

*Effective for residents who enter training on or after July 1, 2020.*

## **DEFINITION**

Psychiatry is the branch of medicine specializing in the understanding of the biological, psychological, and social domains of the human experience as they impact the etiology, assessment, diagnosis, treatment, and prevention of, and recovery from mental, emotional, cognitive, and behavioural disorders, alone or as they coexist with other medical disorders, in patients of all ages.

## **PSYCHIATRY PRACTICE**

Psychiatrists assess, diagnose, treat, and advocate for individuals with mental disorders across the lifespan. This includes patients with emergent, urgent, and non-urgent presentations. These activities are carried out within the context of a doctor-patient relationship and across a variety of settings and diverse cultural communities.

Psychiatrists consider the unique interactions between the patient's psychopathology, genetics, neurobiology, biographical life history, medical history, personality, and relationships in developing an understanding of the individual in their unique cultural and societal context. The purpose of the assessment is to prevent, treat, and promote recovery from mental, emotional, cognitive, and behavioural disorders.

Psychiatrists use treatments that are informed by the fields of genetics, epigenetics, neuroscience, pharmacology, and psychology, and that target the brain. The treatments utilize an integrative medical approach, including pharmacotherapy, psychotherapy, neurostimulation, and lifestyle interventions. Psychiatrists work in multiple settings, ranging from community to tertiary care institutions, including correctional facilities, often in integrated care teams.

Psychiatrists recognize that the treatment of the individual has broad implications as it relates to the health and safety of the community. Psychiatrists advocate at all levels of care to decrease the impact of stigma<sup>1</sup>, and improve the lives of patients with mental disorders and the overall mental health of all members of the community.

---

<sup>1</sup> *Stigma refers to lack of knowledge (ignorance), negative attitudes (prejudice), and excluding/avoiding behaviours (discrimination/marginalization) related to psychiatric disorders.*

## PSYCHIATRY COMPETENCIES

### Medical Expert

#### **Definition:**

As *Medical Experts*, psychiatrists integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional values in their provision of high-quality and safe patient-centred care. Medical Expert is the central physician Role in the CanMEDS Framework and defines the physician's clinical scope of practice.

#### **Key and Enabling Competencies: Psychiatrists are able to...**

### **1. Practise medicine within their defined scope of practice and expertise**

- 1.1. Demonstrate a commitment to high-quality care of their patients
- 1.2. Integrate the CanMEDS Intrinsic Roles into their practice of Psychiatry
- 1.3. Apply knowledge of the clinical and biomedical sciences, as well as issues of medical jurisprudence, relevant to Psychiatry
  - 1.3.1. Normal and abnormal development
    - 1.3.1.1. Impact of developmental trauma
  - 1.3.2. Normal aging
  - 1.3.3. Normal and abnormal psychology
  - 1.3.4. Genetics
  - 1.3.5. Neuroscience, including neuroanatomy, neurochemistry, and neurophysiology
  - 1.3.6. Nosology
  - 1.3.7. Pharmacology, including pharmacodynamics and pharmacokinetics
  - 1.3.8. Phenomenology
  - 1.3.9. Social and cultural determinants of mental health
  - 1.3.10. Measures of cognitive performance
  - 1.3.11. Trauma-informed care
  - 1.3.12. Principles of public health, including referral patterns, community agencies, and systems of mental health care and delivery
  - 1.3.13. Preventive psychiatry
  - 1.3.14. Ethics
  - 1.3.15. Evidence-based health care
    - 1.3.15.1. Critical appraisal
  - 1.3.16. Principles of quality assurance and improvement
  - 1.3.17. Research methodology

- 1.3.18. Provincial, territorial, and/or federal legislation pertaining to mental health care and delivery, including
    - 1.3.18.1. Capacity
    - 1.3.18.2. Involuntary treatment and hospitalization
    - 1.3.18.3. Privacy and confidentiality
    - 1.3.18.4. Duty to warn
    - 1.3.18.5. Mandatory and discretionary reporting
    - 1.3.18.6. Child welfare
    - 1.3.18.7. Dependent adults
    - 1.3.18.8. Corrections services
    - 1.3.18.9. Criminal Code of Canada
    - 1.3.18.10. Youth Criminal Justice Act
  
