



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-EPA22 – Review service delivery in an Early Intervention Service (COE form)			
Area of practice	Adult psychiatry	EPA identification	ST3-AP-FELL-EPA22
Stage of training	Stage 3 – Advanced	Version	v0.2 (EC approved 27/07/18)
Title	Review service delivery in an Early Intervention Service		
Description	The role of a psychiatrist goes beyond clinical work and involves service improvement and development. The trainee must demonstrate an ability to understand and evaluate the Early Intervention service including: an understanding of the evidence and service models for Early Intervention services, an ability to undertake structured review and quality improvement and to incorporate feedback from young people with mental illness, their families and carers and other stakeholders. The trainee must understand the philosophy and objectives of the service, the service model and the context in which the service operates e.g. how it functions within the health service and with other local service providers. The trainee should be able to critically review the referral and discharge criteria, the system of triage and assessment, barriers to implementation, the implementation of evidence based practice within the service and the use of outcome measures.		

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