



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-ADD-AOP-EPA6 – Training in brief interventions (COE form)			
Area of practice	Addiction psychiatry	EPA identification	ST3-ADD-AOP-EPA6
Stage of training	Stage 3 – Advanced	Version	v0.6 (EC-approved 29/01/16)
Title	Provide training for other clinicians in delivery of brief interventions for substance use disorder.		
Description	<p>The trainee will build the capacity of the general health workforce to identify substance-related problems and provide brief interventions to patients with harmful or hazardous patterns of substance use, including by training other clinicians in their delivery.</p> <p>This is consistent with previous policy recommendations reflecting evidence-based practice to:</p> <ul style="list-style-type: none"> • encourage appropriate training of all clinicians in the recognition and management of alcohol use disorders and greater use of screening for alcohol-related problems • increase brief alcohol intervention components in basic and advanced training curricula and in CPD • facilitate and monitor the implementation of brief alcohol interventions in primary care and specialist healthcare settings. 		

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