

Supplemental Table 1 - Data extraction				
Authors (year)/ Country of study/ Type of study	Phase of training *	Number of EPAs considered discussed in article and content or title of EPAs	Codes <sup>ψ</sup>	QATSDD- score**
Boyce et al. (2011)/ Australia/ New Zealand/ Cross- sectional survey [24]	GME	4 EPAs identified for end-of-first-year residency training:  1. Completing a discharge summary; 2. Initiating antipsychotic medication in a patient with schizophrenia; 3. Leading the multidisciplinary team discussion regarding the care of a patient; and 4. Carrying out a diagnostic explanation to a family about a young adult's psychiatric illness.	Development: - Initial EPAs drafted ○ By working group - EPAs revised and refined ○ Survey	26
Port et al. (2012)/ Australia/ New Zealand/ Educational case report [28]	GME	1 EPA: Administer electroconvulsive therapy (ECT)	Development: - Initial EPAs drafted ○ By working group - EPAs tested for completeness in clinical setting - EPAs mapped to milestones/competencies	27
Ten Cate et al. (2012)/ The Netherlands/ Expert consensus [17]	GME	1 EPA: Patient handover	Development: - Initial EPAs drafted ○ By working group	N/A
Jurd et al. (2015)/ Australia/ New Zealand/ Educational case report [19]	GME	9 Stage 1 and 2 EPAs, 31 subspecialty EPAs***:  Stage 1 - GEN - EPA5 - Use of an antipsychotic medication in a patient with schizophrenia/psychosis. Stage 1 - GEN - EPA6 - Providing psychoeducation to a patient and their family and/or carers about a major mental illness. Stage 2 - EXP - EPA1 - Demonstrating proficiency in all the expected tasks associated with prescription, administration and monitoring of ECT Stage 2 - EXP - EPA2 - The application and use of the mental health Act.	Development: - Initial EPAs drafted ○ From literature review ○ By working group ○ From interviews/focus groups Implementation: ○ Enrolment in competency-based curriculum ○ EPA performance recorded by trainee in portfolio	21

	<p>Stage 2 - EPA3 - Assessment and management of risk of harm to self and others.</p> <p>Stage 2 - EPA 5 - Assess and manage adults with cultural and linguistic diversity.</p> <p>Stage 2 - PSY - EPA 2 - Psychodynamically informed patient encounters and managing the therapeutic alliance.</p> <p>Stage 2 - PSY - EPA 3 - Supportive psychotherapy.</p> <p>Stage 2 - PSY - EPA 4 - Cognitive-behavioural therapy (CBT) for management of anxiety.</p> <p>Stage 2 - CAP - EPA1 - Develop a management plan for an adolescent where school attendance is at risk.</p> <p>Stage 2 - CAP - EPA2 - Clinical assessment of a prepubertal child.</p> <p>Stage 2 - CL - EPA1 - Care for a patient with delirium.</p> <p>Stage 2 - CL – EPA2 - Manage clinically significant psychological distress in the context of the patient's medical illness in the general hospital.</p> <p>Stage 2 - ADD - EPA1 - Management of substance intoxication and substance withdrawal.</p> <p>Stage 2 - ADD - EPA2 - Comorbid mental health and substance use problems.</p> <p>Stage 2 - POA – EPA1 - Behavioural and psychological symptoms in dementia (BPSD).</p> <p>Stage 2 - POA – EPA2 - The appropriate use of antidepressants and antipsychotics in patients aged 75 years and over (or under 75 with excessive frailty).</p> <p>Stage 2 - AP - EPA1 - Assess treatment-refractory psychiatric disorders.</p> <p>Stage 2 - AP - EPA2 - Physical comorbidity 2.</p> <p>Stage 2 - AP - EPA3 - Assess and manage a patient with anorexia nervosa presenting in a severely underweight state.</p> <p>Stage 2 - AP - EPA3 - Assess and manage an adult with bulimia nervosa.</p> <p>Stage 2 - AP - EPA5 - Assess and manage a woman experiencing a major postpartum illness within 12 months of childbirth.</p> <p>Stage 2 - AP – EPA6 - Assess and manage a pregnant woman presenting with a psychiatric disorder.</p> <p>Stage 2 - AP - EPA7 - Assess and manage a mental illness occurring in an adult with an established diagnosis of epilepsy.</p>	<p>Assessment (Methods)</p> <ul style="list-style-type: none"> <li>○ EPA observed and assessed in practice by senior faculty</li> <li>○ Non-clinical performance</li> <li>○ Portfolio review</li> <li>○ Chart-based audit</li> </ul> <p>Assessment (Tools/Measures)</p> <ul style="list-style-type: none"> <li>○ Assessment form (In-Training-Assessment form)</li> <li>○ Multiple assessment forms (Case-based discussion; Mini Clinical Evaluation Exercise; Observed Clinical Activity; Professional Presentation; Direct Observation of Procedural Skills)</li> <li>○ Yes/No-Entrustment</li> </ul>	
