# Report from the Faculty of Pain Medicine Board Meeting held on 28 February 2011

## **FACUTY BOARD**

The Board began by expressing their deep condolences to all those affected by the recent natural disasters affecting both Australia and New Zealand.

At the February Board meeting of the Faculty, Dr David Jones was re-elected unopposed to the position of Dean-Elect.

The Board noted with pleasure that the following were appointed as Members of Australia in the Australia Day Honours List in recognition of distinguished contributions to their disciplines:

Dr John J Collins, FRACP, FFPMANZCA (NSW)

Dr Walter R Thompson, FANZCA, FCICM (WA)

Dr Bruce Foster, FRACS (SA)

Ms Clea Hincks, ANZCA General Manager Communications, met with the Board and gave a comprehensive overview of the Communications Department and its plans to develop a perception of ANZCA and FPM as the most modern, innovative and professional specialist medical organisations in Australia and New Zealand. (Subsequently the Board has congratulated her on being appointed General Manager, Communications).

## **RELATIONSHIPS PORTFOLIO**

#### Regulations

#### **Associate Fellows**

Since the previous Board Meeting, the Board resolved by electronic vote that Associate Fellows would:

- be eligible to present for formal admission during the College Ceremony at the Annual Scientific Meeting.
- be presented separately to those presenting for full Fellowship, with an explanation of the difference in their introduction.
- be eligible to present again for formal admission upon conferral of full Fellowship.

#### Relationships

## **BUPA Submission for GP Education**

A recent joint FPM/RACGP application for funding submitted to the BUPA Foundation was discussed. This is for the development of an on-line modular educational programme for Primary Health Care Professionals to address pain management. Should the application be successful, funds would come directly to the Faculty as an untagged educational grant with complete content and editorial control by the FPM and RACGP. GPs will be consulted on the top ten topics they want. It is intended that completed modules be independently assessed for accreditation, to avoid bias. A response from BUPA is expected in April.

#### **Liaison with Pain Societies**

Following an invitation from the Australian Pain Society (APS) to nominate a Faculty Representative to their newly formed Relationship and Communications Committee, Dr Penny Briscoe was confirmed as our nominee.

In working toward joint endorsement of position papers, the APS has supported, with one small amendment, the Faculty Professional Document PM1 (2010): *Principles regarding the use of opioid analgesics in patients with chronic non-cancer pain.* We await the decision of NZPS regarding endorsement.

## **Corporate Affairs**

## **Regional Committees**

# Queensland

The Board supported a request from the FPM QRC for professional development in the area of committee governance. AICD courses are to be explored by ANZCA, with inclusion of FPM RC Office bearers.

Board Members who are *Ex-Officio* on the RC reported on progress of the Statewide Persistent Pain Health Services Strategy and advised that the Hon Geoff Wilson had taken over from Hon Paul Lucas as Queensland Minister for Health. The aim is to establish a hub and spoke pain management network underpinned by consultation-liaison services. Five pain clinics are proposed: in Brisbane, Nambour, Gold Coast, Sunshine Coast and Harvey Bay. Director positions for the new ones will be advertised shortly.

## South Australia

The Board congratulated South Australian Fellows on the formation, in November, of a FPM SA Regional Committee. Membership of the interim committee, Chaired by Dr Graham Wright, includes broad multidisciplinary membership.

## **National Pain Strategy**

The Board noted that the Constitution and Board composition for painaustralia Limited has now been finalised with James Strong AO as inaugural Chairman and Associate Professor Milton Cohen, past Dean of the FPM, as the ANZCA/FPM nomination to the Board. Prof Stephen Gibson is the APS nomination to the painaustralia Board

A/Prof Cohen reported on the first Board meeting on 1 February. The main points arising included confirmation of the Board of Directors, adoption of principles for appointment of Community (Consumer) Directors and appointment of the interim CEO. Member letters and application forms are being circulated. A business plan will be drawn up to focus on priority areas of the National Pain Strategy aiming to avoid duplication of work already being done effectively by its members.

## **International Pain Summit - Declaration of Montreal**

As directed by the FPM Executive, the Dean has signed the Declaration of Montreal on behalf of the Faculty.

#### **ANZCA Quality and Safety Committee**

Following the resignation of the Faculty's representative to this Committee, the Board continues to seek a replacement representative with a Quality and Safety interest who could speak with authority on behalf of the FPM.

#### **Board Election**

Dr Frank New, FRANZCP (Qld) has been re-elected un-opposed. A postal ballot will now be conducted, there being four nominations for the three remaining places on the Board.

