New curricula

Curriculum standards

Advanced Training in Addiction Medicine

May 2024

RACP Specialists. Together

About this document

The new Advanced Training in Addiction Medicine curriculum consists of curriculum standards and learning, teaching, and assessment (LTA) programs.

This document outlines the curriculum standards for Advanced Training in Addiction Medicine for trainees and supervisors. The curriculum standards should be used in conjunction with the Advanced Training in Addiction Medicine LTA programs.

The new curriculum was approved by the College Education Committee in May 2024. Please refer to the College website for details on its implementation.

Contents

Program overview

Purpose of Advanced Training

The RACP offers Advanced Training in 33 diverse medical specialties as part of Division, Chapter, or Faculty training programs.

The purpose of Advanced Training is to develop a workforce of physicians who:

- have received breadth and depth of focused specialist training, and experience with a wide variety of health problems and contexts
- are prepared for and committed to independent expert practice, lifelong learning, and continuous improvement
- provide safe, quality health care that meets the needs of the communities of Australia and Aotearoa New Zealand.

Specialty overview

Addiction medicine specialists seek to minimise the burden of harm caused by substance use and addictive behaviours in individuals, families, whānau, and the broader community. Addiction medicine specialists have expertise in the following areas:

- **Providing clinical treatment and care.** Addiction medicine specialists have expertise in assessing people with substance use and addictive disorders, and the treatment and alleviation of these conditions, incorporating an understanding of both psychological aspects of addiction, and the frequent physical problems associated with addiction.
- **Management of acute substance withdrawal.** Addiction medicine specialists will directly manage or advise other treating clinicians on how to manage substance withdrawal, including the most appropriate environment for the withdrawal, monitoring, medications, psychosocial supports, and linkages to aftercare.
- **Ongoing care planning for people with substance use or other addictive disorders.** This involves a comprehensive assessment and negotiation with the patient regarding ongoing treatment, often involving multidisciplinary team care. The context of the care varies and includes inpatient, outpatient, community care units, and outreach.
- **Educating and supporting other health professionals in the management of substance use and addictive disorders.** Addiction medicine specialists work with other treating clinicians (such as hospital-based or primary care) to help them provide the best care for their patients with substance use and other addictive disorders. Conditions include simple and complicated withdrawal syndromes, delirium, injection-related complications, co-occurring pain and substance use disorders, and blood borne virus infections.
- **Ensuring there are guidelines and pathways of care** so high-quality evidence-based practice is provided in a range of settings, such as hospitals and primary care.
- **Advising policy makers and advocating for evidence-based strategies** which reduce harms associated with substance use and addictive disorders.

Addiction medicine specialists respect patient autonomy, understand the drivers of addictive behaviours, and accept that for some people, recovery is a life-long endeavour. They provide patient-centred care with a focus on communication, respect, and advocacy, including:

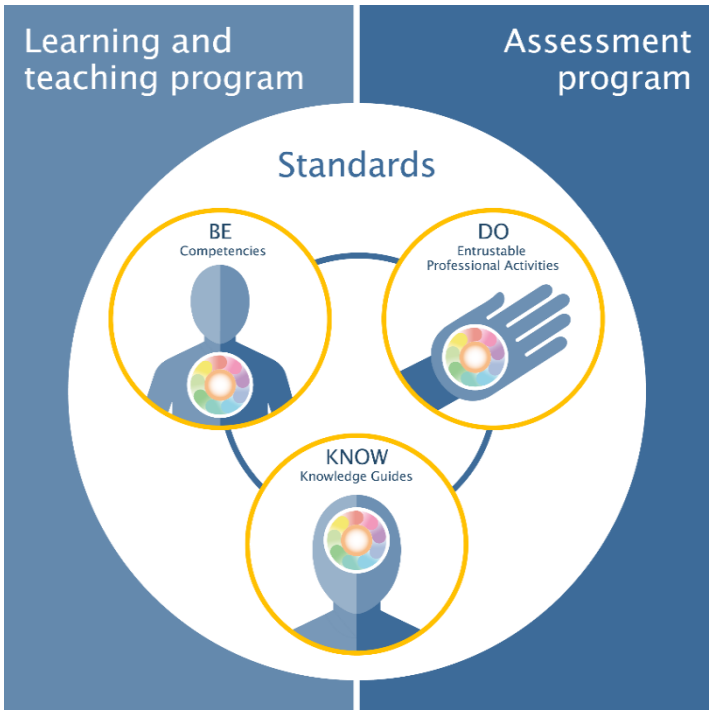
- **Working as an integral part of a multidisciplinary team.** Addiction medicine specialists may be called upon to be the team leader and collaborate in the development of treatment plans.
- **Providing holistic and respectful care of patients.** Addiction medicine specialists are comfortable with addictions as complex health issues which are often the source of shame and stigma for patients and their families, whānau and/or carers.
- **Promotion of evidence-based policy.** Addiction medicine specialists recognise that complex factors drive policy, and they advocate for evidence-based approaches to harm reduction relating to substance use, gambling, and gaming.
- **Application of a scholarly approach.** Addiction medicine specialists use research and evidence in medical care and service development.

- **Providing culturally safe care to communities.** Addiction medicine specialists work in a culturally safe way and actively work with them.

Addiction medicine specialists manage or advise on:

- concurrent mental disorders
- complications of substance use, such as cognitive impairment, liver disease, blood borne virus infections, and cardiac complications
- gambling and gaming disorders
- overdose and drug toxicity
- pain and dependence
- substance dependence and harmful substance use
- substance withdrawal, including complicated withdrawal.

Advanced Training curricula standards



The **RACP curriculum model** is made up of curricula standards supported by learning, teaching, and assessment programs.

Learning and teaching programs outline the strategies and methods to learn and teach curricula standards, including required and recommended learning activities.

Assessment programs outline the planned use of assessment methods to provide an overall picture of the trainee's competence over time.

The **curricula standards** outline the educational objectives of the training program and the standard against which trainees' abilities are measured.

- **Competencies** outline the expected professional behaviours, values and practices of trainees in 10 domains of professional practice.

- **Entrustable Professional Activities** (EPAs) outline the essential work tasks trainees need to be able to perform in the workplace.

- **Knowledge guides** outline the expected baseline knowledge of trainees.

Common curricula standards

The renewed curricula for Advanced Training will consist of a mix of program-specific content and content that is common across Advanced Training programs.

- **Competencies** will be common across Advanced Training programs.
- **Entrustable Professional Activities (EPAs)** will contain a mix of content that is common and content that is program-specific.
- **Knowledge Guides** will be program-specific, although content may be shared between complementary programs.

Professional Practice Framework

The Professional Practice Framework describes 10 domains of practice for all physicians.

Learning, teaching, and assessment structure

The learning, teaching, and assessment structure defines the framework for delivery.

Advanced Training learning, teaching, and assessment structure

- An **entry decision** is made before entry into the program.
- **Progress decisions**, based on competence, are made at the end of the specialty foundation and specialty consolidation phases of training.
- A **completion decision**, based on competence, is made at the end of the training program, resulting in eligibility for admission to Fellowship.

Advanced Training is a **hybrid time- and competency-based training program**. There is a minimum time requirement of between three to five years' full-time equivalent experience, depending on the training program undertaken. Progress and completion decisions are based on evidence of trainees' competence.

The Advanced Training program may be started once the prospective trainee has completed the entry requirements. This includes completion of Basic Physician Training required for Divisional Advanced Training programs.

Curriculum standards

Competencies

Competencies outline the expected professional behaviours, values and practices that trainees need to achieve by the end of training.

Competencies are grouped by the 10 domains of the professional practice framework.

Competencies will be common across training programs.

Medical expertise

Professional standard: Physicians apply knowledge and skills informed by best available current evidence in the delivery of high-quality, safe practice to facilitate agreed health outcomes for individual patients and populations.

Knowledge: Apply knowledge of the scientific basis of health and disease to the diagnosis and management of patients.

Synthesis: Gather relevant data via age- and context- appropriate means to develop reasonable differential diagnoses, recognising and considering interactions and impacts of comorbidities.

Diagnosis and management: Develop diagnostic and management plans that integrate an understanding of individual patient circumstances, including psychosocial factors and specific vulnerabilities, epidemiology, and population health factors in partnership with patients, whānau, families, or carers[1], and in collaboration with the healthcare team.

[1] References to patients in the remainder of this document may include their families, whānau and/or carers.

Communication

Professional standard: Physicians collate information, and share this information clearly, accurately, respectfully, responsibly, empathetically, and in a manner that is understandable.

Physicians share information responsibly with patients, families, carers, colleagues, community groups, the public, and other stakeholders to facilitate optimal health outcomes.

Effective communication: Use a range of effective and appropriate verbal, nonverbal, written and other communication techniques, including active listening.

Communication with patients, families, and carers: Use collaborative, effective, and empathetic communication with patients, families, and carers.

Communication with professionals and professional bodies: Use collaborative, respectful, and empathetic clinical communication with colleagues, other health professionals, professional bodies, and agencies.

Written communication: Document and share information about patients to optimise patient care and safety.

Privacy and confidentiality: Maintain appropriate privacy and confidentiality, and share information responsibly.

Quality and safety

Professional standard: Physicians practice in a safe, high-quality manner within the limits of their expertise.

Physicians regularly review and evaluate their own practice alongside peers and best practice standards, and conduct continuous improvement activities.

Patient safety: Demonstrate a safety focus and continuous improvement approach to own practice and health systems.

Harm prevention and management: Identify and report risks, adverse events, and errors to improve healthcare systems.

Quality improvement: Participate in quality improvement activities to improve quality of care and safety of the work environment.

Patient engagement: Enable patients to contribute to the safety of their care.

Teaching and learning

Professional standard: Physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and evaluating evidence.

Physicians foster the learning of others in their profession through a commitment to mentoring, supervising, and teaching[2].

Lifelong learning: Undertake effective self-education and continuing professional development.
Self-evaluation: Evaluate and reflect on gaps in own knowledge and skills to inform self-directed learning.
Supervision: Provide supervision for junior colleagues and/or team members.
Teaching: Apply appropriate educational techniques to facilitate the learning of colleagues and other health professionals.
Patient education: Apply appropriate educational techniques to promote understanding of health and disease amongst patients and populations.

Research

Professional standard: Physicians support creation, dissemination, and translation of knowledge and practices applicable to health. They do this by engaging with and critically appraising research, and applying it in policy and practice to improve the health outcomes of patients and populations.

Evidence-based practice: Critically analyse relevant literature and refer to evidence-based clinical guidelines and apply these in daily practice.
Research: Apply research methodology to add to the body of medical knowledge and improve practice and health outcomes.

[2] Adapted from Richardson D, Oswald A, Chan M-K, Lang ES, Harvey BJ. Scholar. In: Frank JR, Snell L, Sherbino J, editors. The Draft CanMEDS 2015 Physician Competency Framework – Series IV. Ottawa: The Royal College of Physicians and Surgeons of Canada; 2015 March.

Cultural safety

Professional standard. Physicians engage in iterative and critical self-reflection of their own cultural identity, power, biases, prejudices, and practising behaviours. Together with the requirement of understanding the cultural rights of the community they serve, this brings awareness and accountability for the impact of the physician's own culture on decision making and health care delivery. It also allows for an adaptive practice where power is shared between patients, family, whānau, and/or community and the physician, to improve health outcomes.

Physicians recognise the patient and population's rights for culturally safe care, including being an ally for patient, family, whānau, and/or community autonomy and agency over their decision making. This shift in the physician's perspective fosters collaborative and engaged therapeutic relationships, allows for strength-based (or mana-enhanced) decisions, and sharing of power with the recipient of the care, optimising health care outcomes.

Physicians critically analyse their environment to understand how colonialism, systemic racism, social determinants of health, and other sources of inequity have and continue to underpin the healthcare context. Consequently, physicians then can recognise their interfacing with, and contribution to, the environment in which they work to advocate for safe, more equitable and decolonised services, and create an inclusive and safe workplace for all colleagues and team members of all cultural backgrounds[3].

This is a placeholder for the competencies in the cultural safety domain, which are in development and will be added at a later date.

[3] The RACP has adopted the Medical Council of Aotearoa New Zealand's definition of cultural safety (below): Cultural safety can be defined as:

- the need for doctors to examine themselves and the potential impact of their own culture on clinical interactions and health care service delivery
- the commitment by individual doctors to acknowledge and address any of their own biases, attitudes, assumptions, stereotypes, prejudices, structures, and characteristics that may affect the quality of care provided
- the awareness that cultural safety encompasses a critical consciousness where health professionals and healthcare organisations engage in ongoing self-reflection and self-awareness, and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities.

Curtis et al. "Why cultural safety rather than cultural competency is required to achieve health equity". International Journal for Equity in Health (2019) 18:174

Ethics and professional behaviour

Professional standard: Physicians' practice is founded upon ethics, and physicians always treat patients and their families in a caring and respectful manner.

Physicians demonstrate their commitment and accountability to the health and wellbeing of individual patients, communities, populations, and society through ethical practice.

Physicians demonstrate high standards of personal behaviour.

Beliefs and attitudes: Reflect critically on personal beliefs and attitudes, including how these may impact on patient care.
Honesty and openness: Act honestly, including reporting accurately, and acknowledging their own errors.
Patient welfare: Prioritise patients' welfare and community benefit above self-interest.
Accountability: Be personally and socially accountable.
Personal limits: Practise within their own limits and according to ethical principles and professional guidelines.
Self-care: Implement strategies to maintain personal health and wellbeing.
Respect for peers: Recognise and respect the personal and professional integrity, roles, and contribution of peers.
Interaction with professionals: Interact equitably, collaboratively, and respectfully with other health professionals.
Respect and sensitivity: Respect patients, maintain appropriate relationships, and behave equitably.
Privacy and confidentiality: Protect and uphold patients' rights to privacy and confidentiality.
Compassion and empathy: Demonstrate a caring attitude towards patients and endeavour to understand patients' values and beliefs.
Health needs: Understand and address patients', families', carers', and colleagues' physical and emotional health needs.
Medical and health ethics and law: Practise according to current community and professional ethical standards and legal requirements.

Judgement and decision making

Professional standard: Physicians collect and interpret information, and evaluate and synthesise evidence, to make the best possible decisions in their practice.

Physicians negotiate, implement, and review their decisions and recommendations with patients, their families and carers, and other health professionals.

Diagnostic reasoning: Apply sound diagnostic reasoning to clinical problems to make logical and safe clinical decisions.

Resource allocation: Apply judicious and cost-effective use of health resources to their practice.

Task delegation: Apply good judgement and decision making to the delegation of tasks.

Limits of practice: Recognise their own scope of practice and consult others when required.

Shared decision making: Contribute effectively to team-based decision-making processes.

Leadership, management, and teamwork

Professional standard: Physicians recognise, respect, and aim to develop the skills of others, and engage collaboratively to achieve optimal outcomes for patients and populations.

Physicians contribute to and make decisions about policy, protocols, and resource allocation at personal, professional, organisational, and societal levels.

