FPM
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Faculty of Pain Medicine

Training Handbook

NOVEMBER 2022

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Contents

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.

Dates for key activities throughout the year are published on the website and in the training e-newsletter.

1.2 By-laws and policies

By-law 3, Fellowship of the Faculty, 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. This document should be read in conjunction with by-laws 3 and 4.

The FPM Board is responsible for making, amending, and repealing all by-laws.

Upon entering the training program trainees must agree to abide by faculty by-laws, ANZCA regulations 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

Each trainee has a nominated supervisor of training (SOT) during their core training stage. The SOT is the FPM representative with respect to training within an accredited training unit. SOTs 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 feedback and perform in-training assessments and the core training stage review.

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

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 and that may be directly supervised by other than 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. The supervisor will be required to sign a PDS supervisor agreement at the time of submission of the trainee's PDS proposal.

The practice development stage supervisor oversees the trainee's progression and performs in-training assessments, the multisource feedback WBF 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. They will be required to sign a placement supervisor agreement at the time of submission of the trainee's PDS proposal.

The placement supervisor oversees the trainee's clinical performance and WBF 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 feedback.

2.4 DPA, FPM Education

The DPA, FPM Education applies the by-laws relating to the FPM training program on behalf of the faculty board. All trainee applications for flexible training and recognition of prior experience are reviewed and approved individually by the DPA, FPM Education. The DPA, FPM Education reviews and approves the training record when the trainee submits 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, timely recording of experiences in their ePortfolio, attendance at courses, participation in training-related activities such as supervisory feedback and reviews, as well as completion of assessments.
- Actively participate in self-assessment, 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 all trainees sign the FPM training agreement, which outlines the responsibilities of the trainee and those of the faculty. This agreement is acknowledged annually at the time of payment of fees.

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. The nine essential topic areas (ETAs) have been chosen as extensions of the clinician role in the core training stage.

The practice development stage provides an opportunity for trainees to explore aspects of pain medicine not covered in detail during the core training stage. Further time can be spent gaining knowledge and skills in additional areas relevant to pain medicine.

3. Getting started with FPM training

3.1 Applying to become a trainee

Pre-requisites

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

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, the annual training fee and provide the following supporting documentation:

- A certified copy of the birth certificate or the identity page of a current passport.
- A certified copy of the diploma for the primary medical qualification.
- A certified copy of the diploma for the primary specialist qualification or a 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.
- For trainees with an overseas primary specialist qualification, a letter or certified copy from an equivalent Australian or New Zealand specialist college attesting to the comparability of the overseas primary qualification.
- Evidence of medical registration.
- A declaration authorising the faculty to access and to retain all information necessary for training purposes.
- The training agreement.

Document certification

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.

Equivalent authority – justice of the peace or equivalent (where relevant for other countries); for Australia and New Zealand refer to the linked webpage. 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.

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

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.

Privacy

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

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

Application entitlements to commence pain medicine training

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 to ensure that when they start their pain medicine training they have a foundation of knowledge.

Applicants will be provided with:

- Provision of a college ID and password to access the FPM website.
- Access to online library resources; online journals, online textbooks, databases, resources for research and useful links.
- Access to faculty information via the bi-monthly *FPM Training e-Newsletter, Synapse* and electronic information about upcoming conferences and activities.

Applicants with an international primary qualification

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

For those with an international anaesthesia qualification, please provide a certified copy of your qualification to fpm@anzca.edu.au. The DPA, FPM Education will seek guidance from the ANZCA director of professional affairs, SIMGs, as to whether the qualification is; substantially comparable, partially comparable or not comparable with the ANZCA qualification.

For those with an international non-anaesthesia qualification, please contact the equivalent college in Australia and New Zealand and seek a comparability assessment by the relevant primary college's SIMG pathway. The college must provide a letter advising if the qualification is; substantially comparable, partially comparable or not comparable with their specialist qualification. The letter should then be submitted with your application for pain medicine training for review by the FPM DPA, FPM Education. We would encourage you to commence this process early as this often requires significant time.

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

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

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

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

3.2 Training fee structure

Fees are determined by the FPM Board and ANZCA Council each year as part of the annual budgeting process. Information regarding training fees can be found in by-law 4.11.

