Multidisciplinary Training Unit (MPU) data sheet  
For use by multidisciplinary units seeking Practice Development Stage accreditation for pain medicine

*The accreditation process is governed by* [*by-law 19*](https://www.anzca.edu.au/education-training/training-site-accreditation/pain-medicine-training-sites) *and the* [*FPM Accreditation Handbook*](https://www.anzca.edu.au/education-training/training-site-accreditation/pain-medicine-training-sites)*. Please read these documents prior to completing this form.*

*Queries can be answered at* [fpm@anzca.edu.au](mailto:fpm@anzca.edu.au)

## Section 1 – General & administrative

|  |  |
| --- | --- |
| Name of hospital / training unit: |  |
| Address: |  |
| Unit Phone No. |  |
| Satellite sites involved in training: |  |
| (Name and address of satellite sites – max 3) | 1. |
| 2. |
| 3. |
| MPU Unit Director: |  |
| Email address of MPU Unit Director: |  |
| Mobile phone number for MPU Unit Director: |  |
| Practice Development Stage Supervisor: |  |
| Placement Supervisor/s: |  |
| Director of Medical Services: |  |
| Chief Executive Officer |  |
| Email address of Chief Executive Officer: |  |
| Is the unit involved in delivering the Procedures Endorsement Program: |  |
| Is the Unit accredited for training by the RACP (Ch PM)? | Yes / No  If yes, how long is the accreditation for: |

**Declaration**

I confirm that the unit meets all the standards for accreditation for training as a Practice Development Stage Multidisciplinary Pain Unit (MPU).

I certify that the information given in this document is correct and may be considered by the Board of the Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists in respect of this unit’s application for accreditation for training in pain medicine.

Unit Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chief Executive Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Please submit the following documents with your completed datasheet

Attachments to be submitted with the datasheet:

* Staff rosters including daily schedules and on-call rosters that outline the sites and supervision arrangements in place.
* Formal teaching and tutorial programs. (Please include schedule from the previous six months)
* Unit continuing medical education programs.
* Unit quality assurance programs.
* Other information that demonstrates compliance with the FPM accreditation standards.

An electronic trainee/SIMG experience survey will be distributed to current and recent trainees and SIMGs at your unit following submission of the datasheet and prior to the accreditation visit. Survey results are confidential to the Faculty staff, inspection team and Chair Training Unit Accreditation Committee (or his/her nominee).**M office use only**

## Section 2 Faculty of Pain Medicine Training

**2.1** How many FPM trainees do you have in your unit? \_\_\_\_\_\_\_\_\_\_\_\_\_

**2.2** Please provide an overview of your trainees

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Trainee name | Training stage: Practice Development/Other/PEP | Supervisor | FTE | *Reviewer use Interviewed? (yes/no)* |
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**2.3** Please provide an overview of any SIMGs working at the unit

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| --- | --- | --- | --- | --- |
| Name | Duration of CPA | Supervisor | FTE | *Reviewer use Interviewed? (yes/no)* |
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**2.4** Please provide an overview of your staffing (excluding FPM trainees)

**FFPMANZCAs**

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| --- | --- | --- | --- |
| Name | site | FTE | *Reviewer use Interviewed? (yes/no)* |
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**Other senior medical staffing**

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| --- | --- | --- | --- | --- |
| Name | Discipline | site | FTE | *Reviewer use Interviewed? (yes/no)* |
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**Nursing and Allied Health Staff**

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| --- | --- | --- | --- | --- |
| Name | Discipline | site | FTE | *Reviewer use Interviewed? (yes/no)* |
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## Section 3– Accreditation Criteria

# Standard 1 – Quality Patient Care

| **Accreditation criteria** | **Requirement** | **Unit comment** | **Reviewer assessment / comment** |
| --- | --- | --- | --- |
| All staff, with an appointment to the unit, must be credentialled by their institution for the duties and procedures they undertake. |  |  |  |
| 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 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. | 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.  The timetable should demonstrate the location, supervisory arrangements. |  |  |
| Quality improvement and audit. Trainees should be involved in audit and outcome data collection and presentation. | Does the unit participate in audit?  Are outcome data collected and benchmarked against other similar units? |  |  |
| FPM Fellows engagement with faculty activities (other than personal continuing professional development) | Preferred |  |  |

# Standard 2 – Clinical experience

3.1 What is the approximate number of beds available at your hospital? \_\_\_\_\_\_\_\_\_\_\_

Does the Multidisciplinary Pain Management Unit have access to inpatient beds?

3.2 On average over the last three years, how many new patients were referred per year with:

Acute pain \_\_\_\_\_\_\_\_\_\_\_

Chronic non-cancer pain \_\_\_\_\_\_\_\_\_\_\_

Cancer-related pain \_\_\_\_\_\_\_\_\_\_\_

On average how many times are patients in each of these groups seen?

