FPM
FACULTY OF PAIN MEDICINE
ANZCA

Accreditation submission 2012

Faculty of Pain Medicine,
Australian and New Zealand
College of Anaesthetists

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Australian Medical Council and
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Abbreviations

AFRM(RACP)	Australasian Faculty of Rehabilitation Medicine, Royal Australasian College of Physicians
AHPRA	Australian Health Practitioner Regulation Agency
AMC	Australian Medical Council
ANZCA	Australian and New Zealand College of Anaesthetists
APS	Australian Pain Society
ASM	Annual scientific meeting
CEO	Chief executive officer
CPD	Continuing professional development
DPA	Director of professional affairs
EDU	Education Development Unit
FPM	Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists
IMG	International medical graduate
IMGS	International medical graduate specialist
JSCOTS	Joint Standing Committee on Overseas Trained Specialists
ITA	In-training assessment
MBA	Medical Board of Australia
MCNZ	Medical Council of New Zealand
MTRP	Medical Training Review Panel
NZPS	New Zealand Pain Society
RACGP	Royal Australian College of General Practitioners
RACP	Royal Australasian College of Physicians
RACS	Royal Australasian College of Surgeons
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
RANZCP	Royal Australian and New Zealand College of Psychiatrists
RNZCGP	Royal New Zealand College of General Practitioners
SPMP	Specialist pain medicine physician
SOT	Supervisor of training
SSOT	Supervisor of supervisors of training
TPR	Trainee performance review
TSK	Trainee support kit
TUAC	Training Unit Accreditation Committee

A. Faculty details

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Date of last AMC annual report	2010
Reaccreditation due	December 2012

B. Training programs offered

Pain medicine

FFPMANZCA
Fellowship of the Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists

Training programs with joint responsibility
There is no other program with joint responsibility.

Post-fellowship diplomas
None awarded.

The Faculty has accredited training units in:

- Australia.
- New Zealand.
- Hong Kong.
- Singapore.

Development of submission

Fellows and staff of the Faculty of Pain Medicine (FPM) were included in the ANZCA Document Development Group, Writing Group and Expert Group as outlined in the ANZCA submission.

An FPM Document Development Group was established to undertake most of the writing for the Faculty submission, with input sought from staff, Fellows and trainees over several months.

FPM Document Development Group

1. Dr David Jones, Dean Faculty of Pain Medicine.
2. Ms Helen Morris, General Manager, Faculty of Pain Medicine.
3. Associate Professor Milton Cohen, FPM Director of Professional Affairs.
4. Mrs Ann Maree Bullard, Education and Training Advisor.
5. Associate Professor Brendan Moore, FPM Vice-Dean.
6. Professor Ted Shipton, Chair Education Committee.
7. Dr Meredith Craigie, Chair Examinations Committee.
8. Other Fellows and staff members as required.

Executive summary

This Accreditation Report 2012 from the Faculty of Pain Medicine has been prepared at a time of significant review, especially with respect to the delivery of teaching and facilitation of learning for trainees in pain medicine.

The Faculty's curriculum revision process has been revived with the recent appointment of an education and training advisor and a robust committee. At the same time, at least three of the Faculty's participating bodies, the Australian and New Zealand College of Anaesthetists, the Royal Australian and New Zealand College of Psychiatrists and the Australasian Faculty of Rehabilitation Medicine (Royal Australasian College of Physicians), have recently revised their curricula. The modification of content and introduction of teaching, learning and assessment techniques within these curricula all have implications for the Faculty.

In parallel, the Faculty has initiated a broader strategic planning project with a five-year timeline, which coincides with a significant turnover of the membership of its Board. In both the strategic planning and curriculum revision projects, specific attention is being paid to the involvement of all stakeholders, especially trainees, an area which to date has proved challenging for the Faculty.

1. The context of education and training

The Faculty's governance structure has been strengthened to give priority to its educational role through the Trainee Affairs Portfolio, assisted by resources within the Faculty and ANZCA.

2. Organisational purpose and training program outcomes

The Faculty has defined the scope of the discipline of pain medicine, which is itself evolving rapidly. In its curriculum revision project, the Faculty has expanded the CanMEDS framework for pain medicine practice, with a view to developing some of the roles through continuing professional development.

3. The curriculum for the education and training program

The pain medicine training program is intensive in acquisition of clinical knowledge and skills for trainees who already have a specialist qualification. Deficiencies in some areas have been recognised through the curriculum revision project, which is also addressing improved alignment of processes and outcomes.

4. Teaching and learning methods

The program for each trainee is tailored to that trainee's experiential and theoretical requirements, so far as is possible. Practical training during patient care is integrated with theoretical instruction at unit, regional and national levels. Rapid development of independence is facilitated.

5. Assessment of learning

The assessment program assesses the knowledge-based and skills-based objectives of the training program, with particular emphasis on the clinician, communicator, collaborator, professional and scholar roles. The written examination paper, the structured viva voce and the clinical case report have been identified as areas requiring improvement. The curriculum revision project is leading towards introducing other assessment tools.

6. Monitoring and evaluation of the curriculum

During the comprehensive revision of its curriculum, training and assessment programs, input from supervisors, trainees, administrators, other health care professionals and consumers is being sought.

7. Implementing the curriculum – trainees

The Faculty has not yet established formal processes and structures that facilitate and support the involvement of trainees in the governance of their training. Trainees are being consulted in the Faculty's strategic planning and curriculum revision projects.

8 Implementing the program – delivery of educational resources

The Faculty has introduced a new application and ratification process for appointing supervisors of training. Support is provided to clinical teachers and supervisors of training and will be expanded in the context of the revised curriculum. Processes are in place for evaluating examiner performance and enhancing examiner skills.

9 Continuing professional development

The Faculty's policy is that Fellows (who by definition have at least two specialist qualifications) must complete either the continuing professional development program of the College of their primary fellowship or the Faculty's modification of the ANZCA Continuing Professional Development program, and must meet AHPRA requirements by including pain medicine activities.

1. The context of education and training

1.1 The structure and organisation of the education provider

Accreditation standards

1.1.1 The education provider's governance structures and its education and training, assessment and continuing professional development functions are defined.

1.1.2 The governance structures describe the composition and terms of reference for each committee, and allow all relevant groups to be represented in decision-making.

1.1.3 The education provider's internal structures give priority to its educational role relative to other activities.

Summary of FPM response

1.1.1 The governance structure of FPM, situated within the broader ANZCA framework, focuses on education, training and assessment through the Trainee Affairs Portfolio and on continuing professional development through the Fellowship Affairs Portfolio.

1.1.2 The composition of each committee is determined by the Board in accordance with Faculty regulations. Each committee has published terms of reference that follow the ANZCA template. Trainee representation on committees has yet to be implemented.

1.1.3 The organisational structure of FPM gives priority to its educational role through the Trainee Affairs Portfolio.

History of the Faculty

In 1992, the Australian and New Zealand College of Anaesthetists convened a working party to examine the possibility of developing a formal certification for anaesthetists wishing to further their interest in pain management.

Subsequently, a Joint Advisory Committee in Pain Medicine was formed with representatives from the Australian and New Zealand College of Anaesthetists, Royal Australasian College of Surgeons, Royal Australian and New Zealand College of Psychiatrists, Royal Australasian College of Physicians and the Australasian Faculty of Rehabilitation Medicine (RACP).

The committee was established primarily to develop training requirements for a Certificate in Pain Management and to identify suitable institutions within Australia and New Zealand that could offer training, not only to anaesthetists but also to any candidate from the participating bodies. A number of trainees successfully obtained this certification.

During 1998, the ANZCA Council approved the establishment of a Faculty of Pain Medicine with its own interim Board. Initial regulations set criteria for admission to foundation fellowship of the Faculty of Pain Medicine (closed soon after inauguration), for admission to fellowship by training and examination, by election or to honorary fellowship. The first examination was held in November 1999. The first elected Board took office in May 2000.

Pain medicine was recognised as a medical specialty by the Australian Medical Council in November 2005, the first of its type anywhere in the world.

An application to the Medical Council of New Zealand for recognition of pain medicine as a medical specialty in New Zealand is at stage two of the application process. A response is anticipated in 2012.

Categories of fellowship

Admission to fellowship of the Faculty is by training and examination, by election according to specified criteria, or by invitation (honorary). As a post-fellowship specialty qualification, candidates must hold an approved Australian or New Zealand primary specialty qualification before conferral of fellowship of Faculty of Pain Medicine.

Table 1.1 Fellowship by category

Country	Fellowship (FFPMANZCA)
Australia	221
New Zealand	23
Singapore	9
Hong Kong	10
Malaysia	1
Other	29
TOTAL	293

The Faculty fellowship continues to grow by approximately 10 per cent per annum. At the end of 2011, there were 293 active Fellows and 82 financial trainees in various stages of training in Australia, New Zealand, Hong Kong and Singapore. The Faculty has 27 units accredited for training in pain medicine across these regions. A record 28 candidates presented for the 2011 fellowship examination and this trend is expected to continue.

Sustainability of the specialty

The need for the specialist discipline of pain medicine arose out of the huge burden of chronic pain in the community, estimated at 1:5 Australians (Access Economics report 2007), and 1:6 in New Zealand (New Zealand Medical Journal October 2011). This burden will increase with the ageing of the population, in which there will be an increased prevalence not only of conditions associated with pain but also of co-morbidities that influence the experience of pain.

The scope of pain medicine is the assessment and management, in a biopsychosocial framework, of persons with complex pain, especially when an underlying condition is not directly treatable. Pain medicine supplements the scope of other medical disciplines and utilises interdisciplinary clinical skills to promote improved quality-of-life through improved physical, psychological and social function.

As there will never be enough specialist pain medicine physicians to personally manage all of those with persistent pain, an increasingly important role for those specialised in pain medicine is to assist other health professionals – medical, nursing and allied health – particularly those working in primary care, to enhance their competence and confidence in this clinical field. There is steady growth in this supportive activity being undertaken by FPM Fellows.

FPM's core business is career-encompassing education and standard setting for practice in pain medicine. This is necessarily linked closely to providing leadership in applying advances in knowledge and evidence-based therapeutic methodology, and to developing alternative models of care, which help to address the unmet burden of disease in the community.

The Faculty is currently undertaking a curriculum revision project which involves a comprehensive review of the FPM training program, and re-alignment of objectives of training, the core curriculum and assessment processes. This project will implement an outcomes-focused, competency-based approach to learning and assessment. A revised curriculum will be introduced in 2015. This is explained in more detail in sections 1.3, 2.2 and 3.1 of this submission.

The FPM training program focuses on acquisition of confidence, competence and the communication skills necessary for clinical practice as a specialist pain medicine physician. Trainees are expected to master the skills needed for independent medical practice, including history taking, clinical examination, formulation and communication of comprehensive assessment and management plans and the ability to work in a multidisciplinary environment. Capacity to perform certain procedures may be acquired by some trainees.

As fellowship in pain medicine is a post-fellowship qualification, the recognition of the prior learning inherent in achieving fellowship in one of the participating specialties is fundamental to the training program.

Given the varying background of trainees in pain medicine, the training program is intended to be tailored to the needs of the individual trainee. To deliver this the Faculty has accredited 27 training units in Australia, New Zealand, Hong Kong and Singapore.

The Faculty has encouraged continuing professional development since 2004, prior to it becoming mandatory, and has supported flexibility for Fellows considering their different backgrounds. Much attention has been given to the presentation of two annual clinical/scientific conferences, one with a devoted "Refresher Course Day", as well as building up resources such as DVDs, podcasts and webinars.

Governance

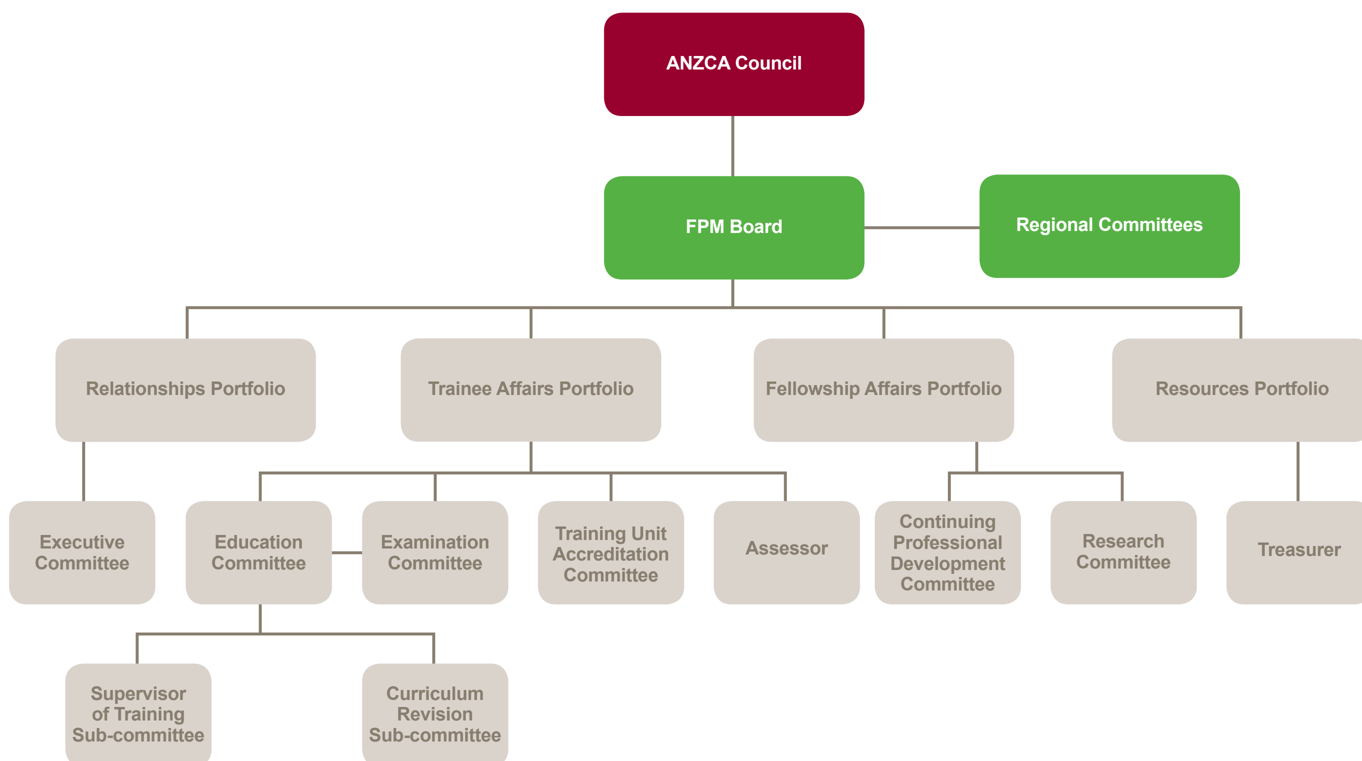
The Faculty of Pain Medicine is a faculty of the Australian and New Zealand College of Anaesthetists and is administered by a Board elected by the fellowship, and is supported by committees. The Board elects the dean and other office bearers. The administration, examinations and training headquarters are located in Melbourne and are administered by the general manager.

The Faculty regulations (Appendix 1) define the composition and election processes of the Board and office bearers and detail the portfolios, committees and functions of the Board as well as requirements of the training and assessment program. Provisions in the regulations ensure ongoing multidisciplinary representation on the Board to reflect the composition of the fellowship and the collaboration between the five participating bodies: the Australian and New Zealand College of Anaesthetists (ANZCA), the Royal Australasian College of Physicians (RACP), the Royal Australasian College of Surgeons (RACS), the Royal Australian and New Zealand College of Psychiatrists (RANZCP) and the Australasian Faculty of Rehabilitation Medicine (AFRM) of the Royal Australasian College of Physicians.

If at any time New Zealand is not represented on the Board by an elected member, the Board will co-opt a New Zealand resident Fellow. If any state of Australia is not represented on the Board by an elected member, the Board may co-opt a Fellow resident in that state upon the advice of the relevant regional committee. The general manager and director of professional affairs also attend each meeting of the Board. ANZCA's chief executive officer and president have a standing invitation to attend.

ANZCA Council has delegated certain powers and functions to the Faculty of Pain Medicine of the College as reflected in the Faculty's governance structure Figure 1.1.

Figure 1.1: Governance structure



Faculty Board

The Board comprises 10 Fellows of the Faculty of Pain Medicine, elected or nominated in accordance with the regulations. At least four must be Fellows of ANZCA, at least two must be Fellows of a division or a faculty or a chapter of the Royal Australasian College of Physicians, at least one must be a Fellow of the Royal Australasian College of Surgeons, and at least one must be a Fellow of the Royal Australian and New Zealand College of Psychiatrists. The remaining two Fellows may be any Fellows of the Faculty.

Board members as at January 2012:

Elected

Dean	Dr David Jones
Vice-Dean	Associate Professor Brendan Moore
Chair, Training Unit Accreditation Committee	Dr Carolyn Arnold
Treasurer, Scientific Meeting Officer	Associate Professor Leigh Atkinson
Continuing Professional Development Officer, Assistant Assessor, Annual Scientific Meeting Officer	Dr Penelope Briscoe
Assessor	Dr Frank New
Chair, Education Committee	Professor Edward Shipton
Chair, Research Committee	Dr Christopher Hayes
Chair, Continuing Professional Development Committee	Dr Guy Bashford

Co-opted representatives

Co-opted member Western Australia	Professor Stephan Schug
Co-opted member North Island New Zealand	Dr Kieran Davis
Co-opted member of ANZCA Council	Dr Lindy Roberts

Director of professional affairs

FPM Director of Professional Affairs	Associate Professor Milton Cohen

Associate Professor Brendan Moore was elected dean-elect at the February 2012 Board meeting, to take office after the annual general meeting in May 2012. Board elections will occur in April 2012 and the new FPM Board will have its first meeting in May 2012.

