

FPM

Faculty of Pain Medicine
ANZCA

Faculty of Pain Medicine

Accreditation Handbook

December 2025

Contents

1. Introduction	2
1.1 Accredited units	3
1.2 Clinical supervision in the workplace.	3
1.3 By-laws and policies governing the accreditation process.....	3
2. Accreditation roles and responsibilities.....	4
2.1 Training Unit Accreditation Committee.....	4
2.2 Reviewers.....	4
2.3 Training units.....	4
2.6 Nominated supervisors	5
2.7 Faculty office	5
3. Accreditation standards.....	6
4. Basis for an accreditation review	6
4.1 Basis for initiating an off-schedule review	6
5. Process overview	7
Table 5.1 Review process	8
6. Criteria for accreditation	11
Table 6.1 Criteria underpinning each FPM accreditation standard	11
7. Accreditation documentation	20
8. Departmental checklist for the accreditation review	21
Table 8.1 Departmental checklist for the accreditation review	21
9. Accreditation review program template.....	21
Table 9.1 Template program for an accreditation review	22
10. Accreditation requirements and recommendations	23
11. Monitoring	25
12. Revoking or withdrawal of accreditation	25
12.1 Suspension of accreditation.....	25
13. Processes of reconsideration, review and appeal.....	25
14. Contacting the faculty	26

1. Introduction

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

The FPM offers a training program comprising two years full-time equivalent of approved clinical experience directly related to pain medicine, delivered over two mandatory stages. The program enables trainees to develop their knowledge and skills in a supervised learning environment.

The faculty accredits multidisciplinary pain management units to provide approved training for FPM trainees. Accreditation is based on quantitative data provided in a questionnaire to the unit and a qualitative accreditation review by the faculty to assess a unit's ability to provide training and supervision deliver the training program, in compliance with FPM by-laws and policies.

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

The faculty’s accreditation purpose is to ensure minimum standards while also promoting best practice through information sharing and allowing sufficient flexibility in how standards are met to encourage innovation.

The faculty’s accreditation philosophy is that accreditation is a critical aspect of ensuring that the Faculty of Pain Medicine training program meets and exceeds the expectations set forth by our governing and regulatory bodies, health services and professionals, and the broader community.

Accreditation is defined as the process by which a credible, external body objectively assesses the best practice principles of a training site to implement the education program and provide assurance that it produces graduates that are competent to practise safely and effectively as specialist practitioners.

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

1.1 Accredited units

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

All training in the core training stage is undertaken in a level one accredited unit. During the practice development stage, training can be undertaken at a Level one or Practice Development Stage (PDS) accredited unit or in a training position approved by the DPA, FPM Education. Approval of specific units for individual trainees for the practice development stage is the role of the DPA, FPM Education and outside the scope of this document.

A training unit is accredited as either a level one or Practice Development Stage multidisciplinary pain management training unit.

Level one units are those that can offer a breadth of experience across the care of patients with chronic non-cancer pain, acute pain and cancer pain.

Practice Development Stage (PDS) units have strengths in the practice of pain medicine, but do not meet the requirements of a level one training unit. Training in PDS units may include experience in chronic non-cancer pain, cancer pain, paediatric pain or procedures in pain medicine.

1.2 Clinical supervision in the workplace.

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

Levels of supervision are defined as follows:

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

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

1.3 By-laws and policies governing the accreditation process

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

Accredited units must abide by other faculty [by-laws](#), [professional documents](#) and [ANZCA/FPM corporate policies](#). These are available on the ANZCA website.

2. Accreditation roles and responsibilities

2.1 Training Unit Accreditation Committee

The [Training Unit Accreditation Committee \(TUAC\)](#) is responsible for accreditation processes including the monitoring of units and reports via the Training and Assessment Executive Committee (TAEC) to the FPM Board. The role of TUAC is to implement board policy, provide advice to TAEC and consider training opportunities in pain medicine offered by multidisciplinary pain management units as outlined in its terms of reference. TUAC works with the ANZCA SIMG Committee and liaises around the supervision and welfare of pain medicine specialist international medical graduate (SIMGs).

2.2 Reviewers

Selection and appointment of reviewers is based on the TUAC reviewer terms of reference and the needs of the faculty. It is expected that accredited units support the delivery of the training program including as examiners, reviewers, long case assessors or contributing to the faculty's centralised trainee tutorial program.

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

In selecting reviewers for an accreditation process, the chair, TUAC will consider perceived or potential conflicts of interest. The unit being accredited will have the opportunity to identify if they perceive any conflicts of interest with the proposed reviewers. The chair, TUAC will consider this advice in deciding which reviewers to appoint.

