1. INTRODUCTION

1.1 These guidelines establish the recommended standards for Units offering training in Multidisciplinary Pain Medicine for Fellowship of the Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists.

1.2 The term ‘Unit’ is the Faculty’s preferred designation for the organisation, personnel and facilities that together provide all or part of the training program.

1.3 The term “program” refers to the experience and exposure devised for a trainee. A trainee’s program may be pursued through more than one Unit.

1.4 A Multidisciplinary Pain Medicine Unit must include practitioners from at least three relevant medical specialties and from relevant allied health professions. These health professionals specialise in assessment, diagnosis and management of patients with chronic pain, acute pain and cancer pain, referred to generically as “patients with pain”. They should have experience working together in a multidisciplinary context.

1.5 The Pain Medicine trainee must have interaction and experience working in rehabilitation services for chronic pain, cancer and palliative care services, psychological and psychiatric services and acute pain service. Coordination between these services is desirable.

1.6 The Multidisciplinary Pain Medicine Unit must be approved prospectively, and reviewed at regular intervals as determined by the Board of the Faculty of Pain Medicine for training purposes.

1.7 Trainees are expected to spend 0.9 FTE in Pain Medicine. The trainee may work in their primary specialty in addition to training requirements, although not in a manner that compromises training opportunities.

2. ADMINISTRATIVE STRUCTURE AND STAFFING

2.1 Funding for a training position(s) remains the responsibility of the Unit(s) involved.

2.2 All medical practitioners involved in the Unit must be accredited by their institutions for the duties and procedures they perform.

2.3 The Director of a Multidisciplinary Pain Unit must be a Fellow of the Faculty of Pain Medicine.

2.4 The Supervisor of Training must be a Fellow of the Faculty of Pain Medicine. Ideally a Supervisor of Training will have more than three years’ experience as a medical specialist. The Supervisor of Training has the responsibility for coordination and oversight of the trainee’s program, including where that program is pursued in more than one unit (see PM05 Policy for Supervisors of Training in Pain Medicine).

2.5 A session in Pain Medicine is a notional period of 3.5 hours devoted exclusively to the specialty.
2.6 There must be a minimum of eight (8) scheduled medical specialist sessions provided in the Unit(s) and available on site to the trainee each week. A maximum of 2 sessions per week allocated to the Acute Pain Service can be counted. At least four (4) sessions per week should be conducted by medical practitioners holding Fellowship of the Faculty of Pain Medicine.

2.7 Regularly scheduled medical specialist sessions are essential. These sessions can be provided by:

2.7.1 Anaesthetists, neurologists, neurosurgeons, palliative medicine physicians, psychiatrists, rehabilitation physicians, rheumatologists, addiction medicine and other relevant specialties.

2.8 Specialist supervision appropriate to the level of clinical experience of the trainee must be available at all times.

2.9 The following disciplines should be available:

2.9.1 **Nursing**: a senior registered nurse should be available as appropriate. (Nursing staff for a procedural service see 3.2 and for an acute pain service see 2.18).

2.9.2 **Clinical Psychology**: a minimum of five (5) sessions weekly.

2.9.3 **Physical Therapy (physiotherapy and/or occupational therapy)**: a minimum of five (5) sessions weekly.

2.10 Clinical input is desirable from:

2.10.1 Social work

2.10.2 Other Allied Health disciplines such as rehabilitation counselling, dietetics and exercise physiology.

2.11 Units must be able to offer training and experience in the following areas:

2.11.1 Review of medical records.

2.11.2 History-taking and physical examination relevant to Pain Medicine.

2.11.3 Psychological assessment and treatment including cognitive behavioural approaches, interview and interpretation of psychometric assessment.

