

# Pain Medicine

An introduction to Pain Medicine and a guide to those wishing to enter this new and challenging specialty



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Introduction	3
About Pain Medicine	4
Intellectual Content	6
Autonomy and Responsibility	6
The Faculty of Pain Medicine	7
Fellowship of the Faculty of Pain Medicine	8
Career Advice	9
Training in Pain Medicine	10
Prerequisites for Training	10
Structure of the Training Period	11
Training Units	11
Supervision of Training	12
Part-time Training	12
Assessment	13
Overview of Training Sequence	15
Contact Us	16



## Why the need for Pain Medicine?

Severe, persistent and unrelieved pain is now recognised as one of the world's major health care problems, with significant financial and social implications for individuals, families and communities.



[Wall PD. Some notes on the future of pain. In: Burns B, Busby C, Sawchuk K, eds. When Pain Strikes. Minneapolis: University of Minnesota Press, 1999: 8-23.]

In the last quarter of the twentieth century, clinicians became increasingly aware that, in contrast to other fields of medical endeavour, knowledge relevant to the care of patients with pain had lagged far behind. Consequently, the needs of many pain sufferers were not being met.

The late Professor Patrick Wall, one of the founders of pain medicine, wrote of their plight in these poignant words:

**‘They move like draught horses, uncomplaining, heads down in the driven snow. Not only have their multiple treatments failed, but also they have suffered the indignity of being told that their pain will go away and/or that it is all in their heads. They have learned that to continue to complain is to alienate and to isolate. These stoical characters plod on, often counted as cured because they no longer go to doctors or take their ineffective medicine.’**

This booklet is intended for medical students, interns, residents and prospective trainees. We hope that this brief introduction stimulates your interest in Pain Medicine as a rewarding career.



## About Pain Medicine

Pain Medicine is a new field of multidisciplinary medical practice, which has matured relatively recently. This discipline has now been recognised in Australia as a medical specialty in its own right. This recognition attests to the importance of the problem of unrelieved pain in the community and to the need for medicine to respond in terms of education, training and practice.

The field of Pain Medicine recognises that the management of severe pain problems requires the skills of more than one medical craft group. Such problems include:

- i) **acute pain** (post-operative, post-trauma, acute episodes of pain in 'medical conditions');
- ii) **cancer pain** (pain directly due to tumour invasion or compression; pain related to diagnostic or therapeutic procedures; pain due to cancer treatment);
- iii) **persistent (chronic) pain** (including over 200 conditions described in the International Association for the Study of Pain (IASP) Taxonomy of Chronic Pain 2nd Ed, such as phantom limb pain, post-herpetic neuralgia, mechanical low back pain).



The multidisciplinary team reviews the patient, the investigations and discusses a treatment plan



The Pain Medicine specialist serves both as a consultant to other physicians and often as the principal treating physician. The spectrum of care provided by a pain specialist includes prescribing medication, coordinating rehabilitative services, performing pain relieving procedures, counselling patients and families, directing a multidisciplinary team, cooperating with other health care professionals and liaising with public and private agencies.

Persistent (chronic) pain is seen in every age group from paediatric to geriatric and across all medical and surgical disciplines. Because of the complexity of persistent pain problems, Multidisciplinary Pain Clinics/Centres (MPCs) have been developed throughout Australia and New Zealand. Such Clinics/Centres harness the inputs of a range of medical and allied health professionals to assess the multi-dimensional aspects of pain and to formulate appropriate programs of treatment aimed at control of pain and improvement in function. Equally importantly, these MPCs also provide clinical training and foster basic and clinical research in Pain Medicine.

## Intellectual Content

The basic and clinical science content of Pain Medicine is extraordinarily broad and is currently one of the most rapidly expanding areas of the neurosciences. The linkage between the science and practice of Pain Medicine has strengthened rapidly, adding to the satisfaction of medical practice. As knowledge in this specialty is advancing at a fair pace, many specialists spend significant amounts of their time in clinical and/or basic research. Involvement in undergraduate and postgraduate teaching is also a high priority, in order to bridge the knowledge gap that currently exists. This field is one of the most diverse in all of medicine, with specialists required to be knowledgeable about the management of challenging pain problems in paediatric, adolescent, adult and geriatric patients across essentially every specialty field. Collaborative discussion about the diagnosis and management of patients tends to be very rewarding and intellectually stimulating.