The reviewers will be appointed by the chair, TUAC and will:

- Ensure adherence to FPM and ANZCA policies.
- Review the quantitative data and discuss concerns with the chair, TUAC.
- Discuss provisional feedback with the unit director at the end of the review.
- Write of the report describing their findings.

2.3 Training units

Units and programs providing FPM training must consist of multidisciplinary teams with integrated processes and practice within a sociopsychobiomedical framework. The onus is on the unit to demonstrate that they work within this model.

The staff members who need to be available for interview or involved in an accreditation process include:

- Unit director – provides quantitative information via the datasheet, oversees the schedule for the on-site visit.
- Supervisor(s) of training (SOT) – provides information via the datasheet.
- Current and recent trainees/SIMGs – provide information separately (and confidentially) to the faculty via a survey.

- Departmental senior medical staff (FPM and other senior medical staff with appointments to the unit).
- Senior allied health and nursing staff involved in training in the unit.
- Heads of affiliated/satellite units (where trainees spend time).
- Representatives of the hospital executive (where relevant).
- Unit administrator – co-ordinates visit requirements.

Accredited training units must meet all timelines of the accreditation process and agree to re-accreditation by the faculty when requested. The unit director is responsible for notifying the faculty of any difficulties likely to impact the required timelines for accreditation. It is a condition of accreditation that the director notifies TUAC of any change that may impact training and supervision, including changes to personnel, facilities or alterations in workload.

2.6 Nominated supervisors

Each faculty-accredited unit requires a nominated supervisor to represent the faculty with respect to training within the unit. The supervisor of training will be appointed by the unit director and ratified by the faculty.

The duties of an SOT include:

- Ensuring trainees have complied with all registration requirements of the FPM.
- Orientating trainees to the training program and the multidisciplinary pain management unit.
- Be familiar with the requirements of the training program.
- Assisting trainees to develop and implement a personal training plan.
- Ensuring trainees are provided with appropriate supervision and role modelling in clinical practice including direct supervision.
- Ensuring that trainees' clinical exposure encompasses all aspects of the pain medicine curriculum.
- Overseeing the workplace-based assessment requirements of the program and monitoring progress via the Training ePortfolio.
- Attending regular meetings with trainees to provide feedback on their performance.
- Identifying early difficulties and together with trainees instituting remedial action.
- Notifying the faculty of trainees requiring support.
- Participate in faculty organised SOT workshops at least once a year.
- Must know the ANZCA Corporate policies relevant to FPM training as outlined in the SOT agreement.

Supervisors of training must be allocated adequate clinical support time to ensure training-related duties (e.g., supervision, education, and administration).

The faculty organises regular education meetings for supervisors to provide educational support and to ensure changes to faculty training policies are shared and promulgated in a timely fashion. Supervisors are supported by the FPM Education Officer and Director of Professional Affairs (DPA), FPM Education who can be contacted via the faculty.

2.7 Faculty office

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

3. Accreditation standards

The faculty accreditation standards are used to inform the accreditation process. These are:

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

4. Basis for an accreditation review

The basis for an accreditation review include:

- Routine re-inspection (each accredited unit is routinely reviewed at regular intervals).
- Initial request for accreditation.
- Request for a change in accreditation (for example, from a PDS training unit to a level one training unit).
- Off-schedule accreditation review may be requested by a unit, hospital, relevant health department or any committee of FPM/ANZCA, after review by chair or deputy chair, TUAC.

4.1 Basis for initiating an off-schedule review

The chair, TUAC may initiate an off-schedule accreditation review based on:

- previous accreditation review issues or new concerns raised through monitoring activities,
- information received by the faculty to suggest that the unit's resource allocation or key personnel have changed in a manner as to adversely affect training and supervision of trainees or SIMGs
- that FPM/ANZCA's policies or by-laws have been breached
- following a recommendation from the ANZCA Professional Conduct Triage Group.

An off-schedule review follows the standard process outlined in the document. Additional information or interviews may be sought to inform the decision-making process. A report based on the information gathered will be prepared and presented for consideration of TUAC at its next scheduled meeting.

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

5. Process overview

The FPM accreditation process consists of a quantitative data collection review and either a qualitative on-site or virtual review.

5.1 Procedure of an accreditation review.

The faculty informs relevant health authorities of the accreditation schedule for the following year. The following is the procedure for the full accreditation process.