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

Annual training fees are applicable for each subsequent calendar year of training and are due for payment on 31 January each year. Trainees who fail to pay by 31 March are deemed to have withdrawn from the FPM training program (refer to by-law 4.11.1).

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 interrupted 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, recognition of prior experience or attendance at courses are payable at the time of application for these activities.

Trainee bursary for financial hardship

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

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 FPM, the employing authority undertakes to appoint pain medicine trainees according to ANZCA's selection principles as outlined in section 1.7 of the ANZCA Handbook for Training.

The FPM accredits units for training in pain medicine. They are classified as level one or practice development stage (PDS) training units. Level one units accredited for training in pain medicine are multidisciplinary pain units meeting all the standards outlined in by-law 19, *Accreditation of units offering training in pain medicine* and are suitable for training during the CTS. PDS training 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 one unit as outlined in by-law 19. Trainees can train at either an accredited PDS training unit or level one accredited unit during the PDS.

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 DPA, FPM Education 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 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 may be unable 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 that 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 should be made in writing and addressed to the executive director, Faculty of Pain Medicine.

Confidentiality and privacy

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

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).

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 22 weeks prior experience may be approved for experience gained in a faculty-accredited unit or a multidisciplinary unit with regular workplace-based 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 feedback experience (WBFs) commensurate with those required in the FPM training program.

Applications for recognition of prior experience must be made prior to submitting the practice development stage proposal. Any recognition of prior experience is provisional and is granted upon completion of the core training stage review.

4. Clinical training

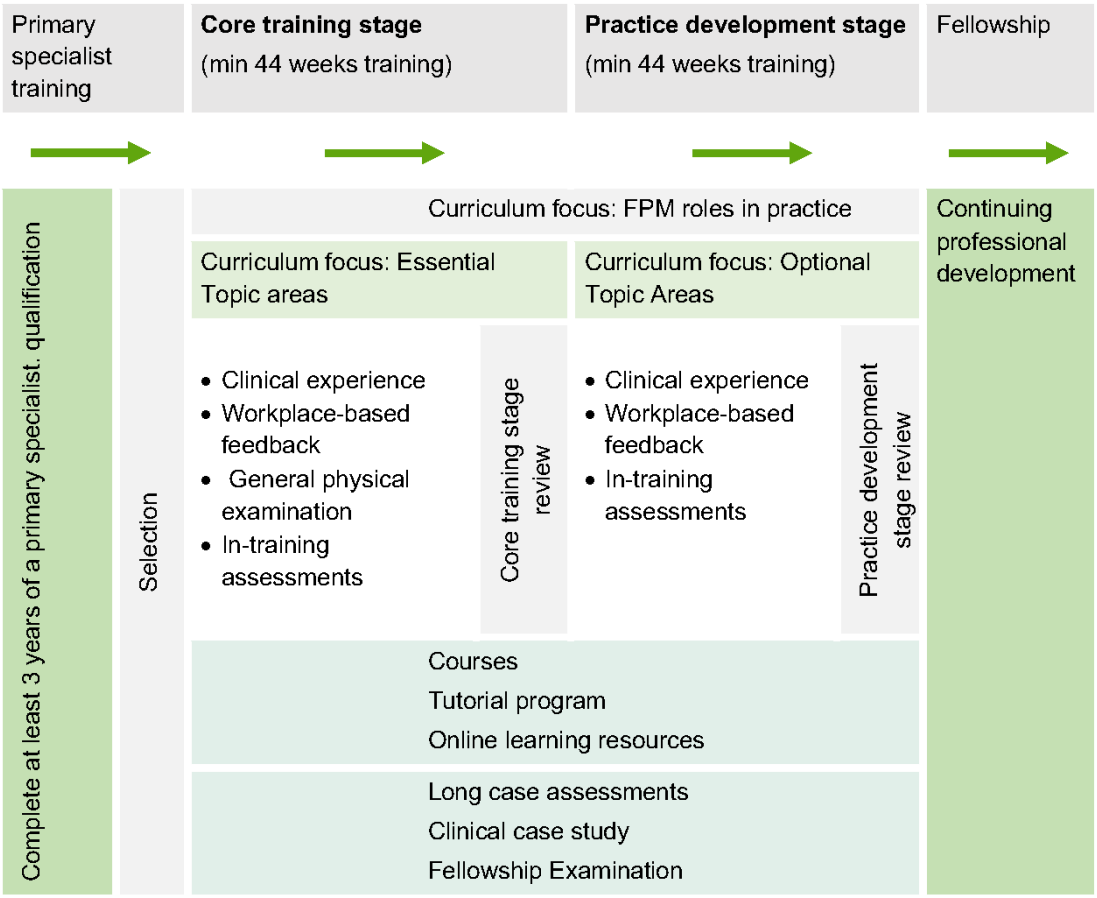
Clinical training is designed to align with the hospital employment year, with the program usually beginning in February. Trainees are required to spend a minimum of 44 of the 88 weeks of training in a level one unit.