  - 1.3.19. Safety procedures and practices for psychiatric facilities and personnel
  - 1.3.20. Etiology, symptoms, principles of diagnosis, course of illness, and treatment of
    - 1.3.20.1. Anxiety disorders
    - 1.3.20.2. Attention-deficit/hyperactivity disorder (ADHD)
    - 1.3.20.3. Bipolar and related disorders
    - 1.3.20.4. Depressive disorders
    - 1.3.20.5. Neurocognitive disorders
    - 1.3.20.6. Obsessive-compulsive and related disorders
    - 1.3.20.7. Personality disorders
    - 1.3.20.8. Schizophrenia spectrum and other psychotic disorders
    - 1.3.20.9. Somatic symptom and related disorders
    - 1.3.20.10. Substance-related and addictive disorders
    - 1.3.20.11. Trauma- and stressor-related disorders
  
  - 1.3.21. Symptoms of and treatment options for
    - 1.3.21.1. Disruptive, impulse-control, and conduct disorders
    - 1.3.21.2. Dissociative disorders
    - 1.3.21.3. Elimination disorders
    - 1.3.21.4. Feeding and eating disorders
    - 1.3.21.5. Gender dysphoria
    - 1.3.21.6. Medication-induced movement disorders
    - 1.3.21.7. Neurodevelopmental disorders other than ADHD
    - 1.3.21.8. Paraphilic disorders
-

- 1.3.21.9. Sexual dysfunctions
  - 1.3.21.10. Sleep-wake disorders
  
  - 1.3.22. Psychiatric manifestations of medical and neurological illnesses
  - 1.3.23. Interventions to minimize risk
    - 1.3.23.1. Crisis intervention
    - 1.3.23.2. De-escalation techniques
    - 1.3.23.3. Chemical restraints
    - 1.3.23.4. Physical restraints
  
  - 1.3.24. Psychopharmacologic treatment modalities
    - 1.3.24.1. Antipsychotics
    - 1.3.24.2. Antidepressants
    - 1.3.24.3. Anxiolytics
    - 1.3.24.4. Cognitive enhancers
    - 1.3.24.5. Hypnotics and sedatives
    - 1.3.24.6. Mood stabilizers including anticonvulsants
    - 1.3.24.7. Stimulants
  
  - 1.3.25. Psychotherapeutic treatment modalities
    - 1.3.25.1. Acceptance and commitment therapy
    - 1.3.25.2. Behavioural therapy
    - 1.3.25.3. Cognitive behavioural therapy (CBT)
    - 1.3.25.4. Dialectic behavioural therapy (DBT)
    - 1.3.25.5. Eye movement desensitization and reprocessing (EMDR)
    - 1.3.25.6. Family therapy
    - 1.3.25.7. Group therapy
    - 1.3.25.8. Interpersonal therapy (IPT)
    - 1.3.25.9. Mindfulness training
    - 1.3.25.10. Motivational interviewing (MI)
    - 1.3.25.11. Psychodynamic therapy
    - 1.3.25.12. Relaxation
    - 1.3.25.13. Supportive therapy
    - 1.3.25.14. Other evidence-based psychotherapies
  
  - 1.3.26. Neurostimulation treatment modalities
    - 1.3.26.1. Electroconvulsive therapy (ECT)
-

- 1.3.26.2. Repetitive transcranial magnetic stimulation (rTMS)
- 1.3.26.3. Trigeminal nerve stimulation (TNS)
- 1.3.26.4. Deep brain stimulation (DBS)
  
- 1.3.27. Risks and benefits of complementary and alternative care modalities, and their impact on care
- 1.3.28. History of Psychiatry
  
- 1.4. Perform appropriately timed clinical assessments with recommendations that are presented in an organized manner
- 1.5. Carry out and prioritize professional duties in the face of multiple competing demands
- 1.6. Recognize and respond to the complexity, uncertainty, and ambiguity inherent in the practice of Psychiatry
  
- 2. Perform a patient-centred clinical assessment and establish a management plan**
  - 2.1. Prioritize issues to be addressed in a patient encounter
    - 2.1.1. Recognize and manage patients at risk of harm to self or others, and intervene to mitigate risk
    - 2.1.2. Identify relevant issues in a consultation request
  
  - 2.2. Elicit a history, perform a focused physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention, and health promotion
    - 2.2.1. Elicit a developmentally appropriate diagnostic history that is biopsychosocially relevant
      - 2.2.1.1. Gather collateral information
      - 2.2.1.2. Perform a chart review
  
    - 2.2.2. Perform a mental status examination, including standardized measures of cognitive performance
  