Acute pain \_\_\_\_\_\_\_\_\_\_\_

Chronic non-cancer pain \_\_\_\_\_\_\_\_\_\_\_

Cancer-related pain \_\_\_\_\_\_\_\_\_\_\_

| **Accreditation criteria** | **Requirement** | **Unit comment** | **Reviewer assessment/comment** |
| --- | --- | --- | --- |
| There must be sufficient numbers of new patients per annum to provide the trainee with exposure to patients with:   * Acute perioperative, medical and trauma- related pain. * A breadth of patient diagnoses across chronic non-cancer pain. * Cancer pain. | The unit should demonstrate the complexity of case mix in consideration of the breadth of the curriculum |  |  |
| Units must be able to offer training and experience in the following areas of clinical pain medicine practice. | * Triage of referrals * Review of medical records * History-taking and physical examination relevant to pain medicine (including a general physical examination) * Psychological assessment and treatment * Functional assessment of the patient * Risk assessment * Collaboration with referring doctors and other medical specialists * Diagnosis and formulation of a patient with pain * Development of a management plan * Implementation of medical and pharmacological management * Referral for, and monitoring of, physical therapy * Participation in multidisciplinary case discussion meetings * Communication with the patient’s general practitioner/referring specialist(s) * Outcome assessment of individuals |  |  |
| Psychiatry and psychology | Trainees must gain adequate exposure to observe and perform assessment interviews under the supervision of a psychiatrist and/or psychologist. These interviews should include initial and subsequent consultations, mental state examinations, brief simple interventions and motivational interviewing. |  |  |
| Psychiatry:   * Trainees must gain adequate exposure to the psychiatric assessment and treatment of pain patients.   The psychiatrist must be integrated into the multidisciplinary unit. |  |  |
| Psychology:   * Trainees must gain adequate exposure to the assessment and psychological management of pain patients.   The psychologists must be integrated into the multidisciplinary unit. |  |  |
| Formal case conferences | Must be held at least weekly and involve trainees |  |  |
| Procedural sessions | Optional for PDS units:  Trainees should be involved in the assessment, management and follow-up of patients undergoing procedures (where applicable). Trainees are not required to undertake procedures |  |  |
| Radiology review | Preferred and compulsory if procedural practice is involved. |  |  |
| Demonstrate compliance with all FPM by-laws, professional documents and ANZCA/Faculty corporate policies |  |  |  |
| There must be multidisciplinary patient treatment programs | 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.  The unit must demonstrate that trainees participate in multidisciplinary led treatment programs. |  |  |

# Standard 3 – Supervision

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| --- | --- | --- | --- |
| **Accreditation criteria** | **Requirement** | **Unit Comment** | **Reviewer assessment/comment** |
| Appropriate supervision levels | Is there consistency between in-hours and out-of-hours supervision?  Are there patterns of supervision that allow trainee progression towards independent practice? |  |  |
| Adequate clinical support time available for supervisor of training to meet with trainees for in-training assessments and feedback | Minimum of one session per fortnight for up to three trainees; one session per week for three or more trainees |  |  |

# Standard 4 – Supervisory roles and assessment

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| --- | --- | --- | --- |
| **Accreditation criteria** | **Requirement** | **Unit Comment** | **Reviewer assessment/comment** |
| Appointment of one or more supervisors of training | Have the placement supervisor and PDS supervisor been approved? |  |  |
| Does the PDS Supervisor/placement supervisor believe he/she has adequate time to supervise the trainee? |  |  |
| Orientation | It is expected the Supervisor provides orientation to future and current trainees regarding all by-laws pertaining to training and assessment and application to the faculty. |  |  |
| Is the trainee orientated to the unit (and hospital, if applicable)?  Does this orientation include an introductory interview? |  |  |
| Performance of workplace-based feedback and submission of ITAs | Number performed in last 12 months  Are multiple fellows contributing to this? |  |  |

# Standard 5 – Education and teaching

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| --- | --- | --- | --- |
| **Accreditation criteria** | **Requirement** | **Unit Comment** | **Reviewer assessment/comment** |
| There must be regularly scheduled educational sessions for all staff that can be accessed by trainees and SIMGs. | There must be a minimum of one scheduled session per month involving all staff. |  |  |
| Provision of education to junior medical staff including registrars, residents, interns and medical students. | Trainees must be involved in the education of their peers and junior medical, nursing and allied health staff. |  |  |
| The trainee(s) in pain medicine must have access to a formal tutorial program. | Members of the multidisciplinary pain unit must participate in the educational experiences of trainees. |  |  |
| Trainees should be given time to attend the faculty’s weekly centralised trainee tutorials. | Preferred |  |  |
| 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. |  |  |  |

