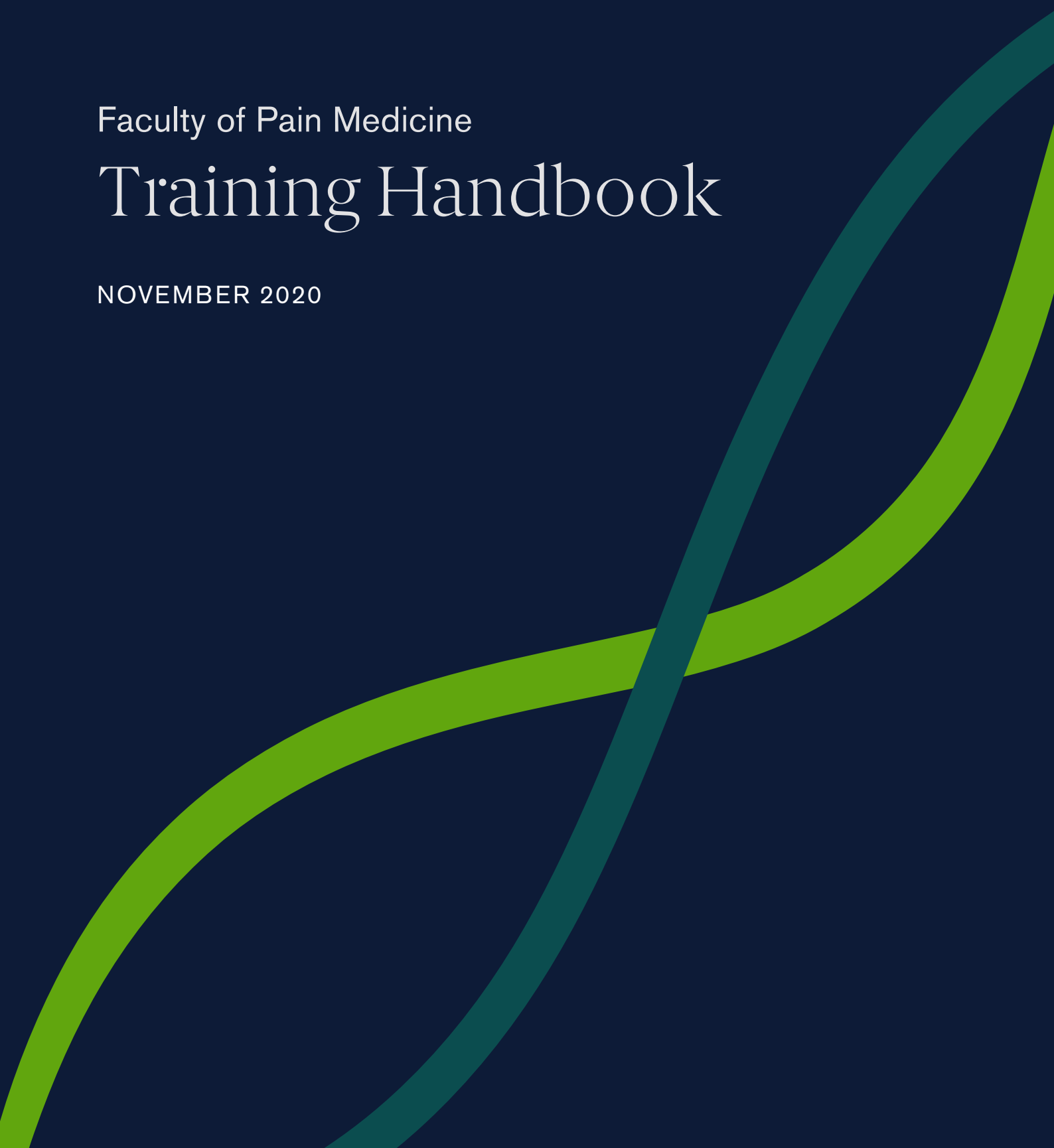


FPM  
ANZCA

Faculty of Pain Medicine

# Training Handbook

NOVEMBER 2020



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## 1. Introduction

Fellowship of the Faculty of Pain Medicine (FPM) is a post-specialisation qualification in Australia and New Zealand. Trainees 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.

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

Completion of the program entitles a trainee 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 a trainee must have a [primary specialist qualification](#) acceptable to the board of the Faculty and complete the requirements of the training program.

### 1.1 Overview of the program

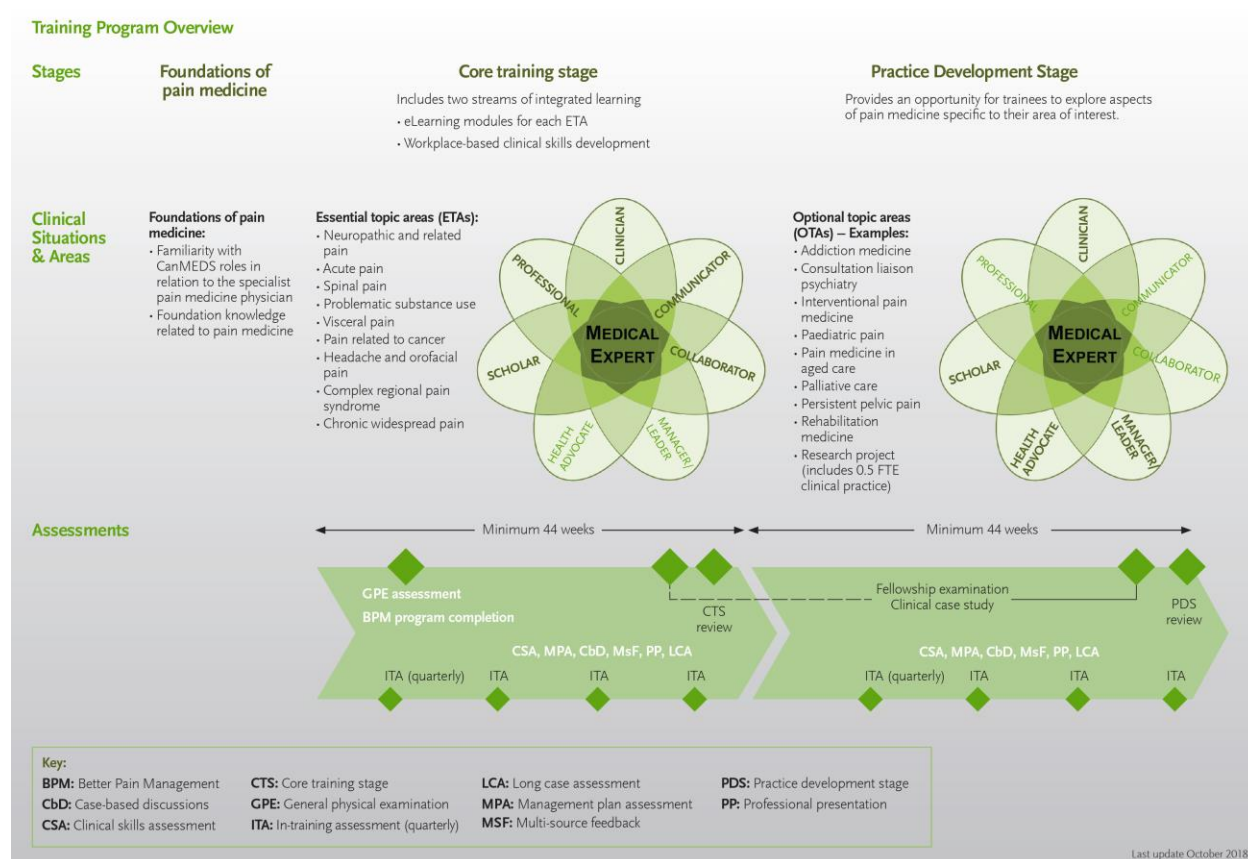
The program comprises a minimum of two years (88 weeks) full-time equivalent (FTE) of approved clinical experience directly related to pain medicine, distributed over two mandatory stages. Each training stage comprises 44 weeks of clinical activity (one hospital employment year). The core training and practice development stages are directly relevant to the practice of the discipline of pain medicine and enable trainees to develop practical clinical skills in a supervised learning environment. [Orientation videos](#) are available online via Networks.

