



The Royal
Australian &
New Zealand
College of
Psychiatrists



Certificate of Advanced Training in Addiction Psychiatry

Addiction Psychiatry Curriculum

Version 2.3
SATADD Approved October 2016

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Preface

Problematic substance use and behaviours such as gambling and gaming cause harm in communities all around the world, particularly when they become addictions. The Section on Addiction Psychiatry (SOAP) (originally the Section on Alcohol and Other Drugs) was established in 1989 to further psychiatrists' interests and involvement in the field, and became the Faculty of Addiction Psychiatry in 2015.

With the development of the 2012 Fellowship Program the Sub-Committee for Advanced Training in Addiction Psychiatry has updated the curriculum originally developed by Stephen Jurd and Michael Baigent. In this curriculum the term "substance use and addictive behaviours" is used to describe all behaviours with potential for addiction. The term "substance use and addictive disorders" is used to describe the broad group of such behaviours which have met the threshold for psychiatric diagnosis as such.

Goals

APG1

To acquire knowledge and skills in the collaborative care of people with substance use and addictive disorders, including gambling, Internet gaming and other behavioural addictions. These include assessment, diagnosis and treatment in order to practice competently as an addiction psychiatrist.

APG2

To demonstrate the ability to comprehensively and competently assess, treat and collaboratively care for people with substance use and addictive behaviours in a variety of settings in which health services are delivered.

APG3

To foster positive attitudes to counter stigma widely held towards people with substance use and addictive disorders.

APG4

To understand issues pertaining to substance use and addictive behaviours in diverse groups including ethnic, indigenous and disadvantaged groups across all stages of life.

APG5

To understand interactions between developmental processes and life experiences such as trauma and substance use and addictive behaviours.

APG6

To become experienced in consultation, collaboration and liaison with other professionals and community groups involved with the care of people with substance use and addictive disorders through leadership of and participation in multidisciplinary teams.

APG7

To be able to competently identify and assess medical illnesses in people with substance use and addictive disorders and initiate and deliver appropriate medical treatment, engaging other medical practitioners as appropriate.

APG8

To gain experience in the organisation, planning and administration of services for people with substance use and addictive disorders and their interface with community resources including mutual-help groups.

APG9

To acquire expertise in the teaching of other health care professionals, people with substance use and addictive disorders and their families about the nature of these disorders.

APG10

To acquire knowledge and understanding of the evidence base relating to substance use and addictive disorders, and the research methodology underpinning it.

APG11

To acquire skills in the comprehensive assessment of all facets of substance use, gambling, Internet gaming and other behavioural addictions when they co-occur with other psychiatric disorders.

APG12

To learn strategies regarding the prevention of substance and behavioural addiction related harm, or progression of harm, in communities and individuals and to develop advocacy and organisational skills required to implement them.

APG13

To develop an awareness of the ethical aspects of the decisions made in clinical practice.

APG14

To develop and refine the skills in public advocacy required to improve care for people with substance use and addictive disorders.

APG15

To develop partnerships with people with substance use and addictive disorders and their carers in order to facilitate their empowerment in relation to both their care and broader prevention and promotion strategies.

Objectives

The following attitudes objectives should be read in conjunction with the **RANZCP Code of Ethics** and other Professional Practice Guidelines supported by the RANZCP, which trainees are expected to be familiar with and adhere to.

1. Attitudes Objectives

The attitudes objectives for advanced training in addiction psychiatry are to be read in conjunction with the Fellowship Competencies.

APA1 Attitudes to Substance Use and Addictive Behaviours

Trainees in addiction psychiatry develop a hopeful, accepting and non-judgemental attitude towards people with substance use and addictive disorders. Addiction psychiatry trainees will demonstrate this attitude by:

APA1

Offering respectful support to colleagues in health and social services working to provide services to people with substance use and addictive behaviours, including peer support workers, and showing an awareness of the level of knowledge and circumstances of others.

APA2

Communicating openly and broadly with the wider community by all available means, believing that the provision of accurate information will improve community responses to substance use and addictive behaviours.

APA3

Recognising and dealing constructively with stigma and biased attitudes towards people with substance use and addictive disorders.

APA4

Developing an awareness of the impact of substance use and addictive disorders on families and the wider community, and striving to balance the needs of our patients with those of families and the wider community.

2. Knowledge Objectives

In conjunction with the Fellowship Competencies, addiction psychiatry trainees should be able to demonstrate knowledge of:

APK1 Health Promotion

By the completion of training, addiction psychiatry trainees should be knowledgeable about the principles and process of health promotion relevant to addiction psychiatry, including prevention of substance use and addictive disorders and other mental health disorders in the community at large and in people presenting to health services.

APK1.1

Issues specific to mental health promotion.

APK1.2

Basic epidemiological and bio-statistical principles, including research study design and hierarchies of research evidence.

APK1.3

The spectrum, epidemiology and natural history of substance use, gambling and other addictive behaviours, including risk factors for initiation of behaviour and development of disorder.

APK1.4

Key methods of primary, secondary and tertiary prevention for mental health disorders including substance use and addictive disorders, their effectiveness on a population and individual basis and relative cost.

APK1.5

Current major health related prevention and promotion programs at state and national levels.

APK2 Developmental Issues in People who Develop Substance Use and Addictive Disorders

By the completion of training, trainees in addiction psychiatry should be knowledgeable about the interaction between normal biological, psychological and social development and substance use and addictive behaviours.

APK2.1

Common patterns of substance use and addictive behaviours across the life cycle.

APK2.2

How substance use and addictive behaviours may influence the aetiology and presentation of psychiatric disorder and its management across the life cycle.

APK2.3

The coping and self-medication strategies and defence mechanisms following physical, sexual, emotional and/or psychological trauma and illness in people with substance use and addictive behaviours.

APK2.4

Factors which associated with vulnerability to substance use and gambling disorders and protective factors associated with resilience in substance user and addictive behaviours.

APK2.5

The self-perceptions of people with substance use and addictive behaviours.

APK2.6

The bonding and attachment problems that may occur between people with substance use and addictive behaviours and their children, carers and dependants.

APK3 Basic Sciences

By the completion of training, addiction psychiatry trainees should be knowledgeable about aspects of those biomedical, social and psychological sciences that underpin and inform the practice of clinical psychiatry in substance users and gamblers.

APK3.1

The pharmacology, toxicology and teratology of substance use, including new and emerging potentially addictive or harmful substances, and behaviours. This requires a working knowledge of all the drug classes and the relevant symptoms and signs of intoxication and withdrawal.

APK3.2

The neurobiology of substance use and addictive behaviours.

APK3.3

The behavioural psychology of substance use and addictive behaviours.

APK3.4

The genetics of substance use and addictive behaviours.

APK4 Mental health problems and mental illness in people with substance use and addictive behaviours

By the completion of training, addiction psychiatry trainees should be knowledgeable about the epidemiology, aetiology, psychopathology, clinical features (including complications), and natural history and management of mental health problems and mental illness in both the person with substance use and addictive behaviours and their significant others, including concepts of impairment, disability and handicap.

