



International Clinical Fellowship in Mental Health

Curriculum 2026/2027

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Irish College of GPs - International Clinical Fellowship Programme in Mental Health

Introduction to the Programme

Irish College of GPs

The Irish College of GPs is the recognised body for the accreditation of specialist training in general practice in Ireland and is recognised by the Irish Medical Council as the representative academic body for the specialty of general practice.

Aims

The Irish College of GPs Clinical Fellowship Programme provides a route for overseas doctors wishing to undergo structured and advanced postgraduate medical training in Ireland. The Irish College of GPs Programme enables suitably qualified overseas postgraduate doctors to undertake a fixed period of active training in clinical services in Ireland. The programme is normally offered over one or two years of clinical training.

Objectives

The purpose of the Irish College of GPs Programme is to enable overseas Clinical Fellowship Doctors to gain access to structured training in active clinical environments that they may not have access to in their own country, with a view to:

- enhancing and improving the individual's medical training and learning,
- empowering them to become clinical leaders in their chosen career pathway in their own healthcare environment and, ultimately,
- enhancing the delivery of health services and clinical care to their own communities.

Eligibility Requirements

Standard entry requirements apply across all our Clinical Fellowship programmes.

The successful Clinical Fellowship applicants must demonstrate the following characteristics and qualifications:

- studied basic medical degree through English
- completed postgraduate specialty training program in Family Medicine
- completed minimum one further year working full time in the specialty of Family Medicine
- passed all examinations that are appropriate for doctors in Family Medicine in own country
- confirmed government sponsorship in own country
- achieved overall band score of 7.0 or greater in the IELTS and minimum score of 6.5 in each of the four domains. The IELTS test taken must be 'Academic' and must have been completed within the last two years.
- be a highly motivated clinician with a strong desire to develop new skills and to become a clinical leader in the chosen specialist area.

Programme Structure

2 days/week in General Practice with a GP supervisor who has a special interest in mental health and		
2 days/week in a hospital setting with a mental health specialist consultant supervisor	2 days/week in a hospital setting with a mental health specialist consultant supervisor	1 day/week self-directed study and courses relevant to mental health

Curriculum & Assessment

In keeping with the Irish College of GPs move to Entrustable Professional Activities (EPA), facilitated by workplace-based assessments, as our primary means of assessing competence, a review has been conducted of the Mental Health Fellowship Curriculum and assessment structures. The curriculum for the international fellowship was generated by subject matter experts, via an iterative process of identifying key learning outcomes, adapting, and adding to the relevant learning outcomes from the Irish College of GPs curriculum for GP training. It has retained the WONCA¹ framework, which reflects the speciality of primary care, and further details on this structure and the learning outcomes is available below. An online Irish College of GPs platform will support both formative and summative assessment.