Physicians work effectively in diverse multidisciplinary teams and promote a safe, productive, and respectful work environment that is free from discrimination, bullying, and harassment.

Managing others: Lead teams, including setting directions, resolving conflicts, and managing individuals.

Wellbeing: Consider and work to ensure the health and safety of colleagues and other health professionals.

Leadership: Act as a role model and leader in professional practice.

Teamwork: Negotiate responsibilities within the health care team, and function as an effective team member.

Health policy, systems, and advocacy

Professional standard: Physicians apply their knowledge of the nature and attributes of local, national, and global health systems to their own practices. They identify, evaluate, and influence health determinants through local, national, and international policy.

Physicians deliver and advocate for the best health outcomes for all patients and populations.

Health needs: Respond to the health needs of the local community and the broader health needs of the people of Australia and Aotearoa New Zealand.

Prevention and promotion: Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients and their social support networks.

Equity and access: Work with patients and social support networks to address determinants of health that affect them and their access to needed health services or resources.

Stakeholder engagement: Involve communities and patient groups in decisions that affect them to identify priority problems and solutions.

Advocacy: Advocate for prevention, promotion, equity, and access to support patient and population health needs within and outside the clinical environment.

Resource allocation: Understand the factors influencing resource allocation, promote efficiencies, and advocate to reduce inequities.

Sustainability: Manage the use of health care resources responsibly in everyday practice.

Entrustable Professional Activities

Entrustable Professional Activities (EPAs) outline the essential work tasks trainees need to be able to perform in the workplace.

#	Theme	Title
1	**Team leadership**	Lead a team of health professionals
2	**Supervision and teaching**	Supervise and teach professional colleagues
3	**Quality improvement**	Identify and address failures in health care delivery
4	**Communication with patients**	Discuss diagnoses and management plans with patients
5	**Assessment and treatment planning**	Evaluate patients using a comprehensive addiction medicine assessment
6	**Acute withdrawal management**	Diagnose and manage acute substance withdrawal
7	**Prescribing**	Prescribe therapies and develop management plans tailored to patients' needs
8	**Managing substance use in pregnancy**	Manage substance use during pregnancy using a harm minimisation and multidisciplinary framework
9	**Undertaking consultation-liaison work**	Advising other health professionals who are providing care for people using substances or with addictive disorders
10	**Clinic management**	Manage an outpatient clinic

EPA 1: Team leadership

Theme	Team leadership	AM-EPA-01
Title	**Lead a team of health professionals**	
Description	This activity requires the ability to: • prioritise workload • manage multiple concurrent tasks • articulate individual responsibilities, expertise, and accountability of team members • understand the range of team members' skills, expertise, and roles • acquire and apply leadership techniques in daily practice • self-reflect, recognise group dynamics, and effectively manage conflict within teams • collaborate with and motivate team members • encourage and adopt insights from team members • act as a role model.	
Behaviours		
Professional practice framework domain	**Ready to perform without supervision** Expected behaviours of a trainee who can routinely perform this activity without needing supervision The trainee will:	**Requires some supervision** Possible behaviours of a trainee who needs some supervision to perform this activity The trainee may:
Medical expertise	• synthesise information from other disciplines to develop an optimal, goal-centred plan with patients[4] • use evidence-based care to meet the needs of patients or populations • assess and effectively manage clinical risk in various scenarios • demonstrate clinical competence and skills by effectively supporting team members	• demonstrate adequate knowledge of health care issues by interpreting complex information • assess the spectrum of problems to be addressed • apply medical knowledge to assess the impact and clinical outcomes of management decisions • provide coordinated and quality health care for populations or patients as a member of a multidisciplinary team
Communication	• provide support and motivate patients or populations and health professionals by effective communication • demonstrate a transparent, consultative, and respectful style by engaging patients and relevant professionals in shared decision making	• communicate adequately with colleagues • communicate adequately with patients and families or carers and/or the public • respect the roles of team members

[4] References to patients in the remainder of this document may include their families, whānau and/or carers.

	• demonstrate rapport with people at all levels by tailoring messages to different stakeholders • work with patients, families, or carers and other health professionals to resolve conflict that may arise when planning and aligning goals	
Quality and safety	• be aware of elements of clinical governance and their role in continuous quality improvement • identify opportunities to improve care by participating in surveillance and monitoring of adverse events and near misses • identify activities within systems to reduce errors, improve patient and population safety, and implement cost-effective change • place safety and quality of care first in all decision making	• participate in audits and other activities that affect the quality and safety of patients' care • participate in multidisciplinary collaboration to provide effective health services and operational change • use information resources and electronic medical record technology (where available)
Teaching and learning	• regularly self-evaluate personal professional practice and implement changes based on the results • actively seek feedback from supervisors and colleagues on their own performance • identify personal gaps in knowledge and skills, and engage in self-directed learning • maintain current knowledge of new technologies, healthcare priorities and changes of patients' expectations • teach competently by imparting professional knowledge • manage and monitor learner progress, providing regular assessment and feedback	• accept feedback constructively, and change behaviour in response • recognise the limits of personal expertise, and involve other health professionals as needed • demonstrate basic skills in facilitating colleagues' learning
Cultural safety	• demonstrate culturally safe relationships with professional colleagues and patients • wherever possible, engage Māori and Aboriginal and Torres Strait Islander team members and community members in treatment planning and provision to improve outcomes for those patient populations • demonstrate respect for diversity and difference • take steps to minimise unconscious bias, including the impact of gender, religion, cultural	• demonstrate awareness of cultural diversity and unconscious bias • work effectively and respectfully with people from diverse backgrounds

	beliefs, and socioeconomic background on decision making	
Ethics and professional behaviour	• promote a team culture of shared accountability for decisions and outcomes • encourage open discussion of ethical and clinical concerns • respect differences of multidisciplinary team members • understand the ethics of resource allocation by aligning optimal patients and organisational care • effectively consult with stakeholders, achieving a balance of alternative views • acknowledge personal conflicts of interest and unconscious bias • act collaboratively to resolve behavioural incidents and conflicts such as harassment and bullying	• support ethical principles in clinical decision making • maintain standards of medical practice by recognising the health interests of patients or populations as primary responsibilities • respect the roles and expertise of other health professionals • work effectively as a member of a team • promote team values of honesty, discipline, and commitment to continuous improvement • demonstrate understanding of the negative impact of workplace conflict
Judgement and decision making	• evaluate health services and clarify expectations to support systematic and transparent decision making • make decisions when faced with multiple and conflicting perspectives • ensure medical input to organisational decision making • adopt a systematic approach to analysing information from a variety of specialties to make decisions that benefit health care delivery	• monitor services and provide appropriate advice • review new health care interventions and resources • interpret appropriate data and evidence for decision making
Leadership, management, and teamwork	• combine team members' skills and expertise in delivering patient care and/or population advice • develop and lead effective multidisciplinary teams by developing and implementing strategies to motivate others • build effective relationships with multidisciplinary team members to achieve optimal outcomes • ensure all members of the team are accountable for their individual practice	• understand the range of personal and other team members' skills, expertise, and roles • acknowledge and respect the contribution of all health professionals involved in patients' care • participate effectively and appropriately in multidisciplinary teams • seek out and respect the perspectives of multidisciplinary team members when making decisions
Health policy, systems, and advocacy	• awareness of operational management, including organisational structures and organisational decision-making processes • engage in appropriate consultation with stakeholders on the delivery of health care	• communicate with stakeholders within the organisation about health care delivery • understand methods used to allocate resources to provide high-quality care

	• advocate for the resources and support for health care teams to achieve organisational priorities • influence the development of organisational policies and procedures to optimise health outcomes • identify the determinants of health of the population, and mitigate barriers to access to care • remove self-interest from solutions to health advocacy issues	• promote the development and use of organisational policies and procedures

EPA 2: Supervision and teaching

Theme	Supervision and teaching	AM-EPA-02
Title	**Supervise and teach professional colleagues**	
Description	This activity requires the ability to: • provide work-based teaching in a variety of settings • teach professional skills • create a safe and supportive learning environment • plan, deliver, and provide work-based assessments • encourage learners to be self-directed and identify learning experiences • supervise learners in day-to-day work and provide feedback • support learners to prepare for assessments.	
Behaviours		
Professional practice framework domain	**Ready to perform without supervision** Expected behaviours of a trainee who can routinely perform this activity without needing supervision	**Requires some supervision** Possible behaviours of a trainee who needs some supervision to perform this activity
	The trainee will:	The trainee may:
Medical expertise	• combine high-quality care with high-quality teaching • explain the rationale underpinning a structured approach to decision making • consider issues that arise during assessment and treatment at both the individual and population health levels • encourage the learner to consider the rationale and appropriateness of investigation and management options	• teach learners using basic knowledge and skills
Communication	• listen and convey information clearly and considerately • establish rapport and demonstrate respect for junior colleagues, medical students, and other health professionals • communicate effectively when teaching, assessing, and appraising learners • actively encourage a collaborative and safe learning environment with learners and other health professionals • support learners to deliver clear, concise, and relevant information in both verbal and written communication	• demonstrate accessible, supportive, and compassionate behaviour

	• encourage learners to tailor communication as appropriate for different patients[5], such as younger or older people, and different populations	
Quality and safety	• support learners to deliver quality care while maintaining their own wellbeing • apply lessons learned about patient safety by identifying and discussing risks with learners • assess learners' competence, and provide timely feedback to minimise risks to care • maintain the safety of patients and organisations involved with education, and appropriately identify and action concerns	• observe learners to reduce risks and improve health outcomes
Teaching and learning	• demonstrate knowledge of the principles, processes, and skills of supervision • provide direct guidance to learners in day-to-day work • work with learners to identify professional development and learning opportunities based on their individual learning needs • offer feedback in a timely manner • role model high-level professional behaviour • schedule training with time for supervision and feedback • participate in teaching and supervision of professional development activities • encourage self-directed learning and assessment • develop a consistent and fair approach to assessing learners • tailor feedback and assessments to learners' goals • seek feedback and reflect on own teaching by developing goals and strategies to improve • establish and maintain effective mentoring through open dialogue • recognise the limits of personal expertise, and involve others appropriately	• demonstrate basic skills in the supervision of learners • apply a standardised approach to teaching, assessment, and feedback without considering individual learners' needs • implement teaching and learning activities that are misaligned to learning goals • adopt a teaching style that discourages learner self-directedness
Research	• clarify junior colleagues' research project goals and requirements, providing feedback regarding the	• guide learners with respect to the choice of research projects

[5] References to patients in the remainder of this document may include their families, whānau and/or carers.

	merits or challenges of proposed research • support learners to find forums to present research projects • monitor the progress of learners' research projects regularly, and review research projects prior to submission • encourage and guide learners to seek out relevant research to support practice	• ensure that the research projects planned are feasible and of suitable standards
Cultural safety	• role model a culturally appropriate approach to teaching • encourage learners to seek out opportunities to develop and improve their own cultural safety • encourage learners to consider culturally appropriate care of Aboriginal and Torres Strait Islander people and Māori into patient management • consider cultural, ethical, and religious values and beliefs in teaching and learning	• function effectively and respectfully when working and teaching with people from different cultural backgrounds
Ethics and professional behaviour	• apply principles of ethical practice to teaching scenarios • act as a role model to promote professional responsibility and ethics among learners • respond appropriately to learners seeking professional guidance	• demonstrate professional values, including commitment to high-quality clinical standards, compassion, empathy, and respect • provide learners with feedback to improve their experiences
Judgement and decision making	• prioritise workloads and manage learners with different levels of professional knowledge or experience • link theory and practice when explaining professional decisions • promote joint problem solving • support a learning environment that allows for independent decision making • use sound and evidence-based judgement during assessments and feedback to learners • address and escalate concerns about learners appropriately	• provide general advice and support to learners • use health data logically and effectively to investigate difficult diagnostic problems
Leadership, management, and teamwork	• maintain personal and learners' effective performance and continuing professional development • maintain professional, clinical, research, and/or administrative responsibilities while teaching • create an inclusive environment whereby learners feel part of the team	• demonstrate the principles and practice of professionalism and leadership in health care • participate in mentor programs, career advice, and general counselling

	• help shape organisational culture to prioritise quality and work safety through openness, honesty, shared learning, and continued improvement	
Health policy, systems, and advocacy	• advocate for suitable resources to provide quality supervision and maintain training standards • explain the value of health data in the care of patients or populations • support innovation in teaching and training	• incompletely integrate public health principals into teaching and practice

EPA 3: Quality improvement

Theme	Quality improvement	AM-EPA-03
Title	**Identify and address failures in health care delivery**	
Description	This activity requires the ability to: • conduct system improvement activities • adhere to best practice guidelines • audit clinical guidelines and outcomes • contribute to the development of policies and protocols designed to protect patients[6] and enhance health care • identify, mitigate, and report actual and potential (near miss) errors related to treatment of patients in hospital and community settings • monitor one's own practice and develop individual improvement plans.	
Behaviours		
Professional practice framework domain	**Ready to perform without supervision** Expected behaviours of a trainee who can routinely perform this activity without needing supervision	**Requires some supervision** Possible behaviours of a trainee who needs some supervision to perform this activity
	The trainee will:	The trainee may:
Medical expertise	• identify opportunities for improvement in services by using both clinical outcomes and population health outcomes • evaluate environmental and lifestyle health risks, and advocate for healthy lifestyle choices and favourable public policy • use standardised protocols to adhere to best practice • regularly monitor personal professional performance	• contribute to processes on identified opportunities for improvement • recognise the importance of prevention and early detection in clinical practice • use local guidelines to assist patient care decision making
Communication	• support patients to have access to and use high-quality, easy-to-understand information about health care • support patients to share decision making about their own health care, to the extent they choose • assist patients' access to their health information, as well as complaint and feedback systems • discuss with patients any safety and quality concerns they have relating to their care	• demonstrate awareness of the evidence for consumer engagement and its contribution to quality improvement in health care • apply knowledge of how health literacy might affect the way patients or populations gain access to, understand, and use health information

[6] References to patients in the remainder of this document may include their families, whānau and/or carers.

