

Entrustable Professional Activities (EPAs) Guidelines

General Psychiatry Residency Program

Background and Purpose

The Department of Psychiatry is committed to supporting residents in completing Royal College of Physicians and Surgeons of Canada (RCPSC) requirements as an essential part of training, including the successful completion of Entrustable Professional Activities (EPAs). In RCPSC Competence by Design, Entrustable Professional Activities (EPAs) are defined as “authentic tasks of a discipline”, which are observed and assessed in diverse contexts of training, including diverse settings and with patients of ranging complexity. Over time, frequent observations of a trainee’s performance of an EPA, provide a comprehensive and holistic image of their competence and inform promotion decisions. EPAs are designed to be developmental — they go from smaller tasks to bigger tasks (low to high complexity) as trainees progress through stages of training. Each EPA integrates several milestones from different CanMEDS roles; a bigger task may include more milestones and/or more complex milestones.

The Department of Psychiatry at the University of Toronto has adopted the Royal College's EPAs since July 1, 2020 for the defined stages of training: Transition to Discipline (TTD), Foundations of Discipline (FOD), Core of Discipline (COD), and the Transition to Practice (TTD). Please see the RCPSC Entrustable Professional Activities for Psychiatry for further details.

This document reviews the University of Toronto General Psychiatry Residency Program’s guidelines for effective integration of EPAs into the assessment strategy for our residents. Our aim is to meet Royal College requirements, maximize educational value, minimize assessment burden to residents and faculty, and reduce redundancy wherever possible.

Reference Documents

RCPSC Information by Discipline

<https://www.royalcollege.ca/en/standards-and-accreditation/information-by-discipline.html> >

Specialty (choose Psychiatry)

University of Toronto Guidelines for EPA completion

EPAs are formative assessments for learning and are low-stakes opportunities for residents to receive feedback, and for faculty to provide important guidance towards development of competence in essential tasks of psychiatric practice. Importantly, EPAs represent only one aspect of our assessment strategy. The Psychiatry Competence Subcommittee (PCS) is tasked with integrating a holistic approach to diverse assessment data, including ITARs, STACER exams, EPAs,

and more. Here we provide guidance for residents, faculty (including coaches and PCS members) for integrating EPAs into CBD (Competence by Design) developmental stages of residency training:

1. **Residents in TTD, FOD and COD* are required to attempt 1 EPA per week.** During the early years of training, frequent EPA attempts allow for residents to develop skills around seeking feedback, identifying their own gaps in knowledge/practice, and meeting RCPSC requirements for EPAs. Faculty supervisors of residents in TTD, FOD and COD are encouraged to initiate EPAs at this same frequency (1x/week), recognizing that completion of EPAs is a shared task between residents and faculty, and there is added richness of learning when the EPA opportunity is chosen by the teacher versus the learner.
2. **Residents are encouraged to complete Contextual Variables for each EPA to ensure competence in a variety of contexts (e.g., setting, case complexity, age, etc.). These will be reviewed at PCS (Psychiatry Competence Subcommittee).** *Of note, contextual variables will only impact resident progression if there is evidence across assessments (including ITARs) that a resident is not adequately achieving depth and breadth of cases and learning opportunities.*
3. **When a resident has completed RCPSC requirements for all EPAs in TTD, FOD and COD (including contextual variables) and they are in PGY4 or beyond, weekly EPA attempts will no longer be a program requirement.** Residents at this stage are encouraged to continue EPAs in more complex contexts and with higher complexity patients for ongoing growth and learning. At this stage in residency, residents are expected to be more autonomous in their learning and take responsibility for identifying and addressing any gaps in knowledge or skills. Evidence of greater self-directed learning is demonstrated in self-reflections, coaching sessions, or through professionalism assessment integrated into ITARs.

Appendix

ITAR – in training assessment report

STACER – structured assessment of clinical encounter

<p>Prepared by: Associate Program Director & Co-Chair, PRPC Subcommittee on Resident Assessment</p> <p>Approved by PRPC: Electronic Review November 11, 2022 and revisions approved June 3, 2025</p> <p>Date of next scheduled review: 2028-29</p>