The FPM General Manager, Ms Helen Morris, commenced in 2005 after 10 years with ANZCA and reports to the ANZCA Chief Executive Officer, Ms Linda Sorrell.

Associate Professor Milton Cohen, a former Faculty dean, commenced as FPM director of professional affairs in 2010 and is responsible to the dean and FPM Board for the provision of advice on Faculty professional matters, particularly on policies as they relate to clinical and professional issues affecting the fellowship. He works closely with the FPM general manager.

The functions of the Board are distributed across four portfolios: Relationships, Trainee Affairs, Fellowship Affairs and Resources, each chaired by a Board member, including the dean and vice-dean. The four portfolio chairs, together with the general manager, form the Executive Committee of the Board.

Board committees

The committee structure reflects the Faculty's core business and strategic priority areas.

Each committee reports to the Board, which retains responsibility for ultimate decision-making. There is representation from each committee on the Board, and committee minutes, including recommendations, are considered at the following Board meeting. In May each year the new Board confirms the appointment of office bearers, committee chairs and membership nominations. Terms of reference for each committee have been developed as part of an extensive project covering all College committees. Terms of reference for each committee and membership for the period May 2011 to May 2012 can be found at: http://www.fpm.anzca.edu.au/about-fpm/committees. Terms of reference for the Board and senior officers are being developed and will be available following the May 2012 Board meeting.

The principal committees of the Board are:

- Executive Committee.
- Education Committee.
- Examination Committee.
- Training Unit Accreditation Committee.
- Continuing Professional Development Committee.
- Research Committee.

Sub-committees (committee to which it reports in brackets)

- Curriculum Revision Sub-Committee (Education Committee).
- Supervisors of Training Sub-Committee (Education Committee).

ANZCA committee representation

The Faculty has representation on the following committees of ANZCA:

- Examinations Committee.
- Primary Examination Sub-Committee.
- Education and Training Committee.
- Research Committee.
- Fellowship Affairs Committee.
- International Medical Graduate Specialist Committee.
- Quality and Safety Committee.
- Overseas Aid Committee.
- Training Accreditation Committee.
- ANZCA Trials Group.
- ANZCA Regional Committees.
- ANZCA E-Learning Working Group.

Regional committees

In 2008, the Board developed regulations for the establishment of regional committees, which have since been established in five Australian states: Queensland (2008), New South Wales (2008), Western Australia (2009), South Australia (2010) and Victoria (2011). FPM regional committees have a role in considering local strategies for the recruitment and training of pain medicine trainees and in supporting the pre-examination short course and examination on a rotational basis. They also support teacher training, educational meetings and dissemination of information. Membership for the period May 2011 to May 2012 can be found at: http://www.fpm.anzca.edu.au/about-fpm/committees

FPM regional committee regulations require each region to meet at least three times per year and recommend an open channel of communication with a local representative of the Australian Pain Society to foster the relationship and to promote the multidisciplinary approach to pain management. Inter-disciplinary, rural and new Fellow representation is encouraged, as well as local liaison with the Australian Pain Society.

Faculty regional committees are supported administratively by ANZCA regional staff, who travel to head office twice a year for training in June and December.

Governance reviews

The Faculty has a robust governance structure, having been developed on the multidisciplinary background provided by Board members and their parent bodies, and continues to regularly review and improve its structure, processes and programs to keep pace with its expansion.

The Faculty has a strong relationship with ANZCA, and has benefited from increased capability and expertise within the College.

The Faculty restructured the Board in May 2008. The restructure was designed to place more emphasis on providing services to Fellows so as to sustain them in ongoing specialist practice, to improve corporate responsibility and raise the profile of pain medicine in the wider community. The Faculty regulations were updated in alignment with these changes.

The development of the Trainee Affairs Portfolio under this restructure consolidated committees involved with education and training under one portfolio under the responsibility of a senior Board member. This ensured a focus of resources on education and training.

A Fellowship Affairs Portfolio was developed to focus on support for Fellow activities and overseeing the delivery of an expanded continuing medical education program, improved continuing professional development access for Fellows and development of projects of benefit to the profession, such as the National Pain Outcomes Initiative and a pain device implant register.

A workshop was held in October 2009 to develop a strategy for 2010-12. The key priorities were to:

- Increase the level of education and training in pain medicine.
- Develop and communicate the Faculty's position on the scope of practice and delivery models for pain management.
- Set high standards for pain medicine practice.
- Build the Faculty and fellowship numbers.
- Increase the support for quality assurance and research.
- Increase the profile of the profession and the Faculty with external stakeholders.

Strengths and challenges

A major turnover in the composition of the Board in 2012 provides both an opportunity and a challenge as the Faculty begins its strategic planning for 2013-2017. To capture the expertise and ideas of both the departing and some new Board members, the Faculty commenced its strategy review process in February 2012 with a facilitated workshop to review progress against the 2010-2012 strategic plan and to explore ideas for the 2013-2017 strategy. Following consultation with relevant stakeholders, a further workshop is planned for the second half of 2012 for the new Board to finalise and approve the 2013-2017 strategic plan.

A challenge to a small, growing Faculty committed to continuous improvement is the need for ongoing engagement with its Fellows. To deliver and coordinate its expanding activities, the Faculty has increased its capability with the appointment of key positions, including a director of professional affairs and a education and training advisor. Administrative support has also been strengthened. Opportunities to recognise and acknowledge the pro bono support of Fellows are being explored and a Faculty citation is in development.

Organisational structure

The management of training and education activities comes under the domain of the Trainee Affairs Portfolio, led by the chair of the Education Committee, which oversees the Education Committee and its sub-committees, the Examination Committee, Training Unit Accreditation Committee and assessor activities.

The main effector arm of the Trainee Affairs Portfolio is the Education Committee, which is responsible for devising and supervising all activities relating to education and training towards the qualification of fellowship in Pain Medicine. This is a core committee, with regional, multidisciplinary and new Fellow representation.

Reporting to the Education Committee are:

- The **Supervisors of Training Sub-committee** comprises all FPM supervisors of training and chaired by the supervisor of supervisors of training. This committee meets face-to-face at least once per year.
- The **Examination Committee** develops, implements and audits the content and conduct of the summative assessments (written and clinical examinations and clinical case study). This committee is responsible for the appointment, reappointment, probation and performance management of examiners, assessment of clinical case study submissions and overseeing the delivery of the FPM Pre-examination Short Course.
- The **Curriculum Revision Sub-committee** is charged with comprehensively reviewing the curriculum and identifying where new training and assessment resources are needed. See more in section 1.5.

The Trainee Affairs Portfolio also contains:

- The **Training Unit Accreditation Committee** oversees the assessment and accreditation of new training units and ongoing reaccreditation of existing units and provides advice to the Board on policy regarding these matters.
- The **assessor** is the officer of the Board responsible for the assessment of prior training experience of candidates, including international medical graduate specialists, for fellowship by training and examination, and for the assessment of applicants for election to fellowship of the Faculty, both directly and by the summative assessment pathway.

1.2 Program management

Accreditation standards

1.2.1 The education provider has established a committee or committees with the responsibility, authority and capacity to direct the following key functions:

- Planning, implementing and reviewing the training program(s) and setting relevant policy and procedures.
- Setting and implementing policy and procedures relating to the assessment of overseas-trained specialists.
- Setting and implementing policy on continuing professional development and reviewing the effectiveness of continuing professional development activities.

1.2.2 The education provider's education and training activities are supported by appropriate resources including sufficient administrative and technical staff.

Summary of FPM response

1.2.1 FPM has established a Trainee Affairs Portfolio comprising the Education and Training Committee, the Examination Committee and the Training Unit Assessment Committee, all of which contribute to policy and procedures for delivering the training program. Recently established is the Curriculum Revision Sub-Committee. Within the Fellowship Affairs Portfolio the Continuing Professional Development Committee devises and reviews relevant activities. The Faculty has very recently recognised the challenge of assessing overseas-trained specialists in pain medicine.

1.2.2 The FPM's education and training activities are supported by resources within the Faculty and ANZCA.

Committees involved in training, assessment and continuing professional development

The following committees have roles in the Faculty's training, assessment and continuing professional development activities:

- Education Committee
  - Supervisor of Training Sub-Committee.
  - Curriculum Revision Sub-Committee: Core Working Group.
- Examination Committee
- Training Unit Accreditation Committee.
- Continuing Professional Development Committee.

In addition the assessor reports directly to the Board and has delegated authority with respect to issues of prior learning and training.

The governance chart in Figure 1.1 illustrates the reporting relationships of these committees.

With respect to the assessment of overseas-trained specialists, the Faculty has determined in principle to follow the ANZCA process. The first instance in which that process has been implemented occurred on March 5, 2012. Given that fellowship in pain medicine is a post-fellowship qualification, and the acceptance by the Australian Health Practitioner Regulation Agency that fellowship is required for registration as a specialist pain medicine physician in Australia, it has become clearer that each element of the Faculty's formula for fellowship [F = prior qualification (Q) + adequate training (T) + success in examination (E)] needs to be assessed for each international medical graduate specialist, in order to ascertain comparability with its standards. As there are few (if any) comparable programs elsewhere, the Faculty has taken a facilitatory stance to assist the international medical graduate specialist to achieve full recognition as a pain specialist. It is anticipated that this policy will continue.

Support for education and training activities

The largest portfolio in the Faculty's structure (see 1.1) is the Trainee Affairs Portfolio, chaired by the chair of the Education Committee, which oversees the design, review and development of the FPM training program. This portfolio encompasses the Education Committee and its sub-committees, the Examination Committee, Training Unit Accreditation Committee and assessor activities.

The Faculty Education Committee is responsible for planning, implementing and reviewing the training program and setting relevant policy and procedures. This committee reviews the adequacy of Faculty resources for training through feedback from the regular supervisors of training workshops, direct interaction with trainees, review of trainee exit questionnaire data and through collaboration with the ANZCA Education Development Unit with regard to developments in educational innovations and practices.

The curriculum revision project is expected to identify areas where additional resources might be required, particularly with respect to learning/teaching assessment and evaluation methodologies.

With the ongoing growth of the Faculty and increased activities, additional administrative and technical staff have been employed as required. The Faculty employs four full-time administrative staff, a part-time education and training advisor and a part-time director of professional affairs, who is a Faculty Fellow. In 2011 an additional full-time administrator was employed to support accreditation activities and to co-ordinate and improve Faculty communications.

The FPM organisational chart is available at: http://www.fpm.anzca.edu.au/about-fpm/structure-and-governance

Support from the ANZCA Education Development Unit and Continuing Professional Development Unit has increased as required.

Expertise within ANZCA's Education Development Unit (refer ANZCA submission) has provided support including:

- Providing professional advice and support to the FPM education and training advisor in developing the curriculum revision project.
- Organising and running education workshops and presentations.
- E-Learning development including a suite of pain medicine podcasts.

ANZCA's Continuing Professional Development Unit provides support including:

- Management of Fellows' participation in the ANZCA/FPM Continuing Professional Development Program.
- Organisation of the FPM annual spring meeting.
- Organisation of FPM component to the annual scientific meeting.

ANZCA's Information Technology Unit provides ongoing support for the Faculty's IT requirements.

The FPM Training Unit Accreditation Committee is responsible for the assessment of available resources within training units against the criteria outlined in professional document *PM2 Guidelines for Units Offering Training in Multidisciplinary Pain Medicine* (Appendix 2) to ensure trainees have access to appropriate support and resources. The Training Unit Accreditation Committee is responsible for recruiting and training the review panel. A workshop for Faculty hospital reviewers on mastering interviewing skills, facilitated by the Cognitive Institute, was held in 2010 with the aim of improving skills and enhancing consistency among reviewers.

Trainee communications have been enhanced with the development of a trainee e-newsletter and an annual trainee lunch held in conjunction with the annual scientific meeting. The Pre-examination Short Course was expanded from two to three days to include long case and viva practice.

Examination management activities are overseen by the Examination Committee including setting exam questions, appropriate venue selection.

Recognising the need to achieve and maintain high levels of competence within committee support roles, the College conducted a committee support project to develop procedures, tools and processes to assist administrative support staff. A training program was rolled out to staff in 2011 and will be rolled out to committee chairs in 2012.

Challenges in resourcing education and training activities

Execution of the Faculty's curriculum revision project and implementation of the revised curriculum is the biggest challenge facing the FPM in the shorter term. The three phases of this project are:

- Phase 1. Revision of the curriculum, based on identifying the roles of, and the competencies required by, specialist pain medicine physicians, to be completed by end of 2012.
- Phase 2. Development of new learning/teaching and assessment resources, to be completed by September 2014.
- Phase 3. Preparation and implementation of a transition plan, to be completed by end of 2014. (There will be more support for supervisors of training. Online processes will be developed modelled on ANZCA's.)

It is anticipated that additional resources will be required including:

- Development of additional e-learning resources.
- Introduction of additional assessment tools.
- Support for supervisors of training.
- Development of online processes.

It is intended that some structural elements of the revised curriculum will be phased-in in 2013 and 2014, prior to full expression in 2015.

Meeting the increasing needs for education in pain medicine will be another challenge. The Faculty has expanded its continuing medical education program and e-learning resources and demand for these is expected to increase. In 2011, the Faculty commenced a joint FPM/Royal Australian College of General Practitioners initiative to develop an online modular educational program for primary healthcare professionals (see section 1.3.2). The Faculty will explore opportunities in the future to develop and modify this initiative to reach other groups.

1.3 Educational expertise

Accreditation standards

1.3.1 The education provider uses educational expertise in the development, management and continuous improvement of its education, training, assessment and continuing professional development activities.

1.3.2 The education provider collaborates with other educational institutions and compares its curriculum, training program and assessment with that of other relevant programs.

Summary of FPM response

1.3.1 FPM has appointed a professional education and training advisor to work with Fellows with education expertise and ANZCA's Educational Development Unit. A major project is the curriculum revision, to be implemented in 2015.

1.3.2 FPM has links with other educational institutions and its training program and assessments are informed by the programs of some of its participating bodies.

Development of educational expertise

The Faculty was the first multidisciplinary medical academy in the world to be devoted to education and training in pain medicine. The Faculty has close collaboration with the ANZCA Education Development Unit and has access to the expertise and resources described under Section 1.3 of the ANZCA submission, particularly with respect to support of teaching training, podcast development and as an additional resource for the curriculum revision project.

The Education Committee developed its objectives of training, based on a novel synthesis of the field, informed by the Core Curriculum of the International Association of the Study of Pain (IASP) and other resources, such as the International Cochrane Collaboration of Pain and some of the programs in the USA. Those objectives had undergone a number of iterations prior to a major blueprinting process (below). Educational expertise was provided by ANZCA's medical educator in the development of the curriculum and trainee materials, including the trainee support kit.

In 2007, work commenced on a blueprinting process, to map out the main attributes and functions of a specialist pain medicine physician and to align these with the training processes and assessment requirements to ensure that all core components of the curriculum are being delivered and assessed. This process was facilitated by Professor Brian Jolly, Monash University, an expert in health professional education. A number of focus groups were convened regionally to gain feedback from Fellows.

In 2011, recognising that the scope of the project had expanded significantly, the Faculty appointed a professional education and training advisor, Mrs Ann Maree Bullard, to convert the blueprinting process into a comprehensive curriculum revision. Mrs Bullard has broad experience and qualifications in a range of educational systems, including curriculum development (including using a competency-based approach), program design (including development of learning/teaching and assessment resources), program implementation and program evaluation.

A distillation of key roles of the specialist pain medicine physician similar to the CanMEDS framework has been undertaken. The aspects of a medical expert in this context embrace clinician, professional, communicator, collaborator, scholar, health advocate, manager, clinical leader, teacher coach mentor, and change agent. A core working group has been established and will meet at regular intervals in 2012.

From 2015, the education and training advisor will coordinate and provide professional expertise into the activities of the Faculty that relate to Australian Medical Council standards that represent the core of a competency-based education system. The education and training advisor will also coordinate and provide professional expertise into a continuous improvement process related to these core standards. Please see the attached diagram (Appendix 3 – "FPM guide to AMC education cycle") for an explanation of what is intended.

Collaboration with other organisations

Participating colleges and faculty

Although the Faculty is hosted within ANZCA, a memorandum of understanding between the five participating bodies (ANZCA, Royal Australasian College of Surgeons, Royal Australian and New Zealand College of Psychiatrists, Royal Australasian College of Physicians and the Australasian Faculty of Rehabilitation Medicine) was developed in 2008 with the purpose of facilitating communication and collaboration between the founding members of the Faculty. This has resulted in increased interaction through regular reporting of key issues arising from FPM Board meetings, opportunities to observe examinations and attend Board meetings and collaboration on professional guidelines. This memorandum of understanding will be reviewed every five years, or at the request of any of the participating bodies.

The Faculty also has links with palliative medicine, addiction medicine, general practice and gynaecology training organisations. Reciprocal training arrangements are in place with palliative medicine and rehabilitation medicine.

As part of the curriculum revision process, formal meetings have been held recently with ANZCA and the Royal Australian and New Zealand College of Psychiatrists. Information has been obtained for consideration from the ANZCA Education Development Unit and the Australasian Faculty of Rehabilitation Medicine (Royal Australasian College of Physicians) relating to their curriculum structures and their learning/teaching and assessment processes. Meetings are planned with Royal Australian College of General Practitioners and the University of Sydney's masters program in pain management.

