NEW CURRICULA

Learning, teaching and assessment programs

Advanced Training in Addiction Medicine

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

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Program overview

CURRICULUM STANDARDS

The curriculum standards are summarised as **23** learning goals. The learning goals articulate what trainees need to be, do and know, and are assessed throughout training.

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KNOW	12. Scientific foundations of addiction and related problems 13. Public health aspects of substance use and behavioural addictions 14. Withdrawal management 15. Psychological and pharmacological approaches to treatment 16. Prescribing for opioid dependence 17. Assessment and management of behavioural addictions 18. Mental health problems and cognitive impairment 19. Medical conditions associated with substance use 20. Substance use and addiction disorders in Aboriginal and Torres Strait Islander people and Māori 21. Substance use and behavioural addictions across diverse population 22. Medicolegal framework 23. Pain and dependence

LTA STRUCTURE

The learning, teaching, and assessment (LTA) structure defines the framework for delivery and trainee achievement of the curriculum standards in the program.

The program is structured in three phases. These phases establish clear checkpoints for trainee progression and completion.

Entry criteria

Prospective trainees must have:

- general medical registration with the Medical Board of Australia if applying in Australia, or a medical registration with a general scope of practice with the Medical Council of New Zealand and a practising certificate if applying in Aotearoa New Zealand.
- an Advanced Training position in an RACP-accredited training setting or network or an approved non-core training position.

AND

- completed RACP Basic Training, including the Written and Clinical Examinations

  OR

- Fellowship from an eligible medical college

LTA PROGRAMS

The LTA programs outline the strategies and methods to learn, teach, and assess the curriculum standards.

Entry

1 training application

Learning

Minimum 36 months full-time equivalent (FTE) professional experience

1 rotation plan per rotation

RACP Advanced Training Orientation resource

RACP Supervisor Professional Development Program

RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource

RACP Health Policy, Systems and Advocacy resource

RACP Communication Skills resource

RACP Ethics resource

RACP Introduction to Leadership, Management and Teamwork resource

Recommended resources

Teaching

2 supervisors per rotation

1 research project supervisor

Assessment

12 learning captures per phase *(2 with a public health focus)*

12 observation captures per phase

4 progress reports per phase

1 research project

About the program

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.

Overview of specialty

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.

Supervising committee

The program is supervised by the Training Program Committee in Addiction Medicine.

Qualification

Trainees who successfully meet the completion standards and criteria of this program will be awarded Fellowship of the Australasian Chapter of Addiction Medicine (FAChAM).

Learning goals and progression criteria

Learning, teaching, and assessment structure

The learning, teaching and assessment structure defines the framework for delivery and trainee achievement of the curriculum standards in the Advanced Training program.

Advanced Training is structured in three phases. These phases will establish clear checkpoints for trainee progression and completion.

1	**Specialty foundation**	•	Orient trainees and confirm their readiness to progress in the Advanced Training program.
2	**Specialty consolidation**	•	Continue trainees' professional development in the specialty and support progress towards the learning goals.
3	**Transition to Fellowship**	•	Confirm trainees' achievement of the curriculum standards, completion of Advanced Training, and admission to Fellowship.
		•	Support trainees' transition to unsupervised practice.

Figure: 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 full-time equivalent experience, and progression and completion decisions are based on evidence of trainees' competence.

Entry criteria

Entry attributes	Prospective trainees can demonstrate: • a commitment and capability to pursue a career as an addiction medicine specialist • the ability and willingness to achieve the common learning goals for Advanced Training: ○ team leadership ○ supervision and teaching ○ the professional behaviours, as outlined in the Competencies
Entry criteria	Prospective trainees must have: • general medical registration with the Medical Board of Australia if applying in Australia, or a medical registration with a general scope of practice with the Medical Council of New Zealand and a practising certificate if applying in Aotearoa New Zealand. • an Advanced Training position in an RACP-accredited training setting or network or an approved non-core training position. AND • completed RACP Basic Training, including the Written and Clinical Examinations OR • Fellowship of at least one of the following eligible postgraduate medical colleges: ○ any RACP Fellowship from a Division (AMD and PCHD), Faculty (AFOEM, AFPHM, and AFRM) or Chapter (AChAM and AChSHM) ○ Australasian College for Emergency Medicine ○ Australian and New Zealand College of Anaesthetists ○ Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists ○ College of Intensive Care Medicine of Australia and New Zealand ○ Australian College of Rural and Remote Medicine ○ Royal Australian and New Zealand College of Psychiatrists ○ Royal Australian College of General Practitioners ○ Royal New Zealand College of General Practitioners

Progression criteria

To progress to the next phase or to complete the program, trainees must demonstrate:

- the ability to plan and manage their learning and to complete their learning and assessment requirements in a timely manner
- achievement of the learning goals to the levels outlined in the learning goal progression criteria.

Training committees or delegated progress review panels will consider evidence supporting trainees' achievement of the progression criteria and make progress decisions.