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Kealy-Bateman et al. (2016)/ Australia/ New Zealand/ Expert consensus [18]	GME	Same as for Jurd et al. (2015)	<p>Assessment (Methods)</p> <ul style="list-style-type: none"> <li>- Portfolio review/Timing of summative assessment</li> </ul>	N/A

Weiss et al. (2016)/ USA/ Educational case report [29]	GME	<p>18 exemplary EPAs according to year of postgraduate training:</p> <p>PGY1:</p> <ul style="list-style-type: none"> <li>- Resident conducts a safety assessment in the emergency room setting.</li> <li>- Resident can safely and effectively prescribe and monitor both conventional and atypical antipsychotics in the inpatient setting.</li> <li>- Resident determines need for hospitalization vs discharge.</li> <li>- Resident appropriately conducts a hand-off.</li> <li>- Resident safely and effectively prescribes and monitors mood stabilizers</li> </ul> <p>PGY2:</p> <ul style="list-style-type: none"> <li>- Resident performs a psychiatric evaluation in the geriatric outpatient setting.</li> <li>- Resident manages the polypharmacy of treatment resistant patients.</li> <li>- Resident evaluates and manages opiate withdrawal syndromes.</li> <li>- Resident conducts a thorough evaluation of decisional capacity and makes appropriate management recommendations.</li> <li>- Resident recognizes signs/symptoms of delirium and makes appropriate management recommendations</li> <li>- Resident develops an appropriate psychiatric formulation and treatment plan for a child and/or adolescent patient</li> </ul> <p>PGY3:</p> <ul style="list-style-type: none"> <li>- Resident appropriately responds to acute situations including doing a risk assessment and safety plan in the outpatient setting.</li> <li>- Resident conducts cognitive behavioral therapy with an uncomplicated patient in the outpatient setting.</li> <li>- Resident pharmacologically manages patients in the outpatient setting.</li> </ul> <p>PGY4:</p> <ul style="list-style-type: none"> <li>- Resident provides clinical instruction to junior learners, including residents and medical students, through supervisory activities and teaching in core didactics.</li> </ul>	<p>Development</p> <ul style="list-style-type: none"> <li>- Literature review</li> <li>- Initial EPAs drafted <ul style="list-style-type: none"> <li>o From literature review</li> <li>o By working group</li> </ul> </li> <li>- EPAs mapped to milestones/competencies</li> <li>- EPAs benchmarked with other sets of EPAs</li> <li>- EPAs revised and refined <ul style="list-style-type: none"> <li>o Stakeholder deliberation</li> </ul> </li> </ul>	27
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		<ul style="list-style-type: none"> <li>- Resident participates in quality improvement activities and the analysis of adverse and sentinel events.</li> <li>- Resident conducts insight oriented psychotherapy in the outpatient setting.</li> <li>- Chief resident leads a multidisciplinary team on their clinical service.</li> </ul>		
Holt et al. (2017)/ USA/ Program evaluation [26]	GME	<p>7 EPAs (Addiction Medicine Entrustable Professional Activities for Internal Medicine Residents):</p> <ol style="list-style-type: none"> <li>1. Orients patients to Controlled Substance Agreement and effectively interprets urine drug screening to ensure patient adherence</li> <li>2. Provides effective relapse prevention counseling</li> <li>3. Demonstrates understanding of common complications of addictive disorders</li> <li>4. Accurately elicits an addiction history, including use of ancillary sources</li> <li>5. Identifies the role of pharmacotherapy and effectively initiates treatment</li> <li>6. Identifies the role of behavioral therapy and refers patients appropriately</li> <li>7. Conducts effective, patient-centered brief interventions</li> </ol>	<p>Development</p> <ul style="list-style-type: none"> <li>- Literature review</li> <li>- Initial EPAs drafted <ul style="list-style-type: none"> <li>o By working group</li> </ul> </li> <li>- EPAs mapped to milestones/competencies</li> </ul> <p>Implementation</p> <ul style="list-style-type: none"> <li>- Teaching Sessions</li> <li>- Observation of faculty on the ward</li> </ul> <p>Assessment (Tools/Measures)</p> <ul style="list-style-type: none"> <li>- Standardized rubric (Critical deficiency, Early learner, Advancing learner, Ready for independent practice, Aspirational)</li> </ul>	30
