



**JOHANNESBURG**  
**ACADEMIC OFFICE**

# CMSA

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**November 2017**

## THE COLLEGE OF PSYCHIATRISTS OF SOUTH AFRICA

# R E G U L A T I O N S

## FOR ADMISSION TO THE EXAMINATION FOR THE POST-SPECIALISATION

## SUB-SPECIALTY CERTIFICATE

IN

## **ADDICTION PSYCHIATRY**

### Cert Addiction Psychiatry(SA)

#### **1.0 COMPONENTS**

The examination comprises a single exit examination.

#### **2.0 PURPOSE OF ASSESSMENT**

This qualification forms part of a process to accredit well-trained, competent addiction psychiatrists to attend to the requirements of providing services to individuals with behavioural and psychiatric consequences and comorbidities as a result of substance use and addiction.

Some of these addiction psychiatrists will contribute to academic needs such as training health and related professionals and conducting research. Regarding the latter, Fellows should display involvement in clinical research as supported by a short description in the Portfolio of Learning. Such involvement may take the form of conducting a research project, acting as co-investigator on a larger project in the training unit; writing up of a case series (published or unpublished); presentation of a poster or oral at a conference; or conducting of a systematic literature review on a relevant topic.

The Health Professions Council of South Africa (HPCSA) stipulates training requirements, including a minimum period of experiential learning. It is usual for the examination to be attempted prior to the completion of the required period of supervised learning specified by the HPCSA. The aim of these regulations is to meet the needs for formal examination certification, as well as to set standards, nationally, for such a qualification.

#### **3.0 ADMISSION TO THE EXAMINATION**

**(read in conjunction with the Instructions for Admission to CMSA Examinations) Website link**

##### **3.1 For admission to the examination the candidate must:**

- 3.1.1 be registered as a specialist psychiatrist with the Health Professions Council of South Africa. Training outside of RSA should be the equivalent of the FC Psych and should be recognised/accredited by the HPCSA.
- 3.1.2 have not less than 18 months satisfactory fulltime experience as the holder of a clinical appointment as sub-specialist trainee acceptable to the CMSA Senate or its Examinations and Credentials Committee at the time of sitting the examination. Training must occur under the direction of a registered Addiction psychiatrist within an accredited psychiatry addiction unit. The total minimum duration of full-time training is 24 months. Part-time training at no less than 50% weekly effort, and up to a maximum of 4 years training is acceptable, based on the needs and resources of individual training centres.

- 3.1.3 have submitted to the CMSA a letter from the head of department and addiction psychiatry unit confirming acceptance of the addiction psychiatry portfolio of learning. The portfolio must be retained in the respective department for 3 years for the purposes of possible audit.
- 3.1.4 receive satisfactory supervised experience and training, as defined in the curriculum, in the fields of clinical addiction psychiatry, applied addiction psychology and sociology, psycho-pharmacology and relevant psycho-legal aspects. If facilities are not available, alternative arrangements which provide equivalent experience can be submitted in advance for approval by the CMSA Senate or its Examinations and Credentials Committee.
- 3.1.5 On application to the CMSA Senate, exemption may be granted from part of the examination or certain requirements for those who present evidence of acceptable training and/or examination in one of the Colleges **or Universities** with which there is an arrangement or reciprocity.
- 3.1.6 Examination must be passed within 2 years after completion of the training period. Re-certification will be required if the examination is not passed within 2 years of completion of training.

#### 4.0 FORMAT OF THE EXAMINATION

The examination comprises two components, a written and a clinical section; the written examination must be passed in order to be eligible for the clinical examination.

#### CONDUCT OF THE EXAMINATION

##### 4.1 Written

- 4.1.1 ONE written paper of 3 hours comprising a minimum of four questions, the format of which may vary.
- 4.1.2 Candidates must write the paper at one single sitting of the examination of the Colleges of Medicine of South Africa
- 4.1.3 In order to pass the written paper and be eligible for the clinical component of the examination, a candidate must:
  - achieve an average of 50% or more for the paper AND
  - achieve a minimum of 50% for 3 of the 4 questions

##### 4.2 Clinical/Practical/Oral examinations comprising:

- Either: one long case and one short case; OR up to four short cases or clinical stations PLUS an oral examination, OR an OSCE which may include clinical and oral stations
- The clinical/practical component will be weighted 70% and the oral 30%
- An average combined mark of 50% is required in the Clinical/Practical/Oral examination in order to pass.

