



The Royal
Australian &
New Zealand
College of
Psychiatrists



Education and Training

Certificate of Advanced Training in Addiction Psychiatry Regulations

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with the
community

CERTIFICATE OF ADVANCED TRAINING IN ADDICTION PSYCHIATRY

Authorising committee/department:	Committee for Training
Responsible committee/department:	Subcommittee for Advanced Training in Addiction Psychiatry
Document code:	REGS EDT-TRN Certificate of Advanced Training in Addiction Psychiatry
Date:	30.10.2024

The Certificate of Advanced Training in Addiction Psychiatry (the Certificate) provides an opportunity for accredited training in Addiction Psychiatry for trainees working towards Fellowship and Fellows of the Royal Australian and New Zealand College of Psychiatrists (RANZCP) who meet the selection criteria and mandatory requirements for the Certificate. The award of the Certificate of Advanced Training in Addiction Psychiatry, or “Cert. Addiction Psych” recognises completion of such training.

Trainees who undertake the Certificate of Advanced Training in Addiction Psychiatry and Stage 3 of the Fellowship Program concurrently must follow the [Stage 3 Mandatory Requirements Education Training Policy](#) and other associated 2012 Fellowship policies and procedures.

The Certificate of Advanced Training in Addiction Psychiatry is under the governance of the Committee for Training (CFT) of RANZCP through the Subcommittee for Advanced Training in Addiction Psychiatry (SATADD). In each Branch of the RANZCP, where an Addiction training program exists, a Director of Advanced Training (DOAT) coordinates this training and the processes described in these regulations.

Regulations are to be read in conjunction with the Curriculum for the Certificate of Advanced Training in Addiction Psychiatry.

For the purpose of this document, trainee refers to both trainees and Fellows-in-training unless stipulated otherwise.

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1 Eligibility

- 1.1 Applicants must satisfy all requirements to enter the Certificate.
 - 1.1.1 Applicants must hold current, general or specialist registration as a medical practitioner in Australia or current registration within a general, vocational or special scope of practice in New Zealand, as appropriate to the country where the applicant is to be employed and trained.
 - 1.1.2 Fellow applicants who have any special conditions, limitations, notations, undertakings or provisional requirements imposed on their medical registration must provide full disclosure of the nature of these at the time of application.
 - 1.1.3 The DOAT may deem the applicant is appropriate for training having determined that the conditions on the registration do not impact on Addiction Psychiatry training. The DOAT will make recommendations to the SATADD to grant entry to an applicant who have any special conditions, limitations, notations, undertakings or provisional requirements imposed on their medical registration.
 - 1.1.4 Applicants must be in good standing and hold registration as a trainee or are a Fellow of the RANZCP.
 - 1.1.5 Trainees must have completed all Stage 2 training requirements.
 - 1.1.6 Trainees must have passed the Multiple-Choice Question (MCQ) Examination.
 - 1.1.7 Applicants must have participated in an interview with their relevant DOAT or local delegate.
 - 1.1.8 Trainees must hold an appropriate accredited training position in Addiction psychiatry to commence training. While Fellows do not occupy accredited training positions, their positions must be able to meet the certificate requirements.
- 1.2 Specialist International Medical Graduates (SIMG) on the Specialist Pathway are not eligible to enter the Certificate until Fellowship is awarded.

2 Selection

- 2.1 The selection process must be based on the published selection criteria and adhere to equal opportunity principles. The process is designed to be impartial and transparent.
- 2.2 The DOAT in conjunction with the local Subcommittee of Advanced Training (SAT) or the local Branch Training Committee (BTC) conducts the selection process to ensure all applicants have the requisite skills, competency and qualifications to enter the Certificate.
- 2.3 Applicants must provide the following prior to entry to the Certificate for the purpose of the interview:
 - Completed application form (along with 1st year Learning Development Plan).
 - Current curriculum vitae detailing medical experience and past psychiatric posts.

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- Training records and In-Training Assessments (for trainees only).
- Contact details of three appropriate referees e.g., including current supervisor, clinical lead or equivalent.

2.4 Referee Reports

2.4.1 Applicants are asked to nominate three referees who are able to provide information about the applicant's professional capabilities. A confidential pro forma referee report may be sent to each referee. The DOAT may follow up references by telephone if necessary and appropriate.