## TRAINEE AFFAIRS PORTFOLIO

#### **International Medical Graduates**

With regard to non-FANZCA specialist anaesthetists registration in Australia and New Zealand, (and a corresponding situation for other specialties), the Board resolved that, in line with FPM Regulations, Fellowship of the Faculty would not be awarded until conferral of Fellowship of a medical college in Australia or New Zealand acceptable to the Board.

## Elective Year - Retrospective credit

The Board resolved that upon obtaining Fellowship of ANZCA, RACP, RACS, RANZCP or AFRM(RACP), Faculty trainees will automatically be granted one year retrospective credit toward the elective year for prior training and experience, unless there are extenuating circumstances to require otherwise. Such trainees will be required to successfully undertake only the one structured year of training, in addition to the Examination process (Case Report, Written and Oral Examinations) to qualify for the FFPMANZCA.

## **Education**

The Position Description for a Medical Educator at 0.2 FTE for a 12 month period to progress the Faculty's blueprinting and curriculum review project has now been finalised and expressions of interest will be called for.

## **Examination**

As the Royal Adelaide Hospital is unable to host the 2011 Pre-Examination Short Course, an alternative venue is being sought.

## Training Unit Accreditation

The Kowloon East Cluster pain Management Centre (Hong Kong) and the Nepean Hospital (NSW) were accredited for pain medicine training. The Auckland Regional Pain Service was re-accredited for pain medicine training. A large number of on-site reviews are scheduled throughout 2011.

# **FELLOWSHIP AFFAIRS PORTFOLIO**

## **Fellowship**

#### **New Admissions**

Since the October Board Meeting, Drs Matthew Bryant (Qld), Jason Chou (Vic), Chee Yong Choo (Singapore) and Dr Andrew Wilkinson (SA) had been admitted to Fellowship by training and examination.

Dr Ross Drake, FRACP (New Zealand) was elected to Fellowship of the Faculty. This takes the total number of admissions to 297.

#### **Continuing Education and Quality Assurance**

## Scientific Meetings

# 2011 ASM - Hong Kong

The Board noted that the registration brochure had been circulated and is available for download from the FPM Website. Registrations have commenced and an exciting program is anticipated. The FPM Scientific Meeting Awards Committee is currently selecting papers for the FPM Dean's Prize/Free Paper session.

## 2011 Spring Meetina

It is anticipated that registration brochures for this meeting, to be held at the Park Hyatt Hotel, Canberra on 28-30 October, will be circulated with the June *Bulletin*. The meeting

theme is 'An exploration of the pain/musculoskeletal polemics – policies, procedures and pragmatics'

## 2012 ASM - Perth

The local FPM organising committee is now well advanced with a preliminary Refresher Course Day and ASM Program.

## <u>2013 ASM – Melbourne</u>

The FPM Scientific Convenor has suggested a number of potential speakers and, with the support of the CE&QA Committee, is making informal enquiries about availability.

# 2014 ASM - Sydney

Following a recommendation from the FPM NSW Regional Committee, Dr Lewis Holford was appointed FPM Scientific Convenor to the 2014 ASM.

# **Research Committee**

#### **National Pain Outcomes Initiative**

The Board noted the momentum of the Statewide Persistent Pain Health Services Strategy in Queensland and the Agency for Clinical Innovation in NSW, and discussed potential opportunities for funding of a National Outcomes Initiative.

The Board agreed that this strategic initiative should be pursued with some urgency. The Chair of the FPM Research Committee was asked to champion this initiative and to convene a working party to develop a provisional costed business plan for consideration at the May Board Meeting. Seeking funding is to follow that, with a view to a national launch of data collection in 2012.

## **Professional**

#### **Specialist Registration in Australia**

Following the Board's concern that anyone could call themselves "pain specialist", legal advice was sought from the College Solicitor and it was confirmed that the term "specialist pain medicine physician" is a protected term and may only be used by those so registered under the national scheme. However, it was advised that all existing persons registered as "specialists" had been transferred to the MBA specialist register and accordingly there may be some who do not hold Fellowship of the Faculty of Pain Medicine. Any new additions to the specialist register must go through the processes of the MBA, which recognises FFPMANZCA as the qualification to be registered as "specialist pain medicine physician".

The Board agreed that Fellows be encouraged to refer to themselves formally as "specialist pain medicine physicians" rather than as "pain specialists".