Criteria for passing the examination:

**BOTH the written AND the combined Oral/Clinical/Practical examination must be separately passed as defined above, each with 50% or more.**

Note:

A candidate must attempt the examination **no longer than 3 years** after completion of sub-specialist training. Re-certification will be required if the examination is not passed within 2 years of completion of training.

##### 4.3 Carry over of written examination

A candidate who has been invited to the clinical examination and fails the oral aspect of the examination, shall be allowed to re-do **ONLY THE ORAL ASPECT AT THE NEXT EXAMINATION** (without re-writing the written aspect of the examination)

The carry-over of the written examination is allowed only once ie for the next examination only. Should the candidate fail the oral examination again, then the candidate must re-write the full examination at their next attempt.

Written examination carry-over applies with immediate effect according to the Colleges of Medicine of South Africa Senate meeting held on the 26 October 2017.

## APPENDIX A

### 1.0 GUIDELINES TO THE SYLLABUS FOR THE SUB-SPECIALIST CERTIFICATE IN ADDICTION PSYCHIATRY (SA)

This document is meant as a guide to important topics, which candidates can expect to meet in the examinations.

It does not, however, exclude a basic knowledge of other aspects of these subjects that may be relevant to psychiatry or recent advances that may follow the publishing of these guidelines.

#### 1.1 Overall training objectives:

Note: these objectives apply primarily to the practice of addiction and psychiatric comorbidity in adults, but a basic knowledge of the developmental trajectory of disorders across the life-span is required.

- To develop a sound knowledge base of the biological and social sciences underlying addiction psychiatry practice, in relation to neuroanatomy, neurophysiology, neurochemistry, neuropharmacology, genetics, toxicology, psychology, sociology and other theories related to substance use disorders.
- To demonstrate through their correct application to service development and delivery, an understanding of the social, epidemiological and demographic processes associated with substance use disorders, including recognizing cross cultural issues and respecting the diversity of South Africa's multicultural society.
- To obtain knowledge of specialised biological and psychosocial investigative techniques relevant to addiction psychiatry.
- To gain first-hand experience of common substance use disorders (including diagnosing and managing acute withdrawal and intoxication and dependence states), as well as associated common physical and psychiatric comorbidities and become competent in its recognition, diagnosis, assessment, and management in both in- and out-patients, including managing risk and working within a multidisciplinary team.
- To obtain special expertise in relation to the management of vulnerable patients within the substance use disorder field, including patients with HIV/AIDS, high risk pregnancies, young people, the elderly and patients with dual diagnosis.
- To develop specialized skills in the treatments in addiction psychiatry, including evidence based pharmacotherapeutic, psychotherapeutic and other rehabilitative approaches.
- To be able to demonstrate knowledge around relevant international and local policy issues, including policies around prevention work, harm reduction and other public health issues relevant to the field of addiction care.
- To be able to contribute to the development of clinical guidelines, pathways of care, treatment protocols, and policies and procedures relevant to addiction care.
- To develop a basic understanding of issues related to special treatment populations, including in-prison treatment and court diversion, homeless patients and employer assisted programs.
- To develop skills in the critical evaluation of research evidence relevant to substance use disorders as well as related comorbid disorders.
- To conduct research to improve the empirical basis of addiction psychiatric knowledge and practice.
- To foster positive attitudes towards people with substance use disorders, to act as advocates for these patients, to attain enthusiasm for self-directed, lifelong learning to ensure engagement in continuing education or continuing professional development and to contribute to the development of the profession.
- To be able to demonstrate knowledge relevant to ethical and legal aspects relevant to substance use disorders and its comorbidities.