Table 5.1 Review process

Step	Activity	Details
Pre-review		
1	Annual identification of units requiring re-accreditation	The faculty will contact units approximately six months prior the re-accreditation process to request dates for the visit.
2	A new unit wishes to be accredited	The unit director will familiarise themselves with by-law 19 and the <i>FPM Accreditation Handbook</i> .
3	Unit director completes the accreditation datasheet and submits this along with the supporting documentation to faculty together with potential dates for the visit	The unit director co-ordinates and is responsible for the submission of the datasheet which summarises the units' capacity to meet the accreditation standards at least 6 weeks prior to the visit Note: Data from current and recent trainees and SIMGs is collated separately to maintain confidentiality.
4a	Review collated data and appointment of reviewers	Chair or delegated member to review the collated data to identify areas of omission and areas to explore at the visit. Reviewers are appointed with consideration given to jurisdictional experience and perceived or potential conflicts of interest.
4b	For re-accreditation of units. Initial review of submission	The submission is reviewed for compliance with by-law 19 and accreditation standards. Further information may be sought from the unit director
4c	For new applicants only . For new applications that are deemed by the chair, TUAC to be compliant with by-law 19, faculty standards and criteria	Following approval by the chair, TUAC new applications for accreditation will be considered by TUAC at its next scheduled meeting. If the application is supported the unit will be contacted to nominate suitable dates and reviewers will be assigned. If the application is not supported, the unit will receive a letter from the faculty detailing the decision. In some cases, the faculty may seek further information from the unit before a review can be organised.
5	Dates, reviewers and program for the visit are co-ordinated	The date and program will be co-ordinated by the faculty with the unit and lead reviewer at least three weeks prior to the visit. The unit director, supervisor of training, trainee(s) and a member of the senior hospital executive team must be available on the day of the visit. Unavailability of key individuals may result in cancellation of the review and/or potentially the suspension of accreditation for training).
6	Reviewers receive and review documentation prior to visit	The faculty will provide documentation to the reviewers at least two weeks prior to the review date:

Step	Activity	Details
		- Completed datasheet and accreditation report. - Trainee/SIMG opinion(s) (where applicable). - Data from the Training ePortfolio (where applicable) - Recommendations following previous accreditations. - Trainee timetable that demonstrates sites and supervision arrangements. - Schedule for the day. Any concerns identified in the information provided will be discussed by the reviewers and chair, TUAC prior to the site visit.
Review		
7	Introductory meeting with supervisor of training and unit director	Process outlined and schedule of day discussed.
8	Interviews take place with the senior medical, allied health and nursing staff, trainees and members of the senior administration	The review will comprise of interviews with: - The unit director. - The SOT. - Trainees. - SIMGs. - All available FPM fellows and senior medical staff involved in training. - Senior members of the allied health and nursing staff. - A representative of the hospital administration. - Lead or directors of disciplines involved in training including the acute pain service, rehabilitation, palliative care, psychiatry and addiction medicine. - Administrative staff. - Key staff unavailable on the day may be interviewed via videoconference prior or after the review.
9	Facilities inspection	The inspection of the facilities will be brief and ensures there are: - Appropriate consulting and examination rooms. - Suitable office space and facilities for the members of the unit. Operating suites and procedure rooms may be inspected. If the review is conducted virtually, the unit will supply a pre-recorded video tour or photos of the unit as well as a layout or site map as appropriate.
10	Reviewers meet together before convening with the unit director and SOT to discuss proposed recommendations	An opportunity for reviewers to confidentially discuss their findings and recommendation(s) prior to meeting with the unit director and SOT.

Step	Activity	Details
		The reviewers will feed back to the unit director and SOT and will take this opportunity to clarify all information gathered. Any concerns that may impact on accreditation will be discussed.
Post review		
11	Reviewers complete the data sheet including their recommendation(s)	The completed data sheet provides recommendations that relate to the accreditation standards and criteria.
12	TUAC considers the written and verbal report from the visitors at its next scheduled meeting	TUAC's decision will include one of those outlined in section 7. Where standards require redress, accreditation may be deferred until the unit has demonstrated how these will be met. All requirements must be met within timeframe(s) defined by TUAC. TUAC may recommend that the FPM Board withdraw accreditation in the event that there are significant breaches of FPM corporate policies, accreditation standards or failure to meet requirements in the provided timeframe.
13	A draft letter will be sent to the unit director to identify any factual inaccuracies	The unit director and hospital executive specified in the data sheet will be provided a draft letter from the chair, TUAC to identify any factual inaccuracies . A reply will be sought within 10 business days following which the letter will be finalised. The chair's decision re modification of the recommendations in the correspondence will be final.
14	A letter will be sent to the hospital CEO and the unit director with the outcome.	A copy of the accreditation letter is sent to the relevant health department in Australia or Ministry of Health in New Zealand.
15	FPM certificate of accreditation	An FPM certificate of accreditation is provided to the training unit.
16	Feedback from the unit	The unit will be given an opportunity to provide confidential feedback on the visit and process to the faculty. This may be used to inform process development and reviewer training.
17	Monitoring of accredited training units	Reports addressing requirements and recommendations identified by the reviewers will be submitted to the faculty and considered by TUAC at their subsequent meetings. Trainee and SIMG data

