PS16(PM) Scope of clinical practice for Specialist Pain Medicine Physicians 2026

Short title: Scope of practice for SPMPs

Preamble

The Faculty of Pain Medicine (FPM/faculty) of the Australian and New Zealand College of Anaesthetists (ANZCA) was established in 1998. The faculty is a binational organisation representing the specialty of pain medicine in the jurisdictions of Australia and Aotearoa New Zealand. The faculty is the professional body that governs the practice of specialist pain medicine physicians (SPMPs).

SPMPs practice the medical specialty of pain medicine. The term 'pain management' is often employed informally to reference healthcare-related endeavours that aim to reduce or mitigate pain, whether it be acute, persistent or experienced in the palliative care context. Various medical, nursing and allied healthcare disciplines, patients and their lay carers may be involved individually or jointly in 'pain management'.

Fellowship of FPM recognises that the practitioners of pain medicine have a distinct and specialised body of knowledge and training that justifies vocational and/or specialist registration in pain medicine. FPM fellows must hold another approved specialist medical qualification prior to admission to fellowship.

This means many SPMPs have particular skills from their background specialty. What they do within that specialty must be credentialled within the primary specialty scope of practice and is distinct from their scope as SPMPs.

FPM fellowship does not itself confer scope to provide general, regional or sedation anaesthesia; such practice requires appropriate primary specialty training (for example, anaesthesia) and separate local credentialling

1. Purpose

This document defines the scope of practice for SPMPs in Australia and Aotearoa New Zealand. It applies to all doctors who hold current fellowship. It can guide decisions regarding credentialing by local health authorities or regulatory bodies. For the purposes of this document, the scope of practice for SPMPs is the range of clinical activities they are educated, trained and credentialled to undertake as specialist pain medicine physicians.

2. A unique scope among international pain medicine models

The model of pain medicine in Australia and Aotearoa New Zealand contrasts with the scope of evolution of the specialty in other jurisdictions.

FPM ANZCA-trained SPMPs are physicians with a broad, multidisciplinary approach, incorporating:

- A sociopsychobiomedical paradigm, prioritising the complex interplay of biological, psychological, and social factors in pain.
- Expertise in acute, subacute, and persistent pain management for neuropathic, nociplastic, and nociceptive pain. This includes but is not limited to perioperative surgical, cancer related and non-traumatic pain conditions.
- A recognition that all medical interventions have limitations, and professional judgement is required to help patients make well-advised decisions about their care.
- An unapologetic emphasis on interdisciplinary, function-focused, and rehabilitative care, facilitated by procedural and pharmacological interventions when indicated.

- A societal approach to pain management that includes research, training, education and prevention of pain conditions as part of the breadth of the specialty.

This holistic, physician-led approach makes pain medicine as conceived and practised by fellows of FPM unique among our colleagues internationally.

3. Collaboration with other specialties

While SPMPs are the physicians that manage a number of primary pain conditions, they also provide interdisciplinary management for secondary pain conditions in collaboration with other specialties.

3.1 Acute inpatient admissions to hospital

Acute inpatient pain services frequently collaborate with specialist anaesthetists, perioperative physicians and surgeons for acute postoperative pain. In addition, SPMP's can provide consultative services to other specialties for acute, complex non-surgical pain conditions.

SPMP's can be the admitting primary treating specialty for inpatient care, where the condition and/or treatment provided is primarily pain related.

3.2 Outpatient and community services

SPMP's work collaboratively with other healthcare professionals in a primary or secondary care setting to provide expert management of pain conditions.

3.3 Pain in the palliative care context

SPMPs can provide pain management expertise as part of a consultative service to people experiencing pain in the palliative care context in order to provide optimal medical and/or procedural management for pain.

3.4 Pain-related procedures

SPMPs may themselves have a procedural scope of practice endorsed under the FPM Procedures Endorsement Program.

SPMPs can provide expert assessment and follow up for procedures performed by interventional radiologists and surgeons to ensure that the procedures are linked to functional outcomes.

3.5 Paediatric pain

SPMPs can collaborate with paediatricians regarding management of pain disorders in children and advise on when referral to a specialist children's pain service is appropriate.

4. Core roles of Specialist Pain Medicine Physicians

4.1. Medical expert

4.1.1 Advanced diagnostic expertise

SPMPs have advanced diagnostic expertise in relation to pain presentations particularly in the identification of complex pain states, as often seen in nociplastic and neuropathic pain.

4.1.2 Provision of comprehensive care

SPMPs are trained to oversee the provision of best-practice, scientifically based pain care; to educate and lead others in this endeavour; and to conduct and monitor research that can inform the effective translation of new evidence into clinical care systems.

4.1.3 Specific management of pain conditions

SPMPs are trained to provide interdisciplinary management of all forms of acute pain, long-term management of persistent primary and secondary pain conditions, cancer-related pain and advice

where needed for pain in the palliative care context. Some specific diagnoses such as complex regional pain syndrome (CRPS), spinal pain and chronic primary pain syndromes are areas of specific expertise due to intensive coverage in the curriculum.

4.1.4 Non-invasive interventions

A diverse range of treatment options may be offered or arranged where appropriate to treat pain.

These include non-invasive neuromodulatory therapies, inpatient or outpatient medication infusions as well as dietary, psychological and exercise interventions.

