FINAL Report on the AFMC Response to the Canadian Opioid Crisis

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FINAL

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Background

Over the past 25 years, physicians in many countries have become increasingly willing to prescribe opioids for chronic pain from causes other than cancer. The burgeoning use of opioids has been accompanied by a steep increase in opioid-related mortality. In the United States, deaths involving opioid analgesics have increased and are now more common than deaths from multiple myeloma, HIV, and alcoholic liver disease combined (BMJ, 2011;343:d5142). In Ontario, Canada, 1 of every 550 patients started on opioid therapy died of opioid-related causes a median of 2.6 years from his or her first opioid prescription and, the proportion was as high as 1 in 32 among patients receiving 200mg morphine equivalent dose (MED) per day or higher (PLOS One, 2015; 10(8):e0134550). Opioid prescribing and opioid-related deaths—most of them unintentional and of relatively young people—have increased around the world.

Prescription drugs are essential to improving the quality of life for millions of Canadians living with acute and/or chronic pain. However, misuse, abuse, addiction, and overdose, especially with respect to opioids, have become serious public health problems in Canada. A comprehensive response to this crisis must address a triad of overlapping areas, including pain education and proper pain management of acute and chronic pain, knowledge, skills and tools for safe opioid prescribing, and clinical management of substance use disorders to prevent new cases of opioid addiction. This must be accompanied by strategies that identify early opioid-addicted individuals and ensure access to effective opioid addiction treatment. Used appropriately, prescription opioids can provide relief to patients. However, these medications are often being prescribed in quantities and for conditions that are excessive, and in many cases, beyond the evidence base. Such practices, and the lack of attention to safe use, storage and disposal of these drugs, have contributed to the misuse, abuse, addiction and overdose increases that have occurred over the past decade.

Medical schools and physician training programs nationwide have been responding to the societal need by enhancing content on pain management, opioid prescribing, addictions and substance use disorders to reach practitioners early in their careers, as well as providing continuing education to all practising physicians. In the effort to equip the next generation of physicians with the necessary tools to curb the nation's current opioid epidemic and to treat pain, the AFMC is committed to strategies for enhancing current foundational, core competencies in medical education.

Health Canada's Response to the Opioid Crisis

In November 2016, AFMC was invited, along with many of our sister organizations in medical education and health care, to participate in the "Summit on Problematic Opioid Use" held by Health Canada and the Federal Minister of Health Dr. Jane Philpott. Multiple organizations committed to specific goals and projects over the following year to help address the crisis and improve the national situation.

The AFMC's Commitment to the Health Canada Joint Statement of Action was as follows:

1) Continuing to ensure that the accreditation standards for Canada's medical schools include instruction in the diagnosis, prevention, appropriate reporting and treatment of the medical consequences of common societal problems, including the opioid crisis.
2) By November 2017, having faculty experts: a) Review opioid educational activities currently in use in its 17 faculties of medicine; b) Create and share a repository of educational products that reflect best practice and c) provide them to all faculties.

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Executive Summary

To fulfill the commitment to Health Canada, the AFMC reviewed the accreditation standards for undergraduate medical education. The AFMC also conducted an environmental scan of offerings across Canadian medical schools and convened three expert panel meetings to review the curricula and teaching currently being provided in undergraduate medical education (UGME), postgraduate medical education (PGME) and continuing professional development (CPD). Responding schools provided some best practices of teaching and evaluating in opioid prescribing and/or pain management, primarily in non-cancer pain. In consequence, a robust repository has been created that will be disseminated widely and shared on the AFMC website. Many of the best practices demonstrate innovative and forward-thinking contributions by medical school curricula to curb the opioid epidemic, by providing physicians in training with a strong foundation in prevention/harm reduction, identifying substance use disorders, and when to refer patients for appropriate treatment. The process also engaged leading experts in pain, addictions and substance abuse as well as thought-leaders in several panel discussions to address the opioid crisis and craft key recommendations to leverage the role of the Faculties of Medicine in medical education across UGME, PGME and CPD.

