

Thinking of Addiction Medicine?

The term addiction medicine is used internationally, but many of the issues dealt with by practitioners do not fit under the label 'addiction'. Rather, they relate to the more general issue of harm associated with the non-medical use of drugs.

Addiction Medicine includes primary, secondary and tertiary prevention of harm related to non-medical use of drugs, management of drug related problems, and rehabilitation of people who have become dependent on drugs. Rehabilitation from drug related problems often implies a level of social reintegration, as well as optimisation of psychological and physical functioning.

Overview of Addiction Medicine

The practice of Addiction Medicine is holistic, dealing with individuals and the circumstances of their lives. A critical role for the consultant in Addiction Medicine is recognition of the role of different services in providing an effective treatment system.

The practice of Addiction Medicine embraces three perspectives: a clinical perspective, a public health approach to drug-related problems; and an advisory role to practitioners in primary and secondary care exposed to alcohol and drug users.

The treatment of individuals and families affected by drugs is part of the role of every medical practitioner in clinical practice. The availability of informed, supportive advice from health providers is an important part of the community response to drug problems.

Specialty training

There are two training pathways for Addiction Medicine Advanced Training:

Training is undertaken through the Royal Australasian College of Physicians (RACP) and trainees can enter the Addiction Medicine Advanced Training programme by **either**:

- having completed the Adult Medicine or Paediatric and Child Health Basic Training programme, and
- having successfully completed the RACP Clinical and Written Examinations

or through having Fellowship of one of the following Colleges, Divisions or Faculties:

- Anaesthetists (FANZCA)
- Emergency Medicine (FACEM)
- General Practice (FRACGP and FRNZCGP)
- Adult Medicine Division (FRACP)
- Paediatrics & Child Health Division (FRACP)
- Pain Medicine (FFPMANZCA)
- Psychiatrists (FRANZCP)
- Public Health Medicine (FAFPHM)
- Rehabilitation Medicine (FAFRM)
- Rural and Remote Medicine (FACRRM)
- Palliative Medicine (FACHPM)
- Sexual Health Medicine (FACHSHM)

All trainees must hold current medical registration, and secure an accredited training position.

The Addiction Medicine Advanced Training Programme, via the Australasian Chapter of Addiction Medicine consists of a minimum of 36 months training and occurs in supervised placements within RACP accredited sites.

Over the course of the training programme, all trainees must carry out a variety of teaching and learning activities including work-based learning and assessment requirements, and other programme requirements in consultation with their supervisors.

Once the training is satisfactorily completed, Fellowship of the Australasian Chapter of Addiction Medicine (FACHAM) is awarded.

This training programme can be completed in Australia and New Zealand and trainees may complete more than one Advanced Training Programme at a time.

It is likely that you need to complete placements in multiple DHBs whilst completing vocational training.

Personal qualities required to be an Addiction Medicine Physician

- fostering of a patient-centred approach to health care
- maintenance of a balanced and broad perspective on health care delivery
- preparedness to learn and adopt new and validated approaches to diagnosis and management, despite logistical difficulties, and to change work practices when appropriate
- willingness to reflect on, and learn from, mistakes
- preparedness to change management plans
- tolerance of uncertainty
- ability to cope with unexpected disappointments, equanimity, resiliency and calmness in the face of challenging clinical demands
- desire to contribute to improvements in the health system
- desire to foster clinical practice, research and teaching in general internal medicine
- preparedness to acknowledge doubt and uncertainty in clinical practice.

Specialty Training Programme Information

Medical College

[Royal Australasian College of Physicians \(RACP\)](#)

Fellowship/Qualification

Fellowship of the Royal Australasian Chapter of Addiction Medicine (FACHAM)

Application and Selection process

Application/selection [Basic training](#)

Application/selection [Advanced Training in Addiction Medicine](#)

Contact details AddictionMedTraining@racp.edu.au

To find out more about physicians/paediatricians and other specialty areas, [click here](#). This also provides a useful Q&A section.

Further information can be obtained on [Royal Australasian College of Physicians \(RACP\)](#)

Resident Medical Officer (RMO) Information

Demand for vocational training posts is currently not available

RMO training registrar positions contracted

Northern*	Midland*	Central*	South Island*	Total*
148.7	42	103.6	80.5	374.8

(September 2016 RMO census)

*The number is not separately available but included in the total registered in Internal Medicine

Regions

Northern:

Northland, Waitemata, Auckland, Counties Manukau DHBs

Midland:

Lakes, Tairāwhiti, Bay of Plenty, Waikato, Taranaki DHBs

Central:

Hawke's Bay, Wanganui, MidCentral, Wairarapa, Capital and Coast, Hutt Valley DHBs

South Island:

Nelson Marlborough, Canterbury, South Canterbury, Southern, West Coast DHBs

Senior Medical Officer (SMO) Information

Year	Number of NZ New Fellows
2015	NOT AVAILABLE
2014	NOT AVAILABLE

Average Age of SMOs*	Number registered with the Medical Council *	% of international medical graduates in the workforce*
51	1024	42

Number by Region (September 2016 SMO census)

Northern		Midland		Central		South Island		Total	
FTE*	Headcount*	FTE*	Headcount*	FTE*	Headcount*	FTE*	Headcount*	FTE*	Headcount*
159.1	188	50.5	52	47.2	57	83.3	116	340	413

*The number is not separately available but included in the total registered in Internal Medicine.