Klapheke et al. (2017)/ USA/ Cohort-study [33]	UME	<p>13 EPAs (Core EPAs):</p> <ol style="list-style-type: none"> <li>1. Gather a history and perform a physical or mental examination</li> <li>2. Prioritize a differential diagnosis following a clinical encounter</li> <li>3. Recommend and interpret common diagnostic and screening tests</li> <li>4. Enter and discuss orders and prescriptions</li> <li>5. Document a clinical encounter in the patient record</li> <li>6. Provide an oral presentation of a clinical encounter</li> <li>7. Form clinical questions and retrieve evidence to advance patient care</li> <li>8. Give or receive a patient handover to transition care responsibility</li> <li>9. Collaborate as a member of an inter-professional team</li> <li>10. Recognize a patient requiring urgent or emergent care and initiate evaluation and management</li> </ol>	<p>Assessment (Tools/Measures)</p> <ul style="list-style-type: none"> <li>- Assessment form</li> <li>- Standardized rubric (narrative descriptions anchored ratings of 1 through 5 which described performances typically expected of first- through fourth-year medical students, Ratings 1 through 3 described progressive steps—rough milestones—in development toward competence and entrustment. Rating 4 described an entrustable student, and rating 5 described a student or resident with development of competence beyond the entrustment level)</li> </ul>	36

		11. Obtain informed consent for tests and/or procedures 12. Perform general procedures of a physician 13. Identify system failures and contribute to a culture of safety and improvement		
Klapheke et al. (2017)/ USA/ Cohort-study [32]	UME	8 EPAs (selected from core EPAs): 1. (EPA #1) Gather a history and perform a physical or mental examination 2. (EPA #2) Prioritize a differential diagnosis following a clinical encounter 3. (EPA #3) Recommend and interpret common diagnostic and screening tests 4. (EPA #5) Document a clinical encounter in the patient record 5. (EPA #6) Provide an oral presentation of a clinical encounter 6. (EPA #7) Form clinical questions and retrieve evidence to advance patient care 7. (EPA #9) Collaborate as a member of an inter-professional team 8. (EPA #10) Recognize a patient requiring urgent or emergent care and initiate evaluation and management	Implementation: - Teaching Sessions  Assessment (Methods) - Implementation: EPA performance - Non-clinical performance - Written Exam  Assessment (Tools/Measures) - Standardized rubric	36
Shelton et al. (2017)/ USA/ Expert consensus [21]	UME	13 EPAs (Core EPAs): 1. Gather a history and perform a physical or mental examination 2. Prioritize a differential diagnosis following a clinical encounter 3. Recommend and interpret common diagnostic and screening tests 4. Enter and discuss orders and prescriptions 5. Document a clinical encounter in the patient record 6. Provide an oral presentation of a clinical encounter 7. Form clinical questions and retrieve evidence to advance patient care 8. Give or receive a patient handover to transition care responsibility 9. Collaborate as a member of an inter-professional team 10. Recognize a patient requiring urgent or emergent care and initiate evaluation and management 11. Obtain informed consent for tests and/or procedures 12. Perform general procedures of a physician	Implementation (recommendations) - Teaching Sessions - Observation of faculty on the ward - Enrolment in competency-based curriculum	N/A

		13. Identify system failures and contribute to a culture of safety and improvement		
Fage et al. (2018)/ Canada/ Expert consensus [20]	GME	<p>5 EPAs (emergency psychiatry rotation, foundation of discipline" level of training):</p> <ol style="list-style-type: none"> <li>1. Performing psychiatric assessments in the emergency setting</li> <li>2. Evaluating the medical stability of psychiatric patients in the emergency setting</li> <li>3. Conducting risk assessments in the emergency setting</li> <li>4. Assessing and managing agitated patients in the emergency setting</li> <li>5. Using the Mental Health Act (legislation pertaining to psychiatric care in the Canadian province of Ontario) in the emergency setting</li> </ol>	<p>Development</p> <ul style="list-style-type: none"> <li>- Literature review</li> <li>- Initial EPAs drafted <ul style="list-style-type: none"> <li>o From literature review</li> <li>o By working group</li> </ul> </li> <li>- EPAs mapped to milestones/competencies</li> <li>- Curriculum Objectives developed</li> </ul>	N/A
