FPM
FACULTY OF PAIN MEDICINE
ANZCA

Faculty of Pain Medicine
Accreditation Handbook

July 2016

Contents

1. Introduction

The Faculty of Pain Medicine (FPM) undertakes to engender a partnership with accredited units where the Faculty provides a structured training program and the units use the program in the clinical environment. This requires the Faculty to provide a world-class curriculum for the training units and the Faculty expects units to contribute to accreditation, examination panels and as examination-sites.

The FPM offers a training program comprising two years (88 weeks) full-time equivalent of approved clinical experience directly related to pain medicine, delivered over two mandatory stages. Each training stage comprises 44 weeks of clinical activity. The program enables trainees to develop their skills in a supervised learning environment.

The Faculty accredits multidisciplinary pain management units to provide approved training during the core training stage for FPM trainees. Approval of the practice development stage is the role of the Faculty assessor and outside the scope of this document. Accreditation is based on quantitative data provided in a questionnaire to the unit and a qualitative on-site visit by the Faculty to assess a unit's ability to provide training and supervision to the required standard, and its degree of compliance with FPM by-laws and policies, including the training handbook.

The term “unit” is the Faculty’s preferred designation for the organisation, personnel and facilities that together provide all or part of the suite of training. The term “suite of training” refers to the experience devised for an individual trainee. A trainee’s suite of training during the core training stage may be pursued through more than one unit and each unit may consist of satellite sites (for example, hospices, private operating suites, private consulting suites or other training sites that offer advantages to trainees in pain medicine), all of which require nomination and approval at the time of accreditation. Training time spent at non-accredited sites will not be approved.

This handbook contains policies and guidelines for units applying to undergo the FPM training unit accreditation process and reviewers who will visit the units on behalf of the Faculty. It should be read in conjunction with by-law 19. Queries relating to the process or policies that support it should be directed to the Faculty via painmed@anzca.edu.au or on +61 3 8517 5337.

1.1 Level 1 and level 2 units

The multidisciplinary pain management unit (unit) must be approved prospectively for training purposes and is reviewed at regular intervals, as determined by the Training Unit Accreditation Committee (TUAC). Units can be accredited for up to five years after which another full accreditation process, including a site visit, is mandatory.

A training unit is accredited as either a level 1 or level 2 multidisciplinary pain management training unit.

- Level 1 units are those that are able to provide a comprehensive training program in chronic non-cancer pain, acute pain and cancer pain with adequate experience for trainees to complete all requirements of the core training stage.
- Level 2 units have strengths in certain areas of the practice of pain medicine, but do not meet the requirements of a comprehensive level 1 training unit. Trainees may spend a maximum of 22 weeks in a level 2 unit during the core training stage.

Level 2 multidisciplinary pain management training unit accreditation

In the event that a unit applying for accreditation as a training unit of the Faculty of Pain Medicine is deemed by TUAC to have significant strengths in some areas of pain medicine but not the breadth of practice required to satisfactorily meet the requirements of a comprehensive (level 1) multidisciplinary training unit, then TUAC may recognise the unit for accreditation as a level 2 training unit.

- The training in pain medicine offered at the level 2 unit has the capacity to be of significant benefit to a trainee.
- The accreditation process will document the scope of training opportunities provided by the level 2 unit.

1.2 Clinical supervision in the workplace

The Faculty promotes the graduated move to independent practice by continuous formative assessment of a trainee's performance and decision-making processes. All clinical care provided by trainees must be overseen by a specialist. The level of supervision will depend on the seniority and experience of the trainee.

Categories of supervision are defined as follows:

- Category 1 – the specialist works directly with a trainee. In all areas that are new, category 1 supervision is required until the trainee has demonstrated the acquisition of appropriate skills and competence to manage similar cases with less direct supervision.
- Category 2 – the specialist is in the same facility but not necessarily directly overseeing the trainee exclusively and is available within 15 minutes.
- Category 3 – the specialist is not in the facility but is immediately contactable by phone and available to attend if requested or if deemed necessary.

Trainees should observe specialists undertaking assessments of patients with pain, performing examinations relevant to pain medicine, discussing treatment options and performing interventions.

1.3 By-laws and policies governing the accreditation process

The accreditation of training units is governed by by-law 19, "*Accreditation of Units Offering Training in Pain Medicine*". This handbook provides the policies and procedures that support by-law 19. The by-law takes precedence over the contents of this handbook if there is any conflict between the two. The Board of the Faculty of Pain Medicine is responsible for making, amending and repealing all by-laws.

Accredited units must abide by other Faculty by-laws, professional documents and ANZCA/FPM corporate polices. These are available on the Faculty website.

2. Accreditation roles and responsibilities

2.1 Training Unit Accreditation Committee

The Training Unit Accreditation Committee (TUAC) is responsible for accreditation processes including the monitoring of units and reports via the Training and Assessment Executive Committee (TAEC) to the FPM Board. The role of TUAC is to implement board policy, provide advice to TAEC and consider training opportunities in pain medicine for the core training stage offered by multidisciplinary pain management units as outlined in its terms of reference.

