

Thinking of Pain Medicine?

The pain medicine specialist may serve as a consultant to other physicians or as the principal treating physician. The spectrum of care provided by a pain specialist includes assessment of the patient's predicament in a sociopsychobiomedical framework, prescribing medication, co-ordinating rehabilitative services, counselling patients and families, directing a multidisciplinary team, co-operating with other healthcare professionals, performing pain relieving procedures, and liaising with public and private agencies.

Overview of Pain Medicine

Pain medicine is a multidisciplinary field of medical practice, which has matured in recent years. In 2012, the discipline was accredited as a scope of practice in New Zealand. This recognises the importance of the problem of unrelieved pain in the community and the need for a comprehensive medical response through education, training and practice.

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

- Acute pain (post-operative, post-trauma, acute episodes of pain in "medical conditions").
- Cancer pain (pain directly due to tumour invasion or compression, pain related to diagnostic or therapeutic procedures, pain due to cancer treatment).
- 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).

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 have been developed in New Zealand and Australia.

Such clinics or centres harness the inputs of a range of medical and allied health professionals to assess the multidimensional aspects of pain and to formulate appropriate programmes of treatment aimed at control of pain and improvement in function.

Equally important, these multidisciplinary pain clinics also provide clinical training and foster basic clinical research in pain medicine.

Training

Training requirements

Applicants must be a Fellow (or have completed at least three years FTE) of training towards Fellowship of a specialist qualification acceptable to the board of the Faculty of Pain Medicine. The list of acceptable primary specialist qualifications is available on the Faculty website.

Prior to registering, applicants must also have passed the Foundations of Pain Medicine examination.

Duration of vocational training is 88 weeks (2 years)

- Core Training stage: 44-week period spent in a faculty-accredited training unit.
- Practice Development Stage: a 44-week period of approved clinical activity directly relevant to the field of pain medicine.

It is likely that you need to complete placements in multiple DHBs whilst completing vocational training

Personal qualities required to be a Specialist

- Ability to apply high level knowledge, skills and professional attitudes in the practice of pain medicine across stable, unpredictable and complex situations.
- A commitment to the health and wellbeing of individuals and society through ethical practice, characterised by high personal standards of behaviour, accountability and leadership.
- A commitment to learning, to the creation, dissemination, application and translation of knowledge relevant to pain medicine, and to education of patients, students, colleagues and within the community.
- Effective communication, including the ability to listen, interpret and explain the predicament and concerns of the patient in a broad sociopsychobiomedical framework.
- Understanding of how personal beliefs and cultural bias may influence interactions with others.
- Ability to effectively work in a healthcare team to achieve optimal patient care.
- Ability to make and manage decisions about resource allocation as may apply personally, professionally and at organisational level, provide leadership and contribute to effectiveness of the healthcare system.
- Ability to responsibly use their expertise and influence to advance the health and wellbeing of patients, colleagues, communities and populations.

Specialty Training Programme Information

Medical College

Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists ([ANZCA](#))

Fellowship/Qualification

Fellow of the Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists (FFPMANZCA)

Recognition of Prior Learning

Recognition of prior experience (RPE) may be granted, up to a maximum of six months, as credit towards the Practice Development Stage of training in pain medicine. Such experience must be directly relevant to pain medicine. Any RPE will be provisional and contingent upon satisfactory performance during the Core Training Stage.

Entry requirement and Application process

- The documentation required is outlined on the [Faculty website](#)
- There is no opening date for application.
- Application with the Faculty may occur at any time after the completion of at least three years FTE training in a primary specialty. It may occur prior to applying for a Faculty training position in a Faculty-accredited hospital or other training site.

Registration with the Faculty occurs once the trainee has passed the Foundations of Pain Medicine examination (usually held in November and January) and obtained a training position in a Faculty-accredited hospital or training site.

Selection criteria

The Faculty does not select trainees.

Trainees must secure work in a training post of a Faculty-accredited multidisciplinary pain unit, prior to commencing training.

Examination requirements

- There is a barrier examination for the Foundations of Pain Medicine component of the programme: a multi-choice question examination that must be passed prior to commencing the core training stage.
- Formative assessments include a general physical examination assessment (to be completed within the first 11 weeks of training), clinical skills assessments, management plan assessments, case-based discussions, professional presentations and multi-source feedbacks.
- Summative assessments include quarterly in-training assessments completed by supervisors, long case assessments, a clinical case study, and the fellowship examination.
- The fellowship examination consists of a written paper and a one-day viva-voce examination. This may be attempted in either the Core Training or Practice Development stage.

[More detailed information on Pain Medicine Training](#)

Resident Medical Officer (RMO) Information

Demand for vocational Training Posts is currently not available

Year	Number of applications for training year	Number of applicants for training year selected
2016	Not available	Not available
2015	Not available	Not available
2014	Not available	Not available

RMO training registrar positions contracted

Northern	Midland	Central	South Island	Total
1	0	1	1	3

(September 2016 RMO census)

Regions

Northern:

Northland, Waitemata, Auckland, Counties Manukau DHBs

Midland:

Lakes, Tairāwhiti, Bay of Plenty, Waikato, Taranaki DHBs

Central:

Hawke's Bay, Wanganui, MidCentral, Wairarapa, Capital and Coast, Hutt Valley DHBs

South Island:

Nelson Marlborough, Canterbury, South Canterbury, Southern, West Coast DHBs

Senior Medical Officer (SMO) Information

Year	Number of NZ New Fellows
2016	3
2015	3
2014	1
2013	2
2012	2

Average Age of SMOs	Number registered with the Medical Council	% of international medical graduates in the workforce
54	27	48

Number by Region (September 2016 SMO census)

Northern		Midland		Central		South Island		Total	
FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount
7.5	9	0.0	0	0.3	1	0.0	0	7.8	10