

## Stage 2 syllabus

### Document version history

Version N°	Revision description/reason	Date
v0.12	Updates to items A12.1.6 and B3.1.2; reformatted (content numbered)	28/06/12
v0.11	Updated with content identified during Stage 2 blueprinting	10/05/12

### 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.

Depth of knowledge as appropriate for Stage 2 (not importance of knowledge)	
<b>AC</b>	<b>Awareness of concepts</b>
<b>WK</b>	<b>Working knowledge</b>
<b>IDK</b>	<b>In-depth knowledge</b>

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	IDK
A1.1.2	Understanding the importance of synthesising informant and corroborative histories and documented histories with direct assessment	IDK
A1.1.3	Understanding the components and limitations of risk assessment, including issues in specific populations, eg. infants, children and adolescents, older people	IDK
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)	WK

#### A2 **Assessment and management of psychiatric emergencies** IDK

#### A3 **Diagnosis and classification**

A3.1.1	Systems of classification (ICD, DSM)	IDK
A3.1.2	Principles and problems	WK
A3.1.3	History of development of diagnosis and classificatory systems in psychiatry	AC

#### A4 **Basic sciences**

A4.1.1	Neurosciences (relevant to the clinical syndromes...)	IDK
A4.1.1a	Neuroanatomy	IDK
A4.1.1b	Neurophysiology	IDK
A4.1.1c	Neurochemistry	IDK
A4.1.2	Genetics and inheritance	WK

## **A5 Management in psychiatry**

### A5.1 Social

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

### A5.2 Biological

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

### A5.3 Psychological

- A5.3.1 Principles of psychological interventions (including non-specific factors) **IDK**
- 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) **WK**

### A5.4 Population

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

## **A6 Critical appraisal and basic statistics**

- A6.1.1 How to evaluate a scientific paper in psychiatry **IDK**
- A6.1.2 Fundamentals of statistics relevant to psychiatry **WK**
- A6.1.3 Understanding study designs (quantitative and qualitative) **WK**

<b>A7</b>	<b>Ethics</b>	
A7.1.1	Capacity	IDK
A7.1.2	Ethics of coercive treatment	IDK
A7.1.3	Boundary issues	IDK
A7.1.4	Issues of the exercise of power in psychiatry	IDK
A7.1.5	Privacy and confidentiality	IDK
A7.1.6	Relationship with industry	IDK
A7.1.7	End-of-life decisions (including do not resuscitate (DNR) orders)	WK
A7.1.8	Child protection	WK
A7.1.9	Ethics of duality and conflicts of interest	WK
A7.1.10	Distribution of healthcare resources	AC
<b>A8</b>	<b>Professionalism</b>	
A8.1.1	Importance of personal ethics and integrity	IDK
A8.1.2	Importance of maintaining professional standards	IDK
A8.1.3	Importance of maintaining personal wellbeing	IDK
<b>A9</b>	<b>The law</b>	
A9.1.1	Principles underpinning mental health legislation	IDK
A9.1.2	Understanding relevant local legislation as it applies to specific groups of patients, eg. forensic, child and adolescent, addiction	IDK
A9.1.3	Responsibilities under the Mental Health Act	IDK
A9.1.4	Relevant common law principles, eg. capacity, necessity, duty-of-care, duty-to-warn	IDK
A9.1.5	Knowledge of mandatory reporting requirements (including ethical considerations and health practitioner's context)	WK
A9.1.6	Testamentary capacity	WK
A9.1.7	Advance health directives	WK
A9.1.8	Supported and substitute decision making, eg. guardianship and administration, enduring power of attorney	WK
A9.1.9	Understanding the role of an expert in legal proceedings (including report writing and giving evidence)	AC
A9.1.10	Principles of psychiatric defences and fitness to plead/stand trial	AC
<b>A10</b>	<b>Normal development across the lifespan</b>	
A10.1.1	Attachment, infant, child, adolescent, adult, old age	IDK

