FPM

Faculty of Pain Medicine
ANZCA

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Training handbook

December 2025

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Contents

1. Introduction

Fellowship of the Faculty of Pain Medicine (FPM) is a post-specialist medical qualification in Australia and New Zealand. Doctors will have already achieved – or will soon achieve – a specialist qualification relevant to pain medicine acceptable to the board of the faculty. By-law 3.1.3 lists those qualifications deemed acceptable prior to commencing the training program.

Completion of the training program entitles a doctor to receive a certificate of completion of training. This certificate does not confer eligibility for registration as a specialist pain medicine physician in Australia or New Zealand.

In order to be awarded fellowship of the faculty by completion of the training program, a doctor must have a primary specialist medical qualification acceptable to the board of the faculty and complete the requirements of the training program.

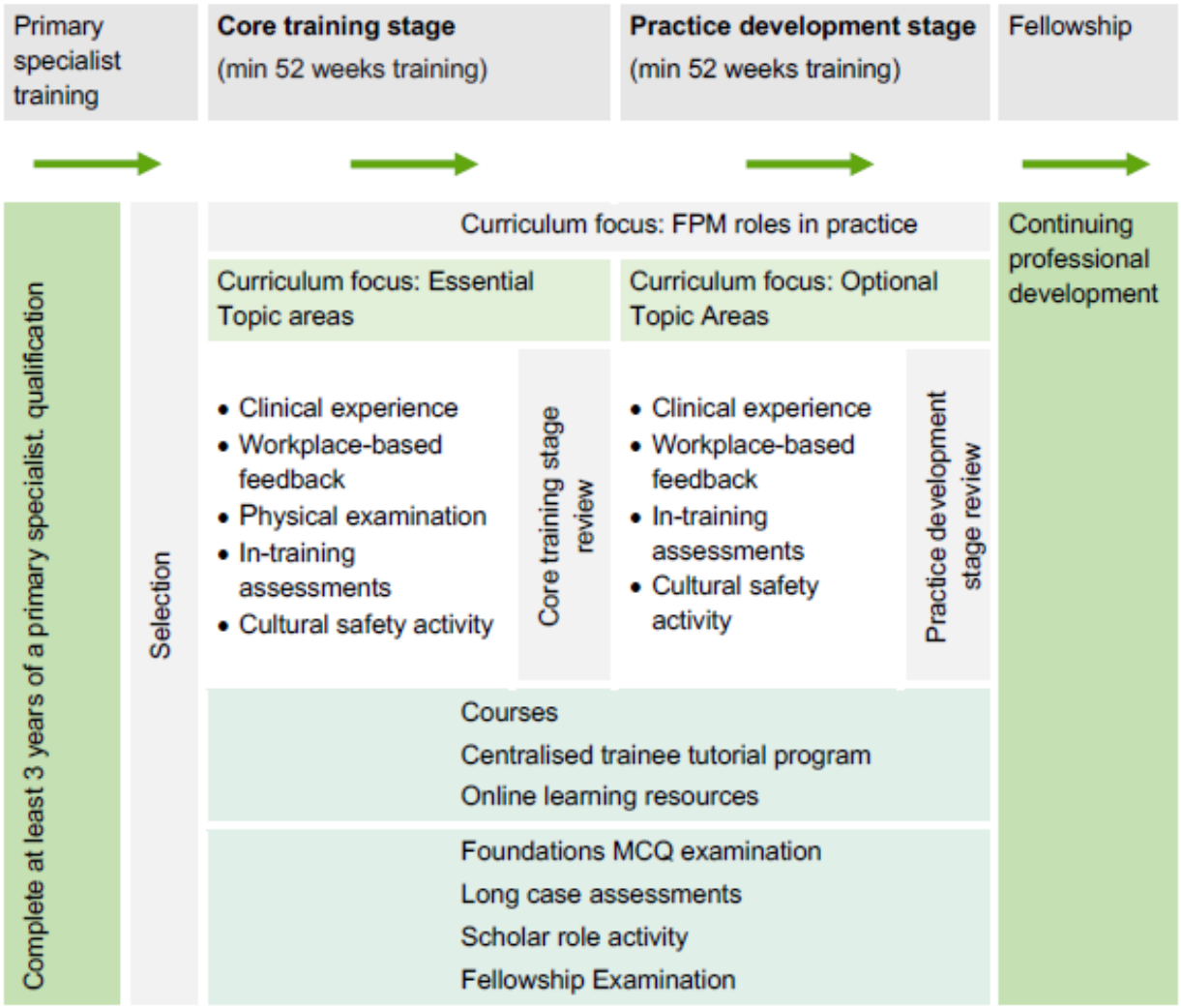
Fellowship of the Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists (FFPMANZCA) is recognised by the Australian Medical Council for registration as a specialist pain medicine physician and by the Medical Council of New Zealand for vocational registration in the scope of pain medicine.

1.1 Overview of the program

The program comprises a minimum of two years full-time equivalent (FTE) of approved experience directly related to pain medicine, over two stages. Each training stage comprises one year of experience directly relevant to the practice of pain medicine and enables trainees to develop knowledge, skills and professional attributes in a supervised learning environment. The training stages are:

- The core training stage, which is highly structured, with a focus on the pain medicine roles in practice. (see section 4.3)
- The practice development stage, which is a period of self-directed training in pain medicine, or an area(s) related to pain medicine. (see section 4.4)

Diagram 1.1 Overview of the FPM training program



Note: To be admitted to Fellowship of FPM the applicant must possess a primary specialist qualification acceptable to the Board in addition to completing the training program.

1.2 By-laws and policies

By-law 4, Faculty of Pain Medicine Training Program, governs the FPM training program and takes precedence over the contents of this handbook should there be any conflict between the two. By-law 3, Fellowship of the Faculty articulates the requirements for fellowship.

Upon entering the training program trainees must agree to abide by faculty by-laws, ANZCA regulations and corporate policies, including those relating to academic integrity, privacy, bullying and harassment, and social media. They must also attest to their fitness to practise pain medicine via the trainee agreement.

2. Getting started with FPM training

2.1 Applying to become a trainee

Pre-requisites

Training in pain medicine is a post-specialisation program that requires applicants to have either completed or be training towards a primary specialist medical qualification. To be eligible to register for FPM training, applicants:

- Must have completed at least three years full-time equivalent training within that primary medical specialty.
- Do not need to have secured a training position in a level 1 FPM accredited unit prior to application but must do so before commencing the core training stage.
- Must meet the eligibility and application criteria for training as defined in by-law 4.1.

Training in pain medicine may be pursued concurrently with training towards a primary qualification. Trainees must fulfil all training and assessment requirements of the FPM training program, independently of the requirements of the primary speciality program. We encourage applicants who are still completing their primary speciality training program to consider completing all significant assessments in their primary speciality program prior to commencing pain medicine training to minimise potential stressors.

Application process

The applicant must submit the application for FPM training form, pay the non-refundable training application fee, the annual training fee and provide the supporting documentation as outlined in the application form. If the applicant's name has been changed from that on the documents, a certified copy of the change of name notice must be provided.

An applicant becomes a trainee on the date of commencement of training in the core training stage provided that the application form and all supporting documents have been received and confirmed by the faculty. This includes payment of the annual training fee and submission of the training agreement.

Privacy

During training, the faculty collects and holds personal information for the purposes of registration, clinical training and examination administration. The information collected and held will not be disclosed to third parties except as required by law.

The reasons for collecting the information and the use to which it is put are outlined in ANZCA's privacy policy.

Application entitlements to commence pain medicine training

Following processing of an application, applicants will be provided with:

- a college ID and password to access the FPM website and online learning resources.

- Access to online library resources; online journals, online textbooks, databases, resources for research and useful links.
- Access to faculty information via the *FPM Training e-Newsletter and Synapse*.

Applicants with an international primary qualification

Applicants whose primary specialist qualification is from outside Australia and New Zealand need to apply to the DPA, FPM Education prior to commencing training to have the qualification approved for the awarding of fellowship of the faculty.

For those with an international qualification, please contact the equivalent college in Australia and New Zealand and seek a comparability assessment by the relevant primary college's SIMG pathway.

The primary specialty college must provide a letter advising if the qualification is; substantially comparable, partially comparable or not comparable with their specialist qualification. The letter should then be submitted with your application for pain medicine training for review by the DPA, FPM Education. We encourage you to commence this process early as this often requires significant time.

Provided your qualification is deemed partially or substantially comparable to the equivalent Australian and/or New Zealand primary college listed in by-law 3.1.3, you will be eligible for fellowship of the FPM at the completion of FPM training and assessment.

Should your primary specialty qualification be deemed 'not comparable', you can undertake the pain medicine training program, but you will not be awarded fellowship of the faculty at the conclusion of training and will be unable to work as a specialist pain medicine physician in Australia or New Zealand.

Applicants with an Australian or New Zealand qualification not listed in by-law 3.1.3

Applicants with an Australian or New Zealand primary specialist qualification not listed in by-law 3.1.3 may apply to the faculty to have the qualification assessed for the awarding of fellowship at the completion of the training program. Candidates must provide sufficient detail around the training and assessment structure of the qualification in your application. The FPM DPA, FPM Education or nominee will review and make a recommendation to the board.

2.2 Training fee structure

ANZCA including FPM is a not-for-profit organisation that relies on training fees to provide training, training resources and training enhancements.

Fees are determined by the FPM Board and ANZCA Council each year as part of the annual budgeting process. In setting the fees, consideration is given to ensuring that the cost of delivering the training program is covered by training associated fees. Information regarding training fees can be found in by-law 4.12 and the standard fees are:

- An **application for training fee** paid at the time of applying for FPM training covers administrative costs and access to the online resources and reading resources.
- An **annual training fee** to cover each month of approved training.

In the first year of training a trainee's invoice will be pro-rata based on the month training is commenced.

