

FPM
ANZCA

Faculty of Pain Medicine

Accreditation Handbook

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1. Introduction

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

The FPM offers a training program comprising two years (88 weeks) full-time equivalent of approved clinical experience directly related to pain medicine, delivered over two mandatory stages. Each training stage comprises 44 weeks of clinical activity. The program enables trainees to develop their knowledge and skills in a supervised learning environment.

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

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

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

1.1 Accredited units

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

All training in the core training stage is undertaken in a level one accredited unit. During the practice development stage, training can be undertaken at an accredited unit or in a training position approved by the assessor. Approval of specific units for individual trainees for the practice development stage is the role of the faculty assessor and outside the scope of this document.

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

- Level one units are those that are able to a breadth of experience across the care of patients with acute, cancer and non-cancer pain.
- Practice Development Stage accredited training sites are able to provide training in the second year of training. These sites have strengths in, or relevance to, the practice of pain medicine, but do not meet the requirements of a comprehensive level one training unit. Training in PDS units may include experience in chronic non-cancer pain, cancer pain, paediatric pain or procedures in pain medicine. Trainees can spend a minimum of 11 weeks at an accredited Practice Development Stage training site during their second year of training or apply prospectively for non-accredited training sites to be approved individually for the second year of training.
- Trainees in the PDS may train a non-accredited sites providing these are approved by the FPM Assessor as part of the PDS proposal.

1.2 Clinical supervision in the workplace

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

Levels of supervision are defined as follows:

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

Trainees should observe specialists undertaking assessments of patients with pain, performing examinations relevant to pain medicine, discussing treatment options and performing procedures (where applicable).

1.3 By-laws and policies governing the accreditation process

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

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

2. Accreditation roles and responsibilities

2.1 Training Unit Accreditation Committee

The Training Unit Accreditation Committee (TUAC) is responsible for accreditation processes including the monitoring of units and reports via the Training and Assessment Executive Committee (TAEC) to the FPM Board. The role of TUAC is to implement board policy, provide advice to TAEC

and consider training opportunities in pain medicine for the core training stage offered by multidisciplinary pain management units as outlined in its terms of reference.

2.2 Reviewers

Each unit is asked to nominate a potential reviewer who may be appointed by TUAC. Selection and appointment is based on the TUAC review panel terms of reference and the needs of the panel. It is expected that accredited units support the delivery of the training program by volunteering fellows as examiners, reviewers, long case assessors or to present a topic for the faculty's centralised trainee tutorial program.

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

The lead reviewer will be appointed by the chair, TUAC and will:

- Ensure adherence to FPM and ANZCA policies.
- Have reviewed the quantitative data and discussed any concerns with the chair, TUAC.
- Discuss provisional feedback with the unit director at the end of the review.
- Oversee writing of the narrative describing the reviewers' findings.

The terms of reference for the members of TUAC's review panel are available from the faculty by contacting fpm@anzca.edu.au.

2.3 Training units

Units and programs providing FPM training must consist of multidisciplinary teams with integrated processes and practice within a sociopsychobiomedical framework. The staff members who are likely to be involved in an accreditation process include:

- Unit director – provides quantitative information via the datasheet, oversees the schedule for the on-site visit and meets with the reviewers during the visit.
- Supervisor(s) of training (SOT) – provides information via the datasheet and meets with the reviewers during the on-site visit.
- Trainees – provide information separately (and confidentially) to the faculty via a survey and through meeting with the reviewers.
- Departmental senior medical staff (FPM and other senior medical staff with appointments to the unit) – meet with the reviewers.
- Senior allied health and nursing staff involved in training in the unit.
- Heads of affiliated/satellite units (where trainees spend time) – meet with the reviewers.
- Representatives of the hospital executive – meet with the reviewers.
- Unit administrator – co-ordinates visit requirements.

