

## 2012 Fellowship Program

# Stage 3 addiction psychiatry EPAs & COE forms

For more information about EPA standard and the EPA entrustment process, please see the preamble in the *EPA Handbook – Stage 1 and 2*.

The Stage 3 addiction psychiatry EPAs have been collated here, together with their respective Confirmation of Entrustment (COE) forms, for ease of printing.

#### Document version history

<b>Version N°</b>	<b>Revision description/reason</b>	<b>Date</b>
v0.3	References updated	01/11/17
v0.2	Updated with DOPS	
v0.1	First version of collated Stage 3 addiction psychiatry EPAs & COE forms published on website.	28/07/16

## Table of contents

ST3-ADD-FELL-EPA1 – Acute assessment and diagnosis .....	4
ST3-ADD-FELL-EPA1 – Acute assessment and diagnosis (COE form).....	7
ST3-ADD-FELL-EPA2 – Long-term management of alcohol use disorders .....	8
ST3-ADD-FELL-EPA2 – Long-term management of alcohol use disorders (COE form).....	10
ST3-ADD-FELL-EPA3 – Advanced management of intoxication/withdrawal.....	11
ST3-ADD-FELL-EPA3 – Advanced management of intoxication/withdrawal (COE form) .....	13
ST3-ADD-FELL-EPA4 – Comorbid substance use and other mental health problems .....	14
ST3-ADD-FELL-EPA4 – Comorbid substance use and other mental health problems (COE form).....	16
ST3-ADD-AOP-EPA5 – Psychological methods .....	17
ST3-ADD-AOP-EPA5 – Psychological methods (COE form).....	20
ST3-ADD-AOP-EPA6 – Training in brief interventions.....	21
ST3-ADD-AOP-EPA6 – Training in brief interventions (COE form) .....	24
ST3-ADD-AOP-EPA7 – AOD consultation–liaison.....	25
ST3-ADD-AOP-EPA7 – AOD consultation–liaison (COE form) .....	27
ST3-ADD-AOP-EPA8 – Chronic pain.....	28
ST3-ADD-AOP-EPA8 – Chronic pain (COE form) .....	30
ST3-ADD-AOP-EPA9 – Opioid drug use problems.....	31
ST3-ADD-AOP-EPA9 – Opioid drug use problems (COE form) .....	33
ST3-ADD-AOP-EPA10 – Gambling disorder and other behavioural addictions .....	34
ST3-ADD-AOP-EPA10 – Gambling disorder and other behavioural addictions (COE form).....	36
ST3-ADD-AOP-EPA11 – Comorbid substance use and physical health problems .....	37
ST3-ADD-AOP-EPA11 – Comorbid substance use and physical health problems (COE form).....	40
ST3-ADD-AOP-EPA12 – Addiction legal and statutory issues .....	41
ST3-ADD-AOP-EPA12 – Addiction legal and statutory issues (COE form).....	43

<<Mandatory Certificate EPA>>

**ST3-ADD-FELL-EPA1 – Acute assessment and diagnosis**

<b>Area of practice</b>	Addiction psychiatry	<b>EPA identification</b>	ST3-ADD-FELL-EPA1	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.4 (EC-approved 24/07/15)	
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.				
<b>Title</b>	<b>Acute assessment and diagnosis of substance use.</b>			
<b>Description</b> Maximum 150 words	<p>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:</p> <ul style="list-style-type: none"> <li>• at any stage across the lifespan</li> <li>• in a range of settings, eg. multidisciplinary, emergency department and inpatient</li> <li>• within various medicolegal frameworks.</li> </ul> <p>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.</p> <p>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.</p>			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 6, 7, 8	<b>HA</b>	1
	<b>COM</b>	1,	<b>SCH</b>	2
	<b>COL</b>	1, 2, 3	<b>PROF</b>	1, 2, 5
	<b>MAN</b>	1, 2		
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Aetiological factors associated with substance use and with related disorders, including psychosocial and biological.</li> <li>• 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.</li> </ul>			

	<ul style="list-style-type: none"> <li>• Medical, psychiatric, neurocognitive and behavioural complications and risks associated with substance use, including any relevant infectious diseases.</li> <li>• 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.</li> <li>• Understand psychosocial problems associated with substance use, eg. unemployment, homelessness, service access difficulties including rural and remote locations, low socioeconomic status.</li> <li>• 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.</li> <li>• Awareness of relevant substance use screening tools and their appropriate use including thresholds or cutpoints indicating harmful use, eg. AUDIT, Fagerstrom test for Nicotine Dependence, Substance Dependence Scale, Socrates 8A.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Engage a patient in an acute setting and undertake a detailed assessment for substance use disorder.</li> <li>• 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.</li> <li>• Physical and neurocognitive assessment of person with substance use disorder.</li> <li>• Diagnostic formulation of person with substance use disorder.</li> <li>• 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.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Exhibit a non-judgemental, hopeful and empathic approach to the engagement of the patient.</li> <li>• Address stigmatised beliefs in colleagues and patients' families, wider social networks and the community.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Observed Clinical Activity (OCA) – preferred assessment method.</li> <li>• Case-based discussion.</li> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Professional presentation – in a multidisciplinary forum.</li> </ul>
<b>References</b>	

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COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



RANZCP ID:	
Surname:	
First name:	
Zone:	
Hospital/service:	

**CONFIRMATION OF ENTRUSTMENT FORM**

This document satisfies RANZCP training requirements only as outlined in the RANZCP Fellowship Regulations 2012 and is not intended for any other purpose. Any queries regarding its purpose and/or use should be directed to the Education department at the College: [training@ranzcp.org](mailto:training@ranzcp.org)

<b>ST3-ADD-FELL-EPA1 – Acute assessment and diagnosis (COE form)</b>			
<b>Area of practice</b>	Addiction psychiatry	<b>EPA identification</b>	ST3-ADD-FELL-EPA1
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.4 (EC-approved 24/07/15)
<b>Title</b>	<b>Acute assessment and diagnosis of substance use.</b>		
<b>Description</b>	<p>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:</p> <ul style="list-style-type: none"> <li>• at any stage across the lifespan</li> <li>• in a range of settings, eg. multidisciplinary, emergency department and inpatient</li> <li>• within various medicolegal frameworks.</li> </ul> <p>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.</p> <p>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.</p>		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of Training Name (print) .....