Annual training fees are applicable for each subsequent calendar year of training and are due for payment on 31 January each year. Trainees who fail to pay by 31 March are deemed to have withdrawn from the FPM training program (refer to by-law 4.12).

Trainees in their final year of training pay the full annual training fee by the end of January. Upon being awarded fellowship of the faculty they will receive a credit for their unused months of training. If they are not eligible to apply for fellowship, they will receive a credit for their unused months of training at the time they are conferred the certificate of completion of training.

Trainees undertaking 12 continuous months of part-time training or spending at least 13 weeks of a calendar year in interrupted training will be eligible for pro rata annual training fees as outlined in by-law 4.

- A **registration maintenance fee** is paid by trainees spending the entire year in interrupted training or who have completed their training time requirement and are yet to complete the assessment processes. They will be required to pay a registration maintenance fee.
- **Exam and course fees** apply for the Foundation MCQ exams, external long case assessment, the fellowship examination, recognition of prior experience (clinical experience and scholar role activities) and attendance at faculty-run courses. These fees are payable at the time of application for the activities.

Trainee bursary for financial hardship

Registered FPM trainees who are suffering financial hardship can apply for a trainee bursary. Each bursary allows a 50 per cent reduction in the annual training fee. The application form is available on the website two months prior to the 31 January closing date each year.

Trainees experiencing financial hardship should contact the faculty prior to a fee being due to explore payment options. Each case is considered on an individual basis.

2.3 Training positions and selection principles

The Faculty of Pain Medicine does not appoint trainees to accredited departments or training sites. Appointment is undertaken by the employer. As a condition of accreditation by FPM, the employing authority undertakes to appoint pain medicine trainees according to ANZCA's selection principles as outlined in section 1.7 of the ANZCA Handbook for Training.

The FPM accredits units for training in pain medicine as outlined in by-law 19, *Accreditation of units offering training in pain medicine*. Units will be accredited as either a:

- level one unit
- practice development stage (PDS) unit.

Prospective trainees should approach accredited level 1 training units to inquire about the availability of training positions.

2.4 Flexible training

While all requirements of training need to be completed within five years of commencement of training, some trainees may wish to undertake flexible options. Following prospective application to the DPA, FPM Education the following options are available to trainees:

- Part-time training.
- Interrupted training.
- Cultural leave.

Local employers set the hours of work required for full time employment. It is expected that a full-time load would be at least 38 hours per week as defined by the Medical Board of Australia in the recency of practice standard. A working day would normally occur between 7am and 6pm Monday – Friday and 0.5 FTE would normally be at least 2.5 days per working week in a training role

Trainees planning to undertake variations during training should understand the possible implications to their training pathway as outlined in by-law 4.15. When reviewing applications for flexible training, impacts on the wellbeing of the trainee are considered. Trainees who interrupt their training should be aware that this may require additional ITA periods to be undertaken (usually 13 weeks).

As many pain medicine trainees are already specialists there is a need to plan and manage recency of practice requirements for their primary medical speciality. This can be undertaken concurrently with pain medicine training on weekends, after hours and through part-time training.

2.5 Illness and disability

If a trainee is adversely affected by illness and/or disability it may be appropriate to take leave from training or make use of the flexible training options available. Trainees with chronic illness or disability must discuss this with their supervisor of training to ensure both patient safety and that the training unit can provide any necessary modifications required for the safe practice of pain medicine. They may apply for special consideration at examinations.

Fitness to practise

Trainees are required to make a declaration regarding fitness to practise as part of their annual training agreement. Trainees have a responsibility to ensure they are fit to practise, and they must seek medical advice if they are uncertain about their fitness to practise (by-law 4.16.3). Individuals working with a trainee who is ill or disabled must ensure that patient safety is not put at risk and that trainees are not disadvantaged.

The faculty does not determine fitness to practise. This is a matter for the trainee's treating medical practitioner, their employer, and the relevant regulatory authority granting registration to practise. (by-law 4.16.2).

Notification to the faculty of any illness or disability that would preclude the safe practice of pain medicine should be made in writing to the chief executive officer (ceo@anzca.edu.au). This includes

dependence on or inappropriate use of alcohol, recreational and/or nonprescribed drugs, and/or treatment with prescribed drugs likely to compromise safe practice. ANZCA will review each notification, taking into account all the particular circumstances.

Confidentiality and privacy

Maintenance of confidentiality and protection of privacy of trainees with illness and/or disability must not be breached except in the case of appropriate reporting requirements to external regulatory authorities, and/or where patient safety is at risk. In cases where patient safety is at risk, ANZCA reserves the right to notify medical boards/councils or other appropriate authorities. The reporting requirements with regard to illness and/or disability of the jurisdiction within which the trainee is working must be met.

2.6 Recognition of prior experience (RPE)

Applications for recognition of prior experience are made via the ePortfolio and require the trainee to upload evidence to support their application. Applications for recognition of prior experience incur a fee which is processed prior to the application being reviewed.

2.6.1 prior clinical experience

Prior clinical experience but not prior learning may be credited towards the requirements in the practice development stage as specified in by-law 4. Trainees provide a portfolio demonstrating their pervious pain medicine training experience, including two refereed reports and workplace-based feedback experience (WBFs) commensurate with those required in the FPM training program. Applications for recognition of prior experience must be made prior to submitting the practice development stage proposal.

2.6.2 scholar role activities

Trainees who complete one of the below activities within two years of commencing pain medicine training may apply to have completion of the scholar role activity recognised as meeting this FPM training program requirement:

- Applied research / contribution to clinical trials and research projects related to pain medicine.
- Publication in a peer reviewed journal in pain medicine
- Completion of a university level subject in either research or education.

Guidelines on the criteria for each of these activities is available in Learn@ANZCA and applications are made through the form in the ePortfolio.

3. Training roles and responsibilities

Trainees have nominated supervisors throughout their training. Nominated supervisor is the collective term for Supervisors of Training, Practice Development Stage Supervisors, Placement Supervisors and FPM-accredited procedural supervisors. Nominated supervisors are all approved by the faculty and must be of good standing. Each role is defined below.

During the Core Training Stage:

- All trainees are supervised by a Supervisor of Training.

During the Practice Development Stage:

- Trainees training at accredited units (level 1 and PDS units) are normally supervised by the Supervisor of Training.
- Trainees completing the Procedures Endorsement Program will have an FPM-accredited procedural supervisor. If the procedures endorsement program is being undertaken in an accredited unit, the oversight of the training program will be undertaken by the Supervisor of Training.
- Trainees completing a self-directed program are supervised by a Practice Development Stage Supervisor. If training occurs outside a pain medicine unit, a Placement Supervisor for clinical supervision is required. Placement supervisors are nominated by the trainee and approved by the faculty on an individual basis.

3.1 Supervisors of training

The Supervisor of Training (SOT) is the FPM representative with respect to training within accredited training units and is responsible for pain medicine training at that unit. They have a thorough understanding of and experience in faculty educational activities and liaise with registered trainees and hospital authorities on matters related to trainees and training, as well as with the central administration of the faculty. They oversee each trainee's clinical performance and assessments completed in the workplace.

SOTs are appointed following nomination by the director of the unit and approval by the faculty. They must comply with the obligations of the role including regular participation in supervisor education.

3.2 Practice Development Stage Supervisor

During the practice development stage, trainees training outside an FPM accredited unit are supervised by a practice development stage supervisor. The practice development stage supervisor oversees education and clinical performance. They are responsible for undertaking in-training assessments, the multisource feedback WBF and a practice development stage review.

A practice development stage supervisor must be a fellow of the faculty, practicing pain medicine and, where possible, working with the trainee. They should have a good understanding of the training program and be willing to assume this role. They will be encouraged to participate in supervision workshops organised by the faculty.

PDS supervisors are nominated by the trainee and approved by the faculty.

3.2.1 PDS supervision outside a FPM accredited unit but in pain medicine

Trainees may design an individualised program for the PDS that includes placements in pain medicine units not accredited by the faculty. If there is an FPM fellow working in the unit, the expectation is that this fellow will be the PDS Supervisor.

Individualised PDS programs must be approved prospectively including the supervision arrangements.

3.3 Supervision during the Procedures Endorsement Program

Trainees may elect to undertake the supervised clinical experience pathway of the Procedures Endorsement Program during their practice development stage. These trainees will be supervised by an FPM-accredited procedural supervisor as outlined in the Procedures Endorsement Program handbook. An FPM-accredited procedural supervisor will be reflected in the ePortfolio as a PDS supervisor in the FPM training program dashboard if the unit is not accredited for training.

3.4 Practice Development Stage supervision **not i**n a pain medicine unit.

Trainees may design an individualised program for the PDS that includes placements outside of pain medicine in sites not accredited by the faculty. These are in a related discipline that is not the primary speciality area of the trainee. Trainees undertaking such placements must nominate a PDS supervisor and a placement supervisor.

Individualised PDS programs must be approved prospectively including the supervision arrangements.

Placement supervisors

A placement supervisor is required when a trainee is undertaking an individualised approved PDS program at a site in a discipline outside pain medicine. They oversee the trainee's clinical performance and WBF during the placement(s) at the nominated training site providing regular feedback to the trainee. They have regular contact with the practice development stage supervisor and provide feedback on the trainee's clinical performance.

3.5 Workplace-based assessors

Any fellow of the faculty or a placement supervisor may perform workplace-based feedback. PDS trainees working in placements outside pain medicine may nominate additional specialists to undertake WBFs during that placement.

SIMGs can provide feedback via the multisource feedback survey but do not perform other WBFs.

3.6 DPA, FPM Education

Directors of Professional Affairs (DPAs) are fellows who are employees of the college and work part-time with ANZCA business units to provide advice that requires specialised knowledge and expertise. The DPA, FPM Education applies the by-laws and regulations relating to the FPM training program on behalf of the faculty board. All trainee applications for flexible training and recognition of prior experience are reviewed and approved individually by the DPA, FPM Education. Approval of applications is unable to be backdated more than four weeks.

