NEW ZEALAND ASSOCIATION OF MUSCULOSKELETAL MEDICINE

TRAINING MANUAL

For admission as a

Fellow of the Australasian Faculty of Musculoskeletal Medicine and the awarding of the Certificate of Attainment in Musculoskeletal Medicine

(9 August 2019)

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BACKGROUND OF THE AFMM

What is the AFMM?

The Australasian Faculty of Musculoskeletal Medicine (AFMM) is an incorporated body, registered in all States and territories of Australia and New Zealand. It is administrated by an elected Council as described in Article 28 of the Faculty's Articles of Association. Elections are held biannually as determined by the Article 37 Faculty's Articles of Association.

It was constituted in 1993 and formally incorporated in 1995, as a result of negotiations between the Australian Association of Musculoskeletal Medicine and the New Zealand Association of Musculoskeletal Medicine. The inception of formal postgraduate courses in Musculoskeletal Medicine in three Australasian universities (Otago, Flinders and Newcastle) led the two national associations to believe that a separate and independent body was required to develop and promulgate standards of practice in the discipline based on a responsible, academic analysis of the scientific literature. Before the Faculty's incorporation, various groups, including musculoskeletal physicians, rheumatologists, neurologists, rehabilitation physicians, interventional radiologists, anaesthetists and pain medicine specialists, had moved towards those ends but each from a relatively narrow perspective.

The main intention of the Faculty was to co-ordinate the development of the scientific, academic and educational aspects of musculoskeletal pain medicine. The chosen means of achieving this aim was to draw together those involved in research and education in musculoskeletal pain medicine and those in specialist practice in the discipline to develop its scientific base and apply it to patient management. The Faculty was thus to bring together all doctors in Australia and New Zealand with similar aspirations to enhance co-operation towards the common goal of improving the quality of care for patients with musculoskeletal pain problems.

In 1996 the Faculty was commissioned by the Australian Federal Minister of Health to conduct the *'National Musculoskeletal Medicine Initiative'*. This project involved the development of evidence-based clinical practice guidelines for the management of acute musculoskeletal pain problems; the evaluation of the safety, efficacy and cost-effectiveness of evidence-based practice for these problems; and an audit of how these problems were managed in usual care. The Initiative was completed in July 2000.

The *'National Musculoskeletal Medicine Initiative'* enabled the Faculty to define evidence-based practice for acute musculoskeletal pain problems, and to document the competence of its members in this practice. Members of the Faculty also compiled the evidence about the management of chronic musculoskeletal pain problems. Members of AFMM have been engaged in formal research studies concerning the reliability and validity of diagnostic procedures and the efficacy of therapeutic procedures for chronic pain problems.

The main objectives for which the Faculty was established were to promote the science of, and education in, musculoskeletal pain medicine and to promote scientific methods of treatment of musculoskeletal disorders. As time went on, the need arose for some form of recognition of expertise and competence in the field. Thus, for several years after its constitution, AFMM did not seek to examine, accredit, members until it had established an unambiguous knowledge base, standards of practice and a system of examination. AFMM deliberately eschewed the concept of 'grandfathering' AFMM offered Fellowship to practitioners who had demonstrated commitment to and expertise in Musculoskeletal Medicine by clinical practice and experience.

A Board of Censors was appointed. The first examination was held in 1998. Those who passed the examination became Fellows of AFMM. Of more than 100 applicants, 66 have satisfied the standards required (see Examinations). The Fellowship has evolved as the academic arm of the Faculty.

In 1999, the Medical Council of New Zealand recommended to Government that Musculoskeletal Medicine be recognised in New Zealand as a vocational branch (recognised scope of practice) of medicine. This was incorporated into the New Zealand Medical Practitioners Act in April 2000. This was subsequently confirmed in the Health Practitioners Competence Assurance Act in 2003. Vocational registration requires a CAMM (Certificate of Attainment in Musculoskeletal Medicine), which is awarded by the New Zealand Association of Musculoskeletal Medicine.

AFMM has functioned from the outset as an educational institution. It achieves this by sponsoring scientific meetings, by continuing research, by its educational activities, and by training future Fellows.

What is the relationship of the AFMM to NZAMM?

In New Zealand, functions previously managed by the Faculty, except the setting of the final Fellowship examinations, are now managed and co-ordinated by the New Zealand Association Musculoskeletal Medicine. This recognises that NZAMM is the gazetted vocational education body for New Zealand graduates, and that it is the CAMM that is the official qualification for New Zealand musculoskeletal specialist practitioners. There is no Australian equivalent. However Australian Fellows contribute to the maintenance of education standards and academic knowledge, as well as participate in preparing trainees, setting standards and providing examination oversight.

To obtain a CAMM (Certificate of Attainment in Musculoskeletal Medicine) a trainee must be successful in the final Fellowship examinations.

AFMM devised a training programme for the admission of future Fellows. This programme has been delegated to the New Zealand Association Musculoskeletal Medicine for the purposes of training specialists in Musculoskeletal Medicine in New Zealand. The AFMM Board of Censors remains responsible for the academic content and the setting of examinations. Upon awarding a Fellowship in Musculoskeletal Medicine, the Faculty will notify the Executive of the NZAMM who can then award the CAMM

The Accident Compensation Corporation (ACC) of New Zealand, along with the private medical insurers operating in New Zealand, have recognised those practitioners with Vocational Registration in Musculoskeletal Medicine as specialist providers in the field.

There are currently 22 NZAMM CAMM Holders in active practice in New Zealand, and six trainees.

What defines a CAMM Holder/Fellow of the AFMM?

Fellows of the Australasian Faculty of Musculoskeletal Medicine are medical practitioners who:

- are registered in the Commonwealth of Australia or in the Dominion of New Zealand or in some other country, state or territory that has been approved by the Medical Council of New Zealand;

- have appropriate clinical experience in the discipline;
- have undertaken further study of basic sciences pertinent to the musculoskeletal system, and the assessment and management of patients with such disorders, according to the principles of evidence-based medicine; and
- have passed the AFMM Fellowship.