If criteria have not been met, committees or panels may decide to place conditions on trainees' progression to the next phase of training or not to progress trainees until all criteria have been achieved.

Learning goals

The curriculum standards are summarised as **23** learning goals.

The learning goals articulate what trainees need to be, do, and know, and are assessed throughout training on a five-point scale. This scale determines the expected standard for each learning goal at the end of each training phase. Trainees must meet these standards to progress to the next phase or complete the program.

Learning and assessment tools are linked to the learning goals which allows trainees to demonstrate competence across each learning goal.

Levels	1	2	3	4	5
Be: Competencies (professional behaviours)	Needs to work on behaviour in **more than five domains** of professional practice	Needs to work on behaviour in **four or five domains** of professional practice	Needs to work on behaviour in **two or three domains** of professional practice	Needs to work on behaviour in **one domain** of professional practice	**Consistently** behaves in line with all 10 domains of professional practice
Do: Entrustable Professional Activities (EPAs)	Is able to **be present and observe**	Is able to **act with direct supervision**	Is able to **act with indirect supervision** (i.e., ready access to a supervisor)	Is able to **act with supervision at a distance** (i.e., limited access to a supervisor)	Is able to supervise others
Know: Knowledge guides	Has **heard of** some of the topics in this knowledge guide	**Knows the topics and concepts** in this knowledge guide	**Knows how to apply** this knowledge to practice	**Frequently shows they apply** this knowledge to practice	**Consistently** demonstrates application of this knowledge to practice

	Learning goals	Entry criteria	Progression criteria		Completion criteria
		Entry into training *At entry into training, trainees will:*	Specialty foundation *By the end of this phase, trainees will:*	Specialty consolidation *By the end of this phase, trainees will:*	Transition to fellowship *By the end of training, trainees will:*
Be	**1. Professional behaviours**	**Level 5** consistently behave in line with all ten domains of professional practice	**Level 5** consistently behave in line with all ten domains of professional practice	**Level 5** **consistently** behave in line with all ten domains of professional practice	**Level 5** consistently behave in line with all ten domains of professional practice
Do	**2. Team leadership:** Lead a team of health professionals	**Level 1** be able to be present and observe	**Level 2** be able to act with direct supervision	**Level 4** be able to act with supervision at a distance	**Level 5** be able to supervise others
	3. Supervision and teaching: Supervise and teach professional colleagues	**Level 2** be able to act with direct supervision	**Level 3** be able to act with indirect supervision	**Level 4** be able to act with supervision at a distance	**Level 5** be able to supervise others
	4. Quality improvement: Identify and address failures in health care delivery	**Level 1** be able to be present and observe	**Level 1** be able to be present and observe	**Level 4** be able to act with supervision at a distance	**Level 5** be able to supervise others
	5. Communication with patients: Discuss diagnoses and management plans with patients	**Level 2** be able to act with direct supervision	**Level 3** be able to act with indirect supervision	**Level 4** be able to act with supervision at a distance	**Level 5** be able to supervise others
	6. Assessment and treatment planning: Evaluate patients using a comprehensive addiction medicine assessment	**Level 2** be able to act with direct supervision	**Level 3** be able to act with indirect supervision	**Level 4** be able to act with supervision at a distance	**Level 5** be able to supervise others
	7. Acute withdrawal management: Diagnose and manage acute substance withdrawal	**Level 1** be able to be present and observe	**Level 2** be able to act with direct supervision	**Level 4** be able to act with supervision at a distance	**Level 5** be able to supervise others
	8. Prescribing: Prescribe therapies and develop management plans tailored to patients' needs	**Level 2** be able to act with direct supervision	**Level 3** be able to act with indirect supervision	**Level 4** be able to act with supervision at a distance	**Level 5** be able to supervise others
	9. Managing substance use in pregnancy: Manage substance use during pregnancy using a harm minimisation and multidisciplinary framework	**Level 1** be able to be present and observe	**Level 2** be able to act with direct supervision	**Level 4** be able to act with supervision at a distance	**Level 5** be able to supervise others
	10. Undertaking consultation-liaison work: Advising other health professionals who are providing care for people using substances or with addictive disorders	**Level 1** be able to be present and observe	**Level 1** be able to be present and observe	**Level 4** be able to act with supervision at a distance	**Level 5** be able to supervise others
	11. Clinic management: Manage an outpatient clinic	**Level 1** be able to be present and observe	**Level 1** be able to be present and observe	**Level 3** be able to act with indirect supervision	**Level 4** be able to act with supervision at a distance

