

Pain Medicine

A rewarding
multidisciplinary
career



Introduction

Why the need for pain medicine?

Severe, persistent and unrelieved pain is recognised as one of the world's major health care needs, with serious financial and social implications for individuals, families and communities.

In the last quarter of the 20th century, clinicians became increasingly aware that, in contrast to other fields of medical endeavour, knowledge relevant to the care of patients with pain had lagged far behind. Consequently, the needs of many people experiencing pain were not being met.

The late Professor Patrick Wall, one of the founders of pain medicine, wrote of their plight in these poignant words:

They move like draught horses, uncomplaining, heads down in the driven snow. Not only have their multiple treatments failed, but also they have suffered the indignity of being told that their pain will go away and/or that it is all in their heads. They have learned that to continue to

complain is to alienate and to isolate. These stoical characters plod on, often counted as cured because they no longer go to doctors or take their ineffective medicine. [Wall PD. Some notes on the future of pain. In: Burns B, Busby C, Sawchuk K, eds. When Pain Strikes. Minneapolis: University of Minnesota Press, 1999: 8-23.]

This booklet has been produced by the Faculty of Pain Medicine (FPM or the Faculty) of the Australian and New Zealand College of Anaesthetists (ANZCA). As well as ANZCA, the Faculty's constituents are the Royal Australasian College of Physicians and its Australasian Faculty of Rehabilitation Medicine, the Royal Australasian College of Surgeons, and the Royal Australian and New Zealand College of Psychiatrists, reflecting the multidisciplinary nature of pain medicine practice. The booklet is intended for medical students, interns, residents and prospective trainees. We hope that this brief introduction stimulates your interest in pain medicine as a rewarding career.

About pain medicine

Pain medicine is a field of multidisciplinary medical practice, which has matured relatively recently. This discipline has now been recognised in Australia and New Zealand as a medical specialty in its own right. This recognition attests to the prevalence of the problem of unrelieved pain in the community and to the need for medicine to respond in terms of education, training and practice.

The field of pain medicine recognises that the management of severe pain requires the skills of more than one medical craft group. Common pain problems include:

- Acute pain (postoperative, post-trauma, acute episodes of pain in "medical conditions").
- Cancer pain (pain directly due to tumour invasion or compression, pain related to diagnostic or therapeutic procedures, pain due to cancer treatment).
- Chronic (persistent) pain (including over 200 conditions described in the International Association for the Study of Pain (IASP) *Taxonomy of Chronic Pain* 2nd Ed, such as phantom limb pain, post-herpetic neuralgia, low back pain).

The specialist pain medicine physician serves both as a consultant to other physicians and often as the principal treating physician. A sociopsychobiomedical framework is used to explore links between thoughts, emotions, stressors and the experience of pain. At a biological level, such links are expressed through nervous and immune system imbalance. Contemporary pain therapy aims to restore balance through sociological (behavioural), psychological and biomedical strategies. The spectrum of care provided by a specialist pain medicine physician includes education, coordinating rehabilitation, directing a multidisciplinary team, offering evidence-based advice and practice with regard to medication and procedural interventions, counselling patients and families, and collaborating with other health care professionals and agencies. This provides an overarching multi-faceted, person-centred approach to health and wellbeing.



Essential topic area eLearning resources provide trainees with self-paced interactive activities that act as an introduction to each essential topic area in the curriculum.



Chronic pain is seen in every age group from paediatric to geriatric, and across all medical and surgical disciplines. Because of the complexity of chronic pain problems, multidisciplinary pain units (MPUs) have been developed throughout Australia and New Zealand. These MPUs harness the input of a range of medical and allied health professionals to assess the multi-dimensional aspects of pain and to formulate appropriate programs of treatment aimed at control of pain and improvement in function. Equally importantly, these MPUs also provide clinical training, and foster basic and clinical research in pain medicine.

Personal qualities required to be a specialist pain medicine physician

- Ability to apply high level knowledge, skills and professional attitudes in the practice of pain medicine across unpredictable and complex situations.
- Commitment to the health and wellbeing of individuals and society through ethical practice, characterised by high personal standards of behaviour, accountability and leadership.
- Commitment to the learning, creation, dissemination, application and translation of knowledge relevant to pain medicine, and to the education of patients, students, colleagues and the community.

