CAMAP | ACEPA

Canadian Association of MAiD Assessors and Providers

Association canadienne des évaluateurs et prestataires de l'AMM

Elements of a Coordinated Medical Assistance in Dying Program: A Guide for the Delivery of MAiD

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Canadian Association of MAiD Assessors and Providers (CAMAP)

The Canadian Association of MAiD Assessors and Providers (CAMAP) is the unique association of professionals involved in the delivery of medical assistance in dying (MAiD) care in Canada. Founded in 2016, the mission is to support MAiD professionals in their work, educate the health care community about MAiD, and provide leadership on determining standards and guidelines in MAiD practice. CAMAP members strive to achieve the highest level of care for our patients and to model this care for a national and international audience. CAMAP works with governments in Canada at all levels, provincial medical and nursing regulatory bodies, national medical and nursing colleges, national professional groups, medical and nursing colleagues, and national organizations supporting MAiD.

Process

This guidance document was prepared in consultation with approximately 50 individuals who are involved in various aspects of the coordination and delivery of MAiD, including operational leadership in provinces and territories across Canada. It was informed by the outcome of two knowledge exchange workshops held in the fall of 2023 and spring of 2024.

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"The views expressed herein do not necessarily represent the views of Health Canada."

How to Use this Document

This document is designed to foster improved communication and collaboration among all stakeholders involved in the delivery and oversight of MAiD programs. Here's how to make the most out of this guide:

1. **Understand the Purpose:** This document aims to align all parties, from decision-makers and funders to administrators, on the essential elements required for effectively establishing and maintaining quality MAID coordination programs. It serves as a foundational tool to ensure consistency, clarity, and excellence in programming.

2. **Review the Structure:** The content is structured to guide you through various aspects of MAiD program coordination, starting with foundational principles, roles, and responsibilities and moving on to operational guidelines and evaluation metrics.

3. **Identify Your Role:** Specific sections are tailored to the different roles and responsibilities of stakeholders. Identify the sections most relevant to your role, whether you are a decision-maker, a funder, or an administrator, and focus your attention on these areas.

4. **Utilize the Tools:** This document includes a tool designed to aid in the planning, implementation, and assessment of MAiD programs. Use this resource to ensure that all necessary steps are considered and addressed.

5. **Collaborate and Communicate:** This document is a platform for ongoing dialogue among all stakeholders. Regular meetings and discussions based on the sections of this guide help maintain alignment, address emerging issues, and adapt to evolving needs.

6. **Provide Feedback:** Your insights are valuable for the continuous improvement of this document. We encourage you to provide feedback on the utility and applicability of the guidelines, and suggest areas for enhancement based on your practical experiences.

By using this document as intended, you contribute to a unified and effective approach to managing and delivering MAiD programs, ensuring that services are provided with the highest standard of care and compassion and support continuous quality improvement.

Introduction and Background

The Canadian Association of MAiD Assessors and Providers (CAMAP) has hosted two knowledge exchange workshops to engage with individuals involved in the delivery of MAiD care in provinces and territories across Canada. The participants included MAiD assessors, providers, care coordinators, coroners, government representatives, clinical service managers, psychiatrists, medical directors, and medical and operational leads. The goal of each workshop was to share information and best practices, to discuss MAiD systems, how to develop robust quality systems that continuously improve and can respond well to change, and to determine the key elements of a coordinated MAiD program.

On September 27, 2023, a group of MAiD professionals from across Canada, came together as part of a project to share information and best practices, and discuss system readiness for MD SUMC – Medical assistance in dying where a mental disorder is the sole underlying condition. These professionals were able to establish which supports had the greatest impact on the ability to support patients and clinicians and areas where additional support would be beneficial to respond to the changing landscape of MAiD. These conversations also highlighted the disparities in access to MAiD services across the country. This included challenges in remote and rural areas as well as challenges where infrastructure deficits significantly impacted care even in urban, populous regions. The workshop emphasized a need for a comprehensive and equitable delivery of MAiD across provinces and territories.

The rich discussion that day resulted in eleven recommendations that would enhance the MAiD system and the patient experience within it. While it was recognized that some provinces and territories have established some or all of these recommendations or parts of them, a robust list of recommendations is beneficial for all provinces and territories.

