

Letters to the Editor

To the Editor:

In March 2019, the National Academies of Sciences, Engineering, and Medicine released a consensus committee report entitled *Medications for Opioid Use Disorder Save Lives*.¹ The report found that “To stem the opioid crisis, it is critical for all FDA-approved options to be available for all people with opioid use disorder.” The 3 current approved medications (methadone, buprenorphine and naltrexone) are available in multiple formulations, including long-acting implants and injectables, and all except methadone are usually prescribed in a physician’s office. The report found that a major barrier to medication use is “the lack of appropriate education and training among health care providers.”

The Accreditation Council for Graduate Medical Education (ACGME) plays an essential role in educating and training physicians. Currently, none of the ACGME’s curriculum components require that physicians-in-training learn to treat opioid addiction. At present, fewer than 7% of American physicians have completed the necessary 8-hour DATA waiver training to allow them to prescribe buprenorphine for opioid use disorder, a medication associated with a 50% or greater reduction in the probability of overdose death.² An ACGME requirement for such training in the over 11,000 programs they accredit would dra-

matically improve the nation’s capacity to address the opioid epidemic and begin to close enormous gaps in training with respect to addiction more generally.

In recent months, a group of medical students and faculty have asked the ACGME residency review committees to consider requiring training in addiction treatment for residents.³ None have agreed to date. A recent JAMA blog posting set out the case for ACGME leadership; the response has been a willingness to consider the question further.⁴ A bipartisan group of 31 members of the US Congress has also asked the ACGME to require that all physicians-in-training who care for patients with opioid use disorder learn to treat opioid addiction.⁵

We ask that the ACGME act promptly and establish a requirement that all residents and fellows who care for patients who use opioids, as well as their core faculty, receive specific training on the treatment of opioid use disorder. This is a defining moment for American medicine. It is our obligation to provide physicians with sufficient training to effectively treat patients with opioid use disorder.

We are writing to urge health care professionals to sign on to this letter at www.AddictionTrainingForResidents.org.

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The views expressed are those of the authors and do not necessarily represent the views of their institutions.

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To the Editor:

To address the opioid epidemic in the US, the ACGME is taking a leadership role to create sustainable solutions for the appropriate use of pain medication and the recognition and treatment of patients with addiction. The medical profession must work together to provide the resources and training necessary for physicians caring for patients to most effectively treat Opioid Use Disorder.

As of July 2019, the ACGME requires that all residency and fellowship programs "provide instruction and experience in pain management if applicable for the specialty including recognition of the signs of addiction." As this is a core requirement, all specialty and subspecialty programs must provide, and all residents and fellows will receive this training. The ACGME is also providing resources to the graduate medical education community for this training on opioid use and treatment, which can be found here.

It is imperative that the medical community collaborate to address this issue. The ACGME is organizing a Congress of Medical Education Stakeholders

in April 2020 to discuss the optimal curriculum for the education and training of residents and fellows on issues related to the treatment of addiction and management of pain. These stakeholders will include specialty societies, their certifying boards, program directors of ACGME-accredited programs, and the ACGME Review Committees, as well as representatives of the continuum of medical education. While the ACGME provides an educational framework for residency and fellowship programs, the curricula are the purview of the individual programs and their Sponsoring Institutions, and the relevant specialty societies and certifying boards. It will take a coordinated effort by all of these groups to effectively define the education and training needs for the entire medical community. The ACGME is taking the leadership role of convening and coordinating these efforts.

The ACGME is also financially supporting, a member of the steering committee, and co-chairing the National Academy of Medicine's Action Collaborative on Countering the US Opioid Epidemic Education and Training Work Group. This group is also working towards a coordinated approach for the continuum of health professional education that addresses acute and chronic pain management and substance use dis-

orders. This continuum, which includes non-physician providers, begins in medical school for physicians, is developed during residency and fellowship training, and is enhanced throughout a physician's career.

Measures to provide resources and training to today's practicing physicians will have the most immediate impact on this epidemic. The ACGME strongly supports the removal of barriers to the use of these resources by all practicing physicians through changes in regulatory and payment policies. Currently, there is proposed legislation in the US Congress to improve

access to these lifesaving therapies, which would allow physicians and other clinicians to immediately incorporate them into their practice.

The ACGME looks forward to continuing to work with the extended medical community to equip physicians with the full range of solutions needed to confront this epidemic.”

Sincerely,
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