The Educational Objectives of the Training Programme

The Training Programme will produce Fellows with ability to:

- determine and describe the mechanisms and causes of painful disorders of the musculoskeletal system and their associated symptoms and signs;
- explain to patients, in understandable terms, the mechanisms and causes of painful disorders of the musculoskeletal system;
- explain to their colleagues, of all ranks and disciplines, the mechanisms and causes of painful disorders of the musculoskeletal system;
- assess comprehensively patients with acute and with chronic painful disorders of the musculoskeletal system, using techniques and procedures that are reliable and valid, according to the best available scientific evidence;
- formulate a plan of management for patients with acute or with chronic painful disorders of the musculoskeletal system, using interventions known to be safe, effective, and cost-effective, according to the best available scientific evidence;
- provide all or part of this management themselves, according to their training, aptitude, and resources available to them, or
- secure and provide such appropriate management as they themselves may not be able immediately to offer by referral and collaboration;
- critically evaluate the available literature pertaining to painful disorders of the musculoskeletal system;
- advise patients, medical colleagues, insurers, Accident Compensation Corporation, and workers compensation authorities, on the nature and merits of various options available for the management of patients with painful disorders of the musculoskeletal system
- distinguish between those management options that are conjectural and those which are evidence-based, and to distinguish those that are reliable, valid, and effective from those that are not;
- teach consumers, students, and colleagues any and all aspects of the basic and clinical sciences pertinent to the optimal management of painful disorders of the musculoskeletal system;
- have an ongoing dedication to the evolution of the discipline by undertaking literature reviews and participating in research projects.
- behave ethically, following the principles outlined in Cole's "Good Medical Practice"
- be effective in any communication

Because of their training and experience, fellows are able to provide for general practitioners and for other members of the profession a specialist resource that can secure for patients a comprehensive and valid assessment of their musculoskeletal problems, and the most appropriate form of management that is safe, effective and cost-effective. Fellows have strong relationships with general practitioners and allied health professionals in securing optimal outcomes for the patients with musculoskeletal pain problems.

Fellows in Musculoskeletal Pain Medicine have trained and been examined in:

- the anatomy, physiology, and histology of the bones, muscles, joints, and nerves of the body;
- the biochemistry of fibrous connective tissues and their common disorders;
- the normal biomechanics of the musculoskeletal system;
- the physiology of nociception, pain processing, and the behavioural dimensions of pain;
- the pathophysiology of painful disorders of the musculoskeletal system, including an understanding of valid and conjectural models;
- the principles of biostatistics and epidemiology as they pertain to evidence concerning the diagnosis and management of painful disorders of the musculoskeletal system;
- the application of these principles to actual clinical practice;
- obtaining a detailed and comprehensive history from patients;
- performing a physical examination of the musculoskeletal system, using accepted techniques, but with awareness of the reliability and validity of each technique;
- techniques available for the investigation of painful disorders of the musculoskeletal system, with awareness of their reliability and validity;
- appropriate interpretation of investigations
- the management of pain and of patients with musculoskeletal pain, using explanation, education, encouragement and reassurance, advice about activity and exercises, manual therapy, drug therapy, injections, appliances and other devices, according to the best available evidence of safety, efficacy, and cost-effectiveness.

The particulars of this knowledge and skills, and the literature upon which they are based are recorded in detail in the syllabus of the Faculty.

AFMM Fellows/CAMM holders are trained and examined in:

- knowledge explicitly pertinent to the pain and associated features suffered by patients with musculoskeletal disorders, some of which are not associated with demonstrable pathology;

- knowledge and techniques pertaining to disorders suffered by patients that are not explicitly or formally embraced by the curricula of other specialists, or examined by members of those respective Colleges or Faculties;
- knowledge firmly based on contemporary evidence of reliability, validity, safety, efficacy, and cost-effectiveness, as opposed to traditional wisdom and past conventional practice.
- practices that have been subjected to independent scrutiny and evaluation, and which have been shown to be safe, effective and cost-effective, and shown to be appreciated and valued by consumers.
- practices that are based on sound ethical principles, including culturally competent, such that trainees develop respect for patients, and for the profession.

THE SYLLABUS OF THE NZAMM

NZAMM has produced a comprehensive and fully referenced Syllabus pertaining to Musculoskeletal Pain Medicine. This Syllabus is fully available to NZAMM and its trainees for the purposes of the Training Programme.

The objectives of the Syllabus are to outline the body of knowledge necessary for musculoskeletal pain physicians and other medical practitioners necessary to achieve expertise in the management of musculoskeletal pain disorders.

Trainees are examined in all aspects of the syllabus, to the level required by the Board of Censors.

The specific objectives of the Syllabus are each complemented with both Core and Focused References to the available literature. These references constitute the key scientific publications that make up the evidence-base for this subject. However, in some instance's references are provided for those prominent or influential publications in order to expose trainees to the broad diversity of views that obtain in some areas of musculoskeletal pain medicine. NZAMM considers that trainees and Fellows/CAMM holders should be conversant with this literature, especially when it competes with an evidence-based approach to the issue covered by the Specific Objective.

VOCATIONAL TRAINING

The purpose of training in musculoskeletal pain medicine is to produce doctors with competence and skills in managing musculoskeletal pain problems.

Trainees are required to complete a specified programme of training and examination in order to be eligible for admission to Fellowship of AFMM under Articles 49, 50, 51, and 52 of the Articles of Association of AFMM. Trainees will be eligible for admission as Members of AFMM in accordance with the Articles of Association, after attaining the Diploma of Musculoskeletal Medicine.

In New Zealand, a candidate can only apply for vocational training in Musculoskeletal Medicine upon successful completion of the University of Otago Post Graduate Diploma in Musculoskeletal Medicine papers

- MSME 701 – Clinical Diagnosis
- MSME 711 – Pain Assessment

The candidate must also fulfil the initial selection criteria, as defined below:

Refer: ***NZAMM Policy Statement: Training Prerequisites***
Documents: ***Application Form for the Vocational Training Programme***
Guideline for NZAMM Training Programme Interview and Merit Based Assessment
A17 - MoU NZAMM & trainee

Overview of Application Process:

- Candidate completes application form in good faith and in full
- Documents and Referees are verified by the Education Committee
- References give evidence of good standing with the community and their peers
- Candidate is assessed using a structured interview to the satisfaction of the Director of Training
- Candidate is prepared to enter into a contract with the NZAMM
- Candidate will be excluded from the selection process should any document be found to be false.