As a follow-up to that initial workshop, on May 1, 2024, a group of MAiD professionals along with government representatives from across the country met to review whether each of these recommendations met the needs of their province or territory. They discussed successes and weaknesses with the delivery of MAiD in their jurisdictions. During this second workshop, gaps were identified and the group clarified measurable targets, methods, and timelines, as well as additional recommendations that would support or improve MAiD delivery in each province or territorial jurisdiction. This report includes a list of the eleven recommendations and reflections on the current status and opportunities.

Recommendations

Recommendation 1: Initiating, Maintaining, and Improving Indigenous Engagement

Workshop participants discussed the need for ongoing engagement with Indigenous patients and communities.

A mental health navigator and elder in residence could be engaged to support Indigenous patients and promote inter-community discussions among Indigenous groups.

While the level of work/engagement in each province and territory varied widely, one common theme was that MAiD may not align with the Indigenous community's beliefs, and there are far more pertinent needs that are a higher priority. In many provinces or territories, the approach should focus on relationship building, not medical assistance in dying. Indigenous federal health system resources must be available within provincial and territorial systems, and the importance of a case-by-case approach was emphasized.

Recommendation 2: Establish and Maintain a Robust MAiD Coordination System

A robust MAID coordination system begins with a clearly defined mandate which outlines responsibilities, scope, and decision making and assigns these to specific individuals, groups or organizations. It is also essential to define the roles of individuals working with the MAID Coordination and their respective responsibilities, skills and qualifications, including the role of leaders, MAID navigators/coordinators, clinicians, and administration. Building a strong, centralized, and standardized intake process and ensuring administrative and IT support for the program and for clinicians working within it is important. This includes secure file transfers and storage and electronic communications.

The coordination system should provide training for staff to support individuals requesting MAID assessment who experience cognitive, communicative, institutional, medical, economic or social vulnerabilities that impact their ability to engage in the processes of MAID eligibility assessment, warm transfers for patients experiencing crisis to appropriate system supports and connections with existing primary care providers.

Many provinces and territories felt this recommendation would or had the potential to meet their needs. However, the lack of communication and connection between various elements of the government (health authorities, ministry, department of health) in most provinces and territories means that there are very different levels of support and engagement across Canada. This includes information infrastructure and access, services provided by the MAiD Coordinator/Navigator as well as support for that role, and funding for training and clinicians doing MAiD work.

Most provinces and territories feel they currently have or are working towards, a robust system which includes most, or all of the criteria identified, with room for additional training or support specifically related to mental disorders in the future. Lack of funding and government support is a distinct barrier to more effective, coordinated service and patient-centric care in some provinces and territories.

Recommendation 3: Consistent Intake Process

A standardized intake process provides consistency and stability for patients and professionals. This process should embrace a 'no wrong door approach', ensure the appropriate professional scope for the navigation/coordination role, and allow for the involvement of the patient's primary care provider/team and access to information and electronic records wherever possible.

Most provinces and territories felt this recommendation would or had the potential to meet their needs. Many have already established a consistent intake process. There is strong recognition of the need for a 'no wrong door approach' that supports patients, and this exists in most provinces and territories. While the term for the individual who acts as the MAiD Navigator/Coordinator varies, the responsibilities of that role are somewhat consistent. Ensuring that the individual's professional role matches the defined role is critical. In each province/territory, the process must allow for and encourage the involvement of the patient's primary care team when desired by the patient and appropriate. Access to electronic medical records (EMR) and established provincial/territorial/regional databases is critical, as detailed in Recommendation 4. In several provinces/territories, the MAiD Navigator/Coordinator would benefit greatly from a clear consent process or document that ensures they are able to connect with the patient's health care team or access their records.

Recommendation 4: Provincial/Territorial Support for Access to Information Technology

Facilitate the use of secure email or text systems in sharing and transferring patient demographics and health information, providing access to all EMRs and provincial/territorial/regional databases within and between jurisdictions (through a sharing agreement), allowing for electronic referrals, and where possible establishing a MAiD related EMR. This would include standardized letters that inform patients, referring clinicians or primary care providers of assessment outcomes as appropriate.

Most provinces and territories indicated this recommendation met their needs. Most have reasonable access to EMRs and, in some cases, regional databases. That said, there is significant room for improvement in access in some provinces, and while initial discussions are underway in some provinces, sharing between provinces and territories is very limited. A MAiD related EMR is not available in most provinces and territories, although it is being explored or developed in some, and the use of standardized letters is also limited. In some cases, further expansion of existing systems and access would be beneficial to better address patients with increased complexities, patients who do not have a reasonably foreseeable natural death, or, in future patients who have a sole underlying condition that is a mental disorder. Having larger programs will help build efficiencies, resulting in reduced duplication of patients having active requests in multiple venues or previous requests that are unknown to current assessors.