APK4.1

The incidence, prevalence and aetiology of mental disorders in people with substance use and addictive behaviours.

APK4.2

The phenomenology of substance use disorders including the complex bio-psychosocial processes associated with drug abuse/harmful & hazardous use and drug dependence, or mild, moderate and severe substance use disorders, and the criteria on which these are based, within the framework of one of the widely accepted classification systems (DSM and/or ICD).

APK4.3

The phenomenology of gambling disorders including the complex bio-psychosocial processes associated with problem gambling and the criteria on which these are based, within the framework of one of the widely accepted classification systems.

APK ADD

The phenomenology of Internet gaming disorders including the complex bio-psychosocial processes associated and the criteria on which these are based, within the framework of one of the widely accepted classification systems.

APK4.4

Mental health problems, mental illness and cognitive impairment associated with substance use and addictive disorders.

APK4.5

Mental health problems and mental illness co-existing with substance use and addictive disorders and the complex relationships between these mental disorders and substance use and addictive behaviours.

APK4.6

The natural history of substance use and addictive disorders, which enables identification of:

- a) level of motivation to change
- b) the severity of the disorder
- c) the urgency of the need for treatment
- d) the stage of the disorder
- e) the prognosis.

APK4.7

Appropriate management plans for people with substance use and addictive behaviours, in a range of settings, including:

- a) the significance of medical and psychological investigations and assessments
- b) the utility of psychotherapies, including behavioural, motivational enhancement, cognitive-behavioural, group and family therapies
- c) psychopharmacological treatments including opioid substitution/replacement therapies, alcohol relapse prevention, aversive and detoxification medications

- d) the use of mutual help groups such as Alcoholics, Narcotics and Gamblers Anonymous and Smart Recovery Groups
- e) situations in which referral to or consultation with colleagues in psychiatry and other medical disciplines is appropriate
- f) programs involving changes in lifestyle
- g) rehabilitation programs
- h) strategies that meet the needs of families including the role of mutual-help groups, including Al-Anon, Nar-Anon and Gam-Anon.

APK4.8

The influence of specific factors on assessment and care of psychiatric disorders in people with substance use and addictive behaviours, including:

- a) age
- b) intellectual capacity including acquired brain injury
- c) medical illness and disability
- d) gender
- e) culture
- f) spiritual beliefs
- g) socio-economic status
- h) psychiatric comorbidity.

APK4.9

The factors which affect treatment outcome.

APK4.10

The principles underlying the choice and integration of interventions in mental health problems and disorders in people with substance use and addictive behaviours, including the evidence base and relative cost effectiveness.

APK4.11

The medico-legal aspects of the practice of addiction psychiatry, with particular emphasis on mental health, severe substance use disorder and guardianship legislation, capacity to function in a workplace or profession, including its local application, informed consent and coercive factors (overt and covert).

APK4.12

The extent and range of relevant community services.

APK5 Impact of substance use and gambling disorders

By the completion of training, addiction psychiatry trainees should be knowledgeable about the social impact of substance use and addictive disorders on individuals and their families.

APK5.1

The distressing effect that stigma may have on people with substance use and addictive disorders and their families.

APK5.2

The breadth of family reactions to substance use and addictive disorders.

APK5.3

The threat to educational and occupational achievement and thus livelihood represented by substance use and addictive disorders.

APK5.4

The financial and social cost to the community of substance use and addictive disorders.

APK6 Addiction Medicine

By the completion of training, addiction psychiatry trainees should be knowledgeable about addiction medicine.

APK6.1

The presentation, investigation, and diagnosis of common medical problems associated with substance use and disorders including disorders of the gastro-intestinal system and liver disease, seizures, Wernicke's encephalopathy and other neurological disorders, electrolyte and vitamin deficiencies, infections including those sexually transmitted and injection-related, intoxication in overdose, and obstetric and neonatal complications.

APK6.2

The treatment of significant medical illnesses associated with substance use.

APK6.3

The interactions between medical and psychiatric disorders of addiction.

APK7 Research Method

By the completion of training, addiction psychiatry trainees should be knowledgeable about the principles of scientific method in their practice and the use of this knowledge to evaluate developments in addiction research.

APK7.1

Analysis and interpretation of scientific literature relating to substance use and addictive behaviours and associated disorders and related disciplines.

APK7.2

The application of this approach to research and clinical quality improvement projects, including formulation of hypothesis formulation, clinical trial design, sample selection, basic statistical techniques, literature review, outcome assessment and evaluation.

APK7.3

The ethical and legal implications of research in addiction psychiatry.

APK8 Service Issues

By the completion of training, addiction psychiatry trainees should be knowledgeable about the organisation and delivery of health care to people with substance use and addictive behaviours and disorders including the ethical, economic, geographical and political constraints within which it operates.

APK8.1

The philosophies and histories of mental health services and alcohol and other drug services (both governmental and NGO).

APK8.2

The current policies and guidelines of governments, RANZCP, professional bodies and other organisations relating to health and other community services for people with substance use and addictive behaviours and disorders. Harm minimisation principles: supply reduction, demand reduction and harm reduction.

APK8.3

The principles of service planning and management in health, including mental health and alcohol and other drug services, including consumer and carer involvement.

APK8.4

The interfaces between alcohol and other drug services, mental health services, primary care and other community agencies and the various consultation/liaison roles of the addiction psychiatrist that occur in different care settings.

APK ADD

The role of the addiction psychiatrist in alcohol and other drug services, mental health services and other settings.

APK8.5

The role of general practitioners and other primary care practitioners in the recognition and treatment of common substance use and addictive disorders.

APK ADD

The role of peer support and mutual help in delivery of services to people with substance use and other addictive disorders.

APK8.6

Funding mechanisms for alcohol and other drug services and the implication of these for the delivery of services.

APK8.7

The costs and cost-effectiveness of various treatment modalities and their relevance for resource management.

APK8.8

The role of consumers, families, and consumer groups in relation to the delivery of alcohol and other drug services.

APK8.9

Factors that contribute to effective service provision including staff morale, patient/significant other focus, monitoring performance, prioritisation, teamwork and leadership.

APK8.10

The measurement of outcomes of service delivery to people with substance use and addictive disorders and their families.

APK8.11

Legislation relevant to care including the relevant local Drugs and Poisons Acts, privacy and confidentiality and compulsory treatment in people with substance use disorders and the outcomes of compulsory treatment.

APK8.12

An understanding of organisational dynamics.

APK8.13

An understanding of health information systems and requirements, including information technology relevant to patient information and service evaluation.

APK8.14

Current methods for quality improvement.

APK8.15

Principles pertaining to the development, implementation, and evaluation of new programs.

APK9 Professional Responsibility

By the completion of training, addiction psychiatry trainees should be knowledgeable about the principles of medical ethics, the development of professional attitudes and mechanisms for the development and maintenance of clinical competence, acknowledging the need for professional and public accountability and advocacy.

APK9.1

The role of the addiction psychiatrist in the provision of education, supervision and continuing professional development.

APK9.2

The leadership role of the addiction psychiatrist within the health care system.

APK9.3

The role of public advocacy in altering community attitudes, development of services and application of treatments.

APK9.4

The process by which policies regarding substance use and gambling are developed across a variety of groups: Government, non-Government, community, professional health associations, media.

APK9.5

The role of the addiction psychiatrist in influencing public opinion regarding substance use and addictive behaviours.

3. Skills Objectives

Please read in conjunction with the Stage 1 and 2 syllabi, addiction psychiatry trainees should be able to:

APS1 Health Promotion

By the completion of training, the addiction psychiatry trainee should be able to apply specific knowledge of the principles and processes of health promotion and illness prevention.

APS1.1

Develop systems of early detection of substance use and gambling disorders in treatment settings and the community.

APS1.2

Recognise and address the needs of families, particularly children, of substance users and gamblers.

APS1.3

Apply harm reduction strategies (e.g. reducing the risk of blood borne viruses) in a clinical encounter and setting.

APS1.4

Dissemination and communication of information derived from best evidence regarding responsible and safe behaviours including substance use, gambling and Internet gaming.

APS2 Assessment of People with Substance Use and Addictive Behaviours

By the completion of training, trainees should possess the skills necessary for performing a comprehensive psychiatric assessment in people with substance use and addictive disorders.

APS2.1

Demonstrate interviewing skills adapted to the needs of people with substance use and addictive disorders, including conduct of interview in a non-confrontational manner, with tact and respect, to accumulate information.

APS2.2

Assess risk associated with substance use in people with co-morbid medical and psychiatric disorders, including contribution of substance use to risk of violence and suicide.

APS2.3

Perform detailed cognitive testing and when appropriate, refer people for neuropsychological assessment and effectively utilise the results.

APS2.4

Conduct assessments in a range of health care and community settings.

APS2.5

Conduct a family assessment relevant to substance use and addictive behaviours.

APS2.6

Complete medico-legal assessments with particular emphasis on ability to form intent, testamentary capacity, guardianship, enduring power of attorney, competency and informed consent.

APS2.7

Produce written reports and testify as an expert witness.

APS2.8

Complete assessments of effect of substance use and other mental health disorders on capacity to perform a defined role.

APS3 Care and Treatment of People with Substance Use and Addictive Behaviours

By the completion of training, trainees should possess the skills to manage individuals with substance use and addictive disorders.

APS3.1

Integrate biomedical, psychological and social information into a diagnostic formulation using the widely accepted classification systems (DSM and/or ICD).

APS ADD

Develop and coordinate a comprehensive and integrated treatment plan according to the needs of, and in collaboration with, each individual.

APS3.2

Interpret investigations' results and have the capacity to communicate the results to patients.

APS3.3

Demonstrate psychotherapeutic skills based on the principles of brief intervention, motivational enhancement, relapse prevention, cognitive behaviour therapy, twelve step facilitation and family therapy (and any other proven psychological intervention) in the treatment of substance use and addictive disorders.

APS ADD

Manage co-occurring other mental health problems and illness in people with substance use and addictive disorders including trauma-related problems and personality disorder.

APS3.4

Demonstrate pharmacotherapy skills, including detoxification, substitution, anticraving/alcohol relapse prevention and aversion therapies with emphasis on appropriate drug choice, dosage and adverse effects in people with substance use and addictive disorders.

APS3.5

Demonstrate competence in the practice of addiction psychiatry in a variety of settings: inpatient, outpatient and community.

APS3.6

Communicate tactfully and sensitively with people with substance use and addictive behaviours, using interview techniques congruent with their readiness to change, mental state, age, cognitive capacity and developmental and educational status.

APS3.7

Provide an appropriate balance of support and structure, setting limits while remaining non-judgemental.

APS3.8

Identify and resolve conflict which is likely to arise in the course of management.

APS3.9

Join with those recovering from substance use and addictive disorders and their families in developing interactive, collaborative plans of management, encouraging autonomy.

APS4 Roles of an Addiction Psychiatrist

By the completion of training, trainees should be able to fulfil the role of an addiction psychiatrist. The trainee should be able to teach topics in addiction psychiatry to students, health professionals, other social service staff, people with substance use and other addictive behaviours and other mental health problems, their families, and the general public.

APS4.1

Recognise and deal constructively with entrenched negative community attitudes towards people with substance use and addictive behaviours and be willing to advocate for their needs and to reduce stigma.

APS4.2

Develop skills to provide supervision in addiction psychiatry to junior colleagues and other health professionals.

APS4.3

Work in a leadership role within multidisciplinary alcohol and other drug teams and, where appropriate, other health care teams providing care to people with high prevalence of substance use disorders including mental health services and chronic pain services.

APS4.4

Develop skills in models of service delivery that enhance liaison with general practitioners and other primary health care workers.

APS4.5

Demonstrate skills in delivery of training in delivery of brief interventions for substance use and other addictive disorders to other health care and social service staff.

APS4.6

Demonstrate an ability to teach topics in addiction psychiatry as evidenced by both formal and informal presentations.

APS5 Medicine in Relationship to Addiction Psychiatry

By the completion of training, trainees in addiction psychiatry should be able to competently assess people with substance use and other addictive disorders for the presence of medical illnesses.

APS5.1

Demonstrate a capacity to elicit substance-related changes on physical examination in people with substance use disorders.

APS5.2

Appropriately refer to and consult with other health care professionals.

APS5.3

Respond appropriately to medical emergencies that may be seen in addiction psychiatry e.g. opiate overdose, liver failure, Wernicke's encephalopathy.

APS5.4

Display a comprehensive understanding of medical investigations relevant to substance use disorders.

APS6 Research in Addiction Psychiatry

By the completion of training, addiction psychiatry trainees should have the skills necessary to undertake a research or evaluation study and to critically appraise published research relevant to addiction psychiatry.

APS6.1

Demonstrate knowledge of the ethical and legal issues involved in conducting clinical research with subjects who may have subtle cognitive impairments and impaired capacity to provide informed consent.

APS6.2

Design, undertake, analyse and prepare a research project (either by the collection of empirical data or literature review) in psychiatry.