4.1.5 Procedures

All SPMPs are trained in understanding the role of procedures for management of pain conditions. This includes the role of SPMPs with a procedural scope of practice and other medical specialists including surgeons, radiation oncologists, interventional radiologists and procedural physicians. .

4.2. Communicator

All SPMPs are trained to communicate effectively, both verbally and in writing, with patients, families, and other healthcare professionals in relation to pain and its associated impact, treatment options and prognosis. This includes communication strategies which recognise intellectual and verbal ability, neurodiversity, gender identity, health literacy and people from culturally and linguistically diverse backgrounds.

4.3. Collaborator

All SPMPs are trained to work effectively within a team with medical, nursing, allied health, consumers and community resources to provide optimal pain care.

SPMPs should provide appropriate medical leadership within multidisciplinary teams, in accordance with the principles outlined in ANZCA PS60.

4.4. Leader

SPMPs provide leadership in developing and managing specialist pain services for acute, persistent and cancer-related pain in the broader setting of responsible and sustainable stewardship of healthcare resources.

4.5. Health advocate

SPMP’s aim to deliver:

• Improvement in the social and economic impact of all forms of pain, specifically across health services within the faculty’s sphere of influence.

• Development of institutional, regional and national standards of care, standards of training, setting the research agenda and implementation of services for all pain management.

• Expert advice to regulators, courts, and health authorities regarding topics that require pain medicine expertise. Examples may include standards of appropriate professional practice, public safety issues, or policy questions that will impact people experiencing pain.

SPMP's work in a discipline that may expose them to elevated risks of stress, burnout and moral injury. They are obliged to pay close attention to their own welfare and the welfare of colleagues. The ANZCA/FPM CPD program identifies a number of productive activities in this area.

4.6. Scholar

SPMPs are experts in the basic and clinical science of pain and its management. Maintaining the integrity of the scientific basis of pain medicine is fundamental to the success of the specialty. Facets

of the scholar role may include: education, research, incident reporting and quality improvement, and maintain up-to-date knowledge and skills through CPD and regular review of practice.

SPMP's are expected to maintain active and comprehensive participation in data collection through methods such as collaborative clinical databases and clinical registries.

5. SPMP's provide pain management in a culturally safe manner

The Australian and Aotearoa New Zealand health frameworks emphasise culturally responsive, culturally safe and holistic approaches to pain management, grounded in the unique values of Aboriginal and/or Torres Srait Islander people in Australia and Māori people in Aotearoa NZ. In Aotearoa New Zealand, care aligns with Te Tiriti o Waitangi and Māori health models such as Te Whare Tapa Whā and the Meihana Model, recognising the interconnected dimensions of wellbeing—spiritual, physical, psychological, social, environmental, and familial.

In Australia, SPMPs strive to integrate Aboriginal and Torres Strait Islander perspectives by prioritising culturally safe, inclusive, and context-aware care. In both countries, pain management reflects a sociopsychobiomedical paradigm, recognising the impact of colonial and social determinants and cultural strengths on health outcomes.

SPMPs are expected to demonstrate and maintain cultural awareness and healthcare advocacy which extends to the peoples indigenous to the pacific region in addition to the larger countries of Australia and Aotearoa New Zealand.

6. Conclusion

Fellows of FPM practice pain medicine and have a unique scope of practice. This includes:

- Diagnosing and managing acute, subacute, persistent, and complex pain conditions and pain in the palliative and end-of-life contexts.
- Leading and working within interdisciplinary teams in the management of pain conditions.
- Working collaboratively with other stakeholders and allies in the pain sector to advocate for appropriate standards of equitable pain management in all pain conditions, including the creation of accessible, sustainable and clinically effective pain services in primary, secondary and tertiary care settings.
- Implementing pain management strategies that include psychological, social, and functional components as well as best-practice medical care.
- Diagnosing and treating predisposing, perpetuating and resulting co-morbid and/or secondary conditions (with clear exclusion for management unless this is within the specialist pain medicine physicians' primary scope of practice).
- Preventing disability and secondary harm by skilful negotiation of the interface between pain, mental health and addiction care.
- Advocating for and translating into systematic practice high-quality research regarding pain conditions.

This scope of specialist practice ensures optimal patient outcomes within a holistic, physician-led model, distinct from international pain medicine structures, and tailored to the needs of communities in Aotearoa New Zealand, Australia and Asia Pacific.

Faculty of Pain Medicine professional documents

POLICY – A document that formally states principle, plan and/or course of action that is prescriptive and mandatory.

STATEMENT – A document that describes where the college stands on a particular issue. This may include areas that lack clarity or where opinions vary. A statement is not prescriptive.

GUIDELINE – A document that offers advice on a particular subject, ideally based on best practice recommendations and information, available evidence and/or expert consensus. A guideline is not prescriptive.

This document has been prepared having regard to general circumstances, and it is the responsibility of the practitioner to have express regard to the particular circumstances of each case, and the application of this policy document in each case.

Professional documents are reviewed from time to time, and it is the responsibility of the practitioner to ensure that the practitioner has obtained the current version. Professional documents have been prepared having regard to the information available at the time of their preparation, and the practitioner should therefore have regard to any information, research or material which may have been published or become available subsequently.

Whilst the College and Faculty endeavours to ensure that documents are as current as possible at the time of their preparation, they take no responsibility for matters arising from changed circumstances or information or material which may have become available subsequently.

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