Developing Entrustable Professional Activities (EPAs) for the Competency-based Fellowship Program for Psychiatry in Australia & New Zealand

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Introduction

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) introduced the Competency Based Fellowship Program (CBFP) in 2012, modelled on best practice for medical education.

Entrustable Professional Activities (EPAs) were introduced as summative assessment tools. EPAs are designed to help operationalise competency based education by integrating competencies into workplace activities. They are described as being observable and measurable in their process and their outcome reflects the trainee’s competence. Trainees must demonstrate their ability to perform these specialised tasks with only distant (reactive) supervision.

Workplace-based Assessments (WBAs) are used formatively to provide structured feedback to trainees and to inform EPA sign off with a minimum of 3 WBAs per EPA.

EPAs were introduced to help supervisors determine the competence of their trainees and to provide trainees with a framework to monitor their progress. A total of 132 EPAs were developed across the three stages of training.

Results and Discussion

Data from the training records for Stage 1 EPAs are summarised in Figure 2. Figure 3 shows trainees perceptions of WBAs from surveys conducted in 2015. Results and quotes from the trainee survey are also highlighted.

44% of trainees agreed, or strongly agreed, that WBAs help to progress their development, and improve their skills.

The majority of trainees agreed, or strongly agreed, that WBAs contributed to the development of their skills and knowledge, see Figure 3.

43% of trainees agreed, or strongly agreed, that each EPA they have attained was a good reflection of their capacity for independent practice in that activity.

71% of trainees agreed, or strongly agreed, that there was enough information provided on how to complete an EPA.

Methods

The CanMEDs model and the seven CanMEDs competencies were adapted to the context of psychiatry. From this, key Learning Outcomes and Developmental Descriptors were constructed. The program and assessments were then comprehensively mapped to the competencies and Learning Outcomes.

The 2012 Fellowship program comprises Stages 1, 2, and 3. In each stage, trainees are required to complete a minimum number of EPAs related to specific areas of practice, e.g. Child and Adolescent Psychiatry.

Figure 1 shows the steps to developing an EPA.

**Figure 1: Steps to developing an EPA**

- Working group from an area of practice is established to develop EPAs e.g. Psychiatry of Old Age.
- Working group defines a specific clinical activity to develop an EPA on e.g. Management of behavioural and psychological symptoms of dementia.
- EPA is developed by defining clinical activity (knowledge, skills and attitude) and mapping it to the curriculum blueprint and the Fellowship competencies. A generic template and set structure is applied.
- Working group reviews material before an external moderation panel of key stakeholders (Fellows and supervisors) reviews it for consistency, content and relevance. EPA is approved or sent back for review.
- The Education Committee reviews the EPA. Feedback is gathered and refinements are made before being approved.
- EPA is approved and ready for implementation.
- EPA is included in syllabus and curriculum blueprint – highlighting which Fellowship competencies are assessed.

**Figure 2: WBA tools used to entrust Stage 1 EPAs**

- Case Based Discussion
- Mini-Clinical Evaluation Exercise
- Observed Clinical Activity
- Professional Presentation
- Antipsychotic use
- Providing psychoeducation

**Figure 3: Trainees Perceptions of WBAs - % Contribution to the development of skills and knowledge**

**TABLE 1: Percentage of trainees WBA Perceptions**

<table>
<thead>
<tr>
<th>WBA Type</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Antipsychotic use</td>
<td>67%</td>
</tr>
<tr>
<td>Providing psychoeducation</td>
<td>66%</td>
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References

2. ten Cate O, Snell L, Carraccio C. Medical competence: The interplay between individual ability and the health care environment. Medical Teacher. 2010;32(3):169-75.