	Learning goals	Entry criteria	Progression criteria		Completion criteria
		Entry into training *At entry into training, trainees will:*	Specialty foundation *By the end of this phase, trainees will:*	Specialty consolidation *By the end of this phase, trainees will:*	Transition to fellowship *By the end of training, trainees will:*
Know	**12. Scientific foundations of addiction and related problems**	**Level 1** have heard of some of the topics in this knowledge guide	**Level 2** know the topics and concepts in this knowledge guide	**Level 4** frequently show they apply this knowledge to practice	**Level 5** consistently demonstrate application of this knowledge to practice
	13. Public health aspects of substance use and behavioural addictions	**Level 1** have heard of some of the topics in this knowledge guide	**Level 2** know the topics and concepts in this knowledge guide	**Level 4** frequently show they apply this knowledge to practice	**Level 5** consistently demonstrate application of this knowledge to practice
	14. Withdrawal management	**Level 1** have heard of some of the topics in this knowledge guide	**Level 2** know the topics and concepts in this knowledge guide	**Level 4** frequently show they apply this knowledge to practice	**Level 5** consistently demonstrate application of this knowledge to practice
	15. Psychological and pharmacological approaches to treatment	**Level 1** have heard of some of the topics in this knowledge guide	**Level 2** know the topics and concepts in this knowledge guide	**Level 4** frequently show they apply this knowledge to practice	**Level 5** consistently demonstrate application of this knowledge to practice
	16. Prescribing for opioid dependence	**Level 1** have heard of some of the topics in this knowledge guide	**Level 2** know the topics and concepts in this knowledge guide	**Level 4** frequently show they apply this knowledge to practice	**Level 5** consistently demonstrate application of this knowledge to practice
	17. Assessment and management of behavioural addictions	**Level 1** have heard of some of the topics in this knowledge guide	**Level 2** know the topics and concepts in this knowledge guide	**Level 4** frequently show they apply this knowledge to practice	**Level 5** consistently demonstrate application of this knowledge to practice
	18. Mental health problems and cognitive impairment	**Level 1** have heard of some of the topics in this knowledge guide	**Level 2** know the topics and concepts in this knowledge guide	**Level 4** frequently show they apply this knowledge to practice	**Level 5** consistently demonstrate application of this knowledge to practice
	19. Medical conditions associated with substance use	**Level 1** have heard of some of the topics in this knowledge guide	**Level 2** know the topics and concepts in this knowledge guide	**Level 4** frequently show they apply this knowledge to practice	**Level 5** consistently demonstrate application of this knowledge to practice
	20. Substance use and addiction disorders in Aboriginal and Torres Strait Islander people and Māori	**Level 1** have heard of some of the topics in this knowledge guide	**Level 2** know the topics and concepts in this knowledge guide	**Level 4** frequently show they apply this knowledge to practice	**Level 5** consistently demonstrate application of this knowledge to practice

	Learning goals	Entry criteria	Progression criteria		Completion criteria
		Entry into training	Specialty foundation	Specialty consolidation	Transition to fellowship
		At entry into training, trainees will:	*By the end of this phase, trainees will:*	*By the end of this phase, trainees will:*	*By the end of training, trainees will:*
	21. Substance use and behavioural addictions across diverse population	**Level 1** have heard of some of the topics in this knowledge guide	**Level 2** know the topics and concepts in this knowledge guide	**Level 4** frequently show they apply this knowledge to practice	**Level 5** consistently demonstrate application of this knowledge to practice
	22. Medicolegal framework	**Level 1** have heard of some of the topics in this knowledge guide	**Level 2** know the topics and concepts in this knowledge guide	**Level 4** frequently show they apply this knowledge to practice	**Level 5** consistently demonstrate application of this knowledge to practice
	23. Pain and dependence	**Level 1** have heard of some of the topics in this knowledge guide	**Level 2** know the topics and concepts in this knowledge guide	**Level 4** frequently show they apply this knowledge to practice	**Level 5** consistently demonstrate application of this knowledge to practice

Learning, teaching, and assessment requirements

Overview

Requirements over the course of training

What do trainees need to do?	When do trainees need to do it?
Entry	
1 training application	At the start of the specialty foundation phase. Due 28 February if starting at the beginning of the year and 31 August if starting mid-year.
Learning	
Minimum 36 months full time equivalent (FTE) professional experience	Minimum 12 months FTE during each phase.
RACP Advanced Training Orientation resource	During the first 6 months of the specialty foundation phase.
RACP Supervisor Professional Development Program	Before the end of Advanced Training.
RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource	Before the end of Advanced Training, if not completed during Basic Training. Recommended completion before the specialty consolidation phase.
RACP Health Policy, Systems and Advocacy resource	Before the end of Advanced Training. Recommended completion before the transition to fellowship phase.
RACP Communication Skills resource	Before the end of Advanced Training, if not completed during Basic Training.
RACP Ethics resource	Before the end of Advanced Training, if not completed during Basic Training.
RACP Introduction to Leadership, Management and Teamwork resource	Before the end of Advanced Training, if not completed during Basic Training.
Recommended resources	Recommended completion over the course of Advanced Training.
Teaching	
Nominate 1 research project supervisor	Recommended to be nominated before the specialty consolidation phase.
Assessment	
1 research project	Before the end of Advanced Training. Recommended submission before the transition to fellowship phase.