ANZCA
The ANZCA Education Development Unit provides support and resources to the Faculty, including access to teacher and examiner training programs, e-learning resource development and collaboration of educational expertise in the development of the Faculty's curriculum revision project. The Faculty has contributed to ANZCA Curriculum Revision 2013.

Australasian Faculty of Rehabilitation Medicine (Royal Australasian College of Physicians)
As a result of discussions between the FPM and the Australasian Faculty of Rehabilitation Medicine to explore opportunities for collaboration and sharing of resources, the Australasian Faculty of Rehabilitation Medicine generously provided access for FPM trainees to their Bi-national Training Program. Faculty trainees have taken advantage of this opportunity and a number of FPM Fellows have presented.

Royal Australasian College of Surgeons
In 2011, following successful representations by the Royal Australasian College of Surgeons representative on the FPM Board, the Royal Australasian College of Surgeons formed a pain medicine section and terms of reference for that section have been established. Communications between the FPM and the section have been established.

Royal Australian College of General Practitioners
In 2011, a joint FPM/Royal Australian College of General Practitioners submission to the Bupa Health Foundation for funding to develop an online modular educational program for primary healthcare professionals was successful. Three members of the FPM Education Committee are part of the Curriculum Development Committee for this project and membership of the six Content Committees, responsible for writing the content of each of the six modules, is largely drawn from the fellowship. The program will be launched in September 2012. Opportunities will be explored in the future to develop and modify this initiative to reach other groups.

American Academy of Pain Medicine
The Faculty has close links with the American Academy of Pain Medicine. The academy's scientific journal *Pain Medicine* has been adopted as the official journal of the Faculty and the FPM has representation on the editorial board. Online access to *Pain Medicine* was negotiated for all College Fellows commencing 2011. American Academy of Pain Medicine representatives have attended the Faculty examination. The American Academy of Pain Medicine's curriculum content and structure differ markedly from those of the Faculty.

UK, Ireland and Canada
Close communications have been maintained with the United Kingdom, Ireland and Canada, where pain faculties have been formed under the auspices of the Royal College of Anaesthetists, College of Anaesthetists of Ireland and the Royal College of Physicians and Surgeons of Canada respectively. Although the structure of those faculties' programs differs from that of FPM, there has been significant sharing of information relating to curriculum development and training and examination processes. In 2011, observers from the Irish and UK faculties attended the FPM examination.

1.4 Interaction with the health sector

Accreditation standards

1.4.1 The education provider seeks to maintain constructive working relationships with relevant health departments and government, non-government and community agencies to promote the education, training and ongoing professional development of medical specialists.

1.4.2 The education provider works with healthcare institutions to enable clinicians employed by them to contribute to high quality teaching and supervision, and to foster peer review and professional development.

Summary of FPM response

1.4.1 Independently, although with the assistance of the Policy Unit of ANZCA, the FPM has working relationships with national and state governments and health workforce bodies. In particular the FPM is represented on the Board of Painaustralia, the umbrella consumer group. These and other relationships are pursued to promote the development of pain medicine as a discipline, including training of specialist pain medicine physicians.

1.4.2 Similarly to ANZCA, the FPM uses its training site accreditation process to identify areas where its Fellows and trainees require more support with respect to in-service training and supervision.

Policy capability

The Faculty contributes to health policy through its representation on a number of state and national bodies, its submissions to government and other agencies and regular reporting to agencies such as the Medical Training Review Panel and Australian Medical Council.

Particularly since the recognition of pain medicine as a medical specialty by the Australian Medical Council in November 2005, there has been an increasing number of consultation opportunities to which the Faculty has responded independently or in collaboration with ANZCA.

The Faculty's director of professional affairs and general manager work closely with the ANZCA Policy Unit (refer Section 1.4 of ANZCA submission) with respect to policy development and strategy and liaison with government and related bodies.

The ANZCA Policy Unit provided substantial support in the development of the Pain Summit in 2010 (see below), the associated pain strategy, and the subsequent development of supporting documents to make the case for pain medicine to government. Assistance with pain medicine issues and the interface with government, including liaison with bodies such as Painaustralia, and the preparation of submissions, continues to be supported by the Policy Unit, as required.

Grants

As part of ANZCA's collaboration with the Australian Department of Health and Ageing through the Specialist Training Program (refer Section 1.4 ANZCA submission), funding has been received to support an additional pain medicine training position in a private setting. The Faculty has also benefited from the additional funding for expansion of the College's e-learning program and teacher training for rural and regional teachers.

Government

The Faculty has representation on or has contributed to government agencies including:

Commonwealth

National Pharmaceutical Drugs Misuse Strategy – Expert Reference Group.
Pharmaceutical Benefits Advisory Committee.
Medicare Telehealth Advisory Group.

Queensland

The Queensland Persistent Pain Statewide Steering Committee developed the Statewide Persistent Pain Strategy to establish a long-term and achievable direction for pain services across the state of Queensland. This strategy, in combination with the National Pain Strategy, had a positive outcome, with the announcement in June 2010 that Queensland Health would provide $39.1 million over four years to establish and support the implementation of persistent pain strategy in that state. Five Faculty Fellows are members of the Persistent Pain Statewide Steering Committee and the Faculty has been invited to nominate other individuals to participate in several working groups to drive forward distinct bodies of work related to the implementation of the strategy.

New South Wales

NSW Agency for Clinical Innovation is proceeding with plans to consolidate resources in the state's nine tertiary multi-disciplinary pain clinics and the development of a best practice model of care to better manage patients at primary-care level.

Victoria

In 2008 Fellows of the Faculty together with allied health staff and Australian Pain Society representatives contributed to a review of chronic pain services in Victoria. This led to clearer identification of areas of need for additional units to improve patient access to services, and some growth funding for new and existing services. Additional funding was also directed to training positions in pain medicine.

New Zealand

PHARMAC (Pharmaceutical Management Agency of New Zealand) Analgesic Sub-committee of Pharmacology and Therapeutics Advisory Committee.

Pain societies
The Faculty has a close working relationship with the Australian Pain Society and the New Zealand Pain Society. Teleconference meetings of executive members are convened regularly to share information and coordinate activities, especially educational events. Opportunities for joint endorsement of position papers and collaboration on a range of initiatives, including the Global Year Against Pain and National Pain Outcomes Initiative have been successful. Since its formation in 2011, the Faculty has had representation on the Australian Pain Society Relationship and Communications Committee.

A Faculty initiative for a National Pain Outcomes Database has been broadened to include participation of the Australian Pain Society and New Zealand Pain Society. Members of the Australian Pain Society, New Zealand Pain Society, Allied Health and Faculty Fellows met in Canberra in October to discuss developing this initiative. The group was successful in obtaining provisional agreement on a minimal data set. It is intended to work with the University of Wollongong as the central database and analysis provider based on their experience with the Australasian Rehabilitation Outcomes Centre and Palliative Care Outcomes Collaboration projects.

Painaustralia
The FPM and ANZCA, in collaboration with the Australian Pain Society, Chronic Pain Australia and inaugural supporters Bupa Health Foundation and the Pain Management Research Institute, led a National Pain Summit in March 2010, involving 200 delegates representing 130 organisations, which concluded with a unified position on the recommendations and implementation of a national pain strategy.

In summary, the Summit called for:

- Formation of a national representative body to include all stakeholders in pain management.
- Recognition of chronic pain as a condition in its own right with access to treatment in the chronic disease model of care.
- The introduction of standardised national interdisciplinary pain management networks.
- A community-led program to destigmatise chronic pain in the minds of the community and the medical profession.
- Through better education, to spread the message that a wider range of help - beyond analgesics - is available.
- The introduction of pain as the fifth vital sign along with blood pressure, pulse, temperature and breathing rate.
- A formal coding system for pain in hospitals to allow prevalence and other data to be tracked.

Subsequently the Faculty and ANZCA contributed to the formation of a national pain advocacy body, Painaustralia, to take the strategy forward, and have representation on the Painaustralia Board.

Working with healthcare institutions

The Faculty's training unit accreditation process provides an opportunity for the Faculty to work with healthcare institutions to ensure that units meet requirements for pain medicine training. The criteria for accrediting a multidisciplinary pain centre are detailed in professional document *PM2 Guidelines for Units Offering Training in Multidisciplinary Pain Medicine* (Appendix 2).

Where issues emerge that indicate conflict between the Faculty and the employing authority, all efforts are made to resolve this. The views of trainees are sought about the suitability of institution/posts for training in quarterly reports, exit questionnaires and during unit accreditation visits.

Faculty requirements for pain medicine specialists involved in teaching, training and supervision of Faculty trainees are articulated in professional documents PM5, PM7 and the Supervisor of Training Agreement (Appendices 4, 5 and 6). This includes an allocation of non-clinical time (one session per week in larger units) to achieve these requirements. Compliance is assessed during the accreditation review process.

Standards
The FPM Board began developing professional documents, based on available evidence, in 2000. Further documents relating to the following areas have been published and are reviewed on a regular basis. PM2 and PM4 are currently under review. The FPM and ANZCA have a number of co-badged professional documents and a number of ANZCA documents have been adopted by the Faculty. The FPM is included in the review process for these documents. Refer Appendix 7 for a full listing.

FPM has adopted a number of ANZCA professional documents and processes, including the College reconsideration and review and appeals processes, outlined in ANZCA Regulation 30 and 31 respectively, which applies throughout the College and its Faculty of Pain Medicine. Other joint professional documents and processes have been developed collaboratively:

- *PS03 Guidelines for the Management of Major Regional Analgesia – PILOT*
- *PS38 Statement Relating to the Relief of Pain and Suffering and End of Life Decisions – 2010*
- *PS39 Minimum Standards for Intrahospital Transport of Critically Ill Patients – 2010*
- *PS40 Policy for the Relationship Between Fellows, Trainees and the Healthcare Industry – 2010*
- *PS41 Guidelines on Acute Pain Management – 2007*
- *PS45 Statement on Patients' Rights to Pain Management and Associated Responsibilities – 2010*
- *PS49 Guidelines on the Health of Specialists and Trainees – 2008*

1.5 Continuous renewal

Accreditation standards

1.5.1 The education provider reviews and updates structures, functions and policies relating to education, training and continuing professional development to rectify deficiencies and to meet changing needs.

Summary of FPM response

1.5.1 Building on previous iterations, the FPM has embarked on a major curriculum revision project. Significant revision of accreditation of training units is in progress, as are improvements to the in-training supervision and end-of-training examination processes. It is intended that trainees will be involved in these processes.

The dean is a director of ANZCA as well as a member of ANZCA Council and is informed of reports from the Trainee Committee of ANZCA that consider issues possibly relevant to FPM. The Board and committees continually review and refine processes, functions and policies in response to emerging needs, anticipated trends and new developments in clinical practice and educational theory.

The Training Unit Accreditation Committee is progressing a significant revision of Faculty professional document *PM2 Guidelines for Units Offering Training in Multidisciplinary Pain Medicine* to expand opportunities for pain medicine training by identifying sites that can offer tailored program for trainees. This is intended to give flexibility and to harness opportunities for training that might otherwise be lost.

The Board restructure referred to above (in Governance – Section 1.1) included dividing the responsibilities of the Education and Training Committee. The Education Committee now focuses on trainee education and assessment and a Continuing Education and Quality Assurance Committee was formed (recently renamed the Continuing Professional Development Committee) to focus on the needs of Fellows. The Continuing Professional Development Committee is responsible for planning the annual scientific meeting and spring meeting programs and the refresher course day program and identifying topics to be addressed in continuing professional development activities.

The curriculum revision project has been discussed in Section 1.3 above.

Resulting from the increasing number of trainees sitting the fellowship examination and the associated impact on resources, the Examination Committee is reviewing the examination format, including the possibility of holding the written component separately, in advance of the clinical component. In 2011, the case report (now clinical case study) format was also revised and new guidelines are in development aimed at clarifying the expectations of the Examination Committee regarding performance of this component. This included a change of emphasis to a formative process as well as a summative assessment. Documents detailing the preparation of the clinical case study and the marking guide are being developed by the Examination Committee and will be available to candidates, supervisors of training and examiners following Board approval (see Appendices 8 and 9).

The Faculty continues to introduce new professional documents and has established a process for review of its professional documents. Professional documents are reviewed at least once every five years and documents are circulated to the regional committees for input.

2 Organisational purpose and training program outcomes

2.1 Organisational purpose

Accreditation standards

2.1.1 The purpose of the education provider includes setting and promoting high standards of medical practice, training, research, continuing professional development, and social and community responsibilities.

2.1.2 In defining its purpose, the education provider has consulted fellows and trainees, and relevant groups of interest.

Summary of FPM response

2.1.1 The ANZCA constitution articulates the mission and objectives of the Faculty. The Faculty itself has defined the scope of the discipline of pain medicine, which itself is evolving rapidly. As an integral member of Painaustralia, the Faculty is responsive to its social and community responsibilities.

2.1.2 The Faculty has recently consulted a broad range of stakeholders as part of its strategic review process.

ANZCA mission

The mission of the College is "to serve the community by fostering safety and quality patient care in anaesthesia, intensive care and pain medicine".

The objectives of the mission statement are outlined on the ANZCA website.

The College's function is thus to cultivate and maintain the highest principles and standards in the training, practice and ethics of anaesthesia, intensive care and pain medicine.

The scope of pain medicine practice

Pain medicine is a multidisciplinary field of specialist medical practice that recognises that the assessment and management of severe pain problems requires the skills of more than one medical discipline. The scope of pain medicine is the biopsychosocial assessment and management of persons with complex pain, especially when an underlying condition is not directly treatable. The scope of pain medicine supplements that of other medical disciplines, and uses interdisciplinary skills to promote improved quality of life through improved physical, psychological and social function.

Specialist pain medicine physicians work with a large degree of autonomy, but in the context of a multidisciplinary group with a strong team approach to the diagnosis and management of challenging pain problems. Those involved in the management of chronic and cancer pain accept major responsibilities for continuity of care, in collaboration with the referring medical practitioners and with other specialist medical and allied healthcare professionals.

Specialist pain medicine physicians usually have a substantial commitment to outpatient consulting, inpatient consulting, multidisciplinary team meetings and, in some cases, procedural work.

Although intuitively understood, the features that distinguish a specialist pain medicine physician from other physicians have proved to be difficult to codify. A revision of the curriculum and the blueprinting process is addressing this issue. All CanMEDS roles are addressed, with health advocate, change agent and team leader increasingly emphasised.

The Faculty of Pain Medicine is recognised in Australia and New Zealand as the standard-setting body in pain medicine and has a high standing internationally. Fellows of the Faculty have set the standards of patient assessment and management and the Faculty is consulted by hospitals, health authorities and other standards setting bodies, including the Australian Council of Healthcare Standards and the healthcare authorities in each state.

The Faculty promotes effective evidence-based management of all forms of severe pain (acute pain, persistent non-cancer pain and cancer pain).

The Faculty is committed to research. Ten per cent of all subscription income is committed to the ANZCA Anaesthesia and Pain Medicine Foundation. Pain medicine has fared very well in open applications to the foundation for research grants.

As outlined in Section 9, participation in a continuing professional development program has been compulsory for Fellows since 2004. Fellows can complete the continuing professional development program of either their primary specialty college and/or the ANZCA Continuing Professional Development Program. The ANZCA/FPM Continuing Professional Development Program is available to all Fellows as part of their subscription. An overview of the program is provided in Section 9 of the ANZCA submission.

Consultation with stakeholders

A review of the Faculty's vision, mission and values, as part of the 2013-2017 strategy review commenced in February 2012 in alignment with ANZCA's planning process, and to join with ANZCA in considering the development and adoption of a shared vision and possibly a set of organisational values for the College and Faculty.

The review includes consultation with key stakeholders. At present the project is focused on consulting with staff, Fellows through regional committees and other internal and selected external stakeholders. This will inform an analysis of the Faculty's strengths and weaknesses and help identify future challenges. The Board will consider this information as it decides on the Faculty's strategic priorities for the next five years, to be rolled out in 2013.

The Faculty website at www.fpm.anzca.edu.au provides information to Fellows, trainees, other stakeholders and the general public. The "About FPM" section outlines the purpose and role of the Faculty, a history of the specialty and its governance structures. Faculty regulations, professional and educational documents can be found under the "Resources" heading. A section has recently been developed for patients providing information about pain medicine procedures, publications and useful links. The website also contains detailed information about the training program and continuing professional development.

In addition to the website, the Faculty communicates with Fellows and trainees through its bi-monthly e-newsletter, *Synapse*, and bi-monthly *Trainee E-Newsletter*. The Faculty communicates to a wider group through its contributions to the *ANZCA E-Newsletter*, regular staff updates and quarterly *ANZCA Bulletin*. The latter is widely circulated to interested groups.

Annual reports are provided on the Faculty website and in hard copy to those Fellows who request it. An annual general meeting is held in conjunction with the annual scientific meeting, during which the dean reports on Faculty activities and Fellows are encouraged to give their views. An annual trainee lunch is also convened at this time to give trainees the opportunity to provide feedback to key officers and staff.

The Faculty works closely with the ANZCA Communications Unit as part of the College's communication program. As outlined in the ANZCA submission, in 2011 there were more than 25 media releases and approaches to the media relating to anaesthesia or pain medicine. ANZCA records its media coverage, which allows the College to review the effectiveness of its media activities.

The Faculty is represented on the Board of Australia's national pain advocacy body, Painaustralia, and has the opportunity to communicate its roles and purpose to a wide range of member groups, including consumer groups, and to seek and receive feedback.

