

The Hong Kong College of Anaesthesiologists

CONSULTATION PAPER

HKCA Fellowship in Pain Medicine training programme

The Hong Kong College of Anaesthesiologists (HKCA) Council is committed to the promotion, education and training in pain management in Hong Kong. The HKCA Council has endorsed the recommendation of the Board of Pain Medicine to develop a Fellowship training programme in Pain Medicine under the HKCA that will facilitate the qualified *Fellow* to satisfy the requirement as a *specialist* in pain medicine. The HKCA would like to invite all *Members* and *Fellows* to contribute to the discussion on this proposal.

The consultation period will run for three months commencing 1 October 2009 and will end on 31 December 2009. You may also download the HKCA Fellowship in Pain Medicine training programme Consultation paper from the HCKA website.

Please send your feedbacks either by email (office@hkca.edu.hk) or mail to the HKCA Office at Room 807, The HKAM Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong.

A *Forum* on the development of a HKCA Fellowship in Pain Medicine training programme will be conducted to discuss and share HKCA Fellows and Members' views on this important matter.

Date: 14th December 2009

Time: 18:30 – 20:00

Venue: Lecture Theatre, Ground Floor, Block M, Queen Elizabeth Hospital

Working Group on Pain Medicine training programme
Hong Kong College of Anaesthesiologists
August 2009

Messages

President Hong Kong College of Anaesthesiologists

As you are aware, there has been increasing sub-specialisation in our specialty over the years coupled with significant scientific and clinical advances. Anaesthesiologists are very familiar and competent in acute pain management techniques as this is an essential component of good perioperative care. However, chronic pain management is a somewhat different matter, often requiring multidisciplinary input and with an expanding armamentarium of adjuvant medication and invasive techniques. Consequently the College has decided to explore the possibility of a separate Fellowship specifically addressing professional competence in this area. Whether this is necessary or feasible in our setting is up to you, so I encourage you to provide feedback.

Sincerely,

Professor Michael G Irwin

Chairman Board of Pain Medicine Message

Dear Fellows and Members,

May I take this opportunity to urge all of you to study carefully this consultative paper on the development of fellowship training programme in pain medicine. With the broadening of the horizon of the role of the anaesthesiologist, we have transformed from operating theatre personnel to perioperative physician. In the field of pain management, we have crossed the boundaries from providing pure postoperative pain management in the wards to leading the development of a multidisciplinary pain management service in the hospital. Our College has been running the current pain diploma programme for more than a decade there is a need to further enhance it to a fellowship training programme which is essential for our future pain specialists. So, please voice out your opinions to help us pursue our work to perfection. The future of our specialty is in your hands.

Dr Steven Wong

Consultation Document

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*Working Group on Pain Medicine training programme
Hong Kong College of Anaesthesiologists
August 2009*

1. Introduction

- 1.1. This Consultation document outlines the proposal of the Hong Kong College of Anaesthesiologists to develop a Fellowship training programme in pain medicine. The main objective of the proposal is to develop a training programme under the HKCA that will facilitate the qualified *Fellow* to satisfy the Medical Council of Hong Kong's requirements as a *specialist* in pain medicine.
- 1.2. As of August 2009, there is no Fellowship training programme in pain medicine within the Colleges of the Hong Kong Academy of Medicine. The Medical Council of Hong Kong does not recognize pain medicine as a specialist qualification.
- 1.3. At the Board of Pain Medicine meeting on 22 September 2008, the Board unanimously endorsed to submit a recommendation to the HKCA Council to consider developing a Fellowship training programme in pain medicine.
- 1.4. A subsequent forum on the *Future development of pain medicine in Hong Kong* held on 9 October 2008 attended by over 30 HKCA Fellows indicated that there was a general consensus favouring the developing a Fellowship training programme in pain medicine as a subspecialty under the HKCA.
- 1.5. A recommendation to the HKCA Council was table at the Council meeting of 11 November 2008 for discussion. Subsequently this working group was formed in January 2009 to pursue the matter in more details. At the subsequent meeting on 16 April 2009 Council expressed general approval of the Board of Pain Medicine's proposal to develop a Fellowship training programme in pain medicine.

2. Background

- 2.1. Pain is recognized by IASP, EFIC and WHO as a major healthcare issue affecting a significant proportion of world's population and has a high economic and social cost. The prevalence of chronic pain in Hong Kong is 10.8% (Ng, et al 2002). In Hong Kong the problem related to pain has been reported to be difficult and significant by numerous local studies.
- 2.2. Pain medicine is associated with robust research activities in the area, and advanced evidence-based clinical practice. The science of pain medicine has developed and

advanced tremendously over the last 15 years. The scientific basis of pain and its management is now established in clinical medicine. Current evidence from researches in pathophysiology and clinical characteristics of pain has indicated that pain may indeed be a disease rather than merely a symptom.