	• implement the organisation's open disclosure policy	
Quality and safety	• demonstrate safety skills, including infection control, adverse event reporting, and effective clinical handover • participate in organisational quality and safety activities, including morbidity and mortality reviews, clinical incident reviews, and root cause analyses • participate in systems for surveillance and monitoring of adverse events and near misses, including reporting such events • ensure that identified opportunities for improvement are raised and reported appropriately • use clinical audits and registries of data on patients' experiences and outcomes, learning from incidents and complaints to improve health care outcomes	• demonstrate understanding of a systematic approach to improving the quality and safety of health care
Teaching and learning	• use quality improvement approaches in educational practice • participate in professional training in quality and safety to ensure a contemporary approach to safety system strategies • supervise and manage the performance of junior colleagues in the delivery of safe, high-quality care	• work within organisational quality and safety systems for the delivery of clinical care • use opportunities to learn about safety and quality theory and systems
Research	• use protocol for human research that is approved by a human research ethics committee, in accordance with the national statement on ethical conduct in human research	• understand that patient participation in research is voluntary and based on an appropriate understanding about the purpose, methods, demands, risks, and potential benefits of the research
Cultural safety	• undertake professional development opportunities that address the impact of cultural bias on health outcomes • work with Māori and Aboriginal and Torres Strait Islander communities and service providers to improve the cultural safety of services	• communicate effectively with patients from diverse backgrounds
Ethics and professional behaviour	• contribute to developing an organisational culture that enables and prioritises patients' safety and quality	• comply with professional regulatory requirements and codes of conduct

	• align improvement goals with the priorities of the organisation	
Judgement and decision making	• use decision-making support tools, such as guidelines, protocols, pathways, and reminders • analyse and evaluate current care processes to improve health care • recognise the complex care needs of patients with substance use and addiction use disorders	• access information and advice from other health care practitioners to identify, evaluate, and improve patients' care management
Leadership, management, and teamwork	• advocate for appropriate care for patients with substance use and addiction disorders in other areas of the healthcare system • formulate and implement quality improvement strategies as a collaborative effort involving all key health professionals • support multidisciplinary team activities to lower patient risk of harm, and promote multidisciplinary programs of education • actively involve clinical pharmacists in improving the use of medications	• demonstrate attitudes of respect and cooperation among members of different professional teams • partner with clinicians and managers to ensure patients receive appropriate care and information on their care
Health policy, systems, and advocacy	• participate in all aspects of the development, implementation, evaluation, and monitoring of governance processes • participate regularly in multidisciplinary meetings where quality and safety issues are standing agenda items, and where innovative ideas and projects for improving care are actively encouraged • measure, analyse, and report clinical process and outcome indicators, and generic safety indicators • take part in the design and implementation of the organisational systems for: » clinical, and safety and quality education and training » defining the scopes of clinical practice » performance monitoring and management • work with consumer representative groups to ensure systems of care are designed	• maintain a dialogue with service managers about issues that affect patient care • contribute to relevant organisational policies and procedures • help shape an organisational culture that prioritises safety and quality through openness, honesty, learning, and quality improvement

	to aid consumer engagement in decision making • work with regulatory agencies to optimise legislation, regulations, and administrative processes relevant to the needs of people with substance use and addiction disorders to minimise harms	

EPA 4: Communication with patients

Theme	Communications with patients	AM-EPA-04
Title	**Discuss diagnoses and management plans with patients**	
Description	This activity requires the ability to: • select a suitable setting and include family and/or carers and other team members • adopt a patient-centred perspective, including adjusting for educational level and cultural background, current level of intoxication or withdrawal, and patients' cognitive capacity and disabilities • select and use appropriate modalities and communication strategies • structure conversations intentionally • negotiate a mutually agreed management plan • verify patient understanding of information conveyed • develop and implement a plan for ensuring actions occur • document the conversation and inform stakeholders, such as GPs and specialists.	
Behaviours		
Professional practice framework domain	**Ready to perform without supervision** Expected behaviours of a trainee who can routinely perform this activity without needing supervision	**Requires some supervision** Possible behaviours of a trainee who needs some supervision to perform this activity
	The trainee will:	The trainee may:
Medical expertise	• use active listening skills, open ended and targeted questioning to improve rapport, gain a clear account of patients' perspectives, and optimise assessment • assess patients' capacity and decision-making skills, and communicate accordingly • use motivational interviewing skills • provide feedback sensitively to patients[7] about their conditions and/or risk factors • inform patients of all their management options, and give them adequate opportunity to question or refuse interventions and treatments • seek to understand the concerns and goals of patients, and plan management in partnership with them	• apply knowledge of the scientific basis of health and disease to the management of patients • demonstrate an understanding of the clinical problem being discussed • formulate management plans in partnership with patients
Communication	• summarise treatment plans and goals for patients	• select appropriate modes of communication

[7] References to patients in the remainder of this document may include their families, whānau and/or carers.

	• evaluate, adjust, and tailor the mode and content of communication to patients' circumstances and levels of understanding • modify communication styles and techniques to accommodate patients' current mental state, level of intoxication or withdrawal, and capacity • use appropriate communication modalities such as face-to-face, phone calls, or video, reflecting the objectives of the encounter and possible risks • provide information to patients in plain language, avoiding jargon, acronyms, and complex medical terms • encourage questions, and answer them thoroughly • recognise the possible role of family, and engage accordingly, with the patients' agreement	• engage patients in discussions, avoiding the use of jargon • check patients' understanding of information • adapt communication style in response to patients' age, developmental level, cognitive, physical, cultural, socioeconomic, and situational factors • collaborate with patient liaison officers as required
Quality and safety	• discuss with patients their condition and the available management options, including potential benefits and harms, and any legal considerations • provide information to patients in a way they can understand before asking for their consent • participate in processes to manage patient complaints • recognise where patients may not have capacity to make decisions about management, and communicate accordingly	• inform patients of the material risks associated with the proposed management plan • treat information about patients as confidential
Teaching and learning	• obtain informed consent or other valid authority before involving patients in teaching	• respond appropriately to information sourced by patients and to patients' knowledge regarding their condition
Research	• provide information to patients that is based on guidelines issued by the National Health and Medical Research Council and/or Health Research Council of NZ • provide information to patients in a way they can understand before asking for their consent to participate in research • obtain informed consent or other valid authority before involving patients in research	• refer to evidence-based clinical guidelines • demonstrate an understanding of the limitations of the evidence and the challenges of applying research in daily practice
Cultural safety	• demonstrate effective and culturally competent safe communication with Māori and Aboriginal and Torres Strait Islander peoples	• identify when to use interpreters • allow enough time for communication across linguistic and cultural barriers

	• effectively communicate with members of other cultural groups by meeting patients' specific language, cultural, and communication needs • use qualified language interpreters or cultural interpreters to help meet patients' communication needs when necessary • provide plain language and culturally appropriate written materials to patients when possible	
Ethics and professional behaviour	• encourage and support patients to be well informed about their health and to use this information wisely when they make decisions • encourage and support patients and, when relevant, their families or carers, in caring for themselves and managing their health • demonstrate respectful professional relationships with patients • prioritise honesty, patients' welfare, and community benefit above self-interest • develop a high standard of personal conduct, consistent with professional and community expectations • support patients' rights to seek second opinions	• respect the preferences of patients • communicate appropriately, consistent with the context, and respect patients' needs and preferences • maximise patient autonomy and support their decision making • avoid sexual, intimate, and/or financial relationships with patients • demonstrate a caring attitude towards patients • respect patients, including protecting their rights to privacy and confidentiality • behave equitably towards all, irrespective of gender, age, culture, socioeconomic status, sexual preferences, beliefs, contribution to society, illness-related behaviours or the illness itself • use social media ethically and according to legal obligations to protect patients' confidentiality and privacy
Leadership, management, and teamwork	• communicate effectively with team members involved in patients' care • discuss medical assessments, treatment plans, and investigations with patients and primary care teams, working collaboratively with them • discuss patient care needs with team members to align them with the appropriate resources • facilitate an environment where all team members feel they can contribute, and their opinion is valued • communicate accurately and succinctly, and motivate others in the health care team to do likewise	• answer questions from team members • summarise, clarify, and communicate responsibilities of team members • keep team members focused on patient outcomes

Health policy, systems, and advocacy	• help patients navigate the healthcare system by working in collaboration with consumer groups and other services, such as non-government organisations (NGOs), peer support groups, private providers, general practices, and primary care organisations • advocate for patients with substance use and addictive disorders in all settings, recognising the impacts of stigma on patient health, wellbeing, and access to care	• communicate with and involve other health professionals as appropriate

EPA 5: Assessment and treatment planning

Theme	Assessment and treatment planning	AM-EPA-05
Title	**Evaluate patients using a comprehensive addiction medicine assessment**	
Description	This activity requires the ability to: • perform a comprehensive substance use and behavioural addiction history • elicit medical, psychiatric, and psychosocial history • assess level of intoxication or withdrawal • perform a physical examination • perform a mental state examination, including assessment of delirium • complete a risk assessment, including of harm to self or others • select and use laboratory tests and clinical investigations • establish the diagnoses, relevant antecedent factors, and sequelae • complete a set of agreed problems and goals with the patient • develop a management plan • respond to questions in medicolegal assessments.	
Behaviours		
Professional practice framework domain	**Ready to perform without supervision** Expected behaviours of a trainee who can routinely perform this activity without needing supervision The trainee will:	**Requires some supervision** Possible behaviours of a trainee who needs some supervision to perform this activity The trainee may:
Medical expertise	• elicit: » comprehensive substance use and behavioural addiction histories » medical histories with a focus on, but not limited to, substance use-related harms, such as blood borne virus infections, respiratory COPD, sleep apnoea, cardiovascular problems, and liver disease » psychiatric histories, assessing the interaction between patients' substance use, any behavioural addictions, and mental health » psychosocial histories, considering the effect of early development and trauma and patients' social environments in the aetiology and continuation of addictions	• elicit psychiatric and psychosocial histories, but not fully integrate them into an understanding of patients' current predicaments • construct management plans that are inconsistent with patients'[8] priorities and readiness for change, and that do not address opportunistic harm reduction

[8] References to patients in the remainder of this document may include their families, whānau and/or carers.

- perform mental state examinations, including cognitive assessment
- perform physical examinations assessing degree of intoxication or withdrawal, and physical harms associated with substance use, as well as co-existing medical disorders
- perform risk assessments, considering risks to the patient and to others
- perform relevant laboratory tests and other clinical investigations
- clarify areas of uncertainty by seeking out alternate information sources, with attention to ethical issues
- consult appropriately with other specialists, including with psychiatrists and emergency care staff
- establish the diagnoses according to relevant guidelines, such as the current International Classification of Diseases (ICD) and/or Diagnostic and Statistical Manual of Mental Disorders (DSM), and relevant antecedent factors and sequelae
- formulate the severity, associated risk, and clear chronology of patients' substance use and behavioural addiction histories
- complete sets of agreed problems and goals with patients
- consider current legislation relating to patients' presentations and possible treatment options
- develop management plans based on patients' readiness to change with the patient and other health professionals, using:
  - culturally safe interventions and services for Māori and Aboriginal and Torres Strait Islander peoples and populations
  - peer support groups
  - non-government and private services
  - private addiction specialists
- Encourage and facilitate recovery, including improvement in personal health and wellbeing, participation in work and

	social activities, interpersonal relations, and housing • respond to questions in medicolegal assessments, taking into consideration all sources of information • determine when it is appropriate to engage with family members to support the patient • apply harm reduction measures wherever possible • practice in a culturally safe manner and in recognition of the impact of any trauma patients have experienced • manage behavioural emergencies, such as withdrawal states, intoxication, and acute mental health presentations	
Communication	• develop a therapeutic alliance with patients through respectful communication, active listening, and acknowledgement of patients' views during consultations • use clear and adequate communication in handover with other health professionals and those involved in patients' treatments • communicate with patients' other treating health professionals to facilitate clear planning and/or handover • negotiate respectfully with other team members, acknowledging their expertise, when developing management plans for patients • document management plans, and share with other involved providers in a timely manner	• compose detailed letters and/or summaries to health professionals, especially the referring doctor and usual GP • communicate management plans in their entirety
Quality and safety	• create well structured, documented and individualised assessments and management plans • use standard assessment tools, as required, for particular clinical scenarios, such as withdrawal, cognitive impairment, and sedation levels • communicate management plans effectively within the clinical context, such as hospital settings requiring multimodal and multilevel communication • undertake audits of records on a regular basis, and revise	• create broad plans and non-individualised documentation

	assessment and care planning processes accordingly • use relevant national and state standards, such as Austroads' Assessing Fitness to Drive and Waka Kotahi NZ Transport Agency's Medical Aspects of Fitness to Drive, in assessments regarding motor vehicle licencing	
Teaching and learning	• organise regular junior staff observations, especially during the early phases of learning • verify that junior team members' use of patient-centred interview styles, assessment structure, and management plans are clearly documented and evidence based • model good communication at all levels, both with patients and fellow health professionals	• instruct more junior staff on assessment and management
Research	• demonstrate an understanding of the evidence behind various elements of assessment, including the strengths and weaknesses of various tools • use evidence-based interventions in development of treatment and management plans	• use evidence selectively • adhere to certain assessment strategies or tools without consideration of their relative strengths and weaknesses • not be sufficiently flexible in accommodating patients' preferences and wishes, and resource limitations
Cultural safety	• describe the complex historical and contemporary factors that drive substance use and addictive disorders in some Māori and Aboriginal and Torres Strait Islander peoples and populations • assess patients in a culturally safe manner • recognise the importance of culture as important aspects of patients' wellbeing, especially family, relationships, and mental and spiritual health • recognise the importance of involving family and carers in a culturally safe way • assess information gained during assessments and in formulation of management plans	• demonstrate difficulty engaging patients in a culturally safe manner, not adjusting communication styles according to the cultural needs of patients, families, and/or carers
Judgement and decision making	• evaluate risks and benefits of various interventions, acknowledging patients' right to autonomy • incorporate principles of shared decision making with patients	• demonstrate clinical reasoning by gathering focused information relevant to patients' care • recognise personal limitations and seek help in an appropriate way when required

	• evaluate risks and benefits of various interventions, acknowledging patients' right to autonomy • plan management outside of guidelines after conferring with appropriate colleagues • use flexible approaches to assessment and care planning with the correct precautions in place, which may result in better outcomes • use appropriate and validated tools for assessment • critique and scrutinise use of assessment strategies, tools, and the effectiveness of interventions throughout practice	
Leadership, management, and teamwork	• conduct regular multidisciplinary team review meetings to discuss patients and share knowledge • negotiate with other team members and health professionals to agree on the actions necessary to achieve patients' goals, and the support required to do so	• participate in multidisciplinary meetings
Health policy, systems, and advocacy	• establish clear processes to access care and for others to make referrals, and ensure that patients are prioritised transparently • communicate with referring health professionals and agencies in a timely manner	• identify and access relevant resources to support patients' care

EPA 6: Acute withdrawal management

Theme	Acute withdrawal management	AM-EPA-06
Title	**Diagnose and manage acute substance withdrawal**	
Description	This activity requires the ability to: • elicit a comprehensive substance use history • assess general physical and mental state, including ongoing health problems • assess the level of current intoxication and withdrawal • integrate history and physical findings to develop provisional and differential diagnosis • develop a management plan with the patient[9] • communicate with other health professionals.	

Behaviours		
Professional practice framework domain	**Ready to perform without supervision** Expected behaviours of a trainee who can routinely perform this activity without needing supervision	**Requires some supervision** Possible behaviours of a trainee who needs some supervision to perform this activity
	The trainee will:	The trainee may:
Medical expertise	• use comprehensive addiction medicine assessment as a framework to assess and manage patients • assess, investigate, manage, and treat common withdrawal syndromes and associated complications, such as Wernicke encephalopathy • identify, assess, and proactively manage patients with withdrawal-related delirium or psychosis • elicit accurate, organised, and problem-focused substance use histories, considering physical, psychosocial, and risk factors • perform targeted physical examinations • consider general medical and surgical conditions as contributors to patients' presentations • synthesise and interpret findings from histories and examinations to determine reasonable differential diagnoses • assess the severity of problems, the likelihood of complications, and clinical outcomes	• elicit patient-centred histories considering psychosocial factors • perform accurate physical examinations • recognise and correctly interpret abnormal findings • synthesise pertinent information to direct clinical encounters and diagnostic categories • develop appropriate management plans • manage conditions with the consideration of patients' overall function

[9] References to patients in the remainder of this document may include their families, whānau and/or carers.