Director of Training RANZCP ID: ..... Signature ..... Date .....

<<Mandatory Certificate EPA>>

**ST3-ADD-FELL-EPA2 – Long-term management of alcohol use disorders**

<b>Area of practice</b>	Addiction psychiatry	<b>EPA identification</b>	ST3-ADD-FELL-EPA2	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.8 (EC-approved 24/07/15)	
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.				
<b>Title</b>	<b>Long-term management of severe alcohol use disorders.</b>			
<b>Description</b> Maximum 150 words	The trainee can establish and implement a relapse prevention treatment plan for patients with alcohol dependence. Following the assessment and stabilisation of acute alcohol-related problems, the trainee is able to use a range of long-term treatment modalities, communicate them and collaborate effectively with patients, their families/carers and other health professionals through to discharge from treatment.			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 6, 7, 8	<b>HA</b>	1
	<b>COM</b>	1, 2	<b>SCH</b>	2
	<b>COL</b>	1, 2, 3	<b>PROF</b>	1, 2, 5
	<b>MAN</b>	1, 2		
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Pharmacology of alcohol – pharmacodynamics and pharmacokinetics.</li> <li>• Medical and neurocognitive complications in alcohol users: cognitive disorders (eg. acquired brain injury, dementias, Wernicke’s and Korsakoff’s syndromes), chronic liver disease.</li> <li>• Pharmacotherapies and psychosocial treatments for alcohol relapse prevention treatment and the relevant evidence.</li> <li>• Knowledge of mutual help programs, which could be informed by the trainee’s attendance at meetings, eg. AA, Rational Recovery, SMART Recovery.</li> <li>• Alcohol-related public health issues.</li> </ul> <p><b>Skills</b></p>			

	<ul style="list-style-type: none"> <li>• Physical and neurocognitive assessment and diagnosis of a patient with problematic alcohol use.</li> <li>• Appropriate liaison with, and referral to, other medical and non-medical professionals in order to optimise overall treatment.</li> <li>• Collaborative development of a treatment plan with mutually agreed treatment goals.</li> <li>• Appropriate selection, initiation and management of pharmacotherapies to promote relapse prevention and controlled drinking or abstinence in patients with alcohol use disorders.</li> <li>• Retain patient in treatment for alcohol use and facilitate the recovery process.</li> <li>• Management of high-risk behaviours in an alcohol dependent patient, eg. driving motor vehicles, caring for children.</li> <li>• Management of lapses and relapses including development of appropriate relapse-prevention plans.</li> <li>• Management of other co-existing psychiatric disorders.</li> <li>• Recruitment of, and collaboration with, family/carers to promote reduced drinking.</li> <li>• Referral to, and collaboration with, other health professionals and mutual help groups.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Exhibit a non-judgemental, hopeful, empathic and inclusive approach to the engagement of patients, families and carers and progress to recovery.</li> <li>• Address stigmatised beliefs in colleagues and patients' families, wider social networks and the community.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Case-based discussion.</li> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Professional presentation – in a multidisciplinary forum.</li> <li>• Observed Clinical Activity (OCA).</li> </ul>
<b>References</b>	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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<b>ST3-ADD-FELL-EPA2 – Long-term management of alcohol use disorders (COE form)</b>			
<b>Area of practice</b>	Addiction psychiatry	<b>EPA identification</b>	ST3-ADD-FELL-EPA2
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.8 (EC-approved 24/07/15)
<b>Title</b>	<b>Long-term management of severe alcohol use disorders.</b>		
<b>Description</b>	The trainee can establish and implement a relapse prevention treatment plan for patients with alcohol dependence. Following the assessment and stabilisation of acute alcohol-related problems, the trainee is able to use a range of long-term treatment modalities, communicate them and collaborate effectively with patients, their families/carers and other health professionals through to discharge from treatment.		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF (ADVANCED) TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of (Advanced) Training name (print) .....

Director of (Advanced) Training RANZCP ID: ..... Signature ..... Date .....

<<Mandatory Certificate EPA>>

**ST3-ADD-FELL-EPA3 – Advanced management of intoxication/withdrawal**

<b>Area of practice</b>	Addiction psychiatry	<b>EPA identification</b>	ST3-ADD-FELL-EPA3
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.7 (EC-approved 11/12/15)
<p>The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.</p>			
<b>Title</b>	<b>Advanced management of substance intoxication and substance withdrawal.</b>		
<b>Description</b> Maximum 150 words	<p>The trainee demonstrates the capacity to manage substance intoxication and complex withdrawal in a range of settings as part of an overall treatment plan.</p> <p>This EPA further enhances the competence achieved at Stage 2 and incorporates extended skills in clinical leadership, resource utilisation and workforce development.</p>		
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 6, 7	<b>HA</b> 2
	<b>COM</b>	1, 2	<b>SCH</b> 2, 3
	<b>COL</b>	1, 2, 3	<b>PROF</b> 1, 2, 3
	<b>MAN</b>	2, 4	
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Knowledge and implementation of protocols for managing withdrawal from different substances.</li> <li>• Demonstrates detailed knowledge of local, state, national and international withdrawal protocols and guidelines.</li> <li>• Demonstrates an understanding of potential conflicts between previous experience of some consumers and some popular literature about withdrawal regimens and evidence-based practice.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Risk management in patients in which the substance intoxication masks, mimics or exacerbates a comorbid other psychiatric disorder.</li> </ul>		