A pain oriented physical examination is an essential component of patient assessment



## Autonomy and Responsibility

Pain Medicine specialists work with a large degree of autonomy, but in the context of a multidisciplinary group with a strong team approach to the diagnosis and management of challenging pain problems. Those involved in the management of persistent and cancer pain accept major responsibilities for continuity of care, in collaboration with the referring medical practitioners and with other specialist medical and allied health care professionals.

Pain Medicine specialists usually have a substantial commitment to outpatient consulting, inpatient consulting, multidisciplinary team meetings and, in some cases, procedural work.



## The Faculty of Pain Medicine

The Faculty of Pain Medicine, formed in 1998, is the first multidisciplinary medical academy in the world to be devoted to education and training in Pain Medicine.

The Faculty arose out of collaboration between the Australian and New Zealand College of Anaesthetists (ANZCA), the Royal Australasian College of Physicians (RACP), the Royal Australasian College of Surgeons (RACS), the Royal Australian and New Zealand College of Psychiatrists (RANZCP) and the Australasian Faculty of Rehabilitation Medicine (AFRM) of the RACP. Although the Faculty is part of ANZCA, it is unique in that its Fellowship and representation at all levels remain multidisciplinary.

The Faculty has developed and administers training and assessment programs leading to a specialist qualification in the discipline of Pain Medicine.



## Fellowship of the Faculty of Pain Medicine

Fellowship of the Faculty of Pain Medicine has been introduced to provide senior trainees and Fellows of the participating bodies, or individuals with a specialist qualification acceptable to the Board, with recognition of completion of approved training in the discipline of Pain Medicine.

The pathway to Fellowship comprises entry qualification, training and examination. Supervisors of Training, in consultation with the Censor, assess in-training performance. A Panel of Examiners, which includes representation from all participating specialty bodies, assesses the performance of trainees at the Fellowship Examination.



## Career Advice

Fellows of the Faculty are expected to possess wide knowledge of the clinical, biopsychosocial and humanitarian dimensions of the pain experience. They must be able to empathise with patients who have become debilitated as a result of severe pain. In addition they are committed to interdisciplinary teamwork.

The Fellowship in Pain Medicine is an 'add-on' specialist degree. Thus, those wishing to enter the field usually will either have or be training towards a specialist qualification in one of the participating specialties, namely anaesthesia, medicine, surgery, psychiatry or rehabilitation medicine. Recently, entry to pain medicine training has been broadened (see below).

It is desirable to seek a rotation in a Multidisciplinary Pain Centre before making a final decision to enter Pain Medicine training. Some training centres already provide the opportunity for such an attachment for interns and residents. Rotational attachments for specialist trainees are also currently being developed.



## Training in Pain Medicine

### Prerequisite Qualifications for Training

To commence accredited training in Pain Medicine, you must:

- i) Be a trainee or Fellow of one of the following bodies:
  - Australian and New Zealand College of Anaesthetists
  - Royal Australasian College of Physicians
  - Royal Australasian College of Surgeons
  - Royal Australian and New Zealand College of Psychiatrists
  - Australasian Faculty of Rehabilitation Medicine (RACP).
- or ii)
  - Be a Fellow of the Australian or New Zealand College of General Practitioners or a Fellow of a Faculty of the Faculty of Occupational Medicine (RACP), the Faculty of Public Health Medicine (RACP), the Australasian Chapter of Palliative Medicine (RACP) or of the Australasian Chapter of Addiction Medicine (RACP).
- or iii)
  - Have a specialist qualification, experience and training relevant to Pain Medicine that is acceptable to the Board



## Structure of the Training Period

The training requirements vary (from one to three years) depending on primary qualification, previous exposure to Pain Medicine and experience. Prospective trainees are advised to contact the Faculty Office for further information.