2.2 Graduate outcomes

Accreditation standards

2.2.1 The education provider has defined graduate outcomes for each training program including any sub-specialty programs. These outcomes are based on the nature of the discipline and the practitioners' role in the delivery of healthcare. The outcomes are related to community need.

2.2.2 The outcomes address the broad roles of practitioners in the discipline as well as technical and clinical expertise.

2.2.3 The education provider makes information on graduate outcomes publicly available.

Summary of FPM response

2.2.1 FPM offers one training program in multidisciplinary pain medicine. The learning objectives and graduate outcomes for the program are clearly defined in the curriculum and will be subject to review in the curriculum revision project. Cultural competence has been identified as a key attribute of the specialist pain medicine physician and a draft document is due to be reviewed by the Board.

2.2.2 In its curriculum revision project, FPM has expanded the CanMEDs framework for pain medicine practice.

2.2.3 FPM publishes information on graduate outcomes in its bulletin and annual report.

The goals of education and training of the Faculty of Pain Medicine are to graduate specialist physicians with a wide knowledge of the clinical, biopsychosocial and humanitarian perspectives of all aspects of pain medicine. The scope of pain medicine described above has been defined in response to perceived need in the community.

Current

The objectives of training (Appendix 10) describe in detail the outcomes expected for a graduate of the Faculty training program. The objectives divide the content into four main sections:

- Sociobiology of pain.
- Neurobiology of pain.
- Principles of pain medicine.
- Practice of pain medicine.

Each section is divided into subsections with objectives and specific capabilities. Each part of the objectives is referenced to major texts, journals and web sites. The objectives are cross-referenced to the core curriculum of the International Association for the Study of Pain (IASP).

The Faculty curriculum revision makes explicit the CanMEDS roles, modified to emphasise clinician, professional, communicator, collaborator and scholar during the training process, and to add health advocate, manager, clinical team leader, teacher-coach-mentor and change agent as part of career-long continuing professional development, all these competencies contributing to a medical expert in pain medicine.

Cultural competence

The submission from ANZCA describes in detail the College's approach to cultural competence. Considering the complex and intimate relationship of the experience of pain and culture, recognition of and competence in this domain has been identified by the FPM as a key attribute of the specialist pain medicine physician. A cultural competency document (Appendix 11) has been developed by the Education Committee and will go to the Board for approval in 2012.

Future

The curriculum revision project (see also Section 1.3 above) is following a competency-based training approach that is aligned with the Australian Medical Council Standards relating to:

a. Understanding the job that a specialist pain medicine physician needs to perform for the community.
b. Breaking down the job of a specialist pain medicine physician into roles that contribute, when integrated, into the specialist pain medicine physician being a medical expert (an expansion of the CanMEDS framework).
c. Breaking down the specialist pain medicine physician roles into the competencies and professional qualities from which they are composed.
d. Developing a curriculum based on the roles, competencies and qualities that specify learning outcomes, learning methods and assessment methods.
e. The teaching and learning process.
f. The assessment and certification process.
g. Measurement of graduate outcomes to determine whether they meet community need.
h. Monitoring and evaluation of the training process to see whether it could be more effective.
i. Provision of appropriate continuing professional development.

The following chart indicates the agreed job definition of a specialist pain medicine physician, depicting the roles (key areas of focus).

Faculty of Pain Medicine – Specialist Pain Medicine Physician (SPMP) Job Roles

3. The curriculum for the education and training program

3.1 Curriculum framework, structure, composition and duration

Accreditation standards

3.1.1 For each of its education and training programs, the education provider has a framework for the curriculum organised according to the overall graduate outcomes. The framework is publicly available.

3.2.1 For each component or stage, the curriculum specifies the educational objectives and outcomes, details the nature and range of clinical experience required to meet these objectives, and outlines the syllabus of knowledge, skills and professional qualities to be acquired.

3.2.2 Successful completion of the training program must be certified by a diploma or other formal award.

Summary of FPM response

3.1.1 The pain medicine curriculum framework explains the structural requirements of this post-Fellowship qualification.

3.2.1 The current objectives of training address the requirements of this standard. The curriculum revision project will improve the alignment of process and outcomes.

3.2.2 Successful completion of the training program is certified by award of the Diploma of Fellowship of FPMANZCA.

Current curriculum

Structure and duration of training of FPMANZCA

The “formula” adopted by the Board for fellowship in pain medicine (F) is: prior qualification (Q) + training (T) + successful performance in the examination (E).

With respect to “Q”, candidates for fellowship of the Faculty of Pain Medicine must have obtained a specialty qualification acceptable to the Board (initially anaesthesia, medicine, surgery, psychiatry, rehabilitation medicine and more recently general practice, obstetrics and gynaecology and occupational medicine).

The structure and duration of training (“T”) is described in Regulation 4 and the *Prospectus* (Appendix 12) and is publicly available on the Faculty website.

In summary, training requirements vary from two to three years, depending on the primary qualification, previous exposure to pain medicine and experience. Training may commence during, and may be concurrent with, a training program toward a primary specialist qualification acceptable to the Board as defined in Regulations 3.1.1 and 3.5.1. It is mandatory to undertake a prospectively approved structured training period in a Faculty-accredited pain management unit of one or two years and one further year of experience with direct relevance to pain medicine. Retrospective approval toward the non-structured year of training may be granted. Trainees are expected to devote 90 per cent of their full-time equivalent employment time to pain medicine related activities, including clinical research and teaching. Part-time training is to comprise no less than 50 per cent of the commitment of a full-time trainee (0.9 full-time equivalent). Training programs run by approved units are to be tailored to the trainees’ requirements and should allow for exposure to the topics as outlined in the objectives of training.

Since broadening opportunities for entry into pain medicine training in 2005 to include Fellows of the Australian or New Zealand College of General Practitioners and Fellows of a Faculty or Chapter of a participating College, such as the Faculty of Occupational Medicine (RACP), the Faculty of Public Health Medicine (RACP), the Australasian Chapter of Palliative Medicine (RACP), the Australasian Chapter of Addiction Medicine (RACP) or the College of Intensive Care Medicine (CICM) of Australia and New Zealand, the first general practitioner Fellows have been admitted. The training period for such practitioners is three years, two years of which must be undertaken in a prospectively approved structured training program in a Faculty-accredited pain medicine unit.

At present, the structured year forms an apprentice year, during which time trainees should acquire the confidence, competence, and communication skills necessary for clinical practice as a specialist pain medicine physician. They are expected to become proficient in the skills needed for independent medical practice, including history-taking, clinical examination, biopsychosocial diagnostic and management formulation, working in a multidisciplinary environment and, for some, the ability to perform certain procedures.

It is a requirement of the training program that all trainees receive training and experience in the broad areas of acute, chronic and cancer pain. Additionally, it is highly recommended that trainees be exposed to pain management in palliative care and paediatric pain management. If all areas of experience are not available within the main facility where trainees are engaged, arrangements are made for them to gain experience in other appropriate facilities.

The content of education and training

The current training program

Objectives of training

The specific educational objectives, outcomes and experience required for each stage of the training program are specified in the *Objectives of Training* document (Appendix 10).

For the generic component, the Faculty has adopted the CanMEDS 2005 principles. The training program builds on the parent College program to ensure that trainees develop the necessary knowledge, skills and attitudes by reference to the training manual and with in-training assessment via quarterly reports, with corrective action.

"Medical expertise" is assured by the two years of training in pain medicine, building on the training of the parent discipline. The multidisciplinary nature of pain medicine requires broad discussion of each patient, with input of the multidisciplinary staff from multiple specialties.

"Communication" is of paramount importance to pain medicine practitioners, and is exercised throughout the training program and as part of the daily function of pain centres.

"Collaboration" is inherent in the multidisciplinary training program.

"Manager" is linked closely with communication and collaboration.

"Health advocate" is a feature of pain medicine; the establishment of multidisciplinary pain medicine centres has required intense activity to gain resources to ensure appropriate pain management options are available for patients. This is an ongoing process. The Faculty, in conjunction with ANZCA has promulgated a document *PS45 Statement on Patients' Rights to Pain Management*.

"Professional attitudes" are monitored and reported in the in-training assessment quarterly reports.

"Scholarly activities" include preparation of an evidence-based case report with expanded literature report.

Education programs and material provided to trainees to assist them in developing skills in these areas include:

- A trainee support kit, which includes the objectives of training and focused resources.
- PM2 (2005) *Guidelines for Units Offering Training in Multidisciplinary Pain Medicine* (Appendix 2).

The Faculty has produced the following educational resources (available on the website at www.fpm.anzca.edu.au/resources/educational-documents):

- A DVD on the pain-orientated physical examination.
- Guide to Elicitation of the Pain History.
- Psychosocial Assessment of Patients with Chronic Pain.
- Cognitive-Behaviour Therapy for Persisting Pain.
- Clinical Epidemiology for the Pain Physician.
- Conduct of Diagnostic Cervical and Lumbar Medial Branch Blocks.
- Pain Medicine Practitioners and Wellbeing.
- Guidelines on Continuous Quality Improvement.
- FPM mentoring program.
- The Use of "Off Label" or Drugs beyond Licence in Pain Medicine.
- FPM position statement: Pain and the undergraduate medical curriculum.
- Designing a Curriculum for Knowledge/Skills in Pain Medicine in Postgraduate Years 1 and 2 (PGY 1 and 2).

The Faculty offers a short course, where intensive training in all aspects of pain medicine is offered on an annual basis.

Following graduation, the principles are incorporated into continuing medical education activities, and Fellows are expected to participate in a continuing professional development program in their parent speciality. The Faculty Board is developing a complementary continuing professional development program in pain medicine.

The Faculty provides an annual scientific meeting and began offering refresher courses in 2003. An annual spring scientific meeting commenced in 2007. Regional refresher courses will be developed in the future.

All the Faculty training centres maintain a comprehensive repository of all the reference material underpinning the objectives of training. Fellows have been made aware, via the *ANZCA Bulletin* and regular Faculty e-newsletters that they have access to this material.

The College has an extensive library available to Fellows and trainees.

Revised curriculum 2015

The future training program: modular curriculum based on key roles
The framework of the curriculum revision project is based on the overall outcomes required of graduates. The curriculum will have a modular structure, based on the roles that a specialist pain medicine physician needs to integrate in their jobs. Within the modular structure, the clinician role may have introductory, basic and advanced modules. The development of the modular curriculum is in the early concept stages.

The Education Committee and Faculty Board are considering a two-year comprehensive training program for all trainees, regardless of their primary speciality background, for introduction in 2015. The training program could consist of two streams:

a. A structured training stream that is run centrally, which will include primarily ongoing theoretical training provided by Australian/New Zealand experts and ongoing summative assessment.
b. An accompanying in-clinic training stream, which focuses on skill development within the practice setting, and includes elements of summative assessment.

Award of fellowship

Trainees who successfully complete the specified period of training, satisfy all assessment requirements, and have a primary specialty qualification acceptable to the Board are eligible for admission as Fellows of the Faculty and are awarded the Diploma of Fellowship. Fellows are provided with a certificate of fellowship and are entitled to use the post-nominals FFPMANZCA. The process for admission to fellowship is detailed in Section 3.1 of the Faculty of Pain Medicine regulations.

3.2 Sub-specialties and joint training programs

There are no training programs offered jointly with another organisation.

3.3 Research in the training program

Accreditation standards

3.3.1 The training program includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, and encourages the trainee to participate in research.

3.3.2 The training program allows appropriate candidates to enter research training during specialist education and to receive appropriate credit towards completion of specialist training.

Summary of FPM response

3.3.1 The current FPM training program has been based on the presumption that the capacities outlined in this standard had been developed to some extent in the process of primary fellowship training. Further development in these arenas has not been built in to the program. This deficiency is being rectified in the revision of the curriculum and will be placed in a “block” of requisite pre-learning.

3.3.2 The pain medicine training program is intensive in acquisition of clinical knowledge and skills for trainees who already have a specialist qualification. Prior or concurrent research training, basic or clinical, has not been considered integral for the achievement of this post-fellowship qualification.

The objectives of training (1999-2012) listed the following: To be able to assess the medical and related literature and to assess clinical practices for reliability, validity and efficacy, according to contemporary standards of evidence using established methods of biostatistics and clinical epidemiology. Included under this heading were the capabilities: to be familiar with methodologies and difficulties of combining evidence as it relates to interventions: systematic reviews, meta-analyses, pragmatic reviews; to understand the benefits, interpretations and limitations of these analyses; to be familiar with grades of evidence; and to be familiar with the Cochrane database of systematic reviews relevant to pain medicine.

In specialists doing a post-fellowship qualification, these capacities were considered to have been developed, to some extent, in the process of primary fellowship training. As such, it was expected that they would become refined during the period of intensive preparation to meet Faculty requirements. However, progress in these arenas is neither mandated through the in-training assessment nor specifically tested at the summative level.

These deficiencies have been rectified in the current revision of the curriculum and will be placed in a “block” of requisite pre-learning. Resources will be modified to facilitate this learning which will be tested summatively early in the course of formal pain medicine training.

The pain medicine training program is intensive in acquisition of clinical knowledge and skills, for trainees who already have a specialist qualification. While the acquisition of research skills, especially critical appraisal of the literature, has been implicit in the program, it has not been designed to encourage the performance of a formal research project. Furthermore, prior or concurrent research, basic or clinical, has not been considered integral for the achievement of fellowship. As such, no research credit has been given towards completion of fellowship in pain medicine. If, as is likely, the duration of the training program increases, this may be reconsidered. The main constraint is the time specialists are prepared to make available to complete this post-fellowship qualification.

3.4 Flexible training

Accreditation standards

3.4.1 The program structure and training requirements recognise part-time, interrupted and other flexible forms of training.

3.4.2 There are opportunities for trainees to pursue studies of choice, consistent with training program outcomes, which are underpinned by policies on the recognition of prior learning. These policies recognise demonstrated competencies achieved in other relevant training programs both here and overseas, and give trainees appropriate credit towards the requirements of the training program.

Summary of FPM response

3.4.1 FPM allows part-time training and interrupted training with the approval of the assessor.

3.4.2 As fellowship in pain medicine is a post-fellowship qualification following earlier specialisation, the FPM has been more inclusive with respect to trainee backgrounds and has facilitated the recognition of prior learning from earlier specialisation into its "T" (training) requirement.

Part-time and interrupted training

Faculty Regulations 4.4 and 4.5 allow for part-time and interrupted training. Part-time training is considered on an individual basis subject to the following criteria:

- Must have prospective approval and be for reasons acceptable to the Board whose authority may be delegated to the assessor.
- Must be supported by the director of the training unit and the hospital administration.
- Must result in the same training content and time as for full-time trainees.
- Must comprise a minimum of 50 per cent of the commitment of a full-time trainee.
- Requires registration with the Faculty and payment of a pro-rata annual training fee.

Interrupted training may be considered upon application to the assessor, subject to the following principles:

- Training must be completed within 10 years of the date of commencement of training.
- This 10-year period includes delays caused by examination failures, interrupted and part-time training.
- Where interruption of training is associated with on-going problems, the Board, on the advice of the assessor, may approve an amended training program having regard to all relevant factors.

Applications for part-time or interrupted training must be made in writing to the assessor.

The principle adopted by the Faculty is to tailor, as far as possible, the trainee's program to her or his needs, taking into account prior specialty background. This enables trainees to "design" their own program, with assistance from their supervisor of training and, in some cases, advice from the assessor, including opportunities for rotation to private units. The Faculty has previously accredited two private hospitals for pain medicine training and has encouraged others, the major limitation being securing funding. There has been increasing flexibility for trainees, including revision of requirements for some potential training units. Further flexibility will result from the accreditation of Tier 2 units described under Section 8.2.

Table 3.1: Trainees undertaking part-time or interrupted training, 2009-2011

	Part time Training	Interrupted Training
2009	2	0
2010	2	3
2011	1	2

Recognition of prior learning

Pain medicine is a post-fellowship qualification following earlier specialisation in anaesthesia, general practice, medicine, psychiatry, rehabilitation medicine, surgery or obstetrics and gynaecology.

Recognising the burden of chronic pain in the community the Faculty has sought to be more inclusive and encourages fellows from other speciality groups to consider post fellowship training in pain medicine. The faculty now has Fellows from the Royal Australian College of General Practitioners, the Royal Australian and New Zealand College of Obstetricians and Gynaecologists and the Royal Australian and New Zealand College of Radiologists.

In February 2011, the Faculty decided that all trainees of the five participating bodies (ANZCA, Royal Australasian College of Physicians, Australasian Faculty of Rehabilitation Medicine, Royal Australian and New Zealand College of Psychiatrists and Royal Australasian College of Surgeons) would automatically be credited for the elective period of training (12 months) based on their pain medicine experience in primary specialty training. Those trainees of these colleges who had been credited with less than 12 months have been advised that this will not disadvantage them. The position with respect to trainees of other disciplines (general practice, obstetrics and gynaecology, occupational medicine, addiction medicine) is under review. These trainees are still required to submit their documentation of prior learning and experience to the assessor, as before.

Table 3.2: Applications for recognition of prior learning (RPL)

	Applications for RPL	Granted	Rejected
2009	17	17	0
2010	24	24	0
2011	25	25	0

3.5 The continuum of learning

Accreditation standards

3.5.1 The education provider contributes to articulation between the specialist training program and prevocational and undergraduate stages of the medical training continuum.

Summary of FPM response

3.5.1 The Faculty sought to influence the teaching of pain as a discipline to medical undergraduates, through survey and offer of curriculum input. FPM has also contributed to the Australian Prevocational Medical Accreditation Framework.