2.11.4 Collaboration with other medical specialities.

2.11.5 Diagnosis and formulation of a management plan

2.11.6 Implementing medical and pharmacological management.

2.11.7 Referring for, and monitoring physical therapy.

2.11.8 Arranging and participating in multidisciplinary case discussion meetings.

2.11.9 Communication with the patient’s general practitioner.

2.11.10 Outcome assessment of individuals

**Essential Requirements**

2.12 Regularly scheduled educational sessions for all staff (minimum monthly)

2.13 Involvement in the education of health professionals in the wider medical community in pain medicine.

2.14 Regularly scheduled quality improvement and peer review activities

2.15 A comprehensive patient record system

2.16 Documentation of treatment protocols and procedures for patients together with a statement of their rights and responsibilities

2.17 Secretarial assistance to the Unit.
2.18 The Acute Pain Service associated with the Multidisciplinary Pain Medicine Unit must have:

2.18.1 at least one (1) specialist pain medicine physician or specialist anaesthetist session allocated each weekday.

2.18.2 a specialist pain medicine physician or specialist anaesthetist should be available for consultation 24 hours a day.

2.18.3 at least one (1) registered nursing session allocated each weekday.

Highly Desirable Requirements

2.19 An active research program related to Pain Medicine.

2.20 An audit system for both diagnosis and treatment outcomes.

3. PHYSICAL COMPONENTS OF THE FACILITIES

3.1 Appropriate consulting and examination rooms are essential.

3.2 Appropriate procedure rooms with adequate equipment and staffed by nurses, technicians and radiographers as required are highly desirable.

3.2.1 Anaesthesia and resuscitation equipment must comply with ANZCA College Professional Document PS55 Recommendations on Minimum Facilities for Safe Administration of Anaesthesia in Operating Suites and Other Anaesthesing Locations.


3.3 Suitable office space for staff and trainees is essential.

3.4 Liaison with inpatient services in a manner enabling continuity of care with respect to Pain Medicine is essential.

3.5 Access to reference and educational material is essential.

4 CLINICAL WORKLOAD AND STANDARDS FOR A MULTIDISCIPLINARY PAIN MEDICINE TRAINING UNIT

4.1 There must be sufficient numbers of new patients per annum to provide the trainee with exposure to:

4.1.1 Acute perioperative, medical and trauma related pain

4.1.2 Persistent non-cancer pain

4.1.3 Cancer pain

(Desirable numbers of patients treated in the Unit per trainee per year would be: acute 500, chronic non-cancer 250 and cancer 50.)

4.2 Formal multidisciplinary case conferences should be held at least once per week. Inclusion of more than one medical discipline in discussions is highly desirable.

4.3 Procedural sessions are required to provide adequate exposure for trainees. (It is desirable but not essential for the trainee to perform the procedures).

4.4 In-patient rounds: There must be regular scheduled attendances to inpatients by the trainee and the consultant.

4.5 Regular radiology review sessions are desirable.
4.6 **Psychiatry and Psychology therapy sessions:** Trainees should gain adequate exposure to observe and perform assessment interviews, cognitive assessments, substance use assessments, self harm assessments, subsequent interviews, brief simple interventions, family assessments, crisis interventions (where feasible).

4.7 **Audit and clinical review sessions:** should be held at least monthly, and be minuted.

4.8 **Compliance with all current Faculty Professional Documents** is essential.

5. **TIER 2 PAIN UNIT ACCREDITATION**

In the event that a Pain Unit applying for accreditation as a Training Unit of the Faculty of Pain Medicine, is deemed by the Faculty Training Unit Accreditation Committee to have significant strengths in some areas of Pain Medicine practice, but not the breadth of practice required to satisfactorily meet the requirements of a comprehensive (Tier 1) Training Facility as outlined in sections 1 to 4 of PM2, then TUAC may recognise the Pain Unit for accreditation as a ‘Tier 2 Training Unit’.

5.1 The training in Pain Medicine offered at the Tier 2 Unit has the capacity to be of significant benefit to a trainee in a specialist area of pain medicine.

5.2 The accreditation Process will document the areas of strength of the Tier 2 Pain Unit.

5.3 The accreditation process will also document specifically areas where the Pain Unit is deficient for accreditation, and workable solutions to these deficiencies through partnership with a Tier 1 Training Facility.

