



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-EPA8 – Chronic pain (COE form)			
Area of practice	Addiction psychiatry	EPA identification	ST3-ADD-AOP-EPA8
Stage of training	Stage 3 – Advanced	Version	v0.3 (EC-approved 24/07/15)
Title	Management of chronic pain with comorbid substance misuse.		
Description	<p>The trainee will demonstrate an ability to identify and manage patients with substance use disorders (including tobacco) and other psychiatric disorders in pain treatment settings and provide 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"> • management of withdrawal or stabilisation of substance use in chronic pain patients • management of substance use disorders and other comorbid psychiatric disorders in people with chronic pain • advise and implement a plan to manage acute and chronic pain for patients with identified substance use disorders • provide in-service professional development relating to alcohol and other drugs and other psychiatric disorders for clinicians working in pain treatment 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