

Entrustable Professional Activities (EPAs)

List of EPAs for Psychiatry

EPA Title	EPA Entrustment Level to be Attained by Exit
EPA 1: Assessing and Managing Suicidal Risk	Level 4
EPA 2: Assessing and Managing Risk of Violence	Level 4
EPA 3: Assessing and Managing Psychiatric Disorders in Inpatient and Consultation Liaison Settings	Level 4
EPA 4: Assessing and Managing Psychiatric Disorders in Inpatient and Consultation Liaison Settings	Level 4
EPA 5: Assessing and Managing Psychiatric Emergencies	Level 4
EPA 6: Leading and Working in a Clinical Team within Inpatient and Outpatient Settings	Level 4
EPA 7: Providing Expert Clinical or Forensic Opinion	Level 4

Entrustment Scale

Entrustment Level	Description
1	Not allowed to practise EPA, allowed to observe.
2	Allowed to practise EPA only under proactive, full supervision.
3	Allowed to practise EPA only under reactive/on-demand supervision.
4	Allowed to practise EPA unsupervised.
5	Allowed to supervise others in practice of EPA independently

Psychiatry EPA 1 - Assessing and Managing Suicidal Risk

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Title	Assessing and Managing Suicidal Risk
Specifications and limitations	<p>Specifications:</p> <ol style="list-style-type: none"> 1. Recognise the spectrum of common psychiatric disorders that can present with suicidal risk 2. Take a detailed psychiatric history as allowed 3. Conduct mental state examination and physical examination as relevant 4. Obtain corroborative information as appropriate including from past records, relevant informants 5. Assess and stratify suicidal risk 6. Make the diagnosis and formulate a list of appropriate differential diagnoses 7. Arrange relevant laboratory tests and/or interpreting diagnostic tests 8. Make an appropriate treatment plan with involvement of patient, carers as indicated 9. Coordinate care with other members of the multidisciplinary team and relevant healthcare partners 10. Monitor suicidal risk, response to treatment and revising treatment plan as indicated 11. Communicate with patient and family members the diagnosis, management plans as appropriate 12. Document assessment including suicide risk and management plans
	Limitations: NIL
EPA Entrustment Level to be Attained by Exit	Level 4

Psychiatry EPA 2 - Assessing and Managing Risk of Violence

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Title	Assessing and Managing Risk of Violence
Specifications and limitations	<p>This activity contains the following elements:</p> <ol style="list-style-type: none"> 1. Assess risk of violence across inpatient, outpatient, emergency, and consultation liaison settings. 2. Recognise common psychiatric disorders and how these can present with risk of violence. 3. Take a relevant history to assess risk of violence. 4. Do a relevant mental state examination and physical examination, including eliciting psychopathology and physical signs relevant to risk. 5. Do relevant investigations, including bedside or laboratory tests, and obtaining corroborative history from relevant records or parties with appropriate considerations to sensitivity and confidentiality. 6. Make appropriate diagnosis and differentials, and a psychiatric formulation, relevant to risk of violence. 7. Stratify the risk of violence in terms of severity and imminence. 8. Initiate management with involvement of patient and carers to mitigate risk, including consideration of involuntary treatment, specific acute interventions, and settings to carry out interventions. 9. Coordinate care with other members of the multidisciplinary team, relevant healthcare, and community partners as well as statutory authorities. 10. Monitor risk of violence, response to treatment and revising treatment plan as indicated. 11. Communicate with patient and carers the diagnosis, management plans as appropriate. 12. Document assessment including risk of violence and management plans. <p>Limitations: Nil</p>
EPA Entrustment Level to be Attained by Exit	Level 4

Psychiatry EPA 3 - Assessing and Managing Psychiatric Disorders in Inpatient and Consultation Liaison Settings
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Title	Assessing and Managing Psychiatric Disorders in Inpatient and Consultation Liaison Settings
Specifications and limitations	<p>This activity contains the following elements:</p> <ol style="list-style-type: none"> 1. Take a relevant psychiatric history. 2. Obtain corroborative history from relevant sources. 3. Perform a mental state examination and physical examination. 4. Identify appropriate diagnosis, differential diagnoses, and comorbidities (see Table 1). 5. Generate a relevant psychiatric formulation and assess aetiology. 6. Perform relevant investigations (biological, psychological, and social). 7. Provide adequate psychoeducation to patients and caregivers. 8. Formulate a holistic management plan, including biological, psychological, and social interventions, that is evidence-based, cost-effective and contextualised. 9. Assess adherence, efficacy and adverse events of interventions rendered. 10. Recommend suitable review frequency for follow-up care. 11. Recommend appropriate care settings, including a transfer to specific ward settings or a discharge to outpatient care. 12. Please refer to Table 1 below. <p>Limitations: Excludes assessment and management of suicide and violence risks (covered in EPA 1 & 2) and psychiatric emergencies (covered in EPA 5)</p>
EPA Entrustment Level to be Attained by Exit	Level 4