The AFMC Faculties' role in educating physicians, overseeing the accreditation of undergraduate MD programs and the accreditation of Continuing Professional Development offices is an important one. Recognising this, expert panels recommend that the Canadian Faculties of Medicine enhance their existing curricula in opioid use and abuse, pain management and substance use disorders by broadly sharing and disseminating the best practices. The panels recommend that the Faculties engage the key educational partners and develop a competency-based graduated curriculum in UGME, PGME and CPD informed by the best practices identified. If a shared curriculum is not feasible the panels recommend that in the very least there be core competencies identified in the diagnosis, treatment of pain, opioid prescribing and substance abuse disorders and that to be maximally effective, such experiences should also be reinforced throughout the continuum, from undergraduate education to residency training and in continuing education for practicing physicians. The panels recommend that Faculties evaluate their curriculum and assess learning outcomes in medical schools, residency programs and professional development offerings. Finally, the panels support advancing research especially on the impact of new curricula in physician knowledge, skills, attitudes, behaviours and competencies in the diagnosis, management and treatment of pain, opioid prescribing patterns, addictions and substance abuse.

Methodology

The key questions underpinning this task were: How are medical students, residents and practising physicians learning about pain management, substance use disorders and appropriate prescribing, use and surveillance of opioids? Are there best practices in each domain of medical education?

A survey of UGME, PGME and CPD leaders about the content and location of their curricula for instruction in the diagnosis, prevention, appropriate reporting and treatment of the medical consequences of the opioid crisis was conducted across the 17 Canadian Faculties of Medicine. The survey was conducted by email to the list of UGME Deans, PGME Deans and CPD Deans. Email reminders were sent out between February and July 2017. The offerings have been summarized in as Appendix 2 and are categorized as follows: in UGME by pre-clerkship and clerkship years; in PGME by discipline; and in CPD by course type and are attached.

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Table 1 Faculty Response Rates[1]

School	UGME	PGME	CPD
University of British Columbia	√	√	√
University of Alberta	√	√	√
University of Calgary	√	√	√
University of Saskatchewan	√		√
University of Manitoba	√		√
NOSM	√	√	√
Western University	√	√	√
McMaster University	√	√	√
University of Toronto	√	√	√
Queens University	√	√	√
University of Ottawa	√	√	√
McGill University	√	√	√
University of Montreal			√
Laval University	√	√	√
University of Sherbrooke			√
Dalhousie University	√	√	√
Memorial University	√		√

Expert Panels

The Deans of Medicine were asked to provide the names of faculty experts who would become the expert panel. We convened two "Town Hall (TWH)" style meetings of panels of the identified experts from across 17 Faculties of Medicine ("Opioid/Addiction Experts Group") — including clinicians, researchers, and educator leaders from AFMC to:

A. Review opioid educational activities currently in use in the Faculties of Medicine;

[1] Faculties are continuing to populate and update their responses. This table is up to date as of August 17, 2017 and will be maintained until the report is submitted to Health Canada in November 2017. The offerings of the schools will be updated annually on the AFMC website.

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B. Create and share a repository of educational products that reflect best practice; and
C. Make recommendations for dissemination of best practices regarding the educational programs to all Faculties of Medicine.

The experts were asked to answer the four following questions in advance of the first meeting of the Opioid/Addiction Experts Group.

1. In your opinion, what is the best way to teach medical students about opioids and addiction in undergraduate medical education?

When? Experts consensus is this should occur at all stages of learning: Pre Clerkship, Clerkship, ALL residency programs and in Continuing Professional Development.
What? All aspects but sequenced by level of training: introductory concepts in UGME and evidence-based management, treatment, pharmacology and neuropharmacology, safe prescribing, non-medical options, contracts, diagnosis and management of addictions. This should be taught from UGME onwards up to PGME specialty-specific concepts such as in physical and rehabilitation medicine, oncology, palliative care, family medicine, surgery, internal medicine, anesthesiology, pain and addictions medicine, and psychiatry in particular

2. Please identify evidence of excellent curricula to teach residents about opioids and addiction in postgraduate medical education.

Which specialties should have this mandated? As above ALL specialities.
During which PGY year? All years, with gradual increase of knowledge level and responsibility as training progresses.
How? To have broad reach, the consensus is that educational tools and knowledge be integrated into the existing curricula but also exist as stand-alone focused modules, and optimizing web-based routes for maintenance of competency. As one expert stated: “Assessment drives learning; assessment causes learning. The Medical Council, Royal College, the College of Family Physicians and Regulatory Colleges must test this material based on nationally agreed-to competencies/outcomes.”

3. In your opinion, what are the best practices for continuing professional development of physicians related to opioids and addiction (e.g. 2017 Canadian Guideline for Opioid Therapy and Chronic Non-Cancer Pain)?

When and how frequent?