Accredited training units must meet all timelines of the accreditation process and agree to re-inspection by the faculty when requested by TUAC or the FPM Board. The unit director is responsible for notifying the faculty of any difficulties likely to impact the required timelines for

accreditation. It is a condition of accreditation that the director notifies TUAC of any change that may impact training and supervision, including changes to personnel, facilities or alterations in workload.

TUAC may propose a suspension of accreditation to the FPM Board, if the unit director fails to respond to requests for:

- Submission of the documentation required for re-accreditation.
- Provision of a suitable date for re-accreditation.
- Failure to comply with ANZCA/FPM corporate policies.

2.4 Networked units

Accredited multidisciplinary pain management training units may develop formalised collaborative relationships with other accredited units to form networks where trainees rotate throughout their training.

2.5 Unit with multiple sites

Many multidisciplinary training units choose to enter into partnership arrangements with other, usually smaller sites, to enhance the learning environment. Consideration needs to be given to ensuring trainees are not required to travel excessive distances from the main site.

Accredited PDS units may concurrently be accredited as a site for a level one training unit.

Trainees can only work at sites when directly supervised by a Faculty Fellow or have a specialist appropriately qualified in the area of medicine being provided by the satellite site.

Units with multiple sites must demonstrate adequate exposure to a breadth of experience across the care of patients with acute, cancer and non-cancer pain.

2.6 Nominated supervisors

Each faculty-accredited unit requires a nominated supervisor to represent the faculty with respect to training within the unit. The supervisor of training for level one units will be appointed by the unit director and ratified by the Training and Assessments Executive Committee (TAEC).

PDS supervisors for PDS training units are nominated by the unit director and approved by the FPM Assessor.

The supervisor of training/PDS Supervisor is the FPM representative with respect to training within an accredited training unit. Their duties include:

- Ensuring trainees have complied with all registration requirements of the FPM.
- Orientating trainees to the training program and the multidisciplinary pain management unit.
- Assisting trainees to develop and implement a personal training plan.
- Ensuring trainees are provided with appropriate supervision and role modelling in clinical practice.
- Ensuring that trainees' clinical exposure encompasses all aspects of pain medicine during the CTS and the mutually agreed aspects during the PDS.
- Overseeing the formative assessment requirements of the program.
- Attending regular meetings with trainees to provide feedback on their performance
- Identifying early difficulties and together with trainees instituting remedial action.

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

Supervisors are supported by the Supervisor of Training (SOT) Advisor. The faculty organises regular education meetings for supervisors to provide educational support and to ensure changes to faculty training policies are shared and promulgated in a timely fashion. The SOT Advisor can be contacted via the faculty at fpm@anzca.edu.au.

2.7 Faculty office

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

3. Accreditation standards

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

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

4. Process overview

The FPM accreditation process consists of a quantitative data collection review and either a qualitative on-site or virtual review. Units seeking PDS accreditation will have a virtual review. The assessment of the unit is with reference to the accreditation standards and criteria.

4.1 Procedure of an accreditation review.

The following is the procedure for the full accreditation process.

Table 4.1 Review process

Step	Activity	Details
Pre-review		
1	Annual identification of units requiring re-accreditation	The faculty will contact units approximately six months prior the re-accreditation process to request dates for the visit.
2	A new unit wishes to be accredited	The unit director will familiarise themselves with by-law 19 and the <i>FPM Accreditation Handbook</i> .
3	Unit director completes the accreditation datasheet and submits this documentation to faculty along with potential dates for the visit	<p>The unit director co-ordinates and is responsible for the submission of the datasheet to fpm@anzca.edu.au at least 3 weeks prior to the visit. The datasheet includes:</p> <ul style="list-style-type: none"> - General information. - Staffing of the multidisciplinary pain unit. - Self-assessment with respect to the standards and criteria. - List of supporting documentation required. <p>Opinions from trainees are submitted separately to the faculty to maintain confidentiality.</p>
4a	For re-accreditation of units. Initial review of submission	- The submission is reviewed for compliance with by-law 19 and accreditation standards. Further information may be sought from the unit director. Once compliance has been determined reviewers will be appointed. A lead reviewer will be nominated. The unit will be informed and provided contact details for the lead reviewer.
		- The lead reviewer will review the submission and will clarify any issues with the unit director.
4b	For new applicants only . For new applications that are deemed by the chair, TUAC to be compliant with by-law 19, faculty standards and criteria	- Following approval by the chair, TUAC new applications for accreditation will be considered by TUAC at its next scheduled meeting. If the application is supported the unit will be contacted to nominate suitable dates and reviewers will be assigned. If the application is not supported, the unit will receive a letter from the faculty. In some cases, the faculty may seek further information from the unit before a review can be organised.
5	Dates, reviewers and program for the visit are co-ordinated	- The date and program will be co-ordinated by the faculty with the unit and lead reviewer at least three weeks prior to the visit. The unit director, supervisor of training, trainee(s) and a member of the senior hospital executive team must be available on the day of the visit.

Step	Activity	Details
		- Unavailability of key individuals will result in cancellation of the review (and potentially the suspension of accreditation for training).
6	Reviewers receive and review documentation prior to visit	<p>- The faculty will provide documentation to the reviewers at least two weeks prior to the review date:</p> <ul style="list-style-type: none"> • Completed datasheet and accreditation report. • Trainee opinion(s) (where applicable). • Recommendations following previous accreditations. • Schedule for the day. <p>- Any concerns identified in the information provided will be discussed by the lead reviewer and chair, TUAC prior to the site visit.</p> <p>Where the visit is conducted via videoconference, the trainee(s) will be interviewed prior to the review. This is usually undertaken week before the rest of the review and is not recorded.</p>
Review		
7	Introductory meeting with supervisor of training and unit director	- Process outlined and schedule of day discussed.
8	Interviews take place with the senior medical, allied health and nursing staff, trainees and members of the senior administration	<p>- The review will comprise of interviews with:</p> <ul style="list-style-type: none"> • The unit director. • The SOT • Trainees • All available FPM fellows and senior medical staff involved in training. • Senior members of the allied health and nursing staff. • A representative of the hospital administration. • Lead for acute pain service. • Head of palliative care service.
9	Facilities inspection	<p>- The inspection of the facilities will be brief and ensures there are:</p> <p>Appropriate consulting and examination rooms. Suitable office space and facilities for the members of the unit.</p> <p>- Operating suites will not be inspected as it will be assumed, based on the quantitative data collection, that the facilities of all institutions where trainees are working are accredited by ANZCA, the ACHS or HealthCERT (NZ) or equivalent.</p>

Step	Activity	Details
		<ul style="list-style-type: none"> - If the review is conducted virtually, the unit may supply a pre-recorded video tour or photos of the unit as well as a layout or site map as appropriate.
10	Reviewers meet together before convening with the unit director and SOT to discuss proposed recommendations	<ul style="list-style-type: none"> - An opportunity for reviewers to confidentially discuss their findings and recommendation(s) prior to meeting with the unit director. - The reviewers will feed back to the unit director and SOT and will take this opportunity to clarify all information gathered. - Any concerns that may impact on accreditation will be discussed.
Post review		
11	Reviewers draft a report and their recommendation(s)	<ul style="list-style-type: none"> - The report uses a standard template with a series of recommendations that relate to published accreditation standards and criteria.
12	TUAC receives the written and verbal report from the visitors at its next scheduled meeting and discusses the reviewers' recommendation(s)	<ul style="list-style-type: none"> - TUAC's recommendation will include one of those outlined in section 7.
13	A draft letter will be sent to the unit director to identify any factual inaccuracies	<ul style="list-style-type: none"> - The unit director will be provided a draft letter from the chair, TUAC to identify any factual inaccuracies. A reply will be sought within 10 business days following which the final letter will be forwarded to the Hospital's chief executive officer. Should a reply not be forthcoming, the letter of accreditation and/or recommendation(s) will be forwarded to the chief executive officer. The chair's decision re modification of the recommendations in the final correspondence will be final.
14	A letter will be drafted to the hospital CEO and the unit director with the agreed recommendations. For NZ-based units, a copy of the accreditation letter is sent to the Ministry of Health	<ul style="list-style-type: none"> - Where mandatory standards require redress, accreditation may be deferred until the unit has demonstrated how these will be met. All requirements must be met within timeframe(s) defined by TUAC. TUAC may recommend that the FPM Board withdraw accreditation in the event that there are significant breaches of FPM corporate policies, accreditation standards or failure to meet requirements in the provided timeframe.
15	FPM certificate of accreditation	<ul style="list-style-type: none"> - An FPM certificate of accreditation is provided to the training unit once all FPM accreditation standards have been met.

