

**Report on the Informal Inquiry into Concerns Raised  
about the University of Toronto's Interfaculty Pain  
Curriculum (IPC)**

**December 6<sup>th</sup> 2010**



# University of Toronto

OFFICE OF THE VICE-PROVOST, RELATIONS WITH HEALTH CARE INSTITUTIONS

**December 6<sup>th</sup> 2010**

**To: Cheryl Misak, Vice President and Provost  
Henry Mann, Dean (Pharmacy)  
David Mock, Dean (Dentistry)  
Sioban Nelson, Dean (Nursing)  
Catharine Whiteside, Dean (Medicine)**

**Dear Profs Misak, Mann, Mock, Nelson and Whiteside,**

Please find attached my recommendations resulting from the informal inquiry I conducted into concerns raised about the University of Toronto's Interfaculty Pain Curriculum (IPC).

This Inquiry provided an opportunity for the relevant individuals to engage in a process that focused on improving the IPC and its governance. There are five inter-locking recommendations which I believe will strengthen the health sciences' curriculum on pain; they are summarized on the next page.

I wish to thank those that participated in the process, including those that agreed to be interviewed and those who obtained the various documents for the work. Most importantly, I want to recognize the time and effort of individuals in our academic community who came forward with their concerns. Their willingness to do so raised important and timely discussions.

Sincerely

Lorraine E. Ferris, PhD., C.Psych., LLM (ADR), LLM (Admin Law)  
Associate Vice Provost, Health Sciences Policy and Strategy  
Professor, Dalla Lana School of Public Health

### Summary of the Five Inter-locking Recommendations

<p>1. Move Quickly in Revising the Interfaculty Pain Curriculum</p>	<ul style="list-style-type: none"> <li>(a) Ensure the sessions on pharmacotherapy of pain are based on current guidelines and recommendations before its delivery in Spring 2011;</li> <li>(b) Finalize a plan for increasing the amount of interprofessional education versus didactic pain content in the Interfaculty Pain Curriculum by Spring 2012</li> </ul>
<p>2. Move the accountability for the Interfaculty Pain Curriculum from the Centre for the Study of Pain to the Centre for Interprofessional Education</p>	<ul style="list-style-type: none"> <li>(a) have the Council of Health Sciences develop a work and communication plan for the transition and oversee its implementation;</li> <li>(b) have the transition complete by December 31 2011</li> </ul>
<p>3. Ensure there is clear understanding about the Interfaculty Pain Curriculum governance framework, including committees and responsible faculty and responsible academic administrative leaders</p>	<ul style="list-style-type: none"> <li>(a) those involved in the Interfaculty Pain Curriculum and the participating Faculties must have a common understanding about the governance framework, including the roles and responsibilities of committees and relationships with Faculties, including with Faculty-specific decanal teams and curriculum committees;</li> <li>(b) include information about the Interfaculty Pain Curriculum governance framework in relevant documentation;</li> <li>(c) ensure there is publicly available information about the Interfaculty Pain Curriculum, its governance and contact information</li> </ul>
<p>4. Ensure the Interfaculty Pain Curriculum is not directly funded (in whole or in part) by industry donors who have, or may have, or be perceived to have, financial interests in the assessment or management of pain</p>	<ul style="list-style-type: none"> <li>(a) Funds, even in the form of unrestricted education grants, should not be used to directly fund (in whole or in part) the Interfaculty Pain Curriculum if the donations come from industry donors that have, or may have, or be perceived to have financial conflicts of interest in the assessment or management of pain;</li> <li>(b) Gifts or other benefits should not be given to students from industry donors that have, may have, or be perceived to have financial interests in the assessment or management of pain;</li> <li>(c) Ideally the Interfaculty Pain Curriculum should continue to be funded through base budgets from the health science Faculties;</li> <li>(d) Develop rules to ensure that the Interfaculty Pain Curriculum is, and is perceived to be, appropriately arms-length from donors who may provide funds (including gifts or benefits) to University Academic units or Centres collaborating in the delivery of the pain curriculum</li> </ul>
<p>5. Ensure rigorous management of financial conflicts of interest in the Interfaculty Pain Curriculum</p>	<ul style="list-style-type: none"> <li>(a) Require all faculty involved in planning or approving the Interfaculty Pain Curriculum (e.g., Education or Curriculum Committees) or delivering the curriculum content to disclose to the appropriate governance body any financial conflicts of interest (perceived, possible or actual) they may have with respect to their obligations or involvement in the Interfaculty Pain Curriculum;</li> <li>(b) Set rules to manage the financial conflicts of interest including determining if the perceived, possible or actual conflict of interests are so significant, or of a specific kind, that involvement is prohibited;</li> <li>(c) Disclose to students the rules used to manage the financial conflicts of interest and require all faculty to disclose any financial conflicts of interest they may have to students, with appropriate elaboration explaining why it was disclosed.</li> </ul>