Step	Activity	Details
		Feedback from supervisors, consultants, trainees and SIMGs Monitoring reviews (usually 30 minutes) held over zoom with a member of TUAC for compliance to meet requirements and recommendations as identified

6. Criteria for accreditation

The accreditation standards are underpinned by criteria that are assessed as either met, substantially met and not met during the accreditation process.

The datasheet provides quantitative information that informs the review. Clarity or further detail may be sought. Training and SIMG data be assessed as part of the criteria for accreditation. The review will focus on the qualitative aspects of supervision and training.

Table 6.1 Criteria underpinning each FPM accreditation standard

Accreditation criteria	Minimum requirements – Level one Unit	Minimum requirements – PDS unit	Mode of assessment
Standard 1 – Quality patient care			
All staff, with an appointment to the unit, must be credentialed by their institution for the duties and procedures they undertake.	Required	Required	Datasheet
There must be a minimum of eight scheduled clinical medical specialist sessions provided in the unit(s) and available to the trainee each week.	Required	Required	Datasheet
Trainees should have access to four sessions per week where they can have direct supervision by an FPM Fellow.	Recommended	Recommended	
Trainees must have access to a range of medical specialist sessions in related areas. These sessions can be provided external to the pain management unit (for example, satellite sites) but must be in disciplines relevant to the management of patients with pain.	Required Regularly scheduled sessions must be demonstrable. The unit must demonstrate how they integrate multiple areas of medical expertise into	Required	Accreditation review Datasheet (trainee timetable)

Accreditation criteria	Minimum requirements – Level one Unit	Minimum requirements – PDS unit	Mode of assessment
	the trainee's suite of training. The timetable should demonstrate the location, and supervisory arrangements.		
There must be a minimum of two full-time equivalent (FTE) senior medical staff to provide supervision to the trainee. A minimum of 1.0 FTE of this must be a FPM Fellow. Where there are more than two trainees in a unit an appropriate increase of 0.5 FTE specialist medical staff must be available to provide supervision. Consideration of other supervisory roles must be taken into consideration in senior staffing.	Required	Recommended	Accreditation review Datasheet
Nursing and allied health input to the multidisciplinary pain management unit must consist of a minimum of three FTE and is limited to: • Nursing • Clinical psychology • Occupational therapy • Exercise physiology • Physiotherapy	Required Names and qualifications of staff holding appointments with the multidisciplinary pain unit	Required to demonstrate multi-disciplinary approach to pain management	Datasheet
Quality improvement and audit. Trainees should be involved in audit and outcome data collection in pain medicine and presentation.	Required Does the unit participate in audit? Are outcome data collected and benchmarked against other similar units?	Required	Datasheet Accreditation review
FPM Fellows engagement with faculty activities (other than personal continuing professional development).	Required	Recommended	Datasheet

Accreditation criteria	Minimum requirements – Level one Unit	Minimum requirements – PDS unit	Mode of assessment
A specialist pain medicine physician or specialist anaesthetist must be available for consultation for patients under the care of the acute pain service 24 hours a day.	Required Discussion with lead clinician for acute pain service	Not applicable	Datasheet Accreditation review
For the acute pain service there must be at least one registered nursing session allocated each weekday.	Required Discussion with lead clinician for acute pain service (and director of anaesthesia, if relevant)	May not be applicable	Datasheet Accreditation review
Standard 2 – Clinical experience			
There must be enough new patients per annum to provide the trainee with exposure to patients with: - Acute perioperative, medical and trauma- related pain. - A breadth of patient diagnoses across chronic non-cancer pain. - Cancer pain.	Required The unit should demonstrate the complexity of case mix in consideration of the breadth of the curriculum.	Required but not necessary across all areas of pain medicine	Datasheet Trainee report
Units must be able to offer training and experience in the following areas of clinical pain medicine practice. - Triage of referrals - Review of medical records - History-taking and physical examination relevant to pain medicine (including a general physical examination) - Psychological assessment and treatment - Functional assessment of the patient - Risk assessment - Collaboration with referring doctors and other medical specialists - Diagnosis and formulation of a patient with pain - Development of a management plan	Required	Required	Accreditation review Trainee report