The Faculty publishes [a training stage timeline](#) on the website to assist trainees plan their training.

#### Foundations of Pain Medicine

Applicants for Faculty of Pain Medicine (FPM) training need to become thoroughly familiar with the Conceptual basis of pain medicine section of the [curriculum](#) to ensure preparation for the program. The online modules which form the Better Pain Management (BPM) program also need to be completed within the first 11 weeks of training. See Section 4 Foundations of pain medicine.

Diagram 1.1: Training program overview



## 1.2 By-laws and policies

By-law 3, Admission to Fellowship, and by-law 4, Faculty of Pain Medicine Training Program, govern the FPM training program and take precedence over the contents of this handbook should there be any conflict between the two. The Board of the Faculty of Pain Medicine is responsible for making, amending and repealing all by-laws.

Trainees agree to abide by Faculty by-laws and [corporate policies](#), such as those regarding academic integrity, privacy, bullying and harassment and social media.

## 2. Training roles and responsibilities

### 2.1 Supervisors of training

The supervisor of training (SoT) is the FPM representative with respect to training within an accredited training unit. Supervisors of training are broadly responsible for pain medicine training at each FPM-accredited training unit. They have a thorough understanding of and experience in Faculty activities and liaise with registered trainees and hospital authorities on matters related to training, as well as with the central administration of the Faculty. They oversee each trainee's clinical performance and workplace-



based progressive feedback, and perform in-training assessments and training stage reviews throughout the core training stage.

Supervisors of training are appointed for a three-year period following nomination by the director of the unit, approved by the FPM Training and Assessments Executive Committee and notified to the Faculty board. They must complete a supervisor of training agreement and fulfil ongoing teaching and learning requirements as determined by the Faculty.

While supervisors of training are expected to keep a copy of all in-training assessments completed under their supervision, it is the responsibility of trainees to ensure the relevant documentation is held within a personal learning portfolio and submitted to the Faculty in the required timeframes.

## 2.2 Supervision during the practice development stage

During the practice development stage trainees may design a program that includes placements in units that may or may not be accredited by the Faculty or be directly supervised by a Faculty Fellow. Nonetheless during this training stage trainees will be supervised locally by a placement supervisor and will also have a practice development stage supervisor who oversees their program.

### **Practice development stage supervisor**

Trainees must nominate a supervisor at the time of submitting their practice development stage (PDS) proposal. This practice development stage supervisor will be approved by the Faculty assessor and will be required to sign a PDS supervisor agreement at the time of submission of the PDS proposal.

The practice development stage supervisor oversees the trainee's progression and performs in-training assessments, the multisource feedback WBPF and a practice development stage review. They may not be local to the trainee and/or placement supervisor(s) but will maintain regular contact as appropriate.

A practice development stage supervisor must be a Fellow of the Faculty practicing pain medicine but does not need to be a Faculty supervisor of training. They should have a good understanding of the training program and will be encouraged to participate in supervision workshops organised by the Faculty.

### **Placement supervisors**

Trainees must nominate a supervisor for each placement in their PDS program. The placement supervisor does not need to be a Fellow of the Faculty but must be approved by the Faculty assessor. They will be required to sign a placement supervisor agreement at the time of submission of the PDS proposal.

The placement supervisor oversees the trainee's clinical performance and workplace-based progressive feedback during the placement(s) at the nominated training site providing regular feedback to the trainee. They will have regular contact with the practice development stage supervisor and will provide feedback on the trainee's placement to the practice development stage supervisor including provision of feedback on the trainee's placement.

A Faculty Fellow may undertake both the practice development stage supervisor and placement supervisor roles.

## 2.3 Workplace-based assessors

Any Fellow of the Faculty or a placement supervisor may perform workplace-based progressive feedback tools.

## 2.4 Faculty assessor

The Faculty assessor applies the by-laws relating to the FPM training program on behalf of the Faculty board. All trainee applications are reviewed and approved individually by the Faculty assessor. The assessor reviews and approves the training record on several of occasions during training, especially at the time of the review of the practice development stage proposal, completion of training and the application for admission to Fellowship.

## 2.5 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 the clinical experience 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, recording of experiences in their learning portfolio, attendance at courses, participation in training-related activities such as supervisory feedback and reviews, as well as completion of assessments.
- Actively participate in self-assessment and reflect on feedback received and strive to improve their performance in line with training requirements.
- Seek appropriate assistance and support in situations where difficulty is experienced or where novel clinical experiences arise.

Upon registration for FPM training and annually during training, all trainees sign the FPM Training Agreement, which outlines the responsibilities of the trainee and those of the Faculty.

## 2.6 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 [regulation 23](#).

## 2.7 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.

The core training stage is incremental, cumulative and integrative in its structure and is implemented in a hybrid delivery program, with online, interactive and group-learning opportunities.

The nine essential topic areas (ETAs) have been chosen as extensions of the clinician role in the core training stage. They are areas considered sufficiently important to warrant [online resources](#) to be delivered by the Faculty.

The practice development stage provides an opportunity for trainees to explore aspects of pain medicine not covered in detail during the core training stage. Alternatively, further time can be spent consolidating knowledge and skills from prior of training.

Examples of appropriate areas of activity for the practice development stage, to be known as optional topic areas (OTAs), include but are not limited to:

- Addiction medicine
- Chronic pelvic pain
- Consultation liaison psychiatry
- Paediatric pain medicine
- Pain medicine in aged care
- Palliative care
- Physical interventions
- Rehabilitation medicine
- Research project (includes 0.5 FTE clinical practice).

Learning objectives for an optional topic area need to be developed by the trainee together with their placement supervisor and articulated in the practice development stage proposal.

The core training stage is incremental, cumulative and integrative in its structure and is implemented in a hybrid delivery program, with online, interactive and group-learning opportunities.

### 3. Getting started with FPM training

#### 3.1 Applying to become a trainee

##### Pre-requisites/selection criteria

Training in pain medicine is a post-specialisation program that requires applicants to have either completed or be training towards a primary specialist qualification.

To be eligible to register for FPM training, applicants must have completed at least three years full-time equivalent training within that primary specialty.

Training in pain medicine may be pursued concurrently with training towards a primary qualification. Trainees will need to fulfil all training and assessment requirements of the FPM training program, independently of the requirements of the primary college, faculty or chapter.

Applicants are not required to secure a training position prior to application, but must do so before commencing the core training stage. 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.

The eligibility and application criteria for training are defined in by-law 4.1

### Application process

The applicant must submit the application for FPM training form, pay the non-refundable training application fee and provide the following supporting documentation:

- A copy of the birth certificate or the identity page of a current passport, certified by a justice of the peace (JP) or equivalent authority#.
- A self-signed and dated passport photograph taken within the previous 12 months.
- The original diploma for the primary medical qualification, or a copy certified by a JP or equivalent authority#.
- The original diploma for the primary specialist qualification, or a copy certified by a JP or equivalent authority# or letter from the primary college certifying the applicant is a current trainee having completed three years of training and not subject to any formal remediation review process.
- Evidence of medical registration.
- A signed declaration authorising the Faculty to access and to retain all information necessary for training purposes.