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

Trainees must maintain an ePortfolio throughout the duration of training. Regular completion of workplace-based feedback (WBF) will be required throughout both training stages and are completed in the ePortfolio.

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

Diagram 4.1 Overview of the FPM training program



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

4.1 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 to achieve the trainee's learning goals. 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 WBF 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.

4.2 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 undertake their CTS in a level one training unit. It is expected that the core training stage be continuous and that interruptions to training outside normal leave be an exception due to extenuating circumstances. At a minimum the initial 22 weeks of the core training stage must be undertaken continuously.

If the trainee has not completed the general physical examination assessment by the end of 11 weeks they will enter interrupted training and will be unable to accrue further training time until this requirement has been met.

At the completion of (i) clinical time for the core training stage and (ii) all requirements as outlined in section 12.1, a trainee must undertake a core training stage review with the supervisor of training. Upon successful completion and submission to the faculty of this review, the trainee will be eligible to progress to the practice development stage.

Diagram 4.2.1 Roles in practice in focus during the CTS

4.3 Practice development stage

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

Learning objectives must be developed by the trainee together with their placement supervisor and articulated in the practice development stage proposal. 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.
- Procedures in pain medicine.
- Physical interventions.
- Rehabilitation medicine.
- Research project (must include a minimum of 0.5 FTE clinical practice) – see below for requirements.

Trainees may elect to undertake the Procedures Endorsement Program during the PDS.

Diagram 4.3.1 Roles in practice in focus during the PDS

Trainees completing their entire PDS in an accredited training unit

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

- Training unit.
- PDS supervisor.

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

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

- Identification of a practice development stage supervisor and the planned contact arrangements.
- Identification of all training sites and a placement supervisor for each placement undertaken during the practice development stage.
- Identification of areas of focus in pain medicine for the practice development stage.
- A learning plan developed with the practice development stage supervisor.
- Learning outcomes from the FPM roles of practice.
- Where applicable identification of OTA learning outcomes developed by the trainee.
- Identification of the WBF that will be completed during the practice development stage.
- Research proposal (if research forms part of the learning plan) and relevant ethics committee approval.

At the time of approving the PDS proposal, the DPA, FPM Education, will approve all training sites outside faculty accredited sites, nominated for the practice development stage. These approvals are specific for each trainee's proposed program. All placements must be a minimum of 11 weeks FTE excluding normal leave.

The DPA, FPM Education 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 including an ethics committee approval and research proposal listing themselves as a named investigator as part of the practice development proposal.

Research component of the practice development stage

Trainees are encouraged to undertake clinical research as part of their training and, may accrue up to 22 weeks FTE during the practice development stage (PDS).

Due to the limited time to undertake clinical research, it is not expected that trainees will 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, they can contact the FPM Research Committee for advice, assistance and mentorship in this area. A higher academic degree, for example the Masters of Medicine (Pain Management), University of Sydney, does not meet the requirements of a clinical research project in pain medicine.

Research options include:

- Playing a significant role in an established research project, as confirmed by the chief investigator 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:

- Define a project, including a synopsis that details the question(s) that the trainee is attempting to answer and the methods that will be used.
- Nominate a supervisor(s) for their project, who will provide confirmation of their own expertise and willingness to supervise.
- Provide approval by an appropriate ethics committee, where relevant.
- Identify how the project will be assessed in the context of contributing to the requirements of the trainee's practice development stage.

The DPA, FPM Education will approve the project and its assessment. Assessment may entail:

- Provision of a written report submitted to the faculty for independent examination.
- Peer-reviewed presentation at a meeting.
- Notification of acceptance for publication in a peer-reviewed journal, the paper itself to be seen by the DPA, FPM Education.