The committee will comprise of review panel members who represent the regions of Australia and New Zealand where the Faculty has multidisciplinary pain medicine training units.

TUAC meets four to five times per year, usually three to four weeks prior to board meetings. In the case of approval or re-approval of accreditation, the FPM Board is notified. Recommendations regarding withdrawal of accreditation made by TUAC require the endorsement of the FPM Board.

2.2 Reviewers

Each unit must nominate a potential reviewer who may be appointed by TUAC. Selection and appointment is based on the TUAC review panel terms of reference and the needs of the panel.

A TUAC on-site inspection team will consist of a minimum of two reviewers – a lead and a second reviewer. Reviewers undertake on-site reviews and provide a written report and recommendation(s) to TUAC. One reviewer will be nominated to attend the next scheduled TUAC meeting to discuss and clarify the reviewers' report.

The lead reviewer will be appointed by the chair, TUAC and will:

- Ensure adherence to FPM and ANZCA policies.
- Have reviewed the quantitative data and discussed any concerns with the chair, TUAC.
- Discuss provisional feedback with the unit director at the end of the review.
- Oversee writing of the narrative describing the reviewers' findings.

Reviewers must not work at the training unit or at any of the satellite sites seeking approval of accreditation. Conflict of interest is considered in appointing reviewers.

The terms of reference for the members of TUAC's review panel are available from the Faculty by contacting painmed@anzca.edu.au.

2.3 Training units

Units and programs providing FPM training must consist of multidisciplinary teams with integrated processes and practice within a sociopsychobiomedical framework. The staff members who are likely to be involved in an accreditation process include:

- Unit director – provides quantitative information via the datasheet, oversees the schedule for the on-site visit and meets with the reviewers during the visit.
- Supervisor(s) of training (SoT) – provides information via the datasheet and meets with the reviewers during the on-site visit.
- Trainees – provide information separately (and confidentially) to the Faculty and meet with the reviewers during the on-site visit.
- Departmental senior medical staff (FPM and other senior medical staff with appointments to the unit) – meet with the reviewers.
- Senior allied health and nursing staff involved in training in the unit.
- Heads of affiliated/satellite units (where trainees spend time) – meet with the reviewers.
- Representatives of the hospital executive – meet with the reviewers.
- Unit administrator – co-ordinates visit requirements.

Accredited training units must meet all requirements as specified in by-law 19, this handbook and all Faculty professional documents. They must meet all timelines of the accreditation process and agree to re-inspection by the Faculty when requested by TUAC or the FPM Board. The unit director is responsible for notifying the Faculty of any difficulties likely to impact the required timelines for accreditation. It is a condition of accreditation that the training unit agrees to notify TUAC of any change that may negatively affect training and supervision, including changes to personnel, facilities or alterations in workload.

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

- Submission of the documentation required for re-accreditation.
- Provision of a suitable date for re-accreditation.
- Failure to comply with ANZCA/FPM corporate policies.

2.4 Networked units

Accredited multidisciplinary pain management training units may develop formalised collaborative relationships with other accredited units to form networks where trainees rotate throughout the core training stage.

2.5 Satellite units

Many multidisciplinary training units choose to enter into partnership arrangements with other, usually smaller sites (satellite sites), to meet FPM standards for accreditation. These are not usually multidisciplinary pain management units. A satellite site should offer valuable opportunities that enhance FPM training in subspecialty areas. Satellite sites consist of staff and facilities that may be substantially different to those in the partner multidisciplinary pain management training unit, but these are not a substitute for level 2 accreditation. Should facilities consider entering into a satellite arrangement with a training unit, the satellite site must be prospectively approved by TUAC as a satellite training site for the accredited unit.

Types of satellite arrangements

- Satellite relationships are variable: it is up to the units and sites involved to determine the type of arrangement that will suit their circumstances.
- To ensure consistent training quality, the Faculty assesses the unit and the satellite site against the seven FPM accreditation standards. (Refer to Section 3.0)
- Whatever the nature of the relationship, all seven FPM accreditation standards must be met in order for accreditation to be granted. However, in the case of a satellite arrangement, some of the standards may be met at the unit.
- Training time spent at the satellite site is counted as part of the maximum duration of accreditation permitted at the unit.
- The cumulative amount of time spent at all satellite sites during the core training stage is 11 weeks.

Examples of satellite arrangements
1. Co-located private and public hospitals – trainees rotate to the private hospital for subspecialty experience or to gain access to alternative supervisors. A nominated supervisor is located at the satellite site.
2. Public non-teaching hospital and major teaching hospital – trainees may rotate to the satellite. A nominated supervisor is located at the satellite as well as at the partner unit.
3. Major teaching hospitals with different clinical emphases (for example, adult and paediatric) in the same metropolitan area – trainees rotate for specific experience in a subspecialty area of practice. A nominated supervisor is located at the satellite site.

There are many other acceptable arrangements. FPM encourages flexibility, provided all seven FPM accreditation standards are met. Each satellite site requires an agreed specialist to act in the role of supervisor. The site supervisor will liaise with the unit supervisor of training regarding the supervision and assessment requirements of the trainee.