Table 1: EPA 3 Conditions

Category (Core)	Conditions
Schizophrenia Spectrum and Other Psychotic Disorders	Brief Psychotic Disorder
	Schizophreniform Disorder
	Schizophrenia
	Schizoaffective Disorder
	Delusional Disorder
	Catatonia
Bipolar and Related Disorders	Bipolar I Disorder
	Bipolar II Disorder
Depressive Disorders	Major Depressive Disorder
	Persistent Depressive Disorder
Anxiety Disorders	Separation Anxiety Disorder
	Selective Mutism
	Specific Phobia
	Social Anxiety Disorder
	Panic Disorder
	Agoraphobia
	Generalised Anxiety Disorder
Obsessive-Compulsive and Related Disorders	Obsessive-Compulsive Disorder
	Body Dysmorphic Disorder
	Hoarding Disorder
Trauma- and Stressor-Related Disorders	Posttraumatic Stress Disorder
	Acute Stress Disorder
	Adjustment Disorders
Neurocognitive Disorders	Delirium
	Major Neurocognitive Disorders (various
Somatic Symptom and Related Disorders	Somatic Symptom Disorder
Feeding and Eating Disorders	Anorexia Nervosa
	Bulimia Nervosa
Substance-Related and Addictive Disorders	Alcohol-Related Disorders
	Sedative-, Hypnotic-, or Anxiolytic-Related
	Tobacco-Related Disorders
	Gambling Disorder
Neurodevelopmental Disorders	Intellectual Disabilities
	Autism Spectrum Disorder
	Attention-Deficit/Hyperactivity Disorder
Personality Disorders	Borderline Personality Disorder
	Antisocial Personality Disorder
Medication-induced movement disorders and	Neuroleptic induced Parkinsonism
	Neuroleptic Malignant Syndrome
	Medication-induced acute dystonia
	Tardive dyskinesia
	Tardive dystonia/ akathisia
	Antidepressant discontinuation syndrome.

Category (Core)	Conditions
	Medication-induced postural tremor
Psychiatric Presentations of Medical	Hyper/ hypothyroidism
	Brain tumour
	Cerebrovascular accident
	Seizures
	Encephalitis/ meningitis
	Wernicke/ Korsakoff's encephalopathy
Category (Good to know)	Conditions
Depressive Disorders	Premenstrual Dysphoric Disorder
Somatic Symptom and Related Disorders	Illness Anxiety Disorder
	Conversion Disorder
	Factitious Disorder
Feeding and Eating Disorders	Binge-Eating Disorder
Gender Dysphoria	Gender Dysphoria
Disruptive, Impulse-Control, and Conduct	Oppositional Defiant Disorder
	Intermittent Explosive Disorder
	Conduct Disorder
Substance-Related and Addictive Disorders	Cannabis-Related Disorders
	Opioid-Related Disorders
	Stimulant-Related Disorders
Personality Disorders	Paranoid Personality Disorder
	Schizoid Personality Disorder
	Schizotypal Personality Disorder
	Histrionic Personality Disorder
	Narcissistic Personality Disorder
	Avoidant Personality Disorder
	Dependent Personality Disorder
	Obsessive-Compulsive Personality Disorder
Paraphilic Disorders	Voyeuristic Disorder
	Exhibitionistic Disorder
	Paedophilic Disorder
	Fetishistic Disorder

Psychiatry EPA 4 - Assessing and managing psychiatric disorders in outpatient and community care settings