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

4.4 ePortfolio

The faculty provides an ePortfolio which trainees maintain throughout their training journey. In addition to assisting trainees in their learning it is a tool that demonstrates progress towards competence to supervisors at the in-training assessment and training stage review meetings. It is therefore crucial that the ePortfolio is kept up to date.

5. 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.

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.

5.1 Learning resources

These resources are available to all FPM trainees and complement the clinical components of the FPM training program. It is strongly recommended that trainees utilise these resources to maximise their learning.

Essential topic areas study guides

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

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

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 a reference list of publications and external resources.

It is highly recommended that trainees access these online study guides, 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 study guide. Certificates should be retained in the ePortfolio.

Trainee tutorial program

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

Tutorials are held via videoconference, (at a time to be announced) usually on Wednesdays at 4pm (AEST).

5.2 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 are also referred to by government and other bodies, especially in the process of accreditation of healthcare facilities.

Library

The ANZCA Library is available to all trainees, fellows, continuing professional development (CPD) participants and specialist international medical graduates (SIMG) of FPM. The college has a small,

highly-trained library team, who can assist with specialised support, resource access and provision. They are experts in delivering the best information resources and services to busy clinicians.

The library provides access to:

- Over 900 full-text medical e-journals (including key journals like Pain Medicine and Clinical Journal of Pain).
- Over 12,000 full-text e-books (including over 1500 pain and pain-medicine related titles).
- Over 3000 print books (including a large pain medicine collection) available via a free courier service.
- Specialised medical databases for literature searching (including Medline).
- A pain medicine resource hub covering all aspects of pain medicine and pain medicine training.
- An extensive library guides collection supporting resource access and help.
- Audio lectures and self-assessment resources.
- Tools and advice for keeping up-to-date, such as apps and table-of-contents alerts.
- Free request service for any articles not available online via the library.
- Research support service, including performing literature searching, research support toolkit, and information literacy training.

Other recommended learning opportunities

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

Mentors

All trainees are encouraged to have a mentor during their training and through their early fellowship. 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.

Doctors' health and wellbeing

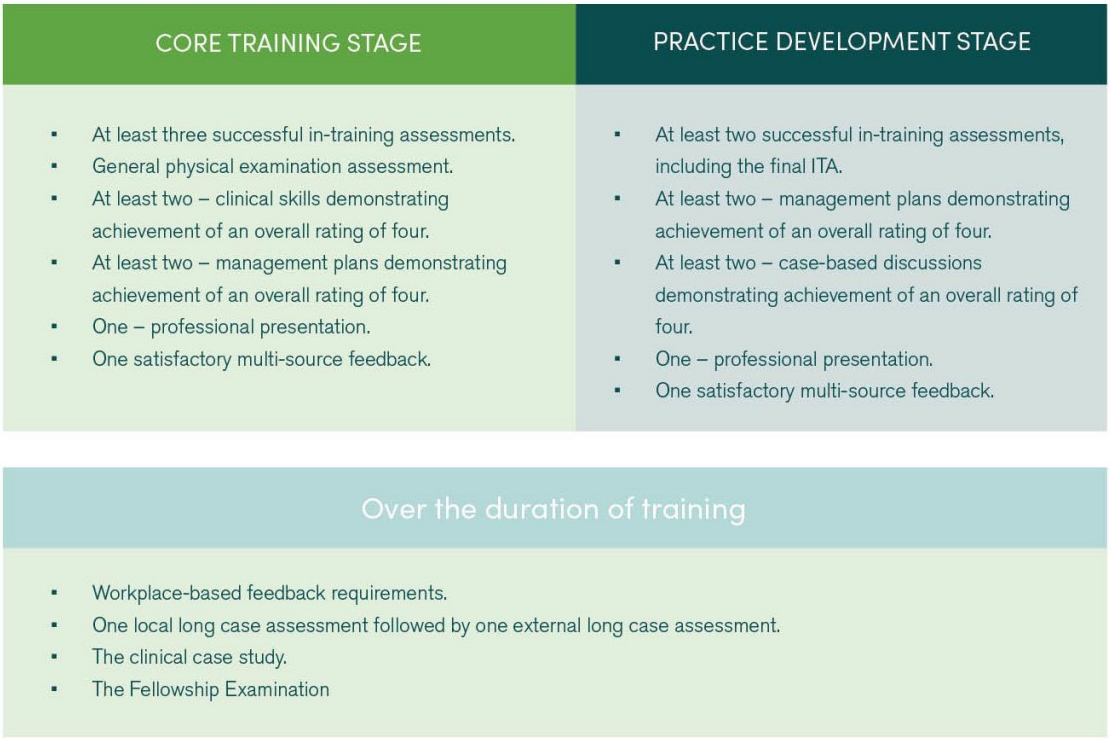
Training and working as a doctor can be challenging at times and it is important to prioritise looking after yourself. The college has a number of resources to support doctors' health and wellbeing that trainees are encouraged to familiarise themselves with and access when required. Colleagues and senior clinicians are other knowledgeable resources for strategies and resources of support.