- 2.3. In many countries, pain has been adopted as the 5th vital sign.
- 2.4. Pain medicine has progressed to a stage where it is now considered a medical discipline in its own right in many countries including Australia, NZ, UK, EU and US.
- 2.5. The US Congress declared that the decade beginning 2001 be designated Decade for Pain control and research, emphasizing the importance of pain as a health issue.
- 2.6. In mainland China, on 18 July 2007, the Ministry of Health issued a memo formalizing the establishment of multidisciplinary pain clinics in all Category 2 and above hospitals in China.
- 2.7. In Hong Kong, acute pain service has expanded from just one hospital in the early 1990s to almost all major acute hospitals in Hong Kong today, while chronic pain management clinic has been operating in Hong Kong since 1993/1994. Over the last 10 years, the management of pain in Hong Kong has become more multidisciplinary. This is inevitable as pain is a complex multidimensional condition and may require attention from different relevant disciplines.
- 2.8. Anaesthesiologists have established acute and chronic pain services in public hospitals, lead multidisciplinary pain teams and clinics, are actively involved in pain management education to other medical specialties, healthcare disciplines and the general public, conducts formal pain management training for its trainees, and are widely involved in pain related research.
- 2.9. Specialized pain management has been recognized as an area of expertise of the Anaesthesiologists by other Colleges, HKAM, MCHK and HA in Hong Kong.
- 2.10. In summary pain is an important healthcare issue, and pain medicine will continue to advance and develop as a medical specialty. We need to provide the best care possible to our patients with pain, not only to relieve their suffering but also the disease burden to society.

2.11. There is a need for specialists in pain medicine, and Anaesthesiologists who are in the forefront of pain management, education and research are in the most suitable position to develop a specialist fellowship training programme.

2.12. The development of a Fellowship Training Programme in Pain Medicine and subsequent recognition as a specialist qualification will enhance the development of effective and safe clinical patient care through teaching and research into the assessment and management of acute and chronic pain, promote and ensure a high standard of health care and enhances the appropriate use of health care resources to improve outcomes.

2.13. The leadership role of the Hong Kong College of Anaesthesiologists to provide an opportunity to train pain medicine specialists will give major impetus to addressing the neglected area of health care, and simultaneously enhance its reputation and status on pain medicine.

3. Current Diploma of Pain Management Training Programme

3.1. The Diploma of Pain Management (HKCA) (Dip Pain Mgt (HKCA)) training programme formally commenced in July 1997, and the first examination was held in 1998.

3.2. The Dip Pain Mgt (HKCA) is a post-HKCA Fellowship qualification, and is approved by the Medical Council of Hong Kong as a quotable qualification.

3.3. The Dip Pain Mgt (HKCA) training programme is a one-year full-time training programme at a training centre approved by the HKCA. Candidates must satisfy the required accredited training time, case logbook, formal examination and a pain management project in order to qualify for the Dip Pain Mgt (HKCA).

3.4. Up to 1 October 2009, the HKCA has granted the Diploma of Pain Management to 22 Fellows by election (including Foundation Fellows) and 33 Fellows by examination.

3.5. Currently there are six training programmes for the Dip Pain Mgt in Hong Kong – Queen Elizabeth Hospital, Queen Mary Hospital, United Christian Hospital, New Territory East Cluster, Pamela Youde Nethersole Eastern Hospital and Princess Margaret Hospital, comprising 10 training positions.

4. Fellowship Training Programmes in Australia, United Kingdom and United States

- 4.1. In Australia and United Kingdom there are now formal pain medicine specialist Fellowship training programmes, while in US, there are Board certified training programmes.
- 4.2. The Australian programme is conducted by the Faculty of Pain Medicine of Australia New Zealand College of Anaesthetists. The specialties that participate in the training programme include (Category 1) ANZCA, RACS, RACP, RANZCP, AFRM (RACP), (Category 2) RACGP and RNZCGP. It is an “add-on” specialist degree training programme of 1-3 years depending on the primary specialty training programme of the candidate. Category 1 specialties training requirement is one year while Category 2 is two years of full time training at an accredited training centres. Other specialties’ requirement will be determined by the Assessor. The successful FFPMANZCA candidate must fulfil the training duration, complete an assessment of logbook of pain cases, in-training assessment, a case report and examination.
- 4.3. The UK programme is conducted by the Royal College of Anaesthetists. It is a competency rather than time-based twelve months training programme. All candidates who are admitted to the FFPMRCA must be a Fellow of RCA. However any person holding substantive or honorary NHS consultant post with regular commitment in pain medicine, who is not a Fellow of RCA, may be granted an Associate Fellowship, while Fellows or members of another UK medical Royal College or Faculty or equivalent, who are practising pain medicine in UK, who have completed a period of training & assessment prescribed by RCA may be awarded the Fellowship. The successful FPMRCA must complete 4 Mini Clinical Evaluation Exercises, 4 Case-based Discussions, 6 Direct Observation of Procedural Skill, 1 Multi source feedback, 4 Written case reports, Quarterly reviews and a Competency check form.
- 4.4. The American Boards Certification may be obtained via two pathways. All candidates for both pathways must already be Board Certified (completed residency training) in their primary specialty. The combined American Board of Anesthesiology, American Board of Physical Medicine & Rehabilitation, American Board of Psychiatry & Neurology Training programme & Examination has been available since 1999. All candidates must complete a 1 year training programme at

an ACGME (Accreditation Council of Graduate Medical Education) accredited PM training centre and must pass a universal computer-administered examination. The successful candidate will be granted certification from only one Board. The second pathway is the American Board of Pain Medicine (ABPM) programme which is relatively new. The candidates must be practising pain medicine in 18 months out of last 36 months and must pass an examination comprising 400 MCQs over 8 hours.

5. Proposal for HKCA Fellowship in Pain Medicine Training Programme

- 5.1. The training programme in pain medicine in Hong Kong takes reference from the experience of established training programmes overseas.
- 5.2. The Hong Kong Fellowship in Pain Medicine training programme will be conducted by the Board of Pain Medicine, Hong Kong College of Anaesthesiologists.
- 5.3. The training programme will be opened to interested candidates from participating Hong Kong Academy of Medicine's specialist training programmes including those of the Hong Kong College of Anaesthesiologists, Hong Kong College of Physicians, College of Surgeons of Hong Kong, Hong Kong College of Orthopaedic Surgeons, Hong Kong College of Psychiatrists and other college/faculty practising pain medicine. Collaborations and associations among these Colleges is a first and will require much discussion and goodwill.
- 5.4. It is proposed that the Fellowship in Pain Medicine will be a 2-year full-time programme in order to qualify as a recognised HKAM subspecialty training programme. Candidates may join the training programme in the final year of their respective parent specialty training programme. All successful FPMHKCA candidates must also be a Fellow of participating Colleges. (see Appendix 1)
- 5.5. The syllabus will be comprehensive and take guidance from the IASP curriculum in pain management as well as existing ANZCA and RCA training programmes.
- 5.6. At present the details of the FPM training programme has not been finalised. All FPMHKCA candidates must complete a minimum two-year training programme even though a competency-based training programme may eventually be considered. Formative and summative assessments including in-training assessment, logging the required number of relevant cases and pain management procedures, written case-reports, clinical case evaluation and discussion, a formal project approved by

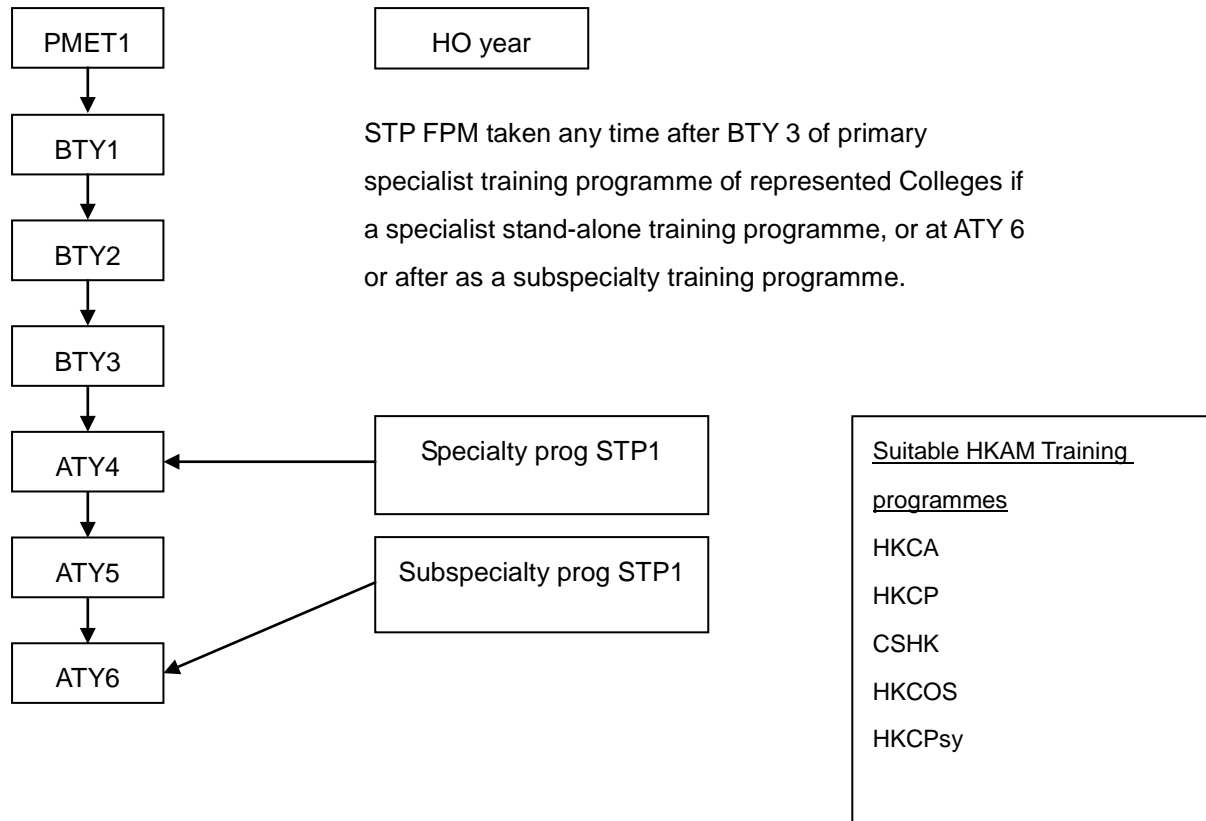
the College, and examination are being deliberated. The final requirement will be decided by the Training and Education Committee of the Board of Pain Medicine HKCA and the Board of Education of HKCA.

5.7. It is envisaged that the training of the Fellow will require rotation to different disciplines and specialties in different centres to acquire the necessary experience and exposure to multidisciplinary aspects of pain management. A log of compulsory and relevant cases must be fulfilled.

5.8. The structure of the proposed training programme provides the possibility of future need to convert to a full specialty training programme. Further review of the training programme will be essential when there is a need to consider pain medicine as an independent specialty in its own right.

Appendix 1

Proposed FPM(HKCA) - 2 years structured training programme



PMET: Prevocational Medical Education & Training BTY: Basic Training Year ATY: Advanced Training Year STP: Structured Training Programme

Possible Assessment

Log book

In-training assessment

Formal Project

Case reports

Clinical case evaluation and discussion

Examination during or after STP

FAQ

The following are some FAQ regarding the proposed plan.

1. *What is the specialty name, organization name and qualification for which specialist recognition will be sought?*

Pain medicine, Hong Kong College of Anaesthesiologists, Fellow of Pain Medicine
Hong Kong College of Anaesthesiologists (FPMHKCA)

2. *What are the deficiencies of the current training program that the Fellowship program hopes to resolve?*

The current Diploma in Pain Management (HKCA) is not a specialist qualification. The Diploma training programme needs to be enhanced comprehensively to a Fellowship training programme, as it was not originally intended for this purpose. As pain medicine has matured and advanced tremendously over the last 10 years since the Diploma was established, timing is right to further establish a specialist qualification in pain medicine in Hong Kong, so that our local population may benefit from the expertise of a pain medicine specialist, now available in many developed countries.

3. *What is the training structure for Dip Pain Mgt after fellowship programme commences?*

Currently the training structure for Dip Pain Mgt is a one-year full time training programme usually commenced either towards the end or after the anaesthesiology specialist training programme. When the FPM training programme comes into effect, the Dip Pain Mgt training programme will no longer be available.

4. *What will be the status of Dip Pain Mgt (HKCA) when FPM training becomes available?*

Holders of the Dip Pain Mgt (HKCA) who are eligible for Foundation Fellowship will be granted FPMHKCA. Those who do not qualify for Foundation Fellowship may apply to join a one-off shortened FPM training programme. This special training programme will be made available to facilitate our Diplomates' needs in the initial period after the FPM training programme becomes available. Those who do not wish to join this programme will continue to hold the Dip Pain Mgt (HKCA) which will remain quotable by MCHK.