Eligibility Criteria for Entry to the Training Programme

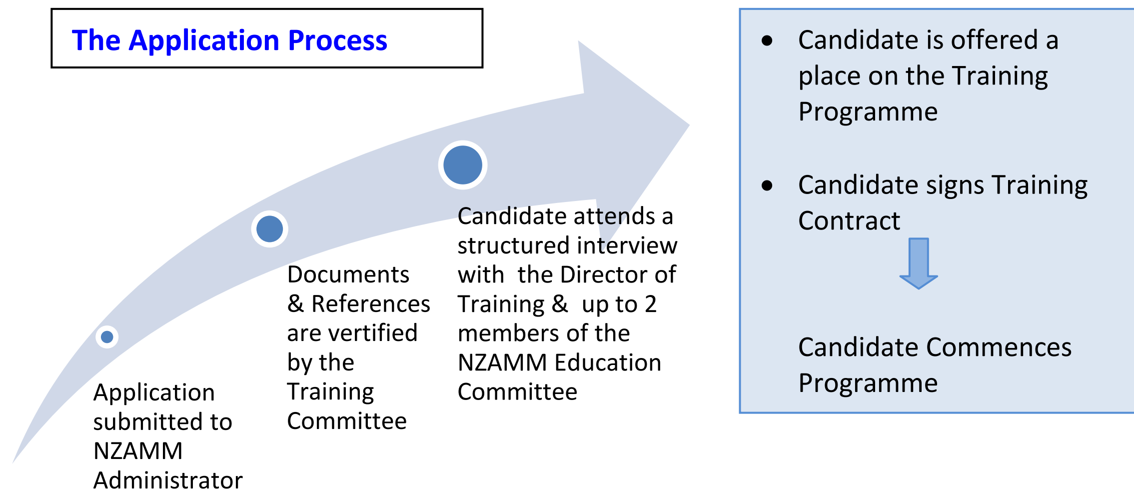
To be eligible for entry to the programme, potential candidates must hold:

- MBBS, MBChB qualifications gained at a University approved by the MCNZ
- Full Registration with the MCNZ
- Annual Practicing Certificate
- Certificate of Good Standing from the appropriate medical council.
- Completed Post-graduate years 1 and 2 (PGY1 & 2)
- Membership of Medical Protection Society or other professional indemnity insurance.
- References from two Referees.
- Passes in: at least Papers MSME 701 (Clinical Diagnosis) and MSME 711 (Pain Assessment) as offered by the Postgraduate Diploma of Musculoskeletal Medicine at the University of Otago.
- Be a member of the NZ Association of Musculoskeletal Medicine and the Australasian Faculty of Musculoskeletal Medicine (either Full Member if holding a DipMSM or equivalent, otherwise Associate Member in Training)

Documents required:

- Completed ***"Application for the Musculoskeletal Medicine Vocational Training Programme"***. A5 See Appendix
- Certified copies of relevant Degrees or Diplomas
- Curriculum Vitae

- References from two Australian or New Zealand referees, with names and contact details
- Proof of identity, Passport or New Zealand Driver's license
- Copy of current Medical Indemnity certificate



Merit:

Should there be more candidates than training places available, selection will be on the basis of merit. The Chief Censor, the Director of Training and the Education Committee will be involved in the selection process. Merit assessment includes quality of previous experience, performance on the structured interview, and recommendation of referees.

NZAMM Policy Statement: Training Prerequisites
NZAMM Policy Statement: Trainee selection

Merit assessment is on the basis of points, with 20 points available for prior experience, 20 points for the structured interview, and 10 points for quality of references. In cases of doubt, or when there are more applicants than training positions available, a short MCQ examination and a short case involving history taking, focused examination and management plan formulation may be used to help differentiate the more suitable applicant

There is weighting for experience as PGY1 or 2 in Orthopaedic Surgery, Neurology, Rheumatology, or Emergency Care. Training prior to medical school in Physiotherapy, Osteopathy or Chiropractic will also be given weighting.

Recognition of Prior Learning:

NZAMM Policy Statement: Recognition of Prior Learning

An applicant may have prior learning experiences that are compatible with components of the Faculty's training programme. Applicants who have successfully completed papers in the University of Otago's Diploma in Musculoskeletal Medicine, or equivalent papers from other jurisdictions, subject to equivalency, may have these credited. Similarly experience in the medical disciplines of general practice, orthopaedics, rheumatology, occupational medicine, neurology, rehabilitation medicine, pain medicine and sports medicine may also lead to credits with the Association's Training Programme. Assessment is on an individual basis, with verification of the supporting documentation, references, discussion with referees, academic and publishing record and formal assessment of skills.

Application Declined

Formal Review

The candidate may apply for a formal review of the Education Committee's decision on selection. This will be undertaken by the Censor in Chief, the Director of Training, and two members of the Education Committee, not previously involved in the selection process.

TRAINING GOVERNANCE

Refer: ***NZAMM Curriculum***
NZAMM Policy Statement: Clinical Governance
Document: NZAMM Guide to Assessing Competency for Vocational Training
Document: Notes to Accompany Assessing Vocational Training:
NZAMM Standard: Faculty Examinations

The Board of Censors

The Board of Censors was the body charged with the supervision of the training programme. The supervision has passed to the Executive of the NZAMM. The Board of censors remains responsible for the setting of the fellowship examinations, and the maintaining achievement standard of that examination. The Board of Censors is presided over by the Censor-in-Chief, whose duties are described in **Article 35.2 of the Faculty's Articles of Association** as follows:

a) To maintain the academic standards of the Faculty; and

b) To encourage the highest levels of scientific knowledge and practical competence in the discipline of musculoskeletal medicine; and

c) To apply the criteria established by the Council for the assessment of applicants seeking election to the Fellowship of the Faculty; and

d) To supervise the examination of candidates seeking election to the Fellowship of the Faculty and to report the results of such examinations to the Council; and

e) To preside over the Board of Censors.

The Board of Censors' functions are described in **Article 44 of the Faculty's Articles of Association** as follows:

> *"… to examine candidates seeking election to Fellowship of the Faculty upon examination and to report the results of such examinations to the Council and to perform and carry out such other functions as may from time to time be required by the Council to be carried out by the Board."*

NZAMM TRAINING PERSONNEL

The Director of Training (DoT)

A comprehensive training programme is essential for the formation of the attitudes and skills required for the development of competent musculoskeletal pain consultants. The DoT oversees the training programme and receives regular feedback from the Supervisors, who have direct contact with the trainee and instructors. The Director of Training (DoT) advises the Chief Censor of the progress of the programme quarterly. The DoT can be a member of the Board of Censors. The DoT can appoint other Fellows to assist him or her. These appointees are called Associates of the Director of Training (ADoT).

Duties

The duties of the DoT include the following:

Development of a Training Programme for Trainees

- Formulation of each trainee's programme of educational activities;
- Assistance in the development of appropriate supervised positions for trainees.