6. 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.

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

Diagram 6.1 Assessment requirements



7. Workplace-based feedback

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

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

A minimum of three WBF opportunities must be completed each quarter by both full time and part time trainees.

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.

Trainees are expected to complete WBFs across all ETAs. Trainees who are new to the speciality or at a new unit should seek feedback on their clinical performance at the earliest opportunity to allow

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

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

Table 7: WBF requirements

Workplace-based feedback tool	Minimum requirement over duration of training	Minimum requirement during CTS	Minimum requirement during PDS
General physical examination assessment (refer to section 7.1)	1	1 assessed as satisfactory	
WBF - clinical skills (refer to section 7.2)	8	2 demonstrating achievement of an overall rating of four by two different assessors.	
WBF-management plan (refer to section 7.3)	6	2 demonstrating achievement of an overall rating of four by two different assessors.	2 demonstrating achievement of an overall rating of four by two different assessors.
WBF - case-based discussions (refer to section 7.4)	6		2 demonstrating achievement of an overall rating of four by two different assessors.
WBF - professional presentations (refer to section 7.5)	2	1	1
Multi-source feedback (refer to section 7.6)	2	1	1

Trainees are responsible for initiating each WBF 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 refinement of their skills, the supervisor of training or practice development stage supervisor may require additional WBF to be undertaken.

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

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

7.1 General physical examination assessment

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

Trainees should approach their supervisor of training or another FPM fellow working in the unit with the general physical examination assessment form in order to complete the assessment, ideally early after the commencement 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.

7.2 WBF feedback – clinical skills

A WBF – clinical skills involves an assessor observing a trainee while they conduct a health assessment of a patient with pain. This may be a snap-shot of a skill involved in eliciting a sociopsychobiomedically informed history and/or in performing a pain-oriented physical examination or part thereof, for example a mental state examination.

A WBF – clinical skills may be used as the basis of a WBF – 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 a minimum of one WBF – clinical skills, targeting clinical skills relevant to that sub-specialty.

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

7.3 WBF – management plan

The WBF –The management plan is an opportunity for an assessor to directly observe and comment upon a trainee communicating a plan of management to a patient and engaging them in

the proposed strategies as an active participant in their own care. The patient should be one who the trainee has assessed relatively independently.

Trainees are encouraged to use the management plan assessment as an opportunity to develop knowledge and skills.

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

7.4 WBF – case-based discussion

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

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

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

7.5 WBF – professional presentations

WBF – professional presentations provide 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.
  - Original research directly related to pain medicine undertaken by the trainee.
  - 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 (may be via videoconference) the presentation to complete the feedback form via the ePortfolio 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 skills and overall conduct of the session.

7.6 Multi-source feedback

The major role of multi-source feedback (MSF) is to broaden the sources of feedback on everyday clinical care and the non-technical skills articulated in the roles in practice. This recognises 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 observation over a period of time. Therefore, those who contribute to this assessment must have had an opportunity to observe the trainee's work practices 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.

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

The supervisor of training (SOT) and PDS supervisor distil feedback from a minimum of eight individual assessments selected by the trainee. Trainees do not receive feedback from individual contributors, but rather the SOT/PDS supervisor collates the group's feedback and provides this during a formal meeting. The multi-source feedback must be conducted at least once towards the end of each training stage. These assessments assist the supervisor in determining if the trainee is performing at the level required to progress to the next stage of professional practice.

8. In-training assessments

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

An ITA quarter is defined as 11 weeks FTE training excluding all leave. Each ITA will be submitted quarterly by the dates communicated by the faculty and will include all leave taken during the quarter. When a trainee commences a placement after the hospital employment year starts the first ITA may be less than 11 weeks.