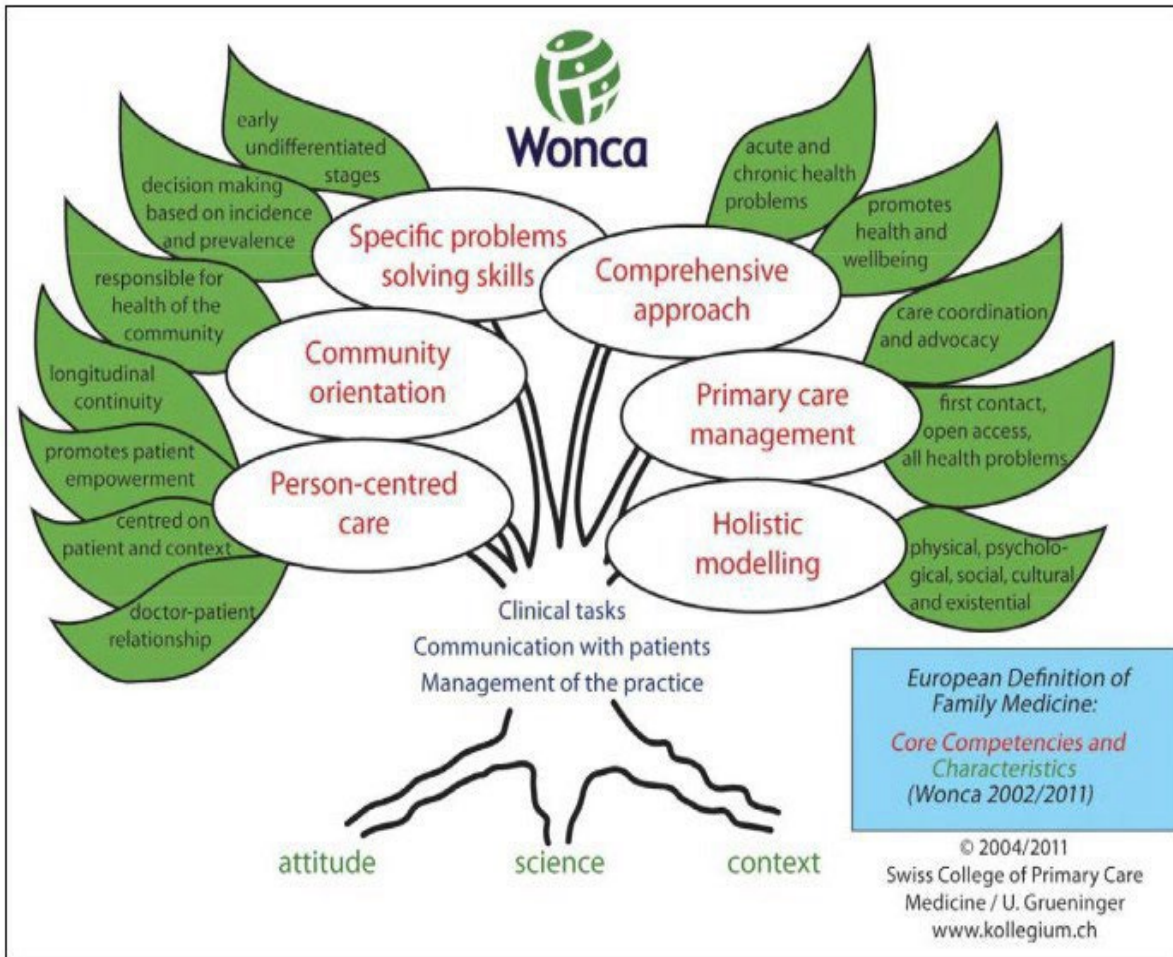
Conclusion

Doctors who complete Clinical Fellowships will return to their own health system as leaders in the provision of care in their chosen fellowship area, ready to become involved in enhancing services and care of their own community in their specialist clinical area, within the larger specialty of Family Medicine.

¹ World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians

Curriculum Framework and Development

WONCA Curriculum framework



This curriculum is based on the original framework statement for the discipline of general practice that was developed by WONCA Europe (World Organization of National Colleges and Academies of General Practice/Family Medicine) and formally launched during its meeting in London in 2002 and revised in 2005 and again in 2011. The WONCA framework describes the fundamental characteristics of general practice, a role description of the specialist in family medicine, and the competencies required. These characteristics of the discipline of general practice relate to the abilities that every family doctor should master and are the basis of developing the curriculum for training in Irish general practice.

They have been used here to develop a curriculum specific to mental health fellowship training, within the overarching general practice framework.

The core competencies which you will need to master to be awarded a clinical fellowship in mental health are grouped into six areas of competence and three essential features of you as a doctor. In the curriculum these are further divided into specific learning outcomes.

This framework is designed to support the premise of lifelong learning as a necessary prerequisite for doctors to sustain their capacity to practice effectively in an environment of changing expectations about appropriate practice. It is an approach that also recognises that individuals learn at different rates using different styles and, typically, that learning is enhanced when individuals are actively involved in identifying their learning needs and contribute to planning, implementing, and evaluating their programme of learning.

The core competencies are:

1. Primary care management

This is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you and coordinating their care using resources appropriately. (This area of competence is not limited to dealing with the management of the practice.)

2. Person-centred care

This is about understanding and developing an effective doctor patient relationship.

3. Specific problem-solving skills

This is about the context-specific aspects of general practice: Selective history taking, physical examination and investigations leading to an appropriate management plan. It is about how you deal with early and undifferentiated illnesses and the skills you need to tolerate uncertainty, without medicalising normality.