	• develop management plans based on assessments of patients, concurrent medical and mental health problems and treatments for these, relevant guidelines, and consider the balance of benefit and harm by taking patients' personal sets of circumstances into account • manage patients with co-existing problems • assess and prioritise further investigations to benefit patients • consult appropriately with other specialists, including psychiatrists and emergency care staff • manage behavioural emergencies, such as withdrawal states, intoxication, and acute mental health presentations	
Communication	• communicate openly, listen, and take patients' concerns seriously, giving them adequate opportunity to ask questions • provide information to patients, family or carers (if relevant), to enable informed decisions about diagnostic, therapeutic, and management options • communicate clearly, effectively, respectfully, and promptly with other health professionals involved in patients' care	• anticipate, read, and respond to verbal and nonverbal cues • demonstrate active listening skills • communicate patients' situations to colleagues, including senior clinicians
Quality and safety	• determine the optimal environment for management of withdrawal • document management plans clearly • communicate procedures for management of withdrawal, including criteria for care escalation • demonstrate safety skills, including infection control, adverse event reporting, and effective clinical handover • recognise and effectively deal with aggressive and violent patient behaviours through appropriate training • obtain informed consent before undertaking any investigation or providing treatment, except in an emergency • inform patients of the material risks associated with proposed management plans	• perform hand hygiene, and take infection control precautions at appropriate moments • take precaution against assaults from confused or agitated patients, ensuring appropriate care of patients • document histories and physical examination findings, and synthesise with clarity and completeness

Teaching and learning	• set defined objectives for clinical teaching encounters, and solicit feedback on mutually agreed goals • regularly reflect and self-evaluate professional development • set clear goals and objectives for self-learning • obtain informed consent before involving patients in teaching activities • turn clinical activities into an opportunity to teach, appropriate to the setting	• deliver teaching considering learners' level of training
Research	• compile, analyse, interpret, and evaluate information relevant to the research subject • use relevant resources to assist with resolving clinical problems, including practice guidelines and current literature • consider treatment decisions, including evidence from clinical trials and their applicability to older patients	• refer to guidelines and medical literature to assist in clinical assessments when required • demonstrate an understanding of the limitations of evidence, and the challenges of applying research in daily practice • refer to colleagues to assist with research or finding resources to resolve clinical problems
Cultural safety	• acknowledge patients' beliefs and values, and how these might impact on health • demonstrate effective and culturally safe communication and care for Māori and Aboriginal and Torres Strait Islander peoples, and members of other cultural groups • engage culturally safe carers or family members to assist during the withdrawal • use professional interpreters, health advocates, or family or community members to assist in communication with patients • use plain language patient education materials, demonstrating cultural and linguistic sensitivity	• display respect for patients' cultures, and attentiveness to social determinants of health • display an understanding of at least the most prevalent cultures in society, and an appreciation of their sensitivities • appropriately access interpretive or culturally focused services
Ethics and professional behaviour	• discuss the treatment and non-treatment options available with patients • explain access options for treatments now and in the future • facilitate interactions within multidisciplinary teams, respecting values, encouraging involvement, and engaging all participants in decision making • demonstrate critical reflection on personal beliefs and attitudes, including how these may affect patient care and health care policy	• communicate medical management plans as part of multidisciplinary plans • establish, where possible, patients' wishes and preferences about care • contribute to building a productive culture within teams

Judgement and decision making	• evaluate and determine the balance of intensity of treatment options in collaboration with patients' families and decision makers • recognise the need for escalation of care, and escalate to appropriate staff or services • integrate evidence related to questions of diagnosis, therapy, prognosis, risks, and causes into clinical decision making • reconcile conflicting advice from other specialties, applying judgement in making clinical decisions in the presence of uncertainty	• involve additional staff to assist in a timely fashion when required • recognise situations in which to ask for help
Leadership, management, and teamwork	• interact with medical, pharmacy, and nursing staff to ensure safe and effective medicine use • collaborate with colleagues in other specialties about common risks, side effects, and drug interactions	• work collaboratively with pharmacists • participate in medication safety, and morbidity and mortality meetings
Health policy, systems, and advocacy	• advocate for improved access to withdrawal services in metropolitan, regional, and remote areas • support community withdrawal services adequately • prepare and implement appropriate treatment escalation protocols • manage measures to ensure continuity of care when transferring care to non-government organisations (NGOs) or primary care • work with Māori and Aboriginal and Torres Strait Islander communities to improve access and develop culturally safe withdrawal services	• prescribe in accordance with the organisational policy

EPA 7: Prescribing

Theme	Prescribing	AM-EPA-07
Title	**Prescribe therapies and develop management plans tailored to patients' needs**	
Description	This activity requires the ability to: • take an addiction medicine history • determine the level of risk associated with the patients' current substance use • develop a management plan with the patient[10] based on risks, and patient goals and preferences • address other health issues which are identified at the start of or during treatment, such as concurrent mental health and physical health conditions • collaborate with pharmacists, general practitioners, and other health professionals • monitor progress and assess risks on an ongoing basis, and modify plans accordingly with the patient.	
Behaviours		
Professional practice framework domain	**Ready to perform without supervision** Expected behaviours of a trainee who can routinely perform this activity without needing supervision The trainee will:	**Requires some supervision** Possible behaviours of a trainee who needs some supervision to perform this activity The trainee may:
Medical expertise	• use a comprehensive addiction medicine assessment as a framework to assess and manage patients • evaluate interrelationships between chronic pain, past treatments, and the current opioid dependence • determine the presence of substance dependence and associated risks • assess the severity of substance and/or related health problems, the likelihood of complications, and clinical outcomes • develop management plans based on assessments of patients, concurrent medical problems, treatments, and relevant guidelines • manage patient comorbidities, or broker required treatment through general practice or specialist services	• elicit patient-centred histories considering psychosocial factors • perform accurate physical examinations • recognise and correctly interpret abnormal findings • synthesise pertinent information to direct the clinical encounter and diagnostic categories • develop appropriate management plans

[10] References to patients in the remainder of this document may include their families, whānau and/or carers.

	• comply with legislation concerning prescription and supply of drugs of dependence • discuss psychological strategies that may be used alongside medication • prescribe off-label, if indicated, considering the risks and benefits, as far as they are known and with full disclosure • use current ongoing monitoring systems to evaluate progress, or to detect emerging risks • interpret toxicology results • discuss the nature of opioid agonist treatment, its risks and benefits and costs with patients	
Communication	• communicate openly, listen, and take patients' concerns seriously, giving them adequate opportunity to ask questions • provide information to patients, family or carers (if relevant), to enable them to make a fully informed decision from various diagnostic, therapeutic, and management options • communicate clearly, effectively, respectfully, and promptly with other health professionals involved in patients' care, including GPs and pharmacists	• anticipate, read, and respond to patients' questions and comments • demonstrate active listening skills • communicate patients' situations to colleagues, including senior clinicians • understand how to assess communication skills and effectiveness, evaluating patient feedback
Quality and safety	• determine what reasonable risk mitigation strategies need to be in place • document management plans clearly • communicate clearly when prescribing for opioid dependence • demonstrate safety skills, including infection control, adverse event reporting, and effective clinical handover • recognise and de-escalate challenging behaviours • obtain informed consent before undertaking any investigation or providing treatment, except in an emergency • inform patients of the material risks associated with any part of the proposed management plans	• perform hand hygiene, and take infection control precautions at appropriate moments • take precaution against assaults by patients
Teaching and learning	• set defined objectives for clinical teaching encounters, and solicit feedback on mutually agreed goals	• set vague goals and objectives for self-learning • deliver teaching considering learners' level of training

	• reflect regularly and self-evaluate professional development • obtain informed consent before involving patients in teaching activities • use clinical activities as an opportunity to teach, appropriate to the setting • collaborate with primary care and pharmacy colleagues to increase understanding and adoption of opioid agonist treatment (OAT)	• participate in specialty journal clubs and available advanced training tutorials
Research	• compile, analyse, interpret, and evaluate information relevant to the research subject • use relevant resources to assist with resolving clinical problems, including practice guidelines and current literature • consider treatment decisions, including evidence from clinical trials	• refer to guidelines and medical literature to assist in clinical assessments when required • demonstrate an understanding of the limitations of evidence, and the challenges of applying research in daily practice • refer to colleagues to assist with research or finding resources to resolve clinical problems
Cultural safety	• acknowledge patients' beliefs and values, and how these might impact on health • demonstrate effective and culturally safe communication and care for Māori and Aboriginal and Torres Strait Islander peoples, and members of other cultural groups • use culturally safe settings for service provision • use professional interpreters, health advocates, or family or community members to assist in communication with patients • use plain language patient education materials, demonstrating cultural and linguistic sensitivity	• display respect for patients' cultures, and attentiveness to social determinants of health • access interpretive or culturally focused services
Ethics and professional behaviour	• facilitate interactions within multidisciplinary teams, respecting values, encouraging involvement, and engaging all participants in decision making • demonstrate critical reflection on personal beliefs and attitudes, including how these may affect patient care and health care policy	• communicate medical management plans as part of multidisciplinary plans • establish, where possible, patients' wishes and preferences about care • contribute to building a productive culture within teams • outline management strategies for resolving high-conflict situations
Judgement and decision making	• determine risks associated with treatment and manage accordingly, taking into account the impact on patients	• involve additional staff to assist in a timely fashion when required • recognise situations in which to ask for help

	• identify high-risk presentations while in treatment, and respond accordingly • collaborate with colleagues, including medical nursing and allied health, and at times regulatory authorities, in determining management of complex high-risk situations • integrate evidence related to questions of diagnosis, therapy, prognosis, risks, and causes into clinical decision making • reconcile conflicting advice from other specialties, applying judgement in making clinical decisions in the presence of uncertainty	
Leadership, management, and teamwork	• collaborate with medical, pharmacy, nursing, and allied health professionals to ensure safe and effective medicine use • collaborate with colleagues in other specialties about common risks, side effects, and drug interactions	• work collaboratively with pharmacists • participate in medication safety, and morbidity and mortality meetings • outline the meaning of clinical governance and lines of accountability
Health policy, systems, and advocacy	• choose medicines based on evidence underpinning comparative efficacy, safety, and cost-effectiveness • collaborate with other health professionals and community members to better understand the risks associated with opioid dependence and the role of opioid agonist treatment • manage clear guidelines in place for management of opioid dependence prescribing • manage adequate processes for transfers between specialist services and custodial services and primary care to ensure continuity	• prescribe in accordance with the organisational policy

EPA 8: Managing substance use in pregnancy

Theme	Managing substance use in pregnancy	AM-EPA-08
Title	**Manage substance use during pregnancy using a harm minimisation and multidisciplinary framework**	
Description	This activity requires the ability to: • use advanced communication skills to develop a therapeutic relationship with the patient[11] • assess the patient's substance use • undertake a psychiatric and psychosocial history with a specific focus on current strengths and vulnerabilities • undertake a risk assessment • integrate history, physical findings, and psychosocial assessment to develop a problem list • collaborate with the patient, colleagues, and relevant services to develop treatment goals and a patient-centred management plan • contribute to ongoing monitoring of progress during and after the pregnancy, and participate in multidisciplinary care planning.	
Behaviours		
Professional practice framework domain	**Ready to perform without supervision** Expected behaviours of a trainee who can routinely perform this activity without needing supervision	**Requires some supervision** Possible behaviours of a trainee who needs some supervision to perform this activity
	The trainee will:	The trainee may:
Medical expertise	• use a comprehensive addiction medicine assessment as a framework to assess and manage pregnant patients • integrate assessment findings, with knowledge of pharmacology and toxicology of substances, in determining risks relating to the pregnancy • develop management plans, based on: » patients' mental health and social circumstances » patients' readiness for change » relevant legislation and reporting obligations » risks associated with ongoing use » risks of withdrawal » the pattern of substance use	• elicit patient-centred histories considering psychosocial factors • perform accurate physical examinations • recognise and correctly interpret abnormal findings • synthesise information to direct the clinical encounter • develop appropriate management plans

[11] References to patients in the remainder of this document may include their families, whānau and/or carers.

Communication	• communicate with patients, partners, family, or support people involved in antenatal care, in a way that encourages engagement and increases motivation to change • involve patients, partners, family, or support people in the development of the management plan, taking into account patients' preferences and social circumstances • discuss the risks associated with ongoing substance use, and the benefits and risks of various therapeutic options • communicate with other professionals involved in patients' care in an effective, respectful, and timely manner	• adopt a patient-centred communication style • discuss risks in a way that may overly alarm the pregnant person, risking disengagement • develop a potentially clinician-centred management plan
Quality and safety	• manage processes in place for screening pregnant patients for substance use, including appropriate pathways for referral • document management plans clearly • demonstrate safety skills, including infection control, adverse event reporting, and effective clinical handover • inform patients of the benefits and risks associated with their choices and proposed management plans	• undertake infection control measures • document management plans • conduct adequate handovers • possibly over-emphasise risks, with outcome of reduced patient engagement • assess child safety, and have knowledge of reporting obligations
Teaching and learning	• discuss the opportunities associated with pregnancy for behaviour change • set defined objectives for clinical teaching encounters, and solicit feedback on mutually agreed goals • reflect regularly and self-evaluate professional development • obtain informed consent before involving patients in teaching activities • use clinical activities as an opportunity to teach, appropriate to the setting	• set general goals and objectives for self-learning • self-reflect on occasions • deliver teaching considering learners' level of training
Research	• compile, analyse, interpret, and evaluate information relevant to the research subject • use relevant resources to assist with resolving clinical problems, including practice guidelines and current literature	• refer to guidelines and medical literature to assist in clinical assessments when required • demonstrate an understanding of the limitations of evidence, and the challenges of applying research in daily practice