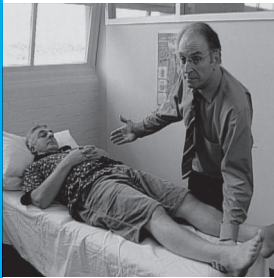
Training will normally commence during the training program of one of the participating colleges or faculty. When this option is taken concurrently with training towards a primary specialty, advice must be obtained from both the parent College/Faculty and the Faculty of Pain Medicine.

It is mandatory to undertake a prospectively approved structured training period in a Faculty-accredited Pain Management Unit. The requirement is one year for category (i) above and two years for category (ii). Requirements for category (iii) will be determined by the Censor.

The Faculty provides trainees with a Trainee Support Kit which sets out the structure and aims of the training program in detail.

## Training Units

A list of Faculty-accredited Pain Management Units is posted on the Faculty website or may be obtained from the Faculty Executive Officer. Some Units offer trainees exposure to the full spectrum of clinical experience required for a complete Training Program; others may not. A Unit which cannot offer a comprehensive experience 'under one roof' will usually have links with other Units where the additional experience can be obtained. The Supervisor of Training at the main Unit to which you are attached can help you plan your Training Program.





Research in Pain Medicine  
is often 'cutting edge'

### **Supervision of Training**

In approved Multidisciplinary Pain Units, a Supervisor of Training is appointed from the staff. Trainees should seek guidance from their Supervisor of Training and/or Director of the Unit in the first instance on all matters related to their training.

The Faculty regularly reviews those Units which it approves for training to ensure that there are high standards of teaching, supervision and clinical care.

### **Part-time Training**

With prior approval from the Faculty and with the support of the trainee's Head of Department and the respective Hospital Administration, flexible (part time and/or interrupted training) is possible under specific circumstances.



## **Assessment**


Prior to admission to Fellowship of the Faculty of Pain Medicine, you will have to demonstrate your knowledge, skills and attitudes by satisfactorily completing a number of Formative and Summative assessment tasks.

Formative Assessment:

- > A Log Book documenting workload and experience to be kept for a total period of at least six months
- > Formal Quarterly In-Training Assessments from the Supervisor of Training

Summative Assessment:

- > Satisfactory standard achieved in one Case Report and Commentary of 2500 -5000 words
- > An Examination comprising
  - a written paper
  - a clinical long case
  - a series of short clinically-based interviews
  - three structured viva voce scenarios

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- \* Fees are GST-exempt except for the Pre-examination Short Course Fee and the Admission to Fellowship (Annual Subscription)
  - \*\* Those registering early are required to pay only 10% of the (annual) training fee with the remaining 90% deferred until the commencement of the structured training year. The annual fee for the non-structured year of training must be paid by 30 April in that year of training.

## Overview of Training Sequence

<b>ACTIVITY</b>	<b>TIME SCALE</b>	<b>FEES*</b>
Primary Vocational Training	Must be successfully completed prior to admission to Fellowship of the FPM	Determined by, and payable to, the Primary Vocational College
Register for FPM Training**	Any time prior to commencing the structured training period	Once only Registration Fee plus Annual Training Fee
Undertake Structured FPM Training period	Any time during or after primary vocational training	(covered by annual training fee)
Submit Quarterly In-training Assessments	Quarterly during structured training period	(covered by annual training fee)
Submit Case Report	To be submitted prior to completion of training	(covered by annual training fee)
Register to sit Final FPM Examination	At least 45 days prior to the examination	Examination Fee
Attend Pre-examination Short-Course	Optional – usually held about 6–8 weeks prior to the examination	Course Fee
Final FPM Examination	Can be undertaken during or after the structured training period	(covered above)
Admission to Fellowship of the FPM	After successful completion of all training requirements, documentation and assessments	Annual Fellowship Fee
Continuing Professional Development Program (CPD)	Activities to be documented and submitted regularly	(covered by annual Fellowship fee)

## Contact Us

Headquarters for administration, training and examination are located in offices of the Australian and New Zealand College of Anaesthetists in Melbourne. The Executive Officer is a useful person for first contact regarding most enquiries and correspondence. The Censor can offer formal advice regarding relevance of your prior experience to Pain Medicine, retrospective approval thereof, and prospective approval of your proposed Training Program. Their contact details are:

### **Executive Officer or Censor**

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