# Standard 6 – Facilities

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| **Accreditation criteria** | **Requirement** | **Unit Comment** | **Reviewer assessment/comment** |
| The trainee must have access to appropriate office space and technology |  |  |  |
| Suitable office space and facilities for members of the unit, ideally co-located | Ideally this should be co-located. |  |  |
| A comprehensive (ideally electronic) patient record system  Documentation of treatment protocols and procedures for patients | Documentation of treatment protocols and procedures for patients |  |  |
| 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. | These may be part of a communal outpatient department. |  |  |
| Appropriate procedure rooms with adequate equipment and staffed by appropriately qualified nurses, technicians and radiographers as required | Not required for PDS units unless a unit that does procedures  ANZCA accreditation for training (in all hospitals hosting ANZCA trainees)  ACHS (Australia and Hong Kong) accreditation HealthCERT (NZ) accreditation Private Hospitals & Medical Clinics (PHMC) Act/Regulations under Ministry of Health in Singapore |  |  |
| Access to private office space that allows for confidential conversations with trainees |  |  |  |
| Adequate time for the unit director to attend to administrative duties. | Specialist medical staff require adequate clinical support time and assistance in order to meet the administrative tasks commensurate with their roles. |  |  |
| Adequate administrative assistance to the unit. (Clinical staff should not be required to do administrative tasks such as scheduling patients, transcription.) |  |  |  |

# Standard 7 – Clinical Governance

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| --- | --- | --- | --- |
| **Accreditation criteria** | **Requirement** | **Unit Comment** | **Reviewer assessment/comment** |
| There is an organisational statement of patient rights and responsibilities. |  |  |  |
| The organisation supports the health and wellbeing of its staff via local OHS/WHS laws. |  | Is there an employee assistance program or other support service available? |  |
| The organisation provides for confidential avenues for dispute resolution where conflict exists between the trainee and their supervisor. |  |  |  |
| Compliance with safe work hours is part of trainee’s contract. |  | * 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. |  |  |  |
| There is a workplace organisational policy on bullying, discrimination and harassment. |  |  |  |
| There is compliance with the FPM and College corporate policies relative to training. | Corporate policies include but are not limited to:   * Academic integrity policy * Conflict of interest policy * Policy on bullying, discrimination and harassment for Fellows and trainees acting on behalf of the College or undertaking College functions * Privacy policy |  |  |
| The multidisciplinary pain management unit has a statement demonstrating cultural safety specifically related to indigenous populations. | Preferred |  |  |

**Issues Raised at Previous Accreditation Visit (if applicable)**

Please comment briefly in response to each of the recommendations.

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| --- | --- |
| **Requirements and recommendation**  **(as identified in the last accreditation letter) (if applicable)** | **Unit’s comments regarding progress towards compliance** |
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# Notes of Interviews by Accreditation Team (FPM Reviewer Use Only)

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| **Interview with:** | **Notes:** |
| **Unit Director** |  |
| **Hospital Administration**  Names and roles: |  |
| **Practice Development Stage Supervisor / Placement supervisors** |  |
| **Trainees:** |  |
| **SIMGs (if applicable):** |  |
| **Senior medical staff:** |  |
| **Tour of facilities:** |  |
| **Heads of relevant units:**  Names and roles: |  |

**Summary of the final discussion with the unit director.**

*(Document to be signed by TUAC reviewers and Unit Director at the conclusion of the meeting)*

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# Visitors’ narrative (FPM use)

*Please include a global statement relating to how the unit performs against each of the accreditation criteria:*

## Standard 1 – Quality patient care

## Standard 2 – Clinical experience

## Standard 3 – Supervision

## Standard 4 – Supervisory roles and assessment

## Standard 5 – Education and teaching

## Standard 6 – Facilities

## Standard 7 – Clinical governance

# Visitors’ proposed recommendations (FPM use)

Recommendations and requirements need to be written using the *SMART* criteria (specific, measurable, achievable, realistic and time bound)

A requirement relates to an area(s) where the unit isn’t substantially comparable with the handbook and by-law.

|  |  |
| --- | --- |
| Requirement / Recommendation | Description of recommendation/requirement |
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**Visitors’ narrative and recommendations**

# Recommended accreditation duration (not for discussion with Unit)

**For a multidisciplinary pain management unit seeking accreditation for the first time**:

* That the unit be provisionally accredited as a Practice Development Stage (PDS) MPU to provide FPM training for 12 months followed by a further review.
* The unit is not accredited for FPM training

**For a multidisciplinary pain management unit seeking reaccreditation (please check the appropriate box)**:

*Units are likely to be accredited for up to three years when there are a number of requirements to be addressed. Units are likely to be accredited for five years when there is compliance with all / most areas in the FPM Accreditation Handbook and By-law 19.*

*If the reviewers are recommending accreditation be withdrawn or suspended a written report outlining the rationale for this recommendation must be submitted with the report and discussed with the Chair, TUAC*

* That the unit be accredited as a PDS MPU to provide FPM training for a period of up to **3 years** followed by a further review.
* That the unit be reaccredited as a PDS unit for FPM training for a period of up to **5 years** followed by a further review.
* That the Board of Faculty suspend accreditation for training from the unit.
* That the Board of Faculty withdraw accreditation for training from the unit

**Please provide comments re the strengths of this unit for training.**

# Faculty Office Use:

Date of site visit: Reviewers:

Date of TUAC meeting at which reviewer’s report was considered:

Duration of accreditation for training recommended by TUAC:

Summary of recommendations to be implemented and timeframe for implementation:

Date of next TUAC review: