The Faculty of Pain Medicine introduced a redesigned curriculum and training program in December 2014 in New Zealand and February 2015 in Australia.

The main purpose of the redesign was to better prepare trainees for the defined roles of a specialist pain medicine physician (SPMP). This involves more effective utilisation of both years of training time and a significant change in approach.

The curriculum and training program are characterised by:

- Modified CanMEDS® roles, where medical expert comprises clinician, professional, scholar, communicator, collaborator, manager/leader and health advocate
- Being explicitly based on competencies
- A spiral design (that is, incremental, cumulative and integrative)
- Implementation as a hybrid delivery program, with online, interactive and group learning opportunities
- Ongoing workplace-based formative assessment and progressive summative assessment

1. STRUCTURE AND CONTENT

The program comprises two mandatory stages, each of one year’s duration, of activity directly relevant to the practice of the discipline of pain medicine: the core training and practice development stages.

By definition, trainees in pain medicine are progressing to an additional specialist qualification and have considered this vocational pathway carefully. They are expected to have attained preparatory knowledge and skills in pain medicine through completion of a foundation component.

1.1 Foundations of pain medicine

The Faculty does not offer formal instruction in this foundation component but does outline and provide resources for the topic areas to be learned, summarised below.

The competencies identified in this component reflect the essential pre-requisite knowledge base on which trainees may build their pain medicine specific knowledge and clinical skills. This is critical considering the time pressures of a two year program.

A. Familiarity with CanMEDS roles as related to the SPMP as a medical expert

- Clinician
- Professional
- Scholar
- Communicator
- Collaborator
- Manager (and leader)
- Health advocate

B. Foundation knowledge related to pain medicine

Including:

- Fundamental concepts
- Terminology used in pain medicine
- Basic sciences, including the anatomical, physiological and biochemical bases of nociception and pain
- Assessment of pain
- Management of pain
- Research methodology
Examples of appropriate areas of activity for the practice development stage, to be known as optional topic areas (OTAs), include but are not limited to:

- Addiction medicine
- Chronic pelvic pain
- Consultation liaison psychiatry
- Paediatric pain medicine
- Pain medicine in aged care
- Palliative care
- Physical interventions
- Rehabilitation medicine
- Research project (includes 0.5 FTE clinical practice)

Recognition of prior experience (RPE)

Recognition of prior experience (RPE) may be granted, up to a maximum of six months, as credit towards the practice development stage of training in pain medicine. Such experience must be directly relevant to pain medicine, and fulfil the requirements outlined in by-law 4.12.

Any RPE is provisional and contingent upon completion of the core training stage.

2. TEACHING AND LEARNING PROCESSES

2.1 Centralised theory teaching – Networks

Teaching and learning resources have been developed for the nine essential topic areas. Throughout the core training stage, a three week period is allocated to focus on each ETA. A timetable for delivery of the ETAs is published annually.

The resources consist of:

- A suite of electronic learning resources available on the learning and collaboration management system (LCMS) – Networks.
- Input from a FPM Fellow who is a subject matter expert (SME) for each ETA. The SME is available over the three-week period dedicated to the study of that ETA.
2.2 Clinical skills development

- Two weekend face-to-face courses devoted to development of clinical and interpersonal skills, in a safe learning environment.
- Workplace-based skills development with structured feedback for effective learning supported by workplace-based assessment.

Trainee learning portfolio
Trainees have a learning portfolio to assist them record their training and assessment activities as well as develop their skills in self-directed learning. It will help trainees develop learning plans and reflect on training activities prior to revising their learning plan at six-monthly intervals.

Support for clinical teachers and supervisors of training
Clinical teachers and supervisors of training are offered professional development in:
- The application of workplace-based assessment tools
- Providing feedback for effective learning
- Assisting the trainee with difficulties

3. ASSESSMENT PROCESSES

The focus of the assessment process is on assessment for learning rather than assessment of learning. Multiple formal opportunities for assessment for learning are provided in the workplace. Summative assessment (of learning) remains but is progressive throughout the program. Feedback on performance, particularly if unsatisfactory, is provided to assist remediation.

3.1 Foundations of pain medicine
Foundation knowledge is assessed by a barrier (summative) MCQ examination. This examination, which may be attempted more than once, is offered on two occasions only, in the three months prior to the commencement of the core training stage each year.

The specific learning outcomes to be assessed are outlined in the foundations of pain medicine section of the curriculum.

Trainees who are unsuccessful in this summative assessment are unable to commence the core training stage. Feedback is provided to assist remediation.

3.2 Core training stage

Formative assessment
Specialists and supervisors of training give ongoing, informal feedback to trainees based on new forms of formative workplace-based assessments (WBAs), including:
- General physical examination (GPE) assessment
- Clinical skills assessment (CSA)
- Management plan assessment (MPA)
- Case-based discussion (CbD)
- Professional presentation (PP)
- Multi-source feedback (MSF)

Progressive summative assessment
Summative assessment is progressive (and forms hurdles) in the core training year.

The forms of summative assessment include:
- The foundations of pain medicine examination (see foundations of pain medicine)
- Quarterly in-training assessments to be completed by supervisor/s
- One long case assessment conducted at a regional venue

3.3 Practice development stage

Supervisor/s complete summative quarterly in-training assessments (ITAs) that are informed by on-going formative assessment utilising the same WBA tools as above.

Summative assessment also includes:
- One long case assessment conducted at a regional venue
- A clinical case study (addressing in particular the roles of professional, scholar, communicator and clinician) that must be passed by the end of the practice development stage
- The fellowship examination that:
  - May be attempted in either the core training or practice development stages
  - Comprises:
    - A written paper conducted in regional centres 2-3 weeks before the viva voce examination
    - A one-day viva voce examination conducted centrally

4. APPLICATION FOR TRAINING

- The FPM training program is open to doctors who hold a primary specialist qualification acceptable to the board, or who have completed at least three years full-time equivalent training within that primary specialty.
- The eligibility and application criteria for training are defined in By-law 4.1.
- The application process, including fees, is detailed on the Faculty website.

For additional information on the FPM curriculum and training program, please access the Faculty website at www.fpm.anzca.edu.au. Inquiries can be directed to painmed@anzca.edu.au.
FPM Training Program Overview

Stages
- Foundations of pain medicine
- Core training stage
- Practice development stage

Foundations of pain medicine
- Includes two streams of integrated learning
  - eLearning modules for each ETA
  - Workplace-based clinical skills development

Core training stage
- Essential topic areas (ETAs):
  - Neuropathic and related pain
  - Acute pain
  - Spinal pain
  - Problematic substance use
  - Visceral pain
  - Pain related to cancer
  - Headache and orofacial pain
  - Complex regional pain syndrome
  - Chronic widespread pain

Practice development stage
- Provides an opportunity for trainees to explore aspects of pain medicine specific to their area of interest.
- Optional topic areas (OTAs) – Examples:
  - Addiction medicine
  - Chronic pelvic pain
  - Consultation liaison psychiatry
  - Paediatric pain medicine
  - Pain medicine in aged care
  - Palliative care
  - Physical interventions
  - Rehabilitation medicine
  - Research project (includes 0.5 FTE clinical practice)

Clinical Content
- Essential topic areas (ETAs):
- Optional topic areas (OTAs) – Examples:

Assessments
- Preparatory
- Minimum 44 weeks
- Minimum 44 weeks

Key:
- CbD: Case-based discussion
- CSA: Clinical skills assessment
- CTS: Core training stage
- GPE: General physical examination
- ITA: In-training assessment (quarterly)
- MPA: Management plan assessment
- MSF: Multi-source feedback
- PP: Professional presentation
- LCA: Long case assessment
- PDS: Practice development stage

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