Stage 2 syllabus

Preamble

This document has been prepared with the intent of providing a syllabus for learning for Stage 2 of the Competency-Based Fellowship Program (CBFP). The syllabus intends to define, for trainees and educators, the knowledge base that underpins the acquisition of competencies in Stage 2 and that is required for progression to Stage 3. The content outlined below is intended to inform knowledge acquisition across clinical, informal and formal education settings as well as self-directed learning in accordance with the CBFP framework.

The syllabus is not intended to be prescriptive. Accordingly, in order to be consistent with the principles of adult learning and to reflect the richness and diversity of psychiatry, detailed descriptions of content are intentionally excluded. This also allows for advances in psychiatric knowledge and changing paradigms. It is recognised that local training schemes and Formal Education Courses (FECs) will provide greater levels of specification.

The syllabus is indicative of the breadth of knowledge required. All areas in the syllabus are important and need to be covered; however, not all areas could be expected to be learnt to the same level. To help trainees, FEC coordinators, supervisors and other educators, a rating system has been utilised to indicate the depth of knowledge expected.

| Depth of knowledge as appropriate for Stage 2 (not importance of knowledge) |
|-----------------------------|-----------------------------|
| AC  | Awareness of concepts |
| WK  | Working knowledge |
| IDK | In-depth knowledge |

It is expected the rating system also reflects the learning opportunities available to trainees in the second stage of training. The rating currently attributed to each area in the syllabus affects Stage 2 training only and the rating may change as training progresses.
It is important to note that the syllabus outlines knowledge that all trainees must acquire in Stage 2 of training, regardless of which area of practice rotations they undertake.

There are clinical practice guidelines available on RANZCP Guidelines and resources for practice which may be useful references.

Content

A  Generalist knowledge and general psychiatry

The following content represents generalist knowledge that should be applied across different areas of practice. This section builds on that acquired in Stage 1 and also covers areas of knowledge not addressed in the specific area of practice sections. The rating reflects the depth of knowledge required at Stage 2.

A1  Interviewing and assessment

A1.1.1 Interviewing with sensitivity, including but not limited to, sensitivity to culture, sexual orientation, intellectual abilities and developmental stage  IDK

A1.1.2 Understanding the importance of synthesising informant and corroborative histories and documented histories with direct assessment  IDK

A1.1.3 Understanding the components and limitations of risk assessment, including issues in specific populations, eg. infants, children and adolescents, older people  IDK

A1.1.4 Understanding the concept and challenges of interviewing and assessing the mental state of people with complex communication needs including intellectual, developmental and other disabilities (cognitive, sensory and motor)  WK

A2  Assessment and management of psychiatric emergencies  IDK

A3  Diagnosis and classification

A3.1.1 Systems of classification (ICD, DSM)  IDK

A3.1.2 Principles and problems  WK

A3.1.3 History of development of diagnosis and classificatory systems in psychiatry  AC

A4  Basic sciences

A4.1.1 Neurosciences (relevant to the clinical syndromes…)  IDK

A4.1.1a Neuroanatomy  IDK

A4.1.1b Neurophysiology  IDK

A4.1.1c Neurochemistry  IDK
A5 Management in psychiatry

A5.1 Social
A5.1.1 Principles of the recovery philosophy
A5.1.2 Principles of stigma, mental health literacy, the role of public education initiatives
A5.1.3 Role of social support services (housing, accommodation, non-governmental organisation [NGO] sector individual and group supports)
A5.1.4 Role of non-medical individual and group counselling supports, eg. rape crisis services, veterans’ support services
A5.1.5 Role of consumer and advocacy groups

A5.2 Biological
A5.2.1 Principles of psychopharmacology and prescribing
A5.2.2 Antipsychotics
A5.2.3 Antidepressants
A5.2.4 Mood stabilisers
A5.2.5 Anxiolytics
A5.2.6 Electroconvulsive therapy (ECT)
A5.2.7 Management of physical sequelae and complications of psychiatric illnesses and their treatment
A5.2.8 Transcranial magnetic stimulation

A5.3 Psychological
A5.3.1 Principles of psychological interventions (including non-specific factors)
A5.3.2 Understanding the role of, and evidence-based indications for, the major modalities of psychotherapy (supportive, psychodynamic, cognitive–behavioural, interpersonal, family, group and couples)