5. *Will those without FPM be able to practice pain medicine especially pain procedures?*

Anyone in any specialties who has the relevant training and experience will be able to practice pain medicine.

6. *Who will be eligible for grandfather clause of FPM?*

All Fellows with Dip Pain Mgt (HKCA) who are currently practicing pain medicine on a regular basis. The final criteria and requirement will be announced at a later stage.

7. *Is a non-HKCA member eligible for FPM training?*

Yes, candidates from participating Colleges may join the training programme at accredited centre on or after their final year of parent specialty's fellowship training programme.

8. *Will FPM fellow who started training as a non-HKCA member have voting rights in HKCA affairs?*

All FPMHKCA will be entitled to vote on HKCA affairs as they are Fellows of HKCA.

9. *Can a Fellow be a specialist in both anaesthesia and pain medicine?*

A doctor in Hong Kong may hold more than one specialist qualifications. However the Medical Council of Hong Kong only allows a doctor to register as a specialist in one specialty. This does not preclude the Fellow to practice both anaesthesia and pain medicine if the Fellow is qualified in both areas.

10. *About 50 diplomates have been produced over 10 years. If the training time of the Fellowship training programme is doubled, will this decrease the number of pain service providers and hence the capacity of pain service provided to our patients?*

No. Some of the current diplomates will eventually qualify for Foundation Fellowship and will continue to provide expert pain management services to the community. The number of new Fellows in Pain Medicine will continue to grow but at a slower rate as the current Diplomates in Pain Management but the capacity of pain service should not be affected as many of the current practitioners will continue to support the service.

11. *What are the resource implications to a clinical Department in HA with the new training programme?*

It is envisage that when a Fellowship training programme becomes available with recognition of a specialist qualification in pain medicine by the Medical Council of

Hong Kong, it will be necessary for HA to support positions in pain medicine independently with separate resources from parent specialties.

12. What will be the implications of the Fellowship training program to a public or private hospital?

When a Fellowship programme in pain medicine becomes established and pain medicine is recognized as a specialist qualification in Hong Kong, hospitals will need to create positions for this specialty in order to provide expert specialist clinical service in pain medicine to catch up with the advances in clinical pain medicine already established in developed countries. It will be up to HA and private hospitals to assess the local needs and model of delivery of specialist pain medicine services.

13. What will be the implications of the Fellowship training programme to an Anaesthetic Department in the HA?

Firstly the current Diploma of Pain Management training centres in HA may be reaccredited for the Fellowship training programme and continue to train candidates in pain medicine. Some of the current Diplomates will qualify as Foundation Fellows and continue to provide specialist pain medicine services. Secondly all hospitals with pain management team may wish to consider employing a specialist in pain medicine to supervise their pain management service if there is no pre-existing Foundation Fellow. Alternatively the Diplomat may continue to supervise of pain management service.

14. What will be the implications on HKCA?

The development of a Fellowship Training Programme in Pain Medicine that is also offered across specialties will greatly enhance the status and reputation of HKCA in pain medicine locally. HKCA will be in a role to lead the development of pain medicine training among different specialties and disciplines that are involved in pain management in Hong Kong. There should not be any implication to the Fellows in Anaesthesia who will continue to provide perioperative anaesthesia services including pain management.

Working Group on Pain Medicine training programme, HKCA

Dr PP Chen (Chair)

Dr CW Cheung

Dr YF Chow (Chair BOEd)

Dr MC Chu

Dr Libby Lee

Dr Theresa Li

Dr SL Tsui

Dr Steven Wong (representing Chair of BOEx)

Advisors: CT Hung, TW Lee, Anne Kwan, Michael Irwin

Terms of Reference

The purpose and role of this Working Group is to review the current HKCA Diploma of Pain Management training programme and to propose a new Pain Medicine Fellowship training programme to facilitate discussion by HKCA Council, and subsequent application to HKAM for recognition of the Fellowship training programme.

Board of Pain Medicine, HKCA (Sep 2009)

Dr Steven HS Wong (Chairman)

Dr WS Chan

Dr PP Chen

Dr CW Cheung

Dr MC Chu

Dr CT Hung

Dr Anne Kwan

Dr Libby Lee

Dr TW Lee

Dr Theresa Li

Dr SL Tsui

Dr Jacqueline Yap

Ex-officio President HKCA

Ex-officio Hon Secretary HKCA

Organisation Chart

