



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

ST3-INDNZ-FELL-EPA2 – Review Māori community service (COE form)			
Area of practice	Indigenous – NZ	EPA identification	ST3-INDNZ-FELL-EPA2
Stage of training	Stage 3 – Advanced	Version	v0.3 (EC-approved 29/04/16)
Title	Review a model of mental health service delivery in a Māori community service (including hospitals and community services attached to hospitals).		
Description	The role of a psychiatrist working in Māori mental health often goes beyond clinical work and involves service improvement or development. As such, the trainee needs to be able to evaluate mental health service delivery in a Māori population/community incorporating knowledge of other services and feedback from consumers and other stakeholders. The trainee can contextualise this information within an understanding of the culture and history of the Māori population/community and the respective socioeconomic circumstances. They can consider issues of resource availability, organisations involved, clinician skill sets and the barriers to consumer access. From this evaluation, the trainee can make recommendations for improvement and how this can be achieved.		

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