A5.4 Population
A5.4.1 Principles of promotion, prevention and early intervention strategies
A5.4.2 Awareness of at-risk groups
A5.4.3 Understanding the burden of mental illness

A6 Critical appraisal and basic statistics
A6.1.1 How to evaluate a scientific paper in psychiatry
A6.1.2 Fundamentals of statistics relevant to psychiatry
A6.1.3  Understanding study designs (quantitative and qualitative)  WK

A7  Ethics
A7.1.1  Capacity  IDK
A7.1.2  Ethics of coercive treatment  IDK
A7.1.3  Boundary issues  IDK
A7.1.4  Issues of the exercise of power in psychiatry  IDK
A7.1.5  Privacy and confidentiality  IDK
A7.1.6  Relationship with industry  IDK
A7.1.7  End-of-life decisions (including do not resuscitate (DNR) orders)  WK
A7.1.8  Child protection  WK
A7.1.9  Ethics of duality and conflicts of interest  WK
A7.1.10  Distribution of healthcare resources  AC

A8  Professionalism
A8.1.1  Importance of personal ethics and integrity  IDK
A8.1.2  Importance of maintaining professional standards  IDK
A8.1.3  Importance of maintaining personal wellbeing  IDK

A9  The law
A9.1.1  Principles underpinning mental health legislation  IDK
A9.1.2  Understanding relevant local legislation as it applies to specific groups of patients, eg. forensic, child and adolescent, addiction  IDK
A9.1.3  Responsibilities under the Mental Health Act  IDK
A9.1.4  Relevant common law principles, eg. capacity, necessity, duty-of-care, duty-to-warn  IDK
A9.1.5  Knowledge of mandatory reporting requirements (including ethical considerations and health practitioner’s context)  WK
A9.1.6  Testamentary capacity  WK
A9.1.7  Advance health directives  WK
A9.1.8  Supported and substitute decision making, eg. guardianship and administration, enduring power of attorney  WK
A9.1.9  Understanding the role of an expert in legal proceedings (including report writing and giving evidence)  AC
A9.1.10  Principles of psychiatric defences and fitness to plead/stand trial  AC

A10  Normal development across the lifespan
A10.1.1 Attachment, infant, child, adolescent, adult, old age IDK

A11 Children of parents with mental health disorders
A11.1.1 Understanding the issues/problems facing children of parents with mental illness and/or addiction WK
A11.1.2 Knowledge of strategies to assist children of parents with mental illness and/or addiction WK

A12 Psychology
A12.1.1 Group theory and group dynamics IDK
A12.1.2 Learning and related theories WK
A12.1.3 Personality theory WK
A12.1.4 Developmental psychology WK
A12.1.5 Cognitive psychology WK
A12.1.6 Psychometric assessment AC

A13 Cultural competence
A13.1.1 Impact of cultural factors in clinical practice WK
A13.1.2 Psychiatry in a multicultural context WK
A13.1.3 Impact of migration WK

A14 History
A14.1.1 History of psychiatry as it informs current psychiatric practice WK
A14.1.2 History of patient empowerment and ‘consumer’ and carer movements WK
A15  Specific disorders

In Stage 2, trainees are expected to acquire knowledge of the following aspects of the disorders listed below:

Epidemiology, aetiology (biopsychosocial, cultural), symptomatology, course, assessment, management (biopsychosocial, cultural), psychiatric and medical comorbidities, differential diagnoses.

A15.1  Organic psychiatry        IDK
A15.2  Psychosis
       A15.2.1 Schizophrenia spectrum disorders        IDK
A15.3  Mood disorders
       A15.3.1 Bipolar disorder        IDK
       A15.3.2 Depressive disorders        IDK
A15.4  Anxiety disorders        IDK
A15.5  Personality disorders        IDK
A15.6  Dissociative disorders        WK
A15.7  Sleep disorders        WK
A15.8  Perinatal disorders        WK
A15.9  Eating disorders        WK
A15.10 Impulse control disorders        WK
A15.11 Sexual disorders        WK
B Consultation–Liaison psychiatry

B1 Interviewing and assessment

B1.1.1 Principles of interviewing, history gathering and documentation in the general medical setting IDK