Step	Activity	Details
16	Identifying requirements	- The unit must identify how they will meet the requirements.
17	Feedback from the unit	- The unit will be given an opportunity to provide confidential feedback on the visit and process to the faculty. This may be used to inform process development and reviewer training.
18	Training unit to provide reports against the requirements and defined recommendations identified within the specified timeframes	- Reports addressing requirements and recommendations identified by the reviewers will be submitted to the faculty and considered by TUAC at their subsequent meetings.

4.2 Procedure of an off-schedule review initiated by the chair, TUAC

The chair, TUAC may initiate a unit review based on (i) previous accreditation data, or (ii) information received by the faculty to suggest that the unit's resource allocation or key personnel have changed in a manner as to adversely affect training and supervision, or (iii) that FPM/ANZCA's policies or by-laws have been breached. Unit reviews will be undertaken by correspondence and/or teleconference by the chair, TUAC, or his/her nominee from the committee. Initially units will be asked to concentrate their reports on area(s) previously identified by TUAC as being deficient.

Additional information or interviews may be sought to inform the decision making process. A written report based on the information gathered will be prepared and presented for consideration of TUAC at its next scheduled meeting.

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

5. Triggers for an accreditation review

Triggers for an accreditation review include:

- Routine re-inspection (each accredited unit is routinely reviewed at regular intervals).
- Initial request for accreditation.
- Request for a change in accreditation (for example, from a PDS training unit to a level one training unit).
- Out-of-sequence accreditation inspections requested by a unit, hospital or any committee of FPM, after review by chair or deputy chair, TUAC (this may lead to a more urgent inspection, depending on circumstances).

6. Criteria for accreditation

The accreditation standards are underpinned by criteria that are assessed during the accreditation process.

The datasheet provides quantitative information that will not be discussed in depth at the review. In some situations clarity or further detail may be sought. The review will focus on the qualitative aspects of supervision and training.

Table 6.1 Criteria underpinning each FPM accreditation standard

Accreditation criteria	Minimum requirements – Level one Unit	Minimum requirements – PDS unit	Mode of assessment
Standard 1 – Quality patient care			
All staff, with an appointment to the unit, must be credentialed by their institution for the duties and procedures they undertake.	Required	Required	Datasheet
There must be a minimum of eight scheduled clinical medical specialist sessions provided in the unit(s) and available to the trainee each week. Trainees should have access to four sessions per week where they can have direct supervision by an FPM Fellow.	Required Recommended	Required Not required	Datasheet
Trainees must have access to a range of medical specialist sessions in related areas. These sessions can be provided external to the pain management unit (for example, satellite sites) but must be in disciplines relevant to the management of patients with pain.	Required Regularly scheduled sessions must be demonstrable. The unit must demonstrate how they integrate multiple areas of medical expertise into the trainee’s suite of training.	Required	Accreditation review Datasheet (trainee timetable)
There must be a minimum of two full-time equivalent (FTE) senior medical staff to provide supervision to the trainee. A minimum	Required	Not applicable	Accreditation review Datasheet