Requirements per phase

What do trainees need to do?	When do trainees need to do it?
Learning	
1 rotation plan per rotation	At the start of (or prior to starting) the rotation.

	Due 28 February for rotations in the first half or whole of the year and 31 August for rotations in the second half of the year.
Teaching	
Nominate 2 supervisors per rotation	At the start of each accredited or approved training rotation.
Assessment	
12 learning captures	Minimum 1 per month *(2 with a public health focus).*
12 observation captures	Minimum 1 per month.
4 progress reports	Minimum 1 every 3 months.

Recognition of prior learning – Addiction Psychiatry

Addiction Medicine Advanced Trainees who have completed a Certificate of Advanced Training in Addiction Psychiatry may submit a Recognition of Prior Learning (RPL) application. If successful, trainees may receive exemptions from the training requirements listed below.
Maximum requirements trainees may be exempted from:
12 months full time equivalent (FTE) of core training in addiction medicine
12 months (FTE) non-core professional experience training
24 learning captures (4 in public health)
24 observation captures
8 progress reports
3 x RACP online courses
RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource
RACP Communication Skills resource
RACP Introduction to Leadership, Management and Teamwork resource
Trainees who are exempted from the above, **are required to complete the following outstanding training requirements:**
12 months full time equivalent (FTE) of core training in addiction medicine (Transition to Fellowship phase)
12 learning captures (2 in public health)
12 observation captures
4 progress reports
4 x RACP Online learning courses
RACP Advanced Training Orientation resource
RACP Supervisor Professional Development Program
RACP Health Policy, Systems and Advocacy resource
RACP Ethics resource

Entry

Training application

Requirement
1 x training application, at the start of the specialty foundation phase.

Purpose
The training application supports trainees to: - confirm they meet the program entry criteria   - provide essential details for program enrolment, ensuring compliance with RACP standards   - establish a formal foundation for their training pathway, enabling access to program resources and support.   The application form will be reviewed by RACP staff. Trainees will be able to track the status of applications through the College's new Training Management Platform (TMP).   Trainees can submit rotation plans and complete assessments while waiting for their application to be approved.

How to apply
Trainees are to submit a training application for the program using TMP.   **Due dates**   **28 February** if starting at the beginning of the year.   **31 August** if starting mid-year.

Learning

Learning blueprint

This high-level learning program blueprint outlines which of the learning goals *could align* and *will align* with the learning requirements.

Learning goals	Learning requirements					
	Professional experience	Rotation plan	RACP Advanced Training Orientation resource	RACP Supervisor Professional Development Program	RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource	RACP Health Policy, Systems and Advocacy resource
1. Professional behaviours	Could align	Will align	Will align	Will align	Will align	Will align
2. Team leadership	Could align	x	x	x	x	x
3. Supervision and teaching	Could align	x	x	Will align	x	x
4. Quality improvement	Could align	x	x	x	x	x
5. Communication with patients	Could align	x	x	x	x	x
6. Assessment and treatment planning	Could align	x	x	x	x	x
7. Acute withdrawal management	Could align	x	x	x	Will align	x
8. Prescribing	Could align	x	x	x	x	x
9. Managing substance use in pregnancy	Could align	x	x	x	x	x
10. Undertaking consultation-liaison work	Could align	x	x	x	x	x
11. Clinic management	Could align	x	x	x	x	x

	Learning requirements					
12. Scientific foundations of addiction and related problems	Could align	x	x	x	x	x
13. Public health aspects of substance use and behavioural addictions	Could align	x	x	x	x	Will align
14. Withdrawal management	Could align	x	x	x	x	x
15. Psychological and pharmacological approaches to treatment	Could align	x	x	x	x	x
16. Prescribing for opioid dependence	Could align	x	x	x	x	x
17. Assessment and management of behavioural addictions	Could align	x	x	x	x	x
18. Mental health problems and cognitive impairment	Could align	x	x	x	x	x
19. Medical conditions associated with substance use	Could align	x	x	x	x	x
20. Substance use and addiction disorders in Aboriginal and Torres Strait Islander people and Māori	Could align	x	x	x	x	x
21. Substance use and behavioural addictions across diverse population	Could align	x	x	x	x	x
22. Medicolegal framework	Could align	x	x	x	x	x
23. Pain and dependence	Could align	x	x	x	x	x

Professional experience

These requirements can be completed in any sequence over the course of training.

Professional experience
• Complete at least 36 months of relevant professional experience in approved rotations.
Location of training
• It is recommended that trainees complete training in at least 2 different accredited training settings.   • Complete at least 24 months of training in accredited training settings in Australia and/or Aotearoa New Zealand.   • A maximum of 12 months can be accepted for prospectively approved overseas settings.
Experiential training

• Minimum 24 months core training in settings accredited towards Addiction Medicine.
 	