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Experts agree that while students should be taught about these issues throughout medical school, to be maximally effective, such experiences should also be reinforced throughout the continuum of medical education, including in residency training, clinical experiences, and continuing education for practicing physicians. AFMC experts suggest that the solutions are not exclusively in medical education but are part of a collaborative framework that involves hospitals, pharmacists, dentists, the pharmaceutical industry and policy makers in promoting innovations in patient care, leading interdisciplinary research into addictions, substance abuse and pain management, and providing community education programs and events. In practice there is an emerging view that CPD in the prescribing of pain medications be mandated as a requirement of continued membership in good standing with the credentialing college.

Key Guideline resources recommended by experts for such best practices for practising physicians include the following:
2017 Guidelines for Opioid Therapy and Chronic Non-Cancer Pain
(http://nationalpaincentre.mcmaster.ca/opioid/cgop_b05_r21.html)
CDC Guidelines for Prescribing Opioids for Chronic Pain
(https://www.cdc.gov/drugoverdose/prescribing/guideline.html)
The American Society of Addictions Medicine National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use
(https://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf)

What?
Experts spoke to a preference for some guidelines about prescribing and surveillance but developing guidelines for identifying, managing, treating and navigating addictions and substance abuse.

How?
There were several suggestions to use technology and web-based modules and examples of excellent peer mentorship in practice.

4. What is the role of medical schools in education and training related to prescription opioid abuse?

Two comments summarize the views of the experts on this:

"This part of the curriculum should be mandatory as doctors prescribe. This should also be mandatory for NP who prescribe in BC (I am unsure about their prescribing privileges in other provinces). Doctors are the main gatekeepers to access and therefore are held accountable for the downstream effects and uses of these medications. Equally, pharmacists and nurses should also be knowledgeable and act as watchdogs. All professionals involved with prescribing, dispensing, and administering need strong networks of accountability and tracking."

"Medical schools are critical in the education and training to ensure safe opioid prescribing and ensure harm reduction. Without foundational knowledge students become practitioners who are unsafe prescribers."

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Validation Process

At the first AFMC town hall on June 22, 2017, experts from 17 Faculties of Medicine as well as representatives from the Royal College, College of Family Physicians of Canada (CFPC), the Canadian Society of Palliative Care Physicians (CSPCP) and the Canadian Federation of Medical Students (CFMS) discussed the scope of the tasks assigned by the AFMC and the educational context of the issues around pain management, substance abuse and addictions. At the second AFMC town hall on July 26, 2017 the experts assessed the best practices identified by their review of the offerings of the medical UGME, PGME and CPD programs, reviewed the draft report and made further suggestions on accuracy and completeness of the survey results.

As an extra step in 'validation and cross checking' of the accuracy of the draft report a third panel of national experts and thought-leaders in pain management, opioid prescribing and substance abuse was struck. In two subsequent teleconferences on August 14 2017 and August 16, 2017, that 'validation' panel was asked to review the draft final report for accuracy, content and to assist with drafting the recommendations to the AFMC. Some of the major changes undertaken as a result of the validation process were to acknowledge the sensitivity with the role of industry on opioid prescribing and to identify the criteria used to assess best practices. AFMC staff made sure that all participants and best practices signed a conflict of interest (COI) disclosure form. At the time of this report submission there were no major COI issues identified. Also the basis upon which best practices were chosen was listed.

Summary of Best Practices

Although there is a significant heterogeneity in the teaching, content, delivery and evaluation of pain, pain management, safe prescribing and treatment of opioid use disorder, the panels were able to identify some excellent best practices of curricula in the three domains of UGME, PGME and CPD. The determination of best practices was based upon the programs meeting the following criteria: Interprofessional teaching, case based curricula, the presence of objectives and the assessment of acquisition of skills, knowledge or competency, the duration and depth of the program (i.e. no one-off lectures), the placement of the learning program in curriculum, the detail of the competencies addressed and the 'known experience' of the experts of the quality of the program. As mentioned above, the best practices are divided into the following categories: in UGME by pre-clerkship and clerkship years; in PGME by discipline; and in CPD.