of 1.0 FTE of this must be a FFP Fellow. Where there are more than two trainees in a unit an appropriate increase of 0.5 FTE specialist medical staff must be available to provide supervision.			
Nursing and allied health input to the multidisciplinary pain management unit must consist of a minimum of three FTE and is limited to: <ul style="list-style-type: none"> • Nursing • Clinical psychology • Occupational therapy • Exercise physiology • Physiotherapy 	Required Names and qualifications of staff holding appointments with the multidisciplinary pain unit	Not applicable	Datasheet
Quality improvement and audit. Trainees should be involved in audit and outcome data collection and presentation.	Required Does the unit participate in audit? Are outcome data collected and benchmarked against other similar units?	Required	Datasheet Accreditation review
FPM Fellows engagement with faculty activities (other than personal continuing professional development).	Required	Preferred	Datasheet
A specialist pain medicine physician or specialist anaesthetist must be available for consultation for patients under the care of the acute pain service 24 hours a day.	Required Discussion with lead clinician for acute pain service	Not applicable	Datasheet Accreditation review
For the acute pain service there must be	Required	Not applicable	Datasheet

at least one registered nursing session allocated each weekday.	Discussion with lead clinician for acute pain service (and director of anaesthesia, if relevant)		Accreditation review
Standard 2 – Clinical experience			
<p>There must be sufficient numbers of new patients per annum to provide the trainee with exposure to patients with:</p> <ul style="list-style-type: none"> • Acute perioperative, medical and trauma- related pain. • A breadth of patient diagnoses across chronic non-cancer pain. • Cancer pain. 	Required	Recommended	Datasheet Trainee report
Units must be able to offer training and experience in the following areas of clinical pain medicine practice.	<p>Required</p> <p>Triage of referrals Review of medical records History-taking and physical examination relevant to pain medicine (including a general physical examination) Psychological assessment and treatment Functional assessment of the patient Risk assessment Collaboration with referring doctors and other medical specialists Diagnosis and formulation of a patient with pain Development of a management plan Implementation of medical and</p>	Required	Accreditation review Trainee report

	<p>pharmacological management</p> <p>Referral for, and monitoring of, physical therapy</p> <p>Participation in multidisciplinary case discussion meetings</p> <p>Communication with the patient's general practitioner/referring specialist(s)</p> <p>Outcome assessment of individuals</p>		
Psychiatry and psychology	<p>Required</p> <p>Trainees must gain adequate exposure to observe and perform assessment interviews under the supervision of a psychiatrist and/or psychologist. These interviews should include initial and subsequent consultations, mental state examinations, brief simple mental health interventions and motivational interviewing.</p>	Required	<p>Datasheet (Trainee's timetable and trainee opinion)</p> <p>Accreditation review</p>
	<p>Psychiatry:</p> <p>Trainees must gain adequate exposure to the Psychiatric assessment and treatment of Pain patients.</p> <p>The Psychiatrist must be integrated into the multidisciplinary unit</p>	Required	<p>Datasheet (Trainee's timetable and trainee opinion)</p> <p>Accreditation review</p>
	<p>Psychology:</p> <p>Trainees must gain adequate exposure to the assessment and psychological management of Pain patients.</p>	Required	<p>Datasheet (Trainee's timetable and trainee opinion)</p> <p>Accreditation review</p>

