

The Hong Kong College of Anaesthesiologists Board of Pain Medicine

Vocational Training Guidelines on Fellowship in Pain Medicine

Training and Curriculum

1. Only Members of the Hong Kong College of Anaesthesiologists who are registered as trainees in pain medicine with the Board of Education of the College may have their experience accredited towards their vocational training programme requirements as described hereunder.
2. The trainee must pay all the relevant fees and subscriptions, including the membership subscription of the college, examination and exit assessments, courses, and other items as deemed necessary by the College Council.

Duration

3. The training programme is a structured programme with principles of time-based and competency-based medical education: It consists of two parts:
 - i. basic training in an approved specialty (refer to item iii) for at least three years, including passing the intermediate examination of that specialty.
 - ii. higher training for at least three years, including a minimum of 6 months of Anaesthesia training, a further 6 months of training in an approved pain-related specialty (refer to item iii), and 24 months of vocational training in pain medicine.
 - iii. The Board of Pain Medicine shall, from time to time, revise the list of eligible specialties for basic and higher training in pain medicine.

Vocational Training

4. The vocational training shall be conducted in prospectively accredited training units.
 - i. The pain trainee must apply for the vocational training prospectively, and occupy a *full-time* training position in pain medicine. The Education Officer (Pain Med) shall confirm the start of the vocational training. Retrospective approval of training up to 3 months might be considered on individual basis with evidence of training.
 - ii. A pain trainee can have a maximum of 18 months of vocational training in any training unit, of which a minimum of 9 months shall be uninterrupted in the same training unit.
 - iii. The Education Officer (Pain Med) must be prospectively informed of all the training rotations, either by the trainee or his/her Supervisor of Training. Overseas rotations must be prospectively approved by the Accreditation Officer (Pain Med) and the Board.
 - iv. At the completion of the vocational training, together with satisfactory training log, the Education Officer (Pain Med) shall issue a letter of completion of training to the pain trainee, the Censor (Pain Med) and the corresponding Supervisor of Training (Pain Med).

- v. The vocational pain medicine training shall be completed within 48 months of commencement of the vocational training period. If the trainee fails to complete all the training requirements within the said period, all the vocational training (including examination, training time, project, caseload, in-training and work-based assessments) shall be invalidated. The pain trainees shall have to repeat the entire vocational pain medicine training again.

Clinical exposure

5. The minimal training experience per pain trainee during the vocational training shall include:
 - i. Acute pain: 200 cases. Labour pain management is not included.
 - ii. Chronic non-cancer pain: 200 new cases to the service
 - iii. Cancer pain: 100 new cases to the service
 - iv. For chronic and cancer pain, each case can only be counted once and by one trainee only.
 - v. Pain interventions: 100 procedures including a mixture of neuraxial and peripheral nerve blocks, joint injections, neurolysis, imaging-assisted interventions and other procedures as defined by the Board of Pain Medicine from time to time. Trigger point injections and acupuncture treatments are excluded from this list.
 - vi. Multi-disciplinary management: 24 sessions of clinical activities with 2 or more of any of the following specialties (the trainee himself counts as one):
 - a. Any clinical medical specialties related to pain management
 - b. Radiology, diagnostic and interventional
 - c. Clinical Psychology
 - d. Physiotherapy
 - e. Occupational Therapy

Examples of activities include: combined clinics, case conferences, pain programs, attachments, etc. Sessions solely for labour or acute pain are not included. Each session is defined as a 3-hour clinical activity.

6. The pain trainee shall keep a training log of these activities. Essential information includes date, location, nature of activity, patient identity, diagnosis and procedure as appropriate. The log shall form the basis of in-training and exit assessments. At the end of the vocational training a copy of the log shall be submitted to the Education Officer (Pain Med) for approval.
Trainees are advised to observe the requirement of Privacy Ordinance when recording these information
7. The pain trainee shall plan and execute educational activities, and complete training duly under the supervision of the Supervisor of Training (Pain Med).
8. The pain trainee shall inform the Supervisor of Training (Pain Med) for changes in training plans or other issues that might affect training, such as personal health, vocational development.

In-training assessment

9. In-Training Assessments (ITA) shall be conducted after every 6 months of vocational training by the current Supervisor of Training (Pain Med) and the pain trainee, and countersigned by the Director of the pain unit.
10. The assessment shall cover:
 - i. reviewing data on case exposure, intervention and multi-disciplinary exposure
 - ii. progress on the formal project, educational activities, courses and examinations
 - iii. review of generic competencies according to the Hong Kong Academy of Medicine guidelines (see Appendix II).
11. Any inadequacies or remedial action shall be documented and agreed by both the pain trainee and the Supervisor of Training (Pain Med) during the evaluation. Any trainee who fails the ITA for more than once shall be referred to the Board of Pain Medicine.

Formal Project

12. The pain trainee shall submit a formal project to be approved by the Board within the vocational pain training period..
 - i. The project is an integral part of training on medical literature review, writing and presentation skills, and scientific pursuit.
 - ii. The project shall be original to the trainee. The Project Officer (Pain Med) may consider a variety of formats for the formal project. Examples include: clinical trials, case reports, dissertations on pain topics, etc.
 - iii. Each project shall be reviewed by 2 reviewers based on the scientific merit. Considerations shall be given to the originality, methodology and literature search, depth of knowledge and appraisal of medical research, application of evidence based pain medicine, and effective presentation.

Pain psychology, Communication and Counselling Training

13. The pain trainee shall complete a training course in clinical psychology, communications or counseling within the vocational training period. Such training course shall be prospectively approved by the Board.

Final Fellowship in Pain Medicine Examinations

14. Candidates for any parts of examinations must be Members and registered pain trainees of the College.
15. All candidates shall have completed a minimum of 12 months of vocational training on or before the date of any part of the examination. The application for the examination must be received together with the prescribed fee on or before the deadline for application. Late applications will not be considered.

16. There shall be at least one external examiner in each examination.
17. The Final Fellowship examination shall consist of written, oral, and clinical examinations, the format of which will be determined by the College Council from time to time on the recommendation of the Examination Committee of the Board of Pain Medicine. Candidates will be examined in all aspects of pain medicine.

Exit assessment

18. The pain trainee may present for the exit assessment after he has completed all the training requirements, including the vocational training, case log, ITA, final fellowship examination, pain psychology and communication course and the formal project. After passing the exit assessment, the pain trainee will be invited for the admission to the Hong Kong College of Anaesthesiologists' Fellowship in Pain Medicine.
19. The pain trainee shall present all documentation of training, including all the in-training assessments, case log, project or other relevant information in the application for admission to Fellowship in Pain Medicine. The pain trainee shall be responsible for keeping his own documentation of training, and update the College of any changes of correspondence, ITA results, and the training log.

Accreditation of Fellows

20. Members of the College, who fulfill all requirements for training and examinations as required under the applicable College Regulations & Bye-laws, are eligible to apply for Fellowship of the College subject to its Memoranda and Articles of Association.
21. The application by an eligible Member for Fellowship must be supported by two current Fellows in Pain Medicine of the College. The application shall be considered by the Board of Censors and the Council of the College in accordance with the Memoranda and Articles of Association and the Regulations & Byelaws of the College then in force. The decision of the Council to elect such a Member to Fellowship or otherwise shall be final.
22. Fellows of the College are considered trained and qualified specialists in the specialty.
23. The content of this document is taken from the relevant documents of the College for the guidance of trainees and Supervisors of Training. If any part of this document conflicts with the Memorandum and Articles of Association, Regulations & Bye-laws, and Administrative Instructions of the College, the latter documents shall prevail.

Appendix I: Curriculum of training for the Fellowship in Pain Medicine

1. Biopsychosocial model of pain
 - i. Genetics and development of pain
 - ii. Neuroanatomy and physiology
 - iii. Clinical psychology and psychiatry
 - iv. Medicolegal aspects
 - v. Epidemiology, gender and ethnicity
 - vi. Animal models of pain

2. Principles of pain medicine
 - i. Taxonomy of pain
 - ii. Pain assessment
 - iii. Imaging and electrodiagnostic studies
 - iv. Clinical pharmacology
 - v. Interventions
 - vi. Physical therapy
 - vii. Psychological and psychiatric therapy
 - viii. Placebo
 - ix. Rehabilitative medicine
 - x. Palliative medicine
 - xi. Alternative or complementary medicine

3. Clinical topics in pain medicine
 - i. Acute pain
 - ii. Cancer pain
 - iii. Chronic pain
 - a. Rheumatological pain
 - b. Spinal pain
 - c. Visceral pain
 - d. Headache and orofacial pain
 - e. Neuropathic pain, including central pain
 - f. Special circumstances (pediatrics, elderly, substance disuse)

4. Non-clinical topics
 - i. Generic competencies of the Hong Kong Academy of Medicine
 - ii. Information technology
 - iii. Safety and risk management
 - iv. Research and audit

Appendix II : Generic competencies of the Hong Kong Academy of Medicine

1. The Hong Kong Academy of Medicine has endorsed the development of competency based post-graduate medical training. The following list of competencies definitions are referenced according to the Royal College of Physicians and Surgeons of Canada (CanMED) 2005 framework manual (http://rcpsc.medical.org/canmeds/bestpractices/framework_e.pdf)
2. Communicator: effective facilitation of doctor-patient relationship and the dynamic exchanges before, during and after the medical encounter
3. Collaborator: effective work within a healthcare team to achieve optimal patient care
4. Manager: participate in healthcare organizations, organize sustainable practices, make decisions about allocating resources, and contribute to effectiveness of the healthcare system.
5. Scholar: demonstrate commitment to reflective learning, as well as creation, dissemination, application and translation of medical knowledge.
6. Professional: commitment to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behavior.

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