DEAN’S MESSAGE

“Moving Forward: Outlining the Plan”—Dean’s Report of the Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists

It is a great privilege for me to serve the Faculty of Pain Medicine (FPM) as dean and an honor to follow the deanship of Brendan Moore. I took office as the dean following the Annual General Meeting on May 7 held in Singapore where our Refresher Course Day and Annual Scientific Meeting were held from May 4–9. The Refresher Course Day attracted a record of 213 delegates and was completed with dinner at the iconic Raffles Hotel. The Annual Scientific Meeting programs were a great success. The theme “Pain at the Cutting Edge: Surgery and Pain” explored the interface between surgery and pain medicine.

Together with a dynamic and talented new board, I hope to consolidate the progress made in several directions. In line with the faculty’s strategic plan, I would like to concentrate the efforts of the board and our fellows to serve the faculty in the following five areas:

Help build the capacity and capability of the Australian and New Zealand Fellowship, including promoting pain medicine as a career and attracting trainees

In November 2005, the Australian Medical Council declared pain medicine to be an independent medical specialty and pronounced the FPM of the Australian and New Zealand College of Anaesthetists to be the body responsible for training, education, and standards for pain medicine in Australia. This soon resulted in the expansion of the number of training units, training posts, and trainees. The recent acceptance of pain medicine as an independent vocational specialty registration by the Medical Council of New Zealand (in December 2012) with the resultant formation of the FPM New Zealand National Committee will now encourage fellowship training in New Zealand. This needs to be actively supported to expand our overall faculty membership.

Help sustain the progress and implementation of the faculty’s Curriculum Redesign Project

Training and education of specialist pain medicine physicians are at the heart of FPM’s role and reason for its being. The goal of the faculty’s Curriculum Redesign Project is to create a first-class training and assessment program. The project is progressing according to plan, with the major achievement being the launch of the provisional iteration of the revised curriculum in April 2014. This document outlines the learning outcomes for the pain medicine roles in practice, foundation component, and the nine essential topic areas to be implemented in the core training stage. The document is available on our website at http://www.fpm.anzca.edu.au/training/curriculum-redesign-project/FPM_2015_Provisional_Iteration_of_Revised_Curriculum.pdf. The revised curriculum will be ready to receive the first trainees in New Zealand in December 2014 and the first trainees in Australia in January 2015.

Help design and implement an online modular educational program for primary health care and an online education program in pain medicine for medical school undergraduates

This is in accordance with our policy to develop and advance our relationships with other colleges and organizations to ensure that an ever-increasing number have access to pain medicine training. In a joint initiative with the Royal Australian College of General Practitioners, we helped to develop an innovative online modular educational program for primary health care comprising six key pain topics. This will need expansion and updating to at least 10 modules. The plan is to expand our online pain management education resources to enable us to offer educational resources in pain medicine to the various allied medical disciplines, including nursing. A market analysis has been undertaken to ascertain interest from allied health groups in accessing the modules. Business processes are in development for groups interested in accessing this program.

In addition, the establishment of an undergraduate medical student program is envisaged to offer to medical schools. Marketing of our present “Undergraduate Prize in Pain Medicine” needs to continue to promote uptake by more medical schools. This will ensure extra pain medicine training for more medical students in more undergraduate programs.
Help further develop the multidisciplinary approach of our new specialty and grow our faculty

We have worked hard to interact with the Australian Pain Society and New Zealand Pain Society and with Pain Australia in developing a multidisciplinary approach. Growth challenges ahead include and the roll out (after the present trial) of the Electronic Persistent Pain Outcomes Collaboration. This database will measure pain outcomes across pain units in Australia and New Zealand. Rollout of this initiative continues to expand across Australia and New Zealand.

Progress has been made on the development and implementation of the pain device implant registry. Seed funding has been made available for this project, and the project has gone out for tender.

As a faculty, we need to strive to use our expertise within the practice of medicine to lobby and offer advice to government agencies, thereby indirectly advocating for patients suffering in pain.

Help establish the faculty as the leading trainer of specialist pain physicians in the world

We want to create an excellent curriculum- and work-based assessments based on sound education principles and the use of high-quality information technology. In this way, we can sustain training support not only centrally but in developing, benchmarking, and improving the quality of our accredited training units. We then need to use our resources to help other health care professionals and undergraduate students gain access to education in pain medicine.

Making progress in the above five areas requires committed teamwork and support. I have been amazed how many of our fellows willingly donate hours of their valuable time in developing our faculty. As a board, we are ably supported by our general manager, our capable administrative staff, and our director of Professional Affairs. Finally, we are fortunate to receive the tremendous infrastructure support and expertise provided by the Australian and New Zealand College of Anaesthetists.

EDWARD SHIPTON, FANZCA, FFPMANZCA, DM
Department of Anaesthesia, University of Otago,
Christchurch, New Zealand