Stage 2 syllabus

Preamble

This document has been prepared with the intent of providing a syllabus for learning for Stage 2 of the Competency-Based Fellowship Program (CBFP). The syllabus intends to define, for trainees and educators, the knowledge base that underpins the acquisition of competencies in Stage 2 and that is required for progression to Stage 3. The content outlined below is intended to inform knowledge acquisition across clinical, informal and formal education settings as well as self-directed learning in accordance with the CBFP framework.

The syllabus is not intended to be prescriptive. Accordingly, in order to be consistent with the principles of adult learning and to reflect the richness and diversity of psychiatry, detailed descriptions of content are intentionally excluded. This also allows for advances in psychiatric knowledge and changing paradigms. It is recognised that local training schemes and Formal Education Courses (FECs) will provide greater levels of specification.

The syllabus is indicative of the breadth of knowledge required. All areas in the syllabus are important and need to be covered; however, not all areas could be expected to be learnt to the same level. To help trainees, FEC coordinators, supervisors and other educators, a rating system has been utilised to indicate the depth of knowledge expected.

<table>
<thead>
<tr>
<th>Depth of knowledge as appropriate for Stage 2 (not importance of knowledge)</th>
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</thead>
<tbody>
<tr>
<td>AC Awareness of concepts</td>
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<tr>
<td>WK Working knowledge</td>
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<tr>
<td>IDK In-depth knowledge</td>
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</table>

It is expected the rating system also reflects the learning opportunities available to trainees in the second stage of training. The rating currently attributed to each area in the syllabus affects Stage 2 training only and the rating may change as training progresses.
It is important to note that the syllabus outlines knowledge that all trainees must acquire in Stage 2 of training, regardless of which area of practice rotations they undertake.

**Content**

**A Generalist knowledge and general psychiatry**

The following content represents generalist knowledge that should be applied across different areas of practice. This section builds on that acquired in Stage 1 and also covers areas of knowledge not addressed in the specific area of practice sections. The rating reflects the depth of knowledge required at Stage 2.

**A1 Interviewing and assessment**

A1.1.1 Interviewing with sensitivity, including but not limited to, sensitivity to culture, sexual orientation, intellectual abilities and developmental stage

A1.1.2 Understanding the importance of synthesising informant and corroborative histories and documented histories with direct assessment

A1.1.3 Understanding the components and limitations of risk assessment, including issues in specific populations, eg. infants, children and adolescents, older people

A1.1.4 Understanding the concept and challenges of interviewing and assessing the mental state of people with complex communication needs including intellectual, developmental and other disabilities (cognitive, sensory and motor)

**A2 Assessment and management of psychiatric emergencies**

**A3 Diagnosis and classification**

A3.1.1 Systems of classification (ICD, DSM)

A3.1.2 Principles and problems

A3.1.3 History of development of diagnosis and classificatory systems in psychiatry

**A4 Basic sciences**

A4.1.1 Neurosciences (relevant to the clinical syndromes…)

A4.1.1a Neuroanatomy

A4.1.1b Neurophysiology

A4.1.1c Neurochemistry

A4.1.2 Genetics and inheritance
## A5 Management in psychiatry

### A5.1 Social
- **A5.1.1** Principles of the recovery philosophy
- **A5.1.2** Principles of stigma, mental health literacy, the role of public education initiatives
- **A5.1.3** Role of social support services (housing, accommodation, non-governmental organisation [NGO] sector individual and group supports)
- **A5.1.4** Role of non-medical individual and group counselling supports, eg. rape crisis services, veterans’ support services
- **A5.1.5** Role of consumer and advocacy groups

### A5.2 Biological
- **A5.2.1** Principles of psychopharmacology and prescribing
- **A5.2.2** Antipsychotics
- **A5.2.3** Antidepressants
- **A5.2.4** Mood stabilisers
- **A5.2.5** Anxiolytics
- **A5.2.6** Electroconvulsive therapy (ECT)
- **A5.2.7** Management of physical sequelae and complications of psychiatric illnesses and their treatment
- **A5.2.8** Transcranial magnetic stimulation

### A5.3 Psychological
- **A5.3.1** Principles of psychological interventions (including non-specific factors)
- **A5.3.2** Understanding the role of, and evidence-based indications for, the major modalities of psychotherapy (supportive, psychodynamic, cognitive–behavioural, interpersonal, family, group and couples)

### A5.4 Population
- **A5.4.1** Principles of promotion, prevention and early intervention strategies
- **A5.4.2** Awareness of at-risk groups
- **A5.4.3** Understanding the burden of mental illness

