

## FPM Flexible Accreditation Pilot Application

### Supporting narrative outlining proposed flexible accreditation arrangements

#### Flexible accreditation options

To support the expansion of regional and rural specialist training, the Australian government provides funding for approved projects through their Flexible Approach to Training in Expanded Settings (FATES) program. Under this initiative, the faculty has been funded to pilot flexible accreditation pathways for regional pain medicine training units in Australia until the end of 2025. Details of the pilot are [available on the website](#).

The information you provide in this document will be used by the FPM Training Unit Accreditation Committee (TUAC) to understand how flexibility will be implemented at a unit and will be used together with the datasheet and other supplementary documents to guide decision-making around accreditation.

A unit may seek accreditation with a combination of one or more of the following flexible accreditation options.

- **training locations** and networks.
- **supervision** arrangements (more applicable for units applying for PDS accreditation).
- onsite and telehealth-provided **multidisciplinary team** members.
- **scope of pain medicine practice**, enabling sites to adapt to the rural context.

TUAC will then arrange an accreditation visit and determine accreditation of units based on their published standards and procedures.

Please complete this form along with the [PDS](#) or [level 1](#) data sheet, according to which level of accreditation your unit is seeking, and send completed forms to [fpm@anzca.edu.au](mailto:fpm@anzca.edu.au).

#### Outline of flexibility being sought and how the unit will deliver the FPM training program:

##### 1. How would your regional area benefit from the flexible accreditation options?

- What is the local demand for pain medicine? How is this currently being met?

**2. Please identify the flexibility in accreditation that is being sought and provide an overview of what this would look like in the unit.** This might include:

- Training locations: how will trainees complete their training across sites? What are the settings (e.g. tertiary hospital, primary care)?
- Supervision and staff arrangements: what will FPM and multidisciplinary team input look like? Is any remote supervision or telehealth provided? Consider frequency of communication,
- What areas of pain medicine practice are being covered at the unit?

**3. Please outline how this flexibility will assist the unit in delivering the FPM training program and potentially grow the local pain medicine specialist workforce, including:**

- What will the flexibility requested enable that is currently more difficult to achieve?
- How will the local pain medicine specialist workforce benefit?

- 4. If flexibility in supervision arrangements or telehealth-provided multidisciplinary team members is being sought, how will the unit ensure that they are integrated into the unit?**
- E.g. If psychology input is provided through telehealth, how will they be integrated into the multidisciplinary unit?
  - If FPM supervision is provided remotely, what will their involvement look like in the unit? Consider frequency, mode, etc.

- 5. Please outline how sustainable you expect accreditation will be if flexibility is afforded?**