 The following clinics must be a focus during core training:
 	
     o Consultation liaison rotation in a general hospital
 	
     o Inpatient/residential/acute withdrawal unit
 	
     o Ambulatory (community) assessment and therapy service, including withdrawal management
 	
     o Pain clinic attachment
 	
     o Experience in prescribing opioid substitution treatment
 	
     o Psychiatry experience as a significant part of an addiction medicine rotation and/or as a separate rotation
 	
 • Maximum 12 months in a prospectively approved non-core training position. The following are suitable non-core training for Addiction Medicine:
 	
     o research towards an MD, PhD or completion of a master's program related to addiction medicine
 	
     o clinical training in medical, psychiatric, or public health positions.

Rotation plan

Requirement
1 x rotation plan per rotation.

Description
The rotation plan is a work-based tool to document details of a training rotation and how a trainee intends to cover their program learning goals over the rotation period.

Purpose
The rotation plan helps trainees evaluate their learning gaps, curriculum needs, and local opportunities to meet expected standards. It is validated by College staff to ensure it aligns with the professional experience requirements for the program.

How to complete it
Trainees can submit a rotation plan in TMP under the training plan tab.
Trainees undertaking their first rotation of their training program must select the following checkbox, 'The rotation start date is also the start date of my Training Program' to record the start date for their training program.
If a trainee is expecting a learning goal to be covered during a rotation, select 'yes' for 'coverage offered' and outline the learning opportunities available. See this completed rotation plan for examples of the learning opportunities that may be available for each learning goal.
This information will be used by supervisors and overseeing RACP training committee to determine the relevance of the rotation to the program's professional experience requirements.
Trainees should upload a copy of the position description and any other supporting information that outlines the training position being undertaken. This should include regular/weekly activities that the trainee will be undertaking during the rotation (e.g. timetable).
Trainees can also set custom goals to define personal objectives that they want to achieve during the rotation. These goals should be measurable and align with the trainee's professional objectives, skill gaps, or personal interests.
Trainees need to nominate their rotation supervisors in the plan, and they will need to approve the plan in TMP via 'my assigned actions'.
For more information on how to complete a rotation plan review the training resources.

Due dates

28 February for rotations in the first half or whole of the year.

31 August for rotations in the second half of the year.

Courses

RACP Advanced Training Orientation resource

Requirement
1 x RACP Advanced Training Orientation resource, completed during the first 6 months of the specialty foundation phase.
Description
This resource is designed to orient trainees to Advanced Training. It covers areas such as transition to Advanced Training, training and assessment, and trainee support. It is a 'one-stop shop' that trainees can return to if they ever want to find a useful resource, or need a refresher on the supporting resources, policies, and systems available to them.

Estimated completion time: 1–1.5 hours. |
| **Purpose** |
| The resource is intended to support trainees to successfully navigate their transition to Advanced Training and prepare for unsupervised practice as a specialist physician. |
| **How to complete it** |
| Trainees can complete the Advanced Training Orientation resource on RACP Online Learning.

Trainees will receive a certificate of completion on RACP Online Learning when they complete the resource. Completion of this requirement will automatically update in TMP. |

RACP Supervisor Professional Development Program

Requirement
1 x RACP Supervisor Professional Development Program (SPDP), consisting of 3 workshops, completed by the end of Advanced Training.
Description
The SPDP consists of 3 workshops:

- Practical Skills for Supervisors
- Teaching and Learning in Healthcare
- Work-based Learning and Assessment.

See Supervisor Professional Development Program for more information on the program. |
| **Purpose** |
| This requirement aims to prepare trainees for a supervisory/educator role in the workplace and supports trainees' learning aligned with the "team leadership" and "supervision and teaching" learning goals. |
| **How to complete it** |

[Register for a supervisor workshop](#).

Trainees can complete the SPDP in three ways:

- Virtual workshops
- Face-to-face workshops
- Online courses.

Workshops are free and presented by volunteer Fellows trained in SPDP facilitation.

RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource

Requirement

1 x Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource, if not completed during Basic Training.

Trainees must complete the resource by the end of their Advanced Training however it's recommended they complete it before the specialty consolidation phase.

Description

The Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource teaches best practice medicine for Aboriginal, Torres Strait Islander and Māori patients through reflection on the trainee's own cultural values and recognition of their influence on professional practice.

Estimated completion time: 2 hours.

Purpose

This resource supports trainees' learning aligned with the "professional behaviours" learning goal. Specialist training requires trainees to:

- examine their own implicit biases
- be mindful of power differentials
- develop reflective practice
- undertake transformative unlearning
- contribute to a decolonisation of health services for Indigenous peoples

How to complete it

Trainees can complete the [Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource](#) on RACP Online Learning.

Trainees will receive a certificate of completion on RACP Online Learning when they complete the resource. Completion of this requirement will automatically update in [TMP](#).

RACP Health Policy, Systems and Advocacy resource

Requirement
1 x RACP Health Policy, Systems and Advocacy resource, completed by the end of Advanced Training.

Description
This resource has been designed for Advanced Trainees, as an introduction to health policy, systems, and advocacy.
Estimated completion time: 5 hours.