# Equivalent authority – justice of the peace or equivalent (where relevant for other countries); for Australia and New Zealand refer:

<http://www.justice.vic.gov.au/home/justice+system/legal+assistance/justice+of+the+peace/>  
<http://www.jpfed.org.nz/>

Payment of the annual training fee and submission of the training agreement must be completed before commencing the core training stage.

### Change of name

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.

### Document certification

Photocopies of the medical degree and primary specialist qualification must be certified. Applicants who are completing their primary specialist qualification must provide a letter from their primary college indicating they are a current trainee of the training program having completed three years. The following information must be written on the certified copy:

- Certified true copy of original document.
- Date of certification.
- Signature of certifier.
- Name and position of the certifier.

The following application requirements should be carefully noted:

- Application with the Faculty must occur prior to commencement of training to allow adequate time for relevant training components of introductory training to be met.
- Applications cannot be processed until the Faculty receives all required documentation.

### Privacy

During training, the Faculty collects and holds personal information for individual 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

Applicants must apply for FPM training prior to commencing pain medicine training. To enable trainees to make the most of their training time right from their first day, a number of resources have been made available to applicants to allow them to complete pre-reading and the online Better Pain Management program modules to ensure that when they start their pain medicine training they have a foundation of knowledge. Refer to Section 4.1 for further information.

Application for training entitles applicants access to the online Better Pain Management program.

Applicants will be provided with:

- Provision of a College ID and password to access the FPM website.
- Access to the Better Pain Management Program on the Networks website for completion.
- Access to online library resources; online journals, online textbooks, databases, resources for research and useful links.
- Access to Faculty information via the bi-monthly *Training e-Newsletter*, *Synapse* and electronic information about upcoming conferences and activities.

Prior to commencing the core training stage the applicant must pay the annual training fee and submit the training agreement.

## 3.2 Training fee structure

**Fees** are determined by the FPM Board and ANZCA Council each year as part of the annual budgeting process.

The application for training fee paid at the time of applying for FPM training covers administrative costs and access to the online Better Pain Management program and pre-reading resources.

Trainees pay an annual training fee to cover every month of approved training. In their 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 January 31 each year. Trainees who fail to pay by March 31 are deemed to have withdrawn from the FPM training program (refer to by-law 4.11.1).

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 training will be eligible for pro rata annual training fees as outlined in by-law 4.

Trainees spending the entire year in interrupted training or who have completed their training time requirement will be required to pay a registration maintenance fee.

Fees for an external long case assessment, the fellowship examination or attendance at courses are payable at the time of application to these activities.

### 3.3 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 the FPM, the employing authority undertakes to appoint pain medicine trainees according to ANZCA's selection principles as outlined in Section 3.2 of the [ANZCA Handbook for Training and Accreditation](#).

The FPM accredits units for training in pain medicine. They are classified as level 1 or level 2 units. Level 1 units accredited for training in pain medicine are multidisciplinary pain units meeting all the standards outlined in bylaw 19, *Accreditation of units offering training in pain medicine*. Level 2 units are those deemed to have significant strengths in certain area/s of pain medicine, but not the breadth of practice required to satisfactorily meet the full requirements of a level 1 unit as outlined in [by-law 19](#).

Prospective trainees should approach [accredited training units](#) to inquire about the availability of training positions.

### 3.4 Flexible training

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

- Part-time training.
- Interrupted training.

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.

Trainees considering undertaking these variations during training should understand the possible implications to their training pathway as outlined in [by-law 4.14](#).

### 3.5 Illness and disability

The Faculty recognises that, on occasion, trainees either may not be able to perform their duties adequately owing to illness or disability, or may need special assistance as a result of other personal difficulties. Trainees in this situation should contact the Faculty to discuss their training options.

#### Fitness to practise

Trainees are required to make a declaration regarding fitness to practise annually. 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 4.15.3](#)). Those dealing with trainees who are ill or disabled must ensure that patients are not put at risk and the trainees are not disadvantaged.

The Faculty does not determine fitness to practise. This is a matter for the relevant regulatory authority granting registration to practise, the trainee's employer, and their treating medical practitioner. ([by-law 4.15.2](#)).

Notification to the Faculty of any illness or disability that would preclude the safe practice of pain medicine, including dependence on or inappropriate use of alcohol or recreational and/or non-prescribed drugs, and/or treatment with prescribed drugs likely to compromise the safe practice of pain medicine should be made in writing and addressed to the general manager, Faculty of Pain Medicine (via [fpm@anzca.edu.au](mailto:fpm@anzca.edu.au)).

The Faculty will handle each notification confidentially and on an individual basis, taking into account all the particular circumstances and the principles set out in by-law 4.15.

#### Confidentiality and privacy

Maintenance of confidentiality and protection of privacy of the trainee with illness and/or disability are obligations that must not be breached except in the case of mandatory reporting requirements to external regulatory authorities, and/or where immediate patient safety is at risk (by-law 4.15.4). In cases where patient safety may be affected, the Faculty reserves the right to notify medical boards/councils or other appropriate authorities (by-law 4.15.4).

The reporting requirements of the jurisdiction within which the trainee is working with regard to illness and/or disability must be met.

### 3.6 Recognition of prior experience (RPE)

Prior clinical experience but not prior learning may be credited towards the requirements in the practice development stage. Up to six months (22 weeks) prior experience may be approved for experience gained in a Faculty-accredited unit or a multidisciplinary unit with regular workplace-based progressive feedback equivalent to that in the FPM training program. Trainees intending to apply for recognition of prior experience will need to submit the [required form, pay the nominated fee](#) and provide a portfolio, including two refereed reports and workplace-based progressive feedback experience (WBPFs) commensurate with those required in the FPM training program, to demonstrate this.

Applications for recognition of prior experience must be made prior to commencing the core training stage. Any recognition of prior experience is provisional and is granted upon completion of the core training stage review. Trainees granted recognition of prior experience will have a reduced requirement for workplace-based progressive feedback in the practice development stage.

### 3.7 Mentor facility

The Faculty offers a [mentoring program](#) to assist with the professional development of trainees. Mentoring is a voluntary relationship, typically between an experienced physician and a more junior colleague. It enables the current and next generations of pain physicians to meet and share ideas, thoughts and experiences.

A [mentoring database](#) is available on the FPM website which facilitates FPM Fellows and trainees to engage with suitable mentors by listing their location, interests and specialty areas.

## 4. Foundations of pain medicine

The foundations of pain medicine refer to the pre-training phase undertaken by all prospective trainees for the FPM training program.

Applicants must prepare for the core training stage by undertaking pre-reading and completing the better pain management program either before commencing training or within the first 11 weeks of training.

### 4.1 Better pain management program

The Better Pain Management program is a series of 12 online modules that provides a foundation knowledge of pain medicine. The modules are located in the Networks website and access will be provided after the application for training has been processed.

Each module takes around an hour to complete and a certificate of completion is generated for each module. All modules should be completed prior to completing 11 weeks of training. They can be completed in the year prior to commencing training. Please show these certificates of completion to your SoT when completing your first In-Training Assessment (ITA).

The better pain management module must be completed, confirmed by the SoT and submitted to the Faculty by the end of the first in-training assessment period. If the trainee has not completed this requirement by the end of 11 weeks they will enter interrupted training until this requirement has been met.

## 5. Clinical training

Clinical training is designed to align with the hospital employment year, with the program usually beginning in December in New Zealand and in February in Australia. The minimum duration of two years (88 weeks) full-time equivalent of approved clinical experience directly related to pain medicine comprises a minimum of 44 weeks in the core training and practice development stages respectively. Trainees are required to spend a minimum of 44 of the 88 weeks of training in a level 1 unit.

All FPM training program requirements must be met within five years of commencement of the core training stage.

Trainees must maintain a [learning portfolio](#) throughout the duration of training. Regular completion of [workplace-based progressive feedback](#) will be required throughout both training stages and copies of these will be retained in the learning portfolio.