Accreditation criteria	Minimum requirements – Level one Unit	Minimum requirements – PDS unit	Mode of assessment
- Implementation of medical and pharmacological management - Referral for, and monitoring of, physical therapy - Participation in multidisciplinary case discussion meetings - Communication with the patient's general practitioner/referring specialist(s) Outcome assessment of individuals			
Psychiatry and psychology Trainees must gain adequate exposure to observe and perform assessment interviews under the supervision of a psychiatrist and/or psychologist. These interviews should include initial and subsequent consultations, mental state examinations, risk assessment, brief simple mental health interventions and motivational interviewing.	Required The volume of exposure should enable the trainee to perform an adequate psychosocial assessment in the first six months of their CTS.	Required	Datasheet (Trainee's timetable and trainee opinion) Accreditation review
Formal case conferences	Required Must be held at least weekly and involve trainees.	Required	Datasheet Accreditation review
Procedural sessions	Recommended Trainees should be involved in the assessment, management and follow-up of patients undergoing procedures (where applicable). Trainees are not required to undertake procedures.	Optional	Data sheet Accreditation review

Accreditation criteria	Minimum requirements – Level one Unit	Minimum requirements – PDS unit	Mode of assessment
In-patient rounds There must be regular, scheduled attendances to inpatients by the trainee with the consultant anaesthetist or specialist pain medicine physician as part of the acute pain service. During the initial period of training, these must be accompanied by a specialist. When the trainee is deemed by the supervisor of training to be competent, they can be completed independently.	Required	Required if managing in-patients	Datasheet Accreditation review
Radiology review	Desirable Regular sessions are desirable	Preferred and compulsory if procedural practice is involved.	Datasheet (Trainee's timetable)
Demonstrate compliance with all FPM by-laws, professional documents and ANZCA/Faculty corporate policies	Required	Required	Datasheet Accreditation review
There must be multidisciplinary patient treatment programs. These programs must be co-ordinated by a minimum of three members of the multidisciplinary pain unit. The unit must demonstrate that trainees participate in multidisciplinary led treatment programs.	Required	Required	Datasheet Accreditation review
Standard 3 – Supervision			
Appropriate supervision levels	Required Is there consistency between in-hours and out-of-hours supervision? Are there patterns of supervision that allow trainee	Required	Datasheet Accreditation review Trainee opinion

Accreditation criteria	Minimum requirements – Level one Unit	Minimum requirements – PDS unit	Mode of assessment
	progression towards independent practice?		
Adequate clinical support time available for supervisor of training to meet with trainees for in-training assessments and feedback	Required Minimum of one session per fortnight for up to three trainees; one session per week for three or more trainees	Required	
Standard 4 – Supervisory roles and assessment			
Appointment of one or more supervisors of training The SOT attends training annually. The SOT has adequate time to supervise trainees.	Required	Required	FPM staff Accreditation review
Orientation It is expected the Supervisor provides orientation to trainees regarding the training program, resources and application to the faculty.	Required	Required	Accreditation review Trainee survey Datasheet
Performance of workplace-based feedback and submission of ITAs as per the training program requirements (from the faculty)	Required	Required	Data sheet Accreditation review Training ePortfolio data (numbers performed and contributing fellows)

Accreditation criteria	Minimum requirements – Level one Unit	Minimum requirements – PDS unit	Mode of assessment
Standard 5 – Education and teaching			
There must be regularly scheduled educational session for all staff that can be accessed by trainees (and SIMGs).	There must be a minimum of one scheduled session per month involving all staff.	Required	Datasheet (Schedule of meetings for previous six months) Accreditation review
Provision of education to junior medical staff, nursing, allied health staff and the community	Required	Required	Accreditation review Trainee survey Training ePortfolio data
The trainee(s) in pain medicine must have access to a formal tutorial program. (This could be the FPM Centralised Trainee Tutorial Program) Members of the multidisciplinary pain unit must participate in the educational experiences of trainees	Required	Required	Data sheet Accreditation review Trainee opinion
Trainees should be given time to attend the faculty's weekly centralised trainee tutorials.	Preferred	Preferred	Data sheet
Trainees should be provided with leave to attend FPM clinical skills courses. Trainees are also encouraged to attend the annual FPM Symposium and Spring Meeting.	Required	Required	FPM staff Accreditation review Trainee survey
There must be an active audit program	Required	Recommended	Accreditation review
There may be a research program.	Recommended	Recommended	Accreditation review