<b>A11</b>	<b>Children of parents with mental health disorders</b>	
	A11.1.1 Understanding the issues/problems facing children of parents with mental illness and/or addiction	WK
	A11.1.2 Knowledge of strategies to assist children of parents with mental illness and/or addiction	WK
<b>A12</b>	<b>Psychology</b>	
	A12.1.1 Group theory and group dynamics	IDK
	A12.1.2 Learning and related theories	WK
	A12.1.3 Personality theory	WK
	A12.1.4 Developmental psychology	WK
	A12.1.5 Cognitive psychology	WK
	A12.1.6 Psychometric assessment	AC
<b>A13</b>	<b>Cultural competence</b>	
	A13.1.1 Impact of cultural factors in clinical practice	WK
	A13.1.2 Psychiatry in a multicultural context	WK
	A13.1.3 Impact of migration	WK
<b>A14</b>	<b>History</b>	
	A14.1.1 History of psychiatry as it informs current psychiatric practice	WK
	A14.1.2 History of patient empowerment and 'consumer' and carer movements	WK

## **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.

<b>A15.1 Organic psychiatry</b>	<b>IDK</b>
A15.2 Psychosis	
A15.2.1 Schizophrenia spectrum disorders	<b>IDK</b>
A15.3 Mood disorders	
A15.3.1 Bipolar disorder	<b>IDK</b>
A15.3.2 Depressive disorders	<b>IDK</b>
A15.4 Anxiety disorders	<b>IDK</b>
A15.5 Personality disorders	<b>IDK</b>
A15.6 Dissociative disorders	<b>WK</b>
A15.7 Sleep disorders	<b>WK</b>
A15.8 Perinatal disorders	<b>WK</b>
A15.9 Eating disorders	<b>WK</b>
A15.10 Impulse control disorders	<b>WK</b>
A15.11 Sexual disorders	<b>WK</b>

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

## **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**



<b>C</b>	<b>Child &amp; Adolescent psychiatry</b>	
<b>C1</b>	<b>Interviewing and assessment</b>	
C1.1.1	Basic principles of interviewing children and adolescents	IDK
C1.1.2	Mental state examination of the child or adolescent	IDK
C1.1.3	Appropriate medical assessment and investigations	IDK
C1.1.4	Use of collateral sources	IDK
C1.1.5	Family interviewing	IDK
C1.1.6	Developmental assessment	IDK
<b>C2</b>	<b>Treatments in psychiatry</b>	
<b>C2.1</b>	<b>Biological</b>	
C2.1.1	Principles of psychopharmacology and prescribing in children and adolescents	IDK
C2.1.2	Antipsychotics	IDK
C2.1.3	Antidepressants	IDK
C2.1.4	Mood stabilisers	IDK
C2.1.5	Anxiolytics	WK
C2.1.6	Psychostimulants and other treatments for Attention deficit hyperactivity disorder (ADHD)	AC
C2.1.7	Awareness of the use of, and limited evidence for, complementary and alternative treatments	AC
<b>C2.2</b>	<b>Psychological</b>	
C2.2.1	Principles of psychological interventions (including non-specific factors)	WK
C2.2.1a	Family therapy	WK
<b>C3</b>	<b>Psychology</b>	
C3.1.1	Responses to trauma (including early-developmental trauma)	WK
C3.1.2	Grief and loss	WK
C3.1.3	Interpretation of behaviour checklists	WK
C3.1.4	Learning and related theories	AC
C3.1.5	Psychometrics	AC
<b>C4</b>	<b>Patients, families, carers and systemic issues in Child &amp; Adolescent psychiatry</b>	
C4.1.1	Understanding principles of working with patients, families and carers	WK
C4.1.2	Working with schools, welfare agencies, physical health services	WK

## **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	<b>WK</b>
C5.2	Externalising	<b>WK</b>
C5.3	Neurodevelopmental disorders	<b>WK</b>
C5.4	Somatic	<b>WK</b>