#### 1.2 Curriculum:

##### 1.2.1 Basic science:

- Neuroanatomy: brain structure at the macroscopic and microscopic levels relevant to addiction psychiatry
- Neurobiology of addiction –neurophysiology, neurochemistry and pathology
- Pathophysiology of physical and mental substance induced states/complications
- Biological (including imaging) and psychosocial investigative techniques,
- Basic principles of genetics and their application in addiction psychiatry, epigenetics

- Epidemiology and demography .../

- Epidemiology and demography relevant to addiction psychiatry
- Psychological and sociocultural theories relevant to addictive disorders
- The neurobiology of treatment approaches
- Relevant toxicology
- Basic sciences as applicable to addictive behavioural syndromes

### 1.2.2 Pharmacokinetics and dynamics of drugs of abuse, properties, physical and psychological dependence, intoxication, withdrawal, physical and psychiatric sequelae, patterns of abuse, course and relapse

- alcohol
- non-alcohol sedative hypnotics, anxiolytics, including Methaqualone
- GHB
- Opioids
- Stimulants
- Caffeine
- Nicotine
- Cannabinoids
- Hallucinogens and designer drugs
- Dissociative drugs
- Inhalants
- Anabolic steroids
- Other

### 1.2.3 Diagnosis and assessment

- Should be able to perform a relevant history and examination in diverse groups of patients and be capable of making a diagnosis of the relevant substance use disorder and related comorbidities
- Able to use various diagnostic and assessment tools and measurement scales relevant to the field of addiction psychiatry.
- Should be able to make a diagnosis using internationally accepted diagnostic criteria and recognize co-morbid or dual psychiatric disorders
- Asses for risk behaviours and harms associated with chemical dependence
- Must be able to formulate cases:
  - Neurobiologically
  - Phenomenologically
  - Psychologically
  - And Socioculturally
- Must be able to order the appropriate investigations, be they medical (including ECG interpretation in the context of opioid substitution), laboratory (including toxicology), imaging, psychological or social investigations.
- Competence in formulating a comprehensive treatment plan tailored towards the appropriate stage of change.
- Perform a risk assessment and formulate a risk management plan
- Demonstrate knowledge of major medical conditions associated with different substance use disorders and know where treatment is available (resource awareness).

### 1.2.4 Addiction treatment

- Screening and brief interventions in various situations
- Conduct a therapeutic interview and be able to work with the individual, family and group.
- Case work, safe management and provision of appropriate care (including determining the most suitable treatment/rehabilitation setting for an individual patient, whether inpatient, outpatient/ level of care). This includes management of high risk populations, like patients with comorbidity, poly-drug use, youth, elderly, cultural diversity, females, correctional services, physically ill, severely dependent, infectious diseases including STD's, HIV/AIDS and Hep B and C and TB, employer assistance etc.

- Able to apply various treatment.../

- Able to apply various treatment modalities in individual, group and family settings, including:
  - Motivational psychology
  - Cognitive Behaviour Therapy (CBT), including contingency management, community reinforcement, relapse prevention, mindfulness based relapse prevention
  - The 12 step facilitation process
  - Other approaches, where indicated eg network therapy, supportive counselling, psychodynamic therapy
- Harm reduction
- Involuntary treatment, Drug courts, Employer assisted programs
- Should know the pharmacotherapy of all important psychiatric drugs, especially medications that are used for addictive disorders for the management of intoxication, withdrawal, overdose and relapse prevention: including
  - Pharmacological action
  - Clinical indication
  - Side-effects
  - Drug interactions
  - Toxicity
  - Prescribing practice for age, gender (and culture if appropriate)
  - Cost effectiveness
- Have proficiency in working and managing emergency issues:
  - Crisis intervention
  - Dealing with suicide
  - Treatments in emergency situations – OD, intoxication, withdrawals
  - Homicide, rape, domestic abuse and violent behaviours
- Integrate addiction management with the rest of medicine across age, culture, and social factors; including special problem case management like pregnancy, dual diagnosis, elderly, children and adolescence, chronic pain and compromised health, like HIV/AIDS
- Integrate evidence based components into a functional continuum of care for patients with substance use disorders, who have problems with various different drugs, including alcohol, sedative hypnotics, stimulants, nicotine, opioids, cannabinoids, inhalants, hallucinogens and dissociative anaesthetics, anabolic steroids and others.