Selection of Trainees

- Identification and counselling of doctors who are considering musculoskeletal medicine training;
- Involvement with the Board of Censors in the selection process.

Training and Examination

- Annual meetings with trainees at the beginning of each year, when matters such as the feedback and grievance mechanisms should be specified.
- Discussing training options with individual trainees
- To create a suitable individual learning environment for the trainee;
- To ensure that a wide range of opportunities for clinical skill development is available to the trainee. Monitoring the progress of individual trainees, giving feedback and advice where appropriate;
- Liaison with Supervisors re: each Trainee's progress;
- Review of examination results with each examination candidate.

Other Responsibilities Relating to Training

- Attending twice yearly meetings with the Board of Censors/Education Committee regarding the training programme;

- That the Supervisor and Mentor are accredited
- Ensuring that the supervisor continues to meet the Association's standards of accreditation;
- Assisting with preparation of documentation for and scheduling of re-accreditation site visits;
- Assisting senior trainees with trial written and clinical examinations;
- Accreditation of a clinic for training requires that full support be given to the DOT and the training programme – if this support is not provided, accreditation status will be jeopardised.

Supervisor

Refer: ***Document "The Role of a Supervisor"***
Document: "Supervisor' Report"
NZAMM Policy Statement: Supervisor Instructor Requirement
Document: NZAMM Guide to Assessing Competency for Vocational Training
Document: Notes to Accompany Assessing Vocational Training

The primary role of the Supervisor is to develop and guide the trainee's clinical skills to the level necessary for function as a musculoskeletal pain medicine consultant. Training is to be carried out by completing a series of 'core' and 'elective' attachments, each under supervision. The supervisor can also be an instructor to whom the trainee is attached. The Supervisor will have a close working relationship with the trainee for the year.

NZAMM organises workshops for supervisors and instructors of trainees to assist them in their role.

The responsibilities of a Supervisor include:

- Liaison with the trainee, the instructors, and the DOT.
    - the Supervisor should liaise with the trainee and the Instructor within a week of the trainee starting each module.
    - check that the trainee is working their way through the programme;
    - check that the trainee is covering the curriculum;
    - reviewing the training objectives for each placement with the trainee at the beginning of the placement, and objectively assess the progress against these objectives at the end of each rotation, using the Supervisor's Report and Log of Clinical Proficiency
    - review of the Instructors' Report at the end of each module.
    - providing feedback and curriculum guidance to the trainee,
- Communicate with the DoT via the Administrator about the trainees Supervisor's and Instructor's reports, including any meetings with the supervisor
    - provide a regular Supervisors Report (including a narrative regarding professionalism) to the DoT, via the Administrator,
        - either at the end of each module,
        - once every three months,
        - or after each meeting, which ever seems most appropriate

A Supervisor should be responsible for no more than two trainees at any one time.

The Mentor

Refer: ***NZAMM Policy Statement:*** ***Disputes Resolution***
Impaired Physician, Unprofessional Behaviour

The Mentor acts in a pastoral role. They are responsible for:

- Providing guidance if a trainee is having difficulties in the training programme or with the supervisor or instructor, or if supervision is inadequate or does not satisfy the requirements.
- Resolving problems that arise for the trainee
- Liaising with the instructor, supervisor, or DoT if needed.

A fellow could be a supervisor for no more than two trainees but a mentor for others.

The Instructor

Refer: ***Document: "Instructor's Report"***
Document: "Trainee's Field Placement Report"
Document: "NZAMM Host Teaching Practice Facility Audit form"
Document: STANDARD Diagnostic Skills and Patient Management
Document: STANDARD Anatomical Region Clinical Examination
Document: STANDARD Office Based Steroid injections
Document: NZAMM Guide to Assessing Competency for Vocational Training
Document: Notes to Accompany Assessing Vocational Training
Document: The Clinical Placement

Instructors provide instruction but are not responsible for supervision. Trainees may be able to provide clinical services during each module such that clinics may receive an appropriate return for this expenditure. This will depend on the experience and seniority of the trainee, and the suitability of the Instructor's facility.

The instructor will

- Provide an appropriate workplace for the trainee, including administrative support
- Observe the trainee's history taking and physical examination,
- Discuss with the trainee the interpretation of clinical findings,
- Assess the trainee's clinical evaluation of investigative procedures
- Discuss care plans to ensure they are appropriate to the needs of the patient and carer.
- Complete an Instructor's Report at the end of the module, including a self-reflection by the instructor on their own performance
- Discuss the contents of the Instructor's Report with the trainee
- The tools for assessing the trainee are:
  - ***Instructor's Report***
  - ***Summary of Assessment: History taking, physical examination, diagnosis formulation, management planning***
  - ***Musculoskeletal clinical history taking and examination checklist***
  - ***Anatomical region clinical examination checklists***
  - ***Clinic letter quality checklist***
  - ***Office based steroid injections checklis***

Communication with the Trainee

Refer: ***"Welcome to Training Pack"***

The Administrator will keep a record of all trainee's email and physical addresses and will inform all trainees about the activities of the Education Committee. This will be in addition to face to face communications at regular retreats and peer group meetings.

NZAMM will maintain a website with all information pertinent to the training programme, with access available to any prospective or active trainee.

At the start of training, a ***"Welcome to Training Pack"*** will be forwarded to each trainee, including details of the training programme, cost and requirements and any changes to the current year,

In the subsequent years, after the trainee has had a discussion with the Board of Censors, Director of Training and Education committee, any proposed changes for the current year will be forwarded, if this has not already occurred at the time of the annual training review.

The Director of Training will meet with trainees at least twice yearly to discuss the trainee's progress with their training. The DoT will obtain reports from the trainee's supervisors/instructors and review the trainee's Log of Clinical Proficiency prior to the meeting.

Vocational Training in Musculoskeletal Medicine

Refer: ***NZAMM Documents:*** ***Trainee Flow Chart***
Guide to Assessing Competency for Vocational Training
Notes to Accompany Assessing Vocational Training

The process to accreditation includes:

- **Part A:** Completion of specific papers from an approved Postgraduate Diploma of Musculoskeletal Medicine, Masters of Health Science (Otago), or Pain Medicine from an Australian or a New Zealand University.

- **Part B:** Clinical Training Programme. Upon completion of the Clinical Training Programme, the candidate is able to apply for Fellowship of AFMM.