- Effective communication, including the ability to listen, interpret and explain the predicament and concerns of the patient in a sociopsychobiomedical context.
- Understanding of how personal beliefs and cultural bias may influence interactions with others.
- Ability to effectively work in a healthcare team to achieve optimal patient care.
- Ability to make and manage decisions about resource allocation as may apply personally, professionally and at an organisational level, to provide leadership and to contribute to the effectiveness of the healthcare system.
- Ability to responsibly use their expertise and influence to advance the health and wellbeing of patients, colleagues, communities and populations.

Intellectual content

The basic and clinical science content of pain medicine is extraordinarily broad and is one of the most rapidly expanding areas of the neurosciences. The linkage between the science and practice of pain medicine has strengthened at a great pace, adding to the satisfaction of medical practice. Many specialists spend significant amounts of time in clinical and/or basic research. Involvement in undergraduate and postgraduate teaching is also a high priority to bridge the current knowledge gap.

This field is one of the most diverse in all of medicine, with specialists required to be knowledgeable about the management of challenging pain problems in paediatric, adolescent, adult and geriatric patients across essentially every specialty field. Collaborative discussion about the diagnosis and management of patients is very rewarding and intellectually stimulating.

Autonomy and responsibility

Specialist pain medicine physicians work with a large degree of autonomy but in the context of a multidisciplinary team-based approach to the diagnosis and management of complex 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 health care professionals.

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

Training in pain medicine

Prerequisites for training

Training in pain medicine is a post-specialisation program that requires applicants to have either completed or be training towards a primary specialist qualification. To be eligible to register for training with the Faculty of Pain Medicine, applicants must have completed at least three years full-time equivalent training within their primary specialty.

Prior to commencing training, applicants must complete the foundations of pain medicine examination, secure a training position in a Faculty-accredited training unit and register with the Faculty.

Structure of training

The program comprises a minimum of two years (88 clinical weeks plus leave) full-time equivalent (FTE) of approved clinical experience directly related to pain medicine, distributed over two mandatory stages. Each training stage comprises 44 weeks of clinical activity (one hospital employment year).



The core training and practice development stages are directly relevant to the practice of the discipline of pain medicine and enable trainees to develop practical clinical skills in a supervised learning environment. The Faculty supports trainees by offering a number of teaching and learning opportunities through e-learning modules, resource lists and clinical skills courses.

Full details of the FPM training program can be found in the FPM training handbook available on the Faculty website at www.fpm.anzca.edu.au/training.

Training units

A list of Faculty-accredited training units is published on the FPM website. Level 1 units offer trainees exposure to the full spectrum of clinical experience required for the core training stage. Level 2 units, while

unable to satisfy all FPM training unit accreditation criteria, have the capacity to provide significant training experiences to a trainee in a minimum of two areas of pain medicine. A trainee can spend a maximum of six months' training in a Level 2 unit during the core training stage.

The Faculty regularly reviews the units it approves for training to ensure high standards of teaching, supervision and clinical care.

Supervision of training

In accredited multidisciplinary pain units, a supervisor of training is appointed from the specialist pain medicine physicians. Trainees should seek guidance from their supervisor of training and/or the director of the unit in the first instance on all matters related to their training.

Part-time training

With prior approval from the Faculty and with the support of the trainee's head of department and the respective hospital administration, flexible (part-time and/or interrupted training) is possible under specific circumstances.