2.6 Supervisors of training

Each Faculty-accredited unit requires a supervisor of training to represent the Faculty with respect to training within the unit. The supervisor of training will be appointed by the unit director and ratified by the Training and Assessments Executive Committee.

The supervisor of training is the FPM representative with respect to training within an accredited training unit. The duties of the supervisor of training include:

- Ensuring trainees have complied with all registration requirements of the FPM.
- Providing an orientation program to the training program and the multidisciplinary pain management unit.
- Assisting trainees to develop and implement a personal training plan.
- Ensuring trainees are provided with appropriate supervision and role modelling in clinical practice.
- Ensuring that trainees' clinical exposure encompasses all aspects of pain medicine.
- Overseeing the formative assessment requirements of the program.
- Attending regular meetings with trainees to provide feedback on their performance and to identify early difficulties.

Supervisors of training must be allocated adequate clinical support time to ensure their duties (eg. supervision, education, administration) can be performed according to Faculty determined timeframes.

Supervisors of training are supported by the supervisor, supervisor of training (SSoT). The Faculty organises regular education meetings for supervisors of training to provide educational support and to ensure changes to Faculty training policies are shared and promulgated in a timely fashion. The SSoT can be contacted via the Faculty at painmed@anzca.edu.au.

2.7 Faculty office

The accreditation process is coordinated by staff in the Faculty office via painmed@anzca.edu.au or on +61 3 8517 5337.

3. Accreditation standards

The Faculty has seven accreditation standards, which are used to inform the accreditation process. These are:

1. **Quality patient care** The unit must be committed to the delivery of safe and high quality patient care.
2. **Clinical experience** The unit must provide trainees with access to a range and volume of clinical practice that enables them to complete the requirements (or part thereof for level 2 units) of the core training stage.
3. **Supervision** At all times the unit must provide trainees with adequate and appropriate supervision for the trainee's level of experience as they progress to independent practice.
4. **Supervisory roles and assessment** The unit must demonstrate its ability to provide supervision for trainees and application of the formative assessment components of the curriculum. Supervisors and assessors must be allocated sufficient resources including clinical support time and administrative assistance to undertake their roles. Assessment must be undertaken in accordance with FPM policies.
5. **Education and teaching** The unit must ensure that trainees have access to formal and informal educational programs that meet their training needs.
6. **Facilities** The unit must ensure that trainees have access to appropriate educational facilities and systems required for training.
7. **Clinical governance** The facilities must be fully accredited by the Australian Council on Healthcare Standards (ACHS) or the HealthCERT (NZ) or equivalent, and have the governance structures to credential staff and to deliver and monitor safe patient care in a safe workplace.

4. Process overview

The FPM accreditation process consists of a quantitative data collection review and a qualitative on-site review. The assessment of the unit is with reference to the accreditation standards and criteria.

4.1 Procedure of an on-site review

The following is the procedure for the full accreditation process.

Table 4.1 On-site review process

Step	Activity	Details
Pre-visitation		
1	Bi-annual identification of units requiring re-accreditation	The Faculty will contact units approximately six months prior the re-accreditation process to request dates for the visit.
2	A new unit wishes to be accredited	The unit director will familiarise themselves with by-law 19 and the *FPM Accreditation Handbook.*
3	Unit director completes the accreditation datasheet and submits this documentation to Faculty along with potential dates for the visit	The unit director co-ordinates and is responsible for the submission of the datasheet to painmed@anzca.edu.au **at least 12 weeks prior** to the visit. The datasheet includes: - General information. - Staffing of the multidisciplinary pain unit. - Self-assessment with respect to the published standards and criteria determined by the Faculty. - Opinions from trainees (to be submitted separately to the Faculty to maintain confidentiality). - List of attachments for example, teaching program, rosters, etc.
4a	For re-accreditation of units. Initial review of submission	- The chair, TUAC or their nominee will review the submission for compliance with by-law 19 and accreditation standards. Further information may be sought from the unit director. Once compliance has been determined reviewers will be appointed. A lead reviewer will be nominated. The unit will be informed and provided contact details for the lead reviewer.
		- The lead reviewer will review the submission and will clarify any issues with the unit director.
4b	For new applicants **only**. For new applications that are deemed by the chair, TUAC to be compliant with by-law 19, Faculty standards and criteria	- Following review by the chair, TUAC all new applications for accreditation will be submitted for consideration by TUAC at its next scheduled meeting. Issues identified as requiring further explanation must be clarified prior to reviewers being appointed and an on-site review arranged.
5	Dates, reviewers and program for the visit are co-ordinated	- The date and program will be co-ordinated by the Faculty with the unit and lead reviewer at least six weeks prior to the visit. The unit director, supervisor of training, trainee(s) and a member of the senior hospital executive team must be available on the day of the visit. - Unavailability of key individuals will result in cancellation of the review (and potentially the suspension of accreditation for training).
6	Reviewers receive and review documentation prior to visit	- The Faculty will provide documentation to the reviewers **at least eight weeks** prior to the review date: • Completed datasheet and accreditation report. • Trainee opinion(s) (where applicable).