Revision Record Footer

Contact:	Manager, Training and CME		
Date	Version	Approver	Description
14/10/2016	2.3	SATADD	Curriculum reviewed and updated to 2012 Fellowship Program.
2019	NEXT REVIEW		

Appendix 1: Mapping of Addiction Curriculum and EPAs

EPA	EPA TITLE	DESCRIPTION	SKILLS & KNOWLEDGE	CURRICULUM SECTION
ST3-ADD-FELL-EPA1	Acute assessment and diagnosis of substance use.	<p><i>The trainee can work independently to assess a person with potential substance use and related problems presenting in an acute setting. This involves the triage, comprehensive assessment, diagnosis and formulation of people who might present:</i></p> <ul style="list-style-type: none"> • <i>at any stage across the lifespan</i> • <i>in a range of settings, eg. multidisciplinary, emergency department and inpatient</i> • <i>within various medicolegal frameworks.</i> <p><i>The trainee is able to use as appropriate a comprehensive range of evidence-based assessment modalities, addressing substance use disorder and relevant comorbidities to formulate a diagnosis.</i></p> <p><i>This EPA also assesses the ability of the trainee to provide supervision and guidance to junior trainees and clinicians in the management of substance use disorder in an acute setting.</i></p>		APG1
				APG11 APS3.1
				APS4.2
			<i>Knowledge</i>	
			• Aetiological factors associated with substance use and with related disorders, including psychosocial and biological.	APK4.1-4.3 APK ADD
			• Practical aspects of substance use and means of use from the substance user's perspective, including usual method of use (oral, intravenous, inhaled etc.), context of use, cues, accessibility, cost, equipment, subjective experience.	APK2.4
			• Medical, psychiatric, neurocognitive and behavioural complications and risks associated with substance use, including any relevant infectious diseases.	APK4
			• Behavioural risks associated with substance use and intoxication, including driving, assault (sexual and physical and as victim or perpetrator), unprotected sexual activity and outcomes. This should include recognition of specific populations at higher risk including LGBTI people.	APS 2 (APS2.1 & APS2.2)
			• Understand psychosocial problems associated with substance use, eg. unemployment, homelessness, service access difficulties including rural and remote locations, low socioeconomic status.	APK4.1-4.3 APK ADD
			• Understand sociocultural issues associated with substance use in specific populations including Indigenous (Aboriginal and Torres Strait Islander peoples and Māori) and people of culturally and linguistically diverse backgrounds.	APK4.8
• Awareness of relevant substance use screening tools and their appropriate use including thresholds or cutpoints indicating harmful use,	Covered under APS2 Assessment - performing a			

EPA	EPA TITLE	DESCRIPTION	SKILLS & KNOWLEDGE	CURRICULUM SECTION
			eg. AUDIT, Fagerstrom test for Nicotine Dependence, Substance Dependence Scale, Socrates 8A.	comprehensive psychiatric assessment ...
			<i>Skills</i>	
			• Engage a patient in an acute setting and undertake a detailed assessment for substance use disorder.	APS2
			• Take a structured psychosocial and developmental history focused on substance use and related disorders and their development, maintenance and treatment, including family history, family, couple and peer relationships, domestic violence, children and capacity to care for them if primary caregiver, employment and/or education and training, accommodation, criminal behaviours and legal problems. These should be considered from various perspectives.	APK4.6
			• Physical and neurocognitive assessment of person with substance use disorder.	APS2.3
			• Diagnostic formulation of person with substance use disorder.	APS3.1
			• Refer to, liaise appropriately and work with other members of the multidisciplinary team to ensure a comprehensive assessment where appropriate, including supervision of assessments performed by other clinicians.	APS4.2 APS4.3
			<i>Attitude</i>	
			• Exhibit a non-judgemental, hopeful and empathic approach to the engagement of the patient	APA1-4
			• Address stigmatised beliefs in colleagues and patients' families, wider social networks and the community.	APA1-4 APG3
ST3-ADD-FELL-EPA2	Long-term management of severe alcohol use disorders.	<i>The trainee can establish and implement a relapse prevention treatment plan for patients with alcohol dependence.</i> <i>Following the assessment and stabilisation of acute alcohol-related problems, the trainee is able to use a range of longterm treatment modalities, communicate them and collaborate effectively with patients, their families/carers and other health professionals through to discharge from treatment.</i>		APS3.3
			<i>Knowledge</i>	
			• Pharmacology of alcohol – pharmacodynamics and pharmacokinetics.	APK3.1
			• Medical and neurocognitive complications in alcohol users: cognitive disorders (eg. acquired brain injury, dementias, Wernicke's and Korsakoff's syndromes), chronic liver disease.	APK4
			• Pharmacotherapies and psychosocial treatments for alcohol relapse prevention treatment and the relevant evidence.	APG1 APG7 APK4.7
			• Knowledge of mutual help programs, which could be informed by the trainee's attendance at meetings, eg. AA, Rational Recovery, SMART Recovery.	APK1.5

EPA	EPA TITLE	DESCRIPTION	SKILLS & KNOWLEDGE	CURRICULUM SECTION
			<ul style="list-style-type: none"> Alcohol-related public health issues. 	APK1.1
			<i>Skills</i>	
			<ul style="list-style-type: none"> Physical and neurocognitive assessment and diagnosis of a patient with problematic alcohol use. 	APS2.3
			<ul style="list-style-type: none"> Appropriate liaison with, and referral to, other medical and non-medical professionals in order to optimise overall treatment. 	APK4.7
			<ul style="list-style-type: none"> Collaborative development of a treatment plan with mutually agreed treatment goals. 	APS3.1
			<ul style="list-style-type: none"> Appropriate selection, initiation and management of pharmacotherapies to promote relapse prevention and controlled drinking or abstinence in patients with alcohol use disorders. 	APS3.4 APK 4.7
			<ul style="list-style-type: none"> Retain patient in treatment for alcohol use and facilitate the recovery process. 	APS3.3
			<ul style="list-style-type: none"> Management of high-risk behaviours in an alcohol dependent patient, eg. driving motor vehicles, caring for children. 	APK1.3 APS2.2
			<ul style="list-style-type: none"> Management of lapses and relapses including development of appropriate relapse-prevention plans. 	APS3.3
			<ul style="list-style-type: none"> Management of other co-existing psychiatric disorders. 	APK4.5
			<ul style="list-style-type: none"> Recruitment of, and collaboration with, family/carers to promote reduced drinking. 	APK4.7 APS2.5 APS3.3
			<ul style="list-style-type: none"> Referral to, and collaboration with, other health professionals and mutual help groups. 	APS5.2
			<i>Attitude</i>	
			<ul style="list-style-type: none"> Exhibit a non-judgemental, hopeful, empathic and inclusive approach to the engagement of patients, carers and progress to recovery.families and 	APA1-4
			<ul style="list-style-type: none"> Address stigmatised beliefs in colleagues and patients' families, wider social networks and the community. 	APA1-4 APG3
ST3-ADD-FELL-EPA3	Advanced management of substance intoxication and substance withdrawal.	<i>The trainee demonstrates the capacity to manage substance intoxication and complex withdrawal in a range of settings as part of an overall treatment plan. This EPA further enhances the competence achieved at Stage 2 and incorporates extended skills in clinical leadership, resource utilisation and workforce development.</i>		APK4.7
				APS4.3 APK8.9 APK9.2
			<i>Knowledge</i>	
			<ul style="list-style-type: none"> Knowledge and implementation of protocols for managing withdrawal from different substances. 	APK4.7 APK3.1
			<ul style="list-style-type: none"> Demonstrates detailed knowledge of local, state, national and international withdrawal protocols and guidelines. 	APK4.11 APS3.5
			<ul style="list-style-type: none"> Demonstrates an understanding of potential conflicts between previous experience of some consumers and some popular literature about withdrawal regimens and evidence-based practice. 	APK8.3 APK8.8
			<i>Skills</i>	

