



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](mailto:training@ranzcp.org)

<b>ST3-AP-FELL-EPA20 – Review service delivery (COE form)</b>			
<b>Area of practice</b>	Adult psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA20
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.1 (EC-approved 12/04/19)
<b>Title</b>	<b>Review service delivery</b>		
<b>Description</b>	<p>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 a service including: understanding the evidence base and service models for the type of service reviewed; an ability to undertake structured review and quality improvement; and an ability to incorporate feedback from 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 context in which the service operates e.g. how it functions within the health service and with other local service providers. The trainee should understand how the service aligns with local and national mental health strategy and plans.</p> <p>The trainee should be able to critically review referral and discharge criteria, the triage and assessment system, the implementation of evidence based practice within the service, barriers to implementation, and the use of outcome measures. The trainee should understand how the service meets recovery principles and practice as in the Australian National framework for recovery-oriented mental health services, or "Rising to the Challenge" (NZ).</p>		

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 .....