2.4.2 The referee reports should include information on the following:

- The applicant's competency in psychiatry including any relevant aspects of medicine
- The applicant's ability to work within a multidisciplinary team
- The applicant's verbal and written communication skills and management of documentation tasks
- The applicant's professionalism (e.g., reliability, responsibility, organisation, initiative and ethical attitudes).
- The applicant's academic ability and attitudes towards developing their knowledge and skills
- Applicant's collegiality with their peers, consultants and others in the workplace
- Applicant's suitability to commence Certificate training.

2.5 The shortlisting of applications for interview is the responsibility of the DOAT in conjunction with the local delegated body where relevant.

2.6 The shortlisting process must be objective and transparent and may be used to reduce the number of interviews to approximately double the number of available places.

2.7 Shortlisted applicants are to be interviewed with the relevant DOAT and/or local delegates.

3 Entry

3.1 Trainees who have been selected to the Certificate must notify the RANZCP via submission of the Advanced Training Selection Notification (ATSN) form.

3.2 Trainees are able to undertake two Certificates of Advanced Training concurrently (Dual Certificate training) or a maximum of two individual advanced certificates at any one time.

- Please see Appendix II for Flowcharts on Addiction Entry and Selection Requirements.

4 Duration of Training

4.1 Trainees are required to complete 24 calendar months full-time equivalent (FTE) training in accredited addiction psychiatry posts.

4.2.1 Trainees may complete a six month FTE rotation in a non-clinical post related to addiction (e.g. research/medical administration/medical education). An application must be made prospectively and approved by the DOAT and the SATADD.

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- 4.2 The timeframes specified below are indicative of the minimum time required but it is understood that not all attachments will be full-time positions but may be sessional positions that can be undertaken concurrently. Where there is exceptional circumstances, exemptions can be applied through an application prospectively on a case by case basis to the SATADD.
- 4.2.2 Trainees must complete a minimum of 6 months 0.2 full time equivalent (FTE) General Hospital Drug and Alcohol Consultation-Liaison.
- 4.2.3 Trainees must complete a minimum of 6 months 0.5 FTE in Substance use disorders - specialist treatment setting.
- 4.2.4 Trainees must complete a minimum of 12 months minimum of 0.2 FTE in pharmacotherapy for opiate dependence.
- 4.2.5 Trainees must complete a minimum of 6 months 0.1 FTE in a multi-disciplinary pain unit.
- 4.2.6 Trainees must have experience in treating persons with co-existing substance use and other psychiatric disorders (comorbidity).
- 4.2.7 Rotations within mental health services (e.g.: community mental health services including aged care etc.) where comorbidity experience can be gained can be accredited for advanced training positions, provided the focus is on managing both conditions, and other accreditation requirements are met, including supervision from an accredited addiction psychiatry supervisor. Such rotations should ideally be split between two positions, where one is in an addiction specific role and the other within regular mental health services. Alternatively, such rotations should occur in the 2nd year after addiction specific rotations in the first year.
- 4.2.8 Trainees must have supervised experience in treating persons with gambling, internet gaming and other behavioural addictions.

5 Learning and development plan

- 5.1 An outline of proposed training (including rotations) must be drafted for year 1 and year 2 of training. The learning and development plan must be agreed with and submitted to the DOAT and to the RANZCP along with the application (if required by the DOAT) prior to the commencement of training and at the beginning of year 2.
- 5.2 The learning and development plan may need to be revised over the course of Certificate training.

6 Mandatory requirements for Training posts

- 6.1 A trainee must undertake any after-hours and emergency duties required in the training post (see Section 4 of [Stage 3 Mandatory Requirements Training Policy](#)).
- 6.2.1. Where a trainee believes there are exceptional circumstances that would prevent them from undertaking these duties, they should submit an application for exemption from after-hours

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experience for a specified or temporary time period to their employer and should notify their DOAT of this application.

- 6.2.2. If the application for exemption is approved, this exemption must be communicated to the DOAT, in addition to the BTC/New Zealand Training Committee (NZTC) (for trainees only).
- 6.2 Fellows-in-training should discuss their duties, hours, and supervision with their DOAT to fulfil the Advanced Training requirements. Fellows-in-training themselves are not in accredited training posts but must be able to demonstrate how they meet the training requirements of the advanced training certificate.