	<p>The volume of exposure should enable the trainee to perform an adequate psychosocial assessment in the first six months of their CTS.</p> <p>The Psychologists must be integrated into the multidisciplinary unit</p>	Not applicable	
Formal case conferences	<p>Required</p> <p>Must be held at least weekly and involve trainees</p>	Required	<p>Datasheet</p> <p>Accreditation review</p>
Procedural sessions	<p>Recommended</p> <p>Trainees should be involved in the assessment and management and follow-up of patients undergoing procedures (where applicable). Trainees are not required to undertake procedures.</p>	Optional	<p>Data sheet</p> <p>Accreditation review</p>
In-patient rounds	<p>Required</p> <p>There must be regular, scheduled attendances to inpatients by the trainee with the consultant anaesthetist or specialist pain medicine physician as part of the acute pain service.</p> <p>A maximum of two acute pain sessions per week (on average over 44 weeks) may be counted towards training in the core training stage. During the initial period of training, these must be accompanied by a specialist. Following the first 11 weeks, a maximum of one session per week where the</p>	Not required	<p>Datasheet</p> <p>Accreditation review</p>

	trainee works with distant supervision may be accrued for training, if the trainee is deemed by the supervisor of training as adequately skilled.		
	Required Be able to demonstrate management of complex in-patients	Not applicable	Datasheet Accreditation review
Radiology review	Desirable Regular sessions are desirable	Preferred and compulsory if procedural practice is involved.	Datasheet (Trainee's timetable)
Demonstrate compliance with all FPM by-laws, professional documents and ANZCA/Faculty corporate policies	Required	Required	Datasheet Accreditation review
There must be multidisciplinary patient treatment programs	Required These programs must be co-ordinated by a minimum of three members of the multidisciplinary pain unit.	Required Trainees are expected to be involved in the multidisciplinary patient treatment programs. There may be more than one program per unit, not all of which are required to have multiple members of the multidisciplinary pain unit involved.	Datasheet Accreditation review
Standard 3 – Supervision			

Appropriate supervision levels	<p>Required</p> <p>Is there consistency between in-hours and out-of-hours supervision?</p> <p>Are there patterns of supervision that allow trainee progression towards independent practice?</p>	Required	<p>Datasheet</p> <p>Accreditation review</p> <p>Trainee opinion</p>
Adequate clinical support time available for supervisor of training to meet with trainees for in-training assessments and feedback	<p>Required</p> <p>Minimum of one session per fortnight for up to three trainees; one session per week for three or more trainees</p>	Required	
Standard 4 – Supervisory roles and assessment			
Appointment of one or more supervisors of training	<p>Required</p> <p>Has the SOT appointment been ratified by TAEC, and the SOT agreement signed?</p> <p>What was the last date of attendance at a SOT workshop?</p>	<p>Required</p> <p>Have the placement supervisor and PDS supervisor been approved?</p>	FPM staff
	<p>Does the SOT believe he/she has adequate time to supervise the trainee?</p>	<p>Does the PDS Supervisor/placement supervisor believe he/she has adequate time to supervise the trainee?</p>	Accreditation review
Orientation	<p>Required</p> <p>How is orientation to the training program, including relevant by-laws, provided to trainees?</p>	<p>Required</p> <p>It is expected the Supervisor provides orientation to future and current trainees regarding all by-laws pertaining to training and assessment and</p>	Accreditation review

		application to the faculty.	
	<p>Is the trainee orientated to the unit (and hospital, if applicable)?</p> <p>Does this orientation include an introductory interview? The faculty's mentorship program should be encouraged.</p>	Required	<p>Datasheet</p> <p>Accreditation review</p> <p>Trainee survey</p>
Performance of workplace-based assessments	<p>Number performed per trainee in previous 12 months.</p> <p>Are multiple FPM Fellows contributing to assessments?</p>	Required	<p>Data sheet</p> <p>Accreditation review</p>
Standard 5 – Education and teaching			
There must be regularly scheduled educational sessions for all staff	There should be a minimum of one scheduled session per month involving all staff.	Required	<p>Datasheet (Schedule of meetings for previous six months)</p> <p>Accreditation review</p>
Provision of education to junior medical staff including registrars, residents, interns and medical students	Trainees should be involved in the education of their peers and junior medical, nursing and allied health staff.	Required	<p>Accreditation review</p> <p>Trainee survey</p>
<p>The trainee(s) in pain medicine must have access to a formal tutorial program.</p> <p>(This could be the FPM Centralised Trainee Tutorial Program)</p>	<p>Required</p> <p>It is expected that members of the multidisciplinary pain unit participate in the educational experiences of trainees.</p>	Required	<p>Data sheet</p> <p>Accreditation review</p> <p>Trainee opinion</p>