## INTRODUCTION

I conducted this informal Inquiry in my capacity as Associate-Vice Provost, Health Sciences Policy and Strategy<sup>1</sup>. The purpose of this objective informal Inquiry was to improve the Interfaculty Pain Curriculum (IPC) and its governance by:

- (a) seeking information about the circumstances that led to the questions and concerns raised by a learner and Drs. Philip Berger and Rick Glazier about the IPC;
- (b) examining what processes were used for answering the questions and addressing the concerns;
- (c) seeking information about any possible financial conflicts of interest in the delivery of the IPC raised as questions by a learner and Drs. Berger and Glazier, including obtaining and examining all relevant records, reports or documents in the University's custody and control ("Materials");
- (d) making recommendations about the management of the IPC as these may relate to the questions and concerns raised by a learner and Drs. Berger and Glazier (are the policy and procedures adequate? how can they be improved?);
- (e) making recommendations about possible organizational structures or frameworks to improve the oversight and accountability of the IPC as an inter-Faculty initiative (including improving processes for efficiently managing queries and concerns).

The Inquiry was limited in scope to its Purpose and was not to deal with matters that fell under other University policies or procedures or with curriculum development and evaluation (as these are within the scope of Curriculum Committees). However, in my role I received a copy of the report from the Interfaculty Pain Curriculum (IPC) Committee with respect to their curriculum content review of the accuracy of the specific lectures in question as it may have some relevance to (c) above.

The Terms of Reference are in Appendix A.

### **Process Used**

The inquiry took place between October 14<sup>th</sup> 2010 and November 25<sup>th</sup> 2010.

After assessing the concerns as set out in documentation from the learner and Drs. Berger and Glazier provided to me by the University, I identified relevant individuals to be

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<sup>1</sup> I am an employee of the University of Toronto serving as faculty and as an academic administrator. The recommendations in this Report are my own and I was free to make any recommendations I deemed appropriate. I have no financial conflicts of interest to disclose.

interviewed and relevant materials I required in the custody and control of the University. I sent out written requests for interviews and for documents.

Using the discretion afforded to me, I considered written concerns raised by others (Drs. Irfan Dhalla and Meldon Kahan) that in my opinion were relevant to the Inquiry and which were received by the University around the time of the concerns raised by the learner and Drs. Berger and Glazier.

### **Nature of the Concerns**

I have considered the documentation I was given and the following is a summary of the key issues for this Inquiry concerning the Interfaculty Pain Curriculum: (a) governance and management and its oversight by the Centre for the Study of Pain and by the relevant Faculties; (b) the role and accountability of the Centre for the Study of Pain's Education Committee (and the Interfaculty Pain Curriculum Committee) and its members to the relevant Faculties (and to these relevant Faculties' Curriculum Committees); (c) processes for dealing with concerns about the Interfaculty Pain Curriculum; (d) policies and procedures for dealing with industry funding and the Interfaculty Pain Curriculum; (e) possible financial conflicts of interest in its development and delivery.

There were other concerns raised that fell outside the scope of this informal Inquiry. These concerns generally related to curriculum content taught in the sessions on pharmacotherapy of pain in the Interfaculty Pain Curriculum. These concerns were reviewed by the Centre for the Study of Pain's Interfaculty Pain Curriculum Committee which issued its response (October 30, 2010). That Report was provided to me in keeping with my terms of reference (see Appendix A).

### **Kinds of documentation reviewed**

In addition to publicly available information that may be relevant to the Inquiry, the following kinds of documentation were reviewed:

- (a) Written Reports. Specifically, the 2008 Report of the Centre for the Study of Pain (since the Interfaculty Pain Curriculum is offered through that Centre) and the Report of the Interfaculty Pain Curriculum Committee with respect to its Review of Interfaculty Pain Curriculum re: sessions on pharmacotherapy of pain (October 30<sup>th</sup> 2010).
- (b) Written communication from the University to those raising concerns as well as written communication from these individuals (as provided to me by the University);
- (c) Documents about who served on the Centre for the Study of Pain Education Committee (and the Interfaculty Pain Curriculum Committee) and its reporting relationship to the relevant Faculties (Dentistry; Medicine; Nursing and Pharmacy);

- (d) A copy of records assembled regarding the revenues received by the Centre for the Study of Pain and expenditures for its initiatives including for the Interfaculty Pain Curriculum (as well as other relevant document pertaining to those donations).

### **People Interviewed**

Appendix B lists the people interviewed as part of this Inquiry. The learner identified in the terms of reference declined being interviewed. However, all others approached agreed to be interviewed. Participation in the interviews does not necessarily imply that the individual agreed with the Terms of Reference for this Inquiry.

## **BACKGROUND**

### **University of Toronto Centre for the Study of Pain and the Interfaculty Pain Curriculum (IPC)**

The Centre, an internationally recognized interdisciplinary pain research initiative, is collaboration among the Faculties of Dentistry, Medicine, Nursing and Pharmacy<sup>2</sup>. It was launched in 2000 to be a leader in research and in educational and clinical activities concerning pain with a focus on scholarly excellence and interdisciplinary collaboration.