	<ul style="list-style-type: none"> <li>• Determine which patients require inpatient or outpatient withdrawal by considering psychiatric, physical and social factors and past history.</li> <li>• Ability to integrate withdrawal management into ongoing treatment.</li> <li>• Management of complex psychiatric and physical comorbidities associated with withdrawal syndromes.</li> <li>• Managing complex problems, eg. selective substance withdrawal, psychiatric or medical complications, non-compliance or disagreement with withdrawal protocols.</li> <li>• Attends medical and/or psychiatric wards and emergency departments to provide consultation regarding withdrawal.</li> <li>• Decides on suitability for withdrawal management depending on stage of change.</li> <li>• Demonstrates the ability to balance resource utilisation for substance withdrawal programs within the overall service.</li> <li>• Supports and advises primary health practitioners with withdrawal regimens using telehealth.</li> <li>• Ability to train medical and nursing staff and allied health professionals in withdrawal procedures.</li> <li>• Ability to review and update protocols using evidence-based literature.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Inclusive approach with patient and family.</li> <li>• Willingness to collaborate with GPs and other healthcare providers.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Case-based discussion.</li> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Professional presentation – about a withdrawal protocol/guideline.</li> <li>• Feedback from colleagues (multidisciplinary team).</li> <li>• Direct observation.</li> </ul>
<b>References</b>	
Currently used local, state, national and international withdrawal protocols and guidelines.	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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<b>ST3-ADD-FELL-EPA3 – Advanced management of intoxication/withdrawal (COE form)</b>			
<b>Area of practice</b>	Addiction psychiatry	<b>EPA identification</b>	ST3-ADD-FELL-EPA3
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.7 (EC-approved 11/12/15)
<b>Title</b>	<b>Advanced management of substance intoxication and substance withdrawal.</b>		
<b>Description</b>	<p>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.</p>		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF (ADVANCED) TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of (Advanced) Training name (print) .....

Director of (Advanced) Training RANZCP ID: ..... Signature ..... Date .....

<<Mandatory Certificate EPA>>

**ST3-ADD-FELL-EPA4 – Comorbid substance use and other mental health problems**

<b>Area of practice</b>	Addiction psychiatry	<b>EPA identification</b>	ST3-ADD-FELL-EPA4	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.11 (EC-approved 24/07/15)	
<p>The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.</p>				
<b>Title</b>	<b>Management of comorbid substance use, including tobacco dependence, and other mental health problems.</b>			
<b>Description</b> Maximum 150 words	<p>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.</p>			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 6, 7	<b>HA</b>	1
	<b>COM</b>	1, 2	<b>SCH</b>	2
	<b>COL</b>	1, 2, 3	<b>PROF</b>	1, 2
	<b>MAN</b>	2, 4		
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Current theories explaining comorbid substance use and other mental health disorders.</li> <li>• In-depth knowledge of current literature regarding best practice models of treatment for comorbid disorders.</li> <li>• Understand the challenges of diagnostic clarification and methodology to resolve this.</li> <li>• Knowledge of services and resources available to facilitate integrated treatment, eg. local dual diagnosis/co-occurring disorder teams.</li> <li>• Knowledge of the epidemiology and consequences of tobacco use in people with mental illness.</li> <li>• Knowledge of the pharmacology of tobacco dependence and its treatments.</li> </ul>			

	<p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Appropriate engagement of family and others in assessment and management.</li> <li>• Management plan shows appropriate use of services available to patients with comorbid problems.</li> <li>• Implementation of treatment, prioritising sequential, parallel and integrated interventions according to the patient's presentation.</li> <li>• Trains and educates junior medical staff and allied health professionals in the principles of integrated treatment in patients with comorbid problems.</li> <li>• Implementation of pharmacological and psychosocial therapies for tobacco cessation.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Welcoming engagement of patients with mental illness and substance use disorder regardless of service setting.</li> <li>• Advocates for patients with comorbidity who are often marginalised or excluded from services.</li> <li>• Patient-centred approach to care.</li> <li>• Advocates for the reduction and prevention of tobacco use in people with mental illness.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Case-based discussion.</li> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Observed Clinical Activity (OCA).</li> <li>• Professional presentation – of a specific dual diagnosis, eg. cannabis and psychosis, anxiety and alcohol, etc.</li> </ul>
<p><b>References</b>  Malhi G, Bassett D, Boyce P, Bryant R, Fitzgerald P, Fritz K, Hopwood M, Lyndon B, Mulder R, Murray G, Porter R &amp; Singh, A (2015) Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for mood disorders. <i>Australian and New Zealand Journal of Psychiatry</i> 49(12): 1-185.</p>	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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<b>ST3-ADD-FELL-EPA4 – Comorbid substance use and other mental health problems (COE form)</b>			
<b>Area of practice</b>	Addiction psychiatry	<b>EPA identification</b>	ST3-ADD-FELL-EPA4
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.11 (EC-approved 24/07/15)
<b>Title</b>	<b>Management of comorbid substance use, including tobacco dependence, and other mental health problems.</b>		
<b>Description</b>	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.		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF (ADVANCED) TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of (Advanced) Training name (print) .....

Director of (Advanced) Training RANZCP ID: ..... Signature ..... Date .....

<<Mandatory Certificate EPA>>

**ST3-ADD-AOP-EPA5 – Psychological methods**

<b>Area of practice</b>	Addiction psychiatry	<b>EPA identification</b>	ST3-ADD-AOP-EPA5
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.12 (EC-approved 11/12/15)

The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.