4. Comprehensive approach

This is about how you must be able to manage co-morbidity, multiple complaints and pathologies, both acute and chronic health problems in the individual, and also applying health promotion and disease prevention strategies.

5. Community Orientation

This entails reconciling the health needs of individual patients and the health needs of the community in which they live in balance with available resources.

6. Holistic Approach

This requires taking into account clinical factors, but also any psychological, social, economic, or cultural factors that are important and understanding the ways in which these will affect the experience and management of illness and health.

Applying Core Skills

In applying these core skills in practice, three personal features are important. These personal features relate to factors which have an impact on your ability to deliver the competencies in real life in your work setting:

7. Contextual aspects of care.

The environment in which you work; working conditions, community, culture, financial and regulatory frameworks; the impact of workload and the practice facilities and how that may influence the quality of care you provide to your patients.

8. Attitudinal aspects of care.

Your awareness of your attitudes and capabilities; ethical aspects of clinical practice; achieving a good balance between work and private life.

9. Scientific aspects of care.

Adopting a critical and evidence-based approach to your practice and maintaining this through continued learning.

Curriculum Learning Objectives

Primary care management

- PDLPM1A Manage your contact with patients, in primary and continuing care
- PDLPM2A Deal competently with any and all problems that are presented to you.
- PDLPM3A Demonstrate the ability to coordinate care and develop links with other professionals in primary care and secondary care specialists
- PDLPM4A Manage effective and appropriate care provision
- PDLPM5A Act as advocate for the patient when needed.
- PDLPM6A Participate in teamwork and delegate tasks, where appropriate, in the general practice setting
- CCLPM1A Understand the common models of the consultation that have been proposed and how you can use these models to reflect on previous consultations in order to shape your future consulting behaviour.
- CCLPM2A Adapt communication skills to meet the needs of the patient, including working with interpreters to support patients from diverse backgrounds
- CCLPM3A Demonstrate focused questioning and examination to obtain sufficient relevant information to diagnose, manage and refer appropriately
- CCLPM4A Recognise that consultations where three people are present (three-way consultations) require particular skills, for example, checking that the patient consents to having another person present, addressing the patient's needs while maintaining dignity and confidentiality
- CCLPM5A Demonstrate sufficient knowledge of the breadth of scientific evidence in order to provide the best information for patients about their illness
- CCLPM6A Recognise the roles of health care professionals and draw on this expertise appropriately.
- CCLPM7A Keep accurate, legible, and contemporaneous records.
- SHLPM1A Carry out consultation in a trusting and respectful manner which encourages the patient to return no matter what their social background
- SHLPM2A Understand the concepts of stigma; stereotyping; prejudice and discrimination and their effects on doctor-patient relationships

- SHLPM3A Understand the specific needs of and barriers to accessing primary healthcare for marginalized groups including:
 - SHLPM3.1A Homeless people
 - SHLPM3.2A People who use drugs
 - SHLPM3.3A Travellers
 - SHLPM3.4A New communities
 - SHLPM3.5A LGTB community members
 - SHLPM4A People with mental health problems, etc.
- SHLPM5A Manage challenging behaviours in a manner that protects and maintains the doctor patient relationship
- SHLPM6A Manage a request for benzodiazepines using a rational prescribing policy and in a manner that maintains a healthy doctor patient relationship
- MHLPM1A Understand the influence of physical and emotional factors on the development of mental health problems
- MHLPM2A Understand the social influences on mental health including family and marital dynamics
- MHLPM3A Understand risk factors for mental health problems, including long-term physical health, learning disability, social exclusion, unemployment, and old age
- MHLPM4A Understand the difference between depression and emotional distress and avoid medicalising distress
- MHLPM5A Understand normal behaviour patterns including response to injury and illness from birth to adolescence
- MHLPM7A Recognise abnormal child behaviour patterns MHLPM8A Recognise fabricated illness and injury in children
- MHLPM9A Describe the system of care for psychiatric conditions, including the roles of primary and secondary care, shared care arrangements, multi-disciplinary teams, and patient involvement
- MHLPM10A Recognise the need for involvement of secondary mental health or more experienced mental health personnel
- MHLPM11A Protect and support colleagues where appropriate where known violence or aggression can be exhibited