The Centre has had two Directors—Professor Michael Salter (two terms) and Professor Bonnie Stevens (January 1 2010 to present). The Centre underwent a very successful external review in 2008 to provide an objective assessment of its success in meeting its original goals and objectives and to offer recommendations for the future<sup>3</sup>

As early as 2000, the Centre has provided educational programs in pain with the Interfaculty Pain Curriculum being one of its major initiatives. This is an integrated pain curriculum involving undergraduate students from the four Faculties<sup>4</sup> attending four consecutive days of pain lectures and seminars in the Spring. The sessions include speakers discussing pain assessment, pain management for acute and persistent pain (using pharmacological and non-pharmacological approaches) and pain in specific clinical groups. Students learn in concurrent large group sessions as well as in concurrent sessions and facilitated seminar groups. A portion of this pain curriculum (approximately 20%) is devoted to interprofessional learning activities while the remainder is a mix between the health science students being taught together and choosing concurrent sessions that may or may not involve students from other programs. Approximately 800 health science students attend the pain curriculum each spring.

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<sup>2</sup> The website for the Centre for the Study of Pain is: <http://www.utoronto.ca/pain/index.html>

<sup>3</sup> The Review of University of Toronto Centre for the Study of Pain is available online at: <http://www.utoronto.ca/pain/>

<sup>4</sup> Dentistry (DDS) year 3; Medicine (MD Year 2; MSc Occupational Therapy/Physical Therapy Year 2; BScPA Year 2); Pharmacy (BscPharm Year 3); and Nursing (BScN Year 2).

## RECOMMENDATIONS

There are five intertwined recommendations which need to be understood and treated together.

To avoid any confusion, acronyms and shortened forms are not used except for the following:

- (a) Centre for Interprofessional Education (Centre for IPE);
- (b) College of Physicians and Surgeons of Ontario (CPSO)
- (c) Interfaculty Pain Curriculum is sometimes shortened to “pain curriculum” for reasons of readability.

### 1. Move Quickly in Revising the Interfaculty Pain Curriculum

- (a) **Ensure the sessions on pharmacotherapy of pain are based on current guidelines and recommendations before its delivery in spring 2011;**
- (b) **Finalize a plan for increasing the amount of interprofessional education versus didactic pain content in the Interfaculty Pain Curriculum by spring 2012**

Ontario academic health science centres, especially the medical schools will be taking heed of the new College of Physicians and Surgeons of Ontario’s (CPSO’s) report *“Avoiding Abuse, Achieving a Balance: Tackling the Opioid Public Health Crisis”*.<sup>5</sup> The first of 31 recommendations says that “academic institutions should improve education for health-care professionals in training to develop core competencies in pharmacology, pain management and opioid addiction, and enhance interprofessional training of health professionals” (page 6). That report gave notice that the “authoritative reference for the development of educational programs for health care providers” (page 6) is the April 2010 *Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain*.<sup>6</sup>

It is beyond the scope of this informal Inquiry to comment on the Interfaculty Pain Curriculum. However, the relevant Deans (Dentistry, Medicine, Nursing and Pharmacy) have confirmed to me that the Interfaculty Pain Curriculum will be revised based on the new Canadian guidelines (currently in use since April 2010) and the CPSO recommendations above. Specifically, the sessions on pharmacotherapy of pain will be revised to align with these current Canadian guidelines and the relevant educational recommendations in the College of Physicians and Surgeons of Ontario

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<sup>5</sup> Available at <http://www.cpso.on.ca/policies/positions/default.aspx?id=4324>

<sup>6</sup> Those guidelines were issued on April 30, 2010 by the National Opioid Use Guidelines Group (NOUGG) under the umbrella of the Federation of Medical Regulatory Authorities of Canada. Available at <http://nationalpaincentre.mcmaster.ca/opioid/>

(CPSO) Report<sup>7</sup>. Based on this decision, my recommendation is that this revised curriculum be developed quickly and implemented in the spring 2011 (i.e. the next time in the cycle when the Interfaculty Pain Curriculum is scheduled to be offered).

Time is of the essence. To revise the Interfaculty Pain Curriculum, the sessions on pharmacotherapy of pain must include delivery of balanced information by experts in several fields, including pharmacology, pain management and opioid addiction. As part of their discussions, faculty will need to address important, topical and often sensitive issues regarding opioids, including, for example, opioid addiction, improper opioid prescribing, at-risk communities, illicit sales and drug diversion, “double doctoring”, and recreational sharing and use of opioids. Fortunately, the University health sciences community has faculty who are clinical experts in these areas as well as those who are contributing to the evolving scientific literature in pain management, safety of opioids, and in addictions. Revising and delivering the curriculum on pharmacotherapy of pain will require the expertise of these colleagues, who will need to work diligently to ensure there is adequate time for the relevant Curriculum Committees (Dentistry, Medicine, Nursing Occupational Therapy, Pharmacy and Physical Therapy<sup>8</sup>) to review and approve it. Because of these timelines, as well as the need to involve faculty with the necessary expertise who may not have been involved in the past curriculum, it will be necessary for the Council of Health Sciences<sup>9</sup> to provide guidance.