B1.1.2 Specialised cognitive testing IDK

B1.1.3 Focused medical assessment and investigations in the medically ill IDK

B2 Systemic issues in Consultation–Liaison psychiatry

B2.1.1 Role of Consultation–Liaison psychiatrist WK

B2.1.2 Models of care in the general medical setting (consultation versus liaison) WK

B3 Treatments in psychiatry

B3.1 Social

B3.1.1 Stigma associated with mental illness in the general hospital setting IDK

B3.1.2 Advocacy when the patient is under another clinician’s care WK

B3.2 Biological

B3.2.1 Principles of psychopharmacology and prescribing in the medically ill patient, eg. patients on multiple medications, patients with impaired organ function IDK

B3.2.2 Psychiatric and neuropsychiatric sequelae of medical conditions and their treatments WK

B3.2.3 Analgesia AC

B3.3 Psychological

B3.3.1 Principles of psychological interventions in the Consultation–Liaison setting IDK

B3.3.2 Application of psychological techniques (eg. conflict resolution) to the patient and the treating team WK

B3.3.3 Containing distress WK

B4 Normal development across the lifespan

B4.1.1 Impact of medical illness on normal development WK

B5 Psychology

B5.1.1 Abnormal illness behaviour IDK

B5.1.2 Sick role IDK

B5.1.3 Responses to trauma and medical illness (including chronic medical illness) WK

B5.1.4 Demoralisation WK

B5.1.5 Grief and loss WK
B6 Cultural competence

B6.1.1 Impact of cultural factors in the general medical setting, eg. different understandings of the need to inform the patient  WK

B7 Specific disorders in consultation–liaison psychiatry

In Stage 2, trainees are expected to acquire knowledge of the following aspects of the disorders listed below:

Epidemiology, aetiology (biopsychosocial, cultural), symptomatology, course, assessment, management (biopsychosocial, cultural), psychiatric and medical comorbidities, differential diagnoses.

B7.1 Organic psychiatry

B7.1.1 Delirium  IDK
B7.1.2 Epilepsy  WK
B7.1.3 Acquired brain injury  WK
B7.1.4 Psychiatric illness due to general medical conditions (including side effects of treatments)  WK

B7.2 Psychiatric disorders in the medically ill  IDK

B7.3 Somatoform disorders

B7.3.1 Pain disorders  WK
B7.3.2 Somatisation disorder  WK
B7.3.3 Conversion disorder  WK
B7.3.4 Hypochondriasis  WK

B7.4 Factitious disorder and malingering  WK
C Child & Adolescent psychiatry

C1 Interviewing and assessment

C1.1.1 Basic principles of interviewing children and adolescents IDK
C1.1.2 Mental state examination of the child or adolescent IDK
C1.1.3 Appropriate medical assessment and investigations IDK
C1.1.4 Use of collateral sources IDK
C1.1.5 Family interviewing IDK
C1.1.6 Developmental assessment IDK

C2 Treatments in psychiatry

C2.1 Biological

C2.1.1 Principles of psychopharmacology and prescribing in children and adolescents IDK
C2.1.2 Antipsychotics IDK
C2.1.3 Antidepressants IDK
C2.1.4 Mood stabilisers IDK
C2.1.5 Anxiolytics WK
C2.1.6 Psychostimulants and other treatments for Attention deficit hyperactivity disorder (ADHD) AC
C2.1.7 Awareness of the use of, and limited evidence for, complementary and alternative treatments AC

C2.2 Psychological

C2.2.1 Principles of psychological interventions (including non-specific factors) WK
C2.2.1a Family therapy WK

C3 Psychology

C3.1.1 Responses to trauma (including early-developmental trauma) WK
C3.1.2 Grief and loss WK
C3.1.3 Interpretation of behaviour checklists WK
C3.1.4 Learning and related theories AC
C3.1.5 Psychometrics AC

C4 Patients, families, carers and systemic issues in Child & Adolescent psychiatry

C4.1.1 Understanding principles of working with patients, families and carers WK
C4.1.2 Working with schools, welfare agencies, physical health services WK
C5 Specific disorders in child & adolescent psychiatry

In Stage 2, trainees are expected to acquire knowledge of the following aspects of the disorders of childhood and adolescence listed below.