<b>Title</b>	<b><i>Treatment of substance use disorder with psychological methods.</i></b>
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<b>Description</b> Maximum 150 words	<p>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:</p> <ul style="list-style-type: none"> <li>• cognitive-behavioural therapy (CBT) or a variation including mindfulness-based cognitive therapy; and</li> <li>• motivational enhancement therapy (as a structured therapy, eg. manualised in <i>Motivational enhancement therapy manual</i> by Miller et al.).</li> </ul>
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<b>Detailed description</b> If needed	<p>The trainee will be supervised by a psychiatrist or a supervisor accredited by the local Branch Training Committee for supervision of Stage 3 addiction psychiatry trainees.</p> <p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>a if the therapy is delivered in a group format, the trainee must be a principal therapist in the group.</li> <li>b other formal psychotherapies and unstructured psychological interventions (such as supportive psychotherapy, counselling, psychoeducation or problem solving), motivational interviewing and family therapy are not acceptable for this EPA.</li> </ul> <p>For both of the psychotherapy modalities required to achieve this EPA, the trainee will be assessed in the following four elements.</p> <p><b>1 Assessment of suitability of the patient for that modality of psychotherapy, including (but not restricted to):</b></p> <ul style="list-style-type: none"> <li>a Psychiatric evaluation, with a focus on psychological assessment.</li> <li>b Psychological formulation of the patient’s problem(s) according to the therapy paradigm being considered.</li> <li>c Considerations of the indications for, and relative contraindications against, psychotherapy in that patient.</li> <li>d Making an appropriate selection of the psychotherapy modality to be used.</li> </ul> <p><b>2 Initiation of therapy, including (but not restricted to):</b></p>
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	<ul style="list-style-type: none"> <li>a Establishing a therapeutic contract – explaining the therapy to the patient and gaining their consent for treatment (including for supervision).</li> <li>b Engagement of the patient and formation of a working alliance.</li> <li>c Socialisation to the model.</li> <li>d Setting the structure of therapy, eg. timing of sessions, venue, duration.</li> <li>e Setting goals for therapy.</li> <li>f Planning how the sessions will be conducted according to the school of therapy being offered which might include setting topics for each session if that is part of the therapeutic contract.</li> <li>g Choosing appropriate measures to monitor patient progress.</li> <li>h Anticipating and planning for likely barriers (or resistance) to treatment.</li> </ul> <p><b>3 Delivery of therapy, including (but not restricted to):</b></p> <ul style="list-style-type: none"> <li>a Making an appropriate range of formal psychological interventions at appropriate times.</li> <li>b Monitoring effectiveness of interventions and adapting therapy in line with progress of therapy.</li> <li>c Assessing and managing resistance to therapy according to the principles of the specific therapy.</li> </ul> <p><b>4 Conclusion of therapy, including (but not restricted to):</b></p> <ul style="list-style-type: none"> <li>a Setting a termination date and managing anxiety in the patient about termination as it approaches.</li> <li>b Evaluating (with the patient) whether or not the therapy has been successful and has achieved its goals. This should involve formal assessments.</li> <li>c Understanding where therapy may have failed to achieve its goals and why this might be the case.</li> <li>d Arranging for ongoing psychiatric care of the patient as appropriate.</li> </ul> <p>The psychotherapy supervisor must be satisfied that the conduct of therapy was delivered appropriately in order to mark each case as competently achieved.</p>			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 7	<b>HA</b>	
	<b>COM</b>	1, 2	<b>SCH</b>	
	<b>COL</b>	1, 2	<b>PROF</b>	1, 2, 3
	<b>MAN</b>	1, 4		
<b>Knowledge, skills and attitude required</b>	Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.			

<p>The following lists are neither exhaustive nor prescriptive.</p>	<p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• The theory underpinning the modality of the psychotherapy employed.</li> <li>• The evidence base for the psychotherapy utilised.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Assess the suitability of the patient for the modality of psychotherapy employed.</li> <li>• Initiate the therapy.</li> <li>• Deliver the therapy.</li> <li>• Conclude the therapy.</li> </ul> <p>Please refer to the detailed descriptions above.</p> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Respect for the patient’s rights, eg. consent, privacy, confidentiality, boundaries, etc.</li> <li>• Willingness to actively and openly participate in supervision.</li> </ul>
<p><b>Assessment method</b></p>	<p>Progressively assessed during individual or clinical supervision, including three appropriate WBAs.</p>
<p><b>Suggested assessment method details</b></p>	<ul style="list-style-type: none"> <li>• Case-based discussion – for each patient.</li> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Observation of therapy, whether direct or through use of video- or audiotaped sessions.</li> </ul>
<p><b>References</b></p> <p>MCHUGH RK, HEARON BA &amp; OTTO MW. Cognitive-behavioral therapy for substance use disorders. <i>Psychiatr Clin North Am</i> 2010; 33: 511–25.</p> <p>MILLER WR, ZWEBEN A, DICLEMENTE CC &amp; RYCHTARIK RG. <i>Motivational enhancement therapy manual: a clinical research guide for therapists treating individuals with alcohol abuse and dependence</i>. Rockville: National Institute on Alcohol Abuse and Alcoholism, 1992.</p>	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



RANZCP ID:	
Surname:	
First name:	
Zone:	
Hospital/service:	

**CONFIRMATION OF ENTRUSTMENT FORM**

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<b>ST3-ADD-AOP-EPA5 – Psychological methods (COE form)</b>			
<b>Area of practice</b>	Addiction psychiatry	<b>EPA identification</b>	ST3-ADD-AOP-EPA5
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.12 (EC-approved 11/12/15)
<b>Title</b>	<b>Treatment of substance use disorder with psychological methods.</b>		
<b>Description</b>	<p>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:</p> <ul style="list-style-type: none"> <li>cognitive-behavioural therapy (CBT) or a variation including mindfulness-based cognitive therapy; and</li> <li>motivational enhancement therapy (as a structured therapy, eg. manualised in Motivational enhancement therapy manual by Miller et al.).</li> </ul>		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF (ADVANCED) TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of (Advanced) Training name (print) .....

Director of (Advanced) Training RANZCP ID: ..... Signature ..... Date .....

<<Mandatory Certificate EPA>>

**ST3-ADD-AOP-EPA6 – Training in brief interventions**

<b>Area of practice</b>	Addiction psychiatry	<b>EPA identification</b>	ST3-ADD-AOP-EPA6	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.6 (EC-approved 29/01/16)	
<p>The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.</p>				
<b>Title</b>	<b>Provide training for other clinicians in delivery of brief interventions for substance use disorder.</b>			
<p><b>Description</b> Maximum 150 words</p>	<p>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.</p> <p>This is consistent with previous policy recommendations reflecting evidence-based practice to:</p> <ul style="list-style-type: none"> <li>• encourage appropriate training of all clinicians in the recognition and management of alcohol use disorders and greater use of screening for alcohol-related problems</li> <li>• increase brief alcohol intervention components in basic and advanced training curricula and in CPD</li> <li>• facilitate and monitor the implementation of brief alcohol interventions in primary care and specialist healthcare settings.</li> </ul>			
<p><b>Detailed description</b> If needed</p>	<p>The trainee can assess performance and capacity of a specific healthcare service or service network, including other healthcare workers, to identify, assess and treat substance use disorders. They are able to develop and provide systemic interventions enhancing the effective provision of brief interventions, including training others in their delivery.</p> <p>There is a strong evidence base for effectiveness of brief intervention in reducing harmful and hazardous levels of alcohol drinking in primary care and emergency department settings, including in adolescents and young adults. There is some evidence for effectiveness for other substances in these and some other settings. Various national strategies in both New Zealand and Australia have recommended more consistent implementation of training in, and delivery of, brief interventions by the general health workforce and wider social service workforce to reduce substance-related harms.</p>			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 5, 7	<b>HA</b>	1
	<b>COM</b>	1, 2	<b>SCH</b>	1, 2
	<b>COL</b>	1, 2, 3	<b>PROF</b>	1, 2, 3