Trainees should be provided with leave to attend FPM clinical skills courses. Trainees are also encouraged to attend the annual FPM Symposium and Spring Meeting.	Required	Required	FPM staff Accreditation review Trainee survey
There should be an active research and audit program.	Required Trainees must be encouraged to contribute to scholarly activities including research and audit.	Not applicable	Accreditation review
Standard 6 – Facilities			
The trainee must have access to appropriate office space and technology	Required	Required	Accreditation review
Suitable office space and facilities for members of the unit	Required Ideally this should be co-located.	Required	Accreditation review
A comprehensive (ideally electronic) patient record system	Required Documentation of treatment protocols and procedures for patients	Required	Accreditation review
Appropriate consulting and examination rooms are essential Units provide a safe working environment for all staff and be in compliance with local occupational health and safety laws.	Required These may be part of a communal outpatient department.	Required	Accreditation review
Appropriate procedure rooms with adequate equipment and staffed by appropriately qualified nurses, technicians and	Anaesthesia and resuscitation equipment must comply with ANZCA professional	Not required unless it is a unit that does procedures	Datasheet

radiographers as required	document PS55 <i>Recommendations on Minimum Facilities for Safe Administration of Anaesthesia in Operating Suites and Other Anaesthetising Locations.</i> Recovery facilities and procedures must comply with ANZCA professional document PS04 <i>Recommendations for the Post-Anaesthesia Recovery Room.</i>		
Access to private office space that allows for confidential conversations with trainees	Required	Required	Accreditation review
Adequate time for the unit director to attend to administrative duties	Required Specialist medical staff require adequate clinical support time and assistance in order to meet the administrative tasks commensurate with their roles.	Required	Accreditation review
Adequate administrative assistance to the unit (clinical staff should not be required to do administrative tasks such as scheduling patients)	Required	Required	Accreditation review
Standard 7 – Clinical governance			
There is an organisational statement of patient rights and responsibilities.	Required	Required	Accreditation review

The organisation supports the health and wellbeing of its staff via local OHS/WHS laws	Required	Required	An employee assistance program or other support services
The organisation provides for confidential avenues for dispute resolution where conflict exists between a trainee and their supervisor.	Required	Required	Accreditation review
Compliance with safe work hours is part of trainee's contract.	Required	Required	Datasheet (What are the average, daily rostered hours for the trainee? What are the average, weekly on-call rostered hours for the trainee?)
Trainees are appointed to training positions on the basis of merit, without evidence of discrimination in accordance with ANZCA/FPM policy.	Required	Required	
There is a workplace organisational policy on bullying, discrimination and harassment.	Required	Required	Accreditation review
There is compliance with the FPM and College corporate policies relative to training.	Required Corporate policies include but are not limited to: - Academic integrity policy - Conflict of interest policy - Policy on bullying, discrimination and harassment for	Required	

	<p>Fellows and trainees acting on behalf of the College or undertaking College functions</p> <p>- Privacy policy</p>		
<p>The multidisciplinary pain management unit demonstrates cultural safety specifically related to indigenous and culturally and linguistically diverse populations.</p>	<p>Required</p>	<p>Required</p>	<p>Datasheet Accreditation review</p>

7. Accreditation recommendations

The FPM accreditation process works on the principal of concerns being either a requirement or a recommendation.