- DALPM1A Demonstrate the ability to take an appropriate history exploring problem alcohol and drug use and assess the co morbidities, both mental and physical, associated with these
- DALPM2A Can successfully and safely run an alcohol detox programme for a patient at home
- DALPM3A Knowledge of secondary complications and infective risks arising from drug use and how to manage these
- DALPM4A Recognise the barriers that people with drug and alcohol addiction face in accessing healthcare and design ways to reduce them in their practice

Person-centred care

- PDLPC1A Adopt to a person-centred approach treating patients with respect and dignity and developing a relationship/partnership of trust
- PDLPC2A Involve the patient in the decision-making process and taking responsibility for their health
- PDLPC3A Protection of marginalised patients should be a priority, with a focus on an inclusive approach and equity
- PDLPC4A The ability to provide a long-term continuity of care as determined by health needs
- CCLPC1A Recognise that patients are diverse: that their behaviour and attitudes vary as individuals and with age, gender, ethnicity, and social background, and that you should not discriminate against people because of those differences
- CCLPC2A Explore the patient's health understanding and to be aware of the range of values that may influence your patient's behaviour or decision-making in relation to his or her illness
- CCLPC3A Respond flexibly to the needs and expectations of different individuals
- CCLPC4A Respond to signals (cues) that lead to a deeper understanding of the problem
- CCLPC5A Explain the problem or diagnosis in appropriate language and share any information with patients in an honest and unbiased manner.
- CCLPC6A Allow the patient the opportunity to be involved in significant management decisions

- CCLPC7A Negotiate a shared understanding of the problem and its management with patients, so that they are empowered to look after their own health
- CCLPC8A Achieve meaningful consent to a plan of management by seeing the patient as a unique person in a unique context
- CCLPC10A Specify the conditions and interval for follow-up or review.
- CCLPC11A Apply ethical guidance on consent and confidentiality to the particular context of an individual patient
- CCLPC12A Demonstrate how to use the computer in the consultation while maintaining rapport with your patient
- CCLPC13A Apply the law relating to making decisions for people who lack capacity to the particular context of an individual patient
- CCLPC14A Understand the importance of continuity of care and long-term relationships with your patient and their family in identifying and understanding the values that influence a patient's approach to healthcare
- SHLPC1A Adapt to taking a focused social history from patients
- SHLPC2A Record and build a social history over time which allows for change and a deep understanding of social factors affecting patient health
- SHLPC3A Recognise and manage the heavy load of multi-morbidity found in disadvantaged communities at the individual and practice levels
- SHLPC4A Communicate effectively to develop trusting relationships with patients who due to their familial and social background may have difficulty forming these
- SHLPC5A Communicate effectively with patients who are not fluent in English
- SHLPC6A Understand the consulting behaviours of specific marginal groups – homeless, Travellers, drug users, new communities, etc.
- SHLPC7A Understanding the healthcare needs and difficulties accessing healthcare for economic and political refugees, asylum seekers, and migrants
- MHLPC1A Demonstrate the ability to communicate appropriately with patients, relatives, and guardians

- MHLPC3A Perform a mental state assessment MHLPC4A Assess suicidal risk
- MHLPC5A Demonstrate appropriate counselling skills
- MHLPC6A Demonstrate tolerance and understanding when dealing with patients who present in a distressed state
- MHLPC7A Demonstrate a sensitive approach to the patient and their family
- DALPC1A Manage challenging behaviours in a manner that protects and maintains the doctor patient relationship
- DALPC2A Carry out consultation in a trusting and respectful manner encouraging the patient to return regardless of how they are managing their addiction. The trainee needs to be aware of the barriers society and health systems create that prevent people with addictions accessing health services
- DALPC3A Respect all patients irrespective of background and choices (e.g. drug use or smoking)

Specific problem-solving skills

- PDLSP1A Diagnose and manage early and undifferentiated illness
- PDLSP2A Acquire the skills you need to tolerate uncertainty, without medicalising normality
- PDLSP3A Utilise a specific decision-making process informed by the clinical picture and the prevalence and incidence of illness in the community
- PDLSP4A Make effective and efficient use of diagnostic and therapeutic interventions
- CCLSP1A Formulate appropriate diagnoses, rule out serious illness and manage clinical uncertainty CCLSP2A Base treatment and referral decisions on the best available evidence
- CCLSP3A Make timely and appropriate referrals, using relevant information
- CCLSP4A Demonstrate the ability to communicate risks and benefits in a way that is meaningful to patients
- CCLSP5A Demonstrate the skills to offer patients health choices based on evidence so that an informed discussion can occur, taking into account patients' values and priorities
- CCLSP6A Demonstrate the ability to suggest speaking to the patient alone where this is appropriate, and you feel it is in the patient's best interest

