

Systematic Review of Quality Standards in Competency-Based Postgraduate and Continual Addictology Education of Physicians: Study Protocol

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BACKGROUND: The role of physicians is crucial in the prevention and treatment of substance use disorders and addiction. The quality of addiction-specific medical education varies, as do postgraduate and continuing medical education programmes in different countries. In order to ensure a high level of quality education, it is necessary to name and define competency-based quality standards that enable physicians to provide the highest quality care to patients. **METHODS:** The objective of the study will be the identification of quality standards in competency-based postgraduate and continual medical education for physicians in the field of addictions. We will conduct a review of available literature sources, and based on key terms, we will carry out a search in electronic databases PubMed, EBSCO, SCOPUS, Web of Science, in accordance with the PRISMA (Preferred Reporting Items for Systematic

Reviews and Meta-Analysis) methodology, and identify articles related to the topic. From the standpoint of relevance, we will review the abstracts and full texts of studies. **RESULTS:** Review protocol will enable us to summarize available evidence on postgraduate and continuing medical education in addictions using the methodology of a systematic scoping review for the purpose of mapping relevant literature. The results will be published as academic papers and conference presentations. **CONCLUSIONS:** This systematic review will provide specific insights into the postgraduate and continuing medical education. The findings will inform about the types and frequency of educational processes in addictology within the postgraduate and continuing medical education.

Keywords | Competency-Based Education – Postgraduate Education – Continual Education – Quality Standards – Addictology – Physicians

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1 BACKGROUND

A sharp increase in the number of published works and reports focused on the need for addiction training at the level of medical faculties largely came in response to the opioid crisis and physicians prescribing opioids. A professional discussion has been opened about the need for an integrated approach to public health and the development of medical education in addiction. Key strategies for controlling the current opioid crisis, as well as for preventing such crises in the future, recognize that access to comprehensive treatment is crucial. Individuals with opioid use disorders should be provided with appropriate services according to the stage and severity of their disorder, including treatment of medical or psychiatric comorbidity. Furthermore, healthcare workers (physicians, nurses, caregivers, physician assistants) must be fully engaged and properly trained in the areas of screening, treatment, and support for individuals suffering from opioid use disorder (Volkow, 2019).

According to Miovský et al. (2016), the development and validation of a framework of core competencies for workers in the field of addiction is a key step in improving the quality of care. At the same time, they emphasize the importance of an interdisciplinary approach in the education and practice of addiction specialists (Miovský et al., 2016). In general, the number of educational programs specialized in substance use prevention and treatment is trending upwards in Europe and the USA. This includes the development of individual educational components and the application of curricula specifically designed for medical education.

The American Board of Addiction Medicine (ABAM, 2012) elaborates and analyzes the addictions competencies of physicians, working with six key competencies. Another organization, the American Society of Addiction Medicine (ASAM, 2015), establishes nine key competencies in relation to the study curriculum and its goals. The International Consortium of Universities for Drug Demand Reduction (ICUDDR) supports the improvement of competencies and skills of experts in the field of addiction, facilitating cooperation to promote education in the field of prevention and treatment of addictions among universities. It has created The Universal Treatment Curriculum for Substance Use (UTC), which consists of basic and advanced levels and includes 22 courses overall. The education of professionals in the field of addiction is also significantly supported by the International Society of Substance Use Professionals (ISSUP) by creating The Universal Prevention Curriculum for Substance Use (UPC) with the aim of supplementing the universal treatment curriculum UTC. It contains two series, UPC-M&S Managers and Supervisors Series with 10 courses, and UPC-P Practitioners Series with seven courses, one of which is a module for general practitioners. The development of the UPC is based on International Standards for Drug Use Prevention, which were developed by the United Nations Office on Drugs and Crime (UNODC). The European Prevention Curriculum (EUPC) was developed from the UPC curriculum within the framework of a European project called UPC-Adapt, which involved eleven partners from nine European countries. This European curriculum is shorter and more accessible than the original UPC.

Other international curricula are also emerging, with the mission of helping to implement addiction education modules into the curricula of medical schools. An example of this is the curriculum created for undergraduate medical education in addiction by the international team of the Substance Abuse Medical Education (MedEd) project, which aimed to create a European curriculum, the European Undergraduate Curriculum on Addiction Medicine (Miovský, 2014). The project was overseen by the European Addiction Training Institute (EATI). In the United States, a similar activity is the Summer Clinical Institute in Addiction Studies, which organizes international courses and meetings of students and experts in the field of addiction in cooperation with the University of California in San Diego (UCSD) and the University of California in Los Angeles (UCLA). It focuses on building skills and competencies in addiction treatment at the international level and the implementation of international curricula into education.

The World Federation for Medical Education (WFME) is concerned with improving the quality of medical education worldwide. Its standards (WFME, 2015) are created for all levels of education – undergraduate, postgraduate, and continual professional development. They provide a model for accreditation, where the level must be specified, adjusted, or supplemented in accordance with regional, national, and institutional needs and priorities. The standards are based on the current understanding of fundamental principles and best practices in designing and improving medical education programs, to facilitate the identification of strengths and weaknesses in medical education programs and to improve quality.

The significance of educational activities is supported by the International Society of Addiction Medicine (ISAM), an international association of doctors, established in 1998 with the goal of developing knowledge about addiction medicine and ensuring the certification process for addiction medicine. This certification is recognized globally, and its holder meets the needs of the international membership of practicing doctors.

Currently, addictology is one of the health specialties, and research in the field of addictology education and practice is continually growing and diversifying. This creates the need to review the current literature on postgraduate and continuing addictology education for physicians.