EPA	EPA TITLE	DESCRIPTION	SKILLS & KNOWLEDGE	CURRICULUM SECTION
			<ul style="list-style-type: none"> • Risk management in patients in which the substance intoxication masks, mimics or exacerbates a comorbid other psychiatric disorder. 	APK1.3 APS2.2
			<ul style="list-style-type: none"> • Determine which patients require inpatient or outpatient withdrawal by considering psychiatric, physical and social factors and past history. 	Covered under APS3 Care and Treatment under APS3.1 integrate... and coordinate a comprehensive treatment plan ...
			<ul style="list-style-type: none"> • Ability to integrate withdrawal management into ongoing treatment. 	APK4.7
			<ul style="list-style-type: none"> • Management of complex psychiatric and physical comorbidities associated with withdrawal syndromes. 	APK4.8
			<ul style="list-style-type: none"> • Managing complex problems, eg. selective substance withdrawal, psychiatric or medical complications, non-compliance or disagreement with withdrawal protocols. 	APK4 APK6.1
			<ul style="list-style-type: none"> • Attends medical and/or psychiatric wards and emergency departments to provide consultation regarding withdrawal. 	APK8.4 APG6
			<ul style="list-style-type: none"> • Decides on suitability for withdrawal management depending on stage of change. 	APK4.7 APS5.1
			<ul style="list-style-type: none"> • Demonstrates the ability to balance resource utilisation for substance withdrawal programs within the overall service. 	APK8.7
			<ul style="list-style-type: none"> • Supports and advises primary health practitioners with withdrawal regimens using telehealth. 	APS4.6 if presentations somewhat equivalent to telehealth?
			<ul style="list-style-type: none"> • Ability to train medical and nursing staff and allied health professionals in withdrawal procedures. 	APS4.5
			<ul style="list-style-type: none"> • Ability to review and update protocols using evidence-based literature. 	APS6.2 APK7.1 APK7.2
			<i>Attitude</i>	
			<ul style="list-style-type: none"> • Inclusive approach with patient and family. 	APK4.7 APS2.5 APS3.3 APA4
			<ul style="list-style-type: none"> • Willingness to collaborate with GPs and other healthcare providers. 	APS5.2 APG6 APG9

EPA	EPA TITLE	DESCRIPTION	SKILLS & KNOWLEDGE	CURRICULUM SECTION
ST3-ADD-FELL-EPA4	Management of comorbid substance use, including tobacco dependence, and other mental health problems.	<i>Integrated assessment and treatment of co-occurring substance use, including tobacco dependence, and other mental health problems. The trainee must demonstrate the ability to conduct appropriate physical and cognitive assessment, formulate, make accurate diagnoses, plan and implement integrated management strategies. The trainee must be able to explain the relationship between the substance use and mental health problems to patients, family and staff. The trainee demonstrates an awareness of the challenges posed by comorbidity/co-occurring disorders.</i>	<p><i>Knowledge</i></p> <ul style="list-style-type: none"> • Current theories explaining comorbid substance use and other mental health disorders. • In-depth knowledge of current literature regarding best practice models of treatment for comorbid disorders. • Understand the challenges of diagnostic clarification and methodology to resolve this. • Knowledge of services and resources available to facilitate integrated treatment, eg. local dual diagnosis/co-occurring disorder teams. • Knowledge of the epidemiology and consequences of tobacco use in people with mental illness. • Knowledge of the pharmacology of tobacco dependence and its treatments. <p><i>Skills</i></p> <ul style="list-style-type: none"> • Ability to develop detailed formulation of interdependence of comorbid problems and diagnosis of substance-induced versus independent mental illness which is communicated to the patient. • Appropriate engagement of family and others in assessment and management. • Management plan shows appropriate use of services available to patients with comorbid problems. • Implementation of treatment, prioritising sequential, parallel and integrated interventions according to the patient's presentation. • Trains and educates junior medical staff and allied health professionals in the principles of integrated treatment in patients with comorbid problems • Implementation of pharmacological and psychosocial therapies for tobacco cessation. <p><i>Attitude</i></p> <ul style="list-style-type: none"> • Welcoming engagement of patients with mental illness and substance use disorder regardless of service setting. • Advocates for patients with comorbidity who are often marginalised or excluded from services. • Patient-centred approach to care. 	<p>APS2</p> <p>APK5</p> <p>APK7.1</p> <p>APK8.7 APS3</p> <p>APK1.3</p> <p>APK3.1</p> <p>APS3.1</p> <p>APK4.7 APK5.2 APS2.5</p> <p>APG8</p> <p>APPS ADD (after APS3.1)</p> <p>APS4.2</p> <p>APK4.7</p> <p>APS3.5</p> <p>APG14 APK9.3</p> <p>APK8.9</p>

EPA	EPA TITLE	DESCRIPTION	SKILLS & KNOWLEDGE	CURRICULUM SECTION
			<ul style="list-style-type: none"> Advocates for the reduction and prevention of tobacco use in people with mental illness. 	APG12
ST3-ADD-AOP-EPA5	Treatment of substance use disorder with psychological methods.	<p><i>Trainees should have the capacity to provide skilled psychotherapeutic interventions in patients across the age range with substance use disorders. To achieve this EPA, the trainee will need to demonstrate competence in delivering both:</i></p> <ul style="list-style-type: none"> <i>cognitive-behavioural therapy (CBT) or a variation including mindfulness-based cognitive therapy; and</i> <i>motivational enhancement therapy (as a structured therapy, eg. manualised in Motivational enhancement therapy manual by Miller et al.).</i> 		APK4.9 APS3.3 APS4.5
			<i>Knowledge</i>	
			<ul style="list-style-type: none"> The theory underpinning the modality of the psychotherapy employed. 	APS3.3
			<ul style="list-style-type: none"> The evidence base for the psychotherapy utilised. 	APS3.3
			<i>Skills</i>	
			<ul style="list-style-type: none"> Assess the suitability of the patient for the modality of psychotherapy employed. 	APS3.3
			<ul style="list-style-type: none"> Initiate the therapy. 	APS3.3
			<ul style="list-style-type: none"> Deliver the therapy. 	APS3.3
			<ul style="list-style-type: none"> Conclude the therapy. 	APS3.3
			<i>Attitude</i>	
		<ul style="list-style-type: none"> Respect for the patient's rights, eg. consent, privacy, confidentiality, boundaries, etc. 	APK8.11	
		<ul style="list-style-type: none"> Willingness to actively and openly participate in supervision. 	APK9.1 APS4.2	
ST3-ADD-AOP-EPA6	Provide training for other clinicians in delivery of brief interventions for substance use disorder.	<p><i>The trainee will build the capacity of the general health workforce to identify substance-related problems and provide brief interventions to patients with harmful or hazardous patterns of substance use, including by training other clinicians in their delivery. This is consistent with previous policy recommendations reflecting evidence-based practice to:</i></p> <ul style="list-style-type: none"> <i>encourage appropriate training of all clinicians in the recognition and management of alcohol use disorders and greater use of screening for alcohol-related problems</i> <i>increase brief alcohol intervention components in basic and advanced training curricula and in CPD</i> <i>facilitate and monitor the implementation of brief alcohol interventions in primary care and specialist healthcare settings</i> 		APS4
			<i>Knowledge</i>	
		<ul style="list-style-type: none"> The theory and evidence base underpinning the provision of brief intervention including identification, both ad hoc and by formal screening. 	APS4.1-4.6	

