

In-Practice Certification Route to Certificates of Added Competence (CAC)

Domain-Specific Eligibility Requirements

Addiction Medicine (AM)

The eligibility requirements listed below are based on the [Residency Training Profile for Addiction Medicine](#), which includes the Practice Narrative and the Core Professional Activities (CPAs), and they are further mapped to the [Priority Topics and Key Features for the Assessment of Competence in Addiction Medicine](#).

The application is built as a portfolio and applicants are required to provide concrete examples to prove that their scope of practice and contribution to addiction medicine (AM) justifies the awarding of the CAC.

All applicants must have a licence to practise family medicine independently in a province or territory of Canada, hold Certification in the College of Family Physicians of Canada (CCFP), and remain a member in good standing with the CFPC throughout the review of their application.

To qualify for a CAC in AM, physicians must be regularly engaged in addiction medicine practice and demonstrate they have practised in the domain of care without restriction for the four-year period (approximately 400 hours per year) immediately prior to the application submission date. The most recent two years in practice must be in Canada.

CPA 1: Provide advanced-level care and consultation for substance use disorder across the life cycle, in multiple contexts, and in unique situations.

- To qualify for a CAC in AM physicians must provide evidence of experience in all of the following:
 - Diagnosis and management of alcohol use disorder
 - Diagnosis and management of tobacco use disorder
 - Diagnosis and management of cannabis use disorder
 - Diagnosis and management of substance use disorder: illicit drugs
 - Diagnosis and management of substance use disorder: prescribed medications
 - Diagnosis and management of behavioural addictions
 - Implementation of harm reduction within the continuum of care
 - Use of opioid agonist treatment and other pharmacotherapies for management of addiction
 - Knowledge and implementation of psychotherapeutic techniques (e.g., motivational interviewing, cognitive behavioural therapy, dialectical behavioural therapy)
 - Screening and management (including collaboration with other health providers) of addiction related medical comorbidities
 - Screening and management (including collaboration with other health providers) of pain and addiction

- To qualify for a CAC in AM, a physician must provide evidence of working with adult population (16 years or older)
- To qualify for a CAC in AM, physicians are expected to have current or previous exposure to or an understanding of different age groups and special populations:
 - Pregnant people and newborns
 - Children
 - Adults ≥ 65 years of age
 - Incarcerated people
 - Adults in safety-sensitive occupations
- To qualify for a CAC in AM, physicians are expected to provide evidence of present or previous work or experience in the following contexts:
 - Outpatient clinic setting
 - In-patient care
- To qualify for a CAC in AM, physicians are expected to spend a minimum of 30 per cent of their current practice in this domain of care. If the percentage is below 30 per cent applicants will be asked to explain why and the Peer Review Committee will make a decision based on an applicant's specific context and circumstances.

CPA 2: Diagnose and manage concurrent mental health issues in patients with substance use disorder

- To qualify for a CAC in AM, physicians must provide evidence of experience in screening for, triaging, and managing mental health issues in patients with a substance use disorder

CPA 3: Manage intoxication, withdrawal, and overdose and their associated complications in patients across various settings and in a variety of populations

- To qualify for a CAC in AM, physicians must show evidence of competence in managing patients in crises and those with potentially life-threatening conditions. Experience in following is mandatory:
 - Alcohol intoxication, withdrawal, and overdose
 - Benzodiazepine intoxication, withdrawal, and overdose
 - Opioid intoxication, withdrawal, and overdose

CPA 4: Collaborate in all levels of care

- To qualify for a CAC in AM, physicians must provide evidence of being a:
 - Resource to colleagues for education and/or as a consultant or source of referral
 - Member of an interprofessional team

CPA5: Provide administrative, educational, and/or clinical leadership

- To qualify for a CAC in AM, physicians must offer evidence of:

- Acting as a leader within an interprofessional team and/or a [Patient's Medical Home](#) (PMH)
- Teaching in the domain of care or acting in an educational leadership role
- Providing administrative leadership in AM, if available

CPA 6: Participate in the scholarly aspects of addiction medicine

- To qualify for a CAC in AM, physicians must provide evidence of:
 - Involvement in education (e.g., providing continuing professional development (CPD) and/or teaching, which may include undergraduate and/or postgraduate students and interprofessional groups)
 - Involvement in research, if applicable
 - Involvement in quality improvement initiatives (in their practice, institution, and/or region)

CPA 7: Act as a resource to a community

- To qualify for a CAC in AM, physicians must provide evidence of advocacy at one or more of the following levels: individual patient, community, system

CPA 8: Manage professional activities

- To qualify for a CAC in AM, physicians must provide evidence of engaging in AM-related CPD. They are required to complete a minimum of 75 credits in the five-year cycle.

Referee letters

Letters from four referees are required:

- At least two referees must be family physicians who are members in good standing with the CFPC
- At least two referees must be actively practising and/or teaching in the domain of care for which the CAC application is based
- At least one referee must be an active CAC holder in the domain of care for which the CAC application is based
- One referee must be a colleague with a comprehensive practice to whom the applicant acts as a resource/consultant
- One referee must be an interprofessional team member with whom the applicant works
- All referees must have known the applicant for at least two years in a professional capacity
- Referees cannot be relatives of the applicant or have any conflicting interests with those of the applicant

Referees will be asked to provide evidence about the impact the applicant has on AM:

- a) As a provider of advanced-level care and consultations for substance use disorder across the life cycle, in multiple contexts, and in unique situations

- b) As a resource to family medicine colleagues and a member of an interprofessional team
- c) As a clinical, educational, and/or administrative leader
- d) As a leader and participant in scholarly activities, including continuous quality improvement, research, and in the provision of CPD
- e) As a resource to their community, engaged in advocacy on one or multiple levels: for their own patients, for patients in the community, and/or for system-level health
- f) As a continuous learner who is engaged in AM-related CPD

Please refer to the [IPCR Application instructions package – Addiction Medicine](#) for instructions and detailed information.