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



## 5.1 Orientation to a new unit

An orientation interview should occur within two weeks of the commencement of training in a new unit, hospital or practice. It allows the supervisor and trainee to identify the learning needs and set the educational agenda for the placement. It is also the time when trainees are oriented to their new position, to the expectations of the department/staff and the unit where they will be studying and practising pain medicine. Expectations around workplace-based progressive feedback should be discussed. Workplace safety training and mentors will be covered as part of the induction process,

This interview 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.

## 5.2 Core training stage

Prior to commencement of the core training stage, the trainee must undertake pre-reading around pain medicine to ensure they have a foundation level of knowledge (refer to Section 4.1), provide formal confirmation of their appointment including start date with a Faculty-accredited training unit, pay their annual training fee and submit the signed training agreement to the Faculty.

Trainees wishing to apply for recognition of prior experience (refer to Section 3.6) must do so prior to commencing their core training stage.

The core training stage is highly structured, with a focus on the pain medicine roles in practice of clinician, professional, scholar, communicator and collaborator. Trainees must spend a minimum of 22 weeks in a level 1 training unit during the core training stage. It is expected that the core training stage be continuous and that interruptions to training outside of normal leave be an exception due to personal health or other good reason. At a minimum the initial 22 weeks of the core training stage should be undertaken continuously.

To accrue training time beyond 11 weeks of the core training stage, trainees must complete the general physical examination assessment and the Better Pain Management Program. If the trainee has not completed these requirements by the end of 11 weeks they will enter interrupted training until these requirements have been met.

At the completion of clinical time for the core training stage and all requirements as outlined in Section 13.1, a trainee must undertake a core training stage review with the supervisor of training. Upon successful completion of this review and submission to the Faculty, the trainee will be eligible to progress to the practice development stage.

## 5.3 Practice development stage

The practice development stage is a period of self-directed training focused on pain medicine or an area(s) related to pain medicine.

Trainees must submit a practice development stage proposal to the Faculty assessor for prospective approval no less than eight weeks 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 training sites and a placement supervisor for each placement undertaken during the practice development stage.
- Identification of areas of focus in pain medicine for the practice development stage,
- A learning plan developed with the practice development stage supervisor.
- Defined learning outcomes from the FPM Roles of Practice.
- Identification of OTA learning outcomes developed by the trainee.
- Identification of the workplace-based progressive feedback that will be completed during the practice development stage.
- Research proposal (if research forms part of the learning plan).

The practice development stage may be completed in a Faculty accredited training unit but this is not mandatory. The Faculty assessor will approve the nominated training sites for the practice development stage at the time of approving the PDS proposal. All placements should be a minimum of 11 weeks.

The Faculty assessor will review the learning outcomes to ensure they are balanced, are at an appropriate level and appear to be achievable within the timeframes.

Trainees may elect to spend up to 50 per cent (0.5 FTE) of their practice development stage undertaking research. Trainees who choose to conduct a research project are required to submit documentation such as an ethics committee or research proposal listing themselves as a named investigator as part of the practice development proposal.

If during the practice development stage a trainee wishes to change the PDS proposal this must be applied for prospectively to the Faculty assessor.

**Research Component of the Practice Development Stage**The Australian Medical Council and the Medical Council of New Zealand require that specialist medical Colleges provide trainees with opportunities to undertake scholarly activities, including research projects, as part of their training. The Faculty of Pain Medicine encourages trainees to undertake clinical research as part of their training and, may accredit such activity to a maximum of 6 months FTE.

It is recognised that trainees have limited time to undertake clinical research and as such the Faculty does not expect that trainees will be able to have the results of their research presented or published within the time frame of their training. The key requirement for accreditation of a research activity towards Fellowship is verification that the trainee has actively participated in a research project.

Trainees who wish to have a clinical research project accredited towards their training in pain medicine must ensure that it is directly related to clinical pain medicine. Where the trainee has little or no research experience, he/she can contact the Research and Innovation Committee via the Faculty office at [fpm@anzca.edu.au](mailto:fpm@anzca.edu.au) for advice, assistance and mentorship in this area. It should be noted that a higher academic degree e.g. the Masters of Medicine (Pain Management), University of Sydney, does not meet the requirements of a clinical research project in pain medicine.

Research options for consideration include:

- Playing a significant role in an established research project, as attested to by the CI(s) of that project

- Undertaking an autonomous clinical research project that is limited in scale
- Conducting an audit of activities directly related to clinical pain medicine that leads to a demonstrated change in clinical practice
- Producing a literature review to the standard of a minor thesis (10,000-15,000 words, appropriately referenced)

In each case trainees must ensure that they have, prospectively:

- a defined project, as outlined in a synopsis that details the question(s) that the trainee is attempting to answer and the methods that will be used
- a supervisor(s) for their project, who provides confirmation of their own expertise and willingness to supervise.
- approval by an appropriate Ethics Committee, where relevant.<sup>3</sup>
- The Assessor will determine how the project will be assessed in the context of contributing to the requirements of the trainee's practice development stage.
- Assessment may entail:
  - Provision of a written report submitted to the Faculty for independent examination; or
  - Peer-reviewed<sup>4</sup> presentation at a meeting<sup>5 6</sup> (e.g. as an entrant in the Dean's Prize at the Faculty ASM); or
  - Notification of acceptance for publication in a peer-reviewed journal, the paper itself to be seen by the Assessor

#### 5.4 Learning portfolio

Trainees must maintain a learning portfolio throughout the FPM training program, which may be in hard copy or electronic format. In addition to assisting trainees in their learning it also demonstrates progress to supervisors at the in-training assessment meetings.

The portfolio must be kept up to date, and be available for submission to the Faculty upon request. The documentation required to be kept in the learning portfolio is outlined in Table 1 below.

**Table 5.4: Learning portfolio documentation**

Documentation	Retain in learning portfolio	Submit to the Faculty
In-training assessments (ITA)	Y	Y
Progressive feedback - Clinical skills (PF-CS)	Y	
Progressive feedback - Management plan (PF -MP)	Y	
Progressive feedback - Case-based discussions (PF-CbD)	Y	
Progressive feedback - Professional presentations (PF-PP)	Y	
Multisource feedback (MsF)	Y	Y
Better pain management program certificates of completion	Y	Y
Core training stage review	Y	Y
Practice development stage proposal	Y	Y

Practice development stage review	Y	Y
Summary of cases	recommended	
Other documents to support training achievements such as course certificates and evidence of continuing professional development	recommended	

## 6. Teaching and learning resources

A range of resources are available to trainees, supervisors of training and Fellows working with trainees to support the FPM training program. These resources are available online, and may also include face-to-face training, courses and workshops. It is strongly recommended that trainees utilise these resources to maximise their learning.

The online resources available include:

- **Learning resources**, which are relevant for trainees.
- **Teaching resources**, which are relevant to supervisors and Fellows supporting trainees.
- **Support resources**, which are relevant for both trainees and supervisors.

### 6.1 Learning resources

These resources are available to all FPM trainees and complement the clinical components of the FPM training program.

#### Networks

[Networks](#) is the College's learning and collaboration management system, which brings trainees and fellows together to 'connect, share and learn'.

#### Essential topic areas online learning

The essential topic area e-learning resources 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 areas online act as a starting point for each topic area and are used in conjunction with private study and discussion forums. They contribute to the acquisition of the set of learning outcomes from the curriculum.

For each of the nine essential topic areas there is a self-paced online learning module, a case-study with supporting resources, a short self-assessed quiz and discussion forums for trainees to share ideas.

It is highly recommended that trainees access these online resources and engage online, but they are neither compulsory nor formally assessed. They have been developed by experts in the field who offer advice, guidance and expertise and provide an ideal entry point to a trainee's study of these topic areas and for understanding the roles in practice. A certificate is available on completion of each e-learning activity. Trainees should retain each certificate in their learning portfolio.

