

Guidelines for Transitioning to Entrustable Professional Activities (EPAs) for Psychiatry 2026 (version 2.0) General Psychiatry Residency Program

General Principles

RCPSC Policy – *The application of new versions of discipline-specific training standards in Competence by Design*

There are several principles guiding the application of discipline-specific training standards:

- National application of training requirements

The Royal College sets national training standards to assure consistency of graduate competencies, in service of high-quality care and patient safety. As such, and in line with current practices, the protocol for the application of new training requirements are applied nationally and all residents within a discipline – regardless of their training program – transition to new training requirements in the same fashion.

- Contemporary training requirements for assessment

Changes to discipline-specific training requirements are applied in a timely manner, ensuring that residents' achievements are held to contemporary standards. Further, the protocol used is responsive to an evolving clinical environment and can nimbly address fundamental changes to training requirements, should they be required.

- Fundamental changes to EPAs are not applied to a resident's current or previous stage(s)

In cases where there is a change to EPAs, there is no impact to a resident's current stage of training. Instead, changes that are applicable only to the resident's upcoming stages; this establishes a balance between maintaining clear expectations for training while ensuring access to contemporary educational design and training requirements.

- Flexibility and discretion for decision-making at the local program level

Local program competence committees have the discretion to choose to apply a new version of the EPAs to a resident's current stage in instances where a new version of the training standards documents has been disseminated but the changes do not apply to a resident's current stage of training.

EPAs:

a) Fundamental changes are effective on the next July 1st after dissemination, as indicated by the “effective date” at the top of the document and apply only to residents when they enter the next stage containing revised EPAs (e.g., for residents entering into Transition to Practice from Core of Discipline when the changes are to TTP EPAs).

b) Accredited programs are not required to apply new versions (of minor and fundamental changes) of the EPAs to a resident’s current stage of training or any completed stage of training.

c) A competence committee may choose to apply a new version of the EPAs to a resident’s current stage (e.g., if a difficult or ill-positioned EPA has been removed or modified within a resident’s current stage of training). The program director must inform affected residents if there is a change in the version of the EPAs being used and the time that the change will take effect. The competence committee must clearly document and provide rationale for the version of EPAs that were applied to a resident during each stage.

d) Minor changes are applicable to all residents entering into the stage containing the changes as soon as is deemed feasible by the program (e.g., for residents entering Core of Discipline from Foundations of Discipline when minor changes are made to Core EPAs). The changes must be applied within one year of dissemination.

Implementation as of July 1, 2026

PGY1

- version 2.0 of EPAs for Psychiatry is applicable

PGY2 in the Foundations of Discipline stage of training

- FOD1, 2, 3, 4 are relatively unchanged – see note below regarding observations of achievement for FOD1

New or significantly revised EPAs

- FOD1 previously MEDICAL PRESENTATIONS and now NON-PSYCHIATRIC PRESENTATIONS - decreased number of observations of achievement will be applied (from 8 to 6)
- FOD5-A and B – CBT suitability and interventions – 2 observations of achievement each – if residents have successfully completed 2 CBT cases as per ITARs, they will be granted these EPAs; residents who have completed 1 CBT case will be granted 1

observation of achievement for FOD5-A and B each with the second observation of achievement to occur with the second CBT case.

- FOD6 Foundational principles and skills of PSYCHOPHARMACOLOGY is encouraged but not required
- FOD7-A and B – expanded version of CRITICAL APPRAISAL EPA (previously FOD5)
 - Completed FOD5s will be transferred to FOD7-A CRITICAL APPRAISAL with requirement for this to be done in PGY2 (at the latest PGY3 if not completed in PGY2)
 - FOD-7B (Critical Appraisal + Presenting Psychiatric Literature – 1 observation of achievement) – can be completed in PGY2 and recommend that residents use this EPA as evidence of completion of PGY3 Grand Rounds requirement

PGY3

- completed FOD and COD EPAs will be converted to the equivalent EPAs in version 2.0
- for new or significant modified FOD EPAs, the same principles as for the PGY2s will be followed

New or significantly modified EPAs

- COD8 Psychopharmacology EPA is now COD7 with a decrease in observations of achievement from 12 to 10 – this will be applied to all PGY3s
- COD6 Psychotherapy EPAs are now divided into COD8 (Psychodynamic, Group, Family Psychotherapies) and COD9 (Integrating psychotherapy) – completed COD6 EPAs will be transferred to the new EPAs COD8 and 9 – ITARs will be used for reference alongside psychotherapy logs as needed
 - COD6C maps onto COD9 with a decrease in observations of achievement from 3 to 2
 - COD6A maps on to COD8
- COD10 substance use disorders – new EPA with 2 observations of achievement – residents will be responsible for completing this EPA

PGY4

- completed COD EPAs will be converted to the equivalent EPAs in version 2.0
- for new or significantly modified COD EPAs, the same principles as for the PGY3s will be followed

PGY5 - as of July 1, 2026 – on-cycle residents who have completed the majority of COD EPAs

- Will not be responsible for any new COD EPAs (i.e. C10 managing substance use disorders)
- COD EPAs have been renumbered – any outstanding EPAs will be converted to the new number for the EPA and there will be no additional observations of achievement required that is greater than what was required for the 2020 version of EPAs – for example neurostimulation EPAs are now C11A and B – previously C7A and B
- Psychotherapy EPAs have been modified – if a resident has all required observations of achievement, they no longer need to complete this EPA; for residents with outstanding EPAs, they will be converted to the relevant EPAs – C8 delivering psychodynamic, group, and family psychotherapies and C9 integrating psychotherapeutic interventions into regular patient care. If there is evidence of competence in other assessments (e.g. ITARs) the residency program, with competence committee input, can decide to grant observations of achievement for the new version of psychotherapy EPAs.
- TTP EPAs – For residents who have “worked ahead” on TTP EPAs, those will be converted to the edited TTP EPAs.
 - TTP1 (Practice Management) has been simplified (one part instead of two parts, A and B) - must be completed during PGY5 (2 observations of achievement)
 - COD10 (Providing formal TEACHING for students, residents etc) 2020 is now TTP3 and TTP3 will now be used to confirm PGY5 grand rounds completion. Those who have entrustments in COD10 will receive TTP3 entrustments but one entrustment must be for PGY5 grand rounds.
 - The Personalized Learning Plan (PLP) is no longer an EPA and will remain the required reflection for competence committee (aka PCS – Psychiatry Competence Subcommittee) for PGY5s and in any year should residents decide to use the PLP format provided by the residency program

Off-cycle residents and residents on leaves of absence

As of July 1, 2026, all residents will transition to the 2026 version of EPAs – the principles as noted above will be applied to off-cycle residents and residents on leaves of absences as per their PGY and CBD (Competence by Design) stage of training.

Created by: Program Director, Associate and Assistant Program Directors with Curriculum Subcommittee and PRPC input

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Next Review: 2027-28