The Interfaculty Pain Curriculum was developed at a time when interprofessional education was new. There is no doubt that the interprofessional component of the pain curriculum has been ground breaking. The CPSO’s Report (page 16) specifically mentions the University of Toronto’s Interfaculty Pain Curriculum delivered by the Centre for the Study of Pain as a rare example of interprofessional education in this area. Giving regard to the CPSO’s recommendation about enhancing interprofessional training of health professionals could result in U of T going even further in the amount of interprofessional education (versus didactic sessions) we offer in the pain curriculum<sup>10</sup>. This augmentation is consistent with the future

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<sup>7</sup> Although the CPSO Report is from a medical regulatory authority it included participation on working groups of other professions including pharmacists and nurses. It also included Dr David Mock (U of T Dean of Dentistry).

<sup>8</sup> There are four Faculties—Dentistry; Medicine, Nursing and Pharmacy with Medicine including students from undergraduate medicine, occupational therapy and physical therapy (each with its own Curriculum Committees). In terms of process, each of these Curriculum Committees approved the Interfaculty Pain Curriculum and any material changes to that curriculum need to be re-approved.

<sup>9</sup> The Council of Health Sciences (CHS) includes all health professional disciplines and schools (as well as two Associate Vice-Provosts, including myself). The CHS “represents the health science sector and facilitates collaboration and enhancement of health science research and education endeavours” (Terms of Reference, January 6 2009). Its key responsibilities include working collaboratively on common academic issues and their implementation as well as promoting interprofessional education and optimizing the resources to do so.

<sup>10</sup> This could include for example, curriculum developers designing the concurrent sessions so that student’s choices result in each of them receiving seminars on pharmacotherapy and complementary and alternative pain management strategies rather than the current structure which, according to my



direction of the health sciences where interprofessional education is becoming an academic priority. I recognize enhancing interprofessional training is a challenging endeavour and I expect it will take time to consider options and formats. It seems reasonable for the planning to increase the amount of interprofessional education versus didactic pain content to be completed before the Spring of 2012 with the implementation to commence as soon as reasonably possible thereafter. In this context, "as soon as reasonably possible" includes regard to the current economic climate, academic priorities, and competing priorities for funds.

2. **Move the accountability for the Interfaculty Pain Curriculum from the U of T Centre for the Study of Pain to the U of T Centre for Interprofessional Education (IPE)**

- (a) **Have the Council of Health Sciences develop a work and communication plan for the transition and oversee its implementation**
- (b) **have the transition complete by December 31 2011.**

Like the Centre for the Study of Pain, the Centre for IPE is an extra-departmental unit (EDU –C) within the University's framework<sup>11</sup>. The Mission of the Centre for IPE is to "develop a curriculum to provide health professional students with the core competencies needed for the provision of interprofessional evidence-based care in a collaborative, team practice environment, and further establish the University of Toronto (UT), the University Health Network (UHN), the Toronto Rehabilitation Institute (Toronto Rehab), and partners as a national and international leader in interprofessional education"<sup>12</sup>.

The Interfaculty Pain Curriculum was developed within the Centre for the Study of Pain prior to the establishment of the new Centre for IPE. Moving the accountability for the pain curriculum to the Centre for IPE is a step towards having a centralized venue for implementing health sciences' interprofessional education curriculum content and learning activities. It also will allow for the pain curriculum to be nested within a Centre that has as its focus interprofessional education which will facilitate enhancing the interprofessional training.

Of course, the change will need to be subject to any necessary approvals and undertaken in accordance with appropriate University policies and procedures. I am mindful that this is a large undertaking and it may take a year before the transition can be completed. Key will be the involvement of the Council of Health Sciences in ensuring an appropriate work and communication plan is implemented. [It may be that individual health science Faculties will want to review the pain curriculum to determine if some of the content is

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understanding of the timetable, may make it possible for a student to only attend pharmacotherapy of pain sessions.

<sup>11</sup> Information about the Centre for Interprofessional Education (IPE) is available at <http://www.ipe.utoronto.ca/>

<sup>12</sup> See <http://www.ipe.utoronto.ca/about/vision.html>

best taught within its own Faculty for its students leaving other content that is most fitting for interprofessional education in the Centre for IPE.]

Moving the accountability for the pain curriculum to the Centre for IPE provides an important opportunity to our academic community. It promotes linkages needed for faculty development in interprofessional education through partnership with the Centre for Faculty Development and an opportunity to study the effectiveness of various interprofessional educational teaching strategies in the pain curriculum through the partnership with the Wilson Centre for Research in Education.