Epidemiology, aetiology (biopsychosocial, cultural), symptomatology, course, assessment, management (biopsychosocial, cultural), psychiatric and medical comorbidities, differential diagnoses.

C5.1 Internalising
C5.2 Externalising
C5.3 Neurodevelopmental disorders
C5.4 Somatic
D Addiction psychiatry

D1 Interviewing and assessment

D1.1.1 Knowledge and synthesis of the interaction between substance use and psychiatric symptoms/disorders IDK

D1.1.2 Physical effects of substance use, eg. Korsakoff’s syndrome, hepatitis WK

D1.1.3 Investigations specific to substance use, eg. blood-borne viruses, urine drug screening (UDS) WK

D1.1.4 Specific cognitive testing, eg. executive function testing WK

D2 Treatments in psychiatry

D2.1.1 Integrated approach to the treatment of co-existing problems, especially comorbid post-traumatic stress disorder (PTSD) and other anxiety disorders, mood disorders and psychosis IDK

D2.1.2 Knowledge of harm-minimisation strategies and public health interventions, eg. needle exchanges WK

D2.1.3 Knowledge of interaction between drugs of abuse and treatment of psychiatric disorders WK

D2.2 Social

D2.2.1 Stigma associated with addiction WK

D2.2.2 Advocacy AC

D2.2.3 Knowledge of special populations, eg. indigenous people AC

D2.3 Biological

D2.3.1 Relapse prevention pharmacotherapy, eg. anti-craving drugs WK

D2.3.2 Opioid substitution therapies WK

D2.3.3 Knowledge of pharmaceutical drug misuse (including over-the-counter medications) AC

D2.4 Psychological

D2.4.1 Motivational interviewing WK

D2.4.2 Contingency management WK

D2.4.3 Mutual help programs, eg. Alcoholics Anonymous (AA) WK

D2.4.4 Acceptance and commitment therapy AC

D3 Substance use across the lifespan

D3.1.1 Substance use in young people and in older people WK

D3.1.2 Substance use in pregnancy/puerperium WK

D3.1.3 Impact of substance use on normal development (including dementia) WK

D3.1.4 Neonatal abstinence syndromes WK
D4  Specific disorders in addiction psychiatry

In Stage 2, trainees are expected to acquire knowledge of the following aspects of the disorders listed below:

Epidemiology, aetiology (biopsychosocial, cultural), symptomatology, course, assessment, management (biopsychosocial, cultural), psychiatric and medical comorbidities, differential diagnoses.

D4.1  Substance-induced disorders

D4.1.1  Substance-induced mood disorders, anxiety disorders  IDK
D4.1.2  Substance-induced psychosis  IDK

D4.2  Substance dependence and physical illness  WK

D4.3  Substance dependence

D4.3.1  Alcohol  IDK
D4.3.2  Nicotine  IDK
D4.3.3  Cannabis (including its relationship with psychosis)  IDK
D4.3.4  Amphetamine-type stimulants  IDK
D4.3.5  Hallucinogens  WK
D4.3.6  Opioids  AC
D4.3.7  Inhalants  AC

D4.4  Pharmaceutical drug misuse/abuse/dependence

D4.4.1  Prescribed medications  WK
D4.4.2  Over-the-counter medications  WK

D4.5  Drug stabilisation

D4.5.1  Acute intoxication  IDK
D4.5.2  Withdrawal, knowledge of rating scales and their limitations  IDK

D4.6  Gambling  WK

D4.7  Pain assessment and management options

D4.7.1  Chronic pain and substance use  WK

D4.8  Personality disorders

D4.8.1  Personality disorders in the addiction setting  WK
E Forensic psychiatry

E1 Interviewing and assessment

E1.1.1 Assessment and management of risk of harm to others IDK

E2 Other

E2.1.1 The relationship between mental illness and violence WK
E2.1.2 Therapeutic security and levels of security in psychiatric facilities WK
E2.1.3 Forensic mental health systems and services AC
E2.1.4 Correctional psychiatry AC

E3 Specific disorders in forensic psychiatry

In Stage 2, trainees are expected to acquire knowledge of the following aspects of the disorders listed below:

Epidemiology, aetiology (biopsychosocial, cultural), symptomatology, course, assessment, management (biopsychosocial, cultural), psychiatric and medical comorbidities, differential diagnoses.