<b>D</b>	<b><i>Addiction psychiatry</i></b>	
<b>D1</b>	<b>Interviewing and assessment</b>	
D1.1.1	Knowledge and synthesis of the interaction between substance use and psychiatric symptoms/disorders	IDK
D1.1.2	Physical effects of substance use, eg. Korsakoff's syndrome, hepatitis	WK
D1.1.3	Investigations specific to substance use, eg. blood-borne viruses, urine drug screening (UDS)	WK
D1.1.4	Specific cognitive testing, eg. executive function testing	WK
<b>D2</b>	<b>Treatments in psychiatry</b>	
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	IDK
D2.1.2	Knowledge of harm-minimisation strategies and public health interventions, eg. needle exchanges	WK
D2.1.3	Knowledge of interaction between drugs of abuse and treatment of psychiatric disorders	WK
D2.2	Social	
D2.2.1	Stigma associated with addiction	WK
D2.2.2	Advocacy	AC
D2.2.3	Knowledge of special populations, eg. indigenous people	AC
D2.3	Biological	
D2.3.1	Relapse prevention pharmacotherapy, eg. anti-craving drugs	WK
D2.3.2	Opioid substitution therapies	WK
D2.3.3	Knowledge of pharmaceutical drug misuse (including over-the-counter medications)	AC
D2.4	Psychological	
D2.4.1	Motivational interviewing	WK
D2.4.2	Contingency management	WK
D2.4.3	Mutual help programs, eg. Alcoholics Anonymous (AA)	WK
D2.4.4	Acceptance and commitment therapy	AC
<b>D3</b>	<b>Substance use across the lifespan</b>	
D3.1.1	Substance use in young people and in older people	WK
D3.1.2	Substance use in pregnancy/puerperium	WK
D3.1.3	Impact of substance use on normal development (including dementia)	WK
D3.1.4	Neonatal abstinence syndromes	WK

## **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.

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

## **E Forensic psychiatry**

### **E1 Interviewing and assessment**

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

IDK

### **E2 Other**

E2.1.1 The relationship between mental illness and violence

WK

E2.1.2 Therapeutic security and levels of security in psychiatric facilities

WK

E2.1.3 Forensic mental health systems and services

AC

E2.1.4 Correctional psychiatry

AC

### **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

WK

E3.2 Problematic behaviours

E3.2.1 Litigiousness

AC

E3.2.2 Stalking

AC

E3.2.3 Paraphilias

AC

E3.2.4 Fire-setting

AC

E3.2.5 Aggression

AC

E3.3 Victimology

AC

## **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.

F4.1.1	Awareness of how ageing and functional impairment associated with ageing affects treatment outcomes, including the speed of response to treatment	WK
F4.2	Organic mental disorders	
F4.2.1	Dementias	IDK
F4.2.2	Very-late-onset (> 60 years) schizophrenia-like psychoses	IDK
F4.2.3	Effects of ageing in people with early-onset (< 40 years) and late-onset (40–60 years) psychotic disorders	IDK
F4.2.4	Amnestic disorder	WK
F4.3	Personality disorders in older people	
F4.3.1	Presentation of personality disorders in later life	WK
F4.3.2	Pathoplastic effects of personality dysfunction on Axis I disorders in later life	WK

## **G Psychotherapies**

### **G1 Interviewing and assessment**

G1.1.1 Principles of assessment for all psychotherapy approaches

IDK

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

IDK

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

IDK

### **G2 Treatments in psychiatry**

#### **G2.1 Psychological treatments**

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

G2.1.1 Supportive therapies

IDK

G2.1.2 Family therapy (major schools)

WK

G2.1.3 Cognitive and behavioural therapies

WK

G2.1.4 Interpersonal therapy (IPT)

WK

G2.1.5 Psychodynamic therapies (major schools)

WK

G2.1.5a Historical perspective and context of different schools

WK

G2.1.6 Group therapy (major schools)

AC

G2.1.7 Couples therapy

AC



## **H *Indigenous Australians/Māori mental health***

### **H1 Interviewing and assessment**

H1.1.1 Interviewing with cultural sensitivity

IDK

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

WK

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

WK

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

AC

## **I *Rural psychiatry***

### **I1 Interviewing and assessment**

I1.1.1 Telepsychiatry

AC

Issues relating to:

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

AC

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

AC

## **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

WK

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

WK

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

WK

## **K *Perinatal psychiatry***

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

WK

K1.1.2 Risk assessment (including risk of infanticide)

WK

K1.1.3 Use of pharmacology in this population

WK

# 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)

Amnesic 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)

Neurophysiology

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