### A6 Critical appraisal and basic statistics
- **A6.1.1** How to evaluate a scientific paper in psychiatry
- **A6.1.2** Fundamentals of statistics relevant to psychiatry
- **A6.1.3** Understanding study designs (quantitative and qualitative)
## A7 Ethics

<table>
<thead>
<tr>
<th>Topic</th>
<th>Knowledge Level</th>
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<tbody>
<tr>
<td>A7.1.1 Capacity</td>
<td>IDK</td>
</tr>
<tr>
<td>A7.1.2 Ethics of coercive treatment</td>
<td>IDK</td>
</tr>
<tr>
<td>A7.1.3 Boundary issues</td>
<td>IDK</td>
</tr>
<tr>
<td>A7.1.4 Issues of the exercise of power in psychiatry</td>
<td>IDK</td>
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<tr>
<td>A7.1.5 Privacy and confidentiality</td>
<td>IDK</td>
</tr>
<tr>
<td>A7.1.6 Relationship with industry</td>
<td>IDK</td>
</tr>
<tr>
<td>A7.1.7 End-of-life decisions (including do not resuscitate (DNR) orders)</td>
<td>WK</td>
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<td>A7.1.8 Child protection</td>
<td>WK</td>
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<tr>
<td>A7.1.9 Ethics of duality and conflicts of interest</td>
<td>WK</td>
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<tr>
<td>A7.1.10 Distribution of healthcare resources</td>
<td>AC</td>
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</table>

## A8 Professionalism

<table>
<thead>
<tr>
<th>Topic</th>
<th>Knowledge Level</th>
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<tbody>
<tr>
<td>A8.1.1 Importance of personal ethics and integrity</td>
<td>IDK</td>
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<tr>
<td>A8.1.2 Importance of maintaining professional standards</td>
<td>IDK</td>
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<tr>
<td>A8.1.3 Importance of maintaining personal wellbeing</td>
<td>IDK</td>
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## A9 The Law

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<thead>
<tr>
<th>Topic</th>
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<tbody>
<tr>
<td>A9.1.1 Principles underpinning mental health legislation</td>
<td>IDK</td>
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<tr>
<td>A9.1.2 Understanding relevant local legislation as it applies to specific groups of patients, eg. forensic, child and adolescent, addiction</td>
<td>IDK</td>
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<tr>
<td>A9.1.3 Responsibilities under the Mental Health Act</td>
<td>IDK</td>
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<tr>
<td>A9.1.4 Relevant common law principles, eg. capacity, necessity, duty-of-care, duty-to-warn</td>
<td>IDK</td>
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<tr>
<td>A9.1.5 Knowledge of mandatory reporting requirements (including ethical considerations and health practitioner’s context)</td>
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<td>A9.1.6 Testamentary capacity</td>
<td>WK</td>
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<td>A9.1.7 Advance health directives</td>
<td>WK</td>
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<td>A9.1.8 Supported and substitute decision making, eg. guardianship and administration, enduring power of attorney</td>
<td>WK</td>
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<td>A9.1.9 Understanding the role of an expert in legal proceedings (including report writing and giving evidence)</td>
<td>AC</td>
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<td>A9.1.10 Principles of psychiatric defences and fitness to plead/stand trial</td>
<td>AC</td>
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## A10 Normal development across the lifespan

<table>
<thead>
<tr>
<th>Topic</th>
<th>Knowledge Level</th>
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<tbody>
<tr>
<td>A10.1.1 Attachment, infant, child, adolescent, adult, old age</td>
<td>IDK</td>
</tr>
<tr>
<td>A11</td>
<td>Children of parents with mental health disorders</td>
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<tr>
<td>A11.1.1</td>
<td>Understanding the issues/problems facing children of parents with mental illness and/or addiction</td>
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<td>A11.1.2</td>
<td>Knowledge of strategies to assist children of parents with mental illness and/or addiction</td>
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<thead>
<tr>
<th>A12</th>
<th>Psychology</th>
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<tbody>
<tr>
<td>A12.1.1</td>
<td>Group theory and group dynamics</td>
</tr>
<tr>
<td>A12.1.2</td>
<td>Learning and related theories</td>
</tr>
<tr>
<td>A12.1.3</td>
<td>Personality theory</td>
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<tr>
<td>A12.1.4</td>
<td>Developmental psychology</td>
</tr>
<tr>
<td>A12.1.5</td>
<td>Cognitive psychology</td>
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<tr>
<td>A12.1.6</td>
<td>Psychometric assessment</td>
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<thead>
<tr>
<th>A13</th>
<th>Cultural competence</th>
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<tbody>
<tr>
<td>A13.1.1</td>
<td>Impact of cultural factors in clinical practice</td>
</tr>
<tr>
<td>A13.1.2</td>
<td>Psychiatry in a multicultural context</td>
</tr>
<tr>
<td>A13.1.3</td>
<td>Impact of migration</td>
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<thead>
<tr>
<th>A14</th>
<th>History</th>
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<tbody>
<tr>
<td>A14.1.1</td>
<td>History of psychiatry as it informs current psychiatric practice</td>
</tr>
<tr>
<td>A14.1.2</td>
<td>History of patient empowerment and ‘consumer’ and carer movements</td>
</tr>
</tbody>
</table>
A15  Specific disorders