Purpose
The resource aims to support Advanced Trainees in meeting the health policy, systems, and advocacy professional standard and underpinning competencies outlined in their specialty curriculum, and to enable connections between Advanced Trainees' own practice and the nature and attributes of local, national, and global health systems.

How to complete it
Trainees can complete the RACP Health Policy, Systems and Advocacy resource on RACP Online Learning.
Trainees will receive a certificate of completion on RACP Online Learning when they complete the resource. Completion of this requirement will automatically update in TMP.

RACP Communication Skills resource

Requirement
1 x RACP Communication Skills resource, completed by the end of Advanced Training, if not completed during Basic Training.

Description
The communication skills online resource is a self-directed resource covering communication skills and frameworks to help trainees work through everyday conversations they will have as a physician.
Estimated completion time: 2.5 hours.

How to complete it
Trainees can complete the RACP Communication Skills resource on RACP Online Learning.
Trainees will receive a certificate of completion on RACP Online Learning when they complete the resource. Completion of this requirement will automatically update in TMP.

RACP Ethics resource

Requirement
1 x RACP Ethics resource, completed by the end of Advanced Training, if not completed during Basic Training.

Description
In this resource trainees will learn about, discuss and reflect on the main ethical issues facing physicians. Estimated completion time: 3.5 hours.

How to complete it
Trainees can complete the RACP Ethics resource on RACP Online Learning. Trainees will receive a certificate of completion on RACP Online Learning when they complete the resource. Completion of this requirement will automatically update in TMP.

RACP Introduction to Leadership, Management and Teamwork resource

Requirement
1 x RACP Introduction to Leadership, Management and Teamwork resource, completed by the end of Advanced Training, if not completed during Basic Training.

Description
This resource supports trainee development in leadership, management and teamwork skills and work effectively in multi-disciplinary teams. Estimated completion time: 1 hour.

How to complete it
Trainees can complete the RACP Introduction to Leadership, Management and Teamwork resource on RACP Online Learning. Trainees will receive a certificate of completion on RACP Online Learning when they complete the resource. Completion of this requirement will automatically update in TMP.

Recommended resources

Addiction medicine

The RACP Addiction Medicine online courses are intended to update physicians on the epidemiology and evidence base for current treatment approaches to addiction disorders. The courses assume a basic level of knowledge of drug and alcohol problems.

The online courses available are:

- Alcohol, Anxiety and Mood Disorders
- Alcohol Use Disorder
- Cannabis Use
- Drug Use in Pregnancy and Parenthood
- Opioid Therapy in Persistent Non-Cancer Pain
- Opportunistic Intervention
- Prescription Drug Use
- Young People and Addiction

Each course consists of online reading materials, statistics and case studies. There are multiple-choice, true/false and short-answer questions throughout the course to assist with learning. Each course can be completed in multiple sittings.

As this is a recommended activity, trainees are not required to provide evidence of completion. However, they may wish to record their learning experience using the learning capture tool in TMP.

General

- RACP Research Projects resource
- RACP eLearning resources
- RACP curated collections

Teaching

Supervision

Rotation supervisors

Trainees are to have 2 x supervisors per rotation, including:

- Minimum 1 x supervisor, who is a Fellow of the AChAM.

Nominating eligible supervisors

Trainees will be asked to nominate rotation supervisors as part of their rotation plan. Trainees are required to nominate eligible supervisors who meet the above requirements.

A list of eligible supervisors can be found on MyRACP. The list is not available for post-Fellowship trainees. Post-Fellowship trainees can contact the RACP to confirm supervisor eligibility.

Research project supervisor

Trainees are to nominate 1 x research project supervisor over the course of Advanced Training. Recommended to be nominated before the specialty consolidation phase.

The research project supervisor guides trainees with their project choice, method, data analysis and interpretation, and quality of written and oral presentation.

More information about this role can be found in the Advanced Training research project guidelines.

Assessment

Assessment blueprint

This high-level assessment program blueprint outlines which of the learning goals *could be* and *will be* assessed by the assessment tools.

Learning goals	Learning capture	Observation capture	Progress report	Research project
	Assessment tools			
1. **Professional behaviours**	Could assess	Could assess	Will assess	Will assess
2. **Team leadership**	Could assess	Could assess	Will assess	x
3. **Supervision and teaching**	Could assess	Could assess	Will assess	x
4. **Quality improvement**	Could assess	Could assess	Will assess	Could assess
5. **Communication with patients**	Could assess	Could assess	Will assess	x
6. **Assessment and treatment planning**	Could assess	Could assess	Will assess	x
7. **Acute withdrawal management**	Could assess	Could assess	Will assess	x
8. **Prescribing**	Could assess	Could assess	Will assess	x
9. **Managing substance use in pregnancy**	Could assess	Could assess	Will assess	x
10. **Undertaking consultation-liaison work**	Could assess	Could assess	Will assess	Could assess
11. **Clinic management**	Could assess	Could assess	Will assess	Could assess