7 Work-Based Assessments requirements

- 7.1 Trainees are subject to the requirements outlined in the [Workplace-based Assessment policy and procedure \(15.1\)](#)
- 7.2 A minimum of three Workplace-based Assessments (WBAs) are required to contribute to the evidence base for each required EPA.
- 7.3 Trainees must complete a mandatory minimum of one Observed Clinical Activity (OCA) WBA with patients with addictions during each 6 month FTE rotation.
- 7.4 Once completing 24 FTE months of Certificate training and attaining a minimum of four OCAs, Fellows-in-training are not required to complete further WBAs.
- 7.5 Fellows-in-Training can complete an OCA with either a RANZCP accredited supervisor or a non-RANZCP supervisor; however, the non-RANZCP supervisor must still be clinically competent in the area of psychiatry relevant to the patient's presentation.

8 Entrustable Professional Activities

- 8.1 Trainees are subject to the requirements outlined in the [Entrustable Professional Activities policy and procedure \(8.1\)](#) and [Part-time Training policy \(20.1\)](#)
- 8.2 Trainees must attain a minimum of eight Stage 3 addiction psychiatry Entrustable Professional Activities (EPAs) from the available Stage 3 addiction EPAs (see Appendix I).
 - 8.2.1. Trainees completing an approved six-month non-clinical rotation (e.g. research/medical administration/medical education) must attain 6 mandatory Stage 3 Addiction EPAs and 2 Stage 3 EPAs relevant to other area of practice.
- 8.3 For the completion of the Certificate, all six mandatory addiction psychiatry EPAs must be attained.
- 8.4 Trainees must attain a minimum of two EPAs per each 6 month FTE rotation.
- 8.5 It is not possible to attain the same EPA twice. If a Stage 3 Addiction EPA is attained prior to enrolling in the Certificate, this EPA cannot be undertaken again. Trainees will be required to

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select alternative Stage 3 Addiction EPAs to ensure a minimum of eight EPAs are attained during Certificate training.

- 8.6 Once completing 24 FTE months of Certificate training and attaining a minimum of eight Stage 3 Addiction EPAs, Fellows-in-training are not required to complete further EPAs.

9 Completion of Rotation

- 9.1 Trainees must complete (formative) mid-rotation and (summative) end-of-rotation In-Training Assessment (ITA) for each 6 calendar month rotation.
- 9.2 Mid-rotation and end-of-rotation ITAs are to be reviewed and signed off by the principal supervisor and the DOAT prior to submission to the RANZCP.
- 9.3 The end-of-rotation ITA forms for each rotation must be fully completed, signed by the trainee's DOAT and submitted online via InTrain within 60 days of the completion of a rotation. Should the forms not be submitted within 90 days the rotation is deemed an automatic fail.

10 Formal Education Program

- 10.1 Each DOAT is responsible for recommending a Formal Education Program, but trainees can propose formal alternative learning experiences which must be approved by the DOAT and documented in the learning plan.
- 10.2 The Formal Education Program can be undertaken while on a break in training depending on the arrangements with the course provider and with the employing health service, where relevant.
- 10.3 It is recommended that a minimum attendance of 75% of Formal Education Program per calendar year must be maintained or trainees must submit evidence to their DOAT of extracurricular activities to demonstrate the level of satisfactory theoretical knowledge in addiction psychiatry.

11 Written Case History

- 11.1 Trainees must successfully complete one written case history.
- 11.2 The written case history must reflect a case seen while the trainee is enrolled in the Certificate of Advanced Training in Addiction Psychiatry. For example, from a general hospital drug and alcohol liaison, substance use disorders – specialist treatment settings, pharmacotherapy for opiate dependence etc.
- 11.3 Trainees should present their written case history according to the following requirements:
- I. The written case history is well presented with a clear layout.
 - Use professional English with correct spelling and grammar.
 - The font must be of 12-point size.
 - Use a suitable professional font consistently throughout the case
 - The report must be double-spaced.
 - Page must be numbered on every page.