Despite the advantages of centralizing interprofessional education, there are also challenges. The 2008 Report of the University of Toronto's Centre for the Study of Pain noted that at that time there was "universal agreement among those organizing the curriculum, and also among others, that the [Interfaculty Pain Curriculum] course cannot be embedded in [Centre for] IPE for the simple reason that this pain curriculum is about a specific topic, i.e., pain, and not about collaboration generally which otherwise characterizes IPE". However collaboration among health professionals for dealing with pain seems to be a focus in the CPSO Report and is consistent with the academic priority within the health sciences for promoting interprofessional education. Hence, I believe having health science interprofessional education under the auspice of the Centre for IPE and under the same governance model is advantageous. It remains a challenge that the Centre for IPE does not have the necessary content expertise, although it is important to note that some faculty, particularly in the rehabilitation sciences are currently involved in both the Centre for IPE and in the Centre for the Study of Pain (and in the Interfaculty Pain Curriculum) activities.

The Centre for IPE typically collaborates with various academic units or Centres for reasons of ensuring content expertise and the situation with respect to the Interfaculty Pain Curriculum is no different. The Centre for IPE will need to take advantage of its current governance structure, particularly its linkages to the relevant health sciences faculties, to attract faculty who have expertise in areas such as pharmacology, pain management and opioid addiction in order for the curriculum to be developed and delivered. This means forming a collaborative relationship with the Centre for the Study of Pain as well as reaching out to other faculty in the four relevant Faculties with the needed expertise who may not be appointed in the Centre for the Study of Pain but who have the expertise needed for the revised pain curriculum and enhanced interprofessional educational experience. The Council of Health Sciences in their work and communication plan will want to consider how they can assist the Centre for IPE in reaching the diverse group of faculty needed to implement a revised curriculum (see Recommendation #1).

A second challenge is that the Centre for IPE is currently in an expansion phase, with a goal of tripling the number of learning activities being offered to students within the next two years. During this time of growth, the Centre for IPE will depend on its strong relationships with faculty to be actively engaged in and planning new learning activities across eleven health professional programs. The Council of Health Sciences will need to integrate into their communication plan, language and approaches that take into account

the sensitivity of this transition of the pain curriculum from one Centre to another, and ensure that the context of the change is understood by all stakeholders. This will be critical to ensuring the success of the Centre for IPE mandate and mission, and to maintaining and strengthening relationships with faculty. Further, financial and human resources will be needed to enable and sustain this transition, as the current budget of the Centre for IPE does not enable the capacity needed to deliver on a new plan for the pain curriculum (see Recommendation #4).

**3. Ensure there is clear understanding about the Interfaculty Pain Curriculum governance framework, including committees and responsible faculty and responsible academic administrative leaders**

- (a) those involved in the Interfaculty Pain Curriculum and the participating Faculties must have a common understanding about the governance framework, including the roles and responsibilities of committees and relationships with Faculties, including with Faculty-specific decanal teams and curriculum committees**
- (b) include information about the Interfaculty Pain Curriculum governance framework in relevant documentation;**
- (c) ensure there is publicly available information available about the Interfaculty Pain Curriculum, its governance and contact information**

Recommendation #2 is to move the accountability for the Interfaculty Pain Curriculum from the Centre for the Study of Pain to the Centre for Interprofessional Education (Centre for IPE). If adopted, this will result in the pain curriculum falling under the governance framework of the Centre for IPE. It will be important, especially since the Centre for IPE will be collaborating with various academic units or Centres to ensure content expertise, that this governance framework is communicated. It will be important for the Council of Health Sciences as well as the Directors of the Centre for IPE and of the Centre for the Study of Pain to work together to ensure there is clear communication and common understandings about the (new) pain curriculum governance framework. The Council of Health Sciences may wish to strike a Task Force to make recommendations about the Interfaculty Pain Curriculum governance framework.

During this Informal Inquiry it became clear that one of the challenges for those raising concerns about the Interfaculty Pain Curriculum was that there was little information available on the governance framework for the Interfaculty Pain Curriculum including who served on the Interfaculty Pain Curriculum Committee and the relationship (and membership) between it and the Centre for the Study of Pain Management Committee and Education Committee and the various Faculties' Curriculum Committees. I sought this information for the Inquiry. This would likely be less of a challenge for single Faculty initiatives as it is clearer where these Committees reside and whom to contact to obtain the information or whom to contact with concerns.

Secondly, among those responsible on the "ground level" for oversight of the Interfaculty Pain Curriculum there appeared to be some confusion about who had the authority to

receive and/or respond to the concerns. This confusion may, in part, be because the concerns were not from students participating in the Interfaculty Pain Curriculum (who could consult their student manual to know whom to contact) but rather from a learner and faculty members in the Faculty of Medicine. To add to the complexity, the sessions on pharmacotherapy of pain were the responsibility of the Faculty of Medicine leading to some uncertainty over who should receive and respond to the concerns, in what capacity people responded, and what mechanisms were used to communicate information.