Undergraduate

The Faculty has sought to influence the teaching of pain as a discipline to medical undergraduates, through survey and offer of curriculum input. To encourage medical schools to develop a curriculum in pain medicine in their undergraduate medical program, the Education Committee developed an annual prize of a book voucher of $500 and a certificate to be awarded to the best medical student in pain medicine in either of the final two years of undergraduate medical training. Several medical schools (Otago, Newcastle, Wollongong, Notre Dame, Adelaide, Sydney) have taken up this offer. The inaugural prize was awarded in December 2011.

Early postgraduate (PGY 1 and 2)

The core issue is the promotion and recognition of pain medicine in the early postgraduate years. There is a lack of supply and delivery of core content. Previously, the Education Committee had successfully lobbied the Post Graduate Medical Education Committee in Australia to include pain medicine in their syllabus. The Faculty has the opportunity to provide core literature and examination examples. With this in mind, the Education Committee set out a document *"Designing a Curriculum for Knowledge/Skills in Pain Medicine in Postgraduate Years 1 and 2 (PGY 1 and 2)"*. This was submitted to the Prevocational Medical Accreditation Framework in Australia, and to the Medical Training Board of New Zealand. Favourable responses were received from the New Zealand Medical Training Board (now Health Workforce New Zealand) and from the Confederation of Postgraduate Medical Education Councils.

ANZCA Curriculum Revision 2013

The Faculty of Pain Medicine contributed to the review and development of the revised anaesthesia training program. Fellows of the Faculty assisted the ANZCA Curriculum Review Steering Group (2008-2010) and the ANZCA Curriculum Redesign Steering Group (2010-2012) in reviewing and reconstituting the pain medicine module of the current training program. Pain medicine will be included as a clinical fundamental of the revised anaesthesia training curriculum. The clinical fundamentals are learning outcomes grouped within the core study units that are fundamental to anaesthesia practice and are taught and assessed throughout the training program. The Faculty contributed to the authorship and review of the pain medicine learning outcomes of the training program.

4 The teaching and learning methods

4.1 Teaching and learning methods

Accreditation standards

4.1.1 The training is practice-based involving the trainees' personal participation in relevant aspects of the health services and, for clinical specialties, direct patient care.

4.1.2 The training program includes appropriately integrated practical and theoretical instruction.

4.1.3 The training process ensures an increasing degree of independent responsibility as skills, knowledge and experience grow.

Summary of FPM response

4.1.1 FPM trainees are employed by public hospitals in Australia and New Zealand and contribute to clinical service provision in those hospitals. The training emphasises direct patient care.

4.1.2 The program for each trainee is tailored to that trainee's experiential and theoretical requirements, where possible. Practical training during patient care is integrated with theoretical instruction at unit, regional and national levels. The Faculty provides various e-learning options centrally.

4.1.3 The training process is based on an apprenticeship model that encourages rapid development of independence through intensive supervision.

Training requirements are set out in Regulations 4, 5 and 6 which are published on the Faculty website.

Direct patient care

The pain medicine training program is hospital practice-based, under the supervision of a Faculty-approved supervisor of training within a multidisciplinary pain medicine unit that has been accredited by the Faculty. Accreditation is a rigorous process (detailed in Section 8.2) that involves submission of a detailed accreditation questionnaire based on requirements outlined in FPM professional document PM2, and followed by an on-site team review.

The formative, quarterly in-training assessment reports are intended to monitor a trainee's progress in acquiring the knowledge, abilities and skills required of a specialist pain medicine physician, in the areas of:

- Knowledge relevant to pain medicine.
- Abilities in medical history taking.
- Abilities in psychosocial assessment.
- Abilities in physical examination.
- Abilities in planning and interpretation of investigations.
- Appropriate technical skills.
- Skills in communication with patients.
- Skills in written communication with colleagues.
- Contribution to multidisciplinary team work.
- Appropriate/constructive staff interactions.
- Progress with clinical case study.

The final in-training assessment is summative, requiring a satisfactory level ("consistent performance") in all domains before a trainee is eligible for admission to fellowship.

Integration of practical and theoretical instruction

Currently, the program for each trainee is tailored to that trainee's experiential and theoretical requirements, so far as is possible. Trainees enter pain medicine as (or about to be) specialists in a related field (see above). For example, a trainee with a background in anaesthesia is likely to lack knowledge and skills in the psychosocial dimension of pain medicine; one with a background in psychiatry may lack physical examination and diagnostic skills; a rehabilitation physician trainee may lack diagnostic and pharmacotherapeutic sophistication.

Through taking responsibility, under supervision, for the comprehensive assessment and ongoing management of patients passing through the training unit, with an emphasis on exposure to those aspects or patients with which the trainee may be unfamiliar, it is intended that the hands-on experience provides the main "text" for learning.

Depending upon geographical distribution, there is cooperation between training units and individual trainees with respect to joint didactic learning activities. The topics addressed tend to be those arising out of day-to-day practice and with an eye on the perceived examination requirements.

The training does not require completion of any mandatory skills course.

There are no requirements for completion of university or other formal award courses.

Resources

Resources developed by the Faculty are available for trainees and Fellows.

Focused resources for trainees

This document was developed by the Education Committee to help pain medicine trainees manage the stress and academic content of the training period, and to focus their preparation for the final written and clinical fellowship examination (Appendix 13). It lists resources. It explores search tips and databases for the ANZCA library. It provides useful websites for clinical updates, refresher courses, pain societies, and for patient information. It recommends textbooks and journals. Discussion with the ANZCA Librarian and the CEO about procuring these resources has taken place. Training to be a specialist pain medicine physician can be stressful. It provides tips on how to handle stress and suggests available resources. This document is included in the trainee support kit and is available on the Faculty website.

E-learning resources

The Faculty has developed a library of educational podcasts using the experience of senior Fellows. These have been developed using the technical capability and in-house skills of the College's Education Development Unit and aim to assist trainees preparing to sit the examination and to provide a broader content of interest to trainees and Fellows. Trainees also have access to the full range of ANZCA podcasts, which are followed up by interactive webinars.

These resources have been well received and are available at: http://www.fpm.anzca.edu.au/resources/e-learning-resources

Short courses

Specialist Pain Medicine Physician Preparation Course, Geelong
A two-day course is held during the first half of each year at the MacKellar Centre, North Geelong, to introduce trainees to the philosophy and practice of pain medicine.

Pre-Examination Short Course
The Faculty convenes an annual Pre-Examination Short Course, where intensive exposure to selected topics in pain medicine and to examination technique is offered. The FPM Queensland Regional Committee convened this event in 2011 and a record number of trainees (30) attended. See Appendix 14 for the 2011 program.

Other resources

The Australasian Faculty of Rehabilitation Medicine has generously provided access for Faculty trainees to attend their Bi-National Training Program teaching sessions of relevance to their training. There is no site or individual fee for Faculty trainees attending Bi-National Training Program sessions from a site with Australasian Faculty of Rehabilitation Medicine trainees. The Faculty will cover the cost of interested trainees who wish to attend a site where there is no Australasian Faculty of Rehabilitation Medicine trainee.

Progression towards independent practice

The program for each trainee is intended to be tailored to that trainee's requirements, building on the knowledge, skills and experience that the trainee has already achieved during their primary specialist training. Faculty of Pain Medicine document PM7 (Appendix 5) outlines the requirements for supervision of clinical experience enabling vocational trainees in pain medicine to have a good quality learning experience as they progress towards independent practice. It is incumbent upon supervisors of training to identify aspects of their trainees' performance that require extra attention.

With the introduction of the revised curriculum the intention is to retain what is working well, refine what is useful and needs to be improved, and introduce new approaches, tools and resources where necessary. The concept of the new training program that is being discussed (as has been explained before in this submission) includes two streams of training, Stream A being centrally run and highly structured and Stream B being based in-clinic. Within Stream A and Stream B, integration of practical and theoretical instruction would occur, particularly via webinar discussions in Stream A and case-based discussions in Stream B.

Naturally the teaching and learning approaches used would be continuously improved over time, as assessment results and evaluation data on trainee, supervisor of training and employer satisfaction becomes more comprehensive and readily available.

5 Assessment of learning

5.1 Assessment approach

Accreditation standards

5.1.1 The assessment program, which includes both summative and formative assessments, reflects comprehensively the educational objectives of the training program.

5.1.2 The education provider uses a range of assessment formats that are appropriately aligned to the components of the training program

5.1.3 The education provider has policies relating to disadvantage and special consideration in assessment, including making reasonable adjustments for trainees with a disability.

Summary of FPM response

5.1.1 The assessment program assesses the knowledge-based and skills-based objectives of the training program, with particular emphasis on the clinician, communicator, collaborator, professional and scholar roles.

5.1.2 The assessment program includes quarterly in-training assessments, submission of a clinical case study and summative knowledge-based and clinical examinations.

5.1.3 FPM follows ANZCA policies relating to disadvantage and special consideration in assessment.

Current assessment program

The Faculty processes include formative and summative barrier assessments:

Formative:

- Logbook over a period of six months (to ensure tailored mix of cases).
- Quarterly in-training assessment reports (to reflect clinician, communicator, collaborator and professional roles).

Summative:

- Final in-training assessment (to reflect clinician, communicator, collaborator and professional roles).
- Examination (to reflect clinician, scholar and communicator roles).
- Clinical case study (to reflect scholar and communicator roles).

Formative assessments

All trainees are expected to keep an accurate logbook documenting their workload and experience with persistent non-cancer, cancer and acute pain patients. Data logged include problems and diagnosis, treatment including procedures, multidisciplinary consultation and contact with primary care physician(s), and outcome at follow up. This is reviewed by the supervisor of training to ensure an appropriate case mix.

During the structured year of training, the supervisor of training conducts two formative in-training assessments, one at the end of each quarter. The quarterly reports provide feedback on applied knowledge, history and examination competencies, patient and staff interactions, technical and communication skills, and interaction within the multidisciplinary team. It documents the experience gained, the trainee's self-evaluation, the in-training assessment and the logbook review. The comments on the modular in-training assessments by the supervisors of training provide an indirect evaluation of curriculum content, teaching and learning activities.

The in-training assessment process is an integral part of the Faculty of Pain Medicine training program. It complements other assessments, such as the examinations and the clinical case study, by assessing trainee performance in the workplace.

Quarterly and final in-training assessment reports are completed by the supervisor of training in conjunction with self-evaluation by the trainee. These are submitted progressively to the Faculty and confirm a trainee's satisfactory performance with regard to applied knowledge, history taking and physical examination, patient and staff interactions, and development of appropriate skills in communication with patients and technical skills. Senior staff of the pain management unit discuss inadequacies in any areas of the quarterly reports with the trainee. Any inadequacies should be corrected by the next quarterly report.

Sections one and two of the in-training assessment are formative assessments. Section three is formative during early stages of training but later becomes summative. Specifically, the trainee is expected to attain at least a satisfactory level ("consistent performance") in all domains in section three of the final in-training assessment submitted before admission to fellowship.

Summative assessments

Summative assessments comprise the final in-training assessment, a clinical case study and the examination. The Examination Committee, constituted under the auspices of the Education Committee, runs the fellowship examination and co-ordinates assessment of the clinical case study.

Final in-training quarterly assessment

This comprises the final in-training quarterly in-training assessment, a case report, and a formal written, clinical and oral examination. The final in-training quarterly assessment is summative, and must be successfully completed for entry to the final examination.

Clinical case study

One clinical case study is submitted, to reflect the knowledge, skills and attitudes required of a specialist pain medicine physician. The preparation of a clinical case study to a satisfactory standard, as well as being an important training experience, is an essential component of accreditation as a specialist pain medicine physician. The candidate should demonstrate the clinical reasoning involved in developing an understanding of the patient and their condition, and provide an appropriate management plan using the biopsychosocial approach. Following submission, the clinical case study is de-identified and allocated by staff of the Faculty of Pain Medicine office to one member of the Examination Committee according to workload, without consideration of discipline or diagnosis. If the clinical case study does not meet the standard expected, the candidate is provided with the examiner's comments to instruct them in preparing their revision and resubmission. This process may occur on more than one occasion and is overseen by a dedicated examiner supervising the clinical case study process. Final acceptance of the clinical case study resides with the chair of the Examination Committee.

Examination

The final summative assessment consists of a formal written, clinical and oral examination.

The written examination consists of a single written paper of two and a half hours' duration comprising 15 short answer questions of which 10 must be answered. The first five questions covering core topics are compulsory and a further five questions are selected from a choice of 10 that may cover sub-specialty as well as core topics. All questions are marked independently by two examiners followed by discussion of the allocated marks prior to submission of an agreed mark.

The oral examination consists of three sections: the clinical long case, the structured viva voce and the short cases. Each of these sections is examined by two examiners. The clinical long case comprises an hour with a patient for history-taking and physical assessment observed by the examiners, followed by 20 minutes preparation time by the candidate alone and, finally a 30-minute oral presentation of the case followed by discussion with the same examiners. There is a series of short clinically based interviews or short cases (of patients with acute, chronic and cancer pain), and a communication station, each of 10 minutes duration. There are three structured viva voce (with themes of acute, chronic and cancer pain) and an investigation station, each of 10 minutes duration.

The chair of the Examination Committee prepares an annual examination report (Appendix 15) that details the results of the examination and provides comments to assist future candidates in their preparation for the examination. The appendix to the examination report provides detailed educational material concerning the written questions.

Review of case report process

A review of the case report (see Section 5.1.1) resulted in a change of process and revision to a clinical case study. The aims and objectives of the clinical case study have been clearly defined. The clinical case study should reflect current clinical practice of in-depth multi disciplinary assessment and management of a patient presenting to a multidisciplinary pain management unit. Appropriate use of the relevant scientific literature is required to demonstrate the trainee's understanding of the use of the evidence in formulating the patient's diagnosis, treatment and prognosis.

The change of process allowing a more formative approach to assessment and further development of the clinical case study to an acceptable standard aims to develop the trainee's skills in using the comprehensive biopsychosocial approach to the assessment, understanding and management of their patients.

The new process began in 2011 and its success has not yet been determined.

Alignment of assessments with training program

The assessment process aims to sample from all areas of the curriculum in a variety of formats including written and oral examinations. The short answer question paper is developed by the Examination Committee, which has representatives from all of the parent colleges of the Faculty. Questions are selected to be representative of the core knowledge expected of all specialist pain medicine physicians as well as questions that reflect the broader knowledge base, including sub-specialty areas. The oral examination aims to reflect clinical situations including the comprehensive assessment of a patient as well as more targeted physical examination in the three core areas of acute, chronic and cancer pain medicine. The investigations station reflects common investigations seen in clinical practice that a specialist pain medicine physician would be expected to interpret. The viva voce examinations provide an opportunity to explore the management of cases in detail, again, in the three core areas of acute, chronic and cancer pain. They also aim to test higher levels of knowledge application and interpretation as well as demonstrate crisis management. The communications station enables assessment of the candidate's ability to manage challenging interpersonal communications either with patients, their relatives or colleagues.

The strengths of the examination process include the extensive nature of the sampling across the curriculum; the use of two examiners at every assessment point; and the variable pairing of examiners such that examiners from different disciplines and training units are used as much as possible. In addition, extensive preparation of the written questions and the viva voce scenarios is made over the two to three months preceding the examination and reviewed by the court of examiners at the pre-examination court meeting to ensure validity and fairness.

The examinations are analysed in depth each year. Any areas of concern are identified and addressed.

Strengths and challenges

Challenges in relation to the examination process relate to the increasing number of candidates presenting each year. This has a number of ramifications including:

- Finding a suitable venue to be available for three days.
- Sourcing and co-ordinating sufficient suitable patients for the clinical examinations.
- Appointing and training enough new examiners to enable continued use of the two-examiner structure and account for examiner losses through resignation or completion of appointed time.

Examiner selection and training is another challenge. The number of examiners required is a challenge considering the total fellowship comproses around 300 Fellows. The Examination Committee reviews the list of Fellows who have completed the pre-requisite post-fellowship time to identify potential new examiners and agrees to approach those individuals to apply. In addition, any other Fellow wishing to become examiner may formally apply. Once appointed, new examiners are required to attend a formal examiner training workshop, run either by ANZCA or by their parent college, and be an observer at an examination before commencing as an examiner. The key issues addressed in the workshops include educational principles, types of assessment tools, standard setting. It works through specific examples, including trial viva voce.

Standard setting is a key challenge. Considerable debate can occur, in part as a result of the multidisciplinary backgrounds of the Fellows. The current curriculum blueprinting exercise should assist in better defining the broad standards and detailing the curriculum with which the examination questions and standards will be aligned. A second challenge is communicating these standards and the expectations of the examiners to the trainees and the supervisors of training. This is being addressed in several ways, including:

- A podcast by the chair of the Examination Committee on the Faculty website.
- Attendance of the chair of the Examination Committee at the Pre-Exam Short Course to speak directly with the trainees and to participate in trial examinations.
- Attendance of the chair of Examination Committee at one of the formal supervisor of training meetings.
- Publication of an examination report each year on the Faculty website.

The major strengths of the Faculty examination process relate to the dedication of the Fellows who are examiners, the Fellows and staff at the examination venue and the Faculty staff who provide invaluable support for everyone involved. The commitment to high standards and ongoing critical review of the examination and related processes, including consideration of the feedback from the observers, both international and local, and seeking input from specialists in education and assessment will address these challenges.

Future

Alignment with learning outcomes and formats to be used

The revised curriculum aims to retain what is working well, refine what is useful and needs to be improved, and introduce new approaches and tools where necessary. The Faculty is reviewing new types of assessment approaches and tools being used in the participating colleges to determine those that may be useful in the pain medicine program.