### Modules

The modules are self-paced interactive eLearning activities pertaining to the learning outcomes for a particular essential topic area. Each module covers learning outcomes from the curriculum related to the clinician role and another of the roles in practice. Modules can be completed online, via desktop or mobile devices, on both Mac OS and Windows platforms.

A reference list of publications and external resources is provided for each essential topic area. The [teaching and learning opportunities](#) are resources to help trainees and their supervisors and teachers.

### Case studies

Case studies related to each topic area have been created and are provided along with other resources relevant to the case (such as journal articles or other supporting material). These can be used for personal reflection and study, and may form the basis of online discussions.

### Quiz

A non-assessed quiz will be provided as a learning tool to help consolidate the learning for the topic area.

### Clinical skill courses

Two weekend face-to-face [courses](#) are offered annually as part of the FPM training program. Each course runs for two days and trainees must register and pay online prior to the closing date for each course. The [course programs](#) are made available on the website in the weeks leading up to the workshops.

- Course 1 – Basic clinical skills.
- Course 2 – Advanced clinical skills.

To ensure a high quality learning experience for all trainees, places in the two courses are limited. Trainees in the core training stage are given priority over trainees in the practice development stage. It is highly recommended that trainees complete the courses during their core training stage to make the most of this learning opportunity.

### Trainee tutorials

The faculty organises trainee tutorials via videoconference on Wednesdays at 4:00pm AEST. These tutorials run during February – October of each year. Trainees will be invited to tutorials via email and featured topics will be advertised in the *FPM Training E-Newsletter*.

## 6.2 Resources

The following resources are available to all trainees, Fellows and supervisors of training and relate to both teaching and learning.

### Professional documents

A key function of the Faculty is to prepare and distribute [professional documents](#), which set down formal, board-approved policies and guidelines for practice. The professional documents also are referred to by government and other bodies, especially in the process of accreditation of healthcare facilities.

### Library

[The library](#) is available to all trainees, Fellows, non-Fellow continuing professional development program participants and international medical graduate specialist members of the Faculty of Pain Medicine. Library employees are experts in providing the best information services to busy and remote users. The library provides access to:

- More than 200 specialised online journals.
- Fully searchable online textbooks specific to pain medicine.
- Print books sent door-to-door within Australia.
- A core collection of pain medicine textbooks available for loan from the New Zealand office of the Faculty.
- Medical databases for literature searching.
- Resources and advice for keeping up to date.
- Requests for articles not held online.
- Research support, including table-of-contents alerts, literature gathering and help with search strategies.

### Other recommended learning opportunities

Trainees are encouraged to attend the annual FPM Symposium, annual scientific meeting, the FPM spring meeting and regional continuing medical education events as an opportunity to mix with colleagues and have exposure to leaders in the field.

## 7. Assessment strategy

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. Feedback is provided to assist further learning and if, performance is unsatisfactory, to assist remediation.

## 8. Workplace-based progressive feedback

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

Collectively, the workplace-based progressive feedback tools cover the breadth of clinical care and have been developed to provide meaningful information to trainees regarding their progress with the Pain Medicine Roles in Practice.

A minimum of three workplace-based progressive feedback opportunities must be completed each quarter by both full time and part time trainees.

Progressive 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.

Minimum numbers of WBPFs have been specified for each training stage in addition to minimum numbers over the duration of training. The requirements are outlined in the table below.

**Table 8: WBPF requirements**

Workplace-based progressive feedback tool	Minimum requirement over duration of training	Minimum requirement during CTS	Minimum requirement during PDS
General physical examination assessment (refer to Section 8.1)	1	1	
Progressive feedback - Clinical skills a (refer to Section 8.2)	8	2 demonstrating achievement of an overall rating of four or five.	
Progressive feedback-Management plan (refer to Section 8.3)	6	2 demonstrating achievement of an overall rating of four or five.	2 demonstrating achievement of an overall rating of four or five.
Progressive feedback - Case-based discussions (refer to Section 8.4)	6		2 demonstrating achievement of an overall rating of four or five.
Progressive feedback - Professional presentations (refer to Section 8.5)	2	1	1
Multi-source feedback (refer to Section 8.6)	2	1	1

Trainees are responsible for initiating each workplace-based progressive feedback opportunity and providing the relevant form to the workplace-based assessor. A workplace-based assessor may be any Fellow of the FPM or placement supervisor. Where the trainee requires further development of skills, the supervisor of training or practice development stage supervisor may require additional workplace-based progressive feedback to be undertaken.

While real-time observation is preferred, especially of trainees in the early stages of the core training stage, progressive feedback - clinical skills and part two of the progressive feedback - management plan may also

be conducted by video. Trainees must gain consent from the patient prior to filming the consultation. The workplace-based assessor and trainee then review the video together within the week of the consultation.

Completed workplace-based progressive feedback forms must be retained as part of the learning portfolio and reviewed by the supervisor of training or practice development stage supervisor at the time of the in-training assessment process.

### 8.1 General physical examination assessment

Competence in general physical examination will be assessed in the workplace by the supervisor of training by the end of the first quarter and will form part of the first in-training assessment. It does not count as one of the three WBPFs required for each ITA quarter. The trainee must demonstrate competence in the performance of cardiovascular, respiratory, abdominal (excluding rectal) and neurological examinations.

The trainee should approach their supervisor of training with the [general physical examination assessment form](#) in order to complete the assessment, ideally within the first few weeks of training. The general physical examination will be marked as satisfactory or requiring further development. Trainees may attempt the examination as many times as required to obtain a satisfactory result.

The general physical examination assessment must be completed, signed and submitted to the Faculty by the end of the first in-training assessment period. If the trainee has not completed this requirement by the end of 11 weeks they will enter interrupted training until this requirement has been met.

### 8.2 Progressive feedback - Clinical skills

A progressive feedback-clinical skills involves an assessor observing a trainee while they conduct a health assessment of a patient with pain. The intention is to assess the trainee's skills in taking a sociopsychobiomedically informed history and performing a pain-oriented physical examination in an authentic situation.

A progressive feedback - clinical skills may form the basis of a progressive feedback - management plan and/or clinical case study.

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

The majority of these progressive 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, social assessment, psychological assessment, risk assessment, physical examination and adapting the assessment to suit the patient's needs.

### 8.3 Progressive feedback - Management plan

The progressive feedback - management plan consists of two parts to be performed at two different times (preferably by the same assessor). The first part of the process is a discussion about a patient who the



trainee has assessed relatively independently, while the second part is an observation of the trainee communicating their findings and management strategies to the patient (and their family/carer/surrogate) and engaging them in these strategies as an active participant in their own care.

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.

#### 8.4 Progressive feedback - Case-based discussion

Progressive feedback - 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 progressive feedback - case-based discussion tool is the review of written communication skills. Trainees must provide the patient record and all correspondence they have prepared to report back to the referring practitioner or to other health professionals concerning the patient.

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

#### 8.5 Progressive feedback - Professional presentations

Progressive feedback - Professional presentations give the opportunity for trainees to demonstrate key competencies in relation to the scholar role within the pain medicine roles in practice.

Trainees are required to successfully complete one of each of the following types of presentations:

- An education session to patients or a community group(s).
- A presentation to colleagues which may focus on:
  - An audit undertaken by the trainee in an area of pain medicine, drawing together conclusions about practice change; or
  - Original research directly related to pain medicine undertaken by the trainee; or
  - A literature review of a topic area directly related to pain medicine.

The presentation to colleagues may be made at a hospital meeting or grand round, to an academic audience at a university, to specialist pain medicine physicians at a regional continuing medical education meeting, or in a forum such as the Faculty's annual scientific meetings or one of the pain society meetings.