The DPA, FPM Education reviews and approves the training record when the trainee completes each training stage review and upon submission of an application for admission to fellowship. It is usual for the DPA, FPM Education to review training records during the course of training when making decisions around flexible training and progression or at the request of a supervisor or FPM staff.

During periods of absence, or if there is a perceived conflict of interest, the work of the DPA, FPM Education is undertaken by a different DPA.

3.7 Expectations of trainees during training

As part of their professional and personal development it is expected that trainees will:

- Contribute to the work of their training department.
- Set their learning goals for each quarter.
- Actively seek clinical experiences to meet training requirements and their learning goals.
- Reach performance standards appropriate to their stage of training.
- Meet other training requirements, including achievement of all learning outcomes, timely recording of experiences in their ePortfolio, attendance at courses, participation in training-related activities such as supervisory feedback and reviews, as well as completion of assessments. Reflect on feedback received and strive to improve their performance in line with training requirements.
- Monitor their physical and mental wellbeing and maintain personal and professional support networks.
- Seek appropriate assistance and support in situations where difficulty is experienced or where novel clinical experiences arise.

Upon registration for FPM training all trainees sign the FPM training agreement, which outlines the responsibilities of the trainee and those of the faculty. This agreement is acknowledged annually at the time of payment of fees.

3.8 Specialist international medical graduate pathway

A medical practitioner who has completed vocational training in a foreign training program and is recognised as a specialist pain medicine physician in that country may be eligible for the specialist international medical graduate (SIMG) pathway. Refer to the SIMG Handbook, regulation 23 and by-law 3.

4. Clinical training

Clinical training is designed to align with the hospital employment year. Trainees must maintain an ePortfolio throughout the duration of training. Workplace-based feedback (WBF) is required throughout both training stages and is recorded in the ePortfolio.

Trainees must complete quarterly in-training assessments (ITAs) for approved training time to be recognised towards the core training and practice development stages.

4.1 Orientation to a new unit

An orientation interview should occur within two weeks of the commencement of training in a new unit. It allows the supervisor and trainee to identify the learning needs and set the educational agenda for the placement to achieve the trainee's learning goals. Learning goals are documented using a *SMART* goals (specific, measurable, achievable, relevant and time-bound) framework with these forming the basis of discussion for in-training assessments and training stage reviews.

It is also the time when trainees are oriented to their new position, to the expectations of the department/staff and the unit. Expectations around WBF should be discussed. Local compliance, health, safety and wellbeing training, including opportunities for mentorship will be covered.

Trainees in the core training stage require orientation to the training program. This is an opportunity for supervisors to assist trainees in identifying available resources to support their educational objectives, to develop appropriate rotations and to access other educational activities supporting completion of the program.

4.2 The curriculum

The curriculum has been built around the pain medicine roles in practice of clinician, professional, scholar, communicator, collaborator, manager/leader and health advocate. The curriculum is based on competencies, as described in the learning objectives related to these roles in section two of the FPM curriculum.

4.3 The Core Training Stage

The core training stage is incremental, cumulative and integrative in its structure. The essential topic areas (ETAs) have been chosen as extensions of the clinician role. They represent the medical expert content required of a specialist pain medicine physician.

The practice development stage provides an opportunity for trainees to explore aspects of pain medicine not covered in detail during the core training stage. Further time can be spent gaining knowledge and skills in disciplines relevant to pain medicine (but not normally within the scope of practice of the primary speciality).

The graduate outcomes as defined in the curriculum, allow trainees to understand what it means to be functioning independently as a specialist pain medicine physician.4.2 Core training stage

The core training stage is structured, with a focus on the pain medicine roles in practice. Trainees must undertake their CTS in a level one accredited training unit. It is expected that the core training stage be continuous and that interruptions to training outside normal leave be an exception and due

to extenuating circumstances. At a minimum the initial 6 months of the core training stage must be undertaken continuously.

If the trainee has not completed the physical examination assessment by the end of 6-months they will enter interrupted training and may be unable to accrue further training time until this requirement has been met.

At the completion of all requirements for the CTS, as outlined in section 12.1, a trainee must undertake a core training stage review with the supervisor of training. Upon successful completion the trainee will be eligible to progress to the practice development stage.

Diagram 4.3.1 Roles in practice in focus during the CTS

4.4 Practice development stage

The practice development stage is a period of self-directed training in pain medicine, or an area(s) related to pain medicine. Learning outcomes must be developed by the trainee together with their nominated supervisor/s and articulated in the practice development stage proposal. Examples of learning outcomes have been developed for some of the following areas and are available in the Trainee Support Resources section of Learn@ANZCA. Areas of study that might be considered include:

- Addiction medicine.
- Chronic pelvic pain.
- Consultation liaison psychiatry.
- Paediatric pain medicine.
- Pain medicine in aged care.
- Palliative care.
- Procedures in pain medicine including the Procedures Endorsement Program
- Rehabilitation medicine.

Trainees undertaking research as a component of their PDS need to design their program to allow them to meet the WBF requirements per ITA period. Consideration should be given to the recency of clinical practice requirements of your local regulatory authority.

Trainees completing their PDS in an accredited training unit

Trainees who plan to undertake their PDS exclusively in a level one or PDS faculty-accredited training unit must advise the faculty prior to commencing the PDS of their:

- Training unit.
- PDS supervisor.
- A weekly timetable and letter confirming their employment and FTE.

Trainees undertaking the PDS in multiple settings or outside an accredited unit

Trainees undertaking their PDS in multiple settings or in settings that are not faculty-accredited training units must submit a practice development stage proposal to the DPA, FPM Education for prospective approval prior to commencement of the practice development stage. The proposal must include:

- Identification of a practice development stage supervisor and the planned contact arrangements.
- Identification of all training sites and a placement supervisor for each placement undertaken during the practice development stage.
- A learning plan developed with the practice development stage supervisor.
- Identification of learning outcomes supporting the learning plan, developed by the trainee.
- A weekly timetable and letter confirming their employment and FTE.

At the time of approving the PDS proposal, the DPA, FPM Education, will approve all training sites outside faculty accredited sites, nominated for the practice development stage. These approvals are specific for each trainee's proposed program. Each placement must be a minimum of 3 months FTE.

Should a trainee wish to amend a PDS proposal during the practice development stage, prospective application to the DPA, FPM Education is required.

4.5 Training ePortfolio

The faculty provides a Training ePortfolio which trainees maintain throughout their training journey. In addition to assisting trainees in their learning, the ePortfolio demonstrates progress towards competence to supervisors at the in-training assessment and training stage review meetings. The ePortfolio is the trainee's record of their training and clinical achievements. The Director of Professional Affairs FPM Education approves the training record following a training stage review

It is the responsibility of the trainee to ensure that their training records are kept current. Failure to do so may result in periods of time being marked as leave or interrupted training.

Data privacy on the ePortfolio

Collecting patient information has important implications:

- Trainees and supervisors should be familiar with relevant jurisdictional privacy legislation. Appropriate consent must be obtained or approved.
- Patient data recorded in the ePortfolio must be de-identified and comply with the individual's or hospital's privacy statement, or the patient must have given their consent.

It is also important to note that any reflective comments in the ePortfolio may have potential medico-legal implications.

5. Teaching and learning resources and opportunities to network

A range of resources are available to trainees, supervisors of training and fellows working with trainees to support the FPM training program. Dates for key activities throughout the year are published on the website and promoted via the training e-newsletter.

5.1 Learning resources

Centralised Trainee tutorial program

The faculty organises a centralised trainee tutorial program which provides an opportunity for trainees to engage with fellows and each other to discuss topics covered in the curriculum.

Tutorials are held via videoconference, usually on Wednesday afternoons.

Trainee courses

On an annual basis the faculty holds two trainee courses aimed at trainees in the core training stage. The orientation course is a weekend course which focuses on assisting new trainees plan their training journey and provides opportunities to understand the program requirements. There is also opportunity to hear from and seek guidance from recent new fellows. Given that many trainees work in training units with few other pain medicine trainees, it is a key opportunity for trainees to build networks and form study groups.

The Advanced Clinical Skills Course focuses on teaching and practising key skills including communication and interviewing, pain orientated physical exam and facilitating patient pain self-management.

Essential topic areas study guides

The essential topic area study guides are e-learning resources that focus on integrating the pain medicine roles in practice with the clinical skills and knowledge of the nine essential topic areas and target a set of learning outcomes from the curriculum.

The essential topic area study guides act as a starting point for each topic area and are used in conjunction with private study. They contribute to the acquisition of knowledge in the relevant learning

outcomes from the curriculum. Each study guide has an associated reference list of publications and external resources to support further study.

5.2 Resources

Professional documents

A key function of the faculty is to prepare and distribute professional documents, which set down formal, board-approved policies, guidelines and statements for practice. The professional documents are also referred to by government, the coroner and other bodies, especially in the process of accreditation of healthcare facilities and assessment of deviation from accepted practice.

Library

The ANZCA Library is available to all trainees, fellows, continuing professional development (CPD) participants and specialist international medical graduates (SIMG) of FPM. The library team can assist with specialised support, resource access and provision. They are experts in delivering the best information resources and services to busy clinicians. They have curated collections specifically designed for FPM trainees as part of their library guide resources.

The library provides access to:

- Over 1,100 full-text medical e-journals (including key journals like Pain Medicine and Clinical Journal of Pain).
- Over 16,000 full-text e-books (including over 1800 pain and pain-medicine related titles).
- Over 3000 print books (including a large pain medicine collection) available for loan via a free courier service.
- Specialised medical databases for literature searching (including Medline).
- A pain medicine resource hub covering all aspects of pain medicine and pain medicine training.
- An extensive library guides collection supporting resource access and help.
- Audio lectures, podcasts and self-assessment resources.
- Tools and advice for keeping up-to-date, such as apps and table-of-contents alerts – including access to BrowZine and Read-by-QxMD.
- Access anywhere with LibKey Nomad
- Free request service for any articles not available online via the library.
- Research support service, including performing literature searching, research support toolkit, research consultation support and information literacy training.