Part A and Part B can be completed concurrently. Both are explained in more detail in the following paragraphs.

PART A:
Post Graduate Diploma Papers in Musculoskeletal Medicine/Masters in Health Science (Pain/MscMgmt):

The trainee should undertake study in approved papers from Otago University Post Graduate Diplomas in Musculoskeletal Medicine and Masters in Health Science (Pain/MuscMgmt) or equivalent papers from other institutions.

This is a large component of the theoretical aspect of musculoskeletal pain medicine. Some papers are deemed 'compulsory', and others 'optional'.

It should be noted that completing the compulsory papers does not cover all the AFMM Syllabus. The trainee will be expected to do some 'optional' papers, or 'self – directed learning' to cover extra topics. Some material will also be covered at AFMM Retreats.

For most applicants, and in particular those naïve to Musculoskeletal Medicine, the Association will require that MSME 701, and MSME 711 be completed as a pre-requisite to entry into the training programme

Pre-requisite Papers:

- MSME 701 – Clinical Diagnosis (15 pts)
- MSME 711 – Pain Assessment (15 pts)

Compulsory Papers:

- MSME 702 – Musculoskeletal Tissues (15 pts)
- MSME 703 – Musculoskeletal Disorders (15 pts)
- MSME 704 – Introduction to Pain (15 pts)
- MSME 705 – Regional Disorders – Spine (15 pts)
- MSME 708 – Introduction to Pain Management (15 pts)
- MSME 709 – Clinical Therapeutics (15 pts)
- PAIX 701 – Neurobiology of Pain (30 pts)
- PAIX 702 – Biomedical Pain Management (30 pts)
- An approved Research Paper (30 pts)

Optional Papers:

- MSME 706 / 707 / 710 & PAIX 703.
- Rehabilitation paper from other Post Graduate Diplomas

The minimum requirement is 90 pts from MSME papers, and 60 pts from PAIX and research methods papers.
(NB. 120 pts are needed for a Diploma, and 240 pts for a Masters)

or,

The AFMM Board of Censors, or the Education Committee/DoT, may at their discretion give credit to an intending trainee who, has attained Fellowship or other suitable qualification in a cognate field, or has made contributions to research and the scientific medical literature in musculoskeletal medicine of such merit as to be recognised and approved by the Council as having special standing in the discipline (as described in Article 3.3 of the Faculty's Articles of Association).

Registration for Part B Training:

Application

Prospective trainees are required to lodge an ***Application for Musculoskeletal Medicine Vocational Training Programme* form** , and the prescribed fee, at the Association's office.

Determination of Application

The applicants meet with at least two members of the Education Committee, the DoT and the Censor in Chief at least one of who is present in person at the meeting, although the other may be present via a teleconference link. The meeting consists of a structured interview process. The Association reserves the right to determine any application at its sole discretion. Successful applicants are admitted to the training programme and registered with the DoT. All applicants are advised of the Board's decision in writing within one month of meeting with the Board Members.

Failure to Apply

A person will not be recognised as a trainee if they have not applied for registration.

Overseas Trained Doctors

Refer: *NZAMM Policy Statement: International Medical Graduates*

Overseas trained doctors are eligible for the NZAMM's training programme on the same basis as New Zealand graduates. Registration as a Medical Practitioner in Australia or New Zealand is a prerequisite for admission.

PART B: Clinical Training Course

A four-year course of training is provided for trainees to enable them to gain knowledge of each of the areas of clinical practice encompassed by the discipline of musculoskeletal medicine and to become proficient in associated practical procedures.

As they progress through this course, trainees undertake attachments through accredited training positions in which they have opportunities to refine knowledge of all aspects of musculoskeletal pain medicine, as defined by the Syllabus, and professional skills in communication, assessment, formulating plans of management and applying particular interventions.

Each trainee rotates through positions providing clinical training in various elements of musculoskeletal pain medicine ("core training modules") and also has opportunities to take positions providing more intensive training in aspects of musculoskeletal pain medicine or enables the trainee to gain experience of allied disciplines ("elective training attachments").

Further formal teaching occurs with the Association arranged training day(s) that will be arranged at regular intervals throughout the year, and often to coincide with retreats. The academic material will be formally covered by tutoring and peer presentation over a series of predetermined sessions at either training day(s) and/or retreats. These sessions are published in advance, and are available on the website, and cycle every two years. The convenor will usually be the Director of Training, or a member of the Education Committee, supported by other fellows. The purpose of the training days is to methodically work through aspects of the syllabus and regional anatomical areas in preparation for examinations. Trainees will be expected to present to their colleagues on academic topics, set in advance by the training day convener. Training day(s) evaluation will involve both summative and formative assessment.

Schedule of topics to be addressed over a two-year cycle at training day(s) and retreats:

TRAINING DAYS
Repeating over a two- year cycle

Training Day		**Year One**		**Year Two**	
Day 1	AM	Session 1	Intro / Critical thinking / radiology	Session 7	Ankle / foot
Day 1	PM	Session 13	Psychology of pain / yellow flags		
Day 2	AM	Session 2	Acute cervical pain	Session 8	Rheumatological joint condition
Day 2	PM	Session 2	Acute cervical radicular pain	Session 8	Rheumatological joint condition
Day 3	AM	Session 3	Chronic cervical pain		
Day 3	PM	Session 10	Pharmacology	Session 13	Review Psychology of pain / psychotherapies
Day 4	AM	Session 4	Acute low back pain	Session 9	Osteoarthritis
Day 4	PM	Session 4	Acute lumbar radicular pain	Session 9	Osteoarthritis
Day 5	AM	Session 6	Shoulder	Session 14	Neurobiology of pain
Day 5	PM	Session 6	Elbow / forearm and wrist	Session 14	Physiology of connective tissues
Day 6	All day	Session 5	Chronic low back pain	Session 10	Pharmacology revised
				Session 11	Injectables
Day 7	AM	Session 7	Hip	Session 12	Report writing / dealing with third parties (ACC, etc)
Day 7	PM	Session 7	Knee	Session 14	Exam prep / OSCE

The standard requirements are:

- Over the 4-year period the trainee is required to complete both ‘core training modules’ and ‘elective training attachments.’ One ‘core training module’ consists of 75 hours supervised work.

- Over 4 years, a trainee completes (dependent on the discretion of the Director of Training and based on the trainee’s progress):
  - Up to 10 core training modules (750 hours) and
  - Elective training attachments (at least 5) totalling up to 150 hours.