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Title	Assessing and managing psychiatric disorders in outpatient and community care settings
Specifications and limitations	<p>This activity contains the following elements:</p> <ol style="list-style-type: none"> 1. Take a relevant psychiatric history 2. Obtain corroborative history from relevant sources. 3. Perform a mental state examination and physical examination. 4. Identify appropriate diagnosis, differential diagnoses, and comorbidities (see Table 2) 5. Generate a relevant psychiatric formulation and assess aetiology 6. Perform relevant investigations (biological, psychological, and social) 7. Assess severity of psychiatric conditions, other psychiatric or medical comorbidities. 8. Assess for impact of disease on patients. 9. Advocate for access to psychiatric care for patients. 10. Advocate for the safety and well-being of patients. 11. Provide adequate psychoeducation to patients and caregivers. 12. Formulate a holistic management plan for common psychiatric conditions (see Table 2), including biological, psychological, and social interventions, that is evidence-based, cost-effective and contextualised 13. Assess adherence, efficacy and adverse events of interventions rendered. 14. Recognise situations when care needs to be escalated to the emergency or inpatient care settings and act accordingly. 15. Appropriate application of regulations under Mental Health (Care and Treatment) Act 2008 (MHCTA) and Mental Capacity Act (MCA) as they apply to outpatient and community care. <p>Specific to community care settings:</p> <ol style="list-style-type: none"> 1. Liaise with stakeholders beyond the primary healthcare institution, such as other healthcare providers and community partners. 2. Effectively mobilise available community resources (e.g., primary care partners, counselling services) to provide holistic care for patients, and with reduced frequency of acute episodes of illness. 3. Understand and apply the principles of primary, secondary, and tertiary prevention in preventive mental health care. <p>Please refer to Table 2 below.</p> <p>Limitation: Excludes</p> <ol style="list-style-type: none"> 1. Suicide and violence risk covered in EPAs 1 and 2 2. Psychiatric emergencies are covered in EPA 5
EPA Entrustment Level to be Attained by Exit	Level 4

Table 2: EPA 4 Conditions

Category (Core)	Conditions
Schizophrenia Spectrum and Other Psychotic Disorders	Brief Psychotic Disorder
	Schizophreniform Disorder
	Schizophrenia
	Schizoaffective Disorder
	Delusional Disorder
	Catatonia
Bipolar and Related Disorders	Bipolar I Disorder
	Bipolar II Disorder
Depressive Disorders	Major Depressive Disorder
	Persistent Depressive Disorder
Anxiety Disorders	Separation Anxiety Disorder
	Selective Mutism
	Specific Phobia
	Social Anxiety Disorder
	Panic Disorder
	Agoraphobia
	Generalized Anxiety Disorder
Obsessive-Compulsive and Related Disorders	Obsessive-Compulsive Disorder
	Body Dysmorphic Disorder
	Hoarding Disorder
Trauma- and Stressor-Related Disorders	Posttraumatic Stress Disorder
	Acute Stress Disorder
	Adjustment Disorders
Neurocognitive Disorders	Delirium
	Major Neurocognitive Disorders (various
Somatic Symptom and Related Disorders	Somatic Symptom Disorder
Feeding and Eating Disorders	Anorexia Nervosa
	Bulimia Nervosa
Substance-Related and Addictive Disorders	Alcohol-Related Disorders
	Sedative-, Hypnotic-, or Anxiolytic-Related
	Tobacco-Related Disorders
	Gambling Disorder
Neurodevelopmental Disorders	Intellectual Disabilities
	Autism Spectrum Disorder
	Attention-Deficit/Hyperactivity Disorder
Personality Disorders	Borderline Personality Disorder
	Antisocial Personality Disorder
Category (Good to know)	Conditions
Depressive Disorders	Premenstrual Dysphoric Disorder
Somatic Symptom and Related Disorders	Illness Anxiety Disorder
	Conversion Disorder
	Factitious Disorder
Feeding and Eating Disorders	Binge-Eating Disorder
Gender Dysphoria	Gender Dysphoria

Disruptive, Impulse-Control, and Conduct	Oppositional Defiant Disorder
	Intermittent Explosive Disorder
	Conduct Disorder
Substance-Related and Addictive Disorders	Cannabis-Related Disorders
	Opioid-Related Disorders
	Stimulant-Related Disorders
Personality Disorders	Paranoid Personality Disorder
	Schizoid Personality Disorder
	Schizotypal Personality Disorder
	Histrionic Personality Disorder
	Narcissistic Personality Disorder
	Avoidant Personality Disorder
	Dependent Personality Disorder
	Obsessive-Compulsive Personality Disorder
Paraphilic Disorders	Voyeuristic Disorder
	Exhibitionistic Disorder
	Paedophilic Disorder
	Fetishistic Disorder