E3.1 Personality disturbance in a forensic setting WK

E3.2 Problematic behaviours

E3.2.1 Litigiousness AC
E3.2.2 Stalking AC
E3.2.3 Paraphilias AC
E3.2.4 Fire-setting AC
E3.2.5 Aggression AC

E3.3 Victimology AC
F Psychiatry of Old Age

F1 Interviewing and assessment

F1.1.1 Psychiatric assessment of older adults IDK

F1.1.2 Neuroimaging in older people (including an appreciation of the range of normal findings in older people on CT and MRI structural scans) IDK

F1.1.3 Functional assessment (including ADL/IADL function and issues of risk particularly relevant to the older person, such as falls) IDK

F1.1.4 Assessment of social situation, eg. suitability of living environment, accessibility, social support, elder abuse and exploitation, severe domestic squalor, hoarding IDK

F2 Treatments in psychiatry

F2.1 Biological

F2.1.1 Electroconvulsive therapy (ECT) as applied to older people IDK

F2.1.2 Principles of psychopharmacology and prescribing in older people (including treatments for physical illnesses, with an emphasis on psychopharmacology in people aged 75 and over) IDK

F2.1.3 Biological treatments in dementia (including the use of cognition enhancers) WK

F2.2 Psychological

F2.2.1 Principles of behavioural and psychological interventions in older people WK

F3 Patients, families, carers and wider systems

F3.1.1 Interaction with residential aged care facilities, non-governmental organisations (NGOs), eg. Alzheimer’s Australia and Alzheimers New Zealand WK

F3.1.2 Community services for older people, eg. home help, domiciliary nursing, meals on wheels, etc. WK

F3.1.3 Income support, public housing, disability services for older people WK

F3.1.4 Health and welfare support for older veterans WK
F4  Specific disorders in psychiatry of old age

In Stage 2, trainees are expected to acquire knowledge of the following aspects of the disorders listed below:

Epidemiology, aetiology (biopsychosocial, cultural), symptomatology, course, assessment, management (biopsychosocial, cultural), psychiatric and medical comorbidities, differential diagnoses.

- **F4.1.1** Awareness of how ageing and functional impairment associated with ageing affects treatment outcomes, including the speed of response to treatment

F4.2  Organic mental disorders

- **F4.2.1** Dementias
  - IDK
- **F4.2.2** Very-late-onset (> 60 years) schizophrenia-like psychoses
  - IDK
- **F4.2.3** Effects of ageing in people with early-onset (< 40 years) and late-onset (40–60 years) psychotic disorders
  - IDK
- **F4.2.4** Amnestic disorder
  - WK

F4.3  Personality disorders in older people

- **F4.3.1** Presentation of personality disorders in later life
  - WK
- **F4.3.2** Pathoplastic effects of personality dysfunction on Axis I disorders in later life
  - WK
**G Psychotherapies**

**G1 Interviewing and assessment**

G1.1.1 Principles of assessment for all psychotherapy approaches  IDK

G1.1.2 Understanding general factors to rapport building, therapeutic alliance, frame and contract setting in psychotherapy and issues of confidentiality and boundaries (including boundary violations and personal disclosure) specific to psychotherapy  IDK

G1.1.3 Formulation – psychodynamic approaches and other approaches compatible with the other models of psychotherapy  IDK

**G2 Treatments in psychiatry**

**G2.1 Psychological treatments**

Understanding the theories, indications and evidence base for the following modalities:

G2.1.1 Supportive therapies  IDK

G2.1.2 Family therapy (major schools)  WK

G2.1.3 Cognitive and behavioural therapies  WK

G2.1.4 Interpersonal therapy (IPT)  WK

G2.1.5 Psychodynamic therapies (major schools)  WK

G2.1.5a Historical perspective and context of different schools  WK

G2.1.6 Group therapy (major schools)  AC

G2.1.7 Couples therapy  AC
**H  Indigenous Australians/Māori mental health**

**H1  Interviewing and assessment**

**H1.1.1** Interviewing with cultural sensitivity IDK

Issues relating to:

**H1.1.2** Familiarity with the Australian and New Zealand history of colonisation/invasion and the ongoing impact for Indigenous people today WK