Accreditation criteria	Minimum requirements – Level one Unit	Minimum requirements – PDS unit	Mode of assessment
Standard 6 – Facilities			
The trainees and members of the pain management unit must have access to appropriate office space	Required	Required	Accreditation review
A comprehensive (ideally electronic) patient record system	Required Documentation of treatment protocols and procedures for patients	Required	Accreditation review
Appropriate consulting and examination rooms are essential Units provide a safe working environment for all staff and comply with local occupational health and safety laws.	Required These may be part of a communal outpatient department.	Required	Accreditation review
Appropriate procedure rooms with adequate equipment and staffed by appropriately qualified nurses, technicians and radiographers as required	Anaesthesia and resuscitation equipment must comply with ANZCA professional document PS55 <i>Recommendations on Minimum Facilities for Safe Administration of Anaesthesia in Operating Suites and Other Anaesthetising Locations</i> . Recovery facilities and procedures must comply with ANZCA professional document PS04	Not required unless it is a unit that does procedures in which case all procedural locations must comply with ANZCA professional documents PS 55 and PS 04	Datasheet

Accreditation criteria	Minimum requirements – Level one Unit	Minimum requirements – PDS unit	Mode of assessment
	<i>Recommendations for the Post-Anaesthesia Recovery Room.</i>		
Access to private office space that allows for confidential conversations with trainees	Required	Required	Accreditation review
Adequate time for the unit director to attend to administrative duties	Required Specialist medical staff require adequate clinical support time and assistance to meet the administrative tasks commensurate with their roles.	Required	Accreditation review
Adequate administrative assistance to the unit (Clinical staff should not be required to do administrative tasks such as scheduling patients)	Required	Required	Accreditation review
Standard 7 – Clinical governance			
There is an organisational statement of patient rights and responsibilities.	Required	Required	Accreditation review
The organisation supports the health and wellbeing of its staff via local OHS/WHS laws	Required	Required	An employee assistance program or other support services
The organisation provides for confidential avenues for dispute resolution where conflict exists between a trainee and their supervisor.	Required	Required	Accreditation review
Compliance with safe work hours is part of trainee's contract.	Required	Required	Datasheet (What are the average, daily

Accreditation criteria	Minimum requirements – Level one Unit	Minimum requirements – PDS unit	Mode of assessment
			rostered hours for the trainee? What is the average, weekly on-call rostered hours for the trainee?)
Trainees are appointed to training positions based on merit, without evidence of discrimination in accordance with ANZCA/FPM policy.	Required	Required	
There is a workplace organisational policy on bullying, discrimination and harassment.	Required	Required	Accreditation review
There is compliance with the FPM and College corporate policies relative to training. Corporate policies include but are not limited to: • Academic integrity policy • Conflict of interest policy • Policy on bullying, discrimination and harassment for Fellows and trainees acting on behalf of the College or undertaking College functions • Privacy policy	Required	Required	
The multidisciplinary pain management unit demonstrates cultural safety specifically related to indigenous and culturally and linguistically diverse populations.	Required	Required	Datasheet Accreditation review

7. Accreditation documentation

Documentation required prior to an accreditation review

Units must submit the following documentation within six weeks of being requested by FPM.

- Multidisciplinary training unit datasheet

The unit undertakes a detailed self-assessment of its performance against the FPM accreditation standards and associated criteria. This assists the unit in understanding its

performance and flags areas for attention by the accreditation team during the accreditation review.

- Documentation to be submitted with the datasheet:
 - Staff rosters including daily schedules and on-call rosters.
 - Formal teaching and tutorial programs.
 - Trainee roster showing the supervision arrangements and site location
 - Unit continuing medical education programs.
 - Unit quality assurance programs.
 - Any other documentation that demonstrates compliance with the FPM accreditation standards.
- Documentation to demonstrate compliance with previous accreditation requirements and recommendations.
- Additional documentation to be submitted if review is conducted by videoconference:
 - Site map
 - Photos or pre-recorded video tour of the unit to be presented on the day of the review
- Documentation for a unit to change its existing accreditation arrangements.

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

The faculty will seek feedback from current and recent trainees and SIMGs prior to the visit. This will be incorporated as part of the unit accreditation.

