

Executive Summary

The recognition application

The Faculty of Pain Medicine has sought recognition of pain medicine as a medical specialty. This body has representation from the Australian and New Zealand College of Anaesthetists, Royal Australasian College of Physicians, Royal Australian and New Zealand College of Psychiatrists, the Australasian Faculty of Rehabilitation Medicine (RACP), and the Royal Australasian College of Surgeons.

Recognition through this process signifies that a medical specialty or sub-specialty is developing in Australia in response to a demonstrable need for specialist medical services and that its development is in the best interests of the Australian community.

The application describes pain medicine as a multidisciplinary field of medical practice, which provides care for people of all ages with severe pain, including acute, cancer and chronic pain, and which recognises that the management of severe pain problems requires the skills of more than one medical craft group.

The Faculty states that the purpose of the submission for recognition is to enhance the development of effective and safe clinical care through teaching and research into assessment and management of acute, chronic and cancer pain; to enhance standards of patient care by Fellows, trainees, and the medical and allied health personnel who will benefit from better education into effective and efficient pain management; and to enhance the wise use of health services.

Australian Medical Council pain medicine recognition review group

The Faculty of Pain Medicine submitted its application for recognition of pain medicine as a medical specialty in June 2003.

An Australian Medical Council (AMC) recognition review group (called the Review Group in this report) assessed the application. Review groups are ad hoc committees of the AMC's Recognition of Medical Specialties Advisory Committee and work within the policy and guidelines of the AMC, as described in the Guidelines, *The Recognition of Medical*

Specialties and Sub-specialties. The Review Group considered the Faculty's application for recognition, sought public submissions on the application, gathered information relevant to the application, and conducted a series of interviews and site visits.

The case for recognition of pain medicine as a medical specialty

The application maintains that the medical care of people with severe pain is fragmented, often unsuccessful and has the potential to cause harm through the use of inappropriate or unsafe remedies. The community carries the costs associated with widespread, severe unrelieved pain. It is argued that the evaluation of the needs of people with severe pain requires knowledge and skills from a number of medical disciplines. Pain specialists have this specific aggregation of knowledge and skills and are competent to conduct multidisciplinary evaluations and to coordinate appropriate treatment. Inappropriate care for chronic pain conditions can exacerbate the condition and increase suffering and disability, with resultant increased costs. The referral of complex cases to pain specialists results in the substitution of more efficient concurrent management plans rather than addition to current inefficient sequential plans.

The application argues that the status of medical specialty would give major impetus to addressing this area of health care.

The public submissions received by the AMC indicate support for the recognition of pain medicine as a medical specialty, and acceptance of the main arguments made by the Faculty of Pain Medicine, although this is not universal.

The Review Group identified the following key points in the case for recognition of pain medicine as a medical specialty:

- The application describes a field of medical practice based on well-defined concepts in medical science.
- The application demonstrates that the pain medicine practice is of public health significance as demonstrated by burden of disease, incidence, prevalence and impact on the Australian community. Waiting lists of up to six months are common for pain medicine centres.

- The application makes an impressive case that pain medicine is a rapidly expanding field of knowledge, with major advances in basic pain neuroscience knowledge, associated advances in pain neuropharmacology, and developments in behavioural and other strategies of pain management.
- The knowledge and skills required of pain medicine specialists are clearly defined. They are a specific aggregation and differ from those of related medical specialties in breadth and depth. Members of the Faculty and trainees provided persuasive examples of how the knowledge, skills and attitudes specific to pain medicine built on those derived from their initial specialty training and how they applied this special knowledge and these skills in everyday practice.
- While many practitioners in the health service manage pain related to their own field, the rapid expansion of the knowledge base regarding pain is difficult to follow by those whose principal interest is the cure and management of the underlying diseases causing pain.
- There is an established program of training and assessment in pain medicine, under the auspices of the Faculty of Pain Medicine. Fifty-six graduates have joined the Faculty of Pain Medicine following completion of the training program.
- The application makes a link between patient safety and the skills and knowledge of pain medicine specialists now, and suggests ways in which the link will be enhanced in the future.
- The economic impact of recognition is likely to be small and there are significant compensating benefits in the improvement of care of people with severe pain.

The Review Group identified a number of areas where pain medicine is still developing. These were explored fully in assessing the case for recognition. These are:

- In stressing the multidisciplinary nature of pain medicine as a clinical discipline, the Faculty's application also stressed the role of multidisciplinary pain centres. Whilst the Review Group understands that these play a central role in the academic development of the discipline and the treatment of difficult cases, the application was less strong in relation to the practice of pain medicine specialists in other settings.

