

The Hong Kong College of Anaesthesiologists
Board of Pain Medicine

Report on the Pain Forum on the HKCA Fellowship in Pain Medicine training programme

Date: 14 December 2009

Time: 1830-2015h

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

Present:

Dr Steven Wong (Chair, BoPM)
Dr PP Chen (Chair, Working Group on Pain Medicine Training Programme)
Dr CT Hung (QEH)
Brigadier Ivan Houghton (Retired)
Dr TW Lee (POH)
Dr SL Tsui (QMH)
Dr CW Cheung (QMH)
Dr Jacqueline Yap (CMC – Recorder)
Dr Carina Li (Private)
Dr Joseph Lui (PMH)
Dr Edmond Chung (Private)
Dr Chu Kwok Wah (PMH)
Dr Samantha Lee (QEH)
Dr Man Kwan Yin (Private)
Dr Tim Brake (UCH)
Dr Yvonne Li (PYNEH)
Dr Tam Lee Ka (QMH)
Dr Lam Chi Shan (NDH/AHNH)

The forum was chaired by Dr Steven Wong, Chair of the Board of Pain Medicine, who welcomed the audience of Fellows and Members of the HKCA. The Consultation Paper on the proposed HKCA Fellowship in Pain Medicine was sent out to all Members and Fellows by 15 October 2009, and all were invited to provide feedback. Dr Steven Wong reported that there had been no negative feedback regarding the proposed fellowship.

This was followed by a presentation by the Chair of the Working Group on Pain Medicine training programme, Dr PP Chen. An overview of the background leading to the development of Pain Medicine in Hong Kong and the proposed framework for the FPM(HKCA) two year structured training programme were presented by Dr PP Chen.

Queries received from members and fellows were discussed in detail during the forum. Issues ranged from training and examination, curriculum, accreditation, impact on anaesthesia, and manpower concerns were discussed with active participation from the audience. The updated list of FAQ is attached.

The forum concluded with the resolution to continue supporting the development of a HKCA Fellowship in Pain Medicine. The meeting was adjourned at 20:15.

Dr Jacqueline Yap
Hon Secretary
Board of Pain Medicine

FAQ (updated 14 Dec 2009)

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 Diplomate 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.

15. Given the small number of Australian Pain fellows in HK, how can you be sure of the standard of the fellowship and competence of the fellows?

The standard of the Australian Pain Fellows in HK is the responsibility of the FPMANZCA and not that of HKCA. As for future FPMHKCA we shall ensure the standard of our Fellows by;

- *ensuring that our local training programme is on par with acceptable overseas standards*
- *ensuring that our examination is of the highest standard*
- *promoting CME & research activities on PM*
- *establishing a PM CPD programme that requires all Fellows to comply*

16. Is there any exemption of training if one has done the master degree on pain management in UK or Australia?

No. Higher academic degrees are not professional qualifications and often lack practical (clinical) training in their programme.

At present there is no exemption of training in our Diploma of Pain Management (HKCA) programme for those who have done a master degree on pain management in UK or Australia.

17. What are the effects of the Pain Fellowship on the current training of anaesthesia?

The Pain Fellowship training programme will not affect the current curriculum and training structure of the anaesthesia programme, which will continue to have a non-core module on pain medicine. It is however possible that the establishment of a fellowship in Pain Medicine, and the recognition of PM as a medical specialty will enhance the feasibility for Anaesthesia trainee to do a 3-6 months rotation in PM module.

18. How are you going to sustain the Fellowship if no Fellow will register as Fellow in Pain instead of FHKAM (as in the case of Administrative Medicine Fellowship)?

This scenario is a possibility. The problem is that we do not know what will happen but we should not delay the development of a PM specialty in Hong Kong because of this. We are all aware that pain medicine has developed into a medical specialty in its own in many parts of the world, and it is only a matter of time that Hong Kong will catch up with this advancement. In

any case, some of our current Diplomates have already planned to register as a Fellow in PM when the times come.

19. Will the duration of training be extended to two years?

Yes, it is the requirement of the HKAM to only register a subspecialty with 2 years duration training programme.

20. Will there be requirement for interventional procedures, if yes, how many?

Yes, there will be a requirement for exposure to interventional procedures. The actual variety and number of procedures have not been finalised yet but on principle it should be adequate to ensure competency.

21. Will the Fellowship be open to applicants from other specialties?

No. However we do not preclude the invitation to other specialty colleges to join the FPM training programme when the specialty becomes more mature. After-all the management of pain is often multidisciplinary and multimodality.

22. Will there be any changes in the examination procedure (including clinical cases etc)?

There is likely a revision on the examination procedure, and examination on clinical cases will be one of the options. The final examination programme is still being discussed.

23. With the current 1 year training period, smaller training centres occasionally encounter difficulties rotating their pain trainees to larger centres. If the training period is increased to 2 years, it is anticipated that this problem will be exacerbated and this will discourage the recruitment of pain trainees in smaller centres. What measures will College take to reduce this problem?

The curriculum and final training programme are still in discussion. The BoPM will take this important point into consideration when developing the programme. It is possible a structured training programme encompassing different centres within a cluster or across clusters may be considered.

Fellowship Training Programme in Pain Medicine

FORUM 14 Dec 2009

Chronic Pain: A Priority in Healthcare

- Chronic Pain creates significant physical & psychological sufferings, functional disability, social disruptions, welfare dependency, compensation & litigation issues, economic burden
- 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
- JCI established pain standards in Hospital Accreditation in 2000

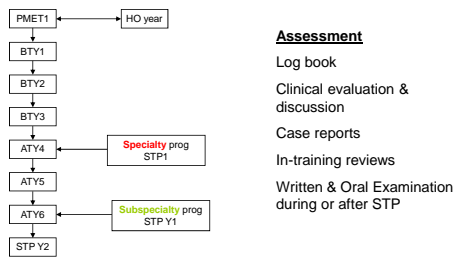
Pain medicine as a medical specialty

- 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
- 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, US & China

Anaesthesiologists in pain med

- Anaesthesiologists
 - have established acute and chronic pain services
 - lead multidisciplinary pain teams and clinics
 - actively involved in pain management education
 - conducts formal training for its trainees (DPM)
 - widely involved in pain related research
- Specialized pain management has been recognized as an area of expertise of the Anaesthesiologists by other Colleges, HKAM, MCHK and HA in Hong Kong

Proposed FPM(HKCA) - 2 years structured training programme



PMET: Pre-qualifying Medical Education & Training; BTY: Basic Training Year; ATY: Advanced Training Year; STP: Structured Training Programme