Step	Activity	Details
		• Exit questionnaire summary report (where applicable). • Recommendations following previous accreditations. • Schedule for the day. - Any concerns identified in the information provided will be discussed between the lead reviewer and chair, TUAC prior to the site visit.
Visit by reviewers		
7	Introductory meeting with supervisor of training and unit director	- Process outlined and schedule of day discussed.
8	Interviews take place with the senior medical, allied health and nursing staff, trainees and members of the senior administration	- The on-site review will comprise of interviews with: • The unit director. • The SoT • Trainees. • All available FPM Fellows and senior medical staff involved in training. • Senior members of the allied health and nursing staff. • A representative of the hospital administration. • Lead for acute pain service. • Head of palliative care service.
9	Facilities inspection	- The inspection of the facilities will be brief and ensures there are: • Appropriate consulting and examination rooms. • Suitable office space and facilities for the members of the unit. - Operating suites will **not** be inspected as it will be assumed, based on the quantitative data collection, that the facilities of all institutions where trainees are working are accredited by ANZCA, the ACHS or HealthCERT (NZ) or equivalent.
10	Reviewers meet together before convening with the unit director and SoT to discuss proposed recommendations	- An opportunity for reviewers to confidentially discuss their findings and recommendation(s) prior to meeting with the unit director. - The reviewers will feed back to the unit director and SoT and will take this opportunity to clarify all information gathered. - Any concerns that may impact on accreditation will be discussed.
Post visit		
11	Reviewers draft a report and their recommendation(s)	- The report uses a standard template with a series of recommendations that relate to published accreditation standards and criteria.
12	TUAC receives the written and verbal report from the visitors at its next scheduled meeting and discusses the reviewers' recommendation(s)	- TUAC's recommendation will include one of those outlined in section 7.

Step	Activity	Details
13	A draft letter will be sent to the unit director to identify any factual inaccuracies	- The unit director will be provided a draft letter from the chair, TUAC to identify any **factual inaccuracies**. A reply will be sought within 10 business days following which the final letter will be forwarded to the chief executive officer. Should a reply not be forthcoming, the letter of accreditation and/or recommendation will be forwarded to the chief executive officer. The chair's decision re modification of the recommendations in the final correspondence will be final.
14	A letter will be drafted to the hospital CEO and the unit director with the agreed recommendations. For NZ-based units, a copy of the accreditation letter is sent to the Ministry of Health	- Where mandatory standards require redress, accreditation may be deferred until the unit has demonstrated how these will be met. All requirements must be met within the timeframe(s) defined by TUAC. TUAC may recommend that the FMP Board withdraw accreditation in the event that there are significant breaches of FPM corporate policies or failure to meet requirements in the provided timeframe.
15	FPM certificate of accreditation	- An FPM certificate of accreditation is provided to the training unit once all FPM accreditation standards have been met.
16	Identifying requirements	- The unit must identify how they will meet the requirements.
17	Feedback from the unit	- The unit will be given an opportunity to provide confidential feedback on the visit and process to the Faculty. This may be used to inform process development and reviewer training.
18	Training unit to provide reports against the requirements and defined recommendations identified within the specified timeframes	- Reports addressing requirements and recommendations identified by the reviewers will be submitted to the Faculty and considered by TUAC at their subsequent meetings.

4.2 Procedure of an off-schedule review initiated by the chair, TUAC

The chair, TUAC may initiate a unit review based on previous accreditation data, or based on information received by the Faculty to suggest that the unit's resource allocation or key personnel have changed in a manner as to adversely affect training and supervision, or that FPM/ANZCA's policies or by-laws have been breached. Unit reviews will be undertaken by correspondence and/or teleconference by the chair, TUAC, or his/her nominee from the committee. Initially units will be asked to concentrate their reports on those area(s) identified by TUAC as being deficient with either FPM/ANZCA policies or, those recommendations made in the letter of accreditation requiring action or redress.

Information sought may include (but will not be restricted to):

- Correspondence and/or a teleconference with the unit director +/- SoT
- Current and past trainee reports and longitudinal exit survey data.
- Correspondence from the executive.
- Teleconference with appropriate people at a mutually convenient time.

A written report based on the information gathered will be prepared and presented at the next scheduled TUAC meeting for consideration by the committee.

5. Triggers for an on-site accreditation

Triggers for an on-site accreditation inspection include:

- Routine re-inspection (each accredited unit is routinely reviewed at regular intervals).
- Initial request for accreditation.
- Request for a change in accreditation (for example, from a level 2 to a level 1 training unit).
- Out-of-sequence on-site accreditation inspections requested by a unit, hospital or any committee of FPM, after review by chair or deputy chair, TUAC (this may lead to a more urgent inspection, depending on circumstances).

6. Criteria for accreditation

The seven accreditation standards are underpinned by criteria that are assessed during the accreditation process.

The datasheet provides quantitative information that will not be discussed at the on-site review. In some situations clarity or further detail may be sought. The on-site review will focus on the qualitative aspects of supervision and training. All FPM by-laws and professional documents are available via FPM's website.