This systematic review (SR) is the first step in the research plan in addiction education for physicians, aiming to explore what kinds of competency-based education quality standards exist in postgraduate and continual education for physicians in the field of addiction.

2 METHODS

A systematic review represents a type of study based on evidence. The basis of the systematic review are the methods of identification, selection, and critical assessment of the quality of relevant primary studies, their processing, analysis, and synthesis of evidence (Klugar, 2015).

We will conduct an initial search for relevant studies published between January 2010 and December 2022 in databases based on predefined keywords, which we will process in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA 20), checklist, and flow diagram. Through the process of systematic searching, evaluation, and use of current research findings as the basis for evidence-based medicine (EBM), we will follow four steps: formulating a question for detection, searching for relevant articles in literature, evaluating and critically appraising the evidence in terms of its validity and utility, and implementing - publishing findings using the PICO system (Rosenberg, 1995).

2.1 Objective and research questions

The objective of our systematic review (SR) is to provide an overview of quality standards based on competencies in postgraduate and continual education of physicians in addictology.

Research Questions:

1. What standards exist in the field of postgraduate and continual education for physicians in the field of addiction?
2. What competency-based quality standards exist in the field of postgraduate and continual education for physicians in the field of addiction?
3. What competency-based educational models exist in the field of education and professional training of physicians in postgraduate and continual education in the field of addiction?

2.2 Eligibility criteria

We will include any type of addiction education studies that analyze any data related to postgraduate and continuous medical education. We will apply restrictions concerning the period from 2010 onwards, the English language, and sociodemographic data – Europe, USA. The reasons for these restrictions are the sociocultural interconnections of Western civilization, where the education systems in the USA and Europe are different and there are efforts to align them. The restriction by year is chosen to capture current changes and trends.

2.3 Information sources

We will search the following information sources: PubMed, EBSCO, SCOPUS, Web of Science, and Pro Quest. Based on

the search in these databases, we will identify suitable studies, analyze all references and citations of these studies, to potentially find additional relevant studies. The date of the last search will be recorded. All search results will be exported to the citation software EndNote; duplicates will be removed using the software.

2.4 Search strategy

Our search strategy is developed using a combination of keywords with controlled vocabulary and free text searching for: postgraduate medical education in the field of addiction; lifelong/continual education of medical students in the field of addiction; medical faculty education in the field of addiction; postgraduate medical education in the field of addiction at medical faculties; lifelong/continual medical education in the field of addiction at medical faculties; addiction medicine curriculum; addiction medicine course; addiction medicine course syllabi; guidelines for addiction medicine; postgraduate medical student education syllabi in the field of addiction; quality standards for postgraduate medical education in the field of addiction; quality standards for lifelong/continual medical education in the field of addiction; competency-based medical program in the field of addiction; postgraduate competencies in the field of addiction medicine.

2.5 Study selection and synthesis

Study selection will take place in two phases. Firstly, bibliographic records obtained through database searching will be screened independently by two authors. All records maintained as relevant or potentially relevant will be obtained in full text.

Then, all obtained full texts will be screened by two authors independently of each other. Records obtained through citation and reference searches of appropriate studies will also be examined by the same two authors independently. Discrepancies in opinions on study eligibility will be resolved by discussion and consultation with a third author. We will state which studies were excluded at the level of full-text assessment, providing the reasons.

In our results, we will provide the numbers of evidence sources screened, assessed for eligibility, and included in the systematic review of the scope, with reasons for exclusion at each phase, through a flow diagram, i.e., PRISMA (Moher et al., 2009), Flow Diagram 20.

We will provide detailed information for the included studies and also a list of excluded studies with reasons and references. All information found about medical education in addictology will be categorized, a synthesis will be performed, and a quantitative summary of the obtained information will be prepared. For each included study, we will provide the following characteristics: place of origin of the study, objectives, design, methods, and potentially other relevant information.

2.6 Ethics and dissemination

The proposed study will not collect data directly, only published data will be used, so ethical approval is not required. Our findings will be disseminated through a peer-reviewed manuscript, or possibly conference reports.

2.7 Review registration

We registered this review with PROSPERO (CRD42023426336) and followed the Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) guidelines.

3 DISCUSSION

Standardized addiction medicine curricula often lack evaluations of physician education programs, and it is unclear which systems and methods are being used. Comparing evidence, quality criteria, and key competences can be beneficial for the future development of training programs in addiction medicine and efforts to standardize them internationally, not only for medical faculties.

Although there is no uniform approach to physician education in addiction medicine, basic trends and criteria have already been identified in the Universal Treatment Curriculum and Universal Prevention Curriculum documents, which contain minimum evidence-based standards for professional education in the field of addiction (Miovský et al., 2021). There is also an idea of what educational processes in the field of addiction should look like. Physician competencies at various stages of education, including postgraduate, are defined. It is not clear whether a general global curriculum is needed for professional instruction in the addiction field (Ayu et al., 2017). Some authors (Miovský et al. 2021) consider the diversity and inconsistency of educational programs to be beneficial. There is professional consensus, however, that it is desirable to unify the basic frameworks of what are core skills, knowledge and competences of different levels of physician education in the field of addiction.

Currently, no study has systematically reviewed the literature on addiction education for physicians in postgraduate and continuing education. The systematic review will provide current and relevant information, help identify and unify quality standards in education and practice, and may contribute to addressing issues related to education, professional development, and retention of workers in the field of addiction, which could have a positive impact on the overall quality of addiction care.

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