Last, a lack of information about the governance framework (and a sense of lack of transparency) may have contributed to concerns about who reviewed and approved the Interfaculty Pain Curriculum. It is possible that part of this concern may have been related to the membership categories used by the Centre for the Study of Pain and the lack of information about what such membership entailed. Specifically, there is a membership category called “Affiliated membership” which according to that Centre’s website is used for “non-University of Toronto academics, clinicians, and persons from industry and the lay public who have a documented interest in pain and whose membership would be of benefit to the goals of the Centre”. The lack of information about what was entailed in being an Affiliated Member and who had such memberships, paired with a lack of information about the governance framework and membership on the Interfaculty Pain Curriculum Committee and the Centre for the Study of Pain Education and Management Committees may have contributed to the concerns about whether those with Affiliated Membership (who may also have had a perceived, possible or actual financial conflict of interest in pain assessment and management) were involved in setting the pain curriculum<sup>13</sup> As part of this informal Inquiry and based on responses to my queries, I can confirm that all those on these Committees (including the Interfaculty Pain Curriculum Committee) were University of Toronto appointees.

4. **Ensure the Interfaculty Pain Curriculum is not directly funded (in whole or in part) by industry donors who have, or may have, or be perceived to have, financial interests in the assessment or management of pain:**
  - a. **Funds, even in the form of unrestricted educational grants, should not be used to directly fund (in whole or in part) the Interfaculty Pain Curriculum if the donations come from industry donors that have, may have, or be perceived to have financial interests in the assessment or management of pain;**
  - b. **Gifts or other benefits should not be given to students from industry that have, may have, or be perceived to have financial interests in the assessment or management of pain;**
  - c. **Ideally the Interfaculty Pain Curriculum should continue to be funded through base budgets from the health science Faculties;**
  - d. **Develop rules to ensure that the Interfaculty Pain Curriculum is, and is perceived to be, appropriately arms-length from donors who may provide**

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<sup>13</sup> I will not comment further on Affiliated Membership within the Centre for the Study of Pain as this is beyond the purview of this informal Inquiry.

**funds (including gifts or benefits) to University academic units or Centres collaborating in the delivery of the pain curriculum.**

My recommendation is that the Interfaculty Pain Curriculum should not be funded (in whole or in part) by direct donations from industry donors who have, may have, or be perceived to have, financial interests in the assessment or management of pain. I also have specifically addressed not accepting gifts or other benefits from industry to the Interfaculty Pain Curriculum that have, may have, or be perceived to have financial interests in the assessment or management of pain. However it may be possible that U of T academic units and Centres collaborating with respect to the Interfaculty Pain Curriculum might accept such donations through the University's various Advancement Offices. Therefore it is important that rules be developed to ensure the Interfaculty Pain Curriculum is appropriately insulated so that it is, and is perceived to be, at "arms-length" from these donors.

In the future there could be other possible donors who could have a perceived, possible or actual financial interest that I had not identified here and if so, the spirit of this recommendation would be that these funds, gifts or benefits not be accepted for the Interfaculty Pain Curriculum.

Beginning in 2006, the Centre for the Study of Pain received funds from the base budgets of the Faculties of Dentistry, Medicine, Nursing and Pharmacy for the Interfaculty Pain Curriculum and in 2007 and onwards, it has been entirely funded from these budgets. These funds need to move with the Interfaculty Pain Curriculum to the Centre for IPE. I do not have the expertise or the authority to comment on whether this budget is sufficient (in light of Recommendation #1 that the interprofessional educational component be enhanced) or what funds, if any, could come from the Joint Budget of the Centre for IPE.

Between the years 2002 and 2006, the Interfaculty Pain Curriculum was funded through donations. The total amount during those years was approximately \$117,000.00 from four pharmaceutical companies<sup>14</sup>. I reviewed a collection of records assembled regarding the revenues received and expenditures of the Centre for the Study of Pain for its initiatives, including for the Interfaculty Pain Curriculum, as well as other relevant document pertaining to those donations.

Based on my review of the above mentioned records and documents, I can confirm that these donations from pharmaceutical companies were accepted and treated as unrestricted educational grants. There were circumstances however, that led to the concerns about possible financial conflicts of interest. First, there was a perceived lack of transparency about the amount of unrestricted educational grants received by the Centre for the Study of Pain for its academic work, including for the Interfaculty Pain Curriculum. While there were declarations in various materials (e.g., Student Handbook in the years prior to 2006) that specific companies gave unrestricted educational grants, the amounts were not listed.

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<sup>14</sup> In addition there were also "in-kind" contributions from a pharmaceutical company valued at \$20,000 which I was informed covered the costs of printing the Student and Facilitator manuals and binders in years 2003 and 2004. This support was acknowledged in the Student Manual.