The trainee must arrange a workplace-based assessor to attend the presentation to complete the feedback form and provide feedback. The professional presentation is a good opportunity for a trainee to engage an external assessor and obtain guidance from a Fellow other than their current supervisor. Trainees are assessed on planning and preparation, teaching and overall conduct of the session.

## 8.6 Multi-source feedback (MsF)

The major role of multi-source feedback (MsF) is to broaden the sources of feedback on everyday clinical care, recognising that specialist pain medicine physicians do not work in isolation but as members of interdisciplinary and inter-professional 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 observations over a period of time. Therefore, those who contribute to this assessment must have worked with the trainee for a minimum of three consecutive months.

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.

The supervisor of training collates the feedback on a separate form and a minimum of eight multi-source feedback forms is required for a valid assessment. Trainees do not receive feedback from individual contributors, but rather the supervisor of training provides the group's feedback to the trainee during a feedback meeting. The multi-source feedback must be conducted at least once towards the end of the core training stage and at least one in the practice development stage.

## 9. In-training assessments

The in-training assessment (ITA) process provides trainees with regular review and feedback against the requirements of the training program with the supervisor of training/practice development stage supervisor. It allows supervisors of training/practice development stage 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 in-training assessment cycle involves goal setting at the commencement of the quarter and review of progress at the end of the quarter. The assessment covers the trainees' progress against the:

- Workplace-based progressive feedback (clinical skills, management plan, case-based discussion, professional presentation and multi-source feedback).
- Progress in the clinical case study.
- Essential topic areas.

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 in-training assessments form part of the trainees learning portfolio and will be reviewed by subsequent supervisor of training and practice development stage supervisors during the goal-setting process.

Trainees should arrange an appointment with their supervisor of training/practice development stage supervisor and bring the prefilled in-training assessment form no earlier than two weeks prior to the end of the quarter. If the in-training assessment is unable to be undertaken within the time frame please contact the Faculty.

Submission of in-training assessments is required for evidence of progression and forms part of the summative assessment contributing towards the core training stage review (Section 13.1) and practice development stage review (Section 13.2).

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

- Satisfactory.
- Borderline.
- Unsatisfactory.

### 9.1 Support processes following a borderline or unsatisfactory in-training assessment

Following a borderline in-training assessment, the trainee will require additional support and will need to undertake agreed upon activities during the subsequent quarter. These activities will be identified and agreed to by the supervisor of training/practice development stage supervisor and trainee.

Following two consecutive borderline or one unsatisfactory in-training assessment, the trainee must commence a trainee experiencing difficulty process as outlined in Section 15.1.

If the remediation activities outlined in the trainee experiencing difficulty process are not completed satisfactorily within 22 weeks of training, the trainee performance review process will be initiated.

## 10. Clinical case study

The trainee must successfully complete one clinical case study prior to undertaking the practice development stage review. It is recommended that work on this activity is commenced early in the training program as it involves an in-depth assessment of a patient and the application of evidence-based medicine to the management of the patient. A document titled [\*Preparation of the clinical case study\*](#) is available on the website to assist trainees complete this training program requirement.

During each quarterly in-training assessment the trainee must discuss planning and update their supervisor of training on the progress of their clinical case study.

The clinical case study must be a minimum of 2500 and a maximum of 5000 words, in 12-point type, and double-spaced on A4 pages. It must include the template [cover sheet](#) and be submitted as a word document to the Faculty via [fpm@anzca.edu.au](mailto:fpm@anzca.edu.au).

### Gaining patient consent

Trainees must obtain patient consent for the collection and use of the patient health information in clinical case studies. Many hospitals will include this consent on their hospital consent forms but this must be confirmed rather than assumed. Consent can be gained verbally at the time of collecting health information or with a written consent form which is encouraged to avoid any confusion as to whether consent was given.

Trainees should be satisfied that patients are aware of and consent to the following factors:

- That their health information will be used for the further purpose of case studies, which are conducted for assessment of trainees rather than treatment of the patient.
- That the health information will be disclosed to FPM supervisors and may be disclosed to other administrative officers involved in conducting the clinical case studies, but that the supervisors and other administrative officers will not disclose the health information to any third parties;
- That the trainee will take reasonable steps to de-identify the health information, but that the patient might still be identifiable by reference to rare characteristics; and
- How the patient can access FPM's privacy policy.

Patient information needs to be de-identifiable to the extent that it is practical. This includes removing personal identifiers such as the patient's date of birth and address as well as removing other data such as rare characteristics which would enable identification.

Trainees cannot use the health information for any purposes other than case studies or disclose the patient's information to any other parties other than FPM and the supervisors involved in their particular case study, unless patient consent for this further use or disclosure is obtained.

Collecting information about patients has important privacy implications. In collecting and using any patient information it is your responsibility to ensure that all privacy obligations are met, and any necessary consent obtained. Only de-identified information should be routinely stored.

If any identifying information is recorded in the learning portfolio, or other material submitted to the Faculty, please ensure that you (or your hospital's privacy statement) address this issue or that your patient has consented.

#### Assessment of the clinical case study

Following submission by the trainee, the clinical case study is de-identified and 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 Faculty of Pain Medicine staff, overseen by the clinical case study supervisor who is a member of the Examination Committee.

The examiner assesses and provides comments regarding the clinical case study. These comments are sent to the trainee by the clinical case study supervisor. The criteria by which the clinical case study is assessed is included in the [Preparation of the clinical case study](#) document. If the clinical case study does not meet the required standard, the examiner will provide more extensive feedback to guide the further development of the clinical case study. Once it has been revised, the clinical case study may be resubmitted by the trainee. The resubmission of the clinical case study will wherever practicable be reassessed by the original examiner. This cycle may be repeated more than once.

The clinical case study will be graded on a closed marking system:

- Pass.
- Close fail: minor corrections required.
- Clear fail: major corrections required.

Trainees may resubmit their clinical case study but a second clear fail grade will require a new case to be submitted. The chair, Examination Committee is the final arbiter.

## 11. Long cases

Trainees must pass one local long case assessment and one external long case assessment. Both the local and external long case assessments will be assessed using the same forms. 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 trainee must bring their own stethoscope. All other necessary equipment will be provided.

The assessors and the patient will leave the room at the end of one hour and the trainee will remain unobserved in the examination room for 20 minutes for preparation of 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 then agree on the final mark to be submitted to the Faculty.

Each section of history, physical examination, case presentation and management plan carries equal marks.

### 11.1 Local long cases

Trainees with their supervisor identify when the trainee is ready to sit this assessment which can be in either stage of training. The supervisor will arrange a time, patient and 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 but at least one of the fellows must have previously assessed a long case. The patient should be known to one of the assessors but not the trainee and invited as opposed to being a waiting list patient.

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 might want to focus on for improvement or growth.

The assessment and marking forms are available on the website and once completed should be submitted to the Faculty office with the subsequent ITA.

Trainees need to pass one local long case to be eligible to sit the external long case assessment.

### 11.2 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 examiner responsible for each assessment site, including identifying suitable patients for the assessment process.

The trainee must register and pay to undertake the long case assessment no later than 35 days before the scheduled date of the assessment on the prescribed form. Trainees may sit the long case assessment

following submission of one satisfactory ITA, completion of the general physical assessment examination and satisfactory completion of one local long case assessment.

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. The long case assessment is held under examination conditions.

The trainee will be notified in writing of the results of the long case examination within five business days of the examination. Feedback will be provided, especially for unsuccessful attempts. If unsuccessful, the trainee must complete an additional local long case assessment prior to repeating the external long case assessment.

## 12. Fellowship examination

The fellowship examination consists of a written and oral examination and is conducted annually, usually in October and November respectively.