Concerns about the ability of a unit to meet the accreditation standards and criteria should be reported to the Faculty via email to painmed@anzca.edu.au. These concerns are reviewed by the chair or deputy chair, TUAC against the relevant accreditation standards and criteria, and may lead to a request for further clarification and, in some cases, an out of sequence on-site accreditation inspection.

Table 6.1 Criteria underpinning each FPM accreditation standard

Accreditation criteria	Minimum requirements	Additional information	Mode of assessment
Standard 1 – Quality patient care			
All staff, with an appointment to the unit, must be credentialled by their institution for the duties and procedures they undertake.	Required		Explanation of credentialling activity On-site review
There must be a minimum of eight scheduled clinical medical specialist sessions provided in the unit(s) and available to the trainee each week. Four sessions per week must be conducted by a Fellow of the FPM.	Required		Datasheet
Trainees must have access to a range of medical specialist sessions in related areas. These sessions can be provided external to the pain management unit (for example, satellite sites) but must be in disciplines relevant to the management of patients with pain.	Regularly scheduled sessions must be demonstrable. The unit must demonstrate how they integrate multiple areas of medical expertise into the trainee's suite of training.	Trainee timetable and opinion	On-site review Datasheet
There must be a minimum of two full-time equivalent (FTE) senior medical staff to provide supervision to the trainee. Where there are more than two trainees in a unit an appropriate increase of 0.5 FTE specialist medical staff must be available to provide supervision.			On-site review Datasheet
Nursing and allied health input to the multidisciplinary pain management unit must consist of a minimum of three FTE and is limited to: • Nursing • Clinical psychology • Occupational therapy • Exercise physiology • Physiotherapy	Names and qualifications of staff holding appointments with the multidisciplinary pain unit	See by-law 19	Datasheet

Other allied health professionals and health promotion areas.		Social work and other allied health disciplines, such as occupational counselling, dietetics, smoking cessation programs	Datasheet
Quality improvement and audit. Trainees should be involved in audit and outcome data collection and presentation.	Does the unit participate in audit? Are outcome data collected and benchmarked against other similar units?		Datasheet On-site review
FPM Fellows engagement with Faculty activities (other than personal continuing professional development).		TUAC reviewer, examiners, trainee mentor, Faculty committees	Datasheet
A specialist pain medicine physician or specialist anaesthetist must be available for consultation for patients under the care of the acute pain service 24 hours a day.	Discussion with lead clinician for acute pain service		Datasheet On-site review
For the acute pain service there must be at least one registered nursing session allocated each weekday.	Discussion with lead clinician for acute pain service (and director of anaesthesia, if relevant)		Datasheet On-site review
Standard 2 – Clinical experience			
There must be sufficient numbers of new patients per annum to provide the trainee with exposure to patients with: • Acute perioperative, medical and trauma-related pain. • Chronic non-cancer pain. • Cancer pain.	Annual numbers of patients seen during the two preceding years for: • Acute pain service. • Chronic pain. • Cancer pain. (Where appropriate this may also include satellite sites separately).	Specify number of patients to trainees (TUAC's experience is that these are the numbers of new patients required for a sustainable accredited unit per trainee per year: acute 500, chronic non-cancer 250 and cancer 50)	Datasheet Trainee report
Units must be able to offer training and experience in the following areas of clinical pain medicine practice.	• Triage of referrals • Review of medical records • History-taking and physical examination relevant to pain medicine (including a general physical examination) • Psychological assessment and treatment		On-site review Trainee report

	• Functional assessment of the patient • Risk assessment • Collaboration with referring doctors and other medical specialists • Diagnosis and formulation of a patient with pain • Development of a management plan • Implementation of medical and pharmacological management • Referral for, and monitoring of, physical therapy • Participation in multidisciplinary case discussion meetings • Communication with the patient's general practitioner/referring specialist(s) • Outcome assessment of individuals		
Psychiatry and psychology therapy sessions	Trainees must gain adequate exposure to observe and perform assessment interviews under the supervision of a psychiatrist and/or psychologist. These interviews should include initial and subsequent consultations, mental state examinations, brief simple interventions and motivational interviewing.	Trainee's timetable and trainee opinion	Datasheet
Formal case conferences	Must be held at least weekly and involve trainees		Datasheet On-site review
Procedural sessions	Procedural sessions are recommended to provide adequate exposure for trainees. Trainees should be involved in the assessment and management of patients undergoing procedures. Trainees are not required to undertake procedures.	Does the site hold ANZCA accreditation for training? For how long? When is this due for re-consideration? Does the hospital hold ACHS accreditation (if applicable)? Does the hospital hold HealthCERT (NZ)	Data sheet On-site review