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- II. Present data in an organised, logical and coherent format,
- III. Use an accepted referencing style that uses superscripts in the text, e.g. Vancouver style.
 - Lists all the references cited in the text in the reference list.

- 11.4 The written case history must include a full psychiatric history, relevant medical history, mental state and physical examinations, investigations, formulation, treatment plan, discussion of issues raised and a brief review of the literature relevant to key aspects of the case.
- 11.5 The written case history is formal report of 3000 to 5000 words. The word count commences from the start of the case through to the end of the case (discussion/conclusion) and will include all headings, footnotes and appendices. The total word count must appear on the submission form.
- 11.6 Explanatory footnotes are not to be included in the reference list; rather they must occur at the appropriate point in the text and be included in the word count.
- 11.7 The word count excludes the de-identification disclaimer, cover sheet, index/table of contents and references/bibliography. Figures and diagrams are also excluded from the word count.
- 11.8 It is not sufficient to simply utilise a pseudonym for the anonymity and privacy of the patients, their families and the submitting trainee. The following information that must be de-identified includes:
- Patient's name and location
 - Any locations, including patient's city/town of residence.
 - Names of mental health services, hospitals, and hospital units
 - Dates of admission
 - Names of RANZCP Fellows, supervisors, other staff and trainees
 - Identifying data included with X-rays, children's drawings, copies of letters and/or other information included with the case report including any appendices or attachments.
- 11.9 All data which could potentially identify the patient must be removed from the written case history, including from all appendices and acknowledgements.
- 11.10 As part of the de-identification, the name of the trainee submitting the case must not appear anywhere within the text of the case report (nor the name of any RANZCP Fellow or other staff involved in any aspect of the case).
- 11.11 The first time a pseudonym is used, it must have an asterisk (*) after it, indicating that it is a pseudonym.
- 11.12 **Submission of the Written Case History**
- 11.12.1 Trainees must be actively training or in an approved break in training in order to be eligible to submit their Written Case History. Trainees who have interrupted their training without approval for a break in training are considered to be not in training as per the Leave and

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Interruptions to Training Policy (23.1) and are not eligible to complete or submit their Written Case history during that time.

- 11.12.2 Trainees must submit their written case history in Microsoft Word format to the SATADD through the RANZCP head office via email: training@ranzcp.org. The RANZCP training staff will review the written case history if it meets the requisite criteria such as word count, de-identification etc.
- 11.12.2.1 If the written case history meets the submission criteria, it will be forwarded for marking. Should the written case history not fall under suitable submission criteria (e.g.: word count) the trainee will be notified that it does not meet the criteria and the case history will be returned, unmarked.
- 11.12.2.2 Trainees are to refer to the SATADD written case submission scheduled dates and plan their written case accordingly.
- 11.12.3 **Written Case History marking**
- 11.12.3.1 The RANZCP acts as the coordinator of the marking process by receiving the submission, allocating an independent marker, receiving the assessment and communicating the results to the trainee/DOATs.
- 11.12.3.2 The de-identified written case history must be submitted to the RANZCP Training and Education department: training@ranzcp.org.
- 11.12.3.3 The SATADD ensures that the marking of individual cases is completed by suitably experienced Fellows who have undergone calibration training.
- 11.12.3.4 All markers are required to undergo a calibration exercise as developed and required by the RANZCP.
- 11.12.3.5 The written case history is marked using the written case history mark sheet and cases will be marked as pass or fail.
- 11.12.3.6 In the event that a written case history is failed, a second marker, who is unaware of the initial failure, will review the case. If the second marker also fails the written case history, then the trainee is informed that the written case history has failed. Should there not be a consensus; the written case history is then referred to SATADD for final determination.
- 11.12.3.7 Where the written case history is passed the trainee is notified of the outcome and provided with de-identified marker feedback. For unsuccessful cases, written feedback will indicate general areas requiring revision; however, this is not intended to be a detailed critique or step-by-step guide to rectify the case and other areas may need attention.
- 11.12.3 No fee is required to submit the written case history.

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11.13 Submission following a failed Written Case History.