It is intended that more formative assessments will be introduced into the program and more guidance will be given to supervisors of training on how to do this and the standard of performance required. The current in-training assessment tool has been found lacking in facilitating sufficient, specific feedback being given to trainees. It is also intended that summative assessment components will be spread throughout the program at key points.

The assessment formats used will be appropriately aligned to the key competencies and learning outcomes required from the program.

Special consideration – trainee illness or disability

In 2010 the Faculty developed professional document *PM8 Policy on Illness or Disability for Trainees and Fellows* (Appendix 16).

The Faculty has adopted ANZCA professional document *EX01 Policy on Examination Candidates Suffering from Illness, Accident or Disability*. Candidates with a chronic illness or disability will be considered for assistance appropriate to their disability provided that it does not impair the fairness and reliability of the examination.

5.2 Feedback and performance

Accreditation standards

5.2.1 The education provider has processes for early identification of trainees who are under performing and for determining programs of remedial work for them.

5.2.2 The education provider facilitates regular feedback to trainees on performance to guide learning.

5.2.3 The education provider provides feedback to supervisors of training on trainee performance, where appropriate.

Summary of FPM response

5.2.1 The FPM uses the in-training assessment as a formative tool, together with the close working relationship between trainee and clinical team, to identify under-performance. Remedial action is negotiated between the trainee and supervisor of training, with extra counselling input, if required, from senior Fellows.

5.2.2 The Faculty facilitates regular feedback, mainly informal but also formal if requested.

5.2.3 All trainees, supervisors of training and Fellows have access to the comprehensive annual examination report. The chair of examinations reports directly to supervisors of training whose candidates have performed poorly in summative assessments.

Assessment of trainee under-performance

Given the close working relationship between pain medicine trainees, their supervisors and team members, the main process for identifying difficulties is personal interaction. The in-training assessment process (which is being enhanced) is designed to give formal structure to this process. The supervisor of training is the formal conduit for this. Remedial action is negotiated between the trainee and supervisor of training, with extra training or counselling input, if required, from senior Fellows.

A trainee performance review process, introduced in 2008 (Appendix 17), is advertised in the trainee support kit and supervisor of training support kit. This independent review to determine the future of a trainee may be initiated by the supervisor of supervisors of training in consultation with the chair of the Education Committee or by the trainee. The trainee performance review process would be initiated when local remedial measures have failed to resolve the problem within an agreed timeframe, in accordance with ANZCA professional document TE18 Policy for Assisting Trainees in Difficulty, adopted by the Faculty. To date a formal trainee performance review process has not been invoked.

Candidates who are unsuccessful in the examination are advised by letter of the section(s) of the examination in which they were deficient, with some broad suggestions regarding remedial action that might be taken, and encouragement to discuss with their or another supervisor of training. Some trainees who have failed the examination have chosen to re-present the following year. Those trainees are usually mentored by supervisors locally or in the same city, for more closely supervised one-on-one teaching and training opportunities.

Future

The Faculty acknowledges the importance of trainees receiving regular, quality feedback on performance. As part of the curriculum revision project, a number of trainees have been interviewed. These trainees have reported frustration arising out of irregular, non-specific feedback on their learning and performance. The supervisors of training that have been interviewed report problems that prevent them from giving the necessary feedback such as:

- The trainee is already a medical specialist, so it would be embarrassing for them to receive negative feedback.
- They have not been skilled in how to do this and do not receive feedback on their own performance.
- There is not necessarily a clear understanding of what standard should be expected of a trainee at specific points of their program.

These issues will be addressed with the introduction of the revised curriculum, including providing the appropriate skills training in how to give feedback, both positive and negative.

Withdrawals

Nine trainees have withdrawn from the program since its inception. The reasons for these withdrawals are not known and have not been sought.

Dismissals

To date there have been no dismissals from the program.

The principles under which a trainee would be dismissed have not been tested but would include:

- Professional misconduct.
- Failure in the trainee performance review process.

Feedback on examinations

The comprehensive annual examination report is available for supervisors of training, as it is to trainees and Fellows. The chair of the Examinations Committee reports directly to the supervisor of training whose candidates have performed poorly in summative assessments. The number, content and quality of workshops for supervisors of training is under active review.

5.3 Assessment quality

Accreditation standards

5.3.1 The education provider considers the reliability and validity of assessment methods, the educational impact of the assessment on trainee learning, and the feasibility of the assessment items. It introduces new assessment methods where required.

Summary of FPM response

5.3.1 FPM conducts an annual review of all its assessment methods, and has identified the written paper, the structured viva voce and the clinical case report as areas that can be improved. The curriculum revision project is expected to introduce other assessment tools.

Reliability and validity of assessment methods

The mechanisms used to measure reliability and validity of assessment methods includes the following:

1. Examination Committee annual review of:
    a. Each assessment item in detail with reference to the curriculum (for example, the validity of the written paper is assessed by mapping the topics of the questions to the curriculum) (see Appendix 18 entitled "FPM exams categorisation")
    b. The reliability of each assessment item by:
        i. Reviewing the performance of that item (that is the pass rate and quality of the answers) along with the FPM/ANZCA feedback for "three or less" forms (separate forms for written questions and vivas where the candidate scored three or less marks) that examiners are required to complete for poor performance in that item (Appendices 19 and 20).
        ii. Comparing the pass rate of that item with the overall pass rate (See Appendix 21 entitled "Results comparisons 2011").
    c. Queries and complaints concerning assessment processes that may arise from time to time from trainees, examiners, supervisors of training (usually though the supervisor of supervisors of training from the supervisors of training committee meetings) or other Fellows.
2. Review of the reports from invited observers at the examination who come from a variety of backgrounds including:
    a. Representatives of international pain medicine faculties or academies (for example for 2011, the vice dean, Faculty of Pain Medicine, Royal College of Anaesthetists, UK, and the chairman of examinations, Faculty of Pain Medicine, College of Anaesthetists of Ireland).
    b. Representatives from the Faculty's parent Colleges who are involved in examination and examination processes (for example, in 2010, the chair of the ANZCA Education Committee and in 2009, the associate dean, University of Sydney School of Medicine).
3. Review of reports from any other observer (for example, new or potential new examiners, supervisors of training or any Fellow of FPM).

Each observer's report is circulated to the panel of examiners and discussed in detail by the Examination Committee at its annual meeting as well as the court of examiners at the next examination.

Analysis of assessment processes

The annual review of assessment processes has identified three key areas for improvement that have been addressed over the last three years. These are:

1. The written paper in the examination.
2. The structured viva voce in the examination.
3. The case report.

Comparison of the pass rate and quality of the answers in individual questions in the written paper revealed two issues: firstly, potential ambiguity in the wording of the question and, secondly, poor candidate knowledge of the area of the curriculum tested by that question. This finding has led to a new process in formulating the written paper as follows:

- All examiners requested to submit questions to the Examination Committee prior to the committee meeting in August.
- The chair of the Examination Committee collates the questions mapping of the items to the curriculum and circulates a draft written paper to the members of the Examination Committee.
- Comments on the draft paper or new recommendations are sent back to the chair of the Examination Committee.
- The draft written paper is discussed at the Examination Committee meeting with acceptance or rejection of questions or changes to wording of the question.
- Each question is allocated to two examiners for further development including the preparation of a marking guide and reconsideration of the wording of the question.
- The final version of the question is then accepted into the written paper by the chair of examinations with a deadline of two weeks prior to the written examination.

Similar review of the structured viva voce questions revealed issues with ambiguity and poor mapping to the curriculum in some questions. These issues have been addressed by following a similar preparation process as for the written paper as follows:

- Topics for each category of the structured vivas are requested prior to the Examination Committee meeting in August.
- The Examination Committee selects the outline of the introductory scenario.
- Each structured viva voce question is allocated to a lead examiner from the group of examiners rostered to ask that viva in the examination.
- That examiner leads the preparation and discussion of the viva prior to the examination using encrypted email discussion.
- Final discussion of the structured viva takes place on the day prior to the oral examinations following the court meeting.

Multiple queries and expressions of concern over several years concerning the structure and relevance of the case report led to a formal review of this item of assessment by the Examination Committee in 2010. As a result, the examiner supervising the case report assessment and the Faculty of Pain Medicine assessor have revised and renamed the case report to a clinical case study. This reflects a change in emphasis from a wholly summative process to a mixed formative and summative process and a reflection of the desired learning experience. The clinical case study preparation document, which describes the requirements for preparation and submission, has been revised to reflect the objectives and provide a clear outline of the process. The assessment form is also being revised. It may be further revised in line with the revised curriculum.

Process of review

The process for review of existing assessment items is by the detailed discussion of the whole examination and the clinical case study assessment by the Examination Committee at its annual face-to-face committee meeting, including any formal observers' reports and other correspondence regarding the assessment processes. Input is sought from the ANZCA Training and Assessments Unit concerning new assessment techniques or issues arising from the education literature, as well as review of the FPM assessment process.

To date, new items have not been added to the examination process. The process for adding a new item is as follows:

1. Submission of a discussion paper concerning the new item to the Examination Committee.
2. Approval of the new item by the Examination Committee.
3. Written submission of the new item once approved by the Examination Committee, to the Education Committee.
4. Approval of the new item by the Education Committee.
5. Recommendation of the new item by the Education Committee to the Faculty of Pain Medicine Board.
6. Approval of the new item by the Board.
7. Formal announcement of the introduction of the new item into the examination process with at least 12 months notification of the change (posting announcement on the Faculty website, in the Faculty e-newsletter Synapse, the FPM trainee e-newsletter and written notification to trainees, supervisors of training and examiners.

Training of supervisors and examiners

Ongoing training is provided to supervisors and examiners to ensure that they understand all aspects of the examination process and what is expected of them.

Supervisors

Training for supervisors is provided through regularly scheduled Faculty supervisor of training workshops and ANZCA Teacher Courses as outlined in Section 8.1 of this submission.

Examiners

Training for examiners occurs at the following points:

- Prior to commencement of participation as an examiner by:
  - Participation in a new examiners' workshop, which is run at least annually by ANZCA and includes input specifically regarding the Faculty examination as well as general principles of assessment taught by specialist educationalists as well as ANZCA and FPM Fellows.
  - Direct observation of a full examination.
- During their period of appointment by:
  - Attendance at the formal court meeting prior to the commencement of the examination where specific issues regarding assessment processes are discussed.
  - Participation in email discussion groups regarding specific aspects of assessment that includes sharing of relevant educational literature.
  - Participation in their primary specialty examiner training (some examiners examine currently or have been examiners for their primary specialty as well as FPM).

Examination pass rates

Twice a year, the results of each examination are reviewed, both overall and in individual components. This involves:

- Discussion of the examination results at the court meeting at the conclusion of the examination, plus provision of examiners' comments for individual components to the chair of examinations to collate and publish in the examination report.
- Discussion of the previous year's examination results considering individual components and comparison with previous years' results at the annual Examination Committee meeting.

Comparison of the pass rates within the examination and with the previous years are presented in a table. (See Appendix 22 entitled "Examination results comparison year by year").

Investigation of high failure rates in individual components of the examination involves discussion by the Examination Committee concerning the validity of the item with respect to its relevance to the curriculum and the clinical practice of a specialist pain medicine physician, an assessment of the degree of difficulty of that item from the examiners comments about that item and a review of the FPM/ANZCA feedback forms for that item.

FPM final exam

Table 5.1: Number and percentage of candidates who sat and passed Faculty of Pain Medicine examination 2007–2011 per sitting and number of attempts

	2007	2008	2009	2010	2011
Passed 1st attempt	13	14	19	13	22
Passed 2nd attempt	4		1	2	1
Passed 3rd attempt				1	
TOTAL SAT	17	20	24	20	28
TOTAL PASS	17	14	20	16	23
%	100	70	83	80	82

Training program withdrawals

The Faculty introduced a "registration maintenance fee" in 2009 for trainees who were not in the structured period of training but had outstanding requirements. This process identified nine trainees who had decided not to continue with pain medicine training. They did not give reasons.

5.4 Assessment of specialists trained overseas

Accreditation standard

5.4.1 The processes for assessing specialists trained overseas are in accordance with the principles outlined by the Australian Medical Council and the Committee of Presidents of Medical Colleges Joint Standing Committee on Overseas Trained Specialists (for Australia) or by the Medical Council of New Zealand (for New Zealand).

Summary of FPM response

5.4.1 In principle the Faculty has been governed by ANZCA Regulation 39 with respect to the assessment of overseas-trained specialists.

In principle the Faculty has been governed by ANZCA Regulation 23 with respect to the assessment of international medical graduate specialists.

In late February 2012, the Faculty received its first application to assess an overseas qualification in pain medicine. This international medical graduate specialist has been interviewed by ANZCA and by FPM. The Faculty used ANZCA's template, which was readily adaptable. Arising out of its express multidisciplinary approach in training, taken together with its position as a post-fellowship qualification [see F=Q+T+E in Section 1.2], there is no overseas qualification currently comparable with fellowship of the Faculty. This particular international medical graduate specialist's qualification was found to be "partially comparable". The importance of facilitating mentoring, support and in-practice supervision for this international medical graduate specialist, who also would need to pass the examination to achieve fellowship of the Faculty (and thus be registered as a specialist pain medicine physician in Australia), is acknowledged and will be provided.

Table 5.2: Number of practitioners requesting recognition

Country of training	Requests	Outcome
UK	1	In progress

6 Monitoring and evaluation of the curriculum

6.1 Ongoing monitoring

Accreditation standard

6.1.1 The education provider regularly evaluates and reviews its training programs. Its processes address curriculum content, quality of teaching and supervision, assessment and trainee progress.

6.1.2 Supervisors and trainers contribute to monitoring and to program development. Their feedback is systematically sought, analysed and used as part of the monitoring process.

6.1.3 Trainees contribute to monitoring and to program development. Their confidential feedback on the quality of supervision, training and clinical experience is systematically sought, analysed and used in the monitoring process. Trainee feedback is specifically sought on proposed changes to the training program to ensure that existing trainees are not unfairly disadvantaged by such changes.

Summary of FPM response

6.1.1 The Faculty is in the process of a comprehensive revision of its curriculum, training and assessment programs. As part of this process the Faculty will institute a formal mechanism to undertake continuous assessment and revision of the curriculum.

6.1.2 The feedback of supervisors and trainers is systematically sought through the training site accreditation process. This process will be enhanced as part of the curriculum revision project.

6.1.3 The feedback of trainees is systematically sought through the training site accreditation process and by ad hoc by “exit questionnaires” after completion of training. The Faculty is conscious of the potential effect changes may have on trainees and their input will be sought during the revision project.

6.1 and 6.2 are addressed together in our submission.

6.2 Outcome evaluation

Accreditation standard

6.2.1 The education provider maintains records on the outputs of its training program, is developing methods to measure outcomes of training and is collecting qualitative information on outcomes.

6.2.2 Supervisors, trainees, healthcare administrators, other healthcare professionals and consumers contribute to evaluation processes.

Summary of FPM response

6.2.1 FPM maintains records of outputs of its training program. The Faculty does not formally evaluate the performance of its new graduates in practice.

6.2.2 During the current Faculty strategic planning and curriculum revision projects, input from various stakeholders (supervisors, trainees, administrators, other healthcare professionals and consumers) has been sought. FPM sought consumer feedback from Painaustralia.

As indicated elsewhere in this document, especially Sections 1.3 and 1.5, the Faculty is in the process of a comprehensive revision of its curriculum, training and assessment programs. This arises out of regular reiteration of the objectives of training, the examination process and the development of resources including improving the skills of supervisors. This process has drawn on ad hoc comments and contributions from trainees, recent graduates, supervisors and fellows. The Faculty is conscious of the potential effect changes may have on trainees and their input will be sought.

Each examination has been attended by a number of official observers, usually one from a participating College or Faculty, often international (USA, UK, Ireland). Other observers may include new Fellows, FPM Fellows nominating to be new examiners, and supervisors of training. The invited comments from the official observers are formally noted by the Examination Committee.

Opinion is being sought for the curriculum revision project from current trainees, the supervisor of the supervisors of training, the chair of the Examination Committee and directors of pain medicine units on the effectiveness of the training and assessment system and recommendations for improvement. This information is being gathered by face-to-face and phone interviews. In addition, the results from three previous examination years were analysed in detail by the education and training advisor with the director of professional affairs.

It is intended in the future systematically to gather high quality data from trainees, supervisors of training and examiners, directors of pain medicine units and community representatives. A range of methods will be used to gather the necessary information in a confidential manner, particularly from trainees. These may include face-to-face or phone interviews, surveys and focus groups.

It is intended that more rigorous evaluation of graduate outcomes, in terms of the effectiveness of new Fellows meeting the needs and expectations of the community, be conducted periodically. Information will be gathered from key stakeholders including supervisors of training, trainees, health care administrators, other healthcare professionals in the interdisciplinary teams and patients. Methods used to gather the necessary qualitative information are likely to include focus groups, interviews and surveys.

7 Implementing the curriculum – trainees

7.1 Admission policy and selection

Accreditation standards

7.1.1 A clear statement of principles underpins the selection process, including the principle of merit-based selection.

7.1.2 The processes for selection into the training program:

- Are based on the published criteria and the principles of the education provider concerned.
- Are evaluated with respect to validity, reliability and feasibility.
- Are transparent, rigorous and fair.
- Are capable of standing up to external scrutiny.
- Include a formal process for review of decisions in relation to selection, and information on this process is outlined to candidates prior to the selection process.

7.1.3 The education provider documents and publishes its selection criteria. Its recommended weighting for various elements of the selection process, including previous experience in the discipline, is described. The marking system for the elements of the process is also described.