In Stage 2, trainees are expected to acquire knowledge of the following aspects of the disorders listed below:

Epidemiology, aetiology (biopsychosocial, cultural), symptomatology, course, assessment, management (biopsychosocial, cultural), psychiatric and medical comorbidities, differential diagnoses.

A15.1 Organic psychiatry

A15.2 Psychosis

A15.2.1 Schizophrenia spectrum disorders

A15.3 Mood disorders

A15.3.1 Bipolar disorder

A15.3.2 Depressive disorders

A15.4 Anxiety disorders

A15.5 Personality disorders

A15.6 Dissociative disorders

A15.7 Sleep disorders

A15.8 Perinatal disorders

A15.9 Eating disorders

A15.10 Impulse control disorders

A15.11 Sexual disorders
<table>
<thead>
<tr>
<th>B</th>
<th>Consultation–Liaison Psychiatry</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1</td>
<td>Interviewing and assessment</td>
</tr>
<tr>
<td></td>
<td>B1.1.1 Principles of interviewing, history gathering and documentation in the general medical setting</td>
</tr>
<tr>
<td></td>
<td>B1.1.2 Specialised cognitive testing</td>
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<td></td>
<td>B1.1.3 Focused medical assessment and investigations in the medically ill</td>
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<tr>
<td>B2</td>
<td>Systemic issues in Consultation–Liaison psychiatry</td>
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<tr>
<td></td>
<td>B2.1.1 Role of Consultation–Liaison psychiatrist</td>
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<tr>
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<td>B2.1.2 Models of care in the general medical setting (consultation versus liaison)</td>
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<tr>
<td>B3</td>
<td>Treatments in psychiatry</td>
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<tr>
<td></td>
<td>B3.1 Social</td>
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<tr>
<td></td>
<td>B3.1.1 Stigma associated with mental illness in the general hospital setting</td>
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<tr>
<td></td>
<td>B3.1.2 Advocacy when the patient is under another clinician’s care</td>
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<td></td>
<td>B3.2 Biological</td>
</tr>
<tr>
<td></td>
<td>B3.2.1 Principles of psychopharmacology and prescribing in the medically ill patient, eg. patients on multiple medications, patients with impaired organ function</td>
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<tr>
<td></td>
<td>B3.2.2 Psychiatric and neuropsychiatric sequelae of medical conditions and their treatments</td>
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<td>B3.2.3 Analgesia</td>
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<td></td>
<td>B3.3 Psychological</td>
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<tr>
<td></td>
<td>B3.3.1 Principles of psychological interventions in the Consultation–Liaison setting</td>
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<tr>
<td></td>
<td>B3.3.2 Application of psychological techniques (eg. conflict resolution) to the patient and the treating team</td>
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<td>B3.3.3 Containing distress</td>
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<tr>
<td>B4</td>
<td>Normal development across the lifespan</td>
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<tr>
<td></td>
<td>B4.1.1 Impact of medical illness on normal development</td>
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<tr>
<td>B5</td>
<td>Psychology</td>
</tr>
<tr>
<td></td>
<td>B5.1.1 Abnormal illness behaviour</td>
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<tr>
<td></td>
<td>B5.1.2 Sick role</td>
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<td></td>
<td>B5.1.3 Responses to trauma and medical illness (including chronic medical illness)</td>
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<tr>
<td></td>
<td>B5.1.4 Demoralisation</td>
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<tr>
<td></td>
<td>B5.1.5 Grief and loss</td>
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</tbody>
</table>
B6  Cultural competence

B6.1.1  Impact of cultural factors in the general medical setting, eg. different understandings of the need to inform the patient  WK

B7  Specific disorders in consultation–liaison psychiatry

In Stage 2, trainees are expected to acquire knowledge of the following aspects of the disorders listed below:

Epidemiology, aetiology (biopsychosocial, cultural), symptomatology, course, assessment, management (biopsychosocial, cultural), psychiatric and medical comorbidities, differential diagnoses.

