



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-CL-AOP-EPA2 – Medically unexplained symptoms (COE form)			
Area of practice	C–L psychiatry	EPA identification	ST3-CL-AOP-EPA2
Stage of training	Stage 3 – Advanced	Version	v0.5 (EC-approved 10/04/15)
Title	Manage a patient with medically unexplained symptoms.		
Description	The trainee demonstrates an advanced ability to assess, formulate and manage medically unexplained symptoms in a medical setting. They are able to explain the nature of medically unexplained symptoms and their origins to patients, families and staff and engage the relevant persons in a negotiated management plan. The trainee applies and communicates current best level of evidence for the assessment and management of the case. The trainee demonstrates awareness of challenges posed by a consultative model of care.		

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