	Assessment tools			
Learning goals	**Learning capture**	**Observation capture**	**Progress report**	**Research project**
12. **Scientific foundations of addiction and related problems**	Could assess	Could assess	Will assess	Could assess
13. **Public health aspects of substance use and behavioural addictions**	Could assess	Could assess	Will assess	Could assess
14. **Withdrawal management**	Could assess	Could assess	Will assess	Could assess
15. **Psychological and pharmacological approaches to treatment**	Could assess	Could assess	Will assess	Could assess
16. **Prescribing for opioid dependence**	Could assess	Could assess	Will assess	Could assess
17. **Assessment and management of behavioural addictions**	Could assess	Could assess	Will assess	Could assess
18. **Mental health problems and cognitive impairment**	Could assess	Could assess	Will assess	Could assess
19. **Medical conditions associated with substance use**	Could assess	Could assess	Will assess	Could assess
20. **Substance use and addiction disorders in Aboriginal and Torres Strait Islander people and Māori**	Could assess	Could assess	Will assess	Could assess
21. **Substance use and behavioural addictions across diverse population**	Could assess	Could assess	Will assess	Could assess

Learning goals	Assessment tools			
	Learning capture	Observation capture	Progress report	Research project
22. Medicolegal framework	Could assess	Could assess	Will assess	Could assess
23. Pain and dependence	Could assess	Could assess	Will assess	Could assess

Learning capture

Requirement

12 x learning captures per phase of training, minimum 1 per month.

2 x learning captures per phase (included in the total 12) must be completed against learning goal 13 'Public health aspects of substance use and behavioural addictions', to address population health learning. Refer to the Advanced Training in Addiction Medicine learning guide for more information.

Refer to RACP Flexible Training Policy for further information on part-time training (item 4.2).

Description

The learning capture is a work-based assessment tool that logs evidence of a trainee's learning experiences and includes their reflective commentary. This tool is trainee-led, with optional input from assessors.

Suitable learning experiences include:

- professional experiences
- courses and workshops
- personal reflection
- readings and resources.

Purpose

The learning capture assists trainees to reflect on experiences, promotes critical thinking, and connects these to a trainee's learning goals and professional development. It is also a valuable mechanism for trainees to enhance their understanding of complex topics and less common experiences that may be difficult to encounter in traditional training.

How to complete it

The learning capture is completed via TMP under the assessment requirements tab.

For more information on how to complete a learning capture review the training resources.

Observation capture

Requirement

12 x observation captures per phase of training; minimum 1 per month.

Refer to RACP Flexible Training Policy for information on part-time training (item 4.2).

Description

An observation capture is a work-based assessment which provides a structured process for trainees to demonstrate their knowledge and skills in real-time workplace situations, while assessors observe and evaluate performance.

Purpose

The purpose of the observation capture is to assess skill development, track progress, and provide targeted feedback for improvement for trainees against specific learning goals.

How to complete it
Observation captures are completed via TMP under the assessment requirements tab.
For more information on how to complete an observation capture review the training resources.

Progress report

Requirement
4 x progress reports per phase of training; minimum 1 every 3 months.
Refer to RACP Flexible Training Policy for information on part-time training (item 4.2).

Description
A progress report is an assessment that documents trainees' and supervisors' assessment of trainee progress against the training program learning goals over a period of training.

Purpose
Progress reports assess knowledge and skill development, track progress against the phase criteria, and provide targeted feedback for improvement.

How to complete it
Progress reports are completed via TMP under the assessment requirements tab.   Trainees must: • self-assess against the program's learning goals   • record any leave taken during the covered training period   • provide summary comments about the rotation   For more information on how to complete a progress report review the training resources.

Research project

Requirement
1 x research project over the course of Advanced Training.

Description

The research project should be one with which the trainee has had significant involvement in designing, conducting the research and analysing data. Trainees may work as part of a larger research project but must have significant input into a particular aspect of the study.
 	
 Research projects are not required to be specialty-specific but are required to be broadly relevant to trainees' area of specialty. Broadly relevant can be defined as topics that can enhance, complement and inform trainees' practice in the chosen specialty.
 	
 Three research project types are accepted:
 • research in:
   o human subjects, populations and communities and laboratory research
   o epidemiology

- - education
  - leadership
  - medical humanities
  - areas of study which can be applied to care of patients or populations
- audit
- systematic review

The trainee must have a research project supervisor who may or may not be one of their rotation supervisors.

The research project is marked by the training committee as pass, fail or resubmit and trainees receive qualitative feedback about their project. The research project should be submitted for marking by the end of the specialty consolidation phase to allow time for resubmission in the transition to Fellowship phase if the project is unsatisfactory.

Purpose

The research project enabled trainees to gain experience in research methods; in interpretation of research literature; in participation in research at some stage of their career; and to develop quality improvement skills. Submission of a research project provides evidence of the skills of considering and defining research problems; the systematic acquisition, analysis, synthesis and interpretation of data; and effective written communication.