These requirements can be reduced at the discretion of the Director of Training dependent upon prior experience.
Refer*: NZAMM Policy Statement: Recognition of Prior Learning*

The ***Clinical Placement document*** acts as a template for the supervisor/instructor to guide the trainee

.
The successful completion of the Part B elements requires:

- ***Supervisor's Report***: at the end of each meeting with the trainee, the supervisor shall send the Administrator/DoT a report on the trainee's performance during that period.

- ***Instructor's Reports:*** at the end of each clinical training placement, the instructor shall send the Administrator/DoT/trainee's Supervisor a report on the trainee's performance during that period.

- ***Trainee Field Placement Reports:*** The trainee must complete this at the end of each clinical training attachment and shall send these to Administrator/ DoT/trainee's supervisor

- **Attendance at all Training Day(s) and Retreats**: with completion of the ***"Trainee Feedback"*** forms)

- ***Log of Clinical Proficiency*** and ***Case Log Book***: each trainee will be expected to keep appropriate clinical records of patients seen during each training rotation and to present them to the supervisor upon request. At the completion of each rotation the trainee shall submit a sample of ten case reports to their supervisor. These should demonstrate their competence/proficiency in the domains addressed during that training period (assessment, diagnostic formulation etc.) These reports may, depending on the nature of the training, include letters written by the trainee back to referring doctors, other reports and the trainee's observations of, and comments about, procedures undertaken in musculoskeletal pain management.

- **Completion of 'Clinical Assessment Tools'**. Tools used will include; Checklists, Case Presentation review, short MCQ tests, demonstration of practical skill, short presentation of topical subject.

  Reference:
  - ***Guide to Assessing Competency for Vocational Training***
  - ***Notes to Accompany Assessing Vocational Training***

  Tools:
  - ***Instructor's report***
  - ***Supervisor's report***
  - ***Trainee Field Placement report***
  - ***Musculoskeletal Physician checklist, Summary history taking, physical examination etc)***
  - ***Musculoskeletal Physician Skill checklist***
  - ***Anatomical Region Clinical Examination checklists***
  - ***Clinic letter back to referrer quality checklist***
  - ***Office Based Steroid Injections checklist***
  - ***DISQ - Doctors Interpersonal Skills Questionnaire***

Core training modules (defined as clinical musculoskeletal practice under the direct supervision of the trainee's supervisor) will primarily be with individual practices of fellows with adequate throughput of appropriate patients but may include attachment to hospital departments. In these positions, trainees have opportunities to develop proficiency in communication and professional skills pertinent to the skills required of a musculoskeletal physician as described above. Training involves exposure to acute and chronic conditions of each of the regions of the musculoskeletal system. Two core-training modules are undertaken in each of the first two years and three in each of the final two years.
These requirements can be reduced at the discretion of the Director of Training dependent upon prior learning.
Refer: *NZAMM Policy Statement: Recognition of Prior Learning*

Elective training attachments include attachment to hospital departments or individual practices of fellows or other accredited practitioners with particular interests in aspects of musculoskeletal pain medicine or cognate disciplines, allowing trainees to gain additional experience in areas such as musculoskeletal radiology and fluoroscopically guided interventions. The particular mix of 'elective training attachments' is dependent on the previous experience of the trainee and is again at the discretion of the Director of Training depending on prior experience.
The Trainee needs to get all planned elective attachments approved by the DoT.

Such attachments include, with suggested hours:

Orthopaedics fracture clinic	30 hours
Musculoskeletal Radiology	50 hours
Pain Medicine; multidisciplinary clinic	50 hours
Interventional	30 hours
Psychological	30 hours
Rheumatology	30 hours
Rehabilitation Medicine	30 hours
Occupational Medicine	30 hours
Sports Medicine	30 hours
Neurology	30 hours
Medico-legal and Insurance Medicine	30 hours
Other electives: on application.	

While participating in the training programme the trainee could work in an appropriate medical discipline, which involves a high proportion of musculoskeletal medicine. Rotations can include:

Approved General Practices
Urgent Care Clinics
Accident and Medical Clinics
Sports Medicine Clinics
Occupational Medicine
Rehabilitation Medicine
Armed Forces
Appropriate Hospital posts.

Elective training can also include further education in specific areas. Such a course needs to be accredited by the DoT. In general, such education must be closely aligned with the eventual role as a musculoskeletal pain physician.

Summary of Training Hours by Year

YEAR:	1	2	3	4	TOTAL
Core	150	150	225	225	750
Elective	50	50	50	50	200
Diploma MSM/ MHealSc (Pain)	200	200			400
Faculty Retreats	50	50	50	50	200
Conferences and Training Days(s)	30	30	30	30	120

This is an example of the training required. The total hours must be achieved over the 4 years but the number of hours per year is flexible.

Design of an Individualised Training Programme

In order to design a training programme, the trainee, the supervisor, Education Committee and the DoT must be familiar with:

Document: Trainee's Log of Clinical Proficiency

- legislative requirements for vocational registration;
- the general objectives of the training programme;
- the stage of training of the particular trainee: **(refer: *Expanded Training Programme sub-levels)***
- the requirements of each trainee to receive a comprehensive exposure to all aspects of musculoskeletal pain medicine.

Training Sub-Levels:

Level 1:

Trainee generates no income and Instructor losses potential income due to teaching commitment

Level 1a: Trainee inexperienced and only observes the instructor
Instructor modifies their appointment scheduling to accommodate the time taken demonstrating to, and engaging trainee in the consultation/ examination/management process
Instructor commits 1 hour in every 3 to teaching

Level 1b: Trainee only observes the instructor but has some experience
The trainee may start the consultation process with history taking and an examination

Instructor modifies their appointment scheduling to accommodate the time taken demonstrating to, and engaging the trainee in the consultation/ examination/management process
Instructor commits 1 hour in every 3 to teaching

Level 2:

Trainee generates income and instructor does not lose potential income from the teaching commitment
Instructor would triage new cases as to which are suitable for the trainee
The patient would need to consent to being seen by the trainee
Anticipate trainee will spend 1 hour with new case, ½ hr for follow up

Level 2a: Trainee sees patient on own, instructor invoices for visit
Trainee takes history, examines patient and formulates management plan
Instructor reviews patient with trainee and implements management
Instructor modifies their appointment scheduling to accommodate the time devoted to the trainee
Instructor commits 1 hour in every 3 to reviewing trainee with their patient

Level 2b: Trainee sees patient on own, working largely independently of instructor, Instructor invoices for visit
Trainee takes history, examines patient, formulates and implements management plan
Instructor reviews the patient with trainee and approves management / supervises treatment
Instructor modifies their appointment scheduling to accommodate the time devoted to the review
Instructor commits 1/2 hour in every 3 to reviewing trainee's patients

The DoT and the trainee first need to map out a programme for the year in question. ***The Log of Clinical Proficiency*** document is the template for planning the year's training objectives. All proposed training programmes must be approved by the DoT, supported by the Education Committee, prior to each placement. Training is under the direction of a supervisor, implemented by an Instructor and with guidance of a mentor. The DoT is responsible for ensuring that the supervisor and mentor are accredited, and that the education plan subsequently submitted by the trainee and supervisor is satisfactory. If the trainee is in the first year of training, the DoT designs a tentative overall plan for the full four years of training.

