

1. Foundation Knowledge

No.	Learning outcome
Knowledge	
1.1	Broadly discuss biological sciences relevant to psychiatry and their application to clinical practice, such as: <ul style="list-style-type: none"> • Functional neuroanatomy • Neurophysiology • Psychopharmacology • Genetics, epigenetics and inheritance.
1.2	Discuss psychological theories, including: <ul style="list-style-type: none"> • Developmental psychology • Theories of personality • Behavioural psychology • Cognitive psychology • Social psychology • Family, social network and systems theories.
1.3	Discuss the role of systemic, relational and psychodynamic processes in understanding human behaviour and emotions.
1.4	Describe responses to acute and chronic stress exposure and trauma.
1.5	Broadly discuss the impact of the following upon developmental goals and people's mental health across the lifespan*: <ul style="list-style-type: none"> • Occupation • Social factors, including social stratification, poverty and inequality • Gender identity • Sexuality and sexual orientation • Family/domestic violence • Childhood abuse and neglect • Bullying and harassment • Racism and discrimination • Intergenerational transmission of trauma • Immigration and status as a refugee or asylum seeker • Information technology, including social media • Terrorism, disasters and pandemics • Physical health and illness • Pregnancy and childbirth • Relationships and related stressors • Loneliness • Ageing • End of life issues and palliative care

	<ul style="list-style-type: none"> • Substance misuse and addiction
1.6	Describe how individual variation and different cultural, spiritual and religious factors may impact upon clinical presentation and engagement with interventions.
1.7	Discuss the factors that contribute to mental health outcomes for Australian First Nations peoples.
1.8	Discuss the protective factors, and static and dynamic risk factors for suicide and self-harm.
1.9	Outline the epidemiology of, and risk factors for harm to others.
1.10	Discuss the interaction between substance use and physical and mental health.
1.11	For the disorders listed in <i>Appendix One</i> , generally describe the epidemiology, aetiology, symptoms, phenomenology, course, assessment, psychiatric and medical comorbidity and differential diagnosis.
1.12	Critically discuss the diagnostic and classificatory systems in psychiatry (ICD or DSM).
1.13	Discuss the phenomenology of bereavement, grief and loss.
1.14	Define formulation and describe its essential elements
1.15	Outline the principles of patient-centred and patient-directed care.
1.16	Describe the principles of a recovery-oriented approach to mental health care.
1.17	Describe the range of mental-health related services within their regional area (primary, specialised and population mental health crisis and support services), including eligibility and access for patients via various schemes and initiatives.

2. Assessment of Mental Health Presentations

No.	Learning outcome
Knowledge	
2.1	Discuss the basic principles of psychiatric interviewing and the importance of obtaining collateral history and available information from other sources.
2.2	Describe the various screening tools, disorder-specific questionnaires and rating scales, which may be used to assist in the assessment and monitoring of patients with mental health problems.
2.3	Discuss strategies to overcome barriers to a comprehensive psychiatric assessment.
2.4	Describe how the psychiatric interview may be adapted to special groups, purpose and context.
2.5	Discuss mental health formulation, including the integration of predisposing, precipitating, perpetuating and protective factors.
2.6	Discuss the dynamic relationship of formulation to diagnosis and development of mental health care plans.
2.7	Outline the general principles of a risk assessment of harm to self and others.
2.8	Discuss the factors to consider when conducting a risk assessment, including history, environment, mental state and information from other sources.
2.9	Critically discuss the use and limitations of risk assessment tools in clinical practice.
2.10	Discuss the impact of occupational factors on mental health and how psychological safety in the workplace can be enhanced.
Skills	
2.11	Establish rapport with patients and a therapeutic alliance based on trust and respect.
2.12	Engage language interpreters and cultural liaison workers to provide care to people of culturally and linguistically diverse backgrounds.
2.13	Adapt assessment technique to take into account individual patient needs.
2.14	Conduct a psychiatric assessment of a patient which includes: <ul style="list-style-type: none"> • A focussed psychiatric history, using hypothesis driven inquiry, tailored to a patient's presentation • psychosociocultural and developmental history, including an attachment, loss and trauma history. • Mental State Examination (MSE) • Cognitive assessment.
2.15	Undertake a thorough risk assessment to identify factors which may reduce or increase risk.
2.16	Obtain corroborative history and relevant collateral information from other health professionals involved in the care of the patient.

