

Addiction psychiatry – Certificate program

Training requirements



Trainees undertaking a Certificate of Advanced Training program and Stage 3 of the Fellowship Program concurrently must follow the requirements for both programs.

This document provides a summary of the training requirements of the *Certificate of Advanced Training in Addiction Psychiatry*. The requirements apply to both trainees and Fellows-in-training.

Please note: The requirements listed below were approved by the Subcommittee of Advanced Training in Addiction Psychiatry (SATADD) on 6 October 2015.

- Successful completion of 24 months FTE training in accredited addiction psychiatry training posts, including experience in the following:
 - general hospital drug and alcohol liaison (6 months*; 2–3 sessions per week or equivalent)
 - substance use disorders – specialist treatment setting (12 months*; 2–3 sessions per week or equivalent)
 - pharmacotherapy for opiate dependence (12 months*; 2–3 sessions per week or equivalent)
 - co-existing substance use and other psychiatric disorders (comorbidity)
 - pain unit (6 months*, 1–2 sessions per week or equivalent)
 - gambling , internet gaming and other behavioural addictions.

*The timeframes specified are indicative of the minimum required but it is understood that not all the attachments will be full-time positions but may be sessional positions that can be undertaken concurrently.

- Written outline of proposed training (including rotations) for year 1 and year 2 of training, agreed with the Director of Advanced Training (DOAT) and submitted prior to the commencement of training and at the beginning of year 2.
- Attainment of **eight** Stage 3 addiction psychiatry EPAs; two per 6-month FTE rotation.
 - Six addiction psychiatry EPAs are mandatory for Certificate completion (see [Certificate of Advanced Training in Addiction Psychiatry](#) web page for details), trainees are to choose an additional two EPAs to attain from the remaining addiction psychiatry EPAs.
 - A minimum of three WBAs are required to contribute to the evidence base for each required EPA.
- Completion of a mandatory minimum of one Observed Clinical Activity (OCA) WBA with patients with addictions during each 6-month FTE rotation.
 - This applies to all trainees (including transitioning trainees) and Fellows-in-training regardless of OCI pass.
 - The OCA will be recorded on the end-of-rotation In-Training Assessment (ITA) form.
 - This will satisfy the Fellowship OCA requirement for pre-Fellowship trainees.
- Completion of a formal addiction psychiatry teaching program.
The Addiction Doctors Education Program is the recommended formal education teaching program. Trainees can discuss alternative formal teaching programs with their DOAT and must receive approval from SATADD or complete self-directed learning which has been approved by the DOAT.

- The teaching 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.

A minimum of 75% program attendance is required.

- Successful completion of **one** written case history; 3000–5000 words in length. [Summative assessment]
 - To be written on a case from training experiences, e.g. general hospital drug and alcohol liaison, substance use disorders – specialist treatment setting, pharmacotherapy for opiate dependence, etc.
 - The case history needs to include: a full psychiatric history; mental state and physical exam; formulation; treatment plan; discussion of issues raised; and a brief review of the literature relevant to key aspects of the case.
 - The trainee submits the Case History and submission form to their Director of Advanced Training (DOAT). The DOAT disseminates the case history to an appropriate assessor.
 - For more information please refer to the [Process for submission and assessment of the Addiction case history](#).
- Completion of **60** discrete case summaries.
 - 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.
 - Supervisors must sign and date each vignette as an accurate record of the patient treated. Completed case summaries must be attached to the end-of-rotation ITA form.
 - Cases as per the following[†]:
 - 6 benzodiazepines/sedatives/hypnotics
 - 6 psychostimulant
 - 6 tobacco
 - 6 cannabis
 - 6 other substances
 - 6 substance-induced psychiatric disorders
 - 6 substance use in pregnancy
 - 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.

[†]Exemptions considered and approved by the DOAT, noted by SATADD.

- Submission of final qualitative report to the DOAT.
- Completion of (formative) mid-rotation and (summative) end-of-rotation ITAs.
 - End-of-rotation ITA forms must be submitted within 60 days of the completion of each rotation.
- Submission of checklist & sign off
 - To be signed by the trainee, DOAT and SATADD Chair as declaration and confirmation that the trainee has satisfactorily completed the requirements of the Certificate training program.

- For more information on the awarding of advance certificate process, please visit the [Certificates of Advanced Training mandatory requirements](#) section on the RANZCP website.

For trainees and Fellows who **transition from the 2003 training program**, please refer to the *Addiction Psychiatry Certificate Program Transition Matrix* for the transition rules. It is a trainee's/Fellow's responsibility to be familiar with the requirements post-transition.

Revision Record

Contact	Training team		
Date	Version	Approver	Description
08/05/2024	v1.6	SATADD	Updated submission marking process and FEC attendance
08/08/2019	v1.5	N/A	Addition of Certificate award process.
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. Further clarification of timeframes of rotational training experiences. Gambling experiences expanded to include internet gaming and other behavioural addictions.
27/10/2016	v1.3	SATADD and CFT Operational Group	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.
July 2027			NEXT REVIEW