In the second, third and fourth years of training, the training programme is amended to address any deficiencies. The trainee is encouraged to discuss the proposed training programme, previous experiences and future expectations.

Following the initial meeting, the trainee completes the **Application to Commence or Continue Training Programme form** and forwards it to the Board of Censors for approval. The trainee and supervisor keep a copy of the application form.

Once the applicant has been accepted onto the training programme, the new trainee will receive ***a "Welcome to Training"*** pack. This will include the ***Log of Clinical Proficiency***. The Director of Training reviews this log with the trainee and the plan for the year's training is set.

A copy of the ***Instructor's Report*** is sent to the trainee at the beginning of each training placement. This form is used to document the trainee's progress in each of the eight generic objectives of advanced training, and any specific vocational training requirements. The trainee should be aware that assessment includes all aspects of professional behaviour, including ethics, cultural competency, reliability, and respect of patient's rights. The supervisor discusses the form (and its implications) with the trainee.

Assessment of Training

Instruments used to provide objective evidence of training include:

Supervisors' and Instructors' reports
Trainee Field Placement reports
The Log of Clinical Proficiency
Case Log Book
Training day reports
Learners Feedback Report

plus, any short MCQ tests, demonstration of practical skills, Case Presentations, and the results of formal Faculty examinations, as well as the attainment of appropriate papers from Postgraduate Diploma of Musculoskeletal Medicine and papers from the Postgraduate Masters of Health Science (Pain/MuscMgmt).

All assessments will include not only clinical knowledge and skill, but also aspects of professionalism, ethical practice and communication.

Supervisors' Report

The Supervisor will send the Director of Training and the Administrator regular reports on the trainee's performance. The supervisor will have access to Training Day reports and the Instructor Reports and will incorporate the outcomes of these into their Supervisor Report. The report should be reviewed with the trainee. A copy of the report will be available to the trainee

Log of Clinical Proficiency and Case Log Book

The trainee must keep appropriate clinical records of patients seen during each training rotation and to present them to the supervisor upon request. At the completion of each attachment the trainee submits a sample of ten case reports that demonstrate their competence/proficiency in the domains addressed during that training period (assessment, diagnostic formulation etc.).

Clinical Assessments during Attachments

Trainees will be required to complete a number of clinical assessments during each clinical rotation.

Assessment Tools used will include; Case Presentations, Case Reports, short MCQ test, demonstration of practical skill, short presentation of a topical subject, all referenced to the literature where appropriate

(Supervisor's Report, Instructor's Report; Trainee's Field Placement Report, Musculoskeletal Physicians Skills Check List, Summary of Assessment: History taking, physical examination, diagnosis formulation, management planning)

The Case Reports may, depending on the nature of the training, include letters (with patient identifying information removed) written by the trainee back to referring doctors, other reports and the trainee's observations of, and comments about, procedures undertaken in musculoskeletal pain management.

AFMM Examination

The Examination will test knowledge of the syllabus of musculoskeletal pain medicine and comprises both written and clinical assessments. Trainees are prepared for these assessments with self-directed learning, end of day summation meetings with their supervisor/instructor, Association organised retreats and training day(s), mock clinical examination, peer review, case presentations, and radiology review meetings. The Faculty examination encompasses all components of the field, including basic sciences. Candidates must satisfy the Board of Censors in both the Written and Clinical Examinations.

There is fuller information regarding the examination process on page 27

CLINICAL PLACEMENTS

Refer: ***NZAMM Policy Statement: Supervisor Instructor requirement***
Document: NZAMM Host Teaching Practice Audit

General Requirements

Clinical placement of a trainee shall be to an accredited clinical Instructor(s) with responsibility for patients in Musculoskeletal Pain Medicine. Placements should be designed to develop a graded responsibility through each training year. Trainees should attend prescribed courses of study and tutorials directly related to the training programme, usually around four hours per week of employed time. In the first two years of training such requirements will be largely met by the papers from the Diploma and Masters of Health Science (Pain/MuscMgmt).

Formal Learning Programme

Formal teaching is organised and delivered by appropriately skilled and experienced instructors, usually fellows, at training day(s), applying currently accepted educational principles to the teaching programme.

Training Day(s) will have formal assessment using the following instruments:

1. ***Learner's Feedback Report***
2. ***Tutor's/Convenor's Self Reflection form***
3. ***Observer's Feedback***

The structured educational programme, determined by the learning requirements of the Log of Clinical Proficiency, and the Syllabus is provided to achieve the training objectives. All trainees, supervisors and instructors receive a written copy of the Curriculum, and the individualised Log of Clinical Proficiency. It is recommended that this is a minimum of 120 hours per year (e.g. four hours per week for 30 weeks).

Teaching will be provided in various formats; participating in the University of Otago Postgraduate Diploma of Musculoskeletal Medicine, and Postgraduate Masters of Health Science (Pain/MuscMgmt)), participating in Association Retreats, training day(s) attending peer review meeting, and clinical tutorials. Record of attendance, learning objectives and feedback is documented using the appropriate reports.

The trainee will also be encouraged to undertake self-directed learning in those areas where a deficit in knowledge is identified.

Access to Resources

To meet the objectives of the training programme, the trainee requires access to general facilities and resources that include:

- A library, containing recognised texts and a relevant range of current journals, and with a computerised database (Medline). Access to a University Library is through participation in the Diploma of Musculoskeletal Medicine and the Masters of Health Sciences, both via the University of Otago.
- Facilities for teaching in a clinical setting. These are the consulting rooms of the trainee's supervisor or instructor.
- Facilities for meetings and teaching sessions. These are available at the NZAMM retreats and at monthly peer group meetings held in Auckland, Christchurch or via the rural members' teleconference
- Specific training day(s) at suitable venues as required for the purpose
- A structured learning programme. This includes the Diploma of Musculoskeletal Medicine and the Masters of Health Sciences, as well as learning objectives as specified in the Curriculum
- Audio-visual teaching. This is available at the NZAMM retreats or via suitable audio-visual teleconferencing technology. There are 2 to 3 Retreats every year.