7.1.4 The education provider publishes its requirements for mandatory experience, such as periods of rural training, and/or for rotation through a range of training sites. The criteria and process for seeking exemption from such requirements are made clear.

7.1.5 The education provider monitors the consistent application of selection policies across training sites and/or regions.

Summary of FPM response

7.1.1, 7.1.2 and 7.1.3

In principle, selection of trainees is in accord with the ANZCA process. As the number of trainees is small, the selection process reduces to individual negotiation regarding the mutual suitability of the trainee and the training position. To date this process has not been competitive.

7.1.4 The requirements for mandatory experience of training (“T”) are described in the Faculty regulations and trainee support kit. The assessor processes requests seeking variation from such requirements.

7.1.5 FPM does not systematically monitor the selection of trainees.

Trainee selection process

In principle, selection of trainees is in accord with the ANZCA process and is based on the Brennan Report. However, the number of trainees is small, so that selection process devolves to the director of a training unit and a prospective trainee, who mutually assess the suitability of the trainee for the position and suitability of the position for the trainee. To date there has been no need for this process to be competitive. Should it become so, the principle of merit-based selection, underpinned by transparent and fair process would be invoked, according to the ANZCA Guidelines. The employing authority is responsible for trainee employment.

The Faculty is not aware of any appeals lodged by trainees regarding selection into a training program.

Table 7.1: Trainees entering the pain medicine training program

	Australia	New Zealand	Singapore	Hong Kong	Total
2009	17	1	–	–	18
2010	24	–	–	–	24
2011	25	1	–	1	27

7.2 Trainee participation in the governance of their training

Accreditation standard

7.2.1. The education provider has formal processes and structures that facilitate and support the involvement of trainees in the governance of their training.

Summary of FPM response

7.2.1. FPM has not yet established formal processes and structures that facilitate and support the involvement of trainees in the governance of their training. Trainees are being consulted in the Faculty's strategic planning and curriculum revision projects.

In 2009, the Faculty developed a trainee agreement (Appendix 23), setting out the obligations of each party involved in the FPM training process. Trainees are required to sign and submit this agreement to the Faculty upon commencement of their training program. The Faculty's general manager signs and returns a copy to the trainee for their records.

The training unit accreditation process, detailed in Section 8, includes interviews with trainee(s) in that unit, in the absence of their supervisor or other teachers or mentors.

In response to Item 7 in the 2009 Annual Report (submitted September 2010), the report reviewer, Mr Ian Civil noted that the Faculty has no formal trainees association. It was suggested by Mr Civil that the Faculty might consider formal links to the trainees' committees of the five participating bodies that contribute to the Faculty. In February 2012, the chair of the ANZCA Trainees Committee agreed that Faculty trainees could use that conduit for relevant issues, although we recognise that does not yet encompass the remaining contributing bodies.

The Faculty appreciates this suggestion and recognises this is a weakness in our overall governance process. However, as the Faculty's pain medicine structured training period for a post-fellowship specialty qualification is comparatively short (one to two years), and most trainees already hold a primary specialty qualification, our trainees have issues different from advanced trainees progressing to a primary specialty.

We have made attempts to address this, but do not have yet a formal trainee's association, and do not expect this can be rectified until we move to a two-year structured program for all regular trainees.

New Fellow (within three years of fellowship) representation on committees has been expanded to include our regional committees as well as the Examination and Education committees. A new Fellow is also invited annually to observe the Faculty fellowship examination. Although no longer trainees, it has been noted their feedback is from the perspective of their trainee experience, albeit in retrospect.

Informal processes and structures that contribute to the involvement of trainees in the governance of their training include an annual trainee lunch held since 2008 during the annual scientific meeting. This meeting is attended by key Faculty staff and office bearers and has become an established means of gaining feedback from trainees relating to the training program and examination. It also provides an opportunity to meet and share experiences. Presentations by current or recent trainees have become an established part of this event. The bi-monthly trainee newsletter seeks trainee feedback and encourages interaction through an email group.

In February 2012, the Faculty Board began strategic planning for the 2013-2017 period. A communications strategy has been developed, including consultation on the draft plan with key stakeholders, including Faculty trainees. Trainees will also be consulted during the curriculum revision project.

7.3 Communication with trainees

Accreditation standards

7.3.1 The education provider has mechanisms to inform trainees about the activities of its decision-making committees, in addition to communication by the trainee organisation or trainee representatives.

7.3.2 The education provider provides clear and easily accessible information about the training program, costs and requirements, and any proposed changes.

7.3.3 The education provider provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.

Summary of FPM response

7.3.1 FPM employs multiple tools to communicate with its trainees.

7.3.2 The training program, its costs and requirements are clearly communicated on the FPM website.

7.3.3 Trainees and their supervisors have access to information about their progress through the training program.

Communication mechanisms

The mechanisms in place for the Faculty to communicate with its trainees about the activities of its decision-making committees include the Faculty website, which has a comprehensive trainee section. This includes information relating to costs and requirements.

Trainees are also informed via the monthly FPM e-newsletter *Synapse*, *ANZCA E-Newsletter* (both circulated to Fellows and trainees), the bi-monthly *FPM Trainee E-Newsletter* (to trainees and supervisors of training) and the quarterly magazine, the *ANZCA Bulletin*. Reports from Faculty Board meetings, including decisions affecting trainees, are published in *Synapse* and the *ANZCA Bulletin*. In addition, regional newsletters are circulated in Queensland (*The Transmitter*) and in New South Wales (*The Algometer*). All key publications are published on the FPM and ANZCA websites at http://www.fpm.anzca.edu.au/communications.

Important issues arising between scheduled publications can be circulated through email bulletins.

The *Trainee E-Newsletter* was established in September 2007. Feedback from trainees is encouraged in every issue. As outlined in the ANZCA submission, the Communications Unit is planning a survey to gauge the effectiveness of a range of College communications in 2012, including Faculty communications.

Views of trainees are sought at the annual trainee lunch, through new Fellows representation on committees and at the new Fellows conference.

The Training Unit Accreditation Committee also conducts trainee workload surveys, which are completed by trainees over a one-month period prior to a hospital inspection and then transferred to an online form. Trainee opinion forms are also completed and both forms are incorporated into the hospital data sheet (PHAC001) that the director of the pain unit completes. At accreditation visits, the trainees are interviewed without their supervisors present.

Prospective trainees are informed about the Faculty's training program through the website, and at careers events run in the Australian regions and New Zealand. The Faculty has a prospectus, available on the website, to provide an introduction to pain medicine and a guide to those wishing to enter the specialty.

All training units, directors and supervisors of training are listed on the Faculty website. Positions available are also published.

Exit questionnaires were introduced to gather feedback from trainees who have completed the training program, to capture anonymous feedback that would be of value to the Board, committees and training units. A format was developed to encourage honest and complete disclosure and preserve confidentiality and anonymity. A small sub-committee, reporting to the Education Committee, has been established and has access to original data.

Trainees are encouraged to provide this feedback but the process is not mandatory. Although no significant adverse issues have been raised to this point, responses to matters raised have included:

- Expanded opportunities for developing skills in writing medico-legal reports have been explored.
- A policy on mentoring has been introduced.
- Case report guidelines were revised.
- Collated information is provided to accreditation reviewers in advance of inspections.

In view of the small trainee numbers, it is anticipated that accumulated data over a number of years will further protect anonymity and provide a better overall view of the strengths and weaknesses of individual units.

Strengths and challenges

The Faculty experiences the same challenges as ANZCA in communicating with trainees, namely:

- The geographical spread of trainees.
- The discretionary time available to trainees to read Faculty and College communications.
- The limited availability of non-clinical time within each hospital for communicating with supervisors of training and trainees on training issues.

The Faculty addresses the challenges noted above through:

- The use of internet-based information technologies – such as the FPM website and e-newsletters.
- The use of podcasts, webinars and other e-learning tools to ensure trainees have access to information.
- The engagement of regional trainee committees to disseminate information to trainees within each jurisdiction.

Communicating the FPM training program

The Faculty website provides detailed information about the FPM training program, costs and requirements under the "Trainees" section. This information was recently reviewed, updated and reorganised as part of the website redesign in 2011.

The trainee support kit is a large, comprehensive hard-copy publication of the Faculty, distributed to all trainees. It is also available to trainees through the website. The information therein includes the structure of the program, the assessment process, resources and costs, and attempts to anticipate problems and problem-solving. (Appendix 24)

The College has various support systems for trainees in difficulty, refer Section 7.4.

Access to trainee profile

Since 2008, trainees have had access to their trainee profile online. This trainee portfolio documents their training records. It includes contact information, record of approved training, retrospective approval of prior experience/training, assessments completed (including examination) and fees paid. The profile reflects their training records currently held on file.

7.4 Resolution of training problems and disputes

Accreditation standards

7.4.1 The education provider has processes to address confidentially problems with training supervision and requirements.

7.4.2 The education provider has clear impartial pathways for timely resolution of training-related disputes between trainees and supervisors or trainees and the organisation.

7.4.3 The education provider has reconsideration, review and appeals processes that allow trainees to seek impartial review of training-related decisions, and makes its appeals policies publicly available.

7.4.4 The education provider has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.

Summary of FPM response

7.4.1, 7.4.2, 7.4.3 and 7.4.4

FPM follows ANZCA processes and policies (see Section 7 of ANZCA submission).

Dispute resolution and appeals

The FPM follows the ANZCA processes and policies (detailed in Section 7 of the ANZCA submission) relating to:

- Bullying, discrimination and harassment.
- Dispute resolution and appeals (FPM Regulation 13.1 refers to ANZCA processes).
- *TE18: Policy for Assisting Trainees in Difficulty.*

A trainee performance review process (Appendix 17) was introduced in February 2008 in alignment with ANZCA's processes outlined in ANZCA Regulation 33. Information on trainee performance review is provided to trainees when they join the FPM training program, and in documentation supplied to supervisors of training.

The FPM Trainee Agreement (Appendix 23) supports all of the above mechanisms.

The Faculty has not heard any appeals within the last three years. One request for a feedback interview followed the 2009 examination and two requests for feedback interviews followed the 2011 examination. Interviews are available to all candidates who fail the FPM fellowship examination and are conducted face to face (where possible) or by telephone. The interview panel comprises the chair examinations committee and another (local where possible) member of the examination panel. Candidates are encouraged to have a support person present if they desire, which might be the supervisor of training. The aims of the interview are:

- To assist candidates with interpretation of the letter giving their performance in each section of the exam.
- To provide constructive feedback on performance and so guide preparation for future examination.
- To provide the FPM with feedback on the examination process.

No cases have progressed to appeal at this time.

8 Implementing the program – delivery of educational resources

8.1 Supervisors, assessors, trainers and mentors

Accreditation standards

8.1.1 The education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the program and the responsibilities of the education provider to these practitioners.

8.1.2 The education provider has processes for selecting supervisors who have demonstrated appropriate capability for this role. It facilitates the training and professional development of supervisors and trainers.

8.1.3 The education provider routinely evaluates supervisor and trainer effectiveness including feedback from trainees.

8.1.4 The education provider has processes for selecting assessors in written, oral and performance-based assessments who have demonstrated relevant capabilities.

8.1.5 The education provider has processes to evaluate the effectiveness of its assessors/examiners including feedback from trainees, and to assist them in their professional development in this role.

Summary of FPM response

8.1.1 The Faculty describes in detail the desirable characteristics of a training unit, including its personnel and physical disposition. Compliance with these processes is evaluated during the training site accreditation process.

8.1.2 The Faculty has instituted a new application and ratification process for appointment of supervisors of training. Support for clinical teachers and supervisors of training is provided and will be expanded in the context of the revised curriculum.

8.1.3 The effectiveness of supervision is evaluated informally. Trainees' views are sought formally during the training site accreditation process and are encouraged at other times.

8.1.4 The processes for appointment of examiners and assessors are published.

8.1.5 The Examination Committee has processes for evaluating examiner performance including mutual assessment by another examiner, self-assessment and informal feedback from examinees. Workshop assistance is provided for examiners in written and oral examination techniques.

Faculty document PM2 (Appendix 2) outlines in detail the desirable characteristics of a training unit, including its personnel and physical disposition. Inherent (but not explicit) in this is Faculty support to units seeking accreditation where hospital administrations display resistance.

Supervisors of training

Process of appointment

Supervisors of training are the Faculty's representatives with respect to training in units accredited by the Faculty. They have an important role and are expected to have a broad understanding of and experience in Faculty activities. They provide liaison between registered trainees, hospital or institution authorities and the Faculty regarding matters related to training.

In 2010 the Faculty established a new ratification and application process for supervisors of training. Supervisors must be Fellows of the Faculty. The director of a training unit nominates a potential supervisor to the Faculty's Training Unit and Accreditation Committee for ultimate ratification by the Board. All supervisors of training are required to sign a supervisor of training agreement (Appendix 6), which mandates their obligations. The roles and responsibilities of supervisors are outlined in professional document PM5 (Appendix 4).

Supervisor of training Workshops

Supervisors of training are required to attend a FPM supervisor of training workshop within 12 months of appointment and once more during their three-year term and once thereafter in the next three-year term if their term is renewed. Faculty supervisors have full access to ANZCA Teacher Courses (basic and advanced). Attendance at an ANZCA Teacher Course is an acceptable alternative to attending a FPM supervisor of training workshop after the initial 12 months of appointment.

Supervisors of training meet face-to-face annually in a meeting with an agenda. In 2010 the supervisor of training workshop was held in Christchurch on April 29; in 2011 it was held on May 12 in Hong Kong. Programs are outlined in (Appendices 25 and 26). These workshops give supervisors of training the opportunity to explore clinical assessment tools for workplace assessments (such as the mini-clinical exercises and directly observed procedural skills). They are also connected through teleconferences and the bi-monthly e-newsletter.

The Faculty appoints a supervisor of supervisors of training to act in a mentoring capacity for supervisors and to coordinate quality assurance in this area. The roles and responsibilities of the supervisor of supervisors of training are outlined in a job description (Appendix 27).

A supervisor of training kit is a useful resource provided to all supervisors of training on appointment.

Evaluating supervisor and trainer effectiveness
Given the small community of Faculty supervisors of training, the main mechanism is mutual aid and mentoring. Other sources of evaluating effectiveness include the quality of in-training assessment as completed by the supervisor, the “exit questionnaire” completed by trainees at the end of their training and other feedback from trainees. Supervisor effectiveness is also evaluated through the training unit accreditation process, which includes private interviews with trainees at the training site.

Examiners

Process for the appointment of examiners and assessors
Fellows with at least five years in specialist pain medicine practice, and with appropriate interests and skills, can apply to become Faculty of Pain Medicine examiners. The principles of appointing an Faculty examiner are to provide fair access to the examination panel for all Fellows who may wish to participate, to promote fair and appropriate assessment of examiner applicants and to provide the best quality examination process for the assessment of candidates.

Selection criteria for examiners are defined in Appendix 28.

The Faculty Board appoints examiners for three years following a recommendation by its Examination Committee on the suitability of applicants. It also will take into account the need for examiners with particular expertise or the need for a geographical spread of examiners.

The Board may reappoint examiners for further three-year intervals on recommendation of the Examination Committee. Under normal circumstances, examiners are eligible to serve for a maximum of 12 years, subject to reappointment every three years.

During each examination, an observer evaluates individually the performance of each examiner. The information is collated and feedback is provided to the Examination Committee and individual examiner.

Examiners applying for re-appointment are required to complete a self-evaluation survey, which is considered by the Examination Committee.

Mentoring of trainees

Mentoring is a voluntary relationship, typically between an experienced person and a more junior colleague. Following the circulated “Proposed Framework for Implementation of FPMANZCA Mentor Program” document at the August 2011 Education Committee meeting, the Faculty conducted a survey of Fellows who had gained their fellowship by training and examination between 2007 and 2011. Overall, only 20 per cent of the respondents (n=21) reported that they would not have benefitted from a mentoring process. There was no preference for an informal over a formal process from those who were in favour.

The Education Committee has developed a policy document on mentoring (Appendix 29), which has been accepted by the Board to encourage mentorship.

8.2 Clinical and other educational resources

Accreditation standards

8.2.1 The education provider has a process and criteria to select and recognise hospitals, sites and posts for training purposes. The accreditation standards of the education provider are publicly available.

8.2.2 The education provider specifies the clinical and/or other practical experience, infrastructure and educational support required of an accredited hospital/training position in terms of the outcomes for the training program. It implements clear processes to assess the quality and appropriateness of the experience and support offered to determine if these requirements are met.

8.2.3 The education provider's accreditation requirements cover: orientation, clinical and/or other experience, appropriate supervision, structured educational programs, educational and infrastructure supports such as access to the internet, library, journals and other learning facilities, continuing medical education sessions accessible to the trainee, dedicated time for teaching and training and opportunities for informal teaching and training in the work environment.

8.2.4 The education provider works with the health services to ensure that the capacity of the healthcare system is effectively used for service-based training, and that trainees can experience the breadth of the discipline. It uses an appropriate variety of clinical settings, patients and clinical problems for training purposes, while respecting service functions.

Summary of FPM response

8.2.1 The Faculty's Training Unit Accreditation Committee has a well-established, recently revised process to accredit hospital-based pain units as suitable sites to offer training in pain medicine.

8.2.2 The experience, infrastructure and educational support required of an accredited hospital/training position are published and are assessed during the training site accreditation process.

8.2.3 The Faculty's accreditation requirements include all the items outlined in the standard.

8.2.4 As part of the training site accreditation process, FPM works with the health service to assist in the training experience being tailored to the individual trainee's requirements.