- 11.13.1 Should the written case history not meet the standard, the trainee will be notified and provided with feedback from the de-identified marker. The marker will either recommend review and amendment for resubmission or that the written case history is not suitable for resubmission.
- 11.13.2 The written case is identified by the RANZCP as 'First submission', 'Second submission' and 'Third submission' to indicate attempts of submission.
- 11.13.3 If a trainee resubmits a case for the first time (i.e., 'Second submission'), the resubmission and all previous feedback are sent to the original examiner for marking wherever possible.
- 11.13.4 If a trainee resubmits a case for the second time (i.e., 'Third submission' and last permitted re-submission), the resubmission and all previous feedback are sent to the SATADD for marking.
- 11.13.5 A trainee is not permitted to resubmit a case for a third time (i.e., Fourth submission), and the trainee is required to submit an entirely new case, subject to discussion and approval from the DOAT.
- 11.13.6 Should a trainee elect to submit a new case, a new Written Case History Submission Form (complete with supervisor's signature) is required.
- 11.13.7 Trainees who had failed two separate written case histories must consult the DOAT for discussion on how to proceed forward through their learning and development plan or targeted learning.
- 11.13.8 There is no maximum number of attempts for the Written Case History.

12 Discrete case summaries

- 12.1 Trainees must complete sixty (6 in each area) discrete case summaries listed in the table below.

Numbers of case required	Areas
6	Benzodiazepines/sedatives/hypnotics
6	Psychostimulant
6	Tobacco
6	Cannabis
6	Other substances
6	Substance-induced psychiatric disorders
6	Substance use in pregnancy

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6	Pain disorders
6	Gambling disorders or other behavioural addictions
6	Special patient populations, e.g. culturally and linguistically diverse (CALD), Aboriginal or Torres Strait Islander, Māori, child or adolescent, forensic.

- 12.2 Typed vignettes of 50 –100 words are required for each case and should include: patient age and gender, presenting context, presenting symptom(s), diagnosis, management and what was learnt.
- 12.3 The case supervisor must sign and date each vignette as an accurate record of the patient treated. Completed case summaries must be submitted to the RANZCP.
- 12.4 Written cases found to be outside the prescribed word limit, or which have not been de-identified will be returned.
- 12.5 Exemptions of discrete case summaries may only be considered prospectively through an application to the SATADD.

13 Submission of final qualitative report and sign off.

- 13.1 Trainees who are undertaking training in a Certificate Program concurrently with Stage 3 training are required to submit an additional or updated final qualitative report to their DOAT upon completion of their Certificate training.
- 13.2 The final report must be a 500 – 750 words qualitative personal overview of their certificate training experience. It should include an evaluation of the trainee's own experience including their development during the certificate, perceived strengths and weaknesses of their certificate training experience and feedback regarding their supervision. The report will be held in confidence by the DOAT.

14 Supervision Requirements

- 14.1 Clinical supervision for trainees must be provided at a minimum of 4 hours per week for full-time trainees. Of these hours, at least 1 hour per week must be individual supervision of a trainee's current clinical work.
- 14.2 While 1 hour per week of individual clinical supervision is required in full for all trainees no matter FTE, the other 3 hours of supervision per week can be on a pro-rata basis for trainees working less than full time.
- 14.3 Fellows-in-training are required to undertake 1 hour per week of individual clinical supervision for at least 40 weeks of the year.

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14.4 Selection of supervisor for Advanced Certificate training post

- 14.4.1 A supervisor must be accredited in the specific area of practice by the BTC/NZTC and the DOAT in order to supervise a trainee or Fellow-in-training undertaking a certificate.
- 14.4.2 Supervisors for Certificate of Advanced Training Programs must have the relevant Certificate of Advanced Training or be Accredited Members of the Faculty or have equivalent background and training to be eligible to apply to be a supervisor. Accreditation of supervisors is the responsibility of the DOAT and the local BTC, with oversight of the relevant local SATADD.
- 14.4.3 Non-RANZCP accredited supervisors must be approved by the BTC/NZTC and the DOAT. A Fellow of the Australasian Chapter of Addiction Medicine (FACHAM) may be accredited as a non-RANZCP supervisor.
- 14.4.4 If supervision is provided by a FACHAM or other non-RANZCP supervisor, the trainee must also have monthly supervision with an addiction psychiatrist. Any other proposed/prospective supervisors are to be considered on a case-by-case basis by the DOAT.