UGME Best Practices		
Pre-Clerkship		
Best Practice	*Description*	*Link/Contact*
An Inter-professional Curriculum in Pain - the Pain Week at U of T	The University of Toronto Centre for the Study of Pain — Interfaculty Pain Curriculum (UTCSP-IPC) is a 20-hour integrated, interdisciplinary, pain curriculum for pre-licensure health science students. The UTCSP-IPC was developed to address current information, misbeliefs, and gaps in pain education and to provide students in the health professions an opportunity to learn with, from, and about each other. The goal of the curriculum is to improve pain knowledge and understanding of	http://sites.utoronto.ca/pain/research/interfaculty-curriculum.html *Contact: Ms. Nancy Mitchell, Administrative Coordinator, Centre for the Study of Pain, University of Toronto (nancy.mitchell@utoronto.ca)*

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	interprofessional pain assessment and management processes. The UTCSP-IPC was implemented in March 2002 and became a mandatory part of health science curricula at the University of Toronto in 2004.	
Western University's Pain Medicine Program	The pain medicine course is based on case presentations and provides 24 hours of instruction on pharmacology of analgesics, management of acute pain and cancer pain and assessment and management of chronic neck and back pain. There are also special topics on pain in the emergency room, in family practice, in the elderly and in the addicted patient. The pain medicine course is also multi-disciplinary and includes teaching by neurologists, anesthesiologists, family doctors, physiatrists and a psychologist and a pharmacist.	http://www.westernpain.ca/education/undergraduate-medical/ *Contact: Dr. Dwight Moulin, Pain Medicine Chair, Western University (Dwight.moulin@lhsc.on.ca)*
Clerkship		
Best Practice	*Description*	*Link/Contact*
Memorial University Years 1-4 Integrated Curriculum	The medical school has a spiral curriculum which has four phases: Phase 1: The Healthy Person; Phase 2: Acute or Episodic Illness; Phase 3: Chronic Illnesses and Phase 4 which is clerkship.	*Contact: Mr. David Stokes, Senior Instructional Designer, HSIMS, Memorial University (David.Stokes@med.mun.ca)* http://www.med.mun.ca/ugmecurriculum/
University of Manitoba Years 3-4	CM302 - Introduction to Pain Management; CM303 - Pain Physiology; CM304 - Medication Management Acute & Chronic Pain; CM305 - Opioid Guidelines; CM306 - Non-drug interventions for Acute and Chronic Pain Management; CM307 - Psychological Interventions: Acute and Chronic Pain Management; CM311 - Cancer Pain I; CM312 - Cancer Pain II; CM325 -Maximizing Therapeutic Interventions with the Patient Experiencing Pain; CM326 - Cancer Pain at the End of Life and Pain in Cancer; CM329 - Acute Pain I; CM330 - Acute Pain II; CM331 - Grand Rounds 3: Evidence-Informed Approach to Evaluation and Use of Non-Drug Treatments ; CM334 - Acute and Chronic Pain Management in Children; CM335 - Acute and Chronic Pain Management in the Elderly ;CM337 - Integration Case 4: Geriatrics – Polypharmacy; CM343 Pain Management IPE;	*Contact: Dr. Joel Loiselle, Director of Professional Development – Max Rady College of Medicine, University of Manitoba* (jloiselle2@me.com)

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	CM348 - Grand Rounds 5: Over Prescribing; CM362 -Grand Rounds 7: Substance Abuse and Harm Reduction.	

PGME Best Practices		
Core Programs		
Best Practice	*Description*	*Link/Contact*
Queen's University Family Medicine	Seminar on pain and opioid Rx in PGY1; Addictions seminar PGY2; palliative care, pain management in PGY2 Academic Day; Academic Half-Day curricula on substance use and disorders, pain control in palliative care, community CME partnered with public health. Integral part of teaching follows WHO pain protocol emphasizing non-pharmacological and non-narcotic approaches to persistent pain; EMB approach to pain control and outcomes.	*Contact: Dr. Karen Schultz, Program Director, Queen's University Department of Family Medicine* (karen.schultz@dfm.queensu.ca)
McMaster University Radiation Oncology	Residents have a mandatory one-block rotation in palliative medicine (inpatient) where they learn about and gain experience in the use of opioids. They also have an academic half day (q 2-yearly) on pain management, which includes prescribing opioids. In addition, it is a regular part of practice in Rad Oncology, so there is considerable work-based teaching. It would include various opioid drugs and their equivalencies; different routes of delivery, including oral, sub-Q, pumps, and patches; toxicities and management of them; alternatives and adjuncts to opioid meds; use of long-acting vs short-acting drugs; prescription requirements.	*Contact: Dr. Barbara Strang, Program Director, McMaster University Radiation Oncology Residency Program* (strang@hhsc.ca)
Anesthesiology Residency Core Curriculum		http://www.royalcollege.ca/cs/groups/public/documents/document/mdaw/mdg3/~edisp/087602.pdf
Specialty and Subspecialty Programs		
Best Practice	*Description*	*Link/Contact*
Pain Management Specialty Training and Family Medicine Enhanced skills (CAC) training	Available through the Royal College and CFPC respectively at many schools either in Pain management itself or through Palliative Care/ Anesthesiology or Oncology programs	http://www.royalcollege.ca/cs/groups/public/documents/document/ltaw/mtqx/~edisp/rcp-00141003.pdf http://www.royalcollege.ca/cs/groups/public/documents/document/mdaw/mday/~edisp/002213.pdf