- CCLSP7A Recognise that the order in which people present their problems may not be related to their clinical importance
- SHLSP1A Adapt health information effectively in particular for those with health literacy problems
- SHLSP2A Manage specific healthcare issues pertinent to marginalised groups including:
 - SHLSP2.1A Management of children at risk cases.
 - SHLSP2.2A Management of drug addiction.
 - SHLSP2.3A Detection and management domestic violence.
 - SHLSP2.4A Management alcoholism.
 - SHLSP2.5A Consulting using an interpreter.
- SHLSP3A Consulting sensitively and appropriately with a patient with a differing cultural background
- MHLSP1A Understand the use of scoring tools to assess mental health problems
- MHLSP2A Understand the range of psychological therapies available including cognitive behavioural therapies, mindfulness, counselling, psychodynamic, psychosexual, and family therapy
- MHLSP3A Understand the need to refer appropriately
- MHLSP4A Understand the need to work in partnership with other agencies to secure appropriate social interventions for individuals
- MHLSP5A Understand the initial management of those who present following violent behaviour (domestic, sexual assault, staff safety, restraint)
- MHLSP6A Demonstrate an understanding of the appropriate use of drug therapy
- MHLSP7A Demonstrate awareness of the pharmacology of major drug classes, which may be prescribed in secondary mental health service, with a dosage above what is normal in general practice.
- MHLSP8A Demonstrate ability to manage common mental health issues and psychiatric emergencies in general practice
- MHLSP9A Understand the primary care management of depression
- MHLSP10A Understand the principles of managing a patient following self-harm, and suicidal ideation

- MHLSP11A Understand the need to deal with the postvention of suicide in family, friends, and community
- MHLSP12A Understand the primary care management of anxiety
- MHLSP13A Understand the primary care management of chronic mixed anxiety and depression
- MHLSP14A Understand the primary care management of panic disorder
- MHLSP15A Understand the primary care management of phobias
- MHLSP16A Understand the primary care management of alcohol misuse
- MHLSP17A Understand the primary care management of drug misuse
- MHLSP18A Understand the primary care management of addiction
- MHLSP19A Understand the primary care management of pain disorders
- MHLSP20A Understand the primary care management of psychosomatic disorders
- MHLSP21A Understand the initial management of grief, loss, and relational conflicts
- MHLSP22A Understand the primary care management of personality disorders
- MHLSP23A Understand the primary care management of psychosis and other severe psychiatric disorders
- MHLSP24A Understand the initial management of a child/adolescent with suspected psychotic illness
- MHLSP25A Understand the primary care management of an eating disorder.
- MHLSP26A Understand the primary care management of trauma/abuse
- DALSP1A Recognize the symptoms and signs of drug and alcohol misuse as well as the signs and symptoms of withdrawal
- DALSP2A Manage a request for benzodiazepines and other drugs with a street value using a rational prescribing policy and in a manner that maintains a healthy doctor patient relationship
- DALSP3A Can apply screening questionnaires to assess drug and alcohol misuse where appropriate
- DALSP4A Knowledge of the common side effects of drug use and how these present in general practice

