess	Will assess	Could assess
16. Prescribing for opioid dependence	Could assess	Could assess	Will assess	Could assess
17. Assessment and management of behavioural addictions	Could assess	Could assess	Will assess	Could assess
18. Mental health problems and cognitive impairment	Could assess	Could assess	Will assess	Could assess
19. Medical conditions associated with substance use	Could assess	Could assess	Will assess	Could assess
20. Substance use and addiction disorders in Aboriginal and Torres Strait Islander people and Māori	Could assess	Could assess	Will assess	Could assess
21. Substance use and behavioural addictions across diverse population	Could assess	Could assess	Will assess	Could assess
22. Medicolegal framework	Could assess	Could assess	Will assess	Could assess
23. Pain and dependence	Could assess	Could assess	Will assess	Could assess

Learning capture

Requirement

12 x learning captures per phase of training, minimum 1 per month.

2 x learning captures per phase (included in the total 12) must be completed against learning goal 13 'Public health aspects of substance use and behavioural addictions', to address population health learning.

Refer to [RACP Flexible Training Policy](#) for further information on part-time training (item 4.2).

Description

The learning capture is a work-based assessment tool that logs evidence of a trainee's learning experiences and includes their reflective commentary. This tool is trainee-led, with optional input from assessors.

Suitable learning experiences include:

- professional experiences
- courses and workshops
- personal reflection
- readings and resources.

Purpose

The learning capture helps trainees document and reflect on learning experiences that are relevant to their learning goals. Each learning capture will form one piece of data that will be considered as part of a trainee's overall program of assessment.

Reflection is important for learning and a career in medicine, improving understanding, showing outcomes of learning and promoting lifelong learning. Reflection is also valuable in improving clinical competence and performance and for ensuring continual professional development (Kaufman & Mann 2010*).

*Kaufman, D M & Mann, K V 2010. Teaching and learning in medical education: How theory can inform practice. In Swanwick, T (ed.), Understanding Medical Education: Evidence, Theory and Practice, ASME: Wiley-Blackwell, Oxford, p. 16-36.

How to complete it

Learning captures will be completed using the College's new Training Management Platform. Instructions on how to complete a learning capture will be available in 2025.

Observation capture

Requirement

12 x observation captures per phase of training, minimum 1 per month.

Refer to [RACP Flexible Training Policy](#) for further information on part-time training (item 4.2).

Description

The observation capture is a work-based assessment tool that documents a supervised observation of a trainee's performance undertaking a work-task. A range of assessors can

observe a trainee completing a work task and provide them with feedback. It is useful to a trainee's development to seek feedback from a variety of colleagues.

Observation captures can be conducted by a variety of assessors, including those who are not directly involved with supervising the trainee. Assessors can include supervisors, allied health team members, patients, or other colleagues.

Purpose

The observation capture helps trainees document a supervised observation of their performance undertaking a work-task relevant to their learning goals. Each observation capture will form one piece of data that will be considered as part of a trainee's overall program of assessment.

Direct observation is a key assessment strategy in medical education. Conducting frequent observations provides information on performance specific to the context and moment in time when an activity was observed. This could include a clinical task such as taking a history from a patient or explaining a management plan to a family. Each observation capture is linked to the trainee's learning goals.

How to complete it

Observation captures will be completed using the College's new Training Management Platform. Instructions on how to complete an observation capture will be available in 2025.

Progress report

Requirement

4 x progress reports per phase of training, minimum 1 every 3 months.

Refer to [RACP Flexible Training Policy](#) for further information on part-time training (item 4.2).

Description

The progress report documents and assesses trainees' progress towards their learning goals during a period of training.

At the end of the period of training, trainees will complete a self-assessment to rate their level of competence against each of their learning goals. Supervisors will review trainees' evidence of learning and results from work-based assessments, rate and provide feedback on trainees' progress against all their learning goals. At the end of each phase the supervisor will make a recommendation regarding trainees' readiness to progress to the next phase of training.

Purpose

The progress report provides trainees and supervisors the opportunity to assess and reflect on trainees' progress towards their learning goals.

How to complete it

Progress reports will be completed using the College's new Training Management Platform. Instructions on how to complete a progress report will be available in 2025.

Research project

Requirement

1 x research project over the course of Advanced Training.

Description

The research project should be one with which the trainee has had significant involvement in designing, conducting the research and analysing data. Trainees may work as part of a larger research project but must have significant input into a particular aspect of the study.