Recommendation 5: Case Management for Patients with Added Complexities

Engage and utilize social workers, case managers, MAiD navigators and/or coordinators. Ensure that there are clear roles and responsibilities of case management. This will support patients in navigating or linking them to other agencies and services (including but not limited to mental health resources, housing, food insecurity, translation, grief resources, and social service processes) using a trauma-informed approach.

This recommendation met the needs of most provinces and territories. Most have an established, although not always formalized, case management process in place for MAiD patients which allows them to provide or link the patient to existing services, and where appropriate, end the engagement. How this is managed differs to some extent, depending on the size of the province or territory, the scale of the services available, whether an interdisciplinary team exists, and the other systems in place.

Recommendation 6: Connection to Established Resources

Provide opportunities for crisis identification, suicide intervention, and trauma-informed training for members of the MAiD coordination team and establish a warm transfer program for crisis situations. Team members should be knowledgeable about existing programs and have the ability to connect patients to intake for those services.

Most provinces and territories felt this recommendation met their needs and have an established process for connecting patients to established resources and have done or are exploring additional training as needed.

Recommendation 7: Share Best Practices and Resources

MAiD coordinators are encouraged to have regular opportunities to share through formal meetings, annually at a minimum, but informally through networks and secure online forums such as the CAMAP MAiD Coordinators Forum available to CAMAP members. These informal and formal meetings provide an opportunity to share processes, tools, and resources, report on gaps and best practices and share those learnings with the provincial, territorial, and federal governments so that iterative change with substantial reflection and modification can occur over time and in a way that reflects experience in practice.

Again, the majority of provinces and territories felt this recommendation met their needs. Operational leaders from most provinces and territories are already meeting on a regular basis, generally at least quarterly; however, this can take a very different approach depending on the size of the team, regional make up, and province or territory. In some cases, they are also meeting with their provincial or territorial government and could utilize those connections to share best practices and resources. There may be funding and other barriers to holding some of these meetings. National meetings, such as the CAMAP Conference, provide a good opportunity for MAiD operational leaders and teams to share best practices, identify gaps and challenges, and leverage the experiences of other provinces and territories.

Recommendation 8: Establish/Maintain Retention Strategies and Support

Acknowledge to all professionals providing MAiD-related services that this is challenging and emotionally difficult work. Establish and maintain safe work practices and access to employee assistance programs that retain and support employees.

Almost all provinces and territories felt this recommendation met their needs, and they have established retention strategies and support for their MAiD teams. This includes an acknowledgment that this can be challenging and emotionally difficult work and may create tension, in some cases, for those whose work has focused on creating access to services. The opportunity to participate in debriefing sessions and check-ins, as well as appropriate team resourcing, is crucial. As with all healthcare employees, job design that decreases the risk of burnout (consideration for workload, control, reward, fairness, alignment with values, and a sense of community), and support for professional development should be available.

Recommendation 9: Establish Standardized MAiD Intake Forms

Establish a standardized MAiD Intake Form and, where required, a Standardized Primary Care Referral Form and/or a Primary Care Provider Patient Health History Form.

This recommendation met or could meet the needs of almost all provinces and territories. Most already have or are working towards standardized MAiD Intake Forms with less using a Primary Care Provider Form. In provinces and territories where there is no primary care provider form, the primary care provider should be kept informed as appropriate through other channels. Existing forms have been or are in the process of being updated to include additional details that will assist with requests that have increased complexity.

Recommendation 10: Funding Support

Funding that allows for a robust MAiD coordination program, including for all aspects of MAiD intake, assessment, and provision. This includes funding for nurse practitioner services that are not restricted by geography, population, or role. Funding for travel for clinicians that considers time, cost, and efficiency is vital. Funding that supports nurses for establishment of intravenous access with integration across all settings (acute care, community care, long term care) allows for access to advanced venous access equipment (ex. intraosseous devices or ultrasound), encompasses professional development, and engages learners and mentors, and supports clinician consultation with consultants with expertise. And funding that supports the establishment of a voluntary (non-binding) case review panel (see Recommendation 11).