	• consider evidence from clinical trials and applicability to pregnancy	• refer to colleagues to assist with research or finding resources to resolve clinical problems
Cultural safety	• demonstrate effective and culturally safe communication and care for Aboriginal and Torres Strait Islander people and Māori, and members of other cultural groups • collaborate with Aboriginal and Torres Strait Islander and Māori midwifery streams and professionals in ensuring responses are suitable and culturally safe • acknowledge patients' beliefs and values, and how these might impact on health • use professional interpreters, health advocates, or family or community members to assist in communication with patients, to ensure cultural safety • use plain language patient education materials, demonstrating cultural and linguistic sensitivity • encourage family involvement to support treatment during prenatal and postnatal periods	• display respect for patients' cultures, and attentiveness to social determinants of health • display an understanding of at least the most prevalent cultures in society, and an appreciation of their sensitivities • appropriately access interpretive or culturally safe focused services
Ethics and professional behaviour	• communicate with patients regarding the choices they have regarding treatment and non-treatment • explain access options for treatments now and in the future • facilitate interactions within multidisciplinary teams, respecting values, encouraging involvement, and engaging all participants in decision making • demonstrate critical reflection on personal beliefs and attitudes, including how these may affect patient care and health care policy	• facilitate patient-centred care • communicate medical management plans as part of multidisciplinary plans • where possible, establish patients' wishes and preferences about care • contribute to building a productive culture within teams
Judgement and decision making	• evaluate the need for patients' autonomy against fetus's wellbeing • evaluate the intensity of interventions against risks of alienating patients • recognise the need for escalation of care, and escalate to appropriate services or agencies • reconcile conflicting advice from other specialties, applying judgement in making clinical	• obtain advice when making decisions around competing interests • have difficulty achieving an appropriate balance, resulting in treatment hesitancy • recognise situations in which to ask for help

	decisions in the presence of uncertainty • seek advice from senior colleagues in high-stakes, difficult clinical situations • assess for risk of interpersonal violence, and be able to respond appropriately when this is identified	
Leadership, management, and teamwork	• collaborate respectfully with midwifery, obstetric, mental health, paediatric clinicians, and child protection professionals to optimise outcomes through multidisciplinary care planning and case reviews • provide leadership and advocacy regarding issues around substance use	• collaborate with other relevant health professionals • participate in multidisciplinary meetings
Health policy, systems, and advocacy	• address stigma through advocating and educating health practitioners • advocate for improved screening and referral pathways for pregnant women using substances • advocate for support services being adequately resourced • manage treatment escalation protocols • collaborate with Aboriginal and Torres Strait Islander and Māori communities to improve access, appropriateness, and cultural safety of addiction services for pregnant people	• practice in accordance with guidelines and organisational policies for perinatal care

EPA 9: Undertaking consultation-liaison work

Theme	Consultation-liaison	AM-EPA-09
Title	**Advising other health professionals who are providing care for people using substances or with addictive disorders**	
Description	Addiction medicine frequently involves consultation-liaison practice, including advising and supporting other health professionals in their management of people with substance use and addictive disorders. In settings such as hospital consultation-liaison, the patient[12] is directly seen and assessed by the addiction medicine specialist while under the care of another team or clinician. Sometimes advice is given based on the clinical picture from other health professionals, with the patient not being directly seen. Consultations are also undertaken in clinics and in private consulting rooms when the patient has been referred by a GP. In this situation, a report (usually a letter) is sent back to the referring practitioner. There may also be telephone or online communication. The treating health professional may also be a community pharmacist, a clinical nurse, or nurse practitioner. This activity requires the ability to: • assess the clinical situation either directly with the patient, or through structured discussions with the referring health professional • assess the risks associated to the patient, and their treatment options • develop a clear agreed management plan • demonstrate understanding and give due consideration to the principles of medical confidentiality in line with relevant legislation • create detailed medical records, and when the patient has been seen directly, provide a written report to other health professionals.	
Behaviours		
Professional practice framework domain	**Ready to perform without supervision** Expected behaviours of a trainee who can routinely perform this activity without needing supervision	**Requires some supervision** Possible behaviours of a trainee who needs some supervision to perform this activity
	The trainee will:	The trainee may:
Medical expertise	• use a targeted framework to assess scenarios, determining the main clinical issues • define the issues treating clinicians want advice on • seek corroborative information where appropriate, such as clinical databases and past case notes	• take patient-centred histories considering psychosocial factors • perform accurate physical examinations • recognise and correctly interpret abnormal findings • synthesise pertinent information to direct clinical encounters and diagnostic categories

[12] References to patients in the remainder of this document may include their families, whānau and/or carers.

	• consider whether patients may have impaired capacity due to delirium or cognitive impairment • develop management plans with principal treating clinicians or teams, in collaboration with patients where possible, based on patients': » context in the community, such as the geographical setting » legal capacity » mental health and social circumstances » concurrent medical problems » pattern of substance use » readiness for change » various risks present • use brief interventions or more extensive motivational interview techniques to influence patients' readiness for change, with direct patient contact • adopt harm reduction approaches to minimise harm from continuing substance use, be this unchanged or reduced • plan for timely follow-up of progress where required	• develop appropriate management plans
Communication	• communicate with patients and family, if appropriate, in a way that encourages engagement, increases motivation to change, and reflects educational level and cognitive status • communicate with other health professionals, including providing written reports to ensure sharing of information and collaboration • involve patients in the development of management plans, considering their preferences and social circumstances • communicate the responsibilities of the treating team or health professionals	• adopt a patient-centred communication style • not adequately communicate or seek to engage other professionals involved in patients' care • develop management plans which do not necessarily consider patients' preferences and circumstances
Quality and safety	• document assessment and management plans clearly • demonstrate safety skills, including infection control, adverse event reporting, and effective clinical handover • describe the criteria for seeking further advice and escalation of care	• undertake infection control measures • document management plans • conduct adequate handovers

Teaching and learning	• use opportunities to educate referring practitioners about substance use and addictive disorders • model respectful patient-centred care and a focus on harm minimisation • set defined objectives for clinical teaching encounters, and solicit feedback on mutually agreed goals • regularly reflect and self-evaluate professional development • obtain informed consent before involving patients in teaching activities • use opportunities to teach using clinical activities	• set unclear goals and objectives for self-learning • self-reflect infrequently • deliver teaching considering learners' level of training
Research	• collect relevant information with due consideration of ethical requirements when research or quality improvement work is being undertaken • use relevant resources to assist with resolving clinical problems, including practice guidelines and current literature • consider treatment decisions, including evidence from clinical research	• refer to guidelines and medical literature to assist in clinical assessments when required • demonstrate an understanding of the limitations of evidence, and the challenges of applying research in daily practice • refer to colleagues to assist with research or finding resources to resolve clinical problems
Cultural safety	• demonstrate effective and culturally safe communication and care for Aboriginal and Torres Strait Islander people and Māori, and members of other cultural groups • work with Aboriginal and Torres Strait Islander and Māori services and professionals in ensuring responses are culturally safe • acknowledge patients' beliefs and values, and how these might impact on health • use professional interpreters, health advocates, or family or community members to assist in communication with patients • use plain language patient education materials, demonstrating cultural and linguistic sensitivity	• respect patients' cultures, and attentiveness to social determinants of health • demonstrate understanding of at least the most prevalent cultures in society, and an appreciation of their sensitivities • access interpretive or culturally focused services
Ethics and professional behaviour	• communicate with patients regarding the choices they have regarding treatment and non-treatment • explain access options for treatments now and in the future	• communicate medical management plans as part of multidisciplinary plans • establish patients' wishes and preferences about care

	• facilitate interactions within multidisciplinary teams, respecting values, encouraging involvement, and engaging all participants in decision making • demonstrate critical reflection on personal beliefs and attitudes, including how these may affect patient care and health care policy	• contribute to building a productive culture within teams
Judgement and decision making	• respect the need for patients' autonomy, even in the setting of what appears to be poor decision making • have awareness of when compulsory treatments and mandatory reporting need to be used, per the jurisdiction • assess the risks present in clinical scenarios, taking into consideration the context of referrals, such as community-based GPs with patients in the community with high levels of uncertainty versus senior registrars or consultants with an inpatient in a much more controlled environment • recognise the need for escalation of care, and escalate to appropriate services or agencies or advise such accordingly • balance conflicting advice from other specialties, applying judgement in making clinical decisions in the presence of uncertainty • seek advice from colleagues in high-stakes difficult clinical situations	• have difficulty reconciling poor decision making by patients • not be able to match advice regarding management with the setting of the referring health professional • recognise situations in which to ask for help • have difficulty with conflicting advice from specialties and arriving at agreed plans • seek advice at lower thresholds than at expert level
Leadership, management, and teamwork	• collaborate respectfully with nursing, pharmacy, and other health professionals to optimise outcomes through care planning • provide leadership and advocacy regarding issues around substance use and addictive disorders	• collaborate with the other relevant health professionals • participate in multi-department meetings
Health policy, systems, and advocacy	• advocate for appropriate guidelines and pathways to assist people with substance use and addiction disorders, both in primary and tertiary care settings • adequately resource support services for addiction medicine specialty practice • verify that treatment escalation protocols are in place	• practice in accordance with guidelines and organisational policies for perinatal care

	• collaborate Aboriginal and Torres Strait Islander and Māori communities to improve access and appropriateness of addiction services

EPA 10: Clinic management

Theme	Clinic management	AM-EPA-10
Title	**Manage an outpatient clinic**	
Description	This activity requires the ability to: • manage outpatient clinics and related services, including telehealth and outreach programs • oversee risk management strategies and plans • collaborate with multidisciplinary health care teams • manage clear pathways for care escalation • collaborate with the full range of health professionals • demonstrate problem-solving skills • lead and/or participate in planning and quality improvement activities • use public resources responsibly.	
Behaviours		
Professional practice framework domain	**Ready to perform without supervision** Expected behaviours of a trainee who can routinely perform this activity without needing supervision The trainee will:	**Requires some supervision** Possible behaviours of a trainee who needs some supervision to perform this activity The trainee may:
Medical expertise	• enable intake systems to allow equitable access according to clinical need • use a comprehensive addiction medicine assessment to assess and manage patients • explain the scope of practice for the service, and for its constituent disciplines • develop management plans with patients[13] and other involved colleagues	• work adequately within the clinic while not considering broader application of medical skills to higher level clinic functions
Communication	• communicate effectively and respectfully with clinical and administrative staff to optimise clinic function • communicate effectively and in a timely manner with outside agencies, health professionals, and other involved parties, such as GPs, pharmacists, psychologists, legal practitioners, and courts, in accordance with patients' consent and clinical needs • assist patients as they navigate the services required for	• meet patients' specific language and communication needs • facilitate appropriate use of interpreter services and translated materials

[13] References to patients in the remainder of this document may include their families, whānau and/or carers.

	substance use and addiction disorders	
Quality and safety	• communicate escalation processes to junior staff • identify and address risks that emerge, such as non-attendances, intoxicated presentations, challenging behaviours, and risk of harm to self and others, including in the context of family violence, driving, near miss, and actual adverse events • manage adequate governance processes in place around medication prescribing • manage governance arrangements with involved pharmacists regarding prescriber and pharmacist communications and medication management • manage clear processes for raising patient safety issues	• describe escalation processes • address issues of compromised patient safety by taking reasonable steps • demonstrate a systematic approach to improving the quality and safety of health care • participate in organisational quality and safety activities, including clinical incident reviews • use health record systems in accordance with regulations • recognise the limits of personal expertise, and involve other professionals as needed to contribute to patients' care • use information technology appropriately as a resource for modern health service
Teaching and learning	• facilitate adequate supervision and teaching arrangements in clinics • engage patients in teaching and learning opportunities with consent • evaluate their own professional practice • demonstrate skills and behaviours in teaching and learning when educating junior colleagues • role model destigmatising attitudes and behaviours when teaching other health professionals	• provide teaching and supervision to junior medical staff • provide teaching to other health professionals, including nurses, pharmacists, and doctors from other specialties
Research	• refer research involving patients to relevant human research ethics committees for approval • obtain informed consent or other valid authority before involving patients in research • inform patients about their rights, the purpose of the research, the interventions proposed, and the potential risks and benefits of participation before obtaining consent • contribute to the generation of knowledge	• allow patients to make informed and voluntary decisions to participate in research
Cultural safety	• apply knowledge of the cultural needs of the community being	• acknowledge the social, economic, cultural, and behavioural factors

	served in order to shape services that meet its needs • design and conduct services to ensure culturally safe responses for Aboriginal and Torres Strait Islander people and Māori, and members of other cultural groups • recognise personal bias when interacting with patients and decision making • use professional interpreters, health advocates, or family or community members to assist in communication with patients • use plain language patient education materials, demonstrating cultural and linguistic sensitivity	influencing health, both at individual and population levels • engage with patients in a culturally appropriate way to a variable extent • use interpreters where required
Ethics and professional behaviour	• identify and respect the boundaries that define professional and therapeutic relationships • enact sensitive consenting processes for patients engaging in care • respect the roles and expertise of other health professionals • comply with the legal requirements of preparing and managing documentation	• understand the responsibility to protect and advance the health and wellbeing of individuals and communities • maintain the confidentiality of documentation, and store clinical notes appropriately • use social media ethically and according to legal obligations
Judgement and decision making	• demonstrate awareness of financial and other conflicts of interest • work effectively to achieve optimal and cost-effective patient care that allows maximum benefit from available resources	• use human resources, diagnostic interventions, therapeutic modalities, and health care facilities appropriately
Leadership, management, and teamwork	• prepare for and conduct clinical encounters in a well-organised and time-efficient manner • work effectively as a member of multidisciplinary teams or other professional groups • document discussions with colleagues, multidisciplinary team members, and patients • review discharge summaries, notes, and other communications written by junior colleagues • support colleagues who raise concerns about patients' safety	• attend relevant clinical meetings regularly, with variable degrees of leadership demonstrated
Health policy, systems, and advocacy	• demonstrate the capacity to engage in the surveillance and monitoring of clinical outcomes in the outpatient setting	• describe broad principles around patterns of community service need

	• describe the health service patterns of the community being served • maintain collaborative relationships with health agencies and services, including Aboriginal and Torres Strait Islander and Māori services, to enable the best coordination of care for patients • apply the principles of efficient and equitable allocation of resources to meet individual, community, and national health needs • understand billing requirements for outpatient clinic assessments where relevant • manage adequate systems for treatment escalation or transfer of care to non-government organisations or primary care to ensure continuity of care • advocate Aboriginal and Torres Strait Islander and Māori communities for appropriate care

Knowledge guides

Knowledge guides (KGs) provide detailed guidance to trainees on the important topics and concepts trainees need to understand to become experts in their chosen specialty.

Trainees are not expected to be experts in all areas or have experience related to all items in these guides.

#	Title
1	**Scientific foundations of addiction and related problems**
2	**Public health aspects of substance use and behavioural addictions**
3	**Withdrawal management**
4	**Psychological and pharmacological approaches to treatment**
5	**Prescribing for opioid dependence**
6	**Assessment and management of behavioural addictions**
7	**Mental health problems and cognitive impairment**
8	**Medical conditions associated with substance use**
9	**Substance use and addiction disorders in Aboriginal and Torres Strait Islander people and Māori**
10	**Substance use and behavioural addictions across diverse population**
11	**Medicolegal framework**
12	**Pain and dependence**

PATHOPHYSIOLOGY, AND CLINICAL SCIENCES

Advanced Trainees will have in-depth knowledge of the topics listed under each clinical sciences heading.

