



RANZCP ID:	
Surname:	
First name:	
Zone:	
Hospital/service:	

CONFIRMATION OF ENTRUSTMENT FORM

This document satisfies RANZCP training requirements only as outlined in the RANZCP Fellowship Regulations 2012 and is not intended for any other purpose. Any queries regarding its purpose and/or use should be directed to the Education department at the College: training@ranzcp.org

ST2-INDAU-EPA2 – Management plan for an Aboriginal or Torres Strait Islander patient (COE form)			
Area of practice	Indigenous – Australia	EPA identification	ST2-INDAU-EPA2
Stage of training	Stage 2 – Proficient	Version	v0.9 (BOE-approved 15/10/12)
Title	Develop a mental healthcare management plan for an Aboriginal or Torres Strait Islander patient.		
Description	The trainee can develop an innovative and creative mental healthcare management plan for an Aboriginal or Torres Strait Islander patient in collaboration with stakeholders as appropriate. They understand the impact of socioeconomic disadvantage, historical trauma, transgenerational trauma and re-traumatisation on vulnerability to mental illness and the manner in which these factors contribute to barriers to accessing mental healthcare. They consider the availability of standard services in the community and utilise the alternate resources available, including extended family, non-government organisations and informal resources. The trainee has knowledge of the patient’s community of origin and cultural beliefs and facilitates incorporation of cultural supports such as traditional healers, Elders and Aboriginal and Torres Strait Islander mental health workers into the care plan.		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

ENTRUSTING SUPERVISOR DECLARATION

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print)

Supervisor RANZCP ID: Signature Date

PRINCIPAL SUPERVISOR DECLARATION (if different from above)

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print)

Supervisor RANZCP ID: Signature Date

TRAINEE DECLARATION

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) Signature Date

DIRECTOR OF TRAINING DECLARATION

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of Training Name (print)

Director of Training RANZCP ID: Signature Date