

Stage 2 syllabus

Document version history

Version N ^o	Revision description/reason	Date
v0.12	Updates to items A12.1.6 and B3.1.2; reformatted (content numbered)	28/06/12
v0.11	Updated with content identified during Stage 2 blueprinting	10/05/12

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 |

A4.1.2	Genetics and inheritance	WK
A5	Management in psychiatry	
A5.1	Social	
A5.1.1	Principles of the recovery philosophy	WK
A5.1.2	Principles of stigma, mental health literacy, the role of public education initiatives	WK
A5.1.3	Role of social support services (housing, accommodation, non-governmental organisation [NGO] sector individual and group supports)	WK
A5.1.4	Role of non-medical individual and group counselling supports, eg. rape crisis services, veterans' support services	WK
A5.1.5	Role of consumer and advocacy groups	WK
A5.2	Biological	
A5.2.1	Principles of psychopharmacology and prescribing	IDK
A5.2.2	Antipsychotics	IDK
A5.2.3	Antidepressants	IDK
A5.2.4	Mood stabilisers	IDK
A5.2.5	Anxiolytics	IDK
A5.2.6	Electroconvulsive therapy (ECT)	IDK
A5.2.7	Management of physical sequelae and complications of psychiatric illnesses and their treatment	IDK
A5.2.8	Transcranial magnetic stimulation	AC
A5.3	Psychological	
A5.3.1	Principles of psychological interventions (including non-specific factors)	IDK
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)	WK
A5.4	Population	
A5.4.1	Principles of promotion, prevention and early intervention strategies	AC
A5.4.2	Awareness of at-risk groups	AC
A5.4.3	Understanding the burden of mental illness	AC
A6	Critical appraisal and basic statistics	
A6.1.1	How to evaluate a scientific paper in psychiatry	IDK
A6.1.2	Fundamentals of statistics relevant to psychiatry	WK

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	<i>Child & Adolescent psychiatry</i>	
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	WK
C5.2	Externalising	WK
C5.3	Neurodevelopmental disorders	WK
C5.4	Somatic	WK

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	WK
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)

Amnesic 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)

Neurophysiology

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