While most provinces and territories agree that this is an appropriate metric, many provinces and territories indicate that funding is inadequate for current delivery and, at times, has restrictions; therefore, additional investments are required in many areas, including professional development and engaging learners and mentors. In some cases, work is underway with the provincial/territorial ministries to address gaps in meeting the metrics identified for these recommendations. In some provinces or territories that suggested their funding is acceptable, it

was noted that capacity and pressure to participate in other training and development opportunities also play a role in the ability to support the MAiD program. Also, the gaps that do exist can be significant and detrimental to patient service delivery.

Recommendation 11: Access to Expertise and Ongoing Learning

Encourage and support existing and prospective MAiD assessors and providers to complete the Canadian MAiD Curriculum and participate in voluntary (non-binding) expert review panels that provide support, mentorship, resources, and a community of practice, as needed and available. Membership in CAMAP is encouraged to provide clinicians with opportunities for networking and learning.

Almost all provinces and territories indicated that this metric meets their needs, and, in some cases, a case review opportunity already exists or is in development. It is important to note that while a patient's primary care provider or specialist may provide an assessment, it is somewhat unlikely that they will all complete the MAiD curriculum. On occasion, some health authorities have been able to secure funding for case review panels, which has been helpful. Without funding, these panels may be more informal.

Assessment and Action Log Sheets

Core Elements of Coordinated MAiD Program

	Status - Have this - Need this - Have this but it needs work	Action Required	Resources to Access	Does this involve funding changes?	Who in the province/ territory needs to be involved in this work
1. Indigenous Engagement					
1. Proposals for a mental health navigator and an elder in residence to support Indigenous patients are concepts being explored in some communities.	Please select from dro				
2. Promoting inter-community discussions among Indigenous groups due to differing beliefs about MAiD.	Please select from dro				

3. Relationship building, not starting with MAiD.	Please select from dro				
4. Indigenous federal health system resources available within provincial systems.	Please select from dro				
5. Case-by-case approach.	Please select from dro				

Notes:

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2. Establish and Maintain a Robust MAiD Coordination System					
1. A defined mandate detailing the scope of the program, the reporting and accountability of the program, the decision-making structure, funding, responsibilities, integration, and then funding this defined mandate.	Please select from dro				
2. An interdisciplinary group of professionals with expertise in MAID. This includes Clinical and Operational Leaders, Coordinators/Navigators, Registered Nurses, Registered Social Workers, Physician and Nurse Practitioner Assessor and Providers of MAID, administrative support professionals, IT, privacy,	Please select from dro				

quality, project management, and research professionals.	Please select from dro				
3. A consistent definition of MAiD Coordinator/Navigator should be applied. These are regulated health care professionals who support intake, triage, coordination, records gathering and patient support throughout the individuals MAiD journey.	Please select from dro				
4. A robust and standardized intake process for patients facilitated by MAiD Navigators/Coordinators thereby reducing the administrative burden on assessors. The process measures the time from initial inquiry to death and ensures	Please select from dro				

processes allow for flexibility and efficiency thus eliminating barriers to access.	Please select from dro				
5. Support for MAID Navigators/Coordinators and Assessors to have access to all available provincial/regional health records systems to gather appropriate information to support assessment of eligibility.	Please select from dro				
6. Administrative and IT support to build a patient record system, and facilitate access to referrals, status updates, previous assessments and any collected medical records to improve efficiency and reduce duplication. Secure information transfer via email is vital as a system is required that is portable, user friendly, fast, and efficient and integrates with typical work practices understanding many assessors work in other parts of our health care system.	Please select from dro				

8. Support for additional training of staff related to supporting patients with mental disorders, complexities, and vulnerabilities.	Please select from dro				
9. Connection with crisis services for a warm transfer of any patients in acute crisis seeking care.	Please select from dro				
10. MAiD professionals including assessors, providers, and coordinators/navigators should integrate with established clinicians in the the patient's circle of care whenever appropriate.	Please select from dro				
11. Defined metrics including but not limited to: number of referrals, time to process referral, time to connect to an assessor, outcome of referral, time to outcome, resources required.	Please select from dro				

12. Funded and universally available translation, interpretation and communication supports.	Please select from dro				
13. Patient information available online and in print and in the most common languages for the region in addition to Canada's official languages.	Please select from dro				
15. Government support and funding that supports a robust coordination system, the patient supports, professionals and infrastructure required to support this system.	Please select from dro				

Notes:

	Status - Have this - Need this - Have this but it needs work	Action Required	Resources to Access	Does this involve funding changes?	Who in my province/ territory needs to be involved in this work
3. Consistent Intake Process					
1. Understanding the complexity of this work ensures that assessment duties are done by MD/NPs, Navigation/Coordination by regulated health professionals with advanced training in MAID, Operational Leaders include health care professionals with operations management and/or program development expertise and clinical leadership roles include Assessors and Providers of MAID.	Please select from dro				