**H1.1.3** Familiarity with the Indigenous world view, often contrasted as being holistic in comparison with the more categorical ‘Western’ world view WK

**H1.1.4** Specific cultural practices, customs and social structures and their impact on mental illness presentation and intervention AC

**I  Rural psychiatry**

**I1  Interviewing and assessment**

**I1.1.1** Telepsychiatry AC

Issues relating to:

**I1.1.2** Impact of small community living on presentation of mental illness and intervention AC

**I1.1.3** Working autonomously, and in partnership with, limited community support services AC

**J  Psychiatry of Intellectual & Developmental Disabilities**

**J1.1.1** Specific issues of assessment of people with intellectual disabilities, including mental health and behaviour, relevance of severity of intellectual disability WK

**J1.1.2** Consideration of the aetiology of the disabilities in the patient, whether congenital and/or acquired, and relevance to the clinical presentation WK

**J1.1.3** Specific issues of management, including adapted psychotropic drug regimens and importance of long-term developmental perspective WK

**K  Perinatal psychiatry**

**K1.1.1** Specific issues of assessment and management in this population WK

**K1.1.2** Risk assessment (including risk of infanticide) WK

**K1.1.3** Use of pharmacology in this population WK
Appendix

AC – Awareness of concepts

Acceptance and commitment therapy

Advocacy (Addiction psychiatry)

Aggression

Analgesia

Awareness of at-risk groups

Awareness of the use of, and limited evidence for, complementary and alternative treatments (Child & Adolescent psychiatry)

Correctional psychiatry

Couples therapy (Psychotherapies)

Distribution of healthcare resources

Fire-setting

Forensic mental health systems and services

Group therapy (major schools) – Psychotherapies

History of development of diagnosis and classificatory systems in psychiatry

Impact of small community living on presentation of mental illness and intervention

Inhalants

Knowledge of pharmaceutical drug misuse (including over-the-counter medications)

Knowledge of special populations, eg. indigenous people

Learning and related theories (in Child & Adolescent psychiatry)

Litigiousness

Opioids

Paraphilias

Principles of promotion, prevention and early intervention strategies

Principles of psychiatric defences and fitness to plead/stand trial

Psychometric assessment (Generalist knowledge)

Psychometrics (in Child & Adolescent psychiatry)

Psychostimulants and other treatments for Attention deficit hyperactivity disorder (ADHD)

Stalking

Telepsychiatry
Transcranial magnetic stimulation

Understanding the burden of mental illness

Understanding the role of an expert in legal proceedings (including report writing and giving evidence)

Victimology

Working autonomously, and in partnership with, limited community support services

**WK – Working knowledge**

Acquired brain injury

Advance health directives

Advocacy when the patient is under another clinician’s care (Consultation–Liaison psychiatry)

Amnestic disorder

Anxiolytics (in Child & Adolescent psychiatry)

Application of psychological techniques (eg. conflict resolution) to the patient and the treating team

Awareness of how ageing and functional impairment associated with ageing affects treatment outcomes, including the speed of response to treatment

Biological treatments in dementia (including the use of cognition enhancers)

Child protection

Chronic pain and substance use

Cognitive and behavioural therapies (Psychotherapies)

Cognitive psychology

Community services for older people, eg. home help, domiciliary nursing, meals on wheels, etc.

Consideration of the aetiology of the disabilities in the patient, whether congenital and/or acquired, and relevance to the clinical presentation (Psychiatry of Intellectual & Developmental Disabilities)