15 Targeted Learning Plan and Training Review application

- 15.1 All trainees are required to adhere to the [Targeted Learning Plans Policy and Procedure \(6.2\)](#) and [Failure to Progress Education Training Policy and Procedure 19.1](#) throughout the course of certificate training.
- 15.2 A targeted learning plan is required for Fellows when there has been a failure to successfully complete a rotation. Targeted learning plan requirements in this instance must adhere to the guidelines provided in the [Targeted Learning Plans Policy and Procedure \(6.2\)](#)
- 15.3 Fellows are required to submit a training review application after three rotation fails. The training review requirements are outlined in the [Failure to Progress Education Training Policy and Procedure 19.1](#) noting that applications from Fellows are considered by the SATADD in the first instance.

16 Awarding of the Certificate

- 16.1 In order to be awarded the Certificate, the applicant must hold RANZCP Fellowship.
- 16.2 To commence the Certificate award process, the Certificate checklist must be submitted to the DOAT once all Certificate requirements have been completed and submitted.
- 16.3 Upon approval of the certificate checklist and sign off form from the DOAT via InTrain, the trainee's record will be audited to ensure all Certificate requirements have been satisfied. The trainee cannot progress if any of the certificate requirements, documentation or RANZCP training administration fees are outstanding.
- 16.4 On confirmation that all Certificate requirements have been completed, the RANZCP organises approval from SATADD Chair.

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- 16.5 On approval of the SATADD Chair, the application progresses via the SATADD to the CFT for ratification.
- 16.6 The CFT ratifies the award of the Certificate and makes recommendation to the Education Committee (EC) for the award of the Certificate.
- 16.7 The EC shall make a determination to grant the award of the Certificate. The EC reserves the right to reject the awarding of the Advanced Certificates if it is not conforming to the recommendation of the SAT and CFT.
- 16.8 Should EC approval be given, trainees are eligible to use the post nominals Cert. Addiction Psych.
- 16.9 The EC ratification dates on the [Admission to Fellowship schedule](#) are when Certificates are scheduled to be awarded. CFT approval is required to be finalised by the paper due date outlined in the Fellowship schedule in order to make the award round.
- 16.9.1 The RANZCP shall endeavour to adhere to the ratification deadlines, as outlined in the Admission to Fellowship schedule, though it may not always be possible. Trainees are encouraged to plan in accordance with the Fellowship schedule dates to be awarded a Certificate.

17 Recognition of Prior Learning

- 17.1 Trainees are subject to the requirements outlined in the [Recognition of Prior Learning Policy and Procedure \(14.1\)](#)
- 17.2 Any training and/or work experience must have been completed within the past 8 calendar years in order to be eligible to be considered for RPL.
- 17.3 Training undertaken in the Fellowship Program prior to entering a Certificate cannot be converted to certificate training or granted as RPL.
- 17.4 Applicants who have undertaken training that is substantially equivalent to the Certificate training may generally be granted exemption from a maximum of 12 months FTE of Certificate training time and particular EPAs or other elements of the Certificate training on a case-by-case basis.

18 Maximum training duration

- 18.1 Trainees must complete certificate training within 6 calendar years from the commencement date of the Certificate¹. This is inclusive of any breaks-in-training or part-time training.
- 18.2 RANZCP will advise the trainee that their six years deadline is approaching. Communication will be sent to the trainee along with a copy to the DOAT advising of this.