	<b>MAN</b>	1, 2, 3	
<p><b>Knowledge, skills and attitude required</b></p> <p>The following lists are neither exhaustive nor prescriptive.</p>	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• The theory and evidence base underpinning the provision of brief intervention including identification, both ad hoc and by formal screening.</li> <li>• 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.</li> <li>• Educational principles underpinning development and delivery of a training package for brief intervention to other clinicians.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Capacity to deliver a brief intervention using a structure such as that summarised by the acronym FRAMES.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Recognition of importance of delivery of brief interventions in primary care and other healthcare settings.</li> <li>• Willingness and confidence to collaboratively and flexibly provide training in brief interventions to other clinicians within a quality improvement framework.</li> </ul>		
<b>Assessment method</b>	Progressively assessed during clinical supervision, including three appropriate WBAs.		
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Case-based discussion.</li> <li>• Professional presentation – a brief intervention training program.</li> </ul>		
<p><b>References</b></p> <p>BABOR T, MCREE B, KASSEBAUM P et al. Screening, Brief Intervention, and Referral to Treatment (SBIRT): toward a public health approach to the management of substance abuse. <i>Subst Abus</i> 2007; 28: 7–30.</p> <p>JOHNSON M, JACKSON R, GUILLAUME L et al. Barriers and facilitators to implementing screening and brief intervention for alcohol misuse: a systematic review of qualitative evidence. <i>J Public Health (Oxf)</i> 2011; 33: 412–21.</p>			

MCQUEEN J, HOWE T, ALLAN L et al. Brief interventions for heavy alcohol users admitted to general hospital wards. *Cochrane Database Syst Rev* 2011; 8: CD005191.

MILLER WR, ZWEBEN A, DICLEMENTE CC & RYCHTARIK RG. *Motivational enhancement therapy manual: a clinical research guide for therapists treating individuals with alcohol abuse and dependence*. Rockville: National Institute on Alcohol Abuse and Alcoholism, 1992.

ROYAL AUSTRALASIAN COLLEGE OF PHYSICIANS. *Alcohol Policy: Using evidence for better outcomes*. Sydney: RACP, November 2005. Viewed 28 May 2015, <[www.racp.edu.au/page/policy-and-advocacy/public-health-and-social-policy](http://www.racp.edu.au/page/policy-and-advocacy/public-health-and-social-policy)>.

SWAN A, SCIACCHITANO L & BERENDS L. *Alcohol and other drug brief intervention in primary care*. Fitzroy: Turning Point Alcohol and Drug Centre, 2008. Viewed 28 May 2015, [www.turningpoint.org.au/Media-Centre/Latest\\_News/Alcohol-and-Other-Drug-Brief-Interventions-in-Primary.aspx](http://www.turningpoint.org.au/Media-Centre/Latest_News/Alcohol-and-Other-Drug-Brief-Interventions-in-Primary.aspx).

TETRAULT J, GREEN M, MARTINO S et al. Developing and implementing a multispecialty graduate medical education curriculum on Screening, Brief Intervention, and Referral to Treatment (SBIRT). *Subst Abus* 2012; 33: 168–81.

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



RANZCP ID:	
Surname:	
First name:	
Zone:	
Hospital/service:	

**CONFIRMATION OF ENTRUSTMENT FORM**

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<b>ST3-ADD-AOP-EPA6 – Training in brief interventions (COE form)</b>			
<b>Area of practice</b>	Addiction psychiatry	<b>EPA identification</b>	ST3-ADD-AOP-EPA6
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.6 (EC-approved 29/01/16)
<b>Title</b>	<b>Provide training for other clinicians in delivery of brief interventions for substance use disorder.</b>		
<b>Description</b>	<p>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.</p> <p>This is consistent with previous policy recommendations reflecting evidence-based practice to:</p> <ul style="list-style-type: none"> <li>• encourage appropriate training of all clinicians in the recognition and management of alcohol use disorders and greater use of screening for alcohol-related problems</li> <li>• increase brief alcohol intervention components in basic and advanced training curricula and in CPD</li> <li>• facilitate and monitor the implementation of brief alcohol interventions in primary care and specialist healthcare settings.</li> </ul>		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF (ADVANCED) TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of (Advanced) Training name (print) .....

Director of (Advanced) Training RANZCP ID: ..... Signature ..... Date .....

**ST3-ADD-AOP-EPA7 – AOD consultation–liaison**

<b>Area of practice</b>	Addiction psychiatry	<b>EPA identification</b>	ST3-ADD-AOP-EPA7	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.12 (EC-approved 11/12/15)	
<p>The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.</p>				
<b>Title</b>	<b>Alcohol and other drug (AOD) consultation–liaison.</b>			
<p><b>Description</b> Maximum 150 words</p>	<p>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.</p> <p>The trainee needs to demonstrate advanced knowledge, skills and professional attitude in all the following areas:</p> <ul style="list-style-type: none"> <li>• management of withdrawal or stabilisation of substance use in medical/surgical/psychiatric wards and emergency departments or ambulatory withdrawal in a primary care setting</li> <li>• deliver brief interventions in a hospital setting, including emergency departments or a primary care setting</li> <li>• provide in-service AOD professional development for health practitioners at an appropriate level.</li> </ul>			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 6, 7, 8	<b>HA</b>	1
	<b>COM</b>	1, 2	<b>SCH</b>	2
	<b>COL</b>	1, 2, 3	<b>PROF</b>	1, 2, 5
	<b>MAN</b>	1, 2		
<p><b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.</p>	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Knowledge of the key medical issues arising from the use of alcohol and other drugs.</li> <li>• Knowledge of local legislative requirements regarding prescribing opioids and other restricted drugs.</li> <li>• 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.</li> </ul>			