Comprehensive approach

- PDLCA1A Manage co-morbidity, co-ordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting
- PDLCA2A Manage acute and chronic care health problems simultaneously in the same individual
- PDLCA3A Promote health and well-being by applying health promotion and disease prevention strategies appropriately
- PDLCA4A Recognise that GPs have a responsibility not to medicalise normality
- CCLCA1A Demonstrate the use of available healthcare resources in a prudent manner, balancing individual patient needs with fairness to other patients
- CCLCA2A Manage the potential conflicts between personal health needs, evidence- based practice and public health responsibilities
- CCLCA3A Recognise that socio-economic deprivation is a major cause of ill health
- CCLCA4A Understand how the values and beliefs prevalent in the local culture impact on patient care
- CCLCA5A Understand how ethnic and cultural diversity of your practice population impact on the range and presentation of illness in the individual consultation
- SHLCA1A Train practice staff in awareness of social issues including disability and cultural awareness
- SHLCA2A Be aware of the different accommodation options for those in poor housing or using homeless or asylum-seeking services
- SHLCA3A Understand the differences between the social and medical models of disability
- SHLCA4A Know the principles of Independent Living and the role of the personal assistant
- SHLCA5A Understand the inverse care law and barriers to accessing health services faced by patients from areas of deprivation
- SHLCA6A Understand the effect of childhood disadvantage on the development of health inequalities
- SHLCA7A Understand the differences between blanket and pocket deprivation and the implications for the effective delivery of primary healthcare
- SHLCA8A Understand the social determinants of health model

- SHLCA9A Understand the primary care team model and its importance for areas of deprivation
- SHLCA10A Understand how public policy can enforce or address health inequities
- MHLCA1A Understand that people with severe mental illness are at increased risk for cardiovascular disease and that such risk can be minimized through appropriate management.
- MHLCA2A Understand the need to identify co-morbid psychiatric problems in people with physical health problems
- MHLCA3A Demonstrate an awareness of child protection concerns where appropriate
- DALCA1A Recognize that drug and alcohol problems are often unrecognized in older adults
- DALCA2A Assess the possible degree of harm to at risk children and adults and contact social services if concerns are raised

Community Orientation

- PDLCO1A Reconcile the health needs of individual patients and the health needs of the community in which they live, balanced with available resources
- PDLCO2A Recognise the responsibility to maintain their own skills CCLCO1A Be able to explain the concepts of ethnicity and culture
- CCLCO2A Include the cultural values and circumstances of your patient in the consultation
- CCLCO3A Understand the process by which patients decide to consult, and how this can affect consulting outcomes
- CCLCO4A Understand that consultations have a clinical, a psychological and a social component, with the relevance of each component varying from consultation to consultation (the 'bio/psycho/social model')
- CCLCO5A Recognise that episodes of illness usually affect more than merely the patient
- CCLCO6A Understand the relationship between the interests of patients and the interests of their carers
- SHLCO1A Understand the pathways in and out of homelessness, addiction, and crime
- SHLCO2A Understand roles and responsibility of key workers & outreach workers and how to access key working for vulnerable patients
- SHLCO3A Address poor uptake of preventative health services in areas of deprivation

- SHLCO4A Be aware of cultural diversity between the Irish settled community and those from other cultures (including Travellers) and the effect of these on health and implications for healthcare delivery
- MHLCO1A Understand how to access support and advice from other agencies including specialist Child and Adolescent Mental Health Services
- MHLCO2A Understand about the multi-disciplinary nature of child and adolescent mental health services
- DALCO1A Understand roles and responsibility of key workers & outreach workers and how to access key working for vulnerable patients
- DALCO2A Understand the benefits of opiate substitution and how to access treatment for their patients

Holistic Approach

- PDLHA1A Use a bio-psycho-social model taking into account cultural and spiritual dimensions
- PDLHA2A Recognise the role of social, cultural, ethical, religious, and family background in the determination of health
- PDLHA3A Maintain and nurture your own physical and mental well-being which leads to better patient care (recognising limitations and professional boundaries and the need to seek help when appropriate)
- SHLHA1A Advocate on behalf of a patient who is not receiving optimum care due to their lack of social status
- SHLHA1A Advocate on behalf of a patient who is not receiving optimum care due to their lack of social status
- SHLHA2A Advocate on behalf of the community to address health inequities in their own community
- SHLHA3A Advocate for patients to enable access to accommodation and other non-medical services that impact a patients' health
- SHLHA4A Know the social causes of marginalization and their effect on health
- MHLHA1A Be aware of the need to promote hope and demonstrate compassion and their use as resources to aid healing

- DALHA1A An awareness of the multifactorial causes of addiction and the multiple factors that hinder recovery
- DALHA2A Communicate effectively to develop trusting relationships with patients ensuring that all patients are treated with compassion