Research projects are not required to be specialty-specific but are required to be broadly relevant to trainees' area of specialty. Broadly relevant can be defined as topics that can enhance, complement and inform trainees' practice in the chosen specialty.

Three types of research projects are accepted:

- Research in human subjects, populations and communities or laboratory research
- Audit
- Systematic review

The trainee must have a research project supervisor who may or may not be one of their rotation supervisors.

The research project is marked by the training committee as Satisfactory or Unsatisfactory and trainees receive qualitative feedback about their project. The research project should be submitted for marking by the end of the specialty consolidation phase to allow time for resubmission in the transition to Fellowship phase if the project is unsatisfactory.

Purpose

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

How to complete it

Detailed information on how to complete the research project can be found in the Advanced Training research project guidelines.

Email research project submissions to Research.Project@racp.edu.au by one of the following deadlines:

31 March, 15 June, or 15 September.

Roles and responsibilities

Advanced Trainee

Role
A member who is registered with the RACP to undertake one or more Advanced Training programs.
Responsibilities
<ul style="list-style-type: none">• Maintain employment in accredited training settings.• Act as a self-directed learner:<ul style="list-style-type: none">○ be aware of the educational requirements outlined in the relevant curricula and education policies○ actively seek and reflect on feedback from assessors, supervisors, and other colleagues○ plan, reflect on, and manage their learning and progression against the curricula standards○ adhere to the deadlines for requirements of the training program.• Actively participate in training setting / network accreditation undertaken by the RACP.• Complete the annual Physician Training Survey to assist the RACP and training settings with ongoing quality improvement of the program.

Rotation supervisor

Role
A consultant who provides direct oversight of an Advanced Trainee during a training rotation.
Responsibilities
<ul style="list-style-type: none">• Be aware of the educational requirements outlined in the relevant curricula and education policies.• Oversee and support the progression of Advanced Trainees within the setting:<ul style="list-style-type: none">○ Assist trainees to plan their learning during the rotation.○ Support colleagues to complete observation captures with trainees.○ Provide feedback to trainees through progress reports.• Actively participate in rotation accreditation undertaken by the RACP.• Complete the annual Physician Training Survey to assist the RACP and training settings with ongoing quality improvement of the program.

Assessor

Role
A person who provides feedback to trainees via the Observation Capture or Learning Capture tool. This may include consultants and other medical professionals, allied health

professionals, nursing staff, patients and their families, administrative staff, and consumer representatives.

Responsibilities

- Be aware of the learning goals of the training program.
- Provide feedback to support the progression of Advanced Trainees within the setting:
 - Complete Observation Captures.
 - Provide feedback on Learning Captures as required.

Progress Review Panel

Role

A group convened to make evidence-based decisions on Advanced Trainees' progression through and certification of training.

More information on Progress Review Panels will be available in 2025.

Responsibilities

- Review and assess trainees' progress.
- Communicate and report on progression decisions.
- Monitor delivery of the Advanced Training program.
- Ensure compliance to regulatory, policy and ethical matters.

RACP oversight committees

Role

RACP-administered committees with oversight of the Advanced Training Program in Australia and New Zealand. This includes the relevant training committee and/or Aotearoa New Zealand training subcommittee.

Responsibilities

- Oversee implementation of the Advanced Training program in Australia and Aotearoa New Zealand:
 - Manage and review program requirements, accreditation requirements, and supervision requirements.
 - Monitor implementation of training program requirements.
 - Implement RACP education policy.
 - Oversee trainees' progression through the training program.
 - Monitor the accreditation of training settings.
 - Case manage trainees on the Training Support pathway.
 - Review progression and certification decisions on application in accordance with the RACP Reconsideration, Review, and Appeals By-Law.
- Work collaboratively with Progress Review Panels to ensure the delivery of quality training.
- Provide feedback, guidance, recommendations, and reasoning for decision making to trainees and supervisors.

- Declare conflicts of interest and excuse themselves from decision making discussions when conflicts arise.
- Report to the overseeing RACP committee as required.

Resources

For trainees

- [Education policies](#)
- [Trainee support](#)
- [Trainee responsibilities](#)
- [Accredited settings](#)
- [Training fees](#)

For supervisors

- [Supervisor Professional Development Program](#)
- [RACP Research Supervision resource](#)
- [RACP Training Support resource](#)
- [RACP Creating a Safe Workplace resource](#)