Competencies related to the knowledge, behaviours and clinical skills pertinent to a specialist medical practitioner in the discipline of pain medicine will be tested at the examination. These competencies are found in Sections One, Two and Three of the [curriculum](#). The content in Section Four, Optional Topic Areas is not assessed in the Fellowship Exam.

### 12.1 Eligibility

Trainees must have completed two in-training assessments to be eligible to apply to sit the [fellowship examination](#). The trainee must apply to sit the examination by the closing date.

Core training state trainees considering sitting the examination are encouraged to consult with their SoT to discuss their readiness to sit prior to submitting an application.

The written examination will be conducted in the regions usually eight weeks prior to the oral examination, which will be conducted in a single major centre; which will usually be Melbourne. The dates for the two sections will be published annually on the [FPM website](#).

#### Special consideration and withdrawal

Provision has been made in by-law 4.10 for candidates who require special consideration for the fellowship examination or who need to withdraw due to illness.

### 12.2 Written examination

A two-and-a-half hour short answer question (SAQ) written examination will consist of ten questions. There will be 10 minutes reading time prior to the start of the examination. Candidates are not allowed to make notes during the reading time.

. Marks are reviewed by the Examination Committee and candidates who are successful in the written section will be invited to the oral examination. The scores will be stored and added to the results of the oral examination.

### 12.3 Oral examination

Each invited candidate will undertake eight oral examination stations ('vivas') over one day, undertaken in two rounds. There will be 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. The scores will be added to the results of the written section of the examination.

The SVVEs and OSCEs cover a broad range of topics. An introductory case scenario is used to introduce the topic area. This enables the candidate to orientate to the particular task. The examiners aim to assess candidates' ability to synthesise their factual knowledge and clinical reasoning.

The following qualities are assessed:

- Clinical judgment.
- The application of the principles of acceptable and safe pain medicine practice.
- Prioritisation.
- Interpretation of complex clinical situations.
- An ability to make decisions based on a changing clinical situation.
- Anticipation of clinical actions and their sequelae.
- Effective communication.
- Competence as an ethical medical specialist and colleague.

To achieve a pass in the Fellowship Examination a candidate must achieve a mark of at least 50 per cent in both the written and the oral examination sections in the same sitting. At the discretion of the Examination Committee candidates who fall within one error width of the pass mark may be offered a conceded pass.

### 12.4 Examination results and remediation process

Following the written component of the examination, candidates will be advised electronically approximately four weeks prior to the viva voce section whether they are invited to the viva voce section.

Following the viva voce section successful candidate numbers are displayed on a board at the venue at the conclusion of the examination. Candidates will be given an envelope containing the overall result at the end of the clinical exam. De-identified results will also be circulated electronically.

Letters are sent to unsuccessful candidates within four weeks of the viva voce examination. Unsuccessful candidates may request feedback within three weeks of the viva voce examination from the Faculty. After three unsuccessful attempts candidates will be required to attend a formal remediation interview.

### 12.5 Awards

#### 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 Faculty of Pain Medicine fellowship examination, and can only be awarded when the top candidate achieves at least 70 per cent. The prize takes the form of a silver plate

and a monetary prize and is formally awarded at the following or 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 shown excellence in the examination and achieved a mark in the top 10 per cent will be eligible for inclusion in the Merit List and award of a certificate. The Court of Examiners determines candidates for inclusion on the Merit List at the conclusion of the annual fellowship examination.

## 13 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 continue to the next stage of training or to complete training and apply for the FPM certificate of completion of training.

At review meetings, the supervisor considers the trainee's portfolio of multiple workplace-based progressive feedback forms and progress with, or completion of, all the requirements of the training program. Supervisors may suggest specific assistance for a trainee who requires further learning or clinical experience in a particular area.

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

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

### 13.1 Core training stage (CTS) review

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

- A minimum of 44 weeks of training.
- Completion of the better pain management program.
- Quarterly in-training assessments with at least three having been assessed as satisfactory.
- A minimum of two progressive feedback – clinical skills demonstrating achievement of an overall rating of four or five. Two different assessors must have completed these feedback tools.
- A minimum of two progressive feedback – management plans demonstrating achievement of an overall rating of four or five. Two different assessors must have completed these feedback tools.
- One progressive feedback – professional presentation.
- One satisfactory multi-source feedback.

#### Core training stage review meeting

Once a trainee has completed 40 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. A quarterly in-training assessment and core training stage review may occur at the same meeting. The [completed form](#) must be submitted to the Faculty to enable progression to the practice development stage.



## 13.2 Practice development stage (PDS) review

The practice development stage review usually occurs toward the end of the second year of training. The practice development stage review may be undertaken no earlier than four weeks prior to completing the time requirement of training.

Completion of the practice development stage requires the following:

- A minimum of 44 weeks approved training time in the practice development stage.
- Quarterly in-training assessments during the practice development stage with at least two having been assessed as satisfactory. The final ITA must be assessed as satisfactory.
- A minimum of two progressive feedback – management plans demonstrating achievement of an overall rating of four or five. Two different assessors must have completed these feedback tools.
- A minimum of two progressive feedback – case-based discussions demonstrating achievement of an overall rating of four or five. Two different assessors must have completed these feedback tools.
- One progressive feedback – professional presentation.
- One satisfactory multi-source feedback.
- Evaluation of the PDS proposal and the learning outcome achievement.
- Completion of the clinical case study.
- Two successful long case assessments; with at least one being achieved during the PDS.
- Completion of the fellowship examination.

### Practice development stage review meeting

The trainee approaches the supervisor of training/practice development stage supervisor to organise the review meeting. In this meeting, the practice development stage supervisor and trainee review the progress of the trainee, and the supervisor of training/practice development stage supervisor verifies all requirements of have been met. A quarterly in-training assessment and practice development stage review may occur at the same meeting. This [assessment](#) must be submitted to the Faculty for review and approval by the Faculty assessor prior to conferring a certificate of completion of training.

### Exit questionnaire

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.

## 14. 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.

### 14.1 Conferment of certificate of completion of training

Upon completion of all of the requirements of training the record of training is reviewed and approved by the Faculty assessor. Following approval a certificate of completion of training will be issued to the trainee. Those who have met the other requirements are now eligible to [apply for admission to fellowship](#) of the Faculty of Pain Medicine.

### 14.2 Application for admission to fellowship

A trainee is eligible to apply for admission to fellowship provided the trainee possesses:

- An approved primary specialist qualification acceptable to the Board of the Faculty of Pain Medicine awarded either before or within five years of commencing training in pain medicine; and
- The certificate of completion of training.

The Faculty assessor will review the trainee's application for fellowship. Following confirmation that all requirements are met, the assessor 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 of payment of a Faculty subscription fee. The medical practitioner becomes a Fellow and will be entitled to use the post-nominals FPPMANZCA. The Fellow will be eligible to be presented to the Dean of the Faculty at the College Ceremony at the ANZCA/FPM annual scientific meeting. Information about this will be mailed to new Fellows.

### 14.3 Early voluntary withdrawal from the program

Trainees should advise the Faculty in writing should they wish to withdraw from the training program. An exit interview with the chair, Learning and Development Committee will be offered to trainees who voluntarily withdraw from training.

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

The Faculty assessor will consider all requests for re-registration as a trainee. The Faculty assessor will assess such applications on an individual basis.

#### Non-compliance with curriculum requirements

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

- Exceeding the maximum permitted duration of training.
- Failure to sign the FPM training agreement within the required time frames.

### 14.4 Removal from the program

Trainees will be removed from the program if they:

- Fail to achieve training requirements within five years of commencement of training.
- Fail to pay relevant fees.

- Are withdrawn by the Faculty of Pain Medicine Board as a result of the trainee performance review process.
- Are subject to particular regulatory authority interventions.