5.3 Networking opportunities and self-care

Trainees are encouraged to attend the annual FPM Symposium, ANZCA Annual Scientific Meeting, the FPM spring meeting and regional continuing medical education events as an opportunity to network with colleagues and have exposure to leaders in the field. At the Annual Scientific Meeting there are opportunities for trainees to present an abstract for the FPM Dean's Prize and free paper session as well as poster presentations.

A trainee WhatsApp group allows interested trainees to network and to share information with others.

Most FPM committees also offer the opportunity for trainees to join as members. Trainees are encouraged to join these committees both for their professional development and to ensure that a trainee voice is represented. Expressions of interest are sought via the training e-newsletter.

Mentors

All trainees are encouraged to have a mentor during their training and throughout their early fellowship. While most trainees find their own mentors from within their networks, the faculty can assist in finding mentors through our mentoring program. This program aims to assist with the professional development of trainees and new fellows. Mentoring is a voluntary relationship, typically between an experienced physician and a more junior colleague. It enables pain physicians to identify their goals and facilitate discussions on how these can be achieved.

Doctors' health and wellbeing

Training and working as a doctor can be challenging at times and it is important to prioritise self-care including having your own GP. Taking leave is an essential part of professionalism and is expected of all trainees. Resources to support doctors' health and wellbeing are available on the website and supplement resources available in places of employment. Colleagues and senior clinicians can provide strategies and support.

6. Assessment strategy

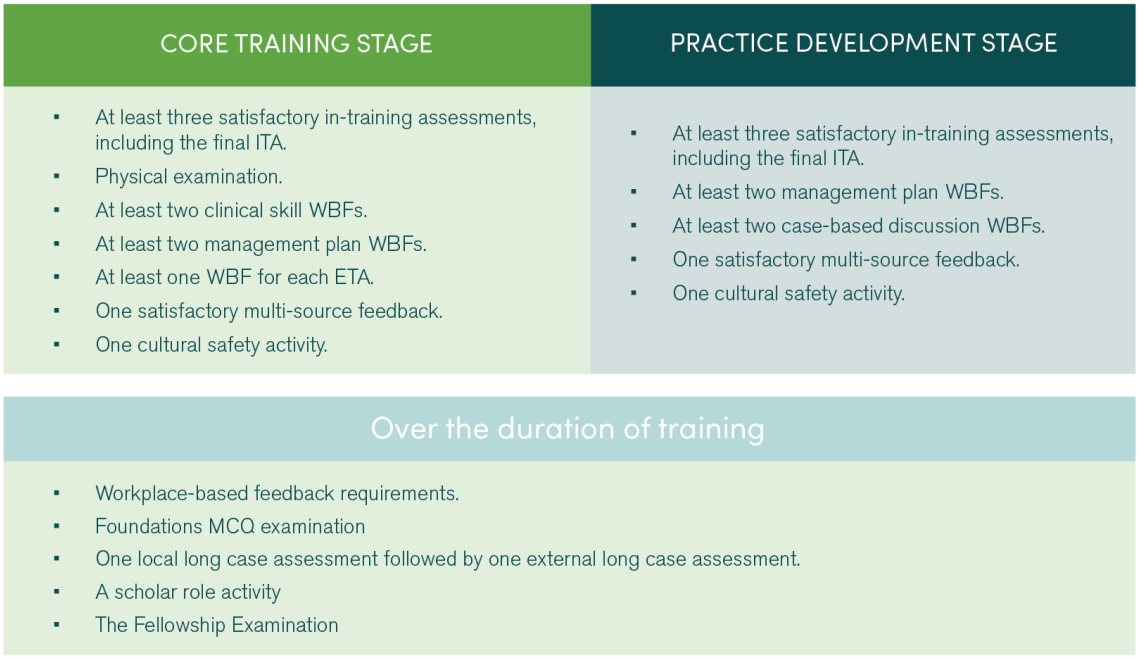
Assessment in pain medicine involves making judgements about a trainee's performance against a set of staged behavioural markers across the different domains of practice as specified within the FPM curriculum. The aim of these judgements is for trainees and their supervisors to benchmark their clinical performance against the successive behavioural markers leading to the faculty's graduate outcomes. It also allows the faculty the opportunity to review its training and learning offerings to ensure that there is continual evolution of the program to meet the needs of the community.

It is expected that across the duration of the training program there will be progressive inculcation from novice to competent specialist pain medicine practitioners, appreciating that trainees in pain medicine will have already acquired a range of knowledge, skills, and behaviours from their primary specialty programs. Given that assessment drives learning, it is expected that the program of assessment will facilitate trainees' reflection on their pre-existing knowledge, skills, and behaviours to extend their development as reflective practitioners with a commitment to life-long professional learning.

The assessment strategy focuses on assessment *for* learning supported with assessment *of* learning. Multiple formal opportunities for formative assessment (for learning) occur in the workplace. Summative assessment (of learning) is progressive throughout the program.

Formative assessments require trainees to identify clinical opportunities for development of competence across a variety of skills articulated in the curriculum. Feedback is provided to assist further learning and if, performance is unsatisfactory, to assist remediation.

Diagram 6.1 Assessment requirements



7. Workplace-based feedback

Workplace-based feedback (WBF) opportunities are a key feature of the assessment strategy. The feedback tools (clinical skills, management plan, case-based discussions, multi-source feedback and physical examination assessment) are designed to help facilitate skill acquisition within the trainee's normal work environment.

Collectively, WBF tools cover the breadth of clinical care and have been developed to provide meaningful feedback to trainees regarding their progress with the pain medicine roles in practice and to inform the setting of learning goals.

A minimum of three WBF opportunities must be completed each quarter by all trainees. On occasion a trainee may not be able to undertake three WBF in a quarter. In this instance the trainee must make up the deficit WBF numbers in the following quarter. If by the end of the following quarter the WBF numbers are below target the trainee will need to undertake additional training time (usually an additional quarter) with additional WBF requirements to complete that training stage.

Feedback tools have been matched specifically to the competency statements within the curriculum to ensure trainees are obtaining feedback and working toward the attainment of each competency.

During the core training stage, trainees must complete at least one WBF for each ETA (except 3.1, Mechanisms in the biomedical dimensions of pain). This can be using the clinical skills, case-based discussion or management plan.

Trainees who are new to the speciality or at a new unit should seek feedback on their clinical performance at the earliest opportunity to allow identification of resources to assist their development.

It is not expected that trainees new to pain medicine will be proficient initially and they should be encouraged to extend their learning to make best use of feedback opportunities.

Minimum numbers of WBFs have been specified for each training stage in addition to minimum numbers over the duration of training however trainees are encouraged to seek opportunities for observed practice and feedback as often as possible. Supervisors may require trainees to undertake additional WBF or specific WBF to help support their learning. The requirements are outlined in the table below.

Table 7: WBF requirements

Workplace-based feedback tool	Minimum requirement over duration of training	Minimum requirement during CTS (At least 1 WBF completed for each ETA)	Minimum requirement during PDS (Tools selected to match learning goals)
Physical examination activity (refer to section 7.1)	1	1 per examination skill assessed as satisfactory	
WBF - clinical skills (refer to section 7.2)	8	2 by two different assessors.	
WBF-management plan (refer to section 7.3)	6	2 by two different assessors.	2 by two different assessors.
WBF - case-based discussions (refer to section 7.4)	6		2 by two different assessors.
Multi-source feedback (refer to section 7.6)	2	1 satisfactory	1 satisfactory

Trainees are responsible for initiating each WBF opportunity. A workplace-based assessor may be any fellow of the FPM or placement supervisor. Where the trainee requires refinement of their skills, the supervisor of training or practice development stage supervisor may require additional WBF to be undertaken.

While real-time observation and feedback is preferred, especially in the early stages of the core training stage, some clinical skills and the management plan may be conducted by videoconferencing. Trainees must seek consent from the patient and their institution prior to filming of a consultation for review with a supervisor within one week of the consultation. All films must be destroyed following review to ensure patient confidentiality.

WBF forms are completed via the ePortfolio and reviewed by the supervisor of training or practice development stage supervisor during the in-training assessment.

7.1 Physical examination activity

Competence in physical examination will be assessed in the workplace during the first six months. This is in addition to the three WBFs required for each ITA quarter. Trainees must demonstrate competence in the performance of a cranial nerve examination, a cervical spine examination and a pain oriented sensory testing (POST) examination.

Trainees should approach their supervisor of training or another FPM fellow working in the unit to complete the assessment, ideally early after the commencement of training. Trainees may attempt the assessment as many times as required to obtain a satisfactory result.

7.2 WBF – clinical skills

A WBF – clinical skills involves an assessor observing a trainee while they conduct a health assessment of a patient with pain. This may be a snapshot of a skill involved in eliciting a sociopsychobiomedically informed history and/or in performing a pain-oriented physical examination or part thereof, for example a mental state examination. It is not a substitute for a long case assessment.

A WBF – clinical skills may be used as the basis of a WBF – management plan and/or case-based discussion.

Where a sub-specialty area of practice is selected for the practice development stage, it is strongly recommended the trainee is observed and completes a minimum of one WBF – clinical skills, targeting clinical skills relevant to that sub-specialty.

The majority of these feedback opportunities should be completed within the first six months, as it is at this time trainees will benefit from constructive feedback on clinical skills related to history taking, psychosocial assessment, risk assessment, physical examination and adapting the assessment to suit the patient's needs.

7.3 WBF – management plan

The WBF –The management plan is an opportunity for an assessor to directly observe and comment upon a trainee communicating a plan of management to a patient and engaging them in the proposed strategies as an active participant in their own care. The patient should be one who the trainee has assessed relatively independently.

It is recommended that the majority of the management plan assessments be completed at regular intervals throughout the core training stage and the first half of the practice development stage.

7.4 WBF – case-based discussion

WBF – case-based discussion is designed to assess and develop the trainee's ability to discuss their clinical reasoning and rationale for decision-making regarding a case they have managed fairly independently. The trainee must have provided care for the patient on at least two occasions over a period of two months or more.

One focus of the WBF – case-based discussion tool is the review of written communication skills. Trainees must provide the patient record and all correspondence they have prepared concerning the patient to the WBF assessor.

As the WBF-case-based discussion requires a higher level of integration of information and formulation of patients it is recommended the majority of these be scheduled during the latter part of the core training stage and throughout the practice development stage.

7.5 Multi-source feedback

The major role of multi-source feedback (MSF) is to broaden the sources of feedback on everyday clinical care and the skills articulated in the roles in practice. This recognises that specialist pain medicine physicians do not work in isolation but as members of multidisciplinary and interprofessional teams to deliver care.

The assessment provides information on how the trainee is performing across the different pain medicine roles in practice. The strength of this assessment is that it includes feedback on how others perceive the trainee's skills in communication, collaboration, professionalism and health advocacy via incidental observation over a period of time. Therefore, those who contribute to this assessment must have had an opportunity to directly observe the trainee's work practices for a minimum of three consecutive months.

Colleagues from at least four craft groups must be invited to provide feedback including consultants.

The following people may be requested to confidentially complete the form:

- Fellows of the Faculty of Pain Medicine.
- Specialists in other fields of medicine, including referring doctors.
- Junior medical staff and medical students.
- Nursing staff.
- Allied health professionals.
- Non-clinical administrative staff.

Each of these people will have unique perspectives of the trainee's skills in areas that cross multiple roles in practice.

Prior to seeking feedback from others, the trainee rates themselves. Prior to undertaking this process, the trainee is encouraged to read the ANZCA Supporting Professionalism and Performance: A guide for anaesthetists and pain medicine physicians.

The SOT and PDS supervisor distil feedback from a minimum of eight individual assessments selected by the trainee. Trainees do not receive feedback from individual contributors, but rather the SOT/PDS supervisor collates the group's feedback and provides this during a formal meeting.

The multi-source feedback must be conducted in the last quarter of each training stage, and the SOT may require it to be undertaken more frequently. These assessments are used by the supervisor to determine if the trainee is performing satisfactorily and is ready to progress to the next stage of professional practice.

Unsatisfactory performance may result in the trainee being required to complete additional training time and remediation to address areas identified as being of significant concern.

8. In-training assessments

The in-training assessment (ITA) process provides trainees with opportunity for regular formal review and feedback against the requirements of the training program with the SOT/PDS supervisor. It allows supervisors to monitor progress on behalf of the faculty and work with the trainee to acquire knowledge and clinical skills within a pain medicine environment. The ITA cycle involves goal setting at the commencement of the quarter and review of progress at the conclusion.

An ITA quarter is defined as 3 calendar months . Each ITA will be submitted quarterly by the dates communicated by the faculty and will include all leave taken during the quarter. It is expected that trainees will record all leave taken (annual, personal including cultural and study leave) on a regular basis in the ePortfolio.

The assessment covers the trainees' progress against the:

- Workplace-based feedback
- Roles in practice.
- Essential topic areas.
- Progress against other training program assessments and requirements.

It is not expected that all areas of the training program will be progressed in every quarter. Discussion should cover areas of strength and areas for further development will be identified. Completed ITAs form part of trainees' ePortfolio and will be reviewed by subsequent supervisors during subsequent goal setting. Trainee learning goals throughout the program must be documented using a *SMART* goals (specific, measurable, achievable, relevant and time-bound) framework with these forming the basis of discussion for in-training assessments and training stage reviews.

Trainees should arrange an appointment with their SOT/PDS supervisor and attend with the prefilled ITA form, no earlier than two weeks prior to the end of the quarter. If the ITA is unable to be undertaken within the nominated time frame the faculty must be contacted.

Completion of ITAs is required for evidence of progression of training and forms part of the summative assessment contributing towards (i) the core training stage review (section 13.1) and (ii) the practice development stage review (section 13.2).

Each in-training assessment is given a global assessment of:

- Satisfactory.
- Progressing with conditions.
- Unsatisfactory.

8.1 Support processes following a progressing with conditions or unsatisfactory in-training assessment

Following a 'progressing with conditions' ITA, the trainee will require additional support and will need to undertake remedial activities during the subsequent quarter. These activities will be negotiated by the supervisor of training/practice development stage supervisor and the trainee.

Following two consecutive 'progressing with conditions' or one unsatisfactory ITAs, the trainee must commence a trainee support process as outlined in section 16.1.

If the remediation activities outlined in the trainee support process are not completed satisfactorily within 6 months of commencement, the trainee performance review process (Refer to by-law 4.17) will be initiated.

9. Scholar role activity

To complete their scholar role requirements, trainees can elect to complete either a:

- Clinical audit or quality assurance project in pain medicine or related topic.
- Literature review relevant to pain medicine or a proposed research project.
- Presentation on a subject relevant to pain medicine at a scientific conference.
- Deliver a series of tutorials or workshops relevant to pain medicine.
- Applied research/contribute to clinical trials and research projects relevant to pain medicine.
- Publication in a peer review journal relevant to pain medicine.
- Completion of a University level subject in either research or education.

Trainees who commenced training prior to 1 January 2026 may elect to complete a clinical case study for their scholar role activity requirement.

Trainees who have completed one of the following activities within two years of commencing training may apply for recognition of prior experience (refer to section 3.6) for this activity. If approved, the trainee would not be required to complete a scholar role activity from the list above during training.

- Applied research / contribution to clinical trials and research projects related to pain medicine.
- Publication in peer review journal in pain medicine.
- Completion of a university level subject in either research or education.

Trainees should identify to their supervisor during ITA meetings which scholar role activity they will be undertaking. Planning and progress of this activity can then be discussed as subsequent ITA meetings.

Guidelines for each scholar role activity are available in Learn@ANZCA. Trainees are expected to spend 1 to 2 hours per week over a period of about 6 months on their scholar role activity. A scholar role liaison is available to provide refinement, guidance and assessment for the applied research and further education options.

9.1 Clinical audit in pain medicine.

The trainee selects the audit topic and creates an audit plan in consultation with their nominated supervisor prior to commencing work on the audit. The topic should be clinically or educationally relevant to pain medicine and/or the department.

Ethics approval is not a mandatory requirement for satisfactory completion of this scholar role activity. However, trainees should be aware of local regulations regarding conducting audits and ethics committee requirements within that jurisdiction. This applies even if the trainee does not intend to publish the results of the audit outside their department.

Those trainees who are contributing to a department or group audit, each trainee is expected to:

- Make a significant contribution across multiple components of the audit in terms of planning, design, implementation and/or final write-up as assessed by the other members in the audit group (this does not require a significant contribution to every component of the audit).
- Demonstrate a familiarity with the audit process and its relevance to quality improvement in the healthcare setting.

Several audit templates have been developed for the Continuing Professional Development Program that can be accessed via Learn@ANZCA.

To complete this activity the trainee is required to provide a written report in the form outlined by Standards for Quality Improvement Reporting Excellence (SQUIRE) 2.0 guidelines. Each item listed on the evaluation form should be considered, but it may be inappropriate or unnecessary to include every SQUIRE element in the report. The report should be approximately 1500 words long.

The completed clinical audit will be uploaded into your ePortfolio and confirmed if satisfactorily met by your nominated supervisor.

9.2 Literature review relevant to pain medicine

The trainee selects a topic in consultation with their nominated supervisor. The topic should be clinically or educationally relevant to pain medicine and/or the department.

Trainees are required to provide a systematic search and critical review of the literature and synthesis of the current evidence in scope of a specified research question/controversy. The literature review should be a logical, well-structured argument organised into an introduction, methods, results and conclusion.

The expected length of the literature review is 2000 – 2500 words excluding references.

The completed literature review will be uploaded into your ePortfolio and confirmed if satisfactorily met by your nominated supervisor.

9.3 Presentation on a subject relevant to pain medicine at a scientific conference.

The trainee selects the topic for presentation at a national or international conference in consultation with their nominated supervisor. The trainee is expected to plan, deliver, evaluate and reflect on a presentation for a scientific meeting, including:

- Development of an abstract for submission.
- Development of the presentation which may include an oral presentation and/or poster presentation.

This activity provides an opportunity for trainees to submit relevant research to conferences such as the ANZCA Annual Scientific Meeting.

The assessment can be undertaken by a nominated supervisor or FPM fellow.

9.4 Deliver a series of tutorials or workshops relevant to pain medicine

The trainee will be required to complete the ANZCA Educators Program (AEP). This is a 1.5-day program which can be completed online or face-to-face. The trainee will then apply knowledge from the AEP to the delivery of two tutorials or workshops relevant to pain medicine. If a pain medicine tutorial was delivered as part of the ANZCA Educators Program, this will count towards the requirement of delivering two workshops. For each workshop the trainee will:

- develop a learning plan incorporating key element of psychological safety, needs assessment, learning outcomes, the set, body and closure structure, evaluation process and feedback.
- Create an evaluation tool /process to gain feedback from the participants.
- Implement the learning plan and evaluation.
- Complete a self-assessment of own performance reflecting on the feedback received in the evaluation.

Assessment of this activity can be undertaken by a nominated supervisor or FPM fellow.