		accreditation (if applicable)? Does the site hold accreditation under the Private Hospitals & Medical Clinics (PHMC) Act/Regulations under Ministry of Health in Singapore (if applicable)?	
In-patient rounds	There must be regular, scheduled attendances to inpatients by the trainee with the consultant anaesthetist or specialist pain medicine physician as part of the acute pain service.	A maximum of two acute pain sessions per week (on average over 44 weeks) may be counted towards training in the core training stage. During the initial period of training, these must be accompanied by a specialist. Following the first 11 weeks, a maximum of one session per week where the trainee works with distant supervision may be accrued for training, if the trainee is deemed by the supervisor of training as adequately skilled.	Datasheet On-site review
	Be able to demonstrate management of complex in-patients	There must be a minimum of one scheduled multidisciplinary pain unit consultant-led round for inpatients and inpatient referrals per week.	Datasheet On-site review
Radiology review	Regular sessions are desirable	Trainee's timetable	Datasheet
Demonstrate compliance with all FPM by-laws, professional documents and ANZCA/Faculty corporate policies	Compulsory		Datasheet On-site review
There must be multidisciplinary patient treatment programs	These programs must be co-ordinated by a minimum of three members of the multidisciplinary pain unit.	Trainees are expected to be involved in the multidisciplinary patient treatment programs. There may be more than one program per unit, not all of which are required to have multiple members of the multidisciplinary pain unit involved.	Datasheet On-site review

Standard 3 – Supervision			
Appropriate supervision levels	Is there consistency between in-hours and out-of-hours supervision? Are there patterns of supervision that allow trainee progression towards independent practice?		Datasheet On-site review Trainee opinion
	Is there a nominated supervisor at the satellite sites (if applicable)?		Datasheet On-site review
Adequate clinical support time available for supervisor of training to meet with trainees for in-training assessments and feedback	Minimum of one session per fortnight for up to three trainees; one session per week for three or more trainees		
Sufficient full-time equivalent (FTE) specialist pain medicine physicians available to provide supervision for all trainees	What is the total FTE of specialist pain medicine physicians employed in the unit? What is the total FTE of other specialist medical staff employed by the unit?		See by-law 19
Standard 4 – Supervisory roles and assessment			
Appointment of one or more supervisors of training	Has the SoT appointment been ratified by TAEC, and the SoT agreement signed? What was the last date of attendance at a SoT workshop?		FPM staff
	Does the SoT believe he/she has adequate time to supervise the trainee?		On-site review
	How much time does the SoT have to complete workplace-based assessments? Are other FPM Fellows contributing to supervision and assessment?		On-site review
	Is there access to private space for trainee interviews?		On-site review
	Are there facilities for secure document storage?	Documentation relating to training and assessment requires technology with security protection/filing cabinets with locks	

Orientation	How is orientation to the training program, including relevant by-laws, provided to trainees?	It is expected the SoT provides orientation to future and current trainees regarding all by-laws pertaining to training and assessment and application to the Faculty.	On-site review
	Is the trainee orientated to the unit (and hospital, if applicable)? Does this orientation include an introductory interview?		Datasheet On-site review Trainee survey
Performance of workplace-based assessments	Number performed per trainee in previous 12 months.		Data sheet On-site review
Performance and submission of in-training assessments	Have these been submitted on time?		FPM staff On-site review
Standard 5 – Education and teaching			
There must be regularly scheduled educational sessions for all staff	There should be a minimum of one scheduled session per month involving all staff.	Schedule of meetings for previous six months	Datasheet On-site review
	Involvement in the education of health professionals in the wider medical and allied health community in pain medicine		On-site review
Provision of education to junior medical staff including registrars, residents, interns and medical students	Trainees should be involved in the education of their peers and junior medical, nursing and allied health staff.		On-site review Trainee survey
The trainee(s) in pain medicine must have access to a formal tutorial program.	It is expected that members of the multidisciplinary pain unit participate in the educational experiences of trainees.	Program for previous six months	Data sheet On-site review Trainee opinion
Trainees should be provided with leave to attend FPM clinical skills courses.		Attendance for previous 12 months	FPM staff On-site review Trainee survey
There should be an active research and audit program.	Trainees must be encouraged to contribute to scholarly activities including research and audit.		On-site review

Standard 6 – Facilities			
The trainee must have access to appropriate office space and technology that interfaces with ANZCA Networks and the internet.			On-site review
Suitable office space and facilities for members of the unit	Ideally this should be co-located.		On-site review
A comprehensive (ideally electronic) patient record system	Documentation of treatment protocols and procedures for patients		On-site review
Appropriate consulting and examination rooms are essential	These may be part of a communal outpatient department.	Access to emergency call buttons and security staff to ensure patient and workplace safety	On-site review
Appropriate procedure rooms with adequate equipment and staffed by appropriately qualified nurses, technicians and radiographers as required	Anaesthesia and resuscitation equipment must comply with ANZCA professional document PS55 *Recommendations on Minimum Facilities for Safe Administration of Anaesthesia in Operating Suites and Other Anaesthetising Locations.* Recovery facilities and procedures must comply with ANZCA professional document PS04 *Recommendations for the Post-Anaesthesia Recovery Room.*	ANZCA accreditation for training (in all hospitals hosting ANZCA trainees) ACHS (Australia and Hong Kong) accreditation HealthCERT (NZ) accreditation Private Hospitals & Medical Clinics (PHMC) Act/Regulations under Ministry of Health in Singapore	Datasheet
Hospital, unit or satellite site accredited by ChPM(RACP) for training in palliative care medicine For how long?			Datasheet
Access to private office space that allows for confidential conversations with trainees			On-site review
Adequate time for the unit director to attend to administrative duties	Specialist medical staff require adequate clinical support time and assistance in order to meet the administrative tasks commensurate with their roles.		On-site review
Adequate administrative assistance to the unit			On-site review

