The Royal Australian & New Zealand College of Psychiatrists

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-EPA24 – Comprehensive management of an adult presenting with ADHD (COE form)			
Area of practice	Adult psychiatry	***EPA identification***	ST3-AP-FELL-EPA24
Stage of training	Stage 3 – Advanced	***Version***	v0.1 (EC approved 03/05/24)
Title	***Comprehensive Management of an Adult Presenting with ADHD***		
Description	The trainee can develop and implement a management plan for an adult presenting with previously undiagnosed ADHD or with ADHD diagnosed and treated in childhood and who ceased treatment in adolescence. This includes: • Awareness of current research evidence of management, including pharmaceutical and non-pharmaceutical treatment, and environmental accommodations and supports. • Interpret a comprehensive psychiatric history, diagnosis and formulation, including evidence of presence or absence of co-morbidities, exclusion of malingering or drug seeking, and differential diagnoses and appropriate screening tests/symptom rating scales/impairment rating scales, and corroborative historical and contemporary evidence. • Develop and document a management plan for immediate, medium term and long-term management, including planned transfer of care, within the relevant jurisdictional requirements relating to treatment. • Liaison and communication with patient, family health professional, and other parties, with due regard to patient consent, 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 (Advanced) Training Name (print) ……..

Director of Training RANZCP ID: …….. Signature …… Date …….....