Accreditation of training units

The Faculty of Pain Medicine has a process and criteria to select and recognise training units, including hospitals, sites and posts, for training purposes. The document outlining in detail the required standards for accreditation of a training unit is *PM2 Guidelines for Units Offering Training in Multidisciplinary Pain Medicine*. This document is available on the Faculty website.

The Faculty accredits training units. Unit is the Faculty's preferred designation for the personnel and facilities that together may constitute all or part of the training program of a trainee.

Reference documents directing the decisions of Training Unit Accreditation Committee include:

- *PM2 (2005) Guidelines for Units Offering Training in Multidisciplinary Pain Medicine*.
- *PHAC001 Unit Datasheet and Accreditation Report for Units Offering Training Programs in Multidisciplinary Pain Medicine*.
- *PM7 (2010) Policy on Supervision of Clinical Experience for Vocational Trainees in Pain Medicine*.
- *ANZCA PS9 Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical, Dental or Surgical Procedures*.
- Anaesthesia and resuscitation equipment must comply with ANZCA professional document *T1 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 *PS4: Recommendations for the Post-Anaesthesia Recovery Room*.
- Suitable office space for permanent staff and trainees is essential. See ANZCA professional document *TE1 Recommendations for Hospitals Seeking College Approval for Vocational Training in Anaesthesia*.

The guiding policy document for training units seeking accreditation for training towards fellowship of the Faculty of Pain Medicine is PM2. This document was reviewed during 2010-11 and was formally accepted by the Board in February 2012.

A significant change was made to this document to allow for the accreditation of tier two training units in addition to the stringent criteria applied to tier one units.

Background to changes in PM2 document:
Tier one accredited units meet all requirements of accreditation without provisos attached. The Training Unit Accreditation Committee identified a need to formalise a process to recognise units defined as tier two accredited units, which are accredited with provisos.

This will give the Faculty greater flexibility in offering opportunities for training, including private pain medicine or rehabilitation services and specialist cancer centres potentially rural settings in the future. Some pain units (Perth, Adelaide and Townsville) embrace rural outreach and telemedicine programs.

This issue had become apparent as the committee tried to deal with a number of applications for accreditation from hospitals that had some common elements:

- Inability to satisfy all criteria set out in *PM2 (2005) Guidelines for Units Offering Training in Multidisciplinary Pain Medicine*.
- Capacity to be of significant benefit to a trainee.
- In a phase of development towards increased resources.

Following accreditation of a tier two unit, in-training assessment forms will be adapted for that unit, to ensure that each pre-determined provision is acknowledged and confirmed as being satisfactorily addressed, by the trainee and supervisors of training during that training period.

Accreditation processes

The Faculty Board delegates responsibilities for accreditation and reaccreditation of training units to Training Unit Accreditation Committee.

Any accreditation decisions that require special consideration outside the guidelines of *PM2 (2005) Guidelines for Units Offering Training in Multidisciplinary Pain Medicine* are referred, with recommendation back to the Faculty Board for ratification of decision.

As a requirement of accreditation, all units must inform the Faculty of any significant changes, at any time, of staffing levels, significant staffing appointments (director or supervisor of training), funding, facilities or any other situation that could affect the ongoing accreditation of the unit.

Reaccreditation:
Six months prior to the end of an accreditation period, the Faculty advises the accredited unit.

The unit is required to complete application for reaccreditation and self-assessment as per document PHAC001 *Unit Datasheet and Accreditation Report for Units Offering Training Programs in Multidisciplinary Pain Medicine.*

The processes for accreditation or reaccreditation decision-making processes and the Training Unit Accreditation Committee's delegated roles are outlined in the Training Unit Accreditation Committee terms of reference document.

Specific areas covered in accreditation
These are documented in *PM2 Guidelines for Units Offering Training in Multidisciplinary Pain Medicine* (Appendix 2).

The accreditation cycle
The duration of accreditation period is determined at the time of accreditation by the Training Unit Accreditation Committee. This decision may be referred back to the Faculty Board at the discretion of Training Unit Accreditation Committee if required.

The duration of accreditation of a training unit is for a maximum of seven years. This had previously been five years but has been extended in the case of established, well performing units, in line with ANZCA policy.

Initial accreditation is for two years with a paper review after the first year.

Subsequent accreditation periods depend on the circumstances of the unit. Proven, established units are considered for accreditation for up to five or seven years.

Provision is made for interim accreditation review without full inspection visit (paper review) by a process of self-assessment. This is done via the unit datasheet and accreditation report document and by providing feedback on progress of specific issues identified at previous accreditation visit.

The process of accreditation/reaccreditation is as follows:

Application for accreditation/reaccreditation
The unit is requested to undertake a detailed self-assessment of its staffing, performance and compliance with Faculty policies and of the opportunities offered to trainees.

The application is in the form of a questionnaire (PHAC001) to be completed by the medical director of the unit and forwarded to the Faculty.

Response to application for accreditation/reaccreditation
The application is reviewed by the chairperson of the Training Unit Accreditation Committee, who will either indicate the committee's intention to visit for accreditation/reaccreditation purposes or refer to the Training Unit Accreditation Committee for discussion and further recommendations.

Assignment of reviewers
The Training Unit Accreditation Committee chair appoints by agreement two reviewers for the accreditation/reaccreditation visit. The two reviewers are assigned from the panel of reviewers.

Reviewers are guided by the Faculty document PHAC001. This document forms the basis of the unit application and reviewer's notes are in the form of agreeing with, or refuting, the unit's self assessment. Appropriate space is available on this document for reviewers' notes and narrative detailing their findings.

Following the accreditation process, the reviewers should return completed accreditation information to the Faculty administration officer in a timely manner (two weeks).

Reviewers report should culminate in a recommendation to the Training Unit Accreditation Committee for rejection or approval of accreditation/reaccreditation of the unit for a specified period of time.

Decision making process of accreditation/reaccreditation
The Board empowers the Training Unit Accreditation Committee to make decisions to accredit units and act on those decisions. Records of decisions made are presented at the next Board meeting.

Contentious issues identified by the Training Unit Accreditation Committee are referred to the Board.

Table 8.1: Accreditation of training sites 2007–2011.

HOSPITAL	COUNTRY	STATE	LAST INSPECTED YEAR	TYPE	SOTS	TRAINEES (in structured year)
Flinders Medical Centre	AUSTRALIA	SA	2010	Paper review	1	
Royal Adelaide Hospital	AUSTRALIA	SA	2010	On-site review	1	1
Fremantle Hospital	AUSTRALIA	WA	2010	On-site review	1	
Royal Perth Hospital	AUSTRALIA	WA	2011	Paper review	1	1
Sir Charles Gairdner Hospital	AUSTRALIA	WA	2011	On-site review	1	3
Concord Repatriation Hospital	AUSTRALIA	NSW	2008	On-site review	1	3
Hunter Integrated Pain Service	AUSTRALIA	NSW	2007	On-site review	1	1
Liverpool Hospital	AUSTRALIA	NSW	2011	On-site review	1	1
Nepean Hospital	AUSTRALIA	NSW	2010	On-site review	1	
Prince of Wales Hospital	AUSTRALIA	NSW	2011	On-site Review	1	1
Royal North Shore Hospital	AUSTRALIA	NSW	2011	On-site review	1	3
Royal Prince Alfred Hospital	AUSTRALIA	NSW	2011	On-site review	1	1
St Vincent's Hospital, Sydney	AUSTRALIA	NSW	2011	On-site review	1	1
Westmead Hospital	AUSTRALIA	NSW	2009	On-site review	1	1
Children's at Westmead	AUSTRALIA	NSW	2009	On-site review	1	
Royal Brisbane Hospital	AUSTRALIA	QLD	2008	On-site review	1	
Alfred Health Pain Services	AUSTRALIA	Vic	2011	On-site review	1	1
Geelong Hospital	AUSTRALIA	Vic	2011	On-site review	1	
Royal Children's Hospital	AUSTRALIA	Vic	2009	Paper review	1	1
Royal Melbourne Hospital	AUSTRALIA	Vic	2010	On-site review	1	2
St Vincent's Hospital, Melbourne	AUSTRALIA	Vic	2009	On-site review	1	3
Townsville Hospital	AUSTRALIA	Qld	2012	On-site review	1	1
Royal Hobart Hospital	AUSTRALIA	Tas	2007	On-site review	2	1
Auckland Hospital	NEW ZEALAND		2010	On-site review	1	
Burwood Hospital	NEW ZEALAND		2007	On-site review	1	
United Christian Hospital	HONG KONG		2010	On-site review	1	1
Singapore General Hospital	SINGAPORE		2011	Paper review	1	

Received initial accreditation in past five years

Unscheduled reviews

Staffing reductions occurred in one training unit at the end of 2009, which meant that the minimum requirement (0.5 full-time equivalent) for psychology could not be met. The Faculty, through the chair of the Training Unit Accreditation Committee, discussed the issues and worked with the unit director to find solutions with the hospital administration. A solution to the staffing problem could not be found and the accreditation of the training unit was formally withdrawn. The action of withdrawing accreditation provoked the initiation of renewed efforts to resolve the staffing issues. Suitable appointments were made and the unit applied for reaccreditation. A formal process reaccreditation was observed. A Unit Datasheet and Accreditation Report (PHAC001) was completed and a formal on site accreditation visit occurred. Full reaccreditation was granted.

Monitoring the training programs of individual trainees

In-training assessment forms are completed at three-monthly intervals throughout training towards fellowship. Inherent in this process is a discussion between the supervisor of training and the trainee regarding progress of training and future requirements and goals. These forms are forwarded to the Faculty office to update the Faculty on progress in training and of any difficulties occurring.

The supervisor of training can further report any problems with the Faculty supervisor of supervisors of training.

Clinical experience

Within a training unit, the experience of the trainee is tailored to that trainee's requirements as best possible, usually by arrangement between the director and supervisor of training.

9 Continuing professional development

9.1 Continuing professional development programs

Please refer to the notes that accompany this section of the accreditation standards for further information of the requirements in Australia for continuing professional development programs and in New Zealand for recertification.

Accreditation standards

9.1.1 The education provider's professional development programs are based on self-directed learning. The programs assist participants to maintain and develop knowledge, skills and attitudes essential for meeting the changing needs of patients and the health care delivery system, and for responding to scientific developments in medicine as well as changing societal expectations.

9.1.2 The education provider determines the formal structure of the continuing professional development program in consultation with stakeholders, taking account of the requirements of relevant authorities such as the Medical Board of Australia and the Medical Council of New Zealand.

9.1.3 The process and criteria for assessing and recognising continuing professional development providers and/or the individual continuing professional development activities are based on educational quality, the use of appropriate educational methods and resources, and take into consideration feedback from participants.

9.1.4 The education provider documents the recognised continuing professional development activities of participants in a systematic and transparent way, and monitors participation.

9.1.5 The education provider has mechanisms to allow doctors who are not its fellows to access relevant continuing professional development and other educational opportunities.

9.1.6 The education provider has processes to counsel fellows who do not participate in ongoing professional development programs.

Summary of FPM responses

9.1.1 FPM's continuing professional development program is based on self-directed learning, to maintain and develop the knowledge, skills and attitudes required of a specialist pain medicine physician in Australia and New Zealand.

9.1.2 In line with the direction from the AHPRA, the Faculty's policy is that Fellows (who by definition have at least two specialist qualifications) must complete either the continuing professional development program of the College of their primary fellowship or the FPM Continuing Professional Development Program (itself a modification of the ANZCA Continuing Professional Development Program).

9.1.3 FPM does not assess other continuing professional development providers or activities. Continuing professional development participants may be subject to random audit during which their adherence to the program of their choice may be assessed.

9.1.4 ANZCA has provided an electronic and hardcopy platform for recording of continuing professional development activities for those FPM Fellows who choose to do the ANZCA program or the FPM modification of the ANZCA program. FPM records the continuing professional development program being undertaken by all Fellows (whether this is the ANZCA Continuing Professional Development Program or another program).

9.1.5 The FPM would advise registered medical practitioners who practise pain medicine but who are not Fellows on an individual basis regarding continuing professional development.

9.1.6 Mentoring of failing continuing professional development participants and non-participating Fellows would be undertaken by the continuing professional development unit staff of the College or Faculty whose program the Fellow had chosen to follow.

Overview

Since 2004 it has been Faculty policy that its Fellows must be involved in continuing professional development (CPD). At that time not all of the "parent" bodies of the Faculty (ANZCA, the Royal Australasian College of Physicians, the Royal Australasian College of Surgeons, the Royal Australian and New Zealand College of Psychiatrists and the Australasian Faculty of Rehabilitation Medicine of the Royal Australasian College of Physicians) themselves mandated CPD. With the introduction of national registration in Australia requiring performance of CPD, taken together with the long-established requirement by the Medical Council of New Zealand for CPD for recertification, the focus has changed from encouragement to facilitation. As fellowship of the Faculty is a post-fellowship qualification, it is highly likely that in Australia such Fellows are registered in more than one specialty. Although the standard for registration in Australia asserts that practitioners must complete CPD in each specialty for which they are registered, it has been indicated that only one CPD program needs to be completed. The Faculty has advised its Fellows that completion of either the CPD program of the College of their primary fellowship (one of the five "participating bodies" mentioned above or Royal Australian and New Zealand College of Obstetricians and Gynaecologists, Royal Australian College of General Practitioners or Royal New Zealand College of General Practitioners) or the FPM CPD (itself a modification of the ANZCA CPD program) would fulfil this requirement.

The ANZCA/FPM Continuing Professional Development Program has been significantly improved to assist ease of access and to provide additional resources to Fellows to meet their CPD requirements. The components of this recently updated program, including its mix of activity categories and issues of accessibility by non-Fellows, have been described in Section 9 of the ANZCA submission.

The Faculty does ask its non-ANZCA Fellows to indicate which CPD program they have undertaken.

With particular reference to the discipline of pain medicine, the Faculty presents, on an annual basis:

- The refresher course day (in conjunction with the annual scientific meeting) open to any applicant.
- The pain medicine program at the annual scientific meeting.
- The spring meeting.

These meetings have been structured to emphasise maintenance and acquisition of (non-procedural) skills as well as knowledge, especially in response to the rapid evolution of the specialty of pain medicine. (Appendices 30-36: Refresher course day programs 2010 and 2011, annual scientific meeting programs 2010 and 2011 and spring meeting programs 2010 and 2011).

The Faculty has an events co-ordinator with the responsibility of supporting the Faculty's annual refresher course day. The support of a professional conference organiser is engaged for the ANZCA/FPM annual scientific meeting and the Faculty regional committees provide support for regionally based continuing medical education. The Faculty has benefitted from the direct involvement of the ANZCA Continuing Professional Development Unit in convening the annual spring CPD meetings.

9.2 Retraining

Accreditation standard

9.2.1 The education provider has processes to respond to requests for retraining of its fellows.

Summary of FPM response

9.2.1 The Faculty has not yet been confronted with this situation. However, in principle the Faculty would seek to facilitate clinical attachments to its training units, and to provide mentoring, supervision and access to its educational material.

The Faculty has not yet been confronted with this situation. However, in principle the Faculty would seek to facilitate clinical attachments to its training units, and to provide mentoring, supervision and access to its educational material.

9.3 Remediation

Accreditation standard

9.3.1 The education provider has processes to respond to requests for remediation of its fellows who have been identified as under-performing in a particular area.

Summary of FPM response

9.3.1 The FPM would assist medical regulatory authorities and employers in accordance with ANZCA's policy in this area.

The FPM would assist medical regulatory authorities and employers in accordance with ANZCA's policy in this area. However, given the at least dual fellowship of Faculty Fellows, it is probable that any action by the Faculty in terms of remediation of under-performance or assistance in retraining would need to be provided in conjunction with that Fellow's "parent" College (including ANZCA). The Faculty will be reviewing its position in relation to remediation.

C. Appendices

Appendix 01: FPM regulations

Appendix 02: PM2 Guidelines for Units Offering Training in Multidisciplinary Pain Medicine

Appendix 03: FPM guide to Australian Medical Council education cycle

Appendix 04: PM5 Policy for Supervisors of Training in Pain Medicine

Appendix 05: PM7 Policy on supervision of clinical experience for vocational trainees in pain medicine

Appendix 06: Supervisor of training agreement

Appendix 07: Professional document index

Appendix 08: Draft Clinical case study – preparation guide

Appendix 09: Draft Clinical case study – marking guide

Appendix 10: Objectives of training

Appendix 11: Draft cultural competency document

Appendix 12: Prospectus

Appendix 13: Focused resources for trainees

Appendix 14: 2011 Pre-examination short course program

Appendix 15: Examination report 2011

Appendix 16: PM8 Policy on Illness or Disability for Trainees and Fellows

Appendix 17: FPM Trainee Performance Review (2008)

Appendix 18: FPM exams categorisation

Appendix 19: Examination – three or less form (written)

Appendix 20: Examination – three or less form (vivas)

Appendix 21: Examination results comparisons 2011

Appendix 22: Examination results comparisons year by year

Appendix 23: FPM trainee agreement

Appendix 24: FPM trainee support kit

Appendix 25: Supervisor of training workshop program 2010

Appendix 26: Supervisor of training workshop program 2011

Appendix 27: Supervisor of supervisor of training job description

Appendix 28: Selection criteria for examiners

Appendix 29: FPMANZCA mentoring program

Appendix 30: FPM refresher course day program 2010

Appendix 31: FPM refresher course day program 2011

Appendix 32: FPM annual scientific meeting program 2010

Appendix 33: FPM annual scientific meeting program 2011

Appendix 34: FPM spring meeting program 2010

Appendix 35: FPM spring meeting program 2011