#### 1.2.5 Knowledge of issues relevant to special populations, including

- Children and adolescent psychiatry
- Geriatric patients
- Learning disabilities
- Forensics
- homelessness
- Pain medicine
- Psychosomatic/Liaison psychiatry/medicine
- Sleep medicine
- Women and addiction, including perinatal substance abuse
- Infectious diseases including STD's, HIV/Aids and hepatitis
- Professionals (including health workers, pilots, athletes etc.)
- Gay and lesbians
- Culturally diverse groups
- Gangsterism

#### 1.2.6 Management of co-occurring psychiatric disorders and SUD, including

- Substance induced psychiatric disorders
- Psychotic disorders
- Affective disorders
- Anxiety disorders
- ADHD
- Gambling and sexual addiction
- Somatoform disorders

- Cognitive disorders
- Personality disorders
- Eating disorders

### 1.2.7 Prevention

Knowledge of various primary, secondary and tertiary public health approaches to combating substance use disorders.

### 1.2.8 Research methods

By the completion of training, addiction psychiatry trainees should be knowledgeable about the principles of scientific method in their practice and the use of this knowledge to evaluate developments in research related to patients with substance use disorders. In general, candidates should be able to critically evaluate commonly used experimental designs such as appear in the (addiction) psychiatric literature. Candidates are also expected to be able to plan simple research projects in a scientific manner. This involves a basic knowledge of data-gathering systems. An approach to descriptive and inferential statistics is expected.

### 1.2.9 Professionalism:

By the completion of training, addiction psychiatry trainees should be knowledgeable about the principles of medical ethics should demonstrate knowledge of the fundamentals of ethics, including the history of western moral deliberation, contemporary moral theories (utilitarianism, deontology, virtue ethics, the social contract theory, liberal individualism, communitarianism, case based ethics, ethics of care, principle-based ethics), arguments and logic, ethics of psychiatry and its application to clinical practice and moral issues of clinical research (including informed consent, competency, human rights of research participants).

The trainee should be able to understand elements of professionalism; including ensuring they have adequate knowledge and skills, show commitment, be part of a group regulated by a professional body and functioning under a code of ethics while using a social contract. The candidate should demonstrate principles of professionalism in their practice, including primacy of patient welfare, patient autonomy and social justice.

The development of professional attitudes and mechanisms for the development and maintenance of clinical competence, acknowledging the need for professional and public accountability is required. The candidate should be aware of medico-legal requirements as well professional considerations when managing patients with substance use disorders. Knowledge of Government and Provincial legislation related to Substance Abuse and Rehabilitation and the Mental Health Care Act is required.

## 1.3 Skills:

### 1.3.1 Interpersonal and Communication Skills

- Develop skills in – listening and understanding patients, in verbal and non-verbal communication, maintaining therapeutic alliances and understanding and being empathic.
- Act as patient's advocate when dealing with other medical specialties.
- To be able to communicate effectively with patients and their family, but be able to maintain confidentiality when this is appropriate.
- Maintenance of up-to-date medical records.
- Be able to effectively lead a multidisciplinary team- including skills for supervision, monitoring and on-going evaluation of the team and program
- Skills in administration and business management of a rehabilitation unit

### 1.3.2 Practice-based Learning and Improving Core Competencies

- To be able to access information technology, use medical libraries and databases.
- Use drug information databases
- Be able to critically evaluate and review relevant medical literature.
- Involvement in on-going educational and refresher courses
- Continuing self-study in the latest knowledge and skills in the field of addiction internationally.
- Skills in on-going research in the field of addiction

### 1.3.3 Skills and Knowledge Transfer

- To be able to communicate and teach effectively in all levels of care settings.
- Participation and teaching in on-going educational and refresher courses.

