



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](mailto:training@ranzcp.org)

<b>ST2-POA-EPA2 – Medication in patients 75 and over (COE form)</b>			
<b>Area of practice</b>	Psychiatry of old age	<b>EPA identification</b>	ST2-POA-EPA2
<b>Stage of training</b>	Stage 2 – Proficient	<b>Version</b>	v0.4 (BOE-approved 04/05/12)
<b>Title</b>	<b><i>The appropriate use of antidepressants and antipsychotics in patients aged 75 years and over (or under 75 with excessive frailty).</i></b>		
<b>Description</b>	The trainee can use antidepressants and antipsychotics to provide quality care for those elderly patients at high risk of drug interactions and adverse effects. They have a comprehensive understanding of the problem and can apply it to this group; they can engage the patient and relevant others, providing an explanation of the rationale, risk–benefits and relevant side effects. Medication is used, where appropriate, as part of a comprehensive biopsychosocial management plan. They display an ethical and professional approach to the patient and others involved in the patient’s care.		

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 .....