The assessment covers the trainees' progress against the:

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

It is not expected that all areas of the training program will be progressed in every quarter. Discussion should cover areas of strength and areas for further development will be identified. Completed ITAs form part of trainees' ePortfolio and will be reviewed by subsequent supervisors during subsequent goal-setting.

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

Completion of ITAs is required for evidence of progression of training and forms part of the summative assessment contributing towards (i) the core training stage review (section 12.1) and (ii) the practice development stage review (section 12.2).

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

- Satisfactory.
- Progressing with conditions.
- Unsatisfactory.

8.1 Support processes following a borderline or unsatisfactory in-training assessment

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

Following two consecutive borderline or one unsatisfactory ITAs, the trainee must commence a trainee support process as outlined in section 13.1.

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

9. Clinical case study

The trainee must successfully complete one clinical case study. It is recommended that work on this is commenced early in the training program as it involves an in-depth clinical assessment of a patient and the application of evidence-based medicine in the management of the patient. A document titled *preparation of the clinical case study* is available to assist trainees complete this requirement.

During each ITA the trainee must discuss planning and progression 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 is submitted via the ePortfolio as a word document.

Gaining patient consent

Trainees must obtain patient consent for the collection and use of patient health information in clinical case studies. Many hospitals will include this consent in 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. This latter is recommended so that discussions with patients may occur clarifying the purpose of information collection, de-identification and the FPM's privacy policy; signed consent avoids confusion about whether and under what conditions, 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 purpose of scholarly activity and not direct patient care.
- That de-identified health information will be disclosed to FPM supervisors and may be disclosed to administrative officers involved in conducting clinical case studies on behalf of FPM. No personal information will be disclosed to third parties.
- All reasonable steps to de-identify the health information will be undertaken, but the patient may be identifiable by reference to rare characteristics.

Patients should be provided with the ANZCA 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 name, date of birth and address as well as removing other data such as rare characteristics (unless relevant to the case) enabling identification.

Trainees cannot (i) use the health information for any purpose other than case studies or (ii) disclose the patient's information to any other party, other than FPM and its authorised officers including the supervisors unless additional patient consent is obtained.

Consent forms (containing patient names) should remain in the case notes and are not to be sent to the faculty.

Collecting information about patients has important privacy implications. In collecting and using any patient information it is the trainee's 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 ePortfolio, 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, minus the trainee details, is allocated to one member of the court of examiners. The interaction between the trainee and the examiner will be co-ordinated at all times by the 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 are available on the website. If the clinical case study does not meet the required standard, the examiner will provide more extensive feedback to guide the further development. A recommendation to review the clinical case study is usually made and once 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 of the examination committee is the final arbiter.

10. Long cases

Trainees must pass one local long case assessment and one external long case assessment during the course of their training. Both 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 patient will leave the room at the end of one hour whilst the trainee remains unobserved in the examination room for 20 minutes to prepare for the case presentation. The assessors will then return to the examination room and conduct a viva voce for 30 minutes. The assessors will mark the long case independently agreeing on the final mark to be submitted to the faculty.

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

10.1 Local long cases

Together with their supervisor, trainees identify when they are ready to sit this assessment which can be in either stage of training. The supervisor will arrange a 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 or patient. At least one of the fellows must have previously assessed a long case. Ideally, the patient should be known to one of the assessors but not the trainee and 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 need to focus for improvement or growth.

The assessment and marking forms are available via the ePortfolio.

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

10.2 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 identification of suitable patients for the assessment process.

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

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.

11. Fellowship examination

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

11.1 Eligibility

Trainees must have completed two in-training assessments by the closing date 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 – usually 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. Special consideration must be applied for at least four weeks prior to the closing date for the assessment.

11.2 Written examination

A two-and-a-half hour short answer question (SAQ) written examination will consist of 10 questions. There will be 10 minutes reading time prior to the start of the examination. Candidates are 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.

11.3 Oral examination

Each invited candidate will undertake eight oral examination stations ('vivas') in two rounds, over one day. 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 articulated within the curriculum. 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 decision making and judgment.
- The application of the principles of acceptable and safe pain medicine practice.
- Prioritisation.
- Interpretation of complex clinical situations and investigations.
- Clinical reasoning based on evolving clinical situations.
- Anticipation of clinical actions and their sequelae.
- Effective communication.
- Competence as ethical medical specialists and colleagues.