Grabovac et al. (2018)/ Canada/ Expert consensus [22]	GME	<p>2 EPAs for Mindfulness-Based Interventions:</p> <ol style="list-style-type: none"> <li>1. Assess for suitability and prescribe an appropriate Mindfulness-Based Intervention (MBI)</li> <li>2. Deliver a manualized MBI to individuals or groups for whom it is indicated, with fidelity to core aspects of mindfulness-based teaching (assumes core milestones are met)</li> </ol>	<p>Development:</p> <ul style="list-style-type: none"> <li>- Initial EPAs drafted <ul style="list-style-type: none"> <li>o By working group</li> </ul> </li> </ul> <p>Implementation (recommendation)</p> <ul style="list-style-type: none"> <li>- Enrolment in competency-based curriculum</li> </ul>	N/A
Menezes et al. (2018)/ Canada/ Expert consensus [23]	UME	<p>12 EPAs (The Association of Faculties of Medicine of Canada):</p> <ol style="list-style-type: none"> <li>1. Obtain a history and perform a physical examination, adapted to the patient's clinical situation</li> <li>2. Formulate and justify a prioritized differential diagnosis</li> <li>3. Formulate an initial plan of investigation based on the diagnostic hypotheses</li> <li>4. Interpret and communicate results of common diagnostic and screening tests</li> <li>5. Formulate, communicate and implement management plans</li> <li>6. Present oral and written reports that document a clinical encounter</li> <li>7. Provide and receive the handover in transitions of care</li> <li>8. Recognize a patient requiring urgent or emergent care, provide initial management and seek help</li> <li>9. Communicate in difficult situations</li> </ol>	<p>Development:</p> <ul style="list-style-type: none"> <li>- Literature review</li> <li>- EPAs mapped to milestones/competencies</li> <li>- Framework</li> </ul> <p>Implementation (recommendations):</p> <ul style="list-style-type: none"> <li>- Enrolment in competency-based curriculum</li> <li>- EPA performance recorded by trainee in portfolio</li> </ul> <p>Assessment (methods recommendation)</p> <ul style="list-style-type: none"> <li>- EPA observed and assessed in practice by senior faculty</li> <li>- Non-clinical performance</li> </ul>	N/A

		10. Participate in health quality improvement initiatives 11. Perform general procedures of a physician 12. Educate patients on disease management, health promotion and preventative medicine	<ul style="list-style-type: none"> <li>- Portfolio review</li> <li>- Written Exam</li> </ul>	
Sadhu et al. (2018)/ USA/ Educational case report [30]	GME	1 EPA (exemplary) : Conduct an Outpatient or Inpatient Visit Focused on Individual Psychotherapy Treatment	Implementation (recommendations for faculty training, development of Evaluations, clinical competency committees (CCC), validity, Programmatic Changes): <ul style="list-style-type: none"> <li>- Teaching Sessions</li> <li>- Observation of faculty on the ward</li> <li>- Enrolment in competency-based curriculum</li> <li>- Peer feedback</li> <li>- EPA performance recorded by trainee in portfolio</li> </ul>	30
Young, Hasser et al. (2018)/ USA/ Mixed-methods study [25]	GME	10 EPAs (End-of-training):  1. Manage psychiatric patients longitudinally 2. Manage psychiatric emergencies 3. Conduct psychiatric diagnostic evaluations 4. Manage patient's psychiatric conditions with medications 5. Manage involuntary commitment and treatment 6. Assess and manage decision-making capacity 7. Manage transitions in care 8. Provide psychiatric consultation to other clinicians or services 9. Provide supportive psychotherapy 10. Lead an interprofessional health care team  Excluded because of unmet validity threshold: 11. Provide cognitive behavioral therapy 12. Provide psychodynamic psychotherapy 13. Apply quality improvement methodologies to one's patient panel or clinical service	Development: <ul style="list-style-type: none"> <li>- Literature review</li> <li>- Initial EPAs drafted <ul style="list-style-type: none"> <li>o From literature review</li> <li>o By working group</li> <li>o From interviews/focus groups</li> </ul> </li> <li>- EPAs revised and refined <ul style="list-style-type: none"> <li>o Delphi Method</li> <li>o Survey</li> <li>o Stakeholder deliberation</li> </ul> </li> <li>- EPAs mapped to milestones/competencies</li> </ul>	47