9.5 Applied research / contribute to clinical trials and research project related to pain or pain education

Trainees who are involved in a formalised research project related to pain medicine may use this activity to meet their scholar role requirement. For trainees involved in such a research project within two years of commencing pain medicine training, they may wish to apply for recognition of prior experience (see section 2.6)

The type of research may include but is not limited to clinical trials, epidemiological studies and basic research. Where applicable these studies must have institutionalised ethics approval. Other types of activities include development of a study protocol or funding applications through the medical research future fund, NHMRC and biomedical translation fund.

Trainees need to submit:

- A written overview of the research study based on the study protocol.
- A detailed description of their role and involvement in the research study.

- A written reflective piece describing the learning experiences and challenges of conducting the research.
- Statement of contribution provided by the primary or sub-investigators on the work the trainee has undertaken.

If completed during training, this activity will be assessed by the scholar role liaison.

9.6 Publication in a peer review journal in pain medicine or pain education

Trainees who publish in a peer reviewed journal may use this activity to meet their scholar role requirement. The type of publication may include research articles, study protocols for proposed or ongoing research or a literature review. Trainees who publish a pain medicine related piece in a peer reviewed journal within two years of commencing pain medicine training, may wish to apply for recognition of prior experience (see section 2.6)

Trainees need to submit:

- Copy of publication or copy of accepted publication waiting for publication.
- Statement of author contribution as per CRediT (contribution roles taxonomy).
- If you are a listed second or subsequent author detailed information of your contribution and a statement from the primary author.

If completed during training, this activity will be assessed by the scholar role liaison following the supporting documentation being uploaded into the ePortfolio.

9.7 Completion of a University level subject in research or education

Trainees who complete individual university level subjects in relevant research or education subjects may use this activity to meet their scholar role requirement. Trainees who complete individual university level subjects in relevant research or education subjects within two years of commencing pain medicine training, may wish to apply for recognition of prior experience (see section 2.6)

Supporting evidence is required

- Evidence of time commitment (minimum 100 hours or minimum 12.5 credit points)
- Evidence of Australian and New Zealand Qualifications framework (level 8 or above)
- Evidence of assessment requirements
- Evidence of research or education subject
- Evidence of observational assessment to teach a skill (education subject only)

Confirmation of completion of this activity will be undertaken by the DPA FPM Education, following uploading of the supporting evidence into the ePortfolio.

9.8 Clinical case study

The clinical case study option is available only to trainees who commenced training prior to 1 January 2026.

The clinical case study involves an in-depth clinical assessment of a patient and the application of evidence-based medicine in the management of the patient. Details of the assessment are outlined in

the document titled *preparation of the clinical case study* which is available in the Trainee Support Resources area of Learn@ANZCA to assist trainees complete this requirement. Following submission by the trainee, the clinical case study, minus the trainee details, is allocated to one member of the court of examiners. The interaction between the trainee and the examiner will be co-ordinated at all times by the FPM staff, overseen by the clinical case study lead who is a member of the Examination Committee.

10. Cultural safety

In each stage of training, trainees must complete a cultural safety activity with a view to better understand cultural safety and its implications for pain medicine practice.

The certificate of completion or attendance must be added into the training ePortfolio and will be reviewed as part of the CTS and PDS reviews.

Activities might include hospital run activities, college/faculty run events, educational resources listed in the cultural safety library guide, the cultural safety modules on Learn@ANZCA, or activities run in conjunction with local indigenous populations.

11. Foundations MCQ Examination

The Foundations Multiple Choice Question (MCQ) Examination is a three hour, 150-question examination that is designed to be sat between 3-9 months after commencement of training. Trainees must achieve a pass within 24 FTE months after commencing training. To pass the examination, a trainee needs to reflect the level of knowledge and application of this knowledge expected of a trainee halfway through the core training stage.

The examination is delivered, using an online platform, on dates and in locations advised on the website. The exam tests learning outcomes from across the curriculum.

To sit the examination, trainees apply via the FPM website and pay the nominated fee by the closing date. SOTs will need to confirm that the trainee is ready to sit this assessment.

Trainees who passed the written section of the Fellowship Examination prior to 2026 are exempt from sitting the Foundations MCQ Examination.

11.1 Examination results and remediation process

All candidates will receive written feedback following the examination; however, candidates will not be given marks associated to specific questions. The examination committee completes standardisation processes to determine the pass standard for each examination.

Trainees are expected to sit this examination at least once within nine months of commencing training. If they don't sit within this timeframe the trainee should meet with their SOT and undertake a guided feedback session to identify a learning plan and determine what additional support is required. This plan should be forwarded to the faculty.

Trainees who are unsuccessful at their first attempt at this examination need to wait three months before being eligible to sit again. There should be a documented formal discussion between the trainee and their SOT within two weeks of receiving the result to discuss a learning/remediation plan before their second attempt.

Trainees who are unsuccessful at this examination for a second or third time should complete a formal trainee support process (refer to section 16.1) with a copy of the remediation plan and confirmation of its completion submitted to the faculty.

Trainees who have not passed this examination within 24 FTE months after commencing training, will be withdrawn from the training program.

12. Long cases

Trainees must pass one local long case assessment and one external long case assessment during the course of their training. To achieve a pass in each long case a candidate must perform at the level of a specialist pain medicine physician in their first year of practice.

During the long case the trainee will have one hour with a patient, observed by two assessors, during which the trainee will take a targeted history and perform a pertinent physical examination.

The assessors and patient will leave the room at the end of one hour whilst the trainee remains unobserved in the examination room for 20 minutes to prepare for the case presentation. The assessors will then return to the examination room and conduct a viva voce for 30 minutes. The assessors will mark the long case independently agreeing on the final mark to be submitted to the faculty.

Each section of history, physical examination, case presentation and management plan carries equal marks. The trainee must bring their own stethoscope. All other necessary equipment will be provided.

12.1 Local long cases

Together with their supervisor, trainees identify when they are ready to sit this assessment which can be in either stage of training. The supervisor will arrange a patient unknown to the trainee, and either the trainee or supervisor will arrange a time and for two assessors to undertake the assessment.

The assessors must both be fellows of FPM and may include the SOT/PDS supervisor and/or the unit director. The assessors do not necessarily need to work at the unit or know the trainee or patient. At least one of the fellows must have previously assessed a long case. Ideally, the patient should be known to one of the assessors but not the trainee and be invited as opposed to being a waiting list patient. Patients must consent to this process as it does not involve patient care.

The local long case is marked locally with the result provided to the trainee on the day by the assessors. The assessors should also give the trainee feedback on areas performed well and areas where they need to focus for improvement or growth.

The marking form is available via the ePortfolio.

Trainees must pass one local long case to be eligible to sit the external long case assessment. If a trainee is subsequently unsuccessful in the external long case, the local long case must be undertaken again before the external long case assessment can be repeated.

12.2 External long cases

The external long case assessment will be undertaken in the regions throughout the year as scheduled on the annual timetable. There will be a supervising fellow responsible for each assessment site, including identification of suitable patients for the assessment process.

The trainee must register on the prescribed form and pay the prescribed fee by the closing date to undertake the long case assessment. Trainees may sit the long case assessment following completion of at least 3 months FTE training, submission of one satisfactory ITA, completion of the physical assessment examination and satisfactory completion of one local long case assessment. The eligibility requirements to sit the external long case must have been achieved by the closing date for registration for the exam.

The external long case assessment will be undertaken by two assessors who will be FPM examiners or long case assessors. At least one assessor will not have worked with the trainee. There may also be an observer. The long case assessment is held under examination conditions.

The trainee will be notified in writing of the results of the long case examination and will receive individualised feedback. If unsuccessful, the trainee must complete an additional local long case assessment prior to repeating the external long case assessment.

13. Fellowship examination

The fellowship examination is an oral examination conducted annually. Trainees may have a maximum of five attempts at the Fellowship Examination.

13.1 Eligibility

Trainees apply for the examination and pay the nominated fee using the form on the website. To be eligible to sit the examination, trainees must meet the following eligibility requirements by the examination registration closing date:

- Completion of a minimum of 6 months FTE training in the core training stage
  - Completion of two in-training assessments with the most recent having been deemed as satisfactory. This includes completion of the minimum workplace-based feedback informing those in-training assessments.
  - Completion of the Foundations MCQ Examination.

Candidates undertake eight oral examination stations ('vivas') in two rounds. There are:

- four structured viva voce examination (SVVE) stations (15 minutes each), and
- four objective structured clinical examination (OSCE) stations (10 minutes each).

Each oral examination station carries equal marks and will be graded by either one or two examiners.

Stations cover a broad range of topics articulated within the curriculum. An introductory scenario is used to introduce the topic area. This enables the candidate to orientate to the task. Examiners assess candidates' ability to synthesise their factual knowledge and clinical reasoning.

The following qualities are assessed:

- Clinical decision making and judgment.
- The application of the principles of acceptable and safe pain medicine practice.
- Prioritisation.
- Interpretation of complex clinical situations and investigations.
- Clinical reasoning based on evolving clinical situations.
- Anticipation of clinical actions and their sequelae.
- Effective communication.
- Competence as ethical medical specialists and colleagues.

The examination committee completes standardisation processes to determine the pass standard for each examination.

13.2 Examination results and remediation process

At the conclusion of the examination, results will be circulated electronically.

All candidates will receive written feedback on their performance; however, candidates will not be given actual marks.

Unsuccessful candidates may request feedback from the faculty within three weeks of the oral examination. After two unsuccessful attempts candidates are recommended to attend a formal remediation interview.

13.3 Recognition of excellence

Barbara Walker Prize for Excellence in the Fellowship Examination

The Barbara Walker Prize for Excellence in the Fellowship Examination recognises the candidate achieving the highest mark in the FPM fellowship examination and can only be awarded when the top candidate achieves an overall mark of at least 70 per cent. The prize is formally awarded to the successful candidate at the subsequent College Ceremony at the ANZCA/FPM annual scientific meeting.

A candidate re-presenting for the examination is eligible to be awarded the prize.