2.17	Share information, obtained from other sources, with the patient unless it is unsafe or harmful to do so.
2.18	Select and administer screening tools, disorder-specific questionnaires and rating scales, and incorporate findings into the clinical assessment, as appropriate.
2.19	Select and interpret relevant diagnostic investigations.
2.20	Conduct a functional assessment of a patient to determine patients' ability to perform activities of daily living and /or occupational tasks.
2.21	Identify psychiatric syndromes and symptoms caused by a range of medications prescribed for medical conditions.
2.22	Take into account the interplay between physical health, psychological health and substance misuse when assessing the physical health of patients.
2.23	Recognise when patients' psychological signs and symptoms are manifestations of a physical condition.
2.24	Integrate available information to generate a broad formulation of a patient's mental health problems, and make a differential diagnosis according to ICD or DSM
2.25	Generate a risk formulation for a suicidal patient and an aggressive patient, which includes the following in relation to the risk: <ul style="list-style-type: none"> • likelihood • seriousness • immediacy.
2.26	Recognise a psychiatric emergency and institute appropriate management.
2.27	Intervene to minimise risk and optimise safety, which may include: <ul style="list-style-type: none"> • crisis intervention • de-escalation techniques • adherence to principles of least restrictive care, using appropriate restrictive practices only as a last resort, and according to local guidelines.

2. Interventions

No.	Learning outcome
Knowledge	
3.1	Discuss the interplay between psychological, social and cultural factors and biological treatments when developing a comprehensive mental health care plan.
3.2	Describe the principles of trauma-informed mental health care.
3.3	Discuss the collaborative care of patients, based on formulation, needs assessment, availability of resources and the engagement of support.
3.4	Describe the principles of care coordination for patients with mental health disorders and the role of the interdisciplinary team.
3.5	Describe the general counselling skills and techniques used during the therapeutic process.
3.6	<p>Discuss the principles, theoretical underpinnings, evidence-based indications and use of the following psychological interventions and the application of these approaches to real world contexts:</p> <ul style="list-style-type: none"> • Psychoeducation • Supportive psychotherapy • Psychodynamic therapy • Cognitive behavioural therapy (CBT) • Motivational interviewing • Interpersonal therapy (IPT) • Dialectical behavioural therapy (DBT) • Acceptance and commitment therapy (ACT) • Trauma-focussed therapy • Brief psychodynamic interpersonal therapies • Family and systemic therapy. • Crisis counselling
3.7	Discuss role of social services (e.g. housing, financial) and support services (e.g. patient and carer advocacy organisations).
3.8	Discuss the role of those with lived experience and the carer workforce (e.g. peer support workers).
3.9	<p>Discuss the principles, use, evidence-based indications, contraindications, side effects, toxicity and precautions of:</p> <ul style="list-style-type: none"> • Antipsychotic medication • Antidepressant • Mood stabilisers • Anxiolytics, sedatives and hypnotics • Stimulants and other medications used for ADHD • Cognitive enhancers • Pharmacotherapy for substance misuse disorders • Novel and emerging medical treatments, such as ketamine, cannabinoids and psychedelic assisted therapy

3.10	Describe the strategies to improve the effectiveness of pharmacotherapy for patients with psychiatric conditions, including patient and family education, adherence strategies, switching strategies, augmentation strategies, drug level monitoring and working with community pharmacists.
3.11	Explain the management of complex pharmacotherapeutic scenarios including: <ul style="list-style-type: none"> • polypharmacy • treatment resistance • psychiatric comorbidities • physical health comorbidities • side effect sensitivity • prescribing for specific populations, e.g. children, pregnant and breastfeeding women, older people.
3.12	Broadly discuss the role of neurostimulation (e.g., electroconvulsive therapy) for the treatment of mental disorders.
3.13	Describe interventions for mental health disorders listed in <i>Appendix One</i> , with reference to evidence-based treatment guidelines.
3.14	Outline the general principles of risk management of harm to self and others.
3.15	Discuss strategies for risk to self, including suicide, self-harm, self-injury and self-neglect.
3.16	Discuss strategies for management of risks to others, including violence, accidents and neglect.
3.17	Discuss the tensions arising from the competing priorities of managing risk and delivering recovery-oriented and trauma-informed care.
3.18	Describe the principles and practical application of mental health legislation and informed consent, specifically: <ul style="list-style-type: none"> • patient rights • criteria for involuntary treatment (in local jurisdiction) • principles of least restrictive care • assessment of decision-making capacity.
3.19	Discuss a medical practitioner's duty of confidentiality in the context of risk related to mental health.
3.20	Outline requirements for mandatory notification of mental health patients who are also health practitioners.
3.21	Discuss the provision of follow-up care, such as involvement of the patient's social network, developing crisis plans, strategies for relapse prevention and monitoring of physical health.
3.22	Describe the use of technology in the psychiatric care and support of patients.
Skills	
3.23	Apply the principles of recovery, prevention and early intervention to reduce the impact of mental illness.