Contextual aspects of care

- PDLAC1A How suitable are the premises in which you work?
- PDLAC1A Is your practice fully staffed?
- PDLAC1A Are these staff permanent or temporary?
- PDLAC1A How does your workload compare to national and local norms?
- PDLAC1A What is the ethnic background of your patients, and do you understand how this may impact on their needs and wants?
- PDLAC1A Are you being paid fairly for the work you do?
- SHLAC2A Know how to identify the health inequities within her/his own general practice population/community
- SHLAC3A Know the full range of community and social service involved in primary health care
- SHLAC4A Know the full range of primary healthcare stakeholders and how to interact with them as part of general primary care
- SHLAC5A Know referral pathways for social and community services for disadvantaged communities and marginalized groups
- SHLAC6A Know the national and local community resources for patients
- SHLAC7A Know where to access information on key services in local area working with key vulnerable groups
- MHLAC1A Understand the role of the GP in relation to the law pertaining to psychiatry, i.e. certification and testamentary capacity, confidentiality, Coroner's Act, and Mental Treatment Act
- MHLAC2A Understand the Mental Treatment Act and how to create an immediate safety plan with a suicidal patient
- DALAC1A Ensure that repeat prescriptions are monitored for long-term prescribing of addictive drugs and that corrective action is taken when a problem is identified

- DALAC2A Refer to and liaise with local specialist and secondary care services when appropriate thus enabling the patient to get the most comprehensive care possible
- DALAC3A Direct patients to voluntary groups such as alcoholic anonymous and narcotics anonymous which may help empower the patient in managing his/ her addiction.
- DALAC4A Be aware of the different accommodation options for those in poor housing or homeless and how to advocate on behalf of the patient

Attitudinal aspects of care

- SHLAA1A Address prejudicial attitudes and discriminating behaviour that they and practice staff might have towards marginalized groups including drug users, homeless people, Travellers (an ethnic group in Ireland), new communities, people with a disability, and members of LGBT community
- SHLAA2A Respect all patients irrespective of background and choices (e.g. drug use or smoking)
- SHLAA3A Identify where their own attitudes derive from social stigmatising attitudes and where their own behaviour results in discrimination against individual patients / patient groups
- SHLAA4A Be sensitive to the differing cultural needs of non-Irish patients and Travellers
- SHLAA5A Be sensitive to the effects of disempowerment on patient's attitudes to doctors and other health professionals
- SHLAA6A Engage positively with relevant community and social services in implementing primary healthcare
- SHLAA7A Value other healthcare professionals and workers (including keyworkers) opinions
- MHLAA1A Demonstrate respect for patient's attitudes, values, and beliefs in decision- making and choice of treatment
- DALAA1A Identify where his/her own attitudes derive from social stigmatising attitudes and where their own behaviour results in discrimination against individual patients / patient group
- DALAA2A Be sensitive to the effects of disempowerment on patient's attitudes to doctors and other health professionals
- DALAA4A Value other healthcare professionals and workers (including keyworkers) opinions
- DALAA5A Instil hope for the future and belief in recovery

- DALAA6A Prioritise own self-care

Scientific aspects of care

- SHLAS1A Know the evidence base for how health inequities impact on the health of their patient population
- SHLAS2A Know the evidence base of the effects of global health inequities
- SHLAS3A Know the methodologies used to research health inequities
- SHLAS4A Describe the evidence base for health inequalities aspects of common conditions such as obesity, diabetes, cardio-vascular disease, and mental health in the UK and globally
- MHLAS1A Understand the evidence base for care of people with mental health problems: evidence gathered from clinical controlled trials may not capture the complexities of working with people with mental health problems in primary care
- DALAS1A Understand and apply their knowledge of the cycle of change and motivational interviewing in order to intervene with patients effectively to reduce behaviours that are having a negative impact on their health
- DALAS2A Understands the legislation on drink and drug driving and the guidelines issued in relation to suspending driving and be able to recommend appropriate changes if needed
- DALAS3A Have a knowledge of current government policy on drug and alcohol treatment
- DALAS4A Describe the graded dose-response relationship between Adverse Childhood experiences (ACEs) and negative health and well-being outcomes across the life course (including alcohol abuse and illicit drug use.
- DALAS5A Describe how the ACE pyramid represents the conceptual framework for how ACEs contribute to the development of risk factors for disease and well-being throughout life.

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