



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-ADD-AOP-EPA7 – AOD consultation–liaison (COE form)</b>			
<b>Area of practice</b>	Addiction psychiatry	<b>EPA identification</b>	ST3-ADD-AOP-EPA7
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.12 (EC-approved 11/12/15)
<b>Title</b>	<b>Alcohol and other drug (AOD) consultation–liaison.</b>		
<b>Description</b>	<p>The trainee will demonstrate an ability to identify patients with substance use disorders (including tobacco) and where appropriate other comorbid psychiatric disorders in hospital and/or primary care settings and within a collaborative framework develop an evidence-based approach to reducing substance-related harms through primary (face-to-face), secondary and tertiary consultations and liaison to other healthcare providers involved with the patients.</p> <p>The trainee needs to demonstrate advanced knowledge, skills and professional attitude in all the following areas:</p> <ul style="list-style-type: none"> <li>• management of withdrawal or stabilisation of substance use in medical/surgical/psychiatric wards and emergency departments or ambulatory withdrawal in a primary care setting</li> <li>• deliver brief interventions in a hospital setting, including emergency departments or a primary care setting</li> <li>• provide in-service AOD professional development for health practitioners at an appropriate level.</li> </ul>		

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 .....