

Position Statement on Procedures in Pain Medicine

BACKGROUND

The Faculty of Pain Medicine (FPM) has a fundamental role in translating scientific evidence into pain medicine practice. FPM accepts its role as the standard setting body in pain medicine for the Australian Medical Council and Medical Council of New Zealand. As such, FPM is committed to promoting the latest evidence and context around procedures in pain medicine.

The faculty has adopted the following 3 statements of intent regarding procedures in pain medicine:

1. FPM will develop clinical standards that will reflect optimum standards of practice for procedures.
2. FPM will provide training in and endorsement of procedural skills.
3. FPM will collaborate with other bodies to promote judicious use of procedures.

1. FPM will develop clinical standards that will reflect optimum standards of practice for procedures

In a specialty where the majority of procedures performed are elective and non-curative in intent, interventional practitioners have a particular responsibility to attain and maintain optimum standards of performance. This includes adequate foundational knowledge, supervision and documentation of procedures performed during training, ongoing review of practice in the field, and risk mitigation activities including audits of outcomes, equipment and other technical aspects of service provision. FPM will draw on scientific evidence, and the expertise of its fellowship and outside training and governance bodies, to develop an optimum standard of practice in this domain. FPM asserts that all specialist pain medicine physicians (SPMPs) are trained to comprehensively assess patients for suitability for interventions in acute, chronic and cancer pain. SPMPs who have additional training and experience are uniquely placed to perform pain relief procedures in patients with chronic pain, as they are the only medical speciality trained in assessment, selection and aftercare of patients in the context of multidisciplinary pain management.

2. FPM will provide training in and endorsement of procedural skills

Those fellows who choose to train in procedural practice and who meet optimum standards of procedural care within the sociopsychobiomedical paradigm espoused by the FPM training program will have their training endorsed in the procedures in which they have gained proficiency. This reflects the extra training acquired by that fellow in a way that provides a reliable basis for subsequent credentialing.

FPM recognises that some fellows may wish to train in procedural skills after gaining their fellowship, or to expand their endorsed scope of practice after completing the FPM training program. Furthermore, non-fellows such as pain medicine colleagues from overseas or non-FPM Australian or New Zealand doctors may wish to seek endorsement and training. A pathway to recognition of

training and endorsement of these doctors to standards set by the faculty will be developed to ensure FPM achieves its vision of contributing to national and international education and credentialing in the procedural field.

Maintenance of expertise and skills is essential. Participation in continuing professional development (CPD) activities, according to the scope of practice chosen by fellows, is also a requirement for registration in both Australia and New Zealand. FPM is committed to facilitating scientific meetings and other CPD activities in the domain of procedures as in other domains in pain medicine.

3. FPM will collaborate with other bodies to promote judicious use of procedures.

While fulfilling its core mission of training, education and fellowship support, FPM acknowledges that collaborations with national and international research partners, professional organisations and societies, colleagues within the medical profession and industry partners are important to maintain technical standards and to foster innovation. The development of the pain device implant registry and outcome measurement tools via ePPOC will be key collaborative projects.

Public health bodies including government departments, hospital and community health networks and consumer groups all have strong interests in promoting cost-effective and prudent use of scarce health resources. FPM will seek to collaborate as a trusted partner in efforts to promote effective pain treatments and limit ineffective or impractical treatment provision, as it currently does with participation in initiatives such as Choosing Wisely Australia.

CONCLUSION

FPM accepts its role as the authoritative body for procedures performed in the field of pain medicine. This role comprises articulating the standards required, supporting training and endorsement of procedural skills, and developing a framework for maintaining and developing those skills over a career in pain medicine. FPM will also fulfil its advocacy role in this domain by collaborating with national and international partners to promote judicious use of procedures.

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