How to complete it

Detailed information on how to complete the research project can be found in the Advanced Training research project guidelines and can be submitted via TMP under the assessment requirements tab.

There are 3 deadlines that must be followed when submitting an Advanced Training Research Project. Trainees can choose to submit their Research Project on any of these 3 dates during the year.

Australia: 31 March, 15 June, or 15 September.

Aotearoa New Zealand: 31 March, 15 June, or 15 December.

Roles and responsibilities

Advanced Trainee

Role
A member who is registered with the RACP to undertake one or more Advanced Training programs.
Responsibilities
- Maintain employment in accredited training settings.   - Act as a self-directed learner: - be aware of the educational requirements outlined in the relevant curricula and education policies   - actively seek and reflect on feedback from assessors, supervisors, and other colleagues   - plan, reflect on, and manage their learning and progression against the curricula standards   - adhere to the deadlines for requirements of the training program.   - Actively participate in training setting / network accreditation undertaken by the RACP.   - Complete the annual Physician Training Survey to assist the RACP and training settings with ongoing quality improvement of the program.

Rotation supervisor

Role
A consultant who provides direct oversight of an Advanced Trainee during a training rotation.
Responsibilities
- Be aware of the educational requirements outlined in the relevant curricula and education policies.   - Oversee and support the progression of Advanced Trainees within the setting: - assist trainees to plan their learning during the rotation.   - support colleagues to complete observation captures with trainees.   - provide feedback to trainees through progress reports.   - Actively participate in rotation accreditation undertaken by the RACP.   - Complete the annual Physician Training Survey to assist the RACP and training settings with ongoing quality improvement of the program.

Assessor

Role
A person who provides feedback to trainees via the Observation Capture or Learning Capture tool. This may include consultants and other medical professionals, allied health professionals, nursing staff, administrative staff, and consumer representatives.

Responsibilities

• Be aware of the learning goals of the training program.
• Provide feedback to support the progression of Advanced Trainees within the setting:
  ○ complete observation captures.
  ○ provide feedback on learning captures as required.

Progress Review Panel

Role
A Progress Review Panel is a group convened to meet and make evidence-based decisions on trainees' progression through training. Progress Review Panels ensure the integrity and transparency of progression and completion decisions related to Basic and Advanced Trainees. Panels are considered experts in the training program, including the curriculum standards, requirements, and administration of the program.

Responsibilities
1. **Make decisions on progression** for all trainees in a training program. The panel will assess if trainees have met or are on track to meet the expected standard for their phase of training, including the completion of learning, teaching and assessment requirements. 2. **Manage trainee conditions to enable trainees to progress** by reviewing trainee performance. Where required, panels will set conditions for trainees to meet, with the goal of helping trainees achieve the program learning goals and progression or completion criteria.

Types of Progress Review Panels
There are two types of RACP Progress Review Panels: • Primary panel: A primary Progress Review Panel is an RACP committee supported by an RACP staff member. Primary panels are existing Training Program Committees/Subcommittees and will have Progress Review Panel functions included as part of their operations and delegations. • Secondary panel: These are local panels typically set up within a specific training setting, network, or geographic area. These panels will make progression decisions on behalf of the Training Program Committee and manage conditions placed on trainees. Trainees will be able to review the panels they are assigned to in the TMP.

Trainee progress decisions, conditions and feedback
• Panels will monitor and review trainee progress and make a phase progression decision. • Panels may add training conditions that trainees need to meet to progress in training or during their next phase of training.

- Trainees will be able to view progression decisions, conditions and panel feedback on the trainee progress tab in TMP.

RACP oversight committees

Role
RACP-administered committees with oversight of the Advanced Training Program in Australia and Aotearoa New Zealand. This includes the relevant training committee and/or Aotearoa New Zealand training subcommittee.

Responsibilities
- Oversee implementation of the Advanced Training program in Australia and Aotearoa New Zealand: - Manage and review program requirements, accreditation requirements, and supervision requirements.   - Monitor implementation of training program requirements.   - Implement RACP education policy.   - Oversee trainees' progression through the training program.   - Monitor the accreditation of training settings.   - Case manage trainees on the Training Support pathway.   - Review progression and certification decisions on application in accordance with the RACP Reconsideration, Review, and Appeals By-Law.   - Work collaboratively with secondary Progress Review Panels, where applicable to ensure the delivery of quality training.   - Provide feedback, guidance, recommendations, and reasoning for decision making to trainees and supervisors.   - Declare conflicts of interest and excuse themselves from decision making discussions when conflicts arise.   - Report to the overseeing RACP committee as required.

Resources

See RACP Online Learning for new curricula training and support resources.

For trainees

- Education policies
- Trainee support
- Trainee responsibilities
- Accredited settings
- Training fees

For supervisors

- Supervisor Professional Development Program
- RACP Research Supervision resource
- RACP Training Support resource
- RACP Creating a Safe Workplace resource