Moreover, the 2008 External Review of the Centre for the Study of Pain indicated there were unrestricted educational grants received but the appendix with more specific information was not posted on the Centre's website with that report. Second, there was little information about which Committee(s) had responsibility for the curriculum or about committee membership which contributed to concerns about the involvement of donors in setting curriculum.

Last, making available or distributing a book (not available on the retail market) to students free of charge for which copyright is held by a pharmaceutical company that manufactures opioids raised serious concerns about possible financial conflicts of interest. It is my opinion that our academic community (and the public more generally) would find making this available to students objectionable, regardless of it being assessed by those delivering the Interfaculty Pain Curriculum as a useful and quality resource. In response to a concern brought forward about students receiving such a gift, the 2010 Interfaculty Pain Curriculum did not make the book available to students. I strongly support the 2010 decision and my recommendation includes prohibiting such gifts in the future.

**5. Ensure rigorous management of financial conflicts of interest in the Interfaculty Pain Curriculum**

- (a) Require all faculty involved in planning or approving the Interfaculty Pain Curriculum (e.g., Education or Curriculum Committees) or delivering the curriculum content to disclose to the appropriate governance body any financial conflicts of interest (perceived, possible or actual) they may have with respect to their obligations or involvement in the Interfaculty Pain Curriculum;**
- (b) Set rules to manage the financial conflicts of interest including determining if the perceived, possible or actual conflict of interests are so significant, or of a specific kind, that involvement is prohibited;**
- (c) Disclose to students the rules used to manage the financial conflicts of interest and require all faculty to disclose any financial conflicts of interest they may have to students, with appropriate elaboration explaining why it was disclosed;**

When it comes to curriculum involving patient/client safety and well-being, there may be a higher standard with respect to managing perceived, possible and actual financial conflicts of interest than is common within Universities. This recommendation uses this higher standard in the case of the Interfaculty Pain Curriculum. Specifically, the recommendation addresses situations where there is a perceived, possible or actual financial conflict of interest resulting from any financial arrangement, situation or action that can (or be reasonably seen to) exert inappropriate influence on the planning, approving or delivering of the Interfaculty Pain Curriculum.

During this informal Inquiry it became clear that there were concerns that disclosing financial conflicts of interest to students (in the Manual and/or during the presentation) was not sufficient. Questions were raised as to whether 2<sup>nd</sup> or 3<sup>rd</sup> year students understood the possible relevancy of these declarations (e.g., do they know which pharmaceutical companies manufacture which drugs?). Moreover, some questioned whether students would assume the University had reviewed the disclosures and determined the financial interests and/or the nature of them (e.g., speaker fees or advisory committees) were not material, or were otherwise insignificant.

The Council of Health Sciences will likely want to strike a Task Force or a Working Group to provide recommendations about what should be included in the rules for managing conflicts of interest. I encourage that Task Force to consider whether faculty receiving speaker's fees or being on advisory committees for industry (that have or may be perceived to have an interest in pain assessment or pain management) should be prohibited from teaching in the pain curriculum. It may be advantageous to work with the Faculty of Medicine's Task Force on Relations with Industry and the Private Sector (TRIPS)<sup>15</sup> as their report is due to be released soon and there has been wide consultation within the academic health science centres on earlier drafts. Struck in 2007 by the Dean of Medicine, this Task Force is to make recommendations for the management of relationships between private for profit entities and the Faculty and its faculty, students, and residents. The Chair of the Task Force will be provided with a copy of this informal Inquiry Report so that recommendations here can be considered prior to its Report being released.

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<sup>15</sup> The Faculty of Medicine's Task Force on Relations with Industry and the Private Sector is chaired by Dr David McKnight, Associate Dean, Equity & Professionalism. I am a member of this Task Force as a result of my Associate Vice-Provost role.

## **Appendix A: Informal Inquiry into Concerns Raised about University of Toronto's Interprofessional Pain Curriculum (IPC) Terms of Reference**

### **Responsibility for Conducting the Inquiry**

The Inquiry will be conducted by Professor Lorraine Ferris in her role as the Associate Vice-Provost (Health Sciences Policy and Strategy) in the Office of the Vice-Provost (Relations with Health Care Institutions).

### **Purpose of the Inquiry**

The purpose of this objective informal Inquiry is to improve the IPC and its governance by:

- (f) seeking information about the circumstances that led to the questions and concerns raised by a learner and Drs. Philip Berger and Rick Glazier about the IPC;
- (g) examining what processes were used for answering the questions and addressing the concerns;
- (h) seeking information about any possible financial conflicts of interest in the delivery of the IPC raised as questions by a learner and Drs. Berger and Glazier, including obtaining and examining all relevant records, reports or documents in the University's custody and control ("Materials");
- (i) making recommendations about the management of the IPC as these may relate to the questions and concerns raised by a learner and Drs. Berger and Glazier (are the policy and procedures adequate? how can they be improved?);
- (j) making recommendations about possible organizational structures or frameworks to improve the oversight and accountability of the IPC as an inter-Faculty initiative (including improving processes for efficiently managing queries and concerns).