Associated infectious diseases

- Relationships between substance use and blood borne virus infections, sexually transmitted diseases, and tuberculosis

Neurobiology

- Excitatory pathways
- Inhibitory pathways
- Neuroadaptation
- Neuroplasticity
- Neurotransmitter systems
- Reward pathways
- Withdrawal syndromes

Perspectives on addiction and its underpinnings

- Classification of substance use and addictive disorders using current International Classification of Diseases (ICD) and Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Perspectives on disorders due to substance use and addictive behaviours, including the disease model, biopsychosocial model, psychological model, social model, spiritual or existential model

Pharmacology, toxicology and withdrawal syndromes of commonly used substances

- Alcohol
- Benzodiazepines and other sedative-hypnotics
- Cannabis
- Dissociative agents
- Emerging substances
- Hallucinogens
- Nicotine
- Opioids (illicit and prescribed)
- Stimulants
- Volatiles

Risk-based approaches to screening and assessment

- Alcohol Use Disorders Identification Test (AUDIT)
- Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)

Risk factors and environmental influences for substance use and addictive disorders

- Co-existing mental disorders
- Cognitive impairment
- Cultural factors, including legal status of different substances
- Genetics and family history
- Major disruptive events, such as epidemics, natural disasters, and war
- Pain, other physical health problems, and related disability
- Social determinants
- Trauma and adverse developmental and other life events

INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant test performances and their relative values in different populations and settings. They will be able to interpret the reported results of each investigation or procedure. Advanced Trainees will know how to explain the investigation or procedure to patients[14], families, and carers, and be able to explain risk and obtain informed consent where applicable.	• Addiction medicine history and physical examination • Blood / Hair / Oral fluid / Urine toxicology in clinical setting • Breath analysis, carbohydrate-deficient transferrin (CDT), ethyl glucuronide (EtG), and phosphatidylethanol (PEth) in people with alcohol related disorders • Cognitive assessment tools relevant to assessing delirium and cognitive impairment • Investigations relating to associated infectious diseases, including hepatitis B virus (HBV), hepatitis C virus (HCV), human immunodeficiency virus (HIV), and sexually transmitted infections • Mental state examination • Other haematological and biochemical tests to detect and monitor secondary effects of substance use
IMPORTANT SPECIFIC ISSUES Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis, management, and outcomes.	• Common elements of different models of addiction • Disentangling substance-induced clinical disorders from those of other aetiology or bidirectional influences • Pain and dependence • Prescription drug use: » aberrant use and dependence » concepts behind patterns of use and prescribing • Role of trauma and using trauma informed care practices

[14] References to patients in the remainder of this document may include their families, whānau and/or carers.

EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES

Advanced Trainees will describe the principles of the foundational sciences.

For the statistical and epidemiological concepts listed, trainees should be able to describe the underlying rationale, the indications for using one test or method over another, and the calculations required to generate descriptive statistics

Harm minimisation policies and programs

- Alcohol:
  - demand reduction:
    - advertising regulation, including online
    - current national drinking guidelines, including during pregnancy
    - social marketing, including online
  - harm reduction:
    - drink driving regulations, including interlock systems and other interventions
    - managed alcohol programs
    - sobering-up units
    - thiamine fortification of flour
  - supply reduction:
    - licenced premises regulation, including late night restrictions
    - liquor outlet density and location
    - minimum drinking age
    - pricing
- Gambling and gaming:
  - demand reduction:
    - advertising regulation
    - social marketing
    - treatment availability
  - harm reduction:
    - precommitment programs
  - supply reduction
    - gaming machine regulation, including density and numbers
- Illicit substance use:
  - demand reduction:
    - drug testing in workplaces
    - social marketing
    - treatment access
  - evidence for and against supply reduction
  - evidence of harm across drug types
  - harm reduction:
    - diversion programs
    - drug driving regulations and testing
    - drug policy / legalisation / regulation
    - peer support programs
    - pill testing
- Injecting drug use:
  - demand and harm reduction:
    - opioid agonist therapy for opioid dependence – public health aspects
  - harm reduction:
    - clean needle programs
    - drug testing for high potency opioids
    - hepatitis C point of care (POC) testing and treating

- medically supervised injecting rooms
- peer administered opioid antagonists
- peer worker programs
- skin and hand hygiene programs
- take-home naloxone

- Policies / Programs to reduce uptake in populations including younger people and pregnant people
- Specific approaches for Aboriginal and Torres Strait Islander and Māori communities
- Tobacco smoking and vaping:
  - demand reduction:
    - packaging
    - reducing social acceptance
    - smoking cessation programs and medicines
    - social marketing, including online
  - harm reduction:
    - passive smoke exposure policies in settings including worksites and public areas
  - supply reduction:
    - minimum age of sales
    - outlet regulation

Prevalence and harm

- Attributable fractions of disease due to alcohol, tobacco, and other substances where established
- Demographics including:
  - age
  - cultural background and ethnicity
  - gender identity and sexual orientation
  - Aboriginal and Torres Strait Islander people and Māori
  - Metropolitan / regional / remote location
  - socioeconomic status
- Prevalence patterns and harms of:
  - alcohol use
  - driving-related harms from alcohol and other substances
  - gambling and other behavioural disorders
  - illicit substance use, including unsanctioned use of prescription pharmaceuticals and medicinal cannabinoids
  - injecting drug use
  - nicotine use
  - novel psychoactive substance use
  - vape use

INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS

Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be

Public health data sources

- Australian Institute of Family Studies – Australian Gambling Research Centre
- Ecstasy and Related Drug Reporting System (EDRS)
- Hospital separation datasets
- Illicit Drug Reporting System (IDRS)
- National Drug Strategy Household Survey
- National Health Survey (Australian Bureau of Statistics)
- National Opioid Pharmacotherapy Statistics Annual Data

able to interpret the reported results of each investigation or procedure. Advanced Trainees will know how to explain the investigation or procedure to patients[15], families, and carers, and be able to explain procedural risk and obtain informed consent where applicable.	• National Perinatal Data Collection • Penington Institute reports • Secondary Schools Survey
IMPORTANT SPECIFIC ISSUES Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis, management, and outcomes.	• Importance of public health advocacy to reform policy to reduce substance use-related harms, and harms from gambling • International perspectives, and the role of Australia and Aotearoa New Zealand in assisting low- and middle-income countries • Pharmaceutical industry promotion of inappropriate use of anticonvulsants, benzodiazepines and nonbenzodiazepines (z-drugs), gabapentinoids, and opioids • Population health impacts of drink and drug driving • Prevalence of substance-related harms and gambling in Aboriginal and Torres Strait Islander and Māori communities • Recognise the need to work with communities to garner support and advice regarding public health measures • The role of industry in promoting licit substance use and gambling, and its advocacy for non-evidence based policies • Three pillars of harm minimisation, and evidence supporting the listed policies in these pillars: » demand reduction » harm reduction » supply reduction

[15] References to patients in the remainder of this document may include their families, whānau and/or carers.

KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions.

Presentations

- Substance withdrawal

Conditions

- Withdrawal from:
  - alcohol
  - benzodiazepines and z-drugs
  - cannabis and synthetic cannabinoids
  - gamma hydroxybutyrate (GHB)
  - novel psychoactive substances
  - opioids
  - stimulants

LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS

Advanced Trainees will understand these presentations and conditions. Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.

Presentations

- Acute intoxication
- Delirium
- Seizures

Conditions

- Co-existing medical and mental health conditions complicating withdrawal
- Psychosis in context of withdrawal
- Seizures associated with alcohol, benzodiazepine and GHB withdrawal
- Substance withdrawal with acute delirium
- Wernicke encephalopathy

For each presentation and condition, Advanced Trainees will **know how to:**

Synthesise

- recognise the clinical presentation
- identify relevant epidemiology, prevalence, pathophysiology, and clinical science
- take a comprehensive clinical history
- conduct an appropriate examination
- establish a differential diagnosis
- plan and arrange appropriate investigations
- consider the impact of illness and disease on patients[16] and their quality of life when developing a management plan

Manage

- provide evidence-based management
- prescribe therapies tailored to patients' needs and conditions
- recognise potential complications of disease and its management, and initiate preventative strategies
- involve multidisciplinary teams

Consider other factors

- identify individual and social factors and the impact of these on diagnosis and management

[16] References to patients in the remainder of this document may include their families, whānau and/or carers.

EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES Advanced Trainees will describe the principles of the foundational sciences.	• Benefits and risks associated with withdrawal, both planned and unplanned, for all substances • Concept of neuroadaptation and the development of both acute withdrawal symptoms and protracted withdrawal • Neurobiology and pathophysiology of alcohol and other substance withdrawal • Prevention and management of Wernicke encephalopathy • Relapse rates and factors in withdrawal • Relevance of age on withdrawal management • Risk factors for Wernicke encephalopathy
INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure. Advanced Trainees will know how to explain the investigation or procedure to patients, families, and carers, and be able to explain procedural risk and obtain informed consent where applicable.	**Clinical tools** • Commonly used tools to assess cognitive function, and their strengths and weaknesses • Commonly used withdrawal assessment scales, and their strengths and weaknesses **Examinations** • Focused examinations to assess: » cognitive impairment for Wernicke encephalopathy » the nature and severity of withdrawal **Investigations** • Blood tests: » biochemistry » blood borne virus (BBV) » haematology • Breath alcohol meters • ECG • Neuroimaging • Urine drug testing and other methods of assessing substance use
IMPORTANT SPECIFIC ISSUES Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management, and integrate these into care.	• Culturally safe withdrawal services for Aboriginal and Torres Strait Islander people and Māori • Decision making capacity when delirium or psychosis are present • Evidence-based management of withdrawal • Importance of co-existing physical and mental health problems in both the evaluation of withdrawal and in determining best management • Indications for need to involve ICU • Potential complications of withdrawal, their prevention, and management • Role of managed withdrawal in overall recovery • Role of multidisciplinary input • Suitable environments for a patient to withdraw • Therapies tailored to patients' concurrent medications, physiological state, and withdrawal severity

CLINICAL SCIENCES Advanced Trainees will describe the principles of the foundational sciences.	• Pharmacology and therapeutics of medications used in treatment • Pharmacology and toxicology of substances commonly consumed in Australia, excluding opioids • Pharmacology, treatment effect size, risks, benefits, and costs • Psychological approaches, including: » cognitive-behavioural treatments » contingency management » mindfulness-based therapies » motivational interviewing » narrative and family-based treatments » screening and brief interventions » structured problem solving
ELIGIBILITY CONSIDERATIONS Advanced Trainees will assess the patient's current condition and plan the next steps.	• Determination of risks associated with substance use in individual patients • Stepped-care approach • Stratification of response against severity and complexity • Substance dependence or substance use disorder, together with other relevant clinical diagnoses • Use of multiple substances and associated risks, particularly alcohol and sedatives
LESS COMMON OR MORE COMPLEX PATIENT CONSIDERATIONS Advanced Trainees will understand the resources that should be used to help manage patients[17].	• Complex presentations, such as: » mixed intoxications » withdrawals • Management of substance use disorders during acute hospital admissions • Multiple substance use disorders, and risks this may present • Pregnancy and substance use disorders • Substance use disorders in patients with: » hepatic disease » kidney disease » respiratory disorders » severe cardiac disorders » sleep disorders • Treatment in patients with comorbid mental health disorders • Treatment in patients with impaired capacity / cognitive impairment
UNDERTAKING THERAPY Advanced Trainees will monitor the progress of patients during the therapy.	• Collaborative treatment matching • Ensuring that treatment services are culturally safe for Aboriginal and Torres Strait Islander people and Māori • Monitoring treatment, including: » functional improvements

[17] References to patients in the remainder of this document may include their families, whānau and/or carers.

	» hospital presentations » treatment outcome measures » urine toxicology • Ongoing case management and multidisciplinary planning • Problem and goal definition, and care planning • Showing empathy and understanding, and demonstrating appropriate professional behaviour • Tailoring treatment in specific populations including groups, such as: » homeless people » the LBGTQIA+ community » young people • Treatment fidelity
POST-THERAPY Advanced Trainees will know how to monitor and manage patients post-therapy.	• Long term trajectories of patients who have engaged in treatment • Optimising transitions between specialist services and primary care or custodial services, and government and non-government organisations • Planned treatment cessation • Unplanned treatment cessation
IMPORTANT SPECIFIC ISSUES Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management, and integrate these into care.	• Awareness of medications prescribed for a range of psychological disorders, and advise accordingly where there is potential for misuse • Designing and operating services and service systems to meet the needs of Aboriginal and Torres Strait Islander people and Māori • Developing and operating services for diverse and/or underserviced populations • Ensuring health practitioners and hospitals have guidelines for ongoing management of patients with common substance use-related problems, including withdrawal management and acute stimulant presentations • Ensuring transitions are as smooth as possible between: » colleagues in private practice » custodial services » government services » non-government services » primary care » specialist services • High priority patients for treatment • Ongoing advocacy and actual supporting structures for identifying and addressing risky substance use in primary care, such as: » advisory services » screening » other supports » pathways • Roles of pharmacological approaches to substance use disorders (non-opioid), and synergies with psychological approaches

CLINICAL SCIENCES Advanced Trainees will describe the principles of the foundational sciences.	• Evidence supporting opioid agonist treatment (OAT) as a harm reduction measure • Key quality use of medicines (QUM) principles: » prescribing for patients at higher risk for adverse drug events » safety and continuity of care in transfer of prescribing • Low threshold, low treatment engagement versus high threshold, high treatment engagement – tailoring for the patient • Overview toxicology and approaches to: » a poisoned patient » liaison with emergency department (ED) and psychiatry in overdose (OD) cases » management of common toxidromes (intoxication) » OD of substances commonly used • Pharmacology and toxicology of opioids commonly consumed in Australia and Aotearoa New Zealand • Pharmacology of medications used in OAT • Underlying harm-reduction role of OAT • Rapid induction onto buprenorphine (sublingual) and induction onto long-acting depot buprenorphine
ELIGIBILITY CONSIDERATIONS Advanced Trainees will assess the patient's current condition and plan the next steps.	• Determination of risks associated with opioid use in each individual patient • Diagnosis of opioid dependence • Polydrug use and associate risks, particularly alcohol and sedatives
LESS COMMON OR MORE COMPLEX PATIENT CONSIDERATIONS Advanced Trainees will understand the resources that should be used to help manage patients[18].	• Buprenorphine (BUP) to methadone • Chronic pain and opioid use disorder • Complex presentations, such as mixed intoxications and withdrawals • High dose treatment considerations, and approach to suspected enhanced metaboliser problem • Management of OAT during acute hospital admissions • Medication interactions with methadone • Methadone to BUP transfers • OAT in patients with severe cardiac, hepatic, and kidney disease • Patients who insist on methadone only, despite history of problems with methadone treatment • Polydrug use and risks this may present for OAT • Post OD in ED, and Medication Assisted Treatment for Opioid Dependence (MATOD) induction • Pregnancy and OAT

[18] References to patients in the remainder of this document may include their families, whānau and/or carers.