B7.1  Organic psychiatry

B7.1.1  Delirium  IDK
B7.1.2  Epilepsy  WK
B7.1.3  Acquired brain injury  WK
B7.1.4  Psychiatric illness due to general medical conditions (including side effects of treatments)  WK

B7.2  Psychiatric disorders in the medically ill  IDK

B7.3  Somatoform disorders

B7.3.1  Pain disorders  WK
B7.3.2  Somatisation disorder  WK
B7.3.3  Conversion disorder  WK
B7.3.4  Hypochondriasis  WK

B7.4  Factitious disorder and malingering  WK
C  Child & Adolescent psychiatry

C1 Interviewing and assessment
C1.1 Basic principles of interviewing children and adolescents
C1.1.1 Mental state examination of the child or adolescent
C1.1.2 Appropriate medical assessment and investigations
C1.1.3 Use of collateral sources
C1.1.4 Family interviewing
C1.1.5 Developmental assessment
C1.1.6 IDK

C2 Treatments in psychiatry
C2.1 Biological
C2.1.1 Principles of psychopharmacology and prescribing in children and adolescents
C2.1.2 Antipsychotics
C2.1.3 Antidepressants
C2.1.4 Mood stabilisers
C2.1.5 Anxiolytics
C2.1.6 Psychostimulants and other treatments for Attention deficit hyperactivity disorder (ADHD)
C2.1.7 Awareness of the use of, and limited evidence for, complementary and alternative treatments

C2.2 Psychological
C2.2.1 Principles of psychological interventions (including non-specific factors)
C2.2.1a Family therapy

C3 Psychology
C3.1.1 Responses to trauma (including early-developmental trauma)
C3.1.2 Grief and loss
C3.1.3 Interpretation of behaviour checklists
C3.1.4 Learning and related theories
C3.1.5 Psychometrics
C3.1.6 IDK

C4 Patients, families, carers and systemic issues in Child & Adolescent psychiatry
C4.1.1 Understanding principles of working with patients, families and carers
C4.1.2 Working with schools, welfare agencies, physical health services
C5 Specific disorders in child & adolescent psychiatry

In Stage 2, trainees are expected to acquire knowledge of the following aspects of the disorders of childhood and adolescence listed below.

Epidemiology, aetiology (biopsychosocial, cultural), symptomatology, course, assessment, management (biopsychosocial, cultural), psychiatric and medical comorbidities, differential diagnoses.

C5.1 Internalising
C5.2 Externalising
C5.3 Neurodevelopmental disorders
C5.4 Somatic
**D Addiction psychiatry**

**D1 Interviewing and assessment**

D1.1.1 Knowledge and synthesis of the interaction between substance use and psychiatric symptoms/disorders

D1.1.2 Physical effects of substance use, eg. Korsakoff’s syndrome, hepatitis

D1.1.3 Investigations specific to substance use, eg. blood-borne viruses, urine drug screening (UDS)

D1.1.4 Specific cognitive testing, eg. executive function testing

**D2 Treatments in psychiatry**

D2.1.1 Integrated approach to the treatment of co-existing problems, especially comorbid post-traumatic stress disorder (PTSD) and other anxiety disorders, mood disorders and psychosis

D2.1.2 Knowledge of harm-minimisation strategies and public health interventions, eg. needle exchanges

D2.1.3 Knowledge of interaction between drugs of abuse and treatment of psychiatric disorders

**D2.2 Social**

D2.2.1 Stigma associated with addiction

D2.2.2 Advocacy

D2.2.3 Knowledge of special populations, eg. indigenous people

**D2.3 Biological**

D2.3.1 Relapse prevention pharmacotherapy, eg. anti-craving drugs

D2.3.2 Opioid substitution therapies

D2.3.3 Knowledge of pharmaceutical drug misuse (including over-the-counter medications)

**D2.4 Psychological**

D2.4.1 Motivational interviewing

D2.4.2 Contingency management

D2.4.3 Mutual help programs, eg. Alcoholics Anonymous (AA)

D2.4.4 Acceptance and commitment therapy

**D3 Substance use across the lifespan**

D3.1.1 Substance use in young people and in older people

D3.1.2 Substance use in pregnancy/puerperium

D3.1.3 Impact of substance use on normal development (including dementia)

D3.1.4 Neonatal abstinence syndromes
**D4 Specific disorders in addiction psychiatry**

In Stage 2, trainees are expected to acquire knowledge of the following aspects of the disorders listed below:

Epidemiology, aetiology (biopsychosocial, cultural), symptomatology, course, assessment, management (biopsychosocial, cultural), psychiatric and medical comorbidities, differential diagnoses.