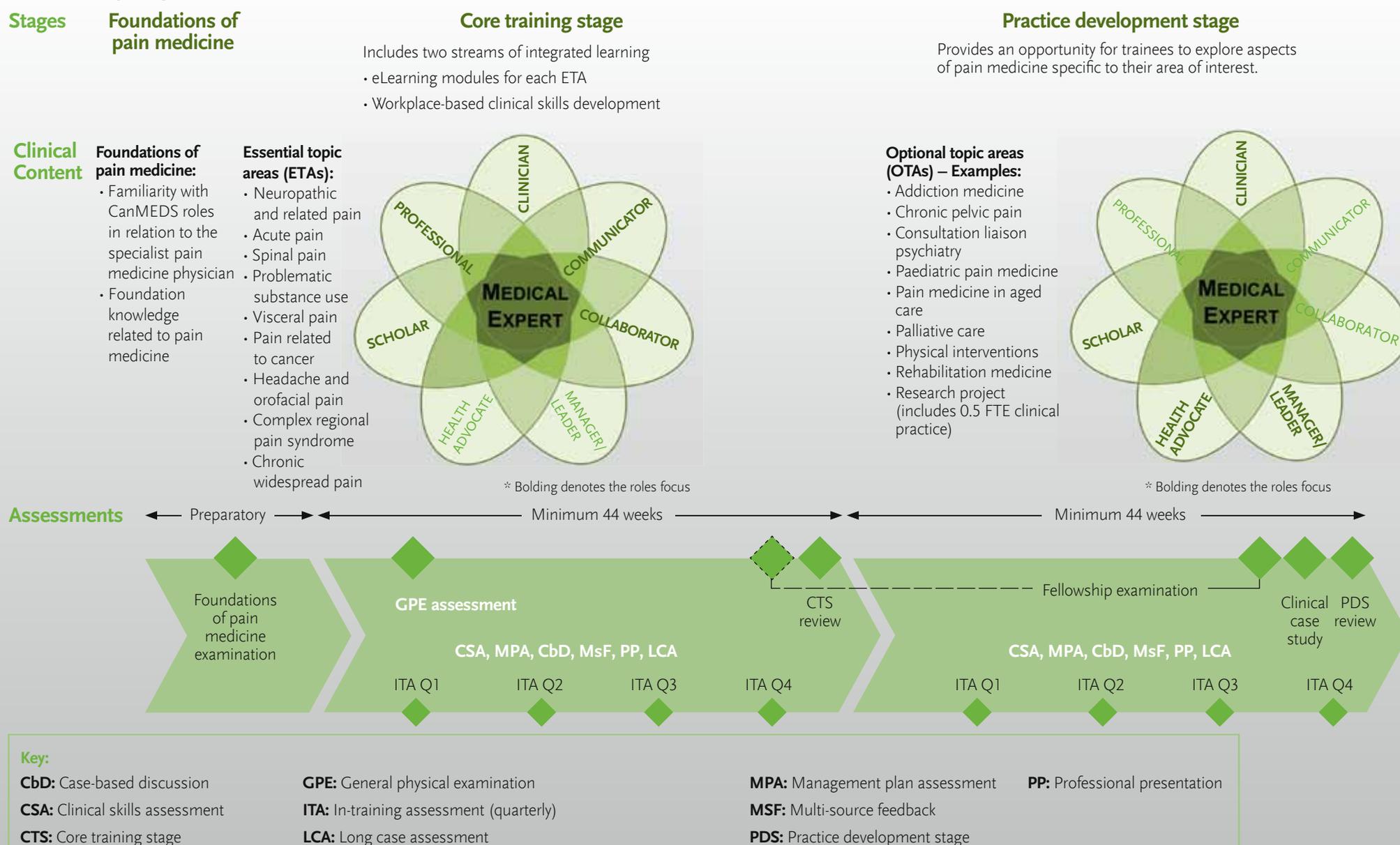
Assessment

Workplace-based assessments are a key feature of the training program and are designed to provide regular structured feedback and facilitate learning within the trainee's normal work environment. Collectively, the workplace-based assessments cover the breadth of clinical care and have been developed to provide meaningful information to trainees regarding their progress within the pain medicine roles in practice.

The in-training assessment process provides trainees with regular review and feedback against the requirements of the training program with the supervisor of training. It allows supervisors of training to monitor progress on behalf of the Faculty and to assist the trainee to acquire knowledge and clinical skills within a pain medicine environment.

Over the course of their training, trainees must complete one clinical case study, the fellowship examination and two long case assessments, one in each stage of training. The assessment requirements of the training program are outlined in the FPM training program handbook available on the Faculty website at www.fpm.anzca.edu.au/training.

FPM Training Program Overview



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