5.3.1 Specific areas of training deficiency will be documented.

5.3.2 Agreed solutions to training deficiency will be documented by the Tier 2 Unit and evaluated during the Accreditation Survey.

5.3.3 In-Training Assessment reports will be altered to include reference to areas of training deficiency and agreed solutions.

5.3.4 The Tier 2 hospital-specific In-Training Assessment report is to used by the trainee throughout the training period at both the Tier 1 and Tier 2 hospitals.

5.3.5 The final In-Training Assessment Report recognises the deficiencies in the Tier 2 hospital and acknowledges these have been addressed during training in the Tier 1 Unit.

5.3.6 In the event of a trainee commencing training at a Tier 2 Unit where previous training at a Tier 1 Unit had not been prospectively agreed to at the start of their training period, it is the responsibility of the trainee to notify the Assessor of the change in circumstances. The trainee requires the ITA assessment in both training units to be completed on the Tier 2 hospital-specific In-Training Assessment report.

5.4 At the time of TUAC accreditation, the Tier 2 Unit-specific In-Training Assessment amendment will be supplied.

5.5 The Tier 2 Unit is required to have an agreed collaborative arrangement in place with a Tier 1 Unit in order to facilitate a comprehensive training outcome for the trainee, before commencement of a trainee, and continuing for the full duration of the trainee’s appointment.

5.5.1 Each trainee needs to develop a Training and Learning Plan, with reference to the curriculum and the available training and in conjunction with the supervisors of training, at both the Tier 1 and Tier 2 Units at the commencement of the 12 month training period.

5.5.2 The Tier 2 Unit must have a Supervisor of Training who is an FPM Fellow.
5.5.3 A maximum of six months training can be spent by a trainee in a Tier 2 Unit. These six months may be a joint split appointment between both Units over a training year. (for example 0.5 FTE for 12 months in Tier 2 and 0.5 FTE in for 12 months in Tier 1, or 6 months terms in each Unit), or 6 months each in a Tier 1 and Tier 2 Training Unit.

5.5.4 The collaborative training and supervisory arrangement between a Tier 2 Unit and Tier 1 Unit must remain responsible for the trainee throughout any training year.

6. ACCREDITATION PROCESS

The accreditation process is set by the Training Unit Accreditation Committee and in the events a Unit is due to re-apply for accreditation, the following standards should be met.

6.1 All documentation regarding re-accreditation visits must be received by the Faculty, at least 10 working days prior to the anticipated re-accreditation visit or the re-accreditation visit may be suspended.

6.2 It is the responsibility of the Unit Director to notify the Chair of TUAC of any difficulties likely to impact the required time lines for accreditation.

6.3 TUAC has the right to suspend accreditation, pending a decision of the FPM Board, if the Unit Director fails to respond to requests for:

   6.3.1 Submission of the documentation required for re-accreditation.

   6.3.2 To provide a suitable date for re-accreditation.
FACULTY OF PAIN MEDICINE PROFESSIONAL DOCUMENTS

POLICY – defined as ‘a course of action adopted and pursued by the Faculty. These are matters coming within the authority and control of the Faculty.

RECOMMENDATIONS – defined as ‘advisable courses of action’.

GUIDELINES – defined as ‘a document offering advice’. These may be clinical (in which case they will eventually be evidence-based), or non-clinical.

STATEMENTS – defined as ‘a communication setting out information’.

This document has been prepared having regard to general circumstances, and it is the responsibility of the practitioner to have express regard to the particular circumstances of each case, and the application of this policy document in each case.

Professional documents are reviewed from time to time, and it is the responsibility of the practitioner to ensure that the practitioner has obtained the current version. Professional documents have been prepared having regard to the information available at the time of their preparation, and the practitioner should therefore have regard to any information, research or material which may have been published or become available subsequently.

Whilst the College and Faculty endeavours to ensure that documents are as current as possible at the time of their preparation, they take no responsibility for matters arising from changed circumstances or information or material which may have become available subsequently.

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