	<p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Implement multidisciplinary management plans in primary health settings, emergency departments and psychiatric settings.</li> <li>• Educate medical specialists and other health professionals in addiction problems: <ul style="list-style-type: none"> <li>– stabilisation of substance use disorders including intoxication and withdrawal management</li> <li>– management of other common psychiatric problems associated with substance use disorders.</li> </ul> </li> <li>• Communicate advice effectively, both orally and in writing, and appropriately record outcomes.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Non-judgemental attitude.</li> <li>• Foster collaboration and partnership with medical specialists and other health professionals.</li> <li>• Advocate for the substance-using patient within a multi-agency setting.</li> <li>• Awareness of the stigma associated with a psychiatric and/or addiction diagnosis in a general medical setting.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Case-based discussion.</li> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Multisource feedback – from other supervisors and colleagues involved in care of patient.</li> <li>• Observed Clinical Activity (OCA).</li> <li>• Professional presentation.</li> </ul>
<b>References</b>	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



RANZCP ID:	
Surname:	
First name:	
Zone:	
Hospital/service:	

**CONFIRMATION OF ENTRUSTMENT FORM**

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<b>ST3-ADD-AOP-EPA7 – AOD consultation–liaison (COE form)</b>			
<b>Area of practice</b>	Addiction psychiatry	<b>EPA identification</b>	ST3-ADD-AOP-EPA7
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.12 (EC-approved 11/12/15)
<b>Title</b>	<b>Alcohol and other drug (AOD) consultation–liaison.</b>		
<b>Description</b>	<p>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.</p> <p>The trainee needs to demonstrate advanced knowledge, skills and professional attitude in all the following areas:</p> <ul style="list-style-type: none"> <li>• management of withdrawal or stabilisation of substance use in medical/surgical/psychiatric wards and emergency departments or ambulatory withdrawal in a primary care setting</li> <li>• deliver brief interventions in a hospital setting, including emergency departments or a primary care setting</li> <li>• provide in-service AOD professional development for health practitioners at an appropriate level.</li> </ul>		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF (ADVANCED) TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of (Advanced) Training name (print) .....

Director of (Advanced) Training RANZCP ID: ..... Signature ..... Date .....

**ST3-ADD-AOP-EPA8 – Chronic pain**

<b>Area of practice</b>	Addiction psychiatry	<b>EPA identification</b>	ST3-ADD-AOP-EPA8	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.3 (EC-approved 24/07/15)	
<p>The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.</p>				
<b>Title</b>	<b>Management of chronic pain with comorbid substance misuse.</b>			
<b>Description</b> Maximum 150 words	<p>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.</p> <p>The trainee needs to demonstrate advanced knowledge, skills and professional attitude in all the following areas:</p> <ul style="list-style-type: none"> <li>• management of withdrawal or stabilisation of substance use in chronic pain patients</li> <li>• management of substance use disorders and other comorbid psychiatric disorders in people with chronic pain</li> <li>• advise and implement a plan to manage acute and chronic pain for patients with identified substance use disorders</li> <li>• provide in-service professional development relating to alcohol and other drugs and other psychiatric disorders for clinicians working in pain treatment settings.</li> </ul>			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 6, 7, 8	<b>HA</b>	1
	<b>COM</b>	1, 2	<b>SCH</b>	2
	<b>COL</b>	1, 2, 3	<b>PROF</b>	1, 2, 5
	<b>MAN</b>	1, 2		
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• The factors contributing to pain syndromes including addiction, physical problems, psychosomatic factors, primary and secondary gain and other psychiatric conditions.</li> <li>• Understand the potential for pharmacological and psychological management of chronic pain to be complicated by substance dependence.</li> </ul>			

	<ul style="list-style-type: none"> <li>• Understand the principles of opioid rotation in the management of chronic pain.</li> <li>• Understand the principles of management of acute and chronic pain in opioid maintenance patients.</li> <li>• Knowledge of local legislative requirements regarding prescribing opioids and other restricted medications.</li> <li>• Understand the similarities of neurobiology between chronic pain and addiction.</li> <li>• Knowledge of the literature around stigma and discrimination towards individuals with psychiatric and/or addiction disorders and its impact on treatment choices.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Capacity to synthesise and formulate the physiological, psychological and social processes involved in the maintenance of the patients' disease and addictive process.</li> <li>• Implement multidisciplinary management plans in pain clinics.</li> <li>• Implement psychological treatments for patients with complicated chronic pain problems associated with addiction and/or other psychiatric disorders.</li> <li>• Educate clinicians working in pain treatment settings on relevant addiction problems.</li> <li>• Communicate advice effectively, both orally and in writing, and appropriately record outcomes.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Non-judgemental attitude.</li> <li>• Foster collaboration and partnership with medical specialists and other health professionals.</li> <li>• Advocate for the substance-using patient within a multi-agency setting.</li> <li>• Awareness of the stigma associated with an addiction and/or other psychiatric diagnosis in a general medical setting.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Case-based discussion.</li> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Multisource feedback from other supervisors and colleagues involved in care of patient.</li> <li>• Observed Clinical Activity (OCA).</li> </ul>
<b>References</b>	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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Surname:	
First name:	
Zone:	
Hospital/service:	

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<b>ST3-ADD-AOP-EPA8 – Chronic pain (COE form)</b>			
<b>Area of practice</b>	Addiction psychiatry	<b>EPA identification</b>	ST3-ADD-AOP-EPA8
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.3 (EC-approved 24/07/15)
<b>Title</b>	<b>Management of chronic pain with comorbid substance misuse.</b>		
<b>Description</b>	<p>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.</p> <p>The trainee needs to demonstrate advanced knowledge, skills and professional attitude in all the following areas:</p> <ul style="list-style-type: none"> <li>• management of withdrawal or stabilisation of substance use in chronic pain patients</li> <li>• management of substance use disorders and other comorbid psychiatric disorders in people with chronic pain</li> <li>• advise and implement a plan to manage acute and chronic pain for patients with identified substance use disorders</li> <li>• provide in-service professional development relating to alcohol and other drugs and other psychiatric disorders for clinicians working in pain treatment settings.</li> </ul>		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF (ADVANCED) TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of (Advanced) Training name (print) .....

Director of (Advanced) Training RANZCP ID: ..... Signature ..... Date .....