The examination committee complete standardisation processes to determine the pass standard for each examination. Both the written and oral sections need to be passed in the same sitting.

11.4 Examination results and remediation process

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

At the conclusion of the oral component of the examination successful candidate numbers are displayed on a board at the venue. 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 from the faculty within three weeks of the viva voce examination. After two unsuccessful attempts candidates are required to attend a formal remediation interview.

11.5 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 FPM fellowship examination, and can only be awarded when the top candidate achieves a mark of at least 70 per cent. The prize is formally awarded to the successful candidate at the subsequent College Ceremony at the ANZCA/FPM annual scientific meeting.

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

Merit list

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

12 Training stage reviews

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

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

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

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

12.1 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 general physical examination.

- Quarterly in-training assessments with at least three having been assessed as satisfactory. To progress to the PDS, the final CTS ITA should normally be assessed as satisfactory.
- A minimum of two WBF – clinical skills demonstrating achievement of an overall rating of four. Two different assessors must have completed these feedback tools.
- A minimum of two WBF – management plans demonstrating achievement of an overall rating of four. Two different assessors must have completed these feedback tools.
- One WBF – professional presentation.
- One satisfactory multi-source feedback demonstrating that the trainee is consistently performing across the roles in practice at the level required to progress to the next stage of professional practice.

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 and that the trainee is performing at the level expected to be able to progress to the next training stage. A quarterly in-training assessment and core training stage review may occur at the same meeting.

12.2 Practice development stage review

The practice development stage (PDS) review usually occurs toward the end of the second year of training. The PDS 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 WBF – management plans demonstrating achievement of an overall rating of four. Two different assessors must have completed these feedback tools.
- A minimum of two WBF – case-based discussions demonstrating achievement of an overall rating of four. Two different assessors must have completed these feedback tools.
- One WBF – professional presentation.
- One satisfactory multi-source feedback demonstrating that the trainee is consistently performing across the roles in practice at the level required to progress to the next stage of professional practice.
- Evaluation of the PDS proposal and the learning outcome achievement.

The long case assessment, fellowship examination and clinical case study requirements may be completed after the PDS review.

Practice development stage review meeting

The trainee approaches the PDS supervisor to organise the review meeting. In this meeting, the PDS supervisor and trainee review the progress of the trainee, and the supervisor verifies all requirements of this stage have been met and that the trainee is performing at the level of a junior specialist pain medicine physician. A quarterly ITA and PDS review may occur at the same meeting. This assessment will be reviewed and approved by the DPA, FPM Education 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.

13. 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.

13.1 Conferment of certificate of completion of training

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

13.2 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 FPM awarded either before or within five years of commencing training in pain medicine.
- The certificate of completion of training.

The DPA, FPM Education will review the trainee's application for fellowship. Following confirmation that the eligibility criteria are met, the DPA, FPM Education will make a recommendation to the faculty board that the trainee's application for admission to fellowship be approved. Once the application for fellowship has been approved, the trainee will be notified in writing by the faculty and will receive a diploma of fellowship of the Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists normally within three months following payment of a faculty subscription fee. The medical practitioner becomes a fellow and will be entitled to use the post-nominals FFPMANZCA. The fellow will be eligible to be presented to the dean of the faculty at the forthcoming college ceremony at the ANZCA/FPM annual scientific meeting.

13.3 Early voluntary withdrawal from the program

Trainees should advise the faculty in writing should they wish to withdraw from the training program. Trainees who withdraw early and wish to provide feedback to the faculty on their training experiences

are encouraged to write to the Learning and Development Committee. Such feedback is welcome and considered anonymously as part of the regular quality improvement process.

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

The DPA, FPM Education will consider all requests for re-registration as a trainee. The DPA, FPM Education will assess such applications on an individual basis.

Non-compliance with curriculum requirements

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

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

13.4 Removal from the program

Trainees will be removed from the program if they:

- Fail to achieve training program requirements within five years of commencement of training.
- Are withdrawn by the Faculty of Pain Medicine Board as a result of the trainee performance review process.
- 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 relevant registration authorities. This may result from health-related issues or be the outcome of a disciplinary process.