    - 2.2.3. Perform capacity assessments, including capacity to consent to treatment and consent to make decisions regarding finances and personal care
      - 2.2.3.1. Apply mental health legislation, including involuntary treatment and hospitalization
  
    - 2.2.4. Perform a focused physical and neurological examination
  
    - 2.2.5. Select and integrate the results of
      - 2.2.5.1. Laboratory investigations, including relevant bloodwork
      - 2.2.5.2. Electrocardiography (ECG)

- 2.2.5.3. Electroencephalography (EEG)
- 2.2.5.4. Medical imaging, including neuroimaging investigation
  
- 2.2.6. Integrate results of
  - 2.2.6.1. Neuropsychological investigations
  - 2.2.6.2. Psychological investigations
  
- 2.2.7. Select and administer disorder-specific questionnaires and incorporate results into the clinical assessment
  
- 2.2.8. Formulate a biopsychosocial understanding of the patient's condition
  
- 2.3. Establish goals of care in collaboration with patients and their families<sup>2</sup>, which may include slowing and altering disease progression, treating symptoms, achieving recovery, improving function, and providing supportive care
  
- 2.4. Establish integrated biopsychosocial treatment plans for patients across the life span with
  - 2.4.1. Anxiety disorders
  - 2.4.2. Bipolar and related disorders
  - 2.4.3. Depressive disorders
  - 2.4.4. Feeding and eating disorders
  - 2.4.5. Neurocognitive disorders
  - 2.4.6. Neurodevelopmental disorders
  - 2.4.7. Obsessive-compulsive and related disorders
  - 2.4.8. Personality disorders
  - 2.4.9. Schizophrenia spectrum and other psychotic disorders
  - 2.4.10. Somatic symptom and related disorders
  - 2.4.11. Substance-related and addictive disorders
  - 2.4.12. Trauma- and stressor-related disorders

### **3. Plan and perform therapies for the purpose of assessment and/or management**

- 3.1. Determine the most appropriate therapies
  - 3.1.1. Interventions to minimize risk
    - 3.1.1.1. Crisis intervention
    - 3.1.1.2. Verbal de-escalation techniques

---

<sup>2</sup> Throughout this document, references to the patient's family are intended to include all those who are personally significant to the patient and are concerned with his or her care, including, according to the patient's circumstances, family members, partners, caregivers, legal guardians, and substitute decision-makers.

- 3.1.1.3. Chemical restraint
- 3.1.1.4. Physical restraint
  
- 3.1.2. Lifestyle interventions
- 3.1.3. Psychopharmacology
- 3.1.4. Psychotherapy
- 3.1.5. Neurostimulation
  
- 3.2. Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed therapy
- 3.3. Prioritize therapies, taking into account clinical urgency and available resources
- 3.4. Deliver therapies in a skilful and safe manner, adapting to unanticipated findings or changing clinical circumstances
  - 3.4.1. Crisis intervention
  - 3.4.2. Verbal de-escalation techniques
  - 3.4.3. Chemical restraints
  - 3.4.4. Physical restraints
  - 3.4.5. Psychopharmacological treatments
  - 3.4.6. Psychotherapeutic treatments
    - 3.4.6.1. Cognitive behavioural therapy
    - 3.4.6.2. Family or group therapy
    - 3.4.6.3. Psychodynamic therapy
    - 3.4.6.4. Other evidence-based psychotherapy
  
  - 3.4.7. Electroconvulsive therapy (ECT)

#### **4. Establish plans for ongoing care and, when appropriate, timely consultation**

- 4.1. Implement a patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation
  - 4.1.1. Assess and manage safety/risk for patients in all settings
    - 4.1.1.1. Assess and manage non-suicidal self-injurious behaviour (NSSIB) and suicidal behaviour
  
  - 4.1.2. Assess treatment response
  - 4.1.3. Assess and manage treatment adherence
  - 4.1.4. Manage side effects of psychopharmacological, somatic, and psychotherapeutic therapies
  - 4.1.5. Arrange appropriate follow-up care services for patients and their families

- 4.1.6. Determine the need for and timing of referral to another health care professional, including subspecialty psychiatrists, other physicians, and/or other relevant health professionals

**5. Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety**

- 5.1. Recognize and respond to harm from health care delivery, including patient safety incidents
- 5.2. Adopt strategies that promote patient safety and address human and system factors
  - 5.2.1. Apply policies, procedures, and evidence-based practices when dealing with patient, staff, and provider safety, including in violent and potentially violent situations
    - 5.2.1.1. Apply procedures and protocols applicable to inpatient suicide to mitigate risk to and impact on other patients and staff

**Communicator**

**Definition:**

As *Communicators*, psychiatrists form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care.