8. Departmental checklist for the accreditation review

The following checklist outlines tasks essential to prepare for an accreditation review.

Table 8.1 Departmental checklist for the accreditation review

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

9. Accreditation review program template

The following is the typical format of the accreditation review schedule. The program will be finalised through collaboration between the TUAC and unit director.

Table 9.1 Template program for an accreditation review

8.30am	Unit director – service overview The unit director (and supervisor(s) of training) should meet the reviewers at the start of the day. This is an opportunity for the unit director to provide a brief overview of the department, to identify any areas where the department is experiencing difficulty meeting faculty accreditation standards and any other issues that he/she thinks the team should raise with the hospital administration (for example, inadequate office space for private meetings with trainees, insufficient clinical support time, insufficient support for unit director).
9.30am	Senior hospital administrator(s) (preferably program director) familiar with the Multidisciplinary Pain Management Unit The review team meets with a member(s) of the senior hospital administration (ideally, including the program director for the multidisciplinary pain unit).
10am	Supervisor of training This meeting occurs with the supervisor(s) and the review team only.
10.30am	Morning tea
11am	Trainees/SIMGs This meeting occurs with the trainee(s), SIMGs and the review team only. The length of this session is determined by the lead reviewer.
11.30am	Allied health team and clinical nurse consultant(s)
Noon	Senior medical staff This session enables senior staff to provide feedback to the review team around their contribution to the learning environment. During this session, staff can also identify any further issues which they believe impacts on the quality of the training experience. The director, supervisor of training and trainees are not present for this session.
12.30pm	Lunch This is arranged by the department and should usually occur on site. It is preferable that this involves the review team and department members (including trainees), enabling informal discussions to occur.
1pm	Tour of facilities
1.30pm	Meeting with directors of relevant services including rehabilitation medicine, drug and alcohol service and/or psychiatry, neurosurgery, palliative care and acute pain service to understand their contribution to the pain medicine learning environment. This may be undertaken together.
4pm	Reviewers discuss their impressions prior to the end-of-visit interview with the unit director. This is an opportunity for the review team to appraise the information obtained via the process of triangulation from the various sources (datasheet, other departmental programs, trainee experience survey, and interviews at the accreditation review) and to compare it to the FPM accreditation standards and

	criteria. As a result of this process, the review team develops draft accreditation recommendations.
4.30pm	End of visit interview with director, SOT +/- hospital administration The review team will outline their assessment of the performance of the unit against faculty accreditation standards and criteria and discuss the likely recommendations that they will make to TUAC. This is an opportunity for the unit director and supervisor(s) of training to provide their responses and feedback to the reviewers' assessment and to clarify issues such as factual inaccuracies or misunderstandings. This also provides an opportunity for them to consider possible steps to address the likely recommendations. Questions about the next steps and anticipated timeframes can be clarified.

10. Accreditation requirements and recommendations

The FPM accreditation process identifies requirements and recommendations to obtain and maintain accreditation for training as a multidisciplinary pain medicine unit. Accreditation will be contingent on achievement of requirements, followed by ongoing monitoring. Units will usually be accredited until the end of the next hospital employment year.

Training units will be accredited either as a level one or Practice Development Stage multidisciplinary pain management training unit

Following the accreditation process, TUAC will make one of the following decisions:

Decision	Alignment to risk framework	Duration of accreditation awarded and any other impacts
New training units		
Provisionally accredited	A new level one/Practice Development Stage unit that: • meets all of the accreditation criteria OR • does not meet all of the accreditation criteria but has the potential to meet them once trainees are in place. The overall risk assessment is rated as low or medium with conditions required.	Provisionally accredited for up to 12 months, subject to satisfactory routine monitoring submissions. Units can appoint trainees but will be subject to an assessment within 12 months that will include confirming if any conditions have been met. This usually occurs via videoconference. At this point, training units will be considered an 'existing training unit' for accreditation purposes. If no trainees are appointed within 12 months, the faculty will decide if provisional accreditation status should lapse or remain in place for a further period of time. If lapsed, the faculty will determine if the unit is required to submit a new accreditation application before trainees can be appointed.