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in Pain		http://www.cfpc.ca/CAC/

CPD Best Practices		
Best Practice	*Description*	*Link/Contact*
UBC CPD, in partnership with the BC Centre for Substance Use (BCCSU)	An online course intended for all BC physicians, nursing and allied health professionals, and other care providers involved in the treatment of individuals with opioid use disorder	https://ubccpd.ca/course/provincial-opioid-addiction-treatment-support-program
The Atlantic Mentorship **Network**	A course for safe opioid prescribing from assessment to tapering which has additional sections on special populations and practice safety. The course is taught by experts in pain management and addictions medicine and is based on the Canadian Guidelines for Safe and Effective Opioid Prescribing for Chronic Non – Cancer Pain	https://www.atlanticmentorship.com/
The Opioid Dependence Treatment Certificate Program at CAMH	Developed to prepare physicians, pharmacists, nurses and counsellors to provide a comprehensive range of services for people with opioid dependence. The core CAMH course prepares learners to effectively and safely manage the treatment of clients receiving methadone or buprenorphine for opioid dependence. The course promotes inter-professional collaboration among the health care team involved in the delivery of opioid dependence treatment.	http://www.camh.ca/en/education/about/AZCourses/Pages/ODT_Certificate.aspx http://www.camh.ca/en/education/about/AZCourses/Pages/Opioid-Dependence-Treatment-(ODT)-Core-Course-General-Information.aspx
L'institut national de Santé publique du Québec (INSPQ), en collaboration avec le Collège des médecins du Québec (CMQ)	Un répertoire d'objectifs de formation pour les étudiants en médecine, les résidents et externes intitulé: Répertoire des compétences médicales en gestion de la douleur non cancéreuse et en prescription d'opioïdes	https://www.inspq.qc.ca/pdf/publications/2139_repertoire_gestion_douleur_aigue_chronique
Project ECHO Ontario Chronic Pain	The Project ECHO Ontario Chronic Pain connects primary care providers from across Ontario with each other and with two inter-professional pain specialist teams during weekly videoconferencing sessions. The 2 hour weekly videoconferencing sessions include a 20-minute didactic presentation related to pain care followed by 1-2	https://www.echoontario.ca/Echo-Clinic/Chronic-Pain.aspx

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	patient case presentations (de-identified) by participants. The sessions are CME accredited for physicians and may provide continuing professional development hours for other health care professionals.	

Accreditation Standards

Staff at the AFMC reviewed the key standards of accreditation. The standards of accreditation for undergraduate medical education are overseen by the Committee on Accreditation of Canadian Medical Schools (CACMS) and are broadly based upon addressing social accountability, the medical school's key function of producing undifferentiated physicians ready for specialty training and focussed on common societal needs.

The CACMS Standards and Elements provide the basis by which the quality of Canadian medical education programs leading to the M.D. degree will be judged in the peer-review process of accreditation. The CACMS standards of accreditation relating to this topic have been identified as:

Standards 1.1.1 Social Accountability:

- A medical school is committed to address the priority health concerns of the populations it has a responsibility to serve. The medical school's social accountability is: a) articulated in its mission statement; b) fulfilled in its educational program through admissions, curricular content, and types and locations of educational experiences; c) evidenced by specific outcome measures.

Standard 7: Curricular Content

- 7.5 Societal Problems. The faculty of a medical school ensure that the medical curriculum includes instruction in the diagnosis, prevention, appropriate reporting, and treatment of the medical consequences of common societal problems.
- 7.7 Medical Ethics. The faculty of a medical school ensure that the medical curriculum includes instruction for medical students in medical ethics and human values both prior to and during their participation in patient care activities and requires its medical students to behave ethically in caring for patients and in relating to patients' families and others involved in patient care.