**ST3-ADD-AOP-EPA9 – Opioid drug use problems**

<b>Area of practice</b>	Addiction psychiatry	<b>EPA identification</b>	ST3-ADD-AOP-EPA9	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.9 (EC-approved 24/07/15)	
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.				
<b>Title</b>	<b>Assess and manage a patient with opioid drug use problems.</b>			
<b>Description</b> Maximum 150 words	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.			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 6, 7, 8	<b>HA</b>	1, 2
	<b>COM</b>	1, 2	<b>SCH</b>	
	<b>COL</b>	1, 2, 3, 4	<b>PROF</b>	1, 2, 5
	<b>MAN</b>	1, 2, 4		
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Demonstrate working knowledge of local regulatory and legislative requirements, eg. notification, registration and permit requirements for opioid substitution therapies.</li> <li>• Pharmacology of opioids – pharmacodynamics and pharmacokinetics.</li> <li>• Medical and neurocognitive complications in opioid users.</li> <li>• Pharmacotherapies in opioid withdrawal management and relapse prevention treatment.</li> <li>• Demonstrate knowledge of the ethical aspects of substitution treatments.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Appropriate physical and psychiatric assessments for this patient population.</li> <li>• Appropriate medical investigations, eg. urine drug screen, screening for blood-borne viruses, renal function.</li> </ul>			

	<ul style="list-style-type: none"> <li>• Appropriate initiation and management of pharmacotherapies for withdrawal management, substitution therapies for opioid dependence and relapse prevention pharmacotherapies.</li> <li>• Appropriate use of structured and unstructured psychosocial treatments.</li> <li>• Engage, stabilise and retain person in treatment.</li> <li>• Appropriate management or referral of comorbid medical or psychiatric problems.</li> <li>• Appropriate discontinuation of substitution therapies.</li> <li>• Management of high-risk behaviours in a substance-dependent patient.</li> <li>• Working in a multidisciplinary team for the treatment of substance dependence.</li> <li>• Working in a regulatory environment for the treatment of substance dependence.</li> <li>• Implement harm reduction and abstinence as appropriate in a clinical setting.</li> <li>• Recognising the therapist's own emotional response to the patient and management of those responses.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Exhibit a non-judgemental, empathic approach to the engagement of a patient.</li> <li>• Demonstrate leadership in a multidisciplinary team in which there is a substantial risk of disruptive countertransference responses.</li> <li>• Manage the therapeutic relationship in the regulatory environment.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Case-based discussion.</li> <li>• Observed Clinical Activity (OCA).</li> <li>• Observation of multidisciplinary team and case conference skills.</li> <li>• Professional presentation.</li> </ul>
<b>References</b>	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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<b>ST3-ADD-AOP-EPA9 – Opioid drug use problems (COE form)</b>			
<b>Area of practice</b>	Addiction psychiatry	<b>EPA identification</b>	ST3-ADD-AOP-EPA9
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.9 (EC-approved 24/07/15)
<b>Title</b>	<b>Assess and manage a patient with opioid drug use problems.</b>		
<b>Description</b>	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.		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF (ADVANCED) TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of (Advanced) Training name (print) .....

Director of (Advanced) Training RANZCP ID: ..... Signature ..... Date .....

**ST3-ADD-AOP-EPA10 – Gambling disorder and other behavioural addictions**

<b>Area of practice</b>	Addiction psychiatry	<b>EPA identification</b>	ST3-ADD-AOP-EPA10
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.4 (EC-approved 11/12/15)
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.			
<b>Title</b>	<b>Treatment of people with gambling disorder and other behavioural addictions.</b>		
<b>Description</b> Maximum 150 words	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.		
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 7	<b>HA</b> 2
	<b>COM</b>	1, 2	<b>SCH</b> 2
	<b>COL</b>	1, 2	<b>PROF</b> 1, 2
	<b>MAN</b>		
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Psychology of behavioural addictions.</li> <li>• Social and legal complications of gambling disorder or other behavioural addiction.</li> <li>• Psychological processes underpinning craving or urges.</li> <li>• 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.</li> <li>• Public health approaches to gambling and the ethical controversies associated with the gambling industry.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Use of relevant screening tools, eg. the VGS (for gambling use).</li> <li>• Psychiatric assessment of someone with gambling disorder or other behavioural addiction.</li> </ul>		

	<ul style="list-style-type: none"> <li>• Identification of risk factors including financial risk, relapse as well as safety.</li> <li>• To clearly explain how the problem, eg gambling, has evolved and a rationale as to how psychological treatment will work.</li> <li>• Provide appropriate psychological therapy.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Exhibit a non-judgemental and empathic approach to the engagement of a patient.</li> <li>• Fostering of hope for recovery.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Case-based discussion.</li> <li>• Professional presentation – in a multidisciplinary forum.</li> <li>• Observed Clinical Activity (OCA).</li> <li>• Review of measures used in therapy.</li> </ul>
<p><b>References</b></p> <p>BATTERSBY M, BEN-TOVIM D, ESTERMANN A et al. The VAGS: a new Australian instrument for the detection of problem gambling. <i>Aust NZ J Psychiatry</i> 2001; 35 (Suppl.).</p>	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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<b>ST3-ADD-AOP-EPA10 – Gambling disorder and other behavioural addictions (COE form)</b>			
<b>Area of practice</b>	Addiction psychiatry	<b>EPA identification</b>	ST3-ADD-AOP-EPA10
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.4 (EC-approved 11/12/15)
<b>Title</b>	<b>Treatment of people with gambling disorder and other behavioural addictions.</b>		
<b>Description</b>	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.		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF (ADVANCED) TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of (Advanced) Training name (print) .....

Director of (Advanced) Training RANZCP ID: ..... Signature ..... Date .....