Psychiatry EPA 5 - Assessing and Managing Psychiatric Emergencies

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Title	Assessing and Managing Psychiatric Emergencies
Specifications and limitations	<p>Patients with psychiatric conditions can present with psychiatric and psychiatric-medical emergencies. Residents need to be able to assess and manage such presentations in the context of limited information and uncertainty, whilst navigating the systems of care they practise in.</p> <p>This activity contains the following elements:</p> <ol style="list-style-type: none"> 1. Recognise psychiatric presentations requiring urgent or emergent psychiatric or psychiatric-medical care. (See Table 3) 2. Rapidly evaluate and gather pertinent information: relevant history, corroborative information, focused physical examination and assessment of safety. 3. Generate a prioritised differential diagnosis and formulation with limited information and dynamic clinical status. 4. Assess risk and determine appropriate setting and level of care required 5. Initiate stabilisation measures and deliver holistic biopsychosocial treatment plans. 6. Manage transitions of care including transfers and handovers. 7. Monitor and revise treatment plans as indicated, involving patients and carers in the process. 8. Apply ethical and regulatory frameworks in clinical practice and involuntary treatment e.g., Mental Health (Care and Treatment) Act 2008, Vulnerable Adults Act 2018. 9. Provide safety advice and follow up care plans for patients discharged home 10. Demonstrate inter-disciplinary practice and shared-decision making skills 11. Critically appraise and apply evidence in the face of uncertain and conflicting evidence. 12. Ensure appropriate and accurate documentation. <p>Please refer to Table 3 below.</p> <p>Limitations: This EPA excludes:</p> <ol style="list-style-type: none"> 1. Patients presenting with suicide which are covered by EPA 1 2. Patients presenting with violence which are covered by EPA 2
EPA Entrustment Level to be Attained by Exit	Level 4

Table 3: EPA 5 Conditions

Category (Core)	Conditions
Medical emergencies presenting with altered mental status	<p>Neurological conditions such as stroke, infection, auto-immune encephalitis, seizures, and space-occupying lesions. Infections e.g., meningoencephalitis, cerebral abscess Cerebrovascular event e.g., ischemia, haemorrhage Epilepsy/Seizures Auto-immune encephalitis e.g., NMDA Space Occupying lesions e.g., tumour Wernicke's Encephalopathy</p> <p>Urgent Medical conditions such as severe sepsis, organ failure, severe electrolyte disturbance, hypoxia, or hypo/hyperglycaemia. e.g., sepsis, electrolyte disturbances, organ failure (hepatic/cardiac/renal), hypo or hyperglycaemia, hypoxia</p>
Substance related	<p>Substance withdrawal states including Delirium Tremens, alcohol and benzodiazepine withdrawal, opioid withdrawal</p> <p>Substance intoxication states including alcohol, benzodiazepines, amphetamines, opioids, hallucinogens, psychostimulants, new psychoactive substances (NPS)</p>
Category (Others)	Conditions
Medication related (some conditions covered in Table 1)	<p>Lithium Toxicity Neuroleptic Malignant Syndrome Serotonin Syndrome Acute Dystonia (Oculogyric Crisis) Akathisia Anaphylaxis Intestinal obstruction, agranulocytosis AED toxicity e.g., valproate toxicity Severe hyponatremia Hypoxia from over-sedation Overdose of psychiatric medications Anti-cholinergic crisis</p>
Eating disorder	<p>Low BMI Bradycardia / Syncope Electrolytes imbalance / refeeding syndrome</p>

Psychiatry EPA 6 - Leading and Working in a Clinical Team within Inpatient and Outpatient Settings

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Title	Leading and Working in a Clinical Team within Inpatient and Outpatient Settings
Specifications and limitations	<p>This activity contains the following elements:</p> <ol style="list-style-type: none">1. Co-ordinate care with different members of clinical team to optimise care of patients.2. Use language that values all members of clinical team.3. Communicate effectively with different team members.4. Value feedback and exercise active listening.5. Participate, contribute, and lead multidisciplinary team discussions involving patient care.
	Limitations: Nil
EPA Entrustment Level to be Attained by Exit	Level 4

Psychiatry EPA 7 - Providing Expert Clinical or Forensic Opinion

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Title	Providing Expert Clinical or Forensic Opinion
Specifications and limitations	<p>Competency in this EPA is not equivalent to competency in the subspecialty of forensic psychiatry.</p> <p>This activity contains the following elements:</p> <ol style="list-style-type: none">1. Conduct a thorough psychiatric history and examination to derive an accurate DSM diagnosis, differential diagnosis, and formulation.2. Gather corroborative information from relevant people for accurate assessment.3. Apply knowledge of the relevant legislations (e.g., Mental Health (Care and Treatment) Act 2008, Mental Capacity Act 2008, Vulnerable Adults Act 2018).4. Write and furnish structured and organised expert reports that follows the legal requirements for an expert clinical and forensic opinion.5. Document clearly the information and evidence gathered.6. Able to conduct oneself and give evidence in court.7. Collaborate and communicate clearly expert clinical or forensic findings.
	<p>Limitations: NA.</p>
EPA Entrustment Level to be Attained by Exit	Level 4