	• Prescribed sedatives, such as: » benzodiazepines » gabapentinoids » z-drugs • QT prolongation with methadone • Role of opioid antagonists • Specific risk considerations, including: » adolescents » occupational risks, such as pilot, bus driver, or surgeon » parenting and child safety » people with disability • Treatment in people with impaired capacity / cognitive impairment • Treatment in young adults and older people • Treatment provision for remote patients
UNDERTAKING THERAPY Advanced Trainees will monitor the progress of patients during the therapy.	• Cautious induction with methadone • Culturally safe treatment services for Aboriginal and Torres Strait Islander people and Māori • Microinductions from full opioid agonists onto BUP • Monitoring treatment, including: » hospital presentations » liaison with pharmacy » treatment outcome measures » urine toxicology • Other approaches with BUP; rapid induction while avoiding precipitated withdrawal • Take home naloxone discussion • Therapeutic implications for other special populations, such as: » adolescents » LGBTQIA+ peoples » pregnant people » prisoners » rural and remote • Treatment with long-acting BUP injection
POST-THERAPY Advanced Trainees will know how to monitor and manage patients post-therapy.	• Long-term trajectories of patients who have engaged in OAT, and relapse risk • Optimising transitions between specialist services and primary care or custodial services • Planned cessation of OAT • Unplanned cessation of treatment
IMPORTANT SPECIFIC ISSUES Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis, management, and outcomes.	• Designing and operating services and service systems to meet the needs of Aboriginal and Torres Strait Islander people and Māori • Differentiating between physiological opioid and sedative / hypnotic dependence and opioid use disorder and sedative / hypnotic use disorder • Ensuring hospitals have guidelines for ongoing management of OAT for admitted patients • Ensuring transitions are as smooth as possible between services, including specialist services, primary care, and custodial services

- High-priority patients for OAT
- Legal aspects of opioid prescribing in relevant jurisdictions and administrative requirements
- Management of benzodiazepine withdrawal
- Managing patients with chronic pain and opioid dependence, and advising other prescribers regarding de-prescribing, formal OAT, and the various risks
- Medications in stimulant use disorder
- Naltrexone, disulfiram, and acamprosate (Australia only) for alcohol relapsed prevention
- Newer medications in addiction medicine, such as baclofen, gabapentin, and topiramate
- Ongoing advocacy and actual supporting structures for OAT in primary care

KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions.

Presentations

- Problematic gambling and videogaming
- Other behavioural addictions

Conditions

- Gambling and gaming disorders (online and offline)
- Excludes paraphilias and eating disorders

LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS

Advanced Trainees will understand these presentations and conditions.

Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.

Presentations

- Gambling or gaming in context of mental health, neurological disorder or cognitive impairment
- Gambling or gaming problems in context of substance use disorders (SUDs)

Conditions

- Cognitive impairment
- Comorbid neurological problems, such as Parkinson disease
- Existing medications
- Mental disorders
- SUD

Higher risk groups

- Lower socioeconomic status communities
- Aboriginal and Torres Strait Islander people and Māori
- Specific cultural communities

For each presentation and condition, Advanced Trainees will **know how to:**

Synthesise

- » recognise the clinical presentation
- » identify relevant epidemiology, prevalence, pathophysiology, and clinical science
- » take a comprehensive clinical history
- » conduct an appropriate examination
- » establish a differential diagnosis
- » plan and arrange appropriate investigations
- » consider the impact of illness and disease on patients[19] and their quality of life when developing a management plan

Manage

- » provide evidence-based management
- » prescribe therapies tailored to patients' needs and conditions
- » recognise potential complications of disease and its management, and initiate preventative strategies
- » involve multidisciplinary teams

Consider other factors

- » identify individual and social factors and the impact of these on diagnosis and management

EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES

- Common comorbidity patterns
- Developmental and personality-related predictors of gambling and gaming disorders, such as:
  - » attention deficit hyperactivity disorder (ADHD)

[19] References to patients in the remainder of this document may include their families, whānau and/or carers.

Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences.	» autism » family history » impulsivity » personality disorders » trauma • Neurobiological understanding of gambling and gaming disorders • Underlying evidence behind interventions • Underpinnings of standardised outcome measures
INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure. Advanced Trainees will know how to explain the investigation or procedure to patients, families, and carers, and be able to explain procedural risk and obtain informed consent where applicable.	**Clinical tools** • Commonly used outcome measures, such as the Victorian Gambling Screen, GAMES (ICD-11) • Commonly used tools to screen for cognitive function and mental disorders **Examination** • Mental state examination
IMPORTANT SPECIFIC ISSUES Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management, and integrate these into care.	• Elements relevant to assessment: » associated cognitions, somatic features, and emotions » associated harms, including effects on relationships, core daily roles, and legal and financial status » patterns of gambling and gaming » presence of mental health problems, and the interplay between the two » presence of SUDs and the interplay between the two » presence of underlying cognitive problems, or neurological problems » suicide risk • Gambling and gaming treatment services and supports specific to Aboriginal and Torres Strait Islander people and Māori • Harm minimisation strategies • Harms and stigmas associated with these disorders • Impact of conditions and presentations on higher risk communities • Impact of policy on epidemiology • Importance of considering comorbidities in management • Involving multidisciplinary teams as severity and complexity increase

- Patients' readiness for change in the development of action / management plans
- Persistent co-occurring mental disorders
- Possible adjunctive therapy role of medications
- Role of multidisciplinary care for people with gambling or gaming disorders
- Role of mutual / peer support groups for patients or affected families, such as Gamblers Anonymous and Gaming Addicts Anonymous
- Role of patients' family or friends as therapeutic supports
- The place of medications for gambling disorder
- The use of management plans developed in collaboration with patients and other health professionals which are based on motivational enhancement and cognitive behavioural interventions
- Use of motivational interviewing to enhance patients' commitment to addressing behavioural addiction
- Value of screening for these problems in higher risk individuals, such as those with SUD or mental health disorders and prisoners

KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions.

Presentations

- Cognitive impairment
- High prevalence disorders, such as:
  - adjustment disorders
  - anxiety disorders
  - depression
- Lower prevalence and high acuity mental disorders, such as:
  - bipolar disorder
  - eating disorders
  - other severe mood disorders
  - psychotic disorders
  - severe anxiety
  - severe personality disorders
- Psychological distress without mental disorder

Conditions

- Alcohol spectrum disorder
- Anxiety and mood disorders, and trauma-related disorders
- Eating disorders
- Fetal alcohol spectrum disorder (FASD)
- Learning disorders
- Personality disorders
- Psychotic disorders
- Substance-induced and other types of neurocognitive disorder

LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS

Advanced Trainees will understand these presentations and conditions.

Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.

Presentations

- Ongoing severely challenging behaviours with forensic implications
- Severe borderline personality disorders

Conditions

- Impaired legal capacity due to an enduring condition affecting cognitive impairment

For each presentation and condition, Advanced Trainees will **know how to*:***

Synthesise

- recognise the clinical presentation
- identify relevant epidemiology, prevalence, pathophysiology, and clinical science
- take a comprehensive clinical history
- conduct an appropriate examination
- establish a differential diagnosis
- plan and arrange appropriate investigations
- consider the impact of illness and disease on patients[20] and their quality of life when developing a management plan

Manage

- provide evidence-based management
- prescribe therapies tailored to patients' needs and conditions
- recognise potential complications of disease and its management, and initiate preventative strategies
- involve multidisciplinary teams

Consider other factors

- identify individual and social factors and the impact of these on diagnosis and management

[20] References to patients in the remainder of this document may include their families, whānau and/or carers.

EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences.	• Common comorbidity patterns • Developmental and personality-related predictors of mental disorders, including: » family history » impulsivity » personality disorders » trauma • Neurobiological understandings of mental disorders and brain injury • Underlying evidence behind interventions
INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure. Advanced Trainees will know how to explain the investigation or procedure to patients, families, and carers, and be able to explain procedural risk and obtain informed consent where applicable.	**Clinical tools** • Cognitive assessment tools relevant to assessing delirium and cognitive impairment • Mental health measures, such as Kessler Psychological Distress Scale (K10) • Outcome measures **Examination** • Mental state examination, including cognitive assessment where screen is positive
IMPORTANT SPECIFIC ISSUES Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care.	• Common determinants of the presentations and conditions, such as: » developmental » early childhood » genetic • Community-based supports, such as NDIS • Comprehensive assessment (history and examination), including: » assessing risk of harm to others » cognitive screening » history of mental health disorders or brain injury » mental state examination » suicide risk assessment • Consider using legal measures to assist cognitively impaired patients with self-management • Dual diagnosis quadrant model used as a guide to what can be managed in primary care or alcohol and other drug (AOD) services, mental health support (MHS) services, or shared care between AOD and MHS services • FASD in Aboriginal and Torres Strait Islander and other peoples, and the related public health and clinical aspects

- Harms and stigmas associated with presentations and conditions
- Importance of considering comorbidities in management in jurisdictions where mandated treatment measures exist, considering their suitability for the patient, with the intention of improving the patient's outcomes
- In the absence of underlying mental health disorders, the relationship between substance use, addictive behaviours, and psychological distress
- Involve multidisciplinary teams as severity and complexity increase
- Involve primary care / general practice and specialist mental health services as partners in shared care
- Patients' readiness for change in the development of action / management plans
- Services and supports that are appropriate for Aboriginal and Torres Strait Islander people and Māori
- The inter-relationships between substance use and addictive behaviours and these conditions
- The role of dialectical behaviour therapy (DBT) in people with borderline personality disorder ready for change
- The role of multidisciplinary care for people with substance use and addictive disorders, and concurrent mental health problems and/or cognitive impairment
- The role of patients' family or friends as therapeutic supports
- The role of self-help and peer support programs for patients and/or their families
- The use of management plans developed in collaboration with patients and other health professionals which are based on motivational enhancement and cognitive behavioural interventions, together with substance use and addictive behaviours

Knowledge guide 8 – Medical conditions associated with substance use

Advanced Training in Addiction Medicine

KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions, including early indicators of possible severe disease presenting in the community, given higher than usual pre-test probabilities.

Presentations

- Acute intoxication
- Alcohol-related presentations, including but not limited to:
  - cardiac
  - cerebellar dysfunction
  - gastritis, gastrointestinal, Mallory–Weiss tear
  - haematology – macrocytic anaemia
  - liver disease
  - myopathy
  - peripheral neuropathy
- Altered conscious state presentation
- Cognitive impairment
- Congestive cardiac failure (CCF)
- Delirium / Acute confusional state
- Drug-induced psychosis
- Drug-drug interactions:
  - acamprosate
  - buprenorphine
  - disulfiram
  - methadone
  - naltrexone
- Fever
- Hypertension
- Infective complications of injecting drug use
- Rhabdomyolysis
- Seizures

Infections

- Acute and chronic pancreatitis
- Alcohol-related brain injury
- Alcohol-related cardiovascular disease
- Alcohol-related dental conditions
- Alcohol-related hepato-steatosis and cirrhosis
- Blood borne bacterial and fungal infections
- Chronic obstructive pulmonary disease
- Cognitive impairment from substances, including alcohol and benzodiazepines (BZD)

For each presentation and condition, Advanced Trainees will **know how to*:***

Synthesise

- recognise the clinical presentation
- identify relevant epidemiology, prevalence, pathophysiology, and clinical science
- take a comprehensive clinical history
- conduct an appropriate examination
- establish a differential diagnosis
- plan and arrange appropriate investigations
- consider the impact of illness and disease on patients[21] and their quality of life when developing a management plan

Manage

- provide evidence-based management
- prescribe therapies tailored to patients' needs and conditions
- recognise potential complications of disease and its management, and initiate preventative strategies
- involve multidisciplinary teams

Consider other factors

- identify individual and social factors and the impact of these on diagnosis and management

[21] References to patients in the remainder of this document may include their families, whānau and/or carers.

	• Hepatitis B (HBV) • Hepatitis C (HCV) • Human immunodeficiency virus (HIV) • Injection-related sinuses, DVT and soft tissue infections • Methadone and other drug-related QT prolongation • Seizures secondary to withdrawal and intoxication • Stimulant-related cardiomyopathy • Thrombophlebitis • Wernicke encephalopathy and Korsakoff syndrome	
LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS Advanced Trainees will understand these presentations and conditions. Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.	**Presentations** • Acute cardiac or cerebrovascular events • Decompensated cirrhosis • Difficult-to-engage patient with severe medical conditions • Driving impairment due to medical complications secondary to substance use • Sepsis needing surgical intervention • Sexually transmitted infection (STI) in context of substance use • Significant risk to others in a hospital setting • Unstable diabetes mellitus **Conditions** • B12 deficiency and nitrous oxide use • Co-occurring HBV, HCV, HIV, and STI • Disseminated sepsis • Epidural and related central nervous system infections • Hypogonadism and other hormonal side effects associated with opioid use • Infective endocarditis • Refeeding syndrome • Severe alcohol-related liver disease and HCV • Stimulant-related cerebrovascular accident (CVA), ischaemic heart disease, or arrythmia • Thiamine deficiency • Tuberculosis treatment and significant drug interactions • Type 3C diabetes mellitus (secondary to chronic pancreatitis)	

EPIDEMIOLOGY, PATHOPHYSIOLOY, AND CLINICAL SCIENCES Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences.	• Blood borne viruses (BBVs) and current management • Pathophysiology of alcohol-related brain injury • Pathophysiology of alcohol-related medical conditions • Pathophysiology of HCV-related kidney disease and other complications • Pathophysiology of methamphetamine-related cardiomyopathy • Pre-exposure and post-exposure prophylaxis • The pathophysiology of Wernicke–Korsakoff syndrome, its prevention (in the population and on an individual basis), and treatment • Underlying evidence behind prognoses for presentations and conditions in context of high severity substance use and addictive disorders
INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure. Advanced Trainees will know how to explain the investigation or procedure to patients, families, and carers, and be able to explain procedural risk and obtain informed consent where applicable.	**Investigations** • Cognitive assessment tools relevant to assessing delirium and cognitive impairment • CT scans • Drug and alcohol testing: » blood tests » hair » urine • ECG • Fibroscan – hepatic elastography and liver ultrasound • Investigations relating to Wernicke–Korsakoff syndrome and alcohol-related brain injury • Relevant biochemistry and haematology and BBV serology
IMPORTANT SPECIFIC ISSUES Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care.	• Advocacy for community-based supports to assist with recovery • Advocacy for patients within the broader health system, based on evidence and health needs, countering against stigma and discrimination, to receive care in accordance with clinical need • Assessment for liver transplant suitability, including providing neutral evidence-based advice regarding substance use prognosis • Creative planning, balancing optimal care with respect for patient autonomy • Fitness to drive assessment • High risk behaviours contributing to medical problems experienced from addictive and substance use disorders • Legal requirements, where there is risk to others • Patient readiness for change, when developing management plans • Promotion of preventative measures to reduce the risk of conditions • Services and supports that are culturally safe for Aboriginal and Torres Strait Islander people and Māori • Substance-related cognitive impairment and capacity assessments

- The role of harm reduction, including needle exchange services
- The role of HCV point-of-care testing and treatment to reach hard-to-access populations
- The role of multidisciplinary care for people with substance use and addictive disorders, and concurrent serious medical problems, including:
  - notifying multidisciplinary treating teams of concerns about substance use-related medical problems currently not being addressed in hospital settings
  - working within limits to scope of practice and need to seek assistance from, or handover to, more appropriate specialised services
- The role of self-help and peer support programs for patients, whānau, and their families
- The role of whānau, family, and friends in supporting change
- Therapeutic relationship and motivational interviewing to guide patients towards help-seeking, and enhancing their commitment to addressing their substance use

Knowledge guide 9 – Substance use and addiction disorders in Aboriginal and Torres Strait Islander people and Māori

Advanced Training in Addiction Medicine

Review by cultural advisors pending

HISTORY AND CONTEXT

Trainees should be able to describe the factors that contribute to current disparities.