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- 18.3 Prior to approaching six years in Certificate training, a trainee may submit a prospective application to the SATADD to extend their maximum training duration due to exceptional or mitigating circumstances.
- 18.4 If Certificate training has not been completed within 6 calendar years, the trainee must make an application in writing to the SATADD as to why they should be able to continue towards the Certificate.
- 18.5 Trainees are required to submit the application within 60 calendar days of notification from the RANZCP. Should an application not be submitted within this time, the trainee's status in the program will be considered by SATADD and an outcome determined utilising the trainee's record.
- 18.6 Applications for extension of maximum training duration should detail the following:
- Set out the facts such as name, identification and training zone, the nature of the application (prospective, 6 calendar years since commencement of certificate training and progress in training at the time of the application).
 - Include any relevant reasons (i.e. the exceptional circumstances) for the non-attainment of the certificate by the mandatory deadline (including evidence where relevant, e.g. a medical certificate, references, statements showing how the trainee has progressed to date).
 - Include any mitigating circumstances.
 - Include a proposed timeline and plan to complete the remaining Certificate within a specified time.
- 18.7 References and letters of support should be sought from the trainee's DOAT as well from others where relevant. Should the trainees not want to seek DOAT support, they should provide reasons for this in their application.
- 18.8 Should the SATADD determine that not enough information has been provided to make a determination, they will request further information from the trainee by a specified time period.
- 18.9 The SATADD has the capacity to grant an extension of up to 1 calendar year or may make a recommendation for exclusion from the Certificate to the CFT.
- 18.10 If the SATADD makes a recommendation to exclude the trainee from the Certificate, the recommendation will be made to the CFT and final decision reached by the EC.
- 18.11 Should a trainee be granted an extension but not complete the certificate requirements before the deadline given, the trainee may request a further extension to their training. The application should adhere to points 18.5 and 18.6.
- 18.12 Any additional extensions must be considered by the SAT and a recommendation made to the CFT for final decision.
- 18.13 The CFT reserves the right to request information from the trainees DOAT and supervisors. In doing so, the SAT will maintain confidentiality of any trainee correspondence as requested.

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19 Part time (0.5 FTE) and Breaks in Training

- 19.1 Trainees wishing to undertake training part time (0.5 FTE or less) or may want a break in training should refer to the [Part Time Training Policy & Procedure \(20.1\)](#) and [Leave and Interruptions to training Policy and Procedure \(23.1\)](#) for more information.
- 19.2 Breaks-in-training can only be applied for and approved for 1 year at a time. A trainee will need to apply for another break in training if they wish to extend their break in training beyond a year.
- 19.3 Fellows-in-training do not have a limit to the number of breaks in training within the maximum 6 calendar year time limit.

20 Exiting certificate training

- 20.1 A trainee can exit the certificate by voluntary or involuntary means (withdrawal or exclusion).
- 20.2 A Fellow who exits a Certificate of Advanced Training is no longer a RANZCP trainee; exiting the training will not in itself affect their status as a Fellow of the RANZCP.
- For more information of exiting certificate training, please refer to the [Training Exit and Re-Entry Policy and Procedure \(30.1\)](#).

21 Withdrawal

- 21.1 Trainees who wish to withdraw from the certificate program are required to complete and submit the [Withdrawal from training form](#).
- 21.2 A trainee can withdraw from the certificate at any time. The withdrawal from certificate does not impact a trainee's enrolment in the Fellowship program.
- 21.3 A Fellow can withdraw from the certificate at any time and this withdrawal does not impact their Fellowship status.
- 21.4 Withdrawal will be effective from the date written notice is provided to the RANZCP's head office. No further training will be credited to the trainee's training record from this date.
- 21.5 A trainee who has withdrawn may apply to re-enter Certificate of Advanced Training at a later date and may be re-instated with previously completed training requirements if the training was completed.
- 21.6 If a Dual Certificate trainee withdrew from, or stopped, one of the Certificates of Advanced Training at any one point, a single certificate would only be awarded on the full completion of all requirements for the relevant certificate program.

22 Exclusion

- 22.1 A trainee may be excluded from training on the following grounds (please refer to [Exit and Re-entry Policy and Procedure \(30.1\)](#) for more detail):
- 22.2 Non-payment of training fees following a period of nine calendar months from the invoice due date

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- Note: If a trainee's grounds for exclusion only relate to unpaid fees and the trainee pays prior to their exclusion is ratified by RANZCP Board, their exclusion will be discontinued. A trainee who has already been excluded for non-payment will need to re-apply to enter training.
- 22.3 Not being able to complete the Certificate within the maximum timeframe of 6 calendar years including break in training time and not being granted additional training months by SATADD to remain in the advanced training program.
- 22.4 Being excluded from the Fellowship program or the removal of RANZCP Fellowship will automatically result in exclusion from the certificate.
- 22.5 Removal from the medical register or a lack of medical registration, or significant changes to a trainee's medical registration.
- Note: trainees must formally advise the RANZCP head office within 14 days of any changes to, loss of or suspension of a trainee's medical registration, as per the Training Agreement.
- 22.6 Any breach of the RANZCP's Constitution, Code of Ethics, Fellowship Regulations or other RANZCP policies, guidelines or professional breaches potentially resulting in dismissal from employment or changes to medical registration.