**Key and Enabling Competencies: Psychiatrists are able to...**

**1. Establish professional therapeutic relationships with patients and their families**

- 1.1. Communicate using a patient-centred approach that encourages patient trust and autonomy and is characterized by empathy, respect, and compassion
  - 1.1.1. Demonstrate awareness of factors influencing the patient's reactions to the physician, including cultural factors and the patient's previous health care experience(s)
  - 1.1.2. Recognize and respond to the impact of developmental trauma
  - 1.1.3. Demonstrate awareness of one's own reactions to patients, and manage responses appropriately
- 1.2. Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety
- 1.3. Recognize when the perspectives, values, or biases of patients, patients' families, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly
  - 1.3.1. Recognize the impact of stigma and cultural factors on the patient's access to care
  - 1.3.2. Adopt an attitude that is non-judgmental



- 1.4. Respond to a patient's non-verbal behaviours to enhance communication
    - 1.4.1. Use expert oral and non-verbal communication
  - 1.5. Manage disagreements and emotionally charged conversations
  - 1.6. Adapt, as therapeutically indicated, to the unique needs and preferences of each patient and to the patient's clinical condition and circumstances
- 2. Elicit and synthesize accurate and relevant information, incorporating the perspectives of patients and their families**
- 2.1. Use patient-centred interviewing skills to effectively gather relevant biological, psychological, and social information
  - 2.2. Provide a clear structure for and manage the flow of an entire patient encounter
  - 2.3. Seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent
- 3. Share health care information and plans with patients and their families**
- 3.1. Share information and explanations that are clear, accurate, and timely, while assessing for patient and family understanding
    - 3.1.1. Communicate effectively with patients and families in situations involving involuntary treatment and hospitalization under mental health legislation
      - 3.1.1.1. Convey rationale for decision to involuntarily treat and/or hospitalize
      - 3.1.1.2. Ensure understanding of the processes related to involuntary treatment and hospitalization, including patient's rights
    - 3.1.2. Convey the inherent complexity, uncertainty, and ambiguity related to psychiatric diagnoses to patients and families appropriately
  - 3.2. Disclose harmful patient safety incidents to patients and their families
- 4. Engage patients and their families in developing plans that reflect the patient's health care needs and goals**
- 4.1. Facilitate discussions with patients and their families in a way that is respectful, non-judgmental, and culturally safe
  - 4.2. Assist patients and their families to identify, access, and make use of information and communication technologies to support their care and manage their health
  - 4.3. Use communication skills and strategies that help patients and their families make informed decisions regarding their health

- 5. Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy**
  - 5.1. Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements
  - 5.2. Communicate effectively using a written health record, electronic medical record, or other digital technology
  - 5.3. Share information with patients and others in a manner that enhances understanding and that respects patient privacy and confidentiality
    - 5.3.1. Communicate effectively in situations requiring mandatory reporting

## **Collaborator**

### ***Definition:***

As *Collaborators*, psychiatrists work effectively with other health care professionals to provide safe, high-quality, patient-centred care.

### ***Key and Enabling Competencies: Psychiatrists are able to...***

- 1. Work effectively with physicians and other colleagues in the health care professions**
  - 1.1. Establish and maintain positive relationships with physicians and other colleagues in the health care professions to support relationship-centred collaborative care
  - 1.2. Negotiate overlapping and shared responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care
  - 1.3. Engage in respectful shared decision-making with physicians and other colleagues in the health care professions
    - 1.3.1. Deliver treatment in a shared care and/or collaborative care model with physicians providing primary care, and apply an understanding of the roles and contributions of these physicians
    - 1.3.2. Respect the roles and contributions of workplaces, schools, forensic services, long-term care homes, complex care facilities, residential treatment facilities, and other agencies as part of the continuum of mental health care
    - 1.3.3. Deliver care as a member of an interprofessional team
- 2. Work with physicians and other colleagues in the health care professions to promote understanding, manage differences, and resolve conflicts**
  - 2.1. Show respect toward collaborators
  - 2.2. Implement strategies to promote understanding, manage differences, and resolve conflict in a manner that supports a collaborative culture

- 2.2.1. Apply strategies to mitigate the impact of patient safety incidents and adverse outcomes on team function

**3. Hand over the care of a patient to another health care professional to facilitate continuity of safe patient care**

- 3.1. Determine when care should be transferred to another physician or health care professional
  - 3.1.1. Provide emergent/urgent medical assistance for patients, arranging for referral and/or transport to an appropriate medical facility
- 3.2. Demonstrate safe handover of care, using both oral and written communication, during a patient transition to a different health care professional, setting, or stage of care
  - 3.2.1. Ensure risk management plans are clearly communicated at times of transition

**Leader**

***Definition:***

As *Leaders*, psychiatrists engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers.