Following a training unit visit, TUAC will make one of the following decisions:

For units previously accredited:

- Where TUAC identifies a number of requirements that need to be addressed, the unit is accredited as a level one/Practice Development Stage unit to provide FPM training for up to three years followed by a further review. Timeframes for reporting against progress of compliance with requirements will be specified.
- The maximum period of accreditation as a level one/Practice Development Stage unit for FPM training will be five years. Timeframes for reporting against progress of compliance with recommendations will be specified.
- TUAC may suspend accreditation pending requirements being addressed.
- That the FPM Board withdraw accreditation for training from the unit.

For new applicants:

- Provisional accreditation will be as a level one/Practice Development Stage unit to provide FPM training for 12 months. After 12 months, further evidence will be sought from the unit to clarify information obtained by the reviewers and the recommendations previously made. This will be combined with all correspondence received in answer to TUAC's concerns. Consolidated confidential trainee reports will be included. A minuted videoconference between the unit director and a member of TUAC nominated by the chair (+/- the prior lead reviewer) to discuss concerns raised at the initial review may be necessary before an additional two years of accreditation for FPM training can be considered. Progress towards resolution of recommendations made by TUAC must be demonstrated within specified times.
- The unit is not accredited for FPM.

Reports requested by TUAC must address the key issues previously identified.

8. Accreditation documentation

Documentation required prior to an accreditation review

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

- Multidisciplinary training unit datasheet
The unit undertakes a detailed self-assessment of its performance against the FPM accreditation standards and associated criteria. This assists the unit in understanding its performance and flags areas for attention by the accreditation team during the accreditation review.
- Other documentation to be submitted with the datasheet:
 - Staff rosters including daily schedules and on-call rosters.
 - Formal teaching and tutorial programs.
 - Trainee roster

- Unit continuing medical education programs.
- Unit quality assurance programs.
- Any other documentation that demonstrates compliance with the FPM accreditation standards.
- Additional documentation to be submitted if review is conducted by videoconference:
 - Site map
 - Photos or pre-recorded video tour of the unit to be presented on the day of the review
- Trainee experience survey
This seeks trainees' views of the training experience provided by the unit, as underpinned by the seven FPM accreditation standards. This is completed electronically by trainees and submitted directly to the faculty. These are confidential to the inspection team and chair, TUAC (or his/her nominee), and are not shared with senior staff of the department.

A trainee experience survey may be requested in other circumstances, for example, as part of regular monitoring processes if concerns have been raised about the training experience in a unit.

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

9. Departmental checklist for the accreditation review

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

Table 9.1 Departmental checklist for the accreditation review

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

10. Accreditation review program template

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

Table 10.1 Template program for an accreditation review

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

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

11. Withdrawal of accreditation

The Board of Faculty of Pain Medicine may withdraw accreditation from a training unit where compliance with FPM accreditation standards and criteria has not been met, and where this has a significant negative impact on the quality of training provided.

FPM is keen to work with training units to meet recommendations. Unit directors, supervisors of training or other staff members are encouraged to contact the faculty confidentially to discuss matters of concern.

Existing FPM trainees will not be disadvantaged by any faculty decisions in relation to withdrawal of accreditation for training.

11.1 Suspension of accreditation

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

If a decision is made to suspend accreditation, TUAC will write to the hospital CEO and the unit and detail the requirements to be met during this timeframe. Once the requirements are achieved the unit should advise TUAC in writing and a recommendation to lift the suspension will be considered at the next TUAC meeting. If the unit is unable to achieve the requirements within the timeframe the unit may have its accreditation for training withdrawn.

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

12. Processes of reconsideration, review and appeal

FPM accreditation decisions, including those made by the Training Unit Accreditation Committee and the FPM Board, are subject to processes of reconsideration and review under regulation 30 followed by appeal under regulation 31.

13. Faculty contact details

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

Phone: +61 3 8517 5337

Email: fpm@anzca.edu.au

Mail: **Faculty of Pain Medicine**
ANZCA House
PO Box 6095
St Kilda Road Central VIC 8008
AUSTRALIA

Change control register

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