EPA	EPA TITLE	DESCRIPTION	SKILLS & KNOWLEDGE	CURRICULUM SECTION
			<ul style="list-style-type: none"> • Understanding of relevant continuous improvement principles relating to identifying need and addressing it through an intervention within a service setting. This should include a focus on adherence to brief intervention protocol, monitoring of implementation and measurement of relevant clinical outcomes. • Educational principles underpinning development and delivery of a training package for brief intervention to other clinicians. <p><i>Skills</i></p> <ul style="list-style-type: none"> • Capacity to deliver a brief intervention using a structure such as that summarised by the acronym FRAMES. • Identifying training needs of individuals and/or a team or group of clinicians, considering the specific clinical setting and how routine implementation of brief intervention within that setting can be supported. • Developing or modifying a training package in brief interventions for individual clinicians, including how patients who would benefit from brief intervention can be identified and any training and support materials. • Delivering training to individuals and/or a team or group of clinicians, including evaluation and follow-up. Such training may be delivered as part of a team where appropriate and may be in educational settings, eg. to health student groups. <p><i>Attitude</i></p> <ul style="list-style-type: none"> • Recognition of importance of delivery of brief interventions in primary care and other healthcare settings. • Willingness and confidence to collaboratively and flexibly provide training in brief interventions to other clinicians within a quality improvement framework. 	
ST3-ADD-AOP-EPA7	Alcohol and other drug (AOD) consultation–liaison.	<p><i>The trainee will demonstrate an ability to identify patients with substance use disorders (including tobacco) and where appropriate other comorbid psychiatric disorders in hospital and/or primary care settings and within a collaborative framework develop an evidence-based approach to reducing substance-related harms through primary (face-to-face), secondary and tertiary consultations and liaison to other healthcare providers involved with the patients.</i></p> <p><i>The trainee needs to demonstrate advanced knowledge, skills and professional attitude in all the following areas:</i></p> <ul style="list-style-type: none"> • management of withdrawal or stabilisation of substance use in medical/surgical/psychiatric wards and emergency departments or ambulatory withdrawal in a primary care setting • deliver brief interventions in a hospital setting, including emergency departments or a primary care setting • provide in-service AOD professional development for health practitioners at an appropriate level. 	<p><i>Knowledge</i></p>	

EPA	EPA TITLE	DESCRIPTION	SKILLS & KNOWLEDGE	CURRICULUM SECTION
			<ul style="list-style-type: none"> • Knowledge of the key medical issues arising from the use of alcohol and other drugs. 	APG4
			<ul style="list-style-type: none"> • Knowledge of local legislative requirements regarding prescribing opioids and other restricted drugs. 	APK8.11
			<ul style="list-style-type: none"> • Knowledge of the literature around stigma and discrimination towards individuals with addiction and/or other psychiatric disorders and its impact on medical and surgical treatment choices. 	APS4.1 APG3 APA3
			<i>Skills</i>	
			<ul style="list-style-type: none"> • Implement multidisciplinary management plans in primary health settings, emergency departments and psychiatric settings. 	APS3.5 APK4.7
			<ul style="list-style-type: none"> • Educate medical specialists and other health professionals in addiction problems: <ul style="list-style-type: none"> - stabilisation of substance use disorders including intoxication and withdrawal management -management of other common psychiatric problems associated with substance use disorders. 	APS4.3-4.5
			<ul style="list-style-type: none"> • Communicate advice effectively, both orally and in writing, and appropriately record outcomes. 	APS3.2 / APK8.10
			<i>Attitude</i>	
			<ul style="list-style-type: none"> • Non-judgemental attitude. 	APA1 / APS3.7
			<ul style="list-style-type: none"> • Foster collaboration and partnership with medical specialists and other health professionals. 	APG6
			<ul style="list-style-type: none"> • Advocate for the substance-using patient within a multi-agency setting. 	APG12, APG14, APK9.3
			<ul style="list-style-type: none"> • Awareness of the stigma associated with a psychiatric and/or addiction diagnosis in a general medical setting. 	APS4.1 / APG3
ST3-ADD-AOP-EPA8	Management of chronic pain with comorbid substance misuse.	<p><i>The trainee will demonstrate an ability to identify and manage patients with substance use disorders (including tobacco) and other psychiatric disorders in pain treatment settings and provide primary (face-to-face), secondary and tertiary consultations and liaison to other healthcare providers involved with the patients. The trainee needs to demonstrate advanced knowledge, skills and professional attitude in all the following areas:</i></p> <ul style="list-style-type: none"> • management of withdrawal or stabilisation of substance use in chronic pain patients • management of substance use disorders and other comorbid psychiatric disorders in people with chronic pain • advise and implement a plan to manage acute and chronic pain for patients with identified substance use disorders • provide in-service professional development relating to alcohol and other drugs and other psychiatric disorders for clinicians working in pain treatment settings. 		