**ST3-ADD-AOP-EPA11 – Comorbid substance use and physical health problems**

<b>Area of practice</b>	Addiction psychiatry	<b>EPA identification</b>	ST3-ADD-AOP-EPA11	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.3 (EC-approved 24/07/15)	
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.				
<b>Title</b>	<b>Assess and manage complex comorbid substance use and physical health problems, including tobacco use.</b>			
<b>Description</b> Maximum 150 words	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.			
<b>Fellowship competencies</b>	<b>ME</b>	4, 5, 6, 7, 8	<b>HA</b>	1
	<b>COM</b>	1, 2	<b>SCH</b>	2
	<b>COL</b>	1, 2, 3	<b>PROF</b>	1, 2, 5
	<b>MAN</b>	1, 2, 4		
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Awareness of the health risks and lifestyle problems associated with injecting drug use.</li> </ul> <p><b>Skills</b></p>			

	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• Provide pre- and post-test counselling for blood-borne viruses in a sensitive manner and notify authorities where required.</li> <li>• Provide treatment for smoking cessation in patients with physical health problems, eg. respiratory disease.</li> <li>• Screen patients for alcohol-related brain injury.</li> <li>• Appropriate engagement of family and others in assessment and management.</li> <li>• 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.</li> <li>• 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.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Welcoming engagement of persons with physical illness and substance use disorder regardless of service setting.</li> <li>• Advocates for persons with comorbid substance use and physical health problems who are often marginalised or excluded from services.</li> <li>• Patient-centred approach to care.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<p>At least one WBA should be either an Observed Clinical Activity (OCA) or a Mini-Clinical Evaluation Exercise.</p> <ul style="list-style-type: none"> <li>• Case-based discussion.</li> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• OCA.</li> <li>• Professional presentation – of a specific dual diagnosis, eg. tobacco and respiratory disease, etc.</li> </ul>
<b>References</b>	

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COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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Surname:	
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<b>ST3-ADD-AOP-EPA11 – Comorbid substance use and physical health problems (COE form)</b>			
<b>Area of practice</b>	Addiction psychiatry	<b>EPA identification</b>	ST3-ADD-AOP-EPA11
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.3 (EC-approved 24/07/15)
<b>Title</b>	<b>Assess and manage complex comorbid substance use and physical health problems, including tobacco use.</b>		
<b>Description</b>	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.		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF (ADVANCED) TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of (Advanced) Training name (print) .....

Director of (Advanced) Training RANZCP ID: ..... Signature ..... Date .....

**ST3-ADD-AOP-EPA12 – Addiction legal and statutory issues**

<b>Area of practice</b>	Addiction psychiatry	<b>EPA identification</b>	ST3-ADD-AOP-EPA12	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.9 (EC-approved 22/07/16)	
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.				
<b>Title</b>	<b>Impairment assessment and report for patients with substance use disorders.</b>			
<b>Description</b> Maximum 150 words	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.			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 8	<b>HA</b>	
	<b>COM</b>	1, 2	<b>SCH</b>	
	<b>COL</b>	1, 3, 4	<b>PROF</b>	1, 2, 5
	<b>MAN</b>			
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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).</li> <li>• Demonstrates ability to interpret test results including alternative medical explanations for laboratory-confirmed tests as well as issues relating to adulterated and substituted specimens.</li> </ul>			

	<p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Apply relevant legal concepts and definitions in a range of clinical scenarios.</li> <li>• 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.</li> <li>• Communicate relevant history, assessments and conclusions in reports in a timely fashion.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Appreciates the difference between a clinical and a medicolegal role and assessment in addiction psychiatry.</li> <li>• Maintains appropriate professional boundaries when dealing with requests in a medicolegal context.</li> <li>• Maintains impartiality when undertaking medicolegal assessments and providing legal reports.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Professional presentation.</li> <li>• Case-based discussion.</li> <li>• Formal review of knowledge through supervision.</li> <li>• Supervisor review of trainee's reports.</li> </ul>
<p><b>References</b></p> <p>AUSTROADS &amp; NTC AUSTRALIA. <i>Assessing fitness to drive for commercial and private vehicle drivers: medical standards for licensing and clinical management guidelines</i>. Sydney: Austroads, June 2014. Viewed 20 June 2016, &lt;<a href="http://www.austroads.com.au/drivers-vehicles/assessing-fitness-to-drive">www.austroads.com.au/drivers-vehicles/assessing-fitness-to-drive</a>&gt;.</p> <p>CIVIL AVIATION SAFETY AUTHORITY. <i>Designated aviation medical examiner's handbook</i>. Canberra: CASA, 2012. Viewed 20 June 2016, &lt;<a href="http://services.casa.gov.au/avmed/dames/handbook/default.asp">services.casa.gov.au/avmed/dames/handbook/default.asp</a>&gt;.</p> <p>DARZINS P, MOLLOY DW &amp; STRANG D. <i>Who can decide? The six step capacity assessment process</i>. Adelaide: Memory Australia Press, 2000.</p> <p>DRUMMER O. <i>Testing for impairing substances in health care professionals: report for the Australian Health Practitioner Regulation Agency</i>. Melbourne: AHPRA, March 2014. Viewed 20 June 2016, &lt;<a href="http://www.ahpra.gov.au/Registration/Monitoring-and-compliance/Drug-and-alcohol-screening.aspx">www.ahpra.gov.au/Registration/Monitoring-and-compliance/Drug-and-alcohol-screening.aspx</a>&gt;.</p> <p>O'NEIL N &amp; PEISAH C. <i>Capacity and the law</i>. Sydney: Sydney University Press, 2011.</p> <p>RYAN C, CALLAGHAN S &amp; PEISAH C. The capacity to refuse psychiatric treatment: a guide to the law for clinicians and tribunal members. <i>Aust NZ J Psychiatry</i> 2015; 49: 324–33.</p>	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



RANZCP ID:	
Surname:	
First name:	
Zone:	
Hospital/service:	

**CONFIRMATION OF ENTRUSTMENT FORM**

This document satisfies RANZCP training requirements only as outlined in the RANZCP Fellowship Regulations 2012 and is not intended for any other purpose. Any queries regarding its purpose and/or use should be directed to the Education department at the College: [training@ranzcp.org](mailto:training@ranzcp.org)

<b>ST3-ADD-AOP-EPA12 – Addiction legal and statutory issues (COE form)</b>			
<b>Area of practice</b>	Addiction psychiatry	<b>EPA identification</b>	ST3-ADD-AOP-EPA12
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.9 (EC-approved 22/07/16)
<b>Title</b>	<b>Impairment assessment and report for patients with substance use disorders.</b>		
<b>Description</b>	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.		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF (ADVANCED) TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of (Advanced) Training name (print) .....

Director of (Advanced) Training RANZCP ID: ..... Signature ..... Date .....