



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-AP-FELL-EPA23 – Assessment of a Military or Veteran Patient (COE form)			
Area of practice	Adult Psychiatry	EPA identification	ST3-AP-FELL-EAP21
Stage of training	Stage 3 - Advanced	Version	v.01 (EC approved 23/01/20)
Title	Assessment and comprehensive management of a military or veteran patient with a psychiatric disorder		
Description	<p>The trainee should be able to assess current serving military members and/or veterans presenting with mental health problems, including mental disorder, and develop and implement a comprehensive management plan. This includes:</p> <ul style="list-style-type: none"> • Awareness of military culture relevant to assessment and management • Taking a full military service history, including initial recruit training, postings and deployments • Completing a thorough assessment, including the use of appropriate screening tests/symptom rating scales • Developing a biopsychosocial management plan and communicating this to patient, family and referring health professional, including consideration of current fitness for work • Initiation and monitoring of indicated management • Liaison with other health professionals and other parties, with due regard to patient confidentiality and other ethical considerations. 		

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 TRAINING DECLARATION

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

Director of Training Name (print)

Director of Training RANZCP ID: Signature Date