<table>
<thead>
<tr>
<th>D4.1 Substance-induced disorders</th>
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<tbody>
<tr>
<td>D4.1.1 Substance-induced mood disorders, anxiety disorders</td>
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<tr>
<td>D4.1.2 Substance-induced psychosis</td>
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<td><strong>IDK</strong></td>
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<thead>
<tr>
<th>D4.2 Substance dependence and physical illness</th>
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<tr>
<th>D4.3 Substance dependence</th>
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<tbody>
<tr>
<td>D4.3.1 Alcohol</td>
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<tr>
<td>D4.3.2 Nicotine</td>
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<tr>
<td>D4.3.3 Cannabis (including its relationship with psychosis)</td>
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<td>D4.3.4 Amphetamine-type stimulants</td>
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<td>D4.3.5 Hallucinogens</td>
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<td>D4.3.6 Opioids</td>
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<td>D4.3.7 Inhalants</td>
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<th>D4.4 Pharmaceutical drug misuse/abuse/dependence</th>
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<tr>
<td>D4.4.1 Prescribed medications</td>
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<td>D4.4.2 Over-the-counter medications</td>
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<th>D4.5 Drug stabilisation</th>
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<tbody>
<tr>
<td>D4.5.1 Acute intoxication</td>
</tr>
<tr>
<td>D4.5.2 Withdrawal, knowledge of rating scales and their limitations</td>
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<th>D4.6 Gambling</th>
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<th>D4.7 Pain assessment and management options</th>
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<tr>
<td>D4.7.1 Chronic pain and substance use</td>
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<th>D4.8 Personality disorders</th>
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<tr>
<td>D4.8.1 Personality disorders in the addiction setting</td>
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<td><strong>WK</strong></td>
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</table>
E  Forensic psychiatry

E1  Interviewing and assessment
   E1.1.1  Assessment and management of risk of harm to others

E2  Other
   E2.1.1  The relationship between mental illness and violence
   E2.1.2  Therapeutic security and levels of security in psychiatric facilities
   E2.1.3  Forensic mental health systems and services
   E2.1.4  Correctional psychiatry

E3  Specific disorders in forensic psychiatry

In Stage 2, trainees are expected to acquire knowledge of the following aspects of the disorders listed below:

Epidemiology, aetiology (biopsychosocial, cultural), symptomatology, course, assessment, management (biopsychosocial, cultural), psychiatric and medical comorbidities, differential diagnoses.

E3.1  Personality disturbance in a forensic setting

E3.2  Problematic behaviours
   E3.2.1  Litigiousness
   E3.2.2  Stalking
   E3.2.3  Paraphilias
   E3.2.4  Fire-setting
   E3.2.5  Aggression

E3.3  Victimology
### F Psychiatry of Old Age

#### F1 Interviewing and assessment

| F1.1.1  | Psychiatric assessment of older adults | IDK |
| F1.1.2  | Neuroimaging in older people (including an appreciation of the range of normal findings in older people on CT and MRI structural scans) | IDK |
| F1.1.3  | Functional assessment (including ADL/IADL function and issues of risk particularly relevant to the older person, such as falls) | IDK |
| F1.1.4  | Assessment of social situation, eg. suitability of living environment, accessibility, social support, elder abuse and exploitation, severe domestic squalor, hoarding | IDK |

#### F2 Treatments in psychiatry

**F2.1 Biological**

| F2.1.1  | Electroconvulsive therapy (ECT) as applied to older people | IDK |
| F2.1.2  | Principles of psychopharmacology and prescribing in older people (including treatments for physical illnesses, with an emphasis on psychopharmacology in people aged 75 and over) | IDK |
| F2.1.3  | Biological treatments in dementia (including the use of cognition enhancers) | WK |

**F2.2 Psychological**

| F2.2.1  | Principles of behavioural and psychological interventions in older people | WK |

#### F3 Patients, families, carers and wider systems

| F3.1.1  | Interaction with residential aged care facilities, non-governmental organisations (NGOs), eg. Alzheimer’s Australia and Alzheimers New Zealand | WK |
| F3.1.2  | Community services for older people, eg. home help, domiciliary nursing, meals on wheels, etc. | WK |
| F3.1.3  | Income support, public housing, disability services for older people | WK |
| F3.1.4  | Health and welfare support for older veterans | WK |
F4 Specific disorders in psychiatry of old age

In Stage 2, trainees are expected to acquire knowledge of the following aspects of the disorders listed below:

Epidemiology, aetiology (biopsychosocial, cultural), symptomatology, course, assessment, management (biopsychosocial, cultural), psychiatric and medical comorbidities, differential diagnoses.