EPA	EPA TITLE	DESCRIPTION	SKILLS & KNOWLEDGE	CURRICULUM SECTION
			<i>Knowledge</i>	
			<ul style="list-style-type: none"> The factors contributing to pain syndromes including addiction, physical problems, psychosomatic factors, primary and secondary gain and other psychiatric conditions. 	APK4.8
			<ul style="list-style-type: none"> Understand the potential for pharmacological and psychological management of chronic pain to be complicated by substance dependence. 	APK3.1
			<ul style="list-style-type: none"> Understand the principles of opioid rotation in the management of chronic pain. 	APK4.3
			<ul style="list-style-type: none"> Understand the principles of management of acute and chronic pain in opioid maintenance patients. 	APK4.7
			<ul style="list-style-type: none"> Knowledge of local legislative requirements regarding prescribing opioids and other restricted medications. 	APK8.11
			<ul style="list-style-type: none"> Understand the similarities of neurobiology between chronic pain and addiction. 	APK3.2
			<ul style="list-style-type: none"> Knowledge of the literature around stigma and discrimination towards individuals with psychiatric and/or addiction disorders and its impact on treatment choices. 	APS4.1 APG3 APA3
			<i>Skills</i>	
			<ul style="list-style-type: none"> Capacity to synthesise and formulate the physiological, psychological and social processes involved in the maintenance of the patients' disease and addictive process. 	APS3.1 APK2
			<ul style="list-style-type: none"> Implement multidisciplinary management plans in pain clinics. 	APS4.3 APG6
			<ul style="list-style-type: none"> Implement psychological treatments for patients with complicated chronic pain problems associated with addiction and/or other psychiatric disorders. 	APS3 (APSADD/APS3.3)
			<ul style="list-style-type: none"> Educate clinicians working in pain treatment settings on relevant addiction problems. 	APS4.3-4.5
			<ul style="list-style-type: none"> Communicate advice effectively, both orally and in writing, and appropriately record outcomes. 	APS3.2 APK8.10
			<i>Attitude</i>	
			<ul style="list-style-type: none"> Non-judgemental attitude. 	APA1
			<ul style="list-style-type: none"> Foster collaboration and partnership with medical specialists and other health professionals. 	APS3.7
			<ul style="list-style-type: none"> Advocate for the substance-using patient within a multi-agency setting. 	APG6
			<ul style="list-style-type: none"> Awareness of the stigma associated with an addiction and/or other psychiatric diagnosis in a general medical setting. 	APS4.1 APG3

EPA	EPA TITLE	DESCRIPTION	SKILLS & KNOWLEDGE	CURRICULUM SECTION
ST3-ADD-AOP-EPA9	Assess and manage a patient with opioid drug use problems.	<p><i>The trainee must demonstrate the ability to manage opioid dependence and misuse in patients with complex presentations including pregnancy, substantial comorbid physical and other psychiatric problems, including severe personality disorder, and socially chaotic environments. The trainee must manage the associated physical and psychological comorbidities and help the patient address their social and forensic issues.</i></p>		APK4.7
			<i>Knowledge</i>	
			<ul style="list-style-type: none"> • Demonstrate working knowledge of local regulatory and legislative requirements, eg. notification, registration and permit requirements for opioid substitution therapies. 	APK4.11 APK8.11
			<ul style="list-style-type: none"> • Pharmacology of opioids – pharmacodynamics and pharmacokinetics. 	APK3.1
			<ul style="list-style-type: none"> • Medical and neurocognitive complications in opioid users. 	APK4 (introduction) APK6.1
			<ul style="list-style-type: none"> • Pharmacotherapies in opioid withdrawal management and relapse prevention treatment. 	APS3.3 APS3.4
			<ul style="list-style-type: none"> • Demonstrate knowledge of the ethical aspects of substitution treatments. 	APG13 (within clinical practice) APK8 (introduction)
			<i>Skills</i>	
			<ul style="list-style-type: none"> • Appropriate physical and psychiatric assessments for this patient population. 	APG11 APS2
			<ul style="list-style-type: none"> • Appropriate medical investigations, eg. urine drug screen, screening for blood-borne viruses, renal function. 	APK4.7
			<ul style="list-style-type: none"> • Appropriate initiation and management of pharmacotherapies for withdrawal management, substitution therapies for opioid dependence and relapse prevention pharmacotherapies. 	APK3.1 APK4.7 APS3.4
			<ul style="list-style-type: none"> • Appropriate use of structured and unstructured psychosocial treatments. 	APK4.2 APK4.3 APKADD
			<ul style="list-style-type: none"> • Engage, stabilise and retain person in treatment. 	APS3
			<ul style="list-style-type: none"> • Appropriate management or referral of comorbid medical or psychiatric problems. 	APK4.7 APS5.2
<ul style="list-style-type: none"> • Appropriate discontinuation of substitution therapies. 	APK4.7			
<ul style="list-style-type: none"> • Management of high-risk behaviours in a substance-dependent patient. 	APS2.2			
<ul style="list-style-type: none"> • Working in a multidisciplinary team for the treatment of substance dependence. 	APG6 APS4.3			
<ul style="list-style-type: none"> • Working in a regulatory environment for the treatment of substance dependence. 	APK4.11 APS2.6			

EPA	EPA TITLE	DESCRIPTION	SKILLS & KNOWLEDGE	CURRICULUM SECTION
			<ul style="list-style-type: none"> • Implement harm reduction and abstinence as appropriate in a clinical setting. 	APG12 APK8.2 APS1.3
			<ul style="list-style-type: none"> • Recognising the therapist's own emotional response to the patient and management of those responses. 	Professional responsibility / role of...
			<i>Attitude</i>	
			<ul style="list-style-type: none"> • Exhibit a non-judgemental, empathic approach to the engagement of a patient. 	APS3.7 APA1
			<ul style="list-style-type: none"> • Demonstrate leadership in a multidisciplinary team in which there is a substantial risk of disruptive countertransference responses. 	APS4.3
			<ul style="list-style-type: none"> • Manage the therapeutic relationship in the regulatory environment. 	APK4.11 APS2.6
ST3-ADD-AOP-EPA10	Treatment of people with gambling disorder and other behavioural addictions.	<i>The trainee will assess a person with gambling disorder (or other behavioural addictions) and collaborate with them to develop and implement a management plan. Assessment entails a comprehensive review of (gambling) behaviours and consequences, as well as any associated symptoms of substance use and other psychiatric problems. Structured evidence-based psychosocial treatment needs to be provided.</i>		
			<i>Knowledge</i>	
			<ul style="list-style-type: none"> • Psychology of behavioural addictions. 	APK3.3
			<ul style="list-style-type: none"> • Social and legal complications of gambling disorder or other behavioural addiction. 	APS2.6
			<ul style="list-style-type: none"> • Psychological processes underpinning craving or urges. 	APK2.3 APK4.7 APS2.3? APS3.1
			<ul style="list-style-type: none"> • Knowledge of mutual help programs, which could be informed by the trainee's attendance at meetings, eg. GA, and of gambling avoidance strategies provided through many community support organisations. 	APG8 APK1.5
			<ul style="list-style-type: none"> • Public health approaches to gambling and the ethical controversies associated with the gambling industry. 	APK9.5 APK9.3? (more advocacy)
			<i>Skills</i>	
			<ul style="list-style-type: none"> • Use of relevant screening tools, eg. the VGS (for gambling use). 	APG11 & APS2 (Part of assessment)
			<ul style="list-style-type: none"> • Psychiatric assessment of someone with gambling disorder or other behavioural addiction. 	APS2 (ASSESSMENT)
			<ul style="list-style-type: none"> • Identification of risk factors including financial risk, relapse as well as safety. 	APS2.2