***Key and Enabling Competencies: Psychiatrists are able to...***

**1. Contribute to the improvement of health care delivery in teams, organizations, and systems**

- 1.1. Apply the science of quality improvement to systems of patient care
- 1.2. Contribute to a culture that promotes safety
  - 1.2.1. Assess and manage safety/risk for staff and care providers in all settings
- 1.3. Analyze patient safety incidents to enhance systems of care
- 1.4. Use health informatics to improve the quality of patient care and optimize patient safety

**2. Engage in the stewardship of health care resources**

- 2.1. Allocate health care resources for optimal patient care
- 2.2. Apply evidence and management processes to achieve cost-appropriate care

**3. Demonstrate leadership in health care systems**

- 3.1. Demonstrate leadership skills to enhance health care

3.2. Facilitate change in health care to enhance services and outcomes

**4. Manage career planning, finances, and health human resources in personal practice(s)**

4.1. Set priorities and manage time to integrate practice and personal life

4.2. Manage personal professional practice(s) and career

4.3. Implement processes to ensure personal practice improvement

**Health Advocate**

***Definition:***

As *Health Advocates*, psychiatrists contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.

***Key and Enabling Competencies: Psychiatrists are able to...***

**1. Respond to an individual patient's health needs by advocating with the patient within and beyond the clinical environment**

1.1. Work with patients to address determinants of health that affect them and their access to needed health services or resources

1.1.1. Identify and address determinants of mental health

1.1.1.1. Stigma

1.1.1.2. Marginalization

1.1.1.3. Burden of medical and psychiatric illness on individuals and families

1.1.1.4. Substance use and abuse

1.1.1.5. Trauma, abuse, or neglect, including intimate partner violence

1.1.2. Facilitate access to appropriate health and social resources

1.2. Work with patients and their families to increase opportunities to adopt healthy behaviours

1.3. Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients

**2. Respond to the needs of the communities or populations they serve by advocating with them for system-level change in a socially accountable manner**

2.1. Work with a community or population to identify the determinants of health that affect them

- 2.1.1. Identify the determinants of mental health of the population and address barriers that limit access to care and resources
- 2.1.2. Identify marginalized populations<sup>3</sup> and advocate for access to care
- 2.2. Improve clinical practice by applying a process of continuous quality improvement to disease prevention, health promotion, and health surveillance activities
- 2.3. Contribute to a process to improve health in the community or population they serve
  - 2.3.1. Identify opportunities for advocacy, health promotion, and disease prevention, applying knowledge of
    - 2.3.1.1. Major regional, national, and international advocacy groups in mental health care
    - 2.3.1.2. Governance structures in mental health care
    - 2.3.1.3. Legislation relevant to mental health care

## Scholar

### **Definition:**

As *Scholars*, psychiatrists demonstrate a lifelong commitment to excellence in practice through continuous learning, and by teaching others, evaluating evidence, and contributing to scholarship.

### **Key and Enabling Competencies: Psychiatrists are able to...**

#### **1. Engage in the continuous enhancement of their professional activities through ongoing learning**

- 1.1. Develop, implement, monitor, and revise a personal learning plan to enhance professional practice
- 1.2. Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various sources of data
- 1.3. Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice

#### **2. Teach students, residents, the public, and other health care professionals**

- 2.1. Recognize the influence of role-modelling and the impact of the formal, informal, and hidden curriculum on learners
- 2.2. Promote a safe and respectful learning environment

---

<sup>3</sup> *"Marginalized populations" are populations with decreased access to the social determinants of health that are essential to good mental health and recovery from mental illness. Examples include those excluded on the basis of: race; ethnic or cultural origin; age; gender; sexuality; economic or housing status; and mental or physical illness and/or disability.*

- 2.3. Ensure patient safety is maintained when learners are involved
- 2.4. Plan and deliver learning activities
- 2.5. Provide feedback to enhance learning and performance
- 2.6. Assess and evaluate learners, teachers, and programs in an educationally appropriate manner