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

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

1. If **conditions** are placed on a trainee's practice, the trainee will be placed in ***interrupted training*** from the date the conditions are imposed. At the earliest opportunity a trainee performance review must be undertaken. Subsequently the trainee will be advised of any concerns the faculty may have arising out of the regulatory authority's decision and will be given an opportunity to respond to these concerns.
   The trainee performance review will determine whether the trainee may resume approved FPM training while the regulatory authority's conditions are in place and, if so, whether any conditions should be imposed in addition to those determined by the regulatory authority, including a possible requirement for special supervision. The trainee performance review process must take account of concerns for patient safety, trainee welfare, the effect of conditions on the required clinical experience if training is to resume, and the trainee's prior record with the faculty.

2. If **suspended** from the medical register, a trainee will be placed in ***interrupted training*** from the date of such suspension. Should the trainee have the suspension lifted, and wish to resume approved FPM training, they must advise the faculty of this in writing within 26 weeks of the suspension being lifted.
   A trainee performance review must be undertaken to determine FPM's requirements for the resumption of training. In the absence of such advice, after 26 weeks following the lifting of the suspension, the trainee will be deemed to have withdrawn from the FPM training program.
3. If **removed** from the medical register, a trainee will be removed from the FPM training program and not permitted to continue training.

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

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

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

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

14. Formal remediation processes

14.1 Trainee support process

From time to time a trainee may need additional support to perform at the level expected. A trainee support process will be initiated by the supervisor of training (SOT)/practice development stage (PDS) supervisor following two consecutive borderline or one unsatisfactory in-training assessment. The process will run for a minimum of one quarter to a maximum of two quarters.

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

A remediation program acceptable to the DPA, FPM Education is required to be developed by the SOT/PDS supervisor and trainee. A copy of the interview and remediation plan signed by the trainee and supervisor must be forwarded to the FPM operations manager, within 10 days of the process being initiated. The plan will be forwarded to the DPA, FPM Education.

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

If, after two quarters in the trainee support process, the in-training assessment is assessed as unsatisfactory, the supervisor will recommend to the DPA, FPM Education that a trainee performance review process be initiated. (Refer to Section 14.2)

If, after two quarters in the trainee support process the in-training assessment is assessed as borderline, the SOT/PDS supervisor and chair will determine whether a trainee performance review

process should be initiated or whether the trainee should undertake a further quarter in the trainee support process. Should additional time in the trainee support process be agreed upon this will extend the training time requirements for the training stage for that trainee.

14.2 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 support 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, a majority of the dean and two nominated board members believe there are reasonable grounds on other evidence for believing the trainee's performance raises a risk to patient safety, or that there are other reasonable concerns about the trainee's performance (for example, alleged academic dishonesty).
- 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). In these circumstances, a trainee must be reported to the relevant medical board, council or authority (for example Medical Board of Australia or Medical Council of New Zealand).

Full details of the process are available from the FPM executive director. The independent panel will write a report for consideration by the 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 of 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 the relevant supervisor of training/practice development stage supervisors. Regular reports as outlined in the trainee performance review report will be sent to the faculty during the process.

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

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

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

15. 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 ensure 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 feedback or in-training assessment. If necessary the chair of the Learning and Development Committee can be involved. Generally the workplace-based feedback would have to be repeated. On occasion it may be appropriate for local grievance measures or bullying, discrimination and harassment policies to be initiated.

The process for the trainee to submit an application for reconsideration, review or appeal includes:

- Identification of the issue to be challenged and relevant information, including additional information that may not have been considered in the decision-making process.
- Review of 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.

- Discussion with the supervisor of training of 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).
- Preparation of a formal written letter addressed to the CEO outlining the reasons for seeking reconsideration, review or appeal of a decision including any new information supporting the application.
- Collation of relevant documentation. Please remember supporting documentation must not include patient identifying or confidential information.
- Submission of all documentation in a timely manner to FPM.

16. Training program evaluation

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

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.

17. 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.

18. Disclaimer

As specified in by-law 4.20, trainees may apply to the DPA, FPM Education for exemptions to by-law 4; these will be considered on a case-by-case basis. Any such exemptions will not set any precedent for future decisions regarding by-law 4.

19. Contacting the faculty

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

Email: fpm@anzca.edu.au

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

Phone: +61 3 8517 5337

Change control register

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

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