## 2.0 RECOMMENDED READING

- Ries RD, Fiellin DA, Miller SC, Saitz R. Principles of Addiction Medicine 5<sup>th</sup> Edition. Lippencott Williams and Wilkins, 2011.
- Galanter M, Kleber HD. The American Psychiatric publishing Textbook of Substance abuse Treatment 4<sup>th</sup> edition, American Psychiatric Publishing, 2008.
- Ruiz P, Strain E. Substance Abuse A Comprehensive Textbook 5<sup>th</sup> edition, Lippencott Williams and Wilkins, 2011.
- Thombs DL, Osborn CJ. Introduction to Addictive Behaviors. 4<sup>th</sup> Edition, The Guilford Press, 2013
- Shahl SM, Grady MM: Stahl's illustrated substance use and impulsive disorders, Cambridge University Press, 2013.
- Carter A, Hall W, Illes J. Addiction Neuroethics: The ethics of addiction neuroscience research and treatment. Academic Press, 2011.
- Johnson BA. Addiction Medicine: Science and Practice. Springer, 2013
- Miller WR, Rollnick S. Motivational Interviewing, Third Edition: Helping patients change (applications of motivational interviewing). The Guilford Press, 2012
- Beck JS, Beck AT. Cognitive Behavior Therapy, second edition: Basics and Beyond. The Guilford Press, 2011
- Bowen, S., Chawla, N., Marlatt, G. Mindfulness-based Relapse Prevention for Addictive Behaviours: A Clinician's Guide. The Guilford Press, 2010
- Muser KT, Noordsy DL, Drake RE, Fox L. Integrated Treatment for Dual disorders: A Guide to Effective Practice. The Guilford Press, 2003
- Mitcheson L, Maslin J, Meynen T, Morrison T, Hill R, Wanigaratne S, Pedesky CA. Applied cognitive and Behavioral Approaches to the Treatment of Addiction: A Practical Treatment Guide. Wiley, 2010.
- Twelve Steps and Twelve Traditions. AA World Services. 2002
- Wilson B, Silkwoth W, Dr Bob. The Big Book and A Study of the 12 Steps of AA. Create Space Independent Publishing Platform, 2013
- Miller W, Forcehimes AA, Zweben A, McLellan AT. Treating Addiction: A Guide for Professionals. The Guilford Press, 2011
- Heather N. Treatment approaches to alcohol problems. WHO Regional Publications, European Series, no 65. 1995
- Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence. WHO Press, 2009.
- Ellis GFR, Stein DJ, Thomas KGF, Meintjes EM. Substance Use and Abuse in South Africa. 1<sup>st</sup> Edition, UCT Press, 2013

## 3.0 ONLINE RESOURCES:

- Harm Reduction Coalition [www.harmreduction.org](http://www.harmreduction.org)
- NIAAA [www.niaaa.nih.gov](http://www.niaaa.nih.gov)
- NIDA [www.drugabuse.gov](http://www.drugabuse.gov)
- Substance Abuse and Mental Health Services Administration [www.samhsa.gov](http://www.samhsa.gov)
- SAAMS <http://www.saams.co.za/>
- WHO: [http://www.who.int/topics/substance\\_abuse/en/](http://www.who.int/topics/substance_abuse/en/)
- Treatment Improvement Protocol series: <http://store.samhsa.gov/list/series?name=TIP-Series-Treatment-Improvement-Protocols-TIPS->
- Gov of South Australia [www.sahealth.sa.gov.au](http://www.sahealth.sa.gov.au)
- NICE [www.nice.org.uk](http://www.nice.org.uk)
- American Academy of Addiction Psychiatry <http://www.aaap.org/>
- South African Addiction Medical Society [www.saams.co.za](http://www.saams.co.za)

**A P P E N D I X B**

**CERTIFICATE OF TRAINING  
CERTIFICATE IN SUBSPECIALTY OF ADDICTION PSYCHIATRY(SA)**

The certificate of training must be submitted on application to write the CERTIFICATE in the Subspecialty of Psychiatry (SA) examination. All sections must be signed off by the supervising Addiction psychiatrist and the Head of Department

NAME: .....

INSTITUTION: .....

SUBSPECIALTY TRAINING TIME: .....

DATE OF COMMENCEMENT: .....

DATE OF COMPLETION: .....

This candidate has had satisfactory experience and is competent to write the CERTIFICATE in the Subspecialty of Addiction psychiatry (SA) examination.

.....  
HOD OR DELEGATE

.....  
DATE



**A P P E N D I X C**

**PORTFOLIO OF LEARNING**

*(Website link)*

**A P P E N D I X D**

**GUIDELINES FOR CANDIDATES**

*(Website link to be inserted for the guidelines, appeals mechanism and CMSA booklet)*

**A P P E N D I X D**

**CMSA EXAMINATIONS GUIDELINES**

*(Website link)*