<table>
<thead>
<tr>
<th>F4.1.1</th>
<th>Awareness of how ageing and functional impairment associated with ageing affects treatment outcomes, including the speed of response to treatment</th>
<th>WK</th>
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<tbody>
<tr>
<td>F4.2</td>
<td>Organic mental disorders</td>
<td></td>
</tr>
<tr>
<td>F4.2.1</td>
<td>Dementias</td>
<td>IDK</td>
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<td>Personality disorders in older people</td>
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<td>Pathoplastic effects of personality dysfunction on Axis I disorders in later life</td>
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G **Psychotherapies**

G1 **Interviewing and assessment**

G1.1.1 Principles of assessment for all psychotherapy approaches

G1.1.2 Understanding general factors to rapport building, therapeutic alliance, frame and contract setting in psychotherapy and issues of confidentiality and boundaries (including boundary violations and personal disclosure) specific to psychotherapy

G1.1.3 Formulation – psychodynamic approaches and other approaches compatible with the other models of psychotherapy

G2 **Treatments in psychiatry**

G2.1 Psychological treatments

Understanding the theories, indications and evidence base for the following modalities:

G2.1.1 Supportive therapies

G2.1.2 Family therapy (major schools)

G2.1.3 Cognitive and behavioural therapies

G2.1.4 Interpersonal therapy (IPT)

G2.1.5 Psychodynamic therapies (major schools)

G2.1.5a Historical perspective and context of different schools

G2.1.6 Group therapy (major schools)

G2.1.7 Couples therapy
**H  Indigenous Australians/Māori mental health**

**H1  Interviewing and assessment**

H1.1.1  Interviewing with cultural sensitivity

Issues relating to:

H1.1.2  Familiarity with the Australian and New Zealand history of colonisation/invasion and the ongoing impact for Indigenous people today

H1.1.3  Familiarity with the Indigenous world view, often contrasted as being holistic in comparison with the more categorical ‘Western’ world view

H1.1.4  Specific cultural practices, customs and social structures and their impact on mental illness presentation and intervention

**I  Rural psychiatry**

**I1  Interviewing and assessment**

I1.1.1  Telepsychiatry

Issues relating to:

I1.1.2  Impact of small community living on presentation of mental illness and intervention

I1.1.3  Working autonomously, and in partnership with, limited community support services

**J  Psychiatry of Intellectual & Developmental Disabilities**

J1.1.1  Specific issues of assessment of people with intellectual disabilities, including mental health and behaviour, relevance of severity of intellectual disability

J1.1.2  Consideration of the aetiology of the disabilities in the patient, whether congenital and/or acquired, and relevance to the clinical presentation

J1.1.3  Specific issues of management, including adapted psychotropic drug regimens and importance of long-term developmental perspective

**K  Perinatal psychiatry**

K1.1.1  Specific issues of assessment and management in this population

K1.1.2  Risk assessment (including risk of infanticide)

K1.1.3  Use of pharmacology in this population
Appendix

**AC – Awareness of concepts**

Acceptance and commitment therapy

Advocacy (Addiction psychiatry)

Aggression

Analgesia

Awareness of at-risk groups

Awareness of the use of, and limited evidence for, complementary and alternative treatments (Child & Adolescent psychiatry)

Correctional psychiatry

Couples therapy (Psychotherapies)

Distribution of healthcare resources

Fire-setting

Forensic mental health systems and services

Group therapy (major schools) – Psychotherapies

History of development of diagnosis and classificatory systems in psychiatry

Impact of small community living on presentation of mental illness and intervention

Inhalants

Knowledge of pharmaceutical drug misuse (including over-the-counter medications)

Knowledge of special populations, eg. indigenous people

Learning and related theories (in Child & Adolescent psychiatry)

Litigiousness

Opioids

Paraphilias

Principles of promotion, prevention and early intervention strategies

Principles of psychiatric defences and fitness to plead/stand trial

Psychometric assessment (Generalist knowledge)

Psychometrics (in Child & Adolescent psychiatry)

Psychostimulants and other treatments for Attention deficit hyperactivity disorder (ADHD)

Stalking

Telepsychiatry
Transcranial magnetic stimulation

Understanding the burden of mental illness

Understanding the role of an expert in legal proceedings (including report writing and giving evidence)

Victimology

Working autonomously, and in partnership with, limited community support services

**WK – Working knowledge**

Acquired brain injury

Advance health directives

Advocacy when the patient is under another clinician’s care (Consultation–Liaison psychiatry)

Amnestic disorder

Anxiolytics (in Child & Adolescent psychiatry)

Application of psychological techniques (eg. conflict resolution) to the patient and the treating team

Awareness of how ageing and functional impairment associated with ageing affects treatment outcomes, including the speed of response to treatment

Biological treatments in dementia (including the use of cognition enhancers)

Child protection

Chronic pain and substance use

Cognitive and behavioural therapies (Psychotherapies)

Cognitive psychology

Community services for older people, eg. home help, domiciliary nursing, meals on wheels, etc.