All undergraduate medical education programs in Canada are evaluated during accreditation reviews to ensure they meet these standards. The standards are appropriate and sufficient to allow each medical school to address the curricular changes needed to address the opioid crisis.

The Royal College of Physicians and Surgeons of Canada (Royal College), the College of Family Physicians of Canada (CFPC) and the Collège des médecins du Québec (CMQ) have developed national standards for evaluation and accreditation of residency programs sponsored by the University. Evaluations of each residency program are based on compliance with meeting these standards. The PGME requirements vary by program and can be very specific such as in Anesthesiology or in the Pain Specialities. All postgraduate medical education programs in Canada are evaluated during accreditation reviews to ensure they meet these standards. These standards are also appropriate and sufficient to allow each speciality to address the curricular changes needed to address the opioid crisis.

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The Canadian university offices of Continuing Medical Education are accredited by the Committee on Accreditation of Continuing Medical Education (CACME). It is expected that all CPD offices define the role of CME/CPD in the university and for the communities it serves; is driven by a consideration of the health needs of these communities and; defines its role in strengthening the quality of life-long education of physicians and other health professionals. All continuing professional development medical education offices in Canada are evaluated during accreditation reviews to ensure they meet these standards. These standards are also felt to be appropriate and sufficient to allow each CPD office to ensure programs accredited by them are evaluated for needs, objectives and outcomes needed to address the curricula aimed at the opioid crisis.

Recommendations to AFMC

With regard to the education of future physicians there is consensus in the expert panels that pain, addiction to pain medication and pain management are not adequately or consistently addressed in the undergraduate or postgraduate curricula. Some schools and residency programs have no curricula and have only just begun to launch one spurred on by the urgency for a response to the opioid crisis from Health Canada. Essential to the components apart for a graduated curriculum is the recognition that pain is complex and not all pain entities should be approached the same. The biomechanical approach to acute pain is and should be different than the bio-psycho-socio-spiritual approach to chronic pain, and a somewhat similar yet still different approach to palliative care. The undergraduate curriculum should lay a foundational approach to these pain entities, layering up as the learner progresses though residency into clinical practice. Recognizing iatrogenic complications from opioid prescribing, and the appropriate response, should be universally attached to any discussion on opioid prescribing.

The experts conclude that the opportunity now exists for the development in each Faculty of a graduated and competency based curriculum that assesses the knowledge, skills, behaviours and competencies acquired across the continuum of physician training. Key components would include:

- Diagnosis and Assessment of Pain
- Treatment of Pain
- Differentiation between types of pain such as acute, chronic, cancer and non-cancer pain
- Treatment in psychosocial, and non-medical context
- Interdisciplinary training multi-dimensional pain care
- Safe prescribing, initiation, monitoring and where appropriate discontinuation of pain medications with a focus on Opioids
- Management of adverse effects of opioids (common and less common side effects)
- Recognition of effectiveness in symptom management
- Medical, personal and family consequences of substance use disorders
- Risk assessment and management of substance use disorders
- Prevention of misuse and diversion

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The experts make the following recommendations to the AFMC Board and for Health Canada, that:

1. **AFMC broadly disseminates the best practices in all domains but especially in the CPD realm to all Faculties and provides links to best practices on its website.**

2. **The progress of each Faculty in developing appropriate curricula to address pain, management, treatment, the use of all medications including but not limited to opioids, consequent substance abuse disorders and addictions be monitored through the accreditation cycles and interim review processes in place.**

3. **The Faculties collaborate with the Medical Council of Canada in the development of competencies that could lead to a shared evidence-based curriculum for all undergraduate medical students in Canada. The experts also recommend that across Canada there should be an expectation that all medical students acquire a defined minimum level of competency in the diagnosis, treatment and management of pain, opioid prescribing and substance abuse disorder. The curriculum should be graduated, beginning in first year and enhanced at all opportunities throughout medical education. The acquisition of UGME competencies should be assessed at the end of medical school as part of the MCC Part I Qualifying Examination.**

4. **The Faculties collaborate with the Royal College and the College of Family Physicians of Canada in the development of a shared compulsory curriculum for all postgraduate medical residents in Canada, to enable them to acquire a defined level of postgraduate competency that should be assessed at the time of MCC Part II Qualifying Examination.**