### **3. Integrate best available evidence into practice**

- 3.1. Recognize practice uncertainty and knowledge gaps in clinical and other professional encounters and generate focused questions that can address them
- 3.2. Identify, select, and navigate pre-appraised resources
- 3.3. Critically evaluate the integrity, reliability, and applicability of health-related research and literature
- 3.4. Integrate evidence into decision-making in their practice

### **4. Contribute to the creation and dissemination of knowledge and practices applicable to health**

- 4.1. Demonstrate an understanding of the scientific principles of research and scholarly inquiry and the role of research evidence in health care
- 4.2. Identify ethical principles for research and incorporate them into obtaining informed consent, considering potential harms and benefits, and considering vulnerable and marginalized populations
  - 4.2.1. Adhere to guidelines for ethical research, including: obtaining valid consent, where appropriate; lack of coercion; and avoidance of harm
- 4.3. Contribute to the work of a research program
- 4.4. Pose questions amenable to scholarly investigation and select appropriate methods to address them
  - 4.4.1. Conduct scholarly work, including research, quality assurance, and/or educational initiatives
- 4.5. Summarize and communicate to professional and lay audiences, including patients and their families, the findings of relevant research and scholarly inquiry

## **Professional**

### ***Definition:***

As *Professionals*, psychiatrists are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.

**Key and Enabling Competencies: Psychiatrists are able to...**

**1. Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards**

- 1.1. Exhibit appropriate professional behaviours and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality
  - 1.1.1. Respect boundaries in all areas of interaction, with particular attention to sexual and financial matters
  - 1.1.2. Respect the vulnerability of patients with mental illness and their families
- 1.2. Demonstrate a commitment to excellence in all aspects of practice
- 1.3. Recognize and respond to ethical issues encountered in practice, including
  - 1.3.1. Capacity and/or competence
  - 1.3.2. Involuntary treatment and hospitalization
  - 1.3.3. Impact of mandatory reporting
- 1.4. Recognize and manage conflicts of interest
- 1.5. Exhibit professional behaviours in the use of technology-enabled communication

**2. Demonstrate a commitment to society by recognizing and responding to societal expectations in health care**

- 2.1. Demonstrate accountability to patients, society, and the profession by responding to societal expectations of physicians
- 2.2. Demonstrate a commitment to patient safety and quality improvement

**3. Demonstrate a commitment to the profession by adhering to standards and participating in physician-led regulation**

- 3.1. Fulfil and adhere to professional and ethical codes, standards of practice, and laws governing practice
  - 3.1.1. Apply health care and other regulations, including provincial, territorial, or federal legislation, pertaining to
    - 3.1.1.1. Capacity
    - 3.1.1.2. Involuntary treatment and hospitalization
    - 3.1.1.3. Privacy and confidentiality
    - 3.1.1.4. Duty to warn
    - 3.1.1.5. Mandatory and discretionary reporting
    - 3.1.1.6. Child welfare
    - 3.1.1.7. Dependent adults
    - 3.1.1.8. Corrections services

- 3.1.1.9. Criminal Code of Canada
- 3.1.1.10. Youth Criminal Justice Act
  
- 3.1.2. Abide by accepted guidelines with respect to research, education, and clinical care, including those that pertain to ethical interactions with industry, especially the pharmaceutical industry
  
- 3.2. Recognize and respond to unprofessional and unethical behaviours in physicians and other colleagues in the health care professions
- 3.3. Participate in peer assessment and standard setting
  
- 4. Demonstrate a commitment to physician health and well-being to foster optimal patient care**
  - 4.1. Exhibit self-awareness and manage influences on personal well-being and professional performance
    - 4.1.1. Apply strategies to mitigate the personal impact of patient safety incidents and adverse outcomes
  
  - 4.2. Manage personal and professional demands for a sustainable practice throughout the physician life cycle
  
  - 4.3. Promote a culture that recognizes, supports, and responds effectively to colleagues in need
    - 4.3.1. Apply strategies to mitigate the impact of patient safety incidents and adverse outcomes on team members
  
    - 4.3.2. Identify individuals at risk for or demonstrating compassion fatigue, and strategies and resources to assist them

This document is to be reviewed by the Specialty Committee in Psychiatry by December 31, 2021.

*Drafted – Specialty Committee – May 2019*

*Approved – Specialty Standards Review Committee – June 2019*