2. A “no wrong door approach” should be embraced. Recognition of the sensitive request being made to support patients is required to ask difficult questions only once before receiving supportive information.	Please select from dro				
3. An integrated approach to care that recognizes the finite resources of MAID expertise and allows for coordination/assessment/ nursing support to follow patients into any care setting for the purposes of MAID assessment and provision.	Please select from dro				
4. Engagement of primary care providers to ensure the sharing of information and integrated support of the patient in their MAID assessment journey.	Please select from dro				

5. MAID Navigators/Coordinators are provided with the tools, time, and resources to gather information and supporting documents that will aid in assessing eligibility for a patient requesting MAID.	Please select from dro				
6. MAID Navigators/Coordinators and Assessors provided with IT resources to access all available provincial/regional records systems and store records/previous assessments in provincial EMR that is accessible to any member of the team that is within the patient's circle of care.	Please select from dro				

Notes:

	Status - Have this - Need this - Have this but it needs work	Action Required	Resources to Access	Does this involve funding changes?	Who in my province/ territory needs to be involved in this work
4. Provincial/Territorial Support for Access to Information Technology					
1. Establishment / Maintenance of a secure email system that allows for transfer of personal health information between clinicians in a secure manner. Clinicians should have free access to this system and a designated person/organization to facilitate their registration as not to discourage use.	Please select from dro				
2. A MAiD related EMR should be established to track requests, share information about previous requests or documents gathered during previous requests. This could also be utilized to assist in the tracking of patients which will also support federal MAiD monitoring.	Please select from dro				

3. Electronic referrals could also be facilitated through the use of a provincial/regional EMR system specific to MAiD referrals. This would also support the organization in maintaining a position as a health care custodian, reducing the burden on independent assessors to establish record management systems independent of formal organizations where this does not exist.	Please select from dro				
4. Assessors and providers of MAiD would utilize access to the EMR to obtain information obtained by MAiD Navigators/Coordinators.	Please select from dro				

5. Establishment of standardized letters to provide to each patient and their referring clinician if appropriate or primary care provider on the outcome of their assessments. This would include who to contact for provision for eligible patients, the rationale for ineligibility for patients who are not eligible, and any recommendations to either support a future referral or recommendations to reduce current suffering.	Please select from dro				
6. Expansion of existing systems and access to better address Track 2, or MD SUMC.	Please select from dro				

Notes:

	Status - Have this - Need this - Have this but it needs work	Action Required	Resources to Access	Does this involve funding changes?	Who in my province/ territory needs to be involved in this work
5. Establishment of Case Management for Track 2 Patients					
1. Case Managers would be MAiD Navigators / Coordinators designated to this role. Utilizing the skills of Navigators/Coordinators with advanced training in mental disorders and social workers who by virtue of their professional training have advanced skills in navigating support programs and supporting patients.	Please select from dro				

2. Case Manager / Social Workers could support patients who are struggling with coping related to their MAiD request, or link to broader social work or support agencies and services, can support patients through housing or social service processes or link to resources for food insecurity.	Please select from dro				
3. Case Managers would support patients to complete intake processes that involve the patient to complete or gather information.	Please select from dro				
4. Case Managers would provide stability throughout the process and a link to a single individual or small team. This would support patients in knowing who to call, to answer process questions, and to be a constant while assessors and consultants work to provide their expertise to patient assessment.	Please select from dro				

5. Case Managers would support by linking patients with any available mental health resources that may be applicable to their needs.	Please select from dro				
6. Case Managers would use a trauma-informed approach, listen to patient stories, and actively involve the patient in the process, acting as a resource and support.	Please select from dro				
7. Provide connections and opportunities for grief therapy.	Please select from dro				

Notes:

	Status - Have this - Need this - Have this but it needs work	Action Required	Resources to Access	Does this involve funding changes?	Who in my province/ territory needs to be involved in this work
6. Connection to Established Resources					
1. All team members within a MAiD Coordination Centre should have training in crisis identification and be able to make a warm transfer to established crisis intervention programs.	Please select from dro				

2. Care Coordination Services should be knowledgeable about provincial/territorial programs to connect patients with primary care services or waiting lists and be able to support a patient with a warm transfer to established intakes for those services.	Please select from dro				