#### **Medical Board of Australia CPD Requirements**

For ongoing registration with the Medical Board of Australia (MBA), satisfactory compliance with a CPD program is mandatory. This has been the standard in place in NZ for some years. The Board were advised that the MBA stipulates "Medical practitioners with more than one qualification may have specialist registration in more than one speciality. They are expected to comply with the continuing professional development requirements of every specialty in which they hold specialist registration." The MBA accepts that CPD undertaken to fulfil the requirements of one College may also fulfil the requirements of more than one College. Whatever else is decided, it is recommended that Fellows maintain skills relevant to their scopes of practice, and therefore carry out CPD activities relevant to what they do in practice.

At a recent presentation to ANZCA Council by Dr Joanna Flynn, Chair of the MBA, it had been confirmed that this did not mean that specialists would not be required to complete two programs, and that it was up to the Colleges to determine what recognition they gave to programs of another College.

Following further discussion, it was agreed that ANZCA and the FPM would each define their standard to be met for CPD. The Board nominated Dr Penny Briscoe to the ANZCA CPD Committee.

# **Telehealth Advisory Group**

"Connecting health services with the future: Modernising Medicare by providing rebates for on-line consultations".

The DPA reported to the Board that FPM/ANZCA had made a submission strongly in support of telehealth consultations for pain patients, especially chronic pain, although the potential to contribute to the management of post-operative pain in remote hospitals was also identified.

There had been FPM/ANZCA representation at both the initial meeting and a subsequent meeting in Canberra. Major challenges are not the content of telehealth, but how it is to be implemented and integrated with other e-health programs.

At this stage Telehealth will be restricted to non-hospital initial and follow-up consultations that are 'discussion-based' (as opposed to 'examination-based' or procedural). There is strong political pressure to implement this program on 1 July 2011. The next meeting is in early May. The most recent development is a request from the Department of Health and Ageing for a teleconference with ANZCA/FPM.

# **New Zealand Application for Specialty Recognition**

It was reported that the application fee for Stage Two of the process has been paid. Additional information being sought includes an account of how the Faculty deals with cultural competence. A cultural competency document is in development. Other information requested relates to adequate infrastructure for training and CPD programs. The timeline for submission is June 30<sup>th</sup>. Before then, the MCNZ are required to gazette and make wider consultation in accord with the HPCAA Act (20.

#### **Submissions**

The DPA reported on the Faculty's contribution to a growing number of ANZCA/FPM submissions including:

- Australian Commission on Safety and Quality in Health Care Clinical Handover Pilot Program
- Australian Commission on Safety and Quality in Health Care Patient-centred Care: Improving Quality and Safety by Focusing Care on Patients and Consumers
- Australian Commission on Safety and Quality in Health Care Consultation Paper on the Draft National Safety and Quality Healthcare Standards
- Health Quality and Complaints Commission: Risk Profiling and Doctors with Multiple complaints
- A National Framework for Advance Care Directives Consultation Draft

#### Australian Guidelines: Selection for Neurostimulation in Chronic Pain

It was reported that an article entitled "Selection of patients for neurostimulation" had been accepted for the Journal of Clinical Neuroscience. The FPM DPA has commenced work on a FPM Professional Document for submission to the May Board meeting.

## **Professional Parity with Physicans**

An argument is being pursued on behalf of specialist pain medicine physicians that there be professional parity with other physicians.

# **End of Life Policy**

Anticipating that euthanasia was likely to be a prominent controversial topic in 2011, it was noted that the College has a good statement in Professional Document PS38 Statement Relating to the Relief of Pain and Suffering and End of Life Decisions – 2010. Fellows' attention is drawn to that statement

http://www.anzca.edu.au/resources/professional-documents/ps38.html and to the Palliative Care Australia Document: Voluntary Euthanasia and Physician Assisted Suicide

http://www.palliativecare.org.au/Portals/46/PCA%20Voluntary%20Euthanasia%20and%20Physician%20Assisted%20Suicide%20Position%20Statement.pdf

## **Better Outcomes in Pain Management**

The Board considered a discussion document from a Fellow which focused on the urgent need for education and training to enhance the clinical ability of primary health care to achieve better outcomes in pain management. There was recognition that this issue is juxtaposed to the development of a national outcome initiative, and also the aim of the application to the BUPA Foundation. It was agreed that the author of the discussion paper be invited to participate in the Faculty's working group.

#### <u>Finance</u>

The Management reports to 31 December were accepted and the positive result against budget was noted.

## 2011 Calendar

Dates for future 2011 Board meetings are:

12 May (Hong Kong)

15 May (New Board) (Hong Kong)

22 August (Melbourne)

10 October (Melbourne)