Young, Irby et al. (2018)/ USA/ Content-validity survey [34]	GME	1 EPA: Manage patient's psychiatric conditions with medications	Assessment (Tools/Measures) <ul style="list-style-type: none"> <li>- Assessment form (26 items)</li> <li>- Suggested entrustment scale: co-treatment, direct supervision, indirect</li> </ul>	41



			supervision, ready for independent practice, and nearing mastery	
Young, Rasul et al. (2018)/ USA/ Internal structure validity study [35]	GME	1 EPA: Manage patient's psychiatric conditions with medications	Assessment (Tools/Measures): internal validity <ul style="list-style-type: none"> <li>- Affective tasks (alpha = 0.90), cognitive tasks (alpha = 0.84), and hard tasks (alpha = 0.74)</li> </ul>	37
Koelkebeck et al. (2019)/ Germany/ Program evaluation [16]	UME	Exemplary EPAs (based on US core EPAs): <ol style="list-style-type: none"> <li>1. (EPA#1) Gather a history and perform a physical or mental examination</li> <li>2. (EPA#2) Prioritize a differential diagnosis following a clinical encounter</li> <li>3. (EPA#4) Enter and discuss orders and prescriptions</li> <li>4. (EPA#5) Document a clinical encounter in the patient record</li> <li>5. (EPA#10) Recognize a patient requiring urgent or emergent care and initiate evaluation and management</li> <li>6. (EPA#12) Perform general procedures of a physician</li> </ol>	Implementation <ul style="list-style-type: none"> <li>- Teaching Sessions</li> <li>- Observation of faculty on the ward</li> <li>- Enrolment in competency-based curriculum</li> </ul> Assessment (Methods) <ul style="list-style-type: none"> <li>- Non-clinical performance</li> <li>- Written Exam</li> </ul>	31
Schatte et al. (2019)/ USA/ Educational case report [31]	UME	13 EPAs (Core EPAs): <ol style="list-style-type: none"> <li>1. Gather a history and perform a physical or mental examination</li> <li>2. Prioritize a differential diagnosis following a clinical encounter</li> <li>3. Recommend and interpret common diagnostic and screening tests</li> <li>4. Enter and discuss orders and prescriptions</li> <li>5. Document a clinical encounter in the patient record</li> <li>6. Provide an oral presentation of a clinical encounter</li> <li>7. Form clinical questions and retrieve evidence to advance patient care</li> <li>8. Give or receive a patient handover to transition care responsibility</li> <li>9. Collaborate as a member of an inter-professional team</li> <li>10. Recognize a patient requiring urgent or emergent care and initiate evaluation and management</li> <li>11. Obtain informed consent for tests and/or procedures</li> <li>12. Perform general procedures of a physician</li> <li>13. Identify system failures and contribute to a culture of safety and improvement</li> </ol>	Implementation <ul style="list-style-type: none"> <li>- Teaching Sessions: small group discussion, peer teaching, role-play exercises, self-study solving management decisions of written cases, and standardized patient encounters</li> </ul> Assessment (Tools/Measures) <ul style="list-style-type: none"> <li>- Self-assessment of confidence (0=not at all comfortable, 1=somewhat comfortable, 2=neutral, 3=somewhat comfortable, 4=very comfortable)</li> </ul>	34

		14. Miscellaneous (Describe the professionalism standards for psychiatrist)		
Vietz et al. (2019)/ Germany/ Qualitative study [27]	GME	1 EPA: Conducting a ward round (working title)	- Initial EPA drafted (identification of relevant competences) <ul style="list-style-type: none"> <li>o From interviews/focus groups</li> </ul>	42
N/A: not applicable *Undergraduate Medical Education (UME), Graduate Medical Education (GME) ψCodes adapted from [3] **Quality assessment tool for studies with diverse designs (QATSDD-score), 16-items, range: 0 – 42 points (for quantitative studies) range:, 0 - 42 points (for qualitative studies), range: 0-48 points (for mixed-methods studies) *** Retrieved from <a href="http://www.ranzcp.org">www.ranzcp.org</a> , on June 16th 2019				