3.24	Discuss formulation and diagnosis, if appropriate, with the patient, family and carers, communicating in a way that is most meaningful to those involved.
3.25	Use interpersonal skills to develop therapeutic relationships.
3.26	Establish goals of care in collaboration with patients, families and/or carers, which may include slowing and altering disease progression, treating symptoms, achieving recovery, improving function, providing supportive care and/or addressing social and community factors that have an effect on wellbeing.
3.27	Recognise the valuable contribution of families, carers and members of the patient's social network to an individual's wellbeing and invite their participation to support the patient's recovery.
3.28	Advocate on behalf of patients, their families and carers in relation to patients' needs.
3.29	Implement strategies that reduce discrimination and address the impact stigma of mental illness has upon patients, families and carers.
3.30	Develop structured mental health care plans with patients diagnosed with mental health disorders listed in <i>Appendix One</i> , based on the formulation and/or diagnosis, and using evidence-based approaches.
3.31	Incorporate lifestyle interventions (e.g., diet, exercise, sleep) into comprehensive mental health care plans.
3.32	Identify social interventions that may benefit a patient and engage or refer where appropriate.
3.33	Identify available mental health support services that would be beneficial to individual patients, their families and carers.
3.34	Demonstrate effective counselling skills with the patient and their family and or carers.
3.35	Demonstrate skills in delivering psychological interventions for the patient and their family and or carers.
3.36	Recognise the physical and mental health impacts that looking after a person with a mental health disorder may have upon carers and provide advice and support to carers to maintain their wellbeing.
3.37	Safely prescribe pharmacological treatment.
3.38	Provide education to patients, families, and their carers about psychiatric medication and the broader therapeutic context in which they are prescribed.
3.39	Develop a crisis and safety plan in collaboration with the interdisciplinary team, patients, their families and carers, including but not limited to: <ul style="list-style-type: none"> • a suicidal patient • an aggressive patient.
3.40	Communicate the risk and safety plan with the patient, family and carers and other services, as appropriate.
3.41	Notify relevant authorities when there is a reasonable belief:

	<ul style="list-style-type: none"> • of sexual misconduct or physical violence with or in the presence of a child • that a patient's behaviour is causing significant emotional or psychological harm to a child • significant neglect of a child.
3.42	Apply local mental health and related legislation.
3.43	Be aware of personal capacity to manage uncertainty and take clinically informed risks when this is in the interest of the patients' overall wellbeing, balancing autonomy and safety.
3.44	Recognise the limits of clinical capabilities and seek support from colleagues, including a specialist psychiatrist, when appropriate.
3.45	Determine the need for and timing of referral to colleagues and other health care professionals, such as specialist psychiatrists, physicians or allied health.
3.46	Effectively handover responsibility for mental health care of a patient to another clinician or service (e.g., discharge plan), when appropriate.
3.47	Maintain clear and contemporaneous records and written documentation about patient assessment and mental health care plans.
3.48	Provide concise and accurate written communication to other health professionals and services about patient care.
3.49	Manage the risks and benefits associated with disclosure of clinical information about mental health issues, limiting such disclosure to only what is necessary.
3.50	Monitor, evaluate and regularly update the mental health care plan with the multidisciplinary team (where appropriate), patients, families and carers, including at critical periods (i.e., at times of crisis, if evidence of change of presentation etc).
3.51	Plan and implement quality improvement activities to improve mental health outcomes for patients within the practice or clinic setting.

Appendix One

The RANZCP endorses the use of both the International Classification of Disease (ICD) and Diagnostic and Statistical Manual of Mental Disorders (DSM) in defining the range of mental and behavioural disorders with which participants should be familiar.

Neurodevelopmental disorders

- Autism spectrum disorder
- Attention deficit hyperactivity disorder

Neurocognitive disorders

- Delirium
- Dementia

Mood disorders

- Bipolar disorder
- Depressive disorders

Schizophrenia or Other Primary Psychotic Disorders

Anxiety or fear-related disorders

- Generalised anxiety disorder
- Panic disorder
- Social anxiety disorder

Personality disorders and related traits

- Personality disorder
- Prominent personality traits or patterns

Disorders due to substance use or addictive behaviours

Obsessive-compulsive or related disorders

Disorders specifically associated with stress

- Post traumatic stress disorder
- Adjustment disorder

Somatic symptom and related disorders

- Somatic symptom disorder
- Illness anxiety disorder

Feeding or eating disorders