EPA	EPA TITLE	DESCRIPTION	SKILLS & KNOWLEDGE	CURRICULUM SECTION
			<ul style="list-style-type: none"> To clearly explain how the problem, eg gambling, has evolved and a rationale as to how psychological treatment will work. 	APG1 APG7 APK4.9 APK6.2
			<ul style="list-style-type: none"> Provide appropriate psychological therapy. 	APS3.1 APS3.3
			<i>Attitude</i>	
			<ul style="list-style-type: none"> Exhibit a non-judgemental and empathic approach to the engagement of a patient. 	APS3.7 APA1
			<ul style="list-style-type: none"> Fostering of hope for recovery. 	APA1
ST3-ADD-AOP-EPA11	Assess and manage complex comorbid substance use and physical health problems, including tobacco use.	<i>Integrated assessment and management of complex comorbid substance use and physical health problems. The trainee must demonstrate the ability to conduct appropriate physical and cognitive assessment, formulate, make accurate diagnoses and implement integrated management strategies. They must be able to explain the relationship between the person's substance use and physical health problems to patients, family and staff. The trainee demonstrates awareness of the challenges posed by comorbidity.</i>		
			<i>Knowledge</i>	
			<ul style="list-style-type: none"> Current theories explaining comorbid substance use and physical health problems and how they impact on each other, eg. chronic liver disease due to alcohol dependence complicated by hepatitis C, physical health complications from smoking 	APK6.1
			<ul style="list-style-type: none"> Knowledge of the common physical health problems present in patients with substance use problems: hepatitis B, hepatitis C, HIV and other blood-borne disorders, local and systemic infections (eg. thrombophlebitis, septicaemia, endocarditis), neurotoxic syndromes, (eg. serotonergic toxicity and neuroleptic malignant syndrome [NMS]), cognitive disorders (eg. acquired brain injury, dementias, Wernicke's and Korsakoff's syndromes), chronic liver disease. 	APG1 APG4 APG5 APK4.4 APK4.5
			<ul style="list-style-type: none"> Awareness of the health risks and lifestyle problems associated with injecting drug use. 	APS2.2
			<i>Skills</i>	
			<ul style="list-style-type: none"> Ability to obtain appropriate medical history and conduct an appropriate physical examination in the substance dependent person: signs of intoxication, withdrawal, injection sites, evidence of chronic use and effects on end organs and specific systems especially central nervous system, peripheral nervous system and abdomen. Ability to interpret relevant laboratory investigations: blood tests, imaging and urine drug screens/GCMS. 	APS2 (ASSESSMENT)
			<ul style="list-style-type: none"> Identify the impact of hepatitis B, hepatitis C, HIV and other blood-borne disorders on the management of patients with alcohol and other drug problems. 	APS1.3

EPA	EPA TITLE	DESCRIPTION	SKILLS & KNOWLEDGE	CURRICULUM SECTION
			<ul style="list-style-type: none"> • Provide education to patients on reducing harms related to injecting drug use and prevention of hepatitis B, hepatitis C, HIV and other blood-borne disorders. 	APS8.2
			<ul style="list-style-type: none"> • Provide pre- and post-test counselling for blood-borne viruses in a sensitive manner and notify authorities where required. 	APS1.3
			<ul style="list-style-type: none"> • Provide treatment for smoking cessation in patients with physical health problems, eg. respiratory disease. 	APS3 Care and Treatment (not specific to smoking)
			<ul style="list-style-type: none"> • Screen patients for alcohol-related brain injury. 	APS2 (part of assessment)
			<ul style="list-style-type: none"> • Appropriate engagement of family and others in assessment and management. 	APK4.7 APK5.2 APS2.5 APS3.3
			<ul style="list-style-type: none"> • Management plan shows appropriate use of services available to persons with comorbid problems, eg. identify and refer patients that are suitable and stable to receive hepatitis B, hepatitis C and HIV treatments, alcohol-related brain injury services. 	APK4.7 APK8.3
			<ul style="list-style-type: none"> • Trains and educates junior medical staff and allied health professionals in the principles of integrated treatment in patients with comorbid substance use and physical health problems. 	APS4.2
			<i>Attitude</i>	
			<ul style="list-style-type: none"> • Welcoming engagement of persons with physical illness and substance use disorder regardless of service setting. 	APK8 (overall) APS3.5
			<ul style="list-style-type: none"> • Advocates for persons with comorbid substance use and physical health problems who are often marginalised or excluded from services. 	APS4.1 APK9.3 APG12 APG14
			<ul style="list-style-type: none"> • Patient-centred approach to care. 	APK8.9
ST3-ADD-AOP-EPA12	Impairment assessment and report for patients with substance use disorders.	<i>The trainee is able to conduct an assessment of the impact of substance use and related disorders on impairment, disability and capacity to perform a defined role. The trainee is able to consider relevant local legislation, guidelines and standards and the common law in such assessments.</i>		APS2 (2.1-2.8)
			<i>Knowledge</i>	
			<ul style="list-style-type: none"> • Demonstrates knowledge of capacity, impairment and disability in legal and regulatory definitions applied in addiction-related matters and of clinical scenarios in addiction psychiatry where capacity may be affected. 	APS2 (2.1-2.8)
			<ul style="list-style-type: none"> • Demonstrates knowledge of any legislation pertaining to involuntary treatment of persons with substance use disorders and mandatory reporting in relation to notification of drug dependence. 	APS3.3 APK4.10 APK 4.2 APK4.6
			<ul style="list-style-type: none"> • Shows knowledge of forensic issues relevant to mental illness and substance use, fitness to work, including capacity to stand trial, fitness to plead and to be interviewed. 	

EPA	EPA TITLE	DESCRIPTION	SKILLS & KNOWLEDGE	CURRICULUM SECTION
			<ul style="list-style-type: none"> Shows awareness of evidence-based interventions for substance-impaired individuals including people requiring registration or licensing and fitness to perform particular regulated activities (eg. to drive a motor vehicle, pilot aircraft and other transport, to practise a specific profession). 	
			<ul style="list-style-type: none"> Demonstrates ability to interpret test results including alternative medical explanations for laboratory-confirmed tests as well as issues relating to adulterated and substituted specimens. 	
			<i>Skills</i>	
			<ul style="list-style-type: none"> Apply relevant legal concepts and definitions in a range of clinical scenarios. 	
			<ul style="list-style-type: none"> Assess patterns of substance use to understand the psychosocial and historical context in which patients may be making decisions regarding further substance use or other significant decisions affecting their function and/or health. 	
			<ul style="list-style-type: none"> Communicate relevant history, assessments and conclusions in reports in a timely fashion. 	
			<i>Attitude</i>	
			<ul style="list-style-type: none"> Appreciates the difference between a clinical and a medicolegal role and assessment in addiction psychiatry. 	APS2.6 APK4.11
			<ul style="list-style-type: none"> Maintains appropriate professional boundaries when dealing with requests in a medicolegal context. 	APS4 APK9
			<ul style="list-style-type: none"> Maintains impartiality when undertaking medicolegal assessments and providing legal reports. 	APS4 APK9