Containing distress

Contingency management

Conversion disorder

Demoralisation

Developmental psychology

Dissociative disorders

Eating disorders

End-of-life decisions (including do not resuscitate (DNR) orders)
Epilepsy
Ethics of duality and conflicts of interest
Externalising disorders
Factitious disorder and malingering
Family therapy (in Child & Adolescent psychiatry)
Family therapy (major schools) – Psychotherapies
Fundamentals of statistics relevant to psychiatry
Gambling
Genetics and inheritance
Grief and loss
Grief and loss (in Child & Adolescent psychiatry)
Hallucinogens
Health and welfare support for older veterans
Historical perspective and context of different schools (of psychotherapy)
History of patient empowerment and ‘consumer’ and carer movements
History of psychiatry as it informs current psychiatric practice
Hypochondriasis
Impact of cultural factors in clinical practice
Impact of cultural factors in the general medical setting, eg. different understandings of the need to inform the patient (Consultation–Liaison psychiatry)
Impact of medical illness on normal development
Impact of migration
Impact of substance use on normal development (including dementia)
Impulse control disorders
Income support, public housing, disability services for older people
Interaction with residential aged care facilities, non-governmental organisations (NGOs), eg. Alzheimer’s Australia and Alzheimers New Zealand
Internalising disorders
Interpersonal therapy (IPT) – Psychotherapies
Interpretation of behaviour checklists
Investigations specific to substance use, eg. blood-borne viruses, urine drug screening (UDS)
Knowledge of harm-minimisation strategies and public health interventions, eg. needle exchanges
Knowledge of interaction between drugs of abuse and treatment of psychiatric disorders
Knowledge of mandatory reporting requirements (including ethical considerations and health practitioner’s context)
Knowledge of strategies to assist children of parents with mental illness and/or addiction
Learning and related theories
Models of care in the general medical setting (consultation versus liaison)
Motivational interviewing
Mutual help programs, eg. Alcoholics Anonymous (AA)
Neonatal abstinence syndromes
Neurodevelopmental disorders
Opioid substitution therapies
Over-the-counter medications
Pain disorders
Pathoplastic effects of personality dysfunction on Axis I disorders in later life
Perinatal disorders
Personality disorders in the addiction setting
Personality disturbance in a forensic setting
Personality theory
Physical effects of substance use, eg. Korsakoff’s syndrome, hepatitis
Prescribed medications
Presentation of personality disorders in later life
Principles and problems (of diagnosis and classification)
Principles of behavioural and psychological interventions in older people
Principles of psychological interventions (including non-specific factors) – in Child & Adolescent psychiatry
Principles of stigma, mental health literacy, the role of public education initiatives
Principles of the recovery philosophy
Psychiatric and neuropsychiatric sequelae of medical conditions and their treatments (Consultation–Liaison psychiatry)
Psychiatric illness due to general medical conditions (including side effects of treatment)
Psychiatry in a multicultural context
Psychodynamic therapies (major schools) – Psychotherapies
Relapse prevention pharmacotherapy, eg. anti-craving drugs

Responses to trauma (including early-developmental trauma) – in Child & Adolescent psychiatry

Responses to trauma and medical illness (including chronic medical illness) – Consultation–Liaison psychiatry

Risk assessment (including risk of infanticide)

Role of Consultation–Liaison psychiatrist

Role of consumer and advocacy groups

Role of non-medical individual and group counselling supports, eg. rape crisis services, veterans support services

Role of social support services (housing, accommodation, non-governmental organisation (NGO) sector individual and group supports)

Sexual disorders

Sleep disorders

Somatic disorders (in Child & Adolescent psychiatry)

Somatisation disorder

Specific cognitive testing, eg. executive function testing

Specific issues of assessment and management in this population (Perinatal psychiatry)

Specific issues of assessment of people with intellectual disabilities, including mental health and behaviour, relevance of severity of intellectual disability

Specific issues of management, including adapted psychotropic drug regimens and importance of long-term developmental perspective (Psychiatry of Intellectual & Developmental Disabilities)

Stigma associated with addiction

Substance dependence and physical illness

Substance use in pregnancy/puerperium

Substance use in young people and in older people

Supported and substitute decision making, eg. guardianship and administration, enduring power of attorney

Testamentary capacity

The relationship between mental illness and violence

Therapeutic security and levels of security in psychiatric facilities

Understanding principles of working with patients, families and carers

Understanding study designs (quantitative and qualitative)
Understanding the concept and challenges of interviewing and assessing the mental state of people with complex communication needs including intellectual, developmental and other disabilities (cognitive, sensory and motor)

Understanding the issues/problems facing children of parents with mental illness and/or addiction

Understanding the role of, and evidence-based indications for, the major modalities of psychotherapy (supportive, psychodynamic, cognitive–behavioural, interpersonal, family, group and couples)

Use of pharmacology in this population (Perinatal psychiatry)

Working with schools, welfare agencies, physical health services

**IDK – In-depth knowledge**

Abnormal illness behaviour

Acute intoxication

Alcohol

Amphetamine-type stimulants

Antidepressants

Antidepressants (in Child & Adolescent psychiatry)