Consideration of the aetiology of the disabilities in the patient, whether congenital and/or acquired, and relevance to the clinical presentation (Psychiatry of Intellectual & Developmental Disabilities)

Containing distress

Contingency management

Conversion disorder

Demoralisation

Developmental psychology

Dissociative disorders

Eating disorders

End-of-life decisions (including do not resuscitate (DNR) orders)
Epilepsy
Ethics of duality and conflicts of interest
Externalising disorders
Factitious disorder and malingering
Family therapy (in Child & Adolescent psychiatry)
Family therapy (major schools) – Psychotherapies
Fundamentals of statistics relevant to psychiatry
Gambling
Genetics and inheritance
Grief and loss
Grief and loss (in Child & Adolescent psychiatry)
Hallucinogens
Health and welfare support for older veterans
Historical perspective and context of different schools (of psychotherapy)
History of patient empowerment and ‘consumer’ and carer movements
History of psychiatry as it informs current psychiatric practice
Hypochondriasis
Impact of cultural factors in clinical practice
Impact of cultural factors in the general medical setting, eg. different understandings of the need to inform the patient (Consultation–Liaison psychiatry)
Impact of medical illness on normal development
Impact of migration
Impact of substance use on normal development (including dementia)
Impulse control disorders
Income support, public housing, disability services for older people
Interaction with residential aged care facilities, non-governmental organisations (NGOs), eg. Alzheimer’s Australia and Alzheimers New Zealand
Internalising disorders
Interpersonal therapy (IPT) – Psychotherapies
Interpretation of behaviour checklists
Investigations specific to substance use, eg. blood-borne viruses, urine drug screening (UDS)
Knowledge of harm-minimisation strategies and public health interventions, eg. needle exchanges
Knowledge of interaction between drugs of abuse and treatment of psychiatric disorders
Knowledge of mandatory reporting requirements (including ethical considerations and health practitioner’s context)
Knowledge of strategies to assist children of parents with mental illness and/or addiction
Learning and related theories
Models of care in the general medical setting (consultation versus liaison)
Motivational interviewing
Mutual help programs, eg. Alcoholics Anonymous (AA)
Neonatal abstinence syndromes
Neurodevelopmental disorders
Opioid substitution therapies
Over-the-counter medications
Pain disorders
Pathoplastic effects of personality dysfunction on Axis I disorders in later life
Perinatal disorders
Personality disorders in the addiction setting
Personality disturbance in a forensic setting
Personality theory
Physical effects of substance use, eg. Korsakoff’s syndrome, hepatitis
Prescribed medications
Presentation of personality disorders in later life
Principles and problems (of diagnosis and classification)
Principles of behavioural and psychological interventions in older people
Principles of psychological interventions (including non-specific factors) – in Child & Adolescent psychiatry
Principles of stigma, mental health literacy, the role of public education initiatives
Principles of the recovery philosophy
Psychiatric and neuropsychiatric sequelae of medical conditions and their treatments (Consultation–Liaison psychiatry)
Psychiatric illness due to general medical conditions (including side effects of treatment)
Psychiatry in a multicultural context
Psychodynamic therapies (major schools) – Psychotherapies
Relapse prevention pharmacotherapy, eg. anti-craving drugs

Responses to trauma (including early-developmental trauma) – in Child & Adolescent psychiatry

Responses to trauma and medical illness (including chronic medical illness) – Consultation–Liaison psychiatry

Risk assessment (including risk of infanticide)

Role of Consultation–Liaison psychiatrist

Role of consumer and advocacy groups

Role of non-medical individual and group counselling supports, eg. rape crisis services, veterans support services

Role of social support services (housing, accommodation, non-governmental organisation (NGO) sector individual and group supports)

Sexual disorders

Sleep disorders

Somatic disorders (in Child & Adolescent psychiatry)

Somatisation disorder

Specific cognitive testing, eg. executive function testing

Specific issues of assessment and management in this population (Perinatal psychiatry)

Specific issues of assessment of people with intellectual disabilities, including mental health and behaviour, relevance of severity of intellectual disability

Specific issues of management, including adapted psychotropic drug regimens and importance of long-term developmental perspective (Psychiatry of Intellectual & Developmental Disabilities)

Stigma associated with addiction

Substance dependence and physical illness

Substance use in pregnancy/puerperium

Substance use in young people and in older people

Supported and substitute decision making, eg. guardianship and administration, enduring power of attorney

Testamentary capacity

The relationship between mental illness and violence

Therapeutic security and levels of security in psychiatric facilities

Understanding principles of working with patients, families and carers

Understanding study designs (quantitative and qualitative)
Understanding the concept and challenges of interviewing and assessing the mental state of people with complex communication needs including intellectual, developmental and other disabilities (cognitive, sensory and motor)