#### Trainee performance review

The trainee performance review process may result in a trainee being removed from the training program. (Refer to by-law 4.16)

#### Medical registration authority interventions

Medical practitioners may have conditions placed on their practice or may be suspended or removed from registration by the relevant registration authority. 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 this is the case.

When the 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, the trainee being advised of any concerns the Faculty may have arising out of the regulatory authority's decision and being 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 return to practice and to resume approved FPM training, he or she 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 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 a medical practitioner has completed all requirements of the training program and is awaiting the certificate of completion of training or is applying for admission to fellowship at the time the regulatory authority's decision is imposed:

- If the applicant does not hold current registration to practise at the time of application he or she will not be admitted to fellowship or receive the certificate of completion of training.
- If the applicant has conditions imposed on his or her 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-register. Trainees who voluntarily withdraw during a trainee performance review process but before it has been concluded may re-apply on the condition that the trainee performance review process is completed prior to a decision about recommencing training being made.

## 15. Formal remediation processes

### 15.1 Trainees experiencing difficulty processes

A trainee experiencing difficulty process will be initiated by the supervisor of training/practice development stage supervisor following a second consecutive borderline or one unsatisfactory in-training assessment. The process will run for a minimum of 11 weeks (one in-training assessment cycle) to a maximum of 22 weeks (two in-training assessment cycles).

This training unit based process comprises of an initial interview, support from the unit, remedial strategies and regular monitoring by the supervisor of training/practice development stage supervisor.

A remediation program is required to be developed by the supervisor of training/practice development stage supervisor and trainee, which is acceptable to the chair, Learning and Development Committee. A copy of the interview and remediation plan signed by the trainee and supervisor of training/practice development stage supervisor must be forwarded to the operations manager, Faculty of Pain Medicine within 10 days of the process being initiated. The plan will be forwarded on to the chair, Learning and Development Committee.

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

If after 22 weeks in the trainee experiencing difficulty process the in-training assessment is assessed as unsatisfactory, the supervisor of training/practice development stage supervisor will recommend to the chair, Learning and Development Committee that a trainee performance review process be initiated. (Refer to Section 15.2)

If after 22 weeks in the trainee experiencing difficulty process the in-training assessment is assessed as borderline, the supervisor of training/practice development stage supervisor and chair, Learning and Development Committee will determine whether a trainee performance review process should be initiated or whether the trainee should undertake a further 11 weeks in the trainee experiencing difficulty process. Should additional time in the trainee experiencing difficulty process be agreed upon this will extend the training time requirements for the training stage for that trainee.

### 15.2 Trainee performance review process

On occasion the performance of a trainee may require an independent review to determine the future of a trainee in the training program. The Faculty trainee performance review process must be initiated:

- When FPM representatives perceive that local remedial measures following a trainee experiencing difficulty process have failed to resolve a trainee's problems.
- When conditions have been imposed by a relevant registration authority on a trainee's practice, or his or her registration has been suspended or removed.
- When, in the absence of any report of concerns by FPM office bearers, and acting on own motion powers under a common-law duty of care, 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, substantiated academic dishonesty).

- When a trainee wishes to initiate this process because the trainee perceives that interpersonal relationships in the workplace have broken down and are preventing a fair and valid assessment of their performance and progress.

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 or other serious illness). In these circumstances, a trainee must be reported to the relevant medical board, council or authority (<http://www.medicalboard.gov.au/> and <http://www.mcnz.org.nz/>).

An independent panel will review the trainee's training record and learning portfolio before undertaking a day of interviews. Full details of the process are available from the general manager, Faculty of Pain Medicine. The panel will write a report for the consideration of board 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 board 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 from the date of board's 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 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 supervisor of training/practice development stage supervisor must submit a final report to the general manager, Faculty of Pain Medicine. This report will provide a global assessment by the supervisor of training/practice development stage 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, as from the date of board's 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.

## 16. 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 under [ANZCA regulations 30 and 31](#). This is typically a three-step process:

1. Reconsideration (ANZCA regulation 30).
2. Review (ANZCA regulation 30).
3. Appeal (ANZCA regulation 31).

Trainees should note that:

- There are time limits on such processes as outlined in the relevant ANZCA regulations.
- Trainees should outline the reasons they are seeking to have a decision reconsidered or reviewed or to appeal a decision, and in particular any additional information in support of their application, to ensure the relevant committee or person has all the information required to assess the application.
- It is strongly suggested that, before submitting the documentation to the Faculty, trainees discuss the situation with their supervisor of training or another senior colleague to make sure they are aware of all the factors involved in the decision-making process.
- The processes in regulations 30 and 31 can take some time to be implemented.
- The supervisor of training should address concerns about a workplace-based progressive feedback or in-training assessment. If necessary the chair, Learning and Development Committee should be involved. Generally the workplace-based progressive feedback would have to be repeated. On occasion it may be appropriate for local grievance measures or bullying, discrimination and harassment policies to be used.

The process for the trainee to submit an application for reconsideration, review or appeal should include the following steps:

- Identify the issue to be challenged and relevant information, including any relevant information that may not have been considered in the decision-making process.
- Review the relevant regulations ([ANZCA regulations 30 and 31](#)) to understand the processes to be undertaken and the situations under which decisions may be reconsidered, reviewed and appealed.
- Discuss with the supervisor of training the factors involved in the decision-making process, concerns about the outcome and relevant information (including new information that may not have been considered in making the original decision).
- Prepare a formal written letter addressed to the CEO outlining the reasons for seeking reconsideration or review or for wanting to appeal a decision including any new information supporting the application.
- Collate any other relevant documentation. Please remember supporting documentation must not include patient identifying or confidential information.
- Submit in a timely manner to the general manager, Faculty of Pain Medicine via [fpm@anzca.edu.au](mailto:fpm@anzca.edu.au).

## 17. Training program evaluation

FPM recognises the importance of evaluation to ensure continuous improvement of the training program. The evaluation process, which is being developed, needs to allow for progressive evolution to accommodate changes in the standards of practice (for example, introduction of new techniques and drugs, and retirement of superseded practices). This must consider all components of the training program, including learning outcomes, the teaching and learning methods, assessment tools, processes and resources.

When focusing on the educational impact of the curriculum, FPM recognises the assessment component must be evaluated in terms of its reliability, validity, cost effectiveness, acceptability and educational impact. Overall, the feasibility of delivering the program has to be considered and accounted for in order to ensure that in a time-pressured environment with restricted resources, the program is achieving the intended outcomes in the most cost-effective and efficient manner.

As part of the annually signed FPM Training Agreement trainees are informed that information held by the Faculty may be used for audit and quality assurance for education and curriculum improvements, and Faculty accreditation. All information will be handled with strict confidentiality and no trainee or patient will be identified.

This will be separate from potential use of data for research. Trainees will be asked at the time of signing the FPM Training Agreement whether they give consent to have their de-identified information used for research.

## 18. 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@anzca.edu.au](mailto:fpm@anzca.edu.au).

## 19. Disclaimer

As specified in by-law 4.20, trainees may apply to the Faculty assessor 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.

## 20. Contacting the Faculty

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

Email: [fpm@anzca.edu.au](mailto:fpm@anzca.edu.au)

Post: Faculty of Pain Medicine  
630 St Kilda Road  
Melbourne Vic 3004

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## Change control register

Version	Author	Approved by	Approval date	Sections Modified	Date of next review
1	CRPSG	Board	28/10/14	n/a	2015
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	2016
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	2017
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	2017
1.4	Examinations Committee	Board	27/7/2017	2.6 Specialist international medical graduate pathway 12.3 Structured oral vivas and observed structured clinical examination (OSCE)	2018
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	2018
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	2020
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	2021
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	2022