Merit list

Candidates who have demonstrated excellence in the Fellowship Examination and achieved a mark in the top 10 per cent of candidates will be eligible for inclusion in the merit list and award of a certificate. The Court of Examiners determines whether those eligible candidates are awarded merit certificates at the conclusion of the fellowship examination.

13.4 Special consideration at examinations

Please refer to the special consideration policy and application form. This policy applies to formally scheduled summative assessments (including examinations) and mandatory scheduled workshops which can't be altered. Any candidate may withdraw their examination application in writing, before the date of the examination (by-law 4.11). A candidate may withdraw on medical or compassionate grounds before the examination. If on medical or compassionate grounds a candidate is unable on the day to present for the examination, they must submit a written notice and provide evidence of cause. Candidates should not be disadvantaged as a result of events outside their control. Nevertheless, in seeking to redress any disadvantage, no action should be taken that might be held to be unfair to other candidates. If an examiner or invigilator becomes aware that a candidate is ill, they should notify the chair, Examination Committee who will determine whether the illness is incapacitating and, if appropriate, will reschedule the candidate's program within the examination or advise the candidate to withdraw. No special consideration will be given to a candidate who elects against advice to continue with the examination.

14. Training stage reviews

Training stage reviews provide an opportunity for the trainee and supervisor to reflect on the development of the trainee during the FPM training program and determine whether the trainee is ready to progress to the next stage of professional practice.

At review meetings, the supervisor considers the trainee's ePortfolio of multiple workplace-based feedback and progress with, or completion of, all the requirements of the training program. If supervisors identify a gap in the level of performance against the roles in practice, additional time and/or activities will be prescribed to address these deficiencies prior to progression.

Two training stage reviews are conducted during the FPM training program:

- Core training stage (CTS) review.
- Practice development stage (PDS) review.

14.1 Core training stage (CTS) review

The core training stage review occurs toward the end of the first year of training. To be eligible for review, trainees must have completed:

- A minimum of 1-year FTE of training (52 weeks less normal leave).
- Completion of the physical examination within the first six months of training.

- Quarterly in-training assessments with at least three having been assessed as satisfactory including the final ITA.
- A minimum of two WBF – clinical skills by. two different assessors.
- A minimum of two WBF – management plans by two different assessors
- A minimum of one WBF activity for each ETA excluding 3.1
- One cultural safety training activity
- One satisfactory multi-source feedback demonstrating that the trainee is consistently performing across the roles in practice at the level required to progress to the next stage of professional practice.

The date of progression to the PDS cannot be any earlier than 52 weeks after commencing the CTS.

Core training stage review meeting

Once a trainee has completed 50 or more weeks of training, and has met the above requirements, the trainee approaches the supervisor of training to organise the review meeting. In this meeting, the supervisor of training and trainee review the progress of the trainee during the core training stage, and the supervisor of training verifies that all requirements have been met, and that the trainee is performing at the level expected to be able to progress to the next training stage.

14.2 Practice development stage review

The practice development stage (PDS) review occurs toward the end of the second year of training. The PDS review may be undertaken no earlier than two prior to completing the time requirement of training.

Completion of the practice development stage requires the following:

- A minimum of 1-year FTE approved training time in the practice development stage (52 weeks less normal leave).
- Quarterly in-training assessments during the practice development stage with at least three having been assessed as satisfactory. The final ITA must be assessed as satisfactory.
- A minimum of two WBF – management plans by two different assessors.
- A minimum of two WBF – case-based discussions by two different assessors
- One cultural safety training activity
- A Scholar role activity.
- One satisfactory multi-source feedback demonstrating that the trainee is consistently performing across the roles in practice at the level required to progress to the next stage of professional practice.
- Evaluation of the PDS proposal and the learning outcome achievement.

The long case assessment and fellowship examination may be completed after the PDS review. Trainees who commenced training prior to 1 January 2025 may complete their scholar role activity after completion of the PDS review.

Practice development stage review meeting

The trainee approaches the PDS supervisor to organise the review meeting. The meeting can be arranged for up to 2 weeks prior to the completion date for this training stage in consideration of leave arrangements. In this meeting, the PDS supervisor and trainee review the progress of the trainee, and the supervisor verifies all requirements of this stage have been met and that the trainee is performing at the level of a junior specialist pain medicine physician. This assessment will be reviewed and approved by the DPA, FPM Education prior to conferring a certificate of completion of training. Trainees are ineligible to receive the certificate of completion of training until their training time is completed.

Monitoring and evaluation

Trainees who complete the training program are required to complete an exit questionnaire. The questionnaire provides feedback on the training experience undertaken and allows the faculty to evaluate the training program and the supervision provided during training. The data collected is considered anonymously and is an integral component of the quality assurance process.

On an annual basis the FPM Learning and Development Committee review collated, deidentified data from the exit questionnaire, Medical Trainee Survey and ANZCA & FPM Trainee Survey as part of their monitoring and evaluation responsibilities.

Outside these formal mechanisms, trainees are welcome to send feedback on the program to the Learning and Development Committee via fpm@anzca.edu.au.

15. Exiting the training program

Trainees may exit the training program by:

- Achievement of the certificate of completion of training.
- Early voluntary withdrawal from the program.
- Removal from the program.

15.1 Conferment of certificate of completion of training

Upon completion of all requirements of training (including the time component) the record of training is reviewed and approved by the DPA, FPM Education. Following approval, a certificate of completion of training will be issued to the trainee. Those who meet the other requirements for fellowship are now eligible to apply for admission to fellowship of the Faculty of Pain Medicine.

15.2 Application for admission to fellowship

A trainee is eligible to apply for admission to fellowship (see FPM bylaw 3) provided the trainee possesses:

- An approved primary specialist qualification acceptable to the board of FPM.
- The certificate of completion of training.

The DPA, FPM Education will review the trainee's application for fellowship. Following confirmation that the eligibility criteria are met, the DPA, FPM Education will make a recommendation to the faculty

board that the trainee's application for admission to fellowship be approved. Once the application for fellowship has been approved, the trainee will be notified in writing by the faculty and will receive a diploma of fellowship of the Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists normally within three months following payment of a faculty Fellowship subscription fee. The medical practitioner becomes a fellow and will be entitled to use the post-nominals FFPMANZCA and apply for specialist recognition in Australia or vocational scope of practice in pain medicine in New Zealand. The fellow will be eligible to be presented to the dean of the faculty at the forthcoming college ceremony at the ANZCA/FPM annual scientific meeting.

15.3 Early voluntary withdrawal from the program

Trainees must advise the faculty in writing should they wish to withdraw from the training program. Trainees who withdraw early and wish to provide feedback to the faculty on their training experiences are encouraged to write to the Learning and Development Committee. Such feedback is welcome and considered anonymously as part of the regular quality improvement process.

The withdrawal letter will be placed on the trainee's record for future reference should the trainee reapply for the training program.

The DPA, FPM Education will consider all requests for re-registration as a trainee. The DPA, FPM Education will assess such applications on an individual basis. Please note that trainees may have a maximum of five attempts at the Fellowship Examination. A trainee re-entering the training program will have any previous attempts included in the five permitted attempts.

Non-compliance with curriculum requirements

Trainees may be deemed by the faculty to have withdrawn from the training program for the following reasons:

- Failure to provide a signed copy of the FPM training agreement annually or to pay relevant fees within the required time frames.

15.4 Removal from the program

Trainees will be removed from the program if they:

- Have not passed the Foundations MCQ examination within 24 FTE months after commencing training.
- Are unsuccessful after five attempts at the Fellowship Examination.
- Fail to achieve training program requirements within five years of commencement of training.
- Are withdrawn by the Faculty of Pain Medicine Board as a result of the trainee performance review process.
- Have their medical registration removed.

Trainee performance review

The trainee performance review process may result in a trainee being removed from the training program. (Refer to by-law 4.17)

Medical registration authority interventions

Medical practitioners may have conditions placed on their practice or may be suspended or removed from registration by relevant registration authorities. This may result from health-related issues or be the outcome of a disciplinary process.

Trainees subject to the imposition of conditions, suspension or removal by a relevant registration authority have an obligation to inform the faculty that this is the case.

When FPM is advised by the trainee or otherwise becomes aware that a trainee is subject to such conditions, suspension or removal, the following will occur:

1. If **conditions** are placed on a trainee's practice, the trainee will be placed in ***interrupted training*** from the date the conditions are imposed. At the earliest opportunity a trainee performance review must be undertaken. Subsequently the trainee will be advised of any concerns the faculty may have arising out of the regulatory authority's decision and will be given an opportunity to respond to these concerns.
   The trainee performance review will determine whether the trainee may resume approved FPM training while the regulatory authority's conditions are in place and, if so, whether any conditions should be imposed in addition to those determined by the regulatory authority, including a possible requirement for special supervision. The trainee performance review process must take account of concerns for patient safety, trainee welfare, the effect of conditions on the required clinical experience if training is to resume, and the trainee's prior record with the faculty.
2. If **suspended** from the medical register, a trainee will be placed in ***interrupted training*** from the date of such suspension. Should the trainee have the suspension lifted, and wish to resume approved FPM training, they must advise the faculty of this in writing within 26 weeks of the suspension being lifted.
   A trainee performance review must be undertaken to determine FPM's requirements for the resumption of training. In the absence of such advice, after 26 weeks following the lifting of the suspension, the trainee will be deemed to have withdrawn from the FPM training program.
3. If **removed** from the medical register, a trainee will be removed from the FPM training program and not permitted to continue training.

If, at the time of application a regulatory authority has withdrawn medical registration an applicant will not be admitted to fellowship or receive the certificate of completion of training.

If, at the time of application a regulatory authority has imposed conditions on the applicant's practice, a trainee performance review must be undertaken to determine whether admission to fellowship or conferment of the certificate of completion of training may proceed or must be deferred until the imposed conditions are lifted.