Notes:

	Status - Have this - Need this - Have this but it needs work	Action Required	Resources to Access	Does this involve funding changes?	Who in my province/ territory needs to be involved in this work
7. Sharing of Best Practices and Resources					
1. An annual meeting of operational leaders be established, and members encouraged to share processes, tools, and resources.	Please select from dro				

2. Sharing of a report from meetings of operational leaders to identify gaps and best practices and share these learnings with provincial, territorial, and federal governments so that iterative change with substantial reflection and modification can occur over time and in a way that reflects experience in practice.	Please select from dro				
3. Attend national meetings, such as CAMAP conference, which provide a good opportunity for MAiD operational leaders and teams to share best practices, identify gaps and challenges, and leverage the experiences of other provinces and territories.	Please select from dro				

Notes:

	Status - Have this - Need this - Have this but it needs work	Action Required	Resources to Access	Does this involve funding changes?	Who in my province/ territory needs to be involved in this work
8. Establishment/ Maintenance of Retention Strategies and Support					
1. Acknowledgement that this can be challenging and emotionally difficult work.	Please select from dro				
2.Establishment / maintenance of safe work practices that protect staff/clinicians from abusive behaviours.	Please select from dro				
3. Access to employee assistance programs.	Please select from dro				

4. Support for job design that decreases risk of burnout (consideration for workload, control, reward, fairness, alignment with values and a sense of community).	Please select from dro				
5. Support for ongoing professional development through membership in professional associations, attendance at learning events, and ongoing educational opportunities.	Please select from dro				
6. Participate in debriefing sessions and check ins, as well as appropriate resourcing of the team.	Please select from dro				

Notes:

	Status - Have this - Need this - Have this but it needs work	Action Required	Resources to Access	Does this involve funding changes?	Who in my province/ territory needs to be involved in this work
9. Establishment of Standardized MAiD Intake Forms					
1. Patient Request/Health/Intake Form	Please select from dro				
2. Primary Care Provider Form	Please select from dro				
3. Updated forms in preparation for MAiD MD-SUMC.	Please select from dro				

Notes:

	Status - Have this - Need this - Have this but it needs work	Action Required	Resources to Access	Does this involve funding changes?	Who in my province/ territory needs to be involved in this work
10. Funding Support					
1. Funding for a robust MAiD coordination program.	Please select from dro				
2. Funding for nurse practitioner's professional services that do not restrict geography, population, or role with respect to MAiD within the nurse practitioner's provincial scope of practice.	Please select from dro				

3. Support for travel that includes consideration for professional time but also the most efficient mode of transportation and associated costs (Ex. Plane, ferry, automobile, train).	Please select from dro				
4. Funding to support nurses for establishment of intravenous access outside of acute care facilities. Recognizing that some employers restrict practice due to conscientious objection, the ability to hire nurses for this purpose allows for increased access.	Please select from dro				

5. Funding for Coordination Centres to access and use advanced venous access equipment (Ex. Intraosseous, ultrasound, etc.).	Please select from dro				
6. Funding for professional development to support best practices and resiliency.	Please select from dro				

7. Funding support for all aspects of MAiD assessment including review of records, planning, documentation, picking up and returning medications, etc.	Please select from dro				
8. Funding support to engage learners and mentors.	Please select from dro				

9. Funding supports clinician consultation with consultants as expertise in the condition causing suffering or in advanced capacity assessment.	Please select from dro				
10. Funding to support a voluntary non-binding table for complex cases (see Recommendation #11)	Please select from dro				

Notes:

	Status - Have this - Need this - Have this but it needs work	Action Required	Resources to Access	Does this involve funding changes?	Who in my province/ territory needs to be involved in this work
11. Access to Expertise and Ongoing Learning					
1. Assessors and providers as well as potential assessors and providers should be encouraged to complete the Canadian MAiD Curriculum – one of CAMAP's premier educational products.	Please select from dro				

2. Establishment of voluntary (non-binding) case review panels to ● Solicit advice about complex patients. ● Receive support from a group of peers thereby supporting resiliency. ● Benefit from the recommendations of additional professionals in complex cases. ● Build leadership potential in clinicians. ● Support ongoing quality improvement initiatives. ● Establish greater access to expertise consultations and recommendations to reduce suffering. ● Support mentorship relationships and build networks between communities and regions. ● Utilize MAiD Coordination Services to triage and thereby maximize availability of expertise.	Please select from dro				

Notes: