



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-CAP-AOP-EPA5 – Psychiatric consultation (COE form)			
Area of practice	Child and adolescent	EPA identification	ST3-CAP-AOP-EPA5
Stage of training	Stage 3 – Advanced	Version	v0.10 (EC-approved 10/04/15)
Title	Provision of psychiatric consultation to the multidisciplinary team for the management of a child or adolescent in an inpatient setting.		
Description	<p>The trainee:</p> <ul style="list-style-type: none"> integrates information related to the clinical situation to develop a comprehensive formulation and management plan in consultation with the multidisciplinary team, taking into account the inpatient setting communicates the formulation and management plan effectively with the multidisciplinary team and other professionals involved in the patient's care understands the importance and function of the team and collaborates with the primary clinician and/or other team members to provide effective treatment for the patient and their family advocates respectfully for further assessment and treatment as required by the multidisciplinary team recognises and takes opportunities for collaborating with other professionals and sharing specialist psychiatric knowledge assists the multidisciplinary team to identify gaps in service provision and advocates for referral to the appropriate service provider if needed. 		

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