Standard 7 – Clinical governance			
There is an organisational statement of patient rights and responsibilities.	Required		On-site review
The organisation supports the health and wellbeing of its staff.	Required	An employee assistance program or other support services	
The organisation provides for confidential avenues for dispute resolution where conflict exists between the trainee and their supervisor.	Required		On-site review
Compliance with safe work hours is part of trainee's contract.	What are the average, daily rostered hours for the trainee? What are the average, weekly on-call rostered hours for the trainee?		Datasheet
Trainees are appointed to training positions on the basis of merit, without evidence of discrimination in accordance with ANZCA/FPM policy.	Required		
There is a workplace organisational policy on bullying, discrimination and harassment.	Required		On-site review
There is compliance with the FPM and College corporate policies relative to training.	Corporate policies include but are not limited to: - Academic integrity policy - Conflict of interest policy - Policy on bullying, discrimination and harassment for Fellows and trainees acting on behalf of the College or undertaking College functions - Privacy policy		
The multidisciplinary pain management unit has a statement demonstrating cultural awareness specifically related to indigenous populations.			Datasheet On-site review

6.2 Satellites and accreditation standards

The following table outlines the FPM accreditation standards for satellite sites.

Table 6.2 FPM accreditation standards specific for satellite sites

Standard	Provided by the satellite	Notes
1. Quality patient care	Must meet this standard	
2. Clinical experience	Must meet this standard through partner relationship	Trainees can only work at the satellite site when directly supervised by a Faculty Fellow or have a specialist appropriately qualified in the area of medicine being provided by the satellite site. Rotation to the satellite site is usually for a short period, for example, one session per week and cumulative time spent at the satellite is included in the maximum of 11 weeks over the core training stage. The SoT is responsible for overseeing the program and experience of the trainee at the satellite site and, ensuring that the quality of training is equal to that of the accredited unit.
3. Supervision	Must meet this standard for supervision of clinical work at all times	
4. Supervisory roles and assessment	Minimum requirement is that the satellite site must contribute towards formative assessments	An appropriate registered medical specialist must be available at all times.
5. Education and teaching	Must meet the criteria for clinical teaching	Formal teaching programs may be provided at the satellite unit.
6. Facilities	Must have a private study space and internet access	Other facilities may be provided by the satellite site.
7. Clinical governance	Must have Australian Council of Healthcare Standards/HealthCERT (NZ) accreditation (or equivalent)	For private hospitals, availability of patient consent and indemnity of trainees should be present.

7. Accreditation recommendations

The FPM accreditation process works on the principal of concerns being either a requirement or a recommendation.

Where requirements (as documented in the above standards and criteria) fail to comply with FPM/ANZCA by-laws or policies, a written response addressing these concerns is required to outline the method, expected outcomes and timeframes by which compliance will be attained. These need to be resolved prior to accreditation proceeding. Evidence of non-compliance will be referred by TUAC to the FPM Board for consideration of withdrawal of accreditation for training in the core training stage.

Recommendations refer to issues where TUAC has concerns about certain standards; accreditation will not normally be withheld. TUAC may request resolution or progression towards solving these issues within a stated time period.

Following a training unit visit, TUAC will make one of the following recommendations:
For units previously accredited:

- Where TUAC identifies a number of requirements that need to be addressed, the unit is accredited as a level 1/level 2 unit to provide FPM training for up to three years followed by a further review. Timeframes for reporting against progress of compliance with requirements will be specified.
- The maximum period of accreditation as a level 1/level 2 unit for FPM training will be five years. Timeframes for reporting against progress of compliance with recommendations will be specified.
- That the FPM Board withdraw accreditation for training in the core training stage from the unit.

For new applicants:

- Provisional accreditation will be as a level 1/level 2 unit to provide FPM training for 12 months. After 12 months, further evidence will be sought from the unit to clarify information obtained by the reviewers and the recommendations previously made. This will be combined with all correspondence received in answer to TUAC's concerns. Consolidated confidential trainee reports will be included. A minuted teleconference between the unit director and a member of TUAC nominated by the chair (+/- the lead reviewer) to discuss concerns raised at the initial review may be necessary before an additional two years of accreditation for FPM training can be considered. Progress towards resolution of recommendations made by TUAC must be demonstrated within specified times.
- The unit is not accredited for FPM.

Reports requested by TUAC must address the key issues previously identified.

8. Accreditation documentation

Documentation required prior to an on-site review

Units must submit the datasheet and documentation within eight weeks of being requested by FPM. Failure to do so may lead to withdrawal of accreditation.