- This emphasis on multidisciplinary pain centres raised questions about patients' access to pain medicine services now and in the future. These questions were fully addressed in the review.
- There was a lack of data to support some claims about the benefits of recognition. In particular, costings are incomplete because data were not available. After the Review Group had reported, the AMC's Recognition of Medical Specialties Advisory Committee sought additional information from the Faculty to assist the assessment of the costs and benefits of recognising pain medicine as a medical specialty. The Committee also established an Economic Sub-committee to assist in these assessments. The assessment of the Faculty's additional information is provided in this report.
- The Faculty's application outlines the role played by the Faculty in contributing to the pain management knowledge and skills of other medical practitioners and health professionals, and thereby contributing to improved care delivery, and to staff and patient wellbeing. Specialty recognition should consolidate and enhance this process.
- The application indicated that specific continuing professional development programs for pain medicine specialists were in the early stages of development. All Fellows of the Faculty of Pain Medicine, effective from 2004, are required to participate in the continuing professional development programs relevant to their initial specialist field of practice. An audit process has been instituted to monitor participation.

Areas for further consideration

This assessment considers the recognition of the field of pain medicine as broadly defined by the applicant.

The Review Group recognises that there are other medical groups and other health professions who care for patients with acute, cancer and chronic pain. There has been some concern that the recognition of pain medicine as a medical specialty would endorse exclusively a particular approach, that of the Faculty of Pain Medicine, thereby excluding other practitioners or failing to recognise the skills and expertise of other practitioners.

The Review Group has taken account of the statement in the Guidelines for Recognition:

'It is possible for complementary specialties or sub-specialties to develop which share some common skills and knowledge but for the practitioners in the specialty or sub-specialty to be represented by different professional bodies or organisations....

Whilst recognising the benefits of specialisation, the AMC will expect groups representing developing specialties and sub-specialties to have identified existing specialties and sub-specialties whose scope of practice or training programs are similar and will encourage dialogue and cooperation between developing specialist groups and existing specialist groups, in order to maximise the use of limited resources.

More than one professional body may consider it fulfils the roles described ... [in the Guidelines] as the typical education and training roles of a specialist medical college. The recognition process provides for open submissions on the case for recognition of a medical specialty or sub-specialty, and the possibility of accreditation of more than one body to provide the training and continuing professional development programs in that specialty.¹

In July 2004 the Faculty hosted an Intercollegiate Forum on Pain Medicine which the following representatives of parent and other bodies attended:

- President, Royal Australasian College of Physicians
- President, Paediatric and Child Health Division of RACP
- President of Australasian Faculty of Rehabilitation Medicine
- Vice-President Royal Australasian College of Surgeons
- Representative from the Royal Australian and New Zealand College of Psychiatrists
- Chair of Palliative Medicine RACP
- Chair of Addiction Medicine RACP
- President, Faculty of Occupational Medicine RACP
- President, Faculty of Radiation Oncology, Royal Australian and New Zealand College of Radiologists
- Director of Education, Royal Australian College of General Practitioners
- President, Australian and New Zealand Academy of Orofacial Pain
- President elect, Australasian Faculty of Musculoskeletal Medicine

¹ Australian Medical Council 2002 *The Recognition of Medical Specialties and Sub-specialties: Policy and Process* pp18-19

The Forum's themes assisted in the definition of opportunities and challenges for intercollegiate development and particularly focused on opportunities for strengthening partnerships in the development of and delivering educational resources, materials and training pathways.

This Forum on Pain Medicine clearly demonstrates the Faculty's intention and work towards encouraging dialogue and cooperation between existing specialties and developing specialty groups involved in pain medicine.

The Review Group has assessed the application for recognition of pain medicine as a medical specialty based on its status as a clinical discipline. It does not consider that a decision to recognise the discipline of pain medicine should result in the imposition or promotion of a particular style of service delivery. It does believe that the strengths of the multidisciplinary approach in this discipline have been well argued.

The Review Group is conscious that the health service is changing and that care is being provided increasingly by an expanding range of health professionals, some undertaking tasks that have been the domain of medical practitioners until the recent past. The context of work is accepted now as a crucial aspect of medical practice. The accreditation of places of work and of clinical units is complemented by the credentialling of individuals and the credentialling guides the granting of privileges, all in the interests of safer health care and a desire to meet the expectations of the public for a service of high quality.

The purpose of this report

This report is the assessment by the Recognition Review Group of the case for and against recognition of pain medicine as medical specialty, against the criteria for recognition detailed in the Guidelines for Recognition. The report contains a summary of the key material presented to the Review Group, and the Review Group's assessment of the strength and weaknesses of the case presented.

The Review Group is not responsible for advising on whether or not pain medicine should be recognised as a specialty. It is responsible for providing the information on which the Recognition of Medical Specialties Advisory Committee can develop recommendations to the Australian Medical Council. Taking account of the material presented to it, the Council itself decides on the advice to be given to the Minister about the recognition of the specialty.