5. **The AFMC encourage a review by the College of Family Physicians of Canada and the Royal College of the training goals, objectives and competencies that are specialty specific and the evaluation of the competencies in postgraduate programs to ensure they appropriately meet the issues raised by the opioid crisis.**

6. **The AFMC advocate for investment in national research on best practices, practice patterns and living guidelines that are continually updated with evidence as to the outcomes on the health of patients suffering from pain.**

7. **The AFMC facilitate scholarly research on the impact of changes to education programs on the management and treatment of pain including the acquisition of knowledge, skills, and prescribing competence.**

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Appendices

Appendix 1: List of Expert Panel and Validation Panel Participants

Appendix 2: Spreadsheet of all UGME, PGME and CPD offerings

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Appendix 1 - Opioid Expert and Validation Panel Nominees (listed alphabetically)

Expert Panel

Name	School/Organization	Discipline/Focus
Lucie Baillargeon	Laval	Palliative Care / Cancer
Michael Bautista	Memorial	Pain Specialist
Anne Boyle	CSPCP	Chair – Opioid Safety WG
Norm Buckley	McMaster	Anesthesia / Pain Care
Kelly Burak	Calgary	CPD / Hepatology
Jason Busse	McMaster	Chronic Pain
Peter Butt	Saskatchewan	Family Medicine
Craig Campbell	Royal College	CPD
Richard Côté	Sherbrooke	Community Health
Steve Darcy	Memorial	Addiction Medicine
Martin Davies	Alberta	Pharmacology
Mike Franklyn	NOSM	Addiction Treatment
John Fraser	Dalhousie	Family Medicine / Addictions
Ian Gilron	Queen's	Anesthesia
Adrian Hynes	Manitoba	Psychiatry – Concurrent Disorders
Keith Huber	Alberta	Family Medicine
Didier Jutras-Aswad	Montreal	Psychiatry – Addiction
Meldon Kahan	Toronto	Substance Use
Brian Kerley	CSPCP	Opioid Safety WG
Brigitte Kieffer	McGill	Mental health/Opioid receptors
Sylvie Lafrenaye	Sherbrooke	Pediatrics
Brenda Lau	UBC	Anesthesia
Pamela Leece	Toronto	PHPM/Substance Use
Bryan MacLeod	NOSM	Pain Management
David Marsh	NOSM	Harm Reduction & Treatment
Annabel Mead	UBC	Addiction Medicine
Jamie Meuser	CFPC	CPD
Dwight Moulin	Western	Neurology
Josh Nepon	Manitoba	Psychiatry
Murray Opdahl	Saskatchewan	Primary Care
Jorge Palacios-Boix	McGill	Psychiatry – Addiction
Jordi Perez	McGill	Cancer Pain / Pain Management
Anne-Marie Pinard	Laval	Opioids / Chronic Pain
Saifee Rashiq	Alberta	Anesthesia
Marina Reinecke	Manitoba	Addiction Medicine
Claude Rouillard	Laval	Opioid Addiction
Yoram Shir	McGill	Pain Management
Sarah Silverberg	CFMS	Medical Student Observer
Anita Srivastava	Toronto	Family Medicine
Ken Stakiw	Saskatchewan	Palliative Care
Evan Wood	UBC	GIM / Addiction

Validation Panel

Name	School/Organization	Discipline/Focus
Ian Beauprie	Dalhousie	Pain Medicine / Anesthesiology
Anne Boyle	CSPCP	Board Member and Member-Opioid Safety WG
Jason Busse	McMaster	Chronic Pain
Craig Campbell	Royal College	CPD
Deborah Cumming	Royal College	Mental Health / Advocacy
Julia Curtis	RDoC	PGY-4 Psychiatry - Memorial
Ruth Dubin	Queen's / NOSM	Pain Medicine / Family Medicine
Meldon Kahan	Toronto	Substance Use
Brian Kerley	CSPCP	Opioid Safety WG
Brenda Lau	UBC	Anesthesia
Peter MacDougall	Ottawa	Pain Medicine
Michael Martyna	RDoC	PGY-3 Psychiatry - Alberta
Victor Ng	CFPC	Family Medicine
Philip Peng	Toronto	Pain Medicine / Anesthesiology
Sarah Silverberg	CFMS	Medical Student
Rob Whyte	AFMC UGME	UGME Dean – McMaster University
Janice Willett	AFMC CPD	CPD
Geoff Williams	AFMC PGME	PGME Assistant Dean – Dalhousie University