The following documentation is required:

- Multidisciplinary training unit datasheet
  The unit undertakes a detailed self-assessment of its performance against the seven FPM accreditation standards and associated criteria. This assists the unit in understanding its performance and flags areas for attention by the accreditation team during the on-site inspection.
- Other documentation to be submitted with the datasheet:
  - Staff rosters including daily schedules and on-call rosters.
  - Formal teaching and tutorial programs.
  - Unit continuing medical education programs.
  - Unit quality assurance programs.
  - Any other information that demonstrates compliance with the FPM accreditation standards.
- Trainee experience survey

This seeks trainees' views of the training experience provided by the unit, as underpinned by the seven FPM accreditation standards. This is completed electronically by trainees and submitted directly to the Faculty. These are confidential to the inspection team and chair, TUAC (or his/her nominee), and are not shared with senior staff of the department.

A trainee experience survey may be requested in other circumstances, for example, if concerns have been raised about the training experience in a unit as part of regular monitoring processes.

- Documentation for application to change existing accreditation arrangements.
  Applications for changes to existing accreditation arrangements must be accompanied by a completed unit datasheet. The chair, TUAC may request additional documentation and an out-of-sequence on-site visit may be required.

9. Departmental checklist for the on-site accreditation review

The following checklist outlines tasks essential to prepare for an on-site review.

Table 9.1 Departmental checklist for the on-site accreditation review

Rostering to allow time for interviews with key personnel	✓
Ensure that the unit director and the supervisor(s) of training have adequate time to meet with TUAC reviewers as per the on-site accreditation review schedule for the day.	
Ensure the trainee(s) are available on the day.	
Documentation	✓
Be prepared to provide detail against the seven accreditation standards.	
As time is limited, formal presentations from senior staff at the on-site inspection are discouraged. The reviewers will direct the content and find it more useful to interview. A discussion rather than a didactic presentation allows exploration of qualitative information.	

10. On-site accreditation review program template

The following is the typical format of the on-site accreditation review schedule. The program will be finalised through collaboration between the lead inspector and unit director.

Table 10.1 Template program for on-site review

8.30am	Unit director – service overview The unit director (and supervisor(s) of training) should meet the inspectors at the start of the day. This is an opportunity for the unit director to provide a brief overview of the department, to identify any areas where the department is experiencing difficulty meeting Faculty accreditation standards and any other issues that he/she thinks the team should raise with the hospital administration (for example, inadequate office space for private meetings with trainees, insufficient clinical support time, insufficient support for unit director).
9.30am	Senior hospital administrator(s) (preferably program director) The inspection team meets with a member(s) of the senior hospital administration (ideally, including the program director for the multidisciplinary pain unit).
10am	Supervisor of training This meeting occurs with the supervisor(s) of training and the inspection team only.
10.30am	Morning tea

11am	Trainees This meeting occurs with the trainee(s) and the inspection team only. The length of this session is determined by the lead inspector. Anyone who is working in a trainee-like position (for example, trainees from other training programs who are working in the department) may attend this session.
11.30am	Allied health team and clinical nurse consultant(s)
Noon	Senior medical staff This session enables senior staff to provide feedback to the inspection team about the department's compliance with the FPM accreditation standards and criteria. The director, supervisor of training and trainees are not present for this session.
12.30pm	Lunch This is arranged by the department and should usually occur on site. It is preferable that this involves the inspection team and department members (including trainees), enabling informal discussions to occur.
1pm	Tour of facilities
1.30pm	Meeting with directors of relevant services including rehabilitation medicine, drug and alcohol service and/or psychiatry, neurosurgery, palliative care and acute pain service. This may be undertaken together.
4pm	Reviewers discuss their impressions prior to the end-of-visit interview with the unit director. This is an opportunity for the review team to appraise the information obtained via the process of triangulation from the various sources (datasheet, other departmental programs, trainee experience survey, consolidated longitudinal exit questionnaire data and interviews at the on-site accreditation inspection) and to compare it to the FPM accreditation standards and criteria. As a result of this process, the inspection team develops draft accreditation recommendations.
4.30pm	End of visit interview with director, SoT +/- hospital administration The inspection team will outline their assessment of the performance of the unit against Faculty accreditation standards and criteria, and discuss the likely recommendations that the team will make to TUAC. This is an opportunity for the unit director and supervisor(s) of training to provide their responses and feedback, and to clarify issues such as factual inaccuracies or misunderstandings and consider possible steps to address the likely recommendations. This is also the opportunity to provide information to the unit director +/- the supervisor of training about the next steps and timeframes.

11. Withdrawal of accreditation

The Faculty may withdraw accreditation from a training unit where compliance with FPM accreditation standards and criteria has not been met, and where this has a significant negative impact on the quality of training provided.

Accreditation can only be withdrawn by the FPM Board following a teleconference or face-to-face meeting.

FPM is keen to work with training units to meet recommendations. Unit directors, supervisors of training or other staff members are encouraged to contact the Faculty confidentially to discuss matters of concern.

Existing FPM trainees will not be disadvantaged by any Faculty decisions in relation to withdrawal of accreditation for training.

12. Processes of reconsideration, review and appeal

All FPM decisions, including those made by the Training Unit Accreditation Committee and the FPM Board, are subject to processes of reconsideration and review under regulation 30 followed by appeal under regulation 31.

13. Faculty contact details

Queries relating to the training unit accreditation process should be directed to the Faculty.

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