Any individual who has been removed from the program as an outcome of a trainee performance review is not permitted to re-apply.

Trainees who voluntarily withdraw from the program during a trainee performance review process prior to its conclusion may re-apply for training, on the condition that the trainee performance review process is completed. Decisions by the faculty board about a trainee recommencing the program will be made based on the outcome of the process.

16. Formal support processes

16.1 Trainee support process

When a trainee needs additional support to perform at the level expected a trainee support process will be initiated by the supervisor of training (SOT)/practice development stage (PDS) supervisor. The faculty reserves the right to commence a formal support process for a trainee as deemed necessary.

Typically, there is a repeated pattern rather than a single incident that precipitates the initiation of such a process. More support may be required for one or more the following reasons:

- Clinical performance in any of the FPM roles in practice below that are expected for the stage of training, as reflected in assessments.
- Failure to pass examinations.
- Personal problems, illness and/or disability that interfere (temporarily or permanently) with training and/or performance of duties.
- Mental health issues (for example, depression, anxiety) that impair professional communication, teamwork or other aspects of performance.

A trainee support process is not to be used as a disciplinary measure or where issues relate to employment, misconduct or where patients and/or the trainee are at risk of harm. In these instances, the head of department must be notified, and advice sought from the employer's human resources department. You may wish to notify the faculty in these situations.

The process will run for 3 months to 6 months. During the process the trainee requires closer monitoring and additional assessment.

This training unit-based process comprises of an initial interview, support from within the unit, remedial strategies and regular monitoring by the SOT/PDS supervisor.

A copy of the interview and remediation plan signed by the trainee and supervisor must be forwarded to the FPM operations manager, as soon as feasible.

The trainee support process will be considered successful following a subsequent satisfactory in-training assessment.

If, after 6 months in the trainee support process, the in-training assessment is assessed as unsatisfactory, the supervisor will recommend to the faculty that a trainee performance review process be initiated. (Refer to Section 16.2)

If, after 6 months in the trainee support process the in-training assessment is assessed as 'progressing with conditions', the SOT/PDS supervisor and chair, TAEC will determine whether a trainee performance review process should be initiated or whether the trainee should undertake a

further 3 months in the trainee support process. Should additional time in the trainee support process be agreed upon, this will extend the training time requirements for that trainee.

16.2 Trainee performance review process

On occasion the performance of a trainee may require an independent review to determine whether a trainee should remain in the training program or be withdrawn. Questions about the process should be directed to the Operations Manager, FPM.

The process can be initiated when any of the following apply:

- Local measures (e.g., Trainee Support Process) have failed to resolve a trainee's problems.
- The trainee has been suspended or has conditions or undertakings on registration by the relevant registration body.
- When, in the absence of any report of concerns by FPM office bearers, a majority of the dean and two nominated board members believe there are reasonable grounds on other evidence for believing the trainee's performance raises a risk to patient safety, or that there are other reasonable concerns about the trainee's performance (for example, alleged academic dishonesty).
- A trainee perceives workplace relationships are preventing a fair and valid assessment.

The trainee performance review process is not to be used for a trainee experiencing difficulty whose practice significantly jeopardises, or has the potential to significantly jeopardise patient safety (for example, substance abuse). In these circumstances, a trainee must be reported to the relevant medical board, council or authority (for example Medical Board of Australia or Medical Council of New Zealand).

Full details of the process are available from the operations manager, FPM. The independent panel will write a report for consideration by TAEC, with one of the following recommendations:

- That the trainee continues in training without conditions.
- That the trainee continues in training subject to meeting certain conditions or requirements (for example, agreeing to undergo remediation).
- That the trainee is removed from the FPM training program.

Requirements following conditions being placed on training

If the decision of the Training and Assessment Executive Committee is that the trainee is to continue in training subject to meeting certain conditions or requirements the trainee will be suspended from normal training as of the date the decision, and will not accumulate any normal training requirement throughout the remaining period of the trainee performance review process.

It is the trainee's responsibility to comply with all conditions or requirements, under the supervision and with the support of the relevant supervisor of training/practice development stage supervisors. Regular reports as outlined in the trainee performance review report will be sent to the faculty during the process.

When all recommended processes have been completed, the SOT/PDS supervisor must submit a final report to the faculty. This report will provide a global assessment by the SOT/PDS supervisor taking account of the trainee's compliance with all requirements of the process, and based on all assessments undertaken during the trainee performance review.

If the recommendations have been complied with satisfactorily, and the trainee has achieved the required level of performance, the trainee may, from the date of the decision, resume normal training.

If the recommendations have not all been complied with satisfactorily, and/or the trainee has not achieved the required level of performance, the trainee will, from the date of board's decision, be removed from the FPM training program.

This process is separate from any that may be imposed by the regulatory authority or employing body.

17. Reconsideration, review and appeal

Any trainee who is dissatisfied with a decision made under by-law 4 and this handbook may apply to have the decision reconsidered. Subsequent applications may be made for review and then appeal. All such applications must be made under regulation 30 - Reconsideration, Review and Appeals Policy.

The college has a confidential complaints process which is separate to the reconsideration process. Trainees who have experienced or observed any inappropriate behaviour by individuals or organisations associated with ANZCA and FPM, including staff members, fellows, trainees, SIMGs, and accredited training units, are asked to bring it to our attention by completing this confidential online form. All notifications received are treated as confidential unless we request your permission to the contrary.

18. Training program evaluation

FPM recognises the importance of evaluation to ensure continuous improvement of the training program. The evaluation process allows for progressive evolution to accommodate changes in the standards of practice (for example, introduction of new techniques and drugs, and retirement of superseded practices). Evaluation considers all components of the training program, including learning outcomes, teaching and learning methods, assessment tools, processes and resources.

19. Handbook review process and feedback

This handbook is subject to annual review, however feedback is welcome at any time. Comments should be directed to FPM.

20. Disclaimer

As specified in by-law 4.21, trainees may apply to the DPA, FPM Education for exemptions to by-law 4; these will be considered on a case-by-case basis. Any such exemptions will not set any precedent for future decisions regarding by-law 4.

21. Contacting the faculty

Queries regarding the training program should contact the Faculty of Pain Medicine.

Email: fpm@anzca.edu.au

Phone: +61 3 8517 5337

Change control register

Version	Author	Approved by	Approval date	Sections Modified
1	CRPSG	Board	28/10/14	n/a
1.1	CRPSG	Board	27/07/15	1.1 Overview of the program 1.2 By-laws and policies 2.2 Supervision during the practice development stage 2.3 Work-place based assessment assessors 2.4 Faculty assessor 2.5 Expectations of trainees during training 2.7 The curriculum 3.1 Applying to become a trainee 3.2 Training fee structure 3.4 Flexible training 3.5 Illness and disability 5.2 Core training stage 5.3 Practice development stage 8. Workplace-based assessments 10. Clinical case study 11. Long cases 12.3 Structured oral vivas and observed structured clinical examination (OSCE) 13.2 Practice development stage (PDS) review 14.3 Early voluntary withdrawal from the program 15.1 Trainees experiencing difficulty processes 16. Reconsideration, review and appeal
1.2	Learning and Development Committee	Board	29/7/2016	2.1 Supervisors of training 3. 'Training positions and selection principles 3.4 Flexible training 8. Workplace – based assessments 10 Clinical case studies
1.3.	Training and Assessments Executive Committee	Board	3/1/2017	6.1 Learning resources 11 Long case 13.1 Core Training Stage Review 13.2 Practice Development Stage Review
1.4	Examination Committee	Board	27/7/2017	2.6 Specialist international medical graduate pathway 12.3 Structured oral vivas and observed structured clinical examination (OSCE)

1.5	Learning and Development Committee Examination Committee	Board	15/11/2017	Change of terminology from workplace-based assessment to workplace-based progressive feedback. 2.2, 2.3, 3.6, 5.1, 5.3, 5.4, 8, 9, 13, 16. 12 Fellowship Examination and subsections
1.6	Training and Assessments Executive Committee	Board	18/10/2018	1.1 Overview of the program 3.1 Applying to become a trainee 3.2 Training fee structure 4 Foundations of Pain Medicine 5.2 Core training stage 10 Clinical case study 12 Fellowship examination 13 Core training stage review
1.7	Training and Assessments Executive Committee	Board	17/10/2019	6.2 Resources 11 Long Cases 12 Fellowship examination 20 Educational reference guide – section retired
1.8	Training and Assessments Executive Committee	Board	10/11/2020	3.6 Recognition of prior experience (RPE) 5.3 Practice development stage 6.1 Learning resources 11.1 Local long case assessment
1.9	Training and Assessments Executive Committee	Board	29/8/2021	General update to language throughout. 3.1 Applying to become a trainee 5. Clinical training 6. Teaching and learning resources 15.1 Trainee support process
1.10	Learning and Development Committee	Training and Assessments Executive Committee	7/11/2022	Renamed faculty assessor to DPA, FPM Education. WBPF to WBF wording change and adjustment to requirements to align to revised forms GPE able to be completed by any fellow Information added around the ePortfolio Additional graphics added
1.11	Learning and Development Committee	Training and Assessments Executive Committee	5/9/2023	Supervisory roles – accredited PDS units to have a Supervisor of Training ePortfolio details Reframing of a year of training from 44 weeks plus up to 8 weeks normal leave to 52 weeks inclusive of up to 8 weeks normal leave General language updates.

1.12	Learning and Development Committee	Board	6/12/2024	2.2, 2.3 and 2.5 Supervision during the PDS 7 Workplace based feedback 8 In-training assessments 9 Scholar role activity 10 Cultural safety 13 training stage reviews 16 reconsideration, review and appeal
1.13	Learning and Development Committee	Board	13/9/2025	Significant revisions to the assessment components and ordering of content throughout the handbook. Foundations MCQ added and scholar role activity options expanded.