### **Scope of the Inquiry**

This Inquiry provides an opportunity for the relevant individuals to engage in a process that focuses on improving the IPC and its governance.

The Inquiry is limited in scope to its Purpose (see above) and will not deal with matters that fall under other University policies or procedures or with curriculum development and evaluation (as these are within the scope of Curriculum Committees). However, Prof Ferris shall receive a copy of the report from the Interfaculty Pain Curriculum (IPC) Committee with respect to their curriculum content review of the accuracy of the specific lecture in question as it may have some relevance to (c) above.



Professor Ferris may withdraw from continuing the Inquiry if she determines that continued involvement is unproductive based on her assessment of the situation and the Purpose of the Inquiry. Professor Ferris shall not be required to reveal, in other processes, any confidential information she learns as a result of conducting the Inquiry. Professor Ferris may make any recommendations that she deems appropriate. In view of the specific scope of the Inquiry, and its non-adjudicative nature, the Report shall not be used as the basis for discipline or any other similar action.

### **Process**

This is a confidential process involving informal discussions with those who have information relevant to the Inquiry. It will include the following steps:

1. Prof. Ferris will assess the concerns as set out in the documentation from the learner and Drs. Berger and Glazier and will identify relevant people to be interviewed and will assess whether, and if so to what extent, any policies or practices pertain to the Concerns. Prof Ferris may at her discretion include concerns, if any, raised by others that may be relevant to the Inquiry.
2. Participation in interviews is voluntary. The discussions may take place with individuals or with groups, where individuals agree or wish to attend together.
3. Prof. Ferris shall have access to relevant materials in the custody and control of the University. She will respect the confidentiality that may attach to any such materials.
4. She will maintain records of her Inquiry confidentially, subject only to disclosure as may be required by law.
5. The Report shall include a summary of the process, including people interviewed and the kinds of documentation that were reviewed, but need not set out any factual conclusions, since that is not within the scope of the Inquiry. Instead, the Report may include, in Prof. Ferris's discretion, such recommendations that she considers relevant and productive to the future success of the IPC.

### **Reporting**

Professor Ferris' written report ("Report") will be sent to those at the University who need to know (e.g., to the Vice-President and Provost; the Dean of Medicine/Vice Provost, Relations with Health Care Institutions; the Dean of Dentistry; the Dean of Pharmacy; the Dean of Nursing/Chair, Council of Health Sciences, to Prof. Bonnie Stevens), and to Drs. Berger and Glazier and it will be publicly available.

### **Timeframe**

The Report is expected by November 30 2010. However, there may be circumstances that make this timeframe unrealistic and if this is the case, Professor Ferris will work expeditiously to report as soon as possible thereafter.

## **APPENDIX B: List (and affiliations) of those Interviewed**

Philip Berger, Chief, Department of Family and Community Medicine Medical Director, Inner City Health Program St. Michael's Hospital; Associate Professor, Faculty of Medicine, University of Toronto.

Irfan Dhalla, Lecturer, Depts of Medicine and HPME, University of Toronto; Staff physician, Dept of medicine at St Michael's Hospital and a Scientist in the Keenan Research Centre of the Li Ka Shing Knowledge Institute.

Rick Glazier Senior Scientist, Institute for Clinical Evaluative Sciences  
Research Scientist, Centre for Research on Inner City Health, St. Michael's Hospital  
Staff Physician, Department of Family and Community Medicine, St. Michael's Hospital  
Professor, Family and Community Medicine and Dalla Lana School of Public Health,  
University of Toronto

Meldon Kahan Associate Professor, Department of Family and Community Medicine  
University of Toronto; Medical Director, Addiction Medicine Service St Joseph's Health  
Centre, Toronto

David McKnight, Associate Dean, Equity and Professionalism, Faculty of Medicine.

Henry Mann, Dean, Faculty of Pharmacy

David Mock, Dean, Faculty of Dentistry

Sioban Nelson, Dean, Faculty of Nursing

Martin Schreiber, Professor of Medicine; Preclerkship Director, Faculty of Medicine,  
University of Toronto; Co-Chair, Interfaculty Pain Curriculum Committee

Bonnie Stevens, RN, PhD. Director, University of Toronto Centre for the Study of Pain.  
Professor, Lawrence S. Bloomberg Faculty of Nursing and Faculty of Medicine,  
University of Toronto. Signy Hildur Eaton Chair in Paediatric Nursing Research,  
Associate Chief of Nursing Research, Senior Scientist Research Institute, The Hospital  
for Sick Children.

Judith Watt-Watson, RN PhD. Professor Emerita, Executive Director Centre for  
Advanced Studies in Professional Practice The Lawrence S. Bloomberg Faculty of  
Nursing University of Toronto; Chair, Centre for the Study of Pain Education Committee.

Catharine Whiteside, Dean, Faculty of Medicine