23 Fees

- 23.1 Trainees are required to pay their annual training administration fee on time in order to continue their advanced certificate training.
- 23.2 Fellows are required to pay the training administration fee for the certificate. Once 24 months FTE certificate training is completed, Fellows are required to make payment of the training administration fee until the certificate is awarded.
- 23.3 Non-payment of the prescribed training fee may result in exclusion from the Certificate program.

24 Review and Appeals Process

- 24.1 Trainees dissatisfied with training or assessment outcomes must first address their concerns with their supervisor, Director of Advanced Training, or the SATADD. Should the issue remain unresolved, they are to raise the matter promptly as possible with the relevant RANZCP Education Committee for further review and resolution.
- 24.2 Trainees are referred to the [RANZCP Appeals and complaints](#) webpage which provides guidance for those who aren't satisfied with the outcome of a decision relating to training or assessment, in accordance with the [RANZCP Review, Reconsideration and Appeal Policy and Procedure](#).

CERTIFICATE OF ADVANCED TRAINING IN ADDICTION PSYCHIATRY

REVISION RECORD

Regulation owner:	Education and Training Department		
Contact:	Policy Development Officer (Education), Education and Training		
Date:	Version	Approver	Description
30.10.2024	v.2.0	Board - B2024/9 R15	Updated to new regulation format
20/07/2018	v1.4	Education Committee	Updated approved Formal Education Course details and removal of 12 case summaries (6 Alcohol and 6 Opioid), as these are covered in mandatory EPAs. Approved by EC 27/07/18.
27/10/2016	v1.3	SATADD and CFT Operational Group	Further clarification of timeframes of rotational training experiences. Gambling experiences expanded to include internet gaming and other behavioural addictions. Clarification of process where markers disagree on the written case result. Addition of minimum formal addiction psychiatry teaching program attendance requirement
21/12/15	v1.2	N/A	Clarification of Certificate OCA requirement will be considered for Fellowship OCA requirement.
16/12/15	v1.1	N/A	Minor amendment, change final summary report to checklist & sign off
28/10/15	v1.0	Education Committee	New document. Approved by CFT 22/10/15. Approved by EC 06/11/15.
2026			NEXT REVIEW

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APPENDIX I: Addiction Psychiatry EPAs

EPA number	EPA title
ST3-ADD-FELL-EPA1 <i>Mandatory</i>	Acute assessment and diagnosis of substance use
ST3-ADD-FELL-EPA2 <i>Mandatory</i>	Long-term management of severe alcohol use disorders
ST3-ADD-FELL-EPA3 <i>Mandatory</i>	Advanced management of substance intoxication and substance withdrawal
ST3-ADD-FELL-EPA4 <i>Mandatory</i>	Management of comorbid substance use, including tobacco dependence, and other mental health problems
ST3-ADD-AOP-EPA5 <i>Mandatory</i>	Treatment of substance use disorder with psychological methods
ST3-ADD-AOP-EPA6 <i>Mandatory</i>	Provide training for other clinicians in delivery of brief interventions for substance use disorder
ST3-ADD-AOP-EPA7	Alcohol and other drug (AOD) Consultation–Liaison
ST3-ADD-AOP-EPA8	Management of chronic pain with comorbid substance misuse
ST3-ADD-AOP-EPA9	Assess and manage a patient with opioid drug use problems
ST3-ADD-AOP-EPA10	Treatment of people with gambling disorder and other behavioural addictions
ST3-ADD-AOP-EPA11	Assess and manage complex comorbid substance use and physical health problems, including tobacco use
ST3-ADD-AOP-EPA12	Impairment assessment and report for patients with substance use disorders
ST3-ADM-FELL-EPA1-6	Administration
ST3-EDU-FELL-EPA1 - 4 ST3-EDU-AOP-EPA5 – 6	Medical Education
ST3-RES-AOP-EPA1 – 4	Research

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APPENDIX II: Addiction Entry and Selection Requirements Flowcharts