Antipsychotics

Antipsychotics (in Child & Adolescent psychiatry)

Anxiety disorders

Anxiolytics

Appropriate medical assessment and investigations (in Child & Adolescent psychiatry)

Assessment and management of psychiatric emergencies

Assessment and management of risk of harm to others (Forensic psychiatry)

Assessment of social situation, eg. suitability of living environment, accessibility, social support, elder abuse and exploitation, severe domestic squalor, hoarding

Basic principles of interviewing children and adolescents

Bipolar disorder

Boundary issues

Cannabis (including its relationship with psychosis)

Capacity

Delirium

Dementias

Depressive disorders
Developmental assessment

Effects of ageing in people with early-onset (< 40 years) and late-onset (40–60 years) psychotic disorders

Electroconvulsive therapy (ECT)

Electroconvulsive therapy (ECT) as applied to older people

Ethics of coercive treatment

Family interviewing (Child & Adolescent psychiatry)

Focused medical assessment and investigations in the medically ill

Formulation – psychodynamic approaches and other approaches compatible with the other models of psychotherapy

Functional assessment (including ADL/IADL function and issues of risk particularly relevant to the older person, such as falls)

Group theory and group dynamics

How to evaluate a scientific paper in psychiatry

Importance of maintaining personal wellbeing

Importance of maintaining professional standards

Importance of personal ethics and integrity

Integrated approach to the treatment of co-existing problems, especially comorbid post-traumatic stress disorder (PTSD) and other anxiety disorders, mood disorders and psychosis

Interviewing with sensitivity, including but not limited to, sensitivity to culture, sexual orientation, intellectual abilities and developmental stage

Issues of the exercise of power in psychiatry

Knowledge and synthesis of the interaction between substance use and psychiatric symptoms/disorders

Management of physical sequelae and complications of psychiatric illnesses and their treatment

Mental state examination of the child or adolescent

Mood stabilisers

Mood stabilisers (in Child & Adolescent psychiatry)

Neuroanatomy

Neurochemistry

Neuroimaging in older people (including an appreciation of the range of normal findings in older people on CT and MRI structural scans)

Neuropsychology

Neurosciences (relevant to the clinical syndromes...)
Nicotine

Normal development across the lifespan (attachment, infant, child adolescent, adult old age)

Organic psychiatry

Personality disorders

Principles of assessment for all psychotherapy approaches

Principles of interviewing, history gathering and documentation in the general medical setting

Principles of psychological interventions (including non-specific factors)

Principles of psychological interventions in the Consultation–Liaison setting

Principles of psychopharmacology and prescribing

Principles of psychopharmacology and prescribing in children and adolescents

Principles of psychopharmacology and prescribing in older people (including treatments for physical illnesses, with an emphasis on psychopharmacology in people aged 75 and over)

Principles of psychopharmacology and prescribing in the medically ill patient, eg. patients on multiple medications, patients with impaired organ function

Principles underpinning mental health legislation

Privacy and confidentiality

Psychiatric assessment of older adults

Psychiatric disorders in the medically ill

Relationship with industry

Relevant common law principles, eg. capacity, necessity, duty-of-care, duty-to-warn

Responsibilities under the Mental Health Act

Schizophrenia spectrum disorders

Sick role

Specialised cognitive testing

Stigma associated with mental illness in the general hospital setting

Substance-induced mood disorders, anxiety disorders

Substance-induced psychosis

Supportive therapies (Psychotherapies)

Systems of classification (ICD, DSM)

Understanding general factors to rapport building, therapeutic alliance, frame and contract setting in psychotherapy and issues of confidentiality and boundaries (including boundary violations and personal disclosure) specific to psychotherapy
Understanding relevant local legislation as it applies to specific group of patients, eg. forensic, child and adolescent, addiction

Understanding the components and limitations of risk assessment, including issues in specific populations, eg. infants, children and adolescents, older people

Understanding the importance of synthesising informant and corroborative histories and documented histories with direct assessment

Use of collateral sources (in Child & Adolescent psychiatry)

Very-late-onset (> 60 years) schizophrenia-like psychoses

Withdrawal, knowledge of rating scales and their limitations