Understanding the issues/problems facing children of parents with mental illness and/or addiction

Understanding the role of, and evidence-based indications for, the major modalities of psychotherapy (supportive, psychodynamic, cognitive–behavioural, interpersonal, family, group and couples)

Use of pharmacology in this population (Perinatal psychiatry)

Working with schools, welfare agencies, physical health services

**IDK – In-depth knowledge**

Abnormal illness behaviour

Acute intoxication

Alcohol

Amphetamine-type stimulants

Antidepressants

Antidepressants (in Child & Adolescent psychiatry)

Antipsychotics

Antipsychotics (in Child & Adolescent psychiatry)

Anxiety disorders

Anxiolytics

Appropriate medical assessment and investigations (in Child & Adolescent psychiatry)

Assessment and management of psychiatric emergencies

Assessment and management of risk of harm to others (Forensic psychiatry)

Assessment of social situation, eg. suitability of living environment, accessibility, social support, elder abuse and exploitation, severe domestic squalor, hoarding

Basic principles of interviewing children and adolescents

Bipolar disorder

Boundary issues

Cannabis (including its relationship with psychosis)

Capacity

Delirium

Dementias

Depressive disorders
Developmental assessment

Effects of ageing in people with early-onset (< 40 years) and late-onset (40–60 years) psychotic disorders

Electroconvulsive therapy (ECT)

Electroconvulsive therapy (ECT) as applied to older people

Ethics of coercive treatment

Family interviewing (Child & Adolescent psychiatry)

Focused medical assessment and investigations in the medically ill

Formulation – psychodynamic approaches and other approaches compatible with the other models of psychotherapy

Functional assessment (including ADL/IADL function and issues of risk particularly relevant to the older person, such as falls)

Group theory and group dynamics

How to evaluate a scientific paper in psychiatry

Importance of maintaining personal wellbeing

Importance of maintaining professional standards

Importance of personal ethics and integrity

Integrated approach to the treatment of co-existing problems, especially comorbid post-traumatic stress disorder (PTSD) and other anxiety disorders, mood disorders and psychosis

Interviewing with sensitivity, including but not limited to, sensitivity to culture, sexual orientation, intellectual abilities and developmental stage

Issues of the exercise of power in psychiatry

Knowledge and synthesis of the interaction between substance use and psychiatric symptoms/disorders

Management of physical sequelae and complications of psychiatric illnesses and their treatment

Mental state examination of the child or adolescent

Mood stabilisers

Mood stabilisers (in Child & Adolescent psychiatry)

Neuroanatomy

Neurochemistry

Neuroimaging in older people (including an appreciation of the range of normal findings in older people on CT and MRI structural scans)

Neuropsychology

Neurosciences (relevant to the clinical syndromes...)
Nicotine
Normal development across the lifespan (attachment, infant, child adolescent, adult old age)

Organic psychiatry

Personality disorders

Principles of assessment for all psychotherapy approaches

Principles of interviewing, history gathering and documentation in the general medical setting

Principles of psychological interventions (including non-specific factors)

Principles of psychological interventions in the Consultation–Liaison setting

Principles of psychopharmacology and prescribing

Principles of psychopharmacology and prescribing in children and adolescents

Principles of psychopharmacology and prescribing in older people (including treatments for physical illnesses, with an emphasis on psychopharmacology in people aged 75 and over)

Principles of psychopharmacology and prescribing in the medically ill patient, eg. patients on multiple medications, patients with impaired organ function

Principles underpinning mental health legislation

Privacy and confidentiality

Psychiatric assessment of older adults

Psychiatric disorders in the medically ill

Relationship with industry

Relevant common law principles, eg. capacity, necessity, duty-of-care, duty-to-warn

Responsibilities under the Mental Health Act

Schizophrenia spectrum disorders

Sick role

Specialised cognitive testing

Stigma associated with mental illness in the general hospital setting Substance-induced mood disorders, anxiety disorders

Substance-induced psychosis

Supportive therapies (Psychotherapies)

Systems of classification (ICD, DSM)

Understanding general factors to rapport building, therapeutic alliance, frame and contract setting in psychotherapy and issues of confidentiality and boundaries (including boundary violations and personal disclosure) specific to psychotherapy
Understanding relevant local legislation as it applies to specific group of patients, eg. forensic, child and adolescent, addiction

Understanding the components and limitations of risk assessment, including issues in specific populations, eg. infants, children and adolescents, older people

Understanding the importance of synthesising informant and corroborative histories and documented histories with direct assessment

Use of collateral sources (in Child & Adolescent psychiatry)

Very-late-onset (> 60 years) schizophrenia-like psychoses

Withdrawal, knowledge of rating scales and their limitations