- Contemporary colonisation manifested as systemic and internalised racism, including negative stereotyping
- Equity
- The effect of colonisation on the Aboriginal and Torres Strait Islander and Māori communities
- The role of intergenerational trauma and epigenetics in addictions
- The role of social determinants of health, including self-determination and Indigenous rights

EPIDEMIOLOGY AND PUBLIC HEALTH

Trainees should be able to describe the underlying rationale, the strengths and weaknesses of different datasets, and the implications for service planning across sectors.

- Disproportionate prevalence of substance use disorders and other addictions in Aboriginal and Torres Strait Islander people and Māori
- Fetal alcohol spectrum disorder (FASD) Aboriginal and Torres Strait Islander people – public health and clinical aspects
- Metro / regional / remote differences and challenges for Aboriginal and Torres Strait Islander people and Māori
- Sources of information and data

RESPONSES AT SERVICE LEVEL

Advanced trainees should be able to describe the various strategies to improve service responses for Aboriginal and Torres Strait Islander people and Māori.

- An understanding of the difference between cultural competence and cultural safety, and responding in ways that are culturally safe
- Assessing substance use and harms in Aboriginal and Torres Strait Islander and Māori contexts
- Institutional and systematic racism – understanding service avoidance and mistrust
- Strategies for engaging Aboriginal and Torres Strait Islander people and Māori in mainstream services
- The essential role of cultural approaches to treatment
- The importance of service development by Indigenous peoples for Indigenous peoples
- The relevance of language
- The roles of Aboriginal and Torres Strait Islander people and Māori working in medical nursing and allied health

RESPONSES – POLICY LEVEL

Advanced trainees will be able to describe the various policy responses, and their strengths and weaknesses.

- Alcohol and drug policies – significant harms for Aboriginal and Torres Strait Islander people and Māori associated with current drug policies
- Culturally appropriate clinical outcome measures
- Harm reduction in the context of Indigenous peoples, such as mobile assistance patrols and sobering-up services
- Indigenous health strategies
- Reducing inequities and the role of addiction medicine in achieving these outcomes

IMPORTANT SPECIFIC ISSUES

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis, management, and outcomes.

- Social determinants of health
- Substance use, disorders, and addictions and impacts of colonisation on Indigenous peoples

Knowledge guide 10 – Substance use and behavioural addictions across diverse populations

Advanced Training in Addiction Medicine

KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions.

Presentations

- Substance use, gaming and gambling in:
  - older people
  - prison and post-release populations
  - younger people

Conditions

- Older people:
  - behavioural addictions
  - harmful substance use
  - substance use disorders
- Younger people:
  - behavioural addictions / gaming gambling
  - harmful substance use
  - substance use disorders

LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS

Advanced Trainees will understand these presentations and conditions.

Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.

Presentations

- Substance use in prison and post-release populations
- Substance use in younger or older people with cognitive impairment or reduced capacity

Conditions

- Cognitive impairment from:
  - alcohol-related brain injury (ARBI)
  - fetal alcohol spectrum disorder (FASD)
  - other brain injuries
- Conduct disorder, and other related disorders of young people

For each presentation and condition, Advanced Trainees will **know how to:**

Synthesise

- recognise the clinical presentation
- identify relevant epidemiology, prevalence, pathophysiology, and clinical science
- take a comprehensive clinical history
- conduct an appropriate examination
- establish a differential diagnosis
- plan and arrange appropriate investigations
- consider the impact of illness and disease on patients[22] and their quality of life when developing a management plan

Manage

- provide evidence-based management
- prescribe therapies tailored to patients' needs and conditions
- recognise potential complications of disease and its management, and initiate preventative strategies
- involve multidisciplinary teams

Consider other factors

- identify individual and social factors and the impact of these on diagnosis and management

[22] References to patients in the remainder of this document may include their families, whānau and/or carers.

EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES

Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences.

Epidemiology

- Higher prevalence of substance use, gaming and gambling in Māori and Aboriginal and Torres Strait Islander communities

Pathophysiology

- Underlying principles of brain development
- Understanding of different effects of substance use in older people, younger people, and different vulnerabilities
- Understanding of gender and sexual health development during the adolescent period, and the impact this could have in the development of substance use disorders and addictive behaviours, such as the increase of vaping among teenagers

INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS

Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure.

Adults

- Alcohol Smoking and Substance Involvement Screening Test (ASSIST)
- Alcohol Use Disorders Identification Test (AUDIT)
- Frontal Assessment Battery (FAB)
- Montreal Cognitive Assessment (MoCA)

Younger people

- Alcohol Smoking and Substance Involvement Screening Test – youth (ASSIST-Y)
- Car, Relax, Alone, Forget, Friends, Trouble (CRAFFT)
- Home, Education / Employment, Eating, Activities, Drugs, Sexuality, Suicide / Depression, and Safety (HEEADSS) framework

IMPORTANT SPECIFIC ISSUES

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care.

- Adopting a systems-based approach involving families and/or carers where relevant
- Advise regarding evidence-based management options, considering patient wishes, underlying diagnoses, and associated risks
- Coordinate a multidisciplinary and sometimes multi-agency response
- Developing a therapeutic partnership with the patient while upholding patient autonomy
- Different contributing factors behind substance use, gaming, and gambling in older people, such as the role of loss and bereavement
- Importance of working with youth-focused treatment services as primary providers
- Need to take a psychiatric and psychosocial history, including developmental, when relevant
- Normal patterns and variations in patterns of development and experimental substance use, gaming, and gambling in younger people
- Patterns of substance use, gambling, and gaming, and associated risks and harms
- Paucity of evidence to support mandated treatment for younger people in difficulty
- The ethical, legal, and practical issues with mandated / compulsory treatment for adults with questionable capacity, such as legal measures where capacity is diminished and other options have been exhausted
- The patients' readiness for change in the development of action / management plans
- The role of developmental factors and social environment behind younger people's substance use, gaming, and gambling

- The role of specialist addiction services working with prison and post-release populations
- The role of specialist addiction services working with youth-focused services

EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES

Advanced Trainees will have an in-depth knowledge of the topics listed under each clinical sciences heading.

For the statistical and epidemiological concepts listed, trainees should be able to describe the underlying rationale, the indications for using one test or method over another, and the calculations required to generate descriptive statistics.

Guidelines

- Clinical guidelines on prescribing
- Relevant national and state standards, such as Austroads' Assessing Fitness to Drive and Waka Kotahi NZ Transport Agency's Medical Aspects of Fitness to Drive

Legislative framework

- Legislation and procedures for mandatory alcohol and drug treatment in relevant jurisdictions
- Local jurisdictional legislation and regulations regarding:
  - assessment and treatment of minors
  - child protection
  - consent to medical care, including where capacity is reduced
  - guardianship
  - mandatory blood alcohol concentration (BAC) testing for motor vehicle accident drivers attending the emergency department, and RBT / roadside drug testing process
  - mandatory reporting requirements
  - mental health, including forensic psychiatry
  - notifiable deaths / Coroners Acts
  - prescribing drugs of dependence and drugs likely to be misused
- National and state / territory legislation and regulations for medical practitioners and associated processes
- Scheduling of medicines and chemicals in Australia, and classification of controlled drugs in Aotearoa New Zealand

INVESTIGATIONS, PROCEDURES,AND CLINICAL ASSESSMENT TOOLS

Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure.

Advanced Trainees will know how to explain the investigation or procedure to patients[23], families, and

Forensic sciences

- Different matrices used in forensic toxicology, such as:
  - blood
  - hair
  - nails
  - saliva
  - urine
  - vitreous fluid
- Interpretation of documentary evidence, such as:
  - autopsy
  - forensic toxicology
  - reports of other specialists
- Pharmacology and toxicology of substance use in a forensic setting
- Review material evidence provided, including:
  - interpreting autopsy reports, police reports, toxicology reports, and other notes

[23] References to patients in the remainder of this document may include their families, whānau and/or carers.

carers, and be able to explain procedural risk and obtain informed consent where applicable.	» understand the importance of storing information securely and its disposal in accordance with legislation and guidelines
IMPORTANT SPECIFIC ISSUES Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis, management, and outcomes. .	• Common issues, such as: » assessment and treatment of minors » child protection » domestic violence » drug-facilitated sexual assault (DFSA) » drug-related criminal activity » off-label prescribing • Forensics, including: » chain of custody, regarding specimen collection storage and transportation » forensic pathology » treatment in prison / custodial settings, including in hospitals under guard **Medicolegal report requirements** • Comprehensive assessment of mental and physical health in addition to substance use • Framework for the assessment and formulation of medicolegal reports • Process for assessment of impairment referring to appropriate regulatory guidelines, such as worker's compensation insurance • Public sector special requirements for reports, including audience and recipients of the completed report • Understanding of the requirements of treating doctor reports and expert witness reports, including confidentiality issues

KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions.

Presentations

- Acute pain in the opioid tolerant patient in inpatient and outpatient settings
- Chronic pain with cannabis dependence
- Chronic pain with opioid dependence
- Chronic pain with other dependence, such as:
  - alcohol
  - methamphetamine
- Chronic pain with overdose / toxicity, due to substances such as:
  - analgesics
  - opioids
  - sedating medicine

LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS

Advanced Trainees will understand these presentations and conditions.

Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.

Presentations

- Pain in palliative care patients with opioid and/or other substance dependencies

For each presentation and condition, Advanced Trainees will **know how to:**

Synthesise

- recognise the clinical presentation
- identify relevant epidemiology, prevalence, pathophysiology, and clinical science
- take a comprehensive clinical history
- conduct an appropriate examination
- establish a differential diagnosis
- plan and arrange appropriate investigations
- consider the impact of illness and disease on patients[24] and their quality of life when developing a management plan

Manage

- provide evidence-based management
- prescribe therapies tailored to patients' needs and conditions
- recognise potential complications of disease and its management, and initiate preventative strategies
- involve multidisciplinary teams

Consider other factors

- identify individual and social factors and the impact of these on diagnosis and management

[24] References to patients in the remainder of this document may include their families, whānau and/or carers.

EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES

Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences.

Epidemiology

- Determinants of opioid use for chronic pain
- Differences between current International Classification of Functioning, Disability and Health (ICF) and Diagnostic and Statistical Manual of Mental Disorders (DSM) regarding problematic opioid use
- Harms associated with prescribed medications for chronic pain
- Population patterns of prescribing opioids and other high risk
- Prevalence of chronic pain, and chronic pain with co-occurring substance use disorders
- Role of industry in promotion of non-evidence based treatments

Pathophysiology and clinical sciences

- Biopsychosocial approach to understanding and managing chronic pain
- Cannabis and cannabinoids and chronic pain – efficacy and risks
- Central sensitisation in the development and maintenance of chronic pain
- Common analgesics, including:
  - efficacy and risks
  - evidence around opioid efficacy and harms in chronic pain
  - full opioid agonists
  - pharmacology of opioids and other analgesics
- Gabapentinoids, tricyclics, and other medications for neuropathic pain, including:
  - hyperalgesia and neurobiology of nociceptive systems and anti-nociceptive homeostasis
  - methadone, oral
  - neurobiology and pharmacology
  - neuropathic
  - nociceptive
- Opioid / Analgesic stewardship, specifically the universal precautions in opioid prescribing, such as good prescribing practice
- Opioids and pain, specifically:
  - buprenorphine sublingual tablets
  - pain experience and behaviours
  - risk factors for development of dependence in pain patients
  - tolerance and withdrawal – biology of neuroadaptation
  - types of pain and underlying neurobiology

Rationale

- The increased risk of harm in long-term use of opioids in the management of non-cancer pain, including:
  - death
  - dependence
  - hyperalgesia
  - loss of function
  - toxicity

INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS

Investigations

- Effects of age on test performance of investigations, particularly specificity
- Risks and benefits of imaging in the evaluation of chronic pain

Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure.	**Measures** • Clinical outcome measures • Discharge planning, including reviewing and rationalising analgesics, and appropriate handover to primary care • Evidence-based interventions • Opioid risk tools • Standard withdrawal measures
IMPORTANT SPECIFIC ISSUES Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care.	**Acute pain** • Acute pain management in the opioid tolerant person • Options for continuation / modification of opioid pharmacotherapy in context of acute pain in hospital settings • Pharmacological approaches for acute pain in inpatient and community settings • Switching opioids from one type to another, such as from normal route to IV • Working with acute pain services **Chronic pain** • Awareness of guidelines for opioid prescribing in chronic non-cancer pain • Cannabis and cannabinoids risks and benefits • De-identifying documents for potential allied health professionals to use if unable to access a multidisciplinary chronic pain service, such as: » exercise physiologists » occupational therapists » physiotherapists » psychologists • Deprescribing – benefits, indications, and risks • Educating patients, and reaching a common understanding of their situation • Gabapentioids, tricyclics, other antidepressants, and anticonvulsants • Multidisciplinary rehabilitation principles • Non-pharmacological approaches to chronic pain, including: » cognitive behavioural therapy (CBT) » mindfulness-based treatments • Online sources of information for patients on non-pharmacological approaches to chronic non-cancer pain (CNCP) • Patients on opioid substitution treatment prescribed additional opioids or sedating medications by other health practitioners • Pharmacological approaches to CNCP • Prescribe therapies tailored to patients' needs and conditions • Procedural / Interventionist approaches to CNCP • Recognise potential complications of disease and its management, and initiate preventative strategies • Switching to opioid pharmacotherapy • Working with chronic pain specialists

Palliative care

- Advocacy for patients with substance use disorders to receive good palliative care
- Efficacy of opioids in palliative care setting
- Handover issues
- Managing opioids in long-duration palliative care patients
- Modification of opioid replacement treatment in palliative care patients
- Multidisciplinary approaches
- Working with palliative care professionals

Synthesis and management considerations

- Aberrant medication use
- Advise regarding evidence-based management options, considering patient wishes, underlying diagnoses, and associated risks
- Consider developmental history, life experience, and co-occurring mental disorders in understanding patients' circumstances
- Consider legal measures where capacity is diminished and other options have been exhausted
- Coordinate a multidisciplinary and sometimes multi-agency response
- Develop a therapeutic partnership with patients, and uphold their autonomy
- Functional assessments
- Historical use of all substances to relieve pain, including signs of iatrogenic opioid dependence, such as:
  - alcohol
  - benzodiazepines
  - cannabis
  - long-term prescribing of high-dose opioids and inability to tolerate deprescribing
- Past documentation
- Systems-based approach involving families, whānau, and/or carers, where relevant