



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>ST3-AP-FELL-EPA16 – Postpartum mental illness 3 (COE form)</b>			
<b>Area of practice</b>	Adult psychiatry (Perinatal)	<b>EPA identification</b>	ST3-AP-FELL-EPA16
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.5 (EC-approved 24/07/15)
<b>Title</b>	<b>Assessment and comprehensive management of a woman experiencing a major postpartum mental illness within 12 months of childbirth.</b>		
<b>Description</b>	The trainee will have advanced skills in assessing, developing and implementing a management plan for a woman presenting with an acute major mental illness, such as psychosis or mood disorder, within 12 months of childbirth. This includes diagnostic assessment and formulation of predisposing and precipitating factors to the development of this illness, especially those related to the perinatal period. The trainee will be able to assess the nature of family relationships and the quality of mother–infant attachment and make appropriate interventions to improve the mother–infant relationship. The management plan will be informed by this assessment and incorporate appropriate biological, psychological, social and systemic interventions. The trainee will be expected to deliver these interventions in a highly skilled manner.		

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 (ADVANCED) TRAINING DECLARATION**

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

Director of (Advanced) Training Name (print) .....

Director of (Advanced) Training RANZCP ID: ..... Signature ..... Date .....