Not accredited (refused)	A new training unit that does not meet all of the accreditation criteria. The overall risk assessment is rated as high or extreme.	Accreditation not granted. Any requirements that must be met in the future will be outlined. Once requirements have been met, the unit may be required to submit a new accreditation application providing assurance that it continues to meet all other accreditation criteria at the time of reapplication.
Existing training units		
Accredited	An existing training unit that: • meets all of the accreditation criteria OR • does not meet all of the accreditation criteria but the overall risk assessment is rated as low and it has been determined conditions are not required.	Accredited for five years, subject to satisfactory routine monitoring submissions.
Conditionally accredited	An existing training unit that: • does not meet all of the accreditation criteria and the overall risk assessment is rated as low, medium or high with conditions required.	Accredited for up to five years depending on the severity of the risk and: • conditions being addressed within the defined timeframe • satisfactory routine monitoring submissions • meeting any other specific monitoring requirements.
Not accredited (revoked)	An existing training unit that: • does not meet all of the accreditation criteria and the overall risk assessment is rated as extreme with conditions required. <i>Note: this accreditation outcome should only be applied in the final accreditation report if, since the initial accreditation assessment was undertaken, steps to actively manage the training unit to a conditionally accredited pathway have been unsuccessful.</i>	Accreditation not granted. Feedback and timeframes for reconsidering reaccreditation will be provided, including what criteria the training unit needs to address. The date the accreditation will be revoked will be set. Prior to this, trainees may continue to complete their training term at the unit unless their safety is at immediate risk. From the revocation date: • trainees at the unit will not be able to count training towards their training program unless specific arrangements are made • no new trainees can be appointed. A new application for accreditation must be submitted once requirements have been

		met (the unit must also be continuing to meet all other accreditation criteria at the time of submitting the application).
--	--	--

11. Monitoring

Monitoring is usually in the form of 30-minute check in meetings held over zoom and by providing written updates at specified times.

On a regular basis accredited training units will also be asked to provide an update report to TUAC outlining progress against the requirements, conditions and advising of any changes to the unit.

Accredited units must agree to re-accreditation by TUAC reviewers when requested by TUAC.

If during a monitoring activity, significant concerns are identified, an off-schedule accreditation process may be initiated.

12. Revoking or withdrawal of accreditation

Under the following circumstances revoking or withdrawal of accreditation may occur:

- When a unit identifies they are unable to meet the accreditation requirements, or no longer wish to be accredited for training, they may notify TUAC to have their accreditation withdrawn.
- When a unit has been unable to demonstrate to TUAC that they are unable to comply to the accreditation standards, their accreditation may be revoked by the Board on the recommendation of TUAC.

FPM actively works with training units and hospital administrations to meet recommendations. Unit directors or other staff members are encouraged to contact the faculty to discuss any matters of concern.

The faculty will inform relevant jurisdictions of any revoking of accreditation.

Existing FPM trainees will not be disadvantaged by any faculty decisions in relation to revoking of accreditation. While accreditation is revoked, a unit must not appoint or advertise training positions.

12.1 Suspension of accreditation

On occasion a unit may temporarily be unable to meet all the accreditation standards and must notify TUAC in writing as soon as this is identified. Such an occasion may occur following the resignation of key personnel. Upon such advice TUAC may recommend to the Board, suspension of accreditation of the unit for up to 12 months.

12.2 Revoking of accreditation

If a training unit is unable to comply with FPM accreditation standards and criteria, and where this has a significant impact on the quality of training or professional standards, the faculty may revoke accreditation from the training unit. Accreditation can only be withdrawn by FPM board.

13. Processes of reconsideration, review and appeal

FPM accreditation decisions, including those made by the Training Unit Accreditation Committee and the FPM Board, are subject to processes of reconsideration, review and appeal as outlined in regulation 30.

14. Contacting the faculty

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

Email: fpm@anzca.edu.au

Change control register

Version	Author	Approved by	Approval date	Sections Modified	Date of next review
1	TUAC	Board	July 2016		2018
1.1	TUAC	Board	February 2018	11.1 added. Table 6.1, standard two amended	2020
1.2	TUAC	Board	November 2021	Edits made throughout.	2024
1.3	TUAC	Council	March 2023	Faculty assessor renamed to DPA FPM Education 2.1 Training Unit Accreditation Committee 2.3 Training Units 2.5 Unit with multiple sites Table 4.1 Review process 4.2 Procedure of an off-schedule review initiated by the chair, TUAC Table 6.1 Criteria underpinning each FPM accreditation standard 8. Accreditation documentation	2025
1.4	TUAC	TAEC	Nov 2023	Edits made throughout.	2024
1.5	TUAC	TAEC	Oct 2025	2.2 Reviewers Table 5.1 Review process 6 Criteria for accreditation 10 Accreditation requirements and recommendations 11 Monitoring 12 Revoking or withdrawal of accreditation	2026