A broad range of clinical instructors are expected to have input into the trainees' learning experience.

Clinical Instruction

Clinical instruction will come from a number of people through each year of the programme. Each trainee is assigned a clinical instructor(s) for each attachment.

The level of supervision by the Instructor of the trainee is dependent on the trainee's ability and varies as the trainee progresses through the programme. Opportunities for directly supervised, indirectly supervised and monitored, and relatively independent clinical practice should be provided according to the ability of the trainee. See Training Sub-levels page 20
(**refer:** ***Trainee Clinical Competency Pt A&B;***
The Clinical Placement document)

Educational Supervision

Individual direct educational supervision provided by the supervisor and instructor and includes:

- Helping the trainee make effective use of the learning environment provided;
- Directing and focussing learning so the trainee develops self-directed training techniques;
- Helping the trainee develop understanding of the wider aspects of the vocational training.
- Review and direct the trainee with any issue that may arise from the Trainee Field Placement or Instructor's Reports

In addition to direct educational supervision from current supervisors and instructor, the overall educational supervision is directed by the DoT who reports directly to the Board of Censors.

Educational Aids

Trainees are assisted by access to the educational resources of the Faculty/Association and its members, including the Faculty's/Association's library of literature references, notes, power-point presentations, videotapes, on-line instruction, and refresher courses.

Training Sites

The Board of Censors and the DoT determine the suitability of sites and training programmes for each trainee. Trainees will be expected to travel around Australasia to work in appropriate sites.

Refer Document: Host Teaching Practice Facility Audit

Retrospective Approval of Training

The Association normally requires training to be approved prospectively. Retrospective endorsement is only considered in exceptional circumstances. In such circumstances, the Board of Censors has discretion to grant recognition of up to one year of previous training. Applications for retrospective endorsement can only be approved where the requirements of training have been met. In all instances appropriate supervisors' reports are required. Periods of less than three months are not considered.

TRAINING CONSIDERATIONS

Trainee Participation in Training Organisation Governance

refer: *NZAMM Policy Statement: Trainee Representation*

It is recognised that the number of trainees is likely to be small initially. Therefore, formal representation of an elected Trainee Representative on the Education Committee is less likely to be needed. It is the policy of the Faculty to have a trainee representative as member of the Education Committee.

There will be a formal meeting of trainees with either the Education Committee, Director of Training, or Chief Censor, to be held concurrently with the retreats, or alternatively, by another arrangement.

These will be held a minimum of two (2) times per annum. The meetings will be minuted and the Education Committee will meet separately to discuss what actions, if any, will be taken as a result of any concerns or issues raised by the trainees.

The retreats will function as peer group meetings, and attendance at these is a requirement of all trainees.

Interrupted Training

Refer: *NZAMM Policy Statement: Flexible Training*

Training should be continuous. If a training programme is interrupted for more than two years, the DoT may require an additional period of training.

Leave from Training

In each year of training, standard statutory and recurrent leave entitlements (holiday, conference etc.) can be taken without prolonging training. However, it is recognised that over a four-year training period, additional or exceptional periods of leave may be required. Examples include maternity/paternity leave or prolonged illness. These may occur as a single episode or on repeated occasions.

As a general principle, the total period of leave in any one training year should not exceed two months (apart from maternity leave). Total leave taken during training and individual circumstances will be considered.

If the total period of leave during training is considered to have been in excess of the guidelines or to have interfered significantly with training, an additional period of training may be required.

Part-Time and/or Flexible Training

Although it is strongly recommended that training be undertaken full-time, part-time training may be acceptable provided that the position is equivalent to 50% or more of full-time training, and that all the requirements of full-time training have been met. The total length of training, including both full-time and part-time, shall be equivalent to that required under full-time training (48 months).

Approval and accreditation processes are the same as for full-time training and fees payable to NZAMM over the total period of advanced training do not exceed those of full-time training.

Research during Training

Refer: *NZAMM Policy Statement: Trainee Programme Processes*

The Faculty requires trainees to complete a suitable research methods paper during their training and strongly encourages participation in research. However, all applicants for Fellowship must be satisfactorily trained as Fellows whether or not their training programme includes a significant component of research. At least three of the four years training must be spent in clinical musculoskeletal pain medicine.

Documentation for the proposed research must be provided in advance, and permission obtained from the DoT for leave to undertake this departure from the recognised training path.

Teaching

Trainees are expected to teach other health professionals or trainees in the course of their training. Teaching may include bedside tutorials, small group discussions and larger group presentations. Whilst some material will be well known to trainees, preparation will usually be required. When such are available, trainees are encouraged to attend courses outlining principles of adult learning and effective presentation techniques. Feedback from senior clinicians should be arranged periodically.

Transfers between Instructors

Trainees are normally to be hosted by only one instructor during any one attachment. Transfers from an instructor may occur at short notice. In such instance's trainees cannot assume that the new component of training will be acknowledged without the approval of the Director of Training.

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At the Instigation of the Trainee

If for some reason the trainee wishes to transfer from one instructor, he or she is required to lodge an application in writing to the DoT. Prior to this course of action, the trainee must discuss this with their mentor, their supervisor, and the DoT.

At the Instigation of the Instructor

Again, acknowledgement is not automatic, even if this occurs due to unforeseen circumstances. Liaison with the Director of Training is mandatory.

ADMINISTRATIVE REQUIREMENTS

There are forms to be completed during each year of training. All forms are to be return promptly to the administrator, who logs these, and then forwards them to the Director of Training. These are:

Refer: ***Application for Musculoskeletal Medicine Fellowship Training Programme*** **form ,**
Approval to Continue Training in Musculoskeletal Medicine
Supervisor's Reposts
Instructors Report
Trainee Field Placement report
Training Day reports:

1. ***Trainee's feedback form***
2. ***Tutor's/Convenor's Self Reflection form***
3. ***Observer's Feedback***

Application to Train

The ***Application to Commence or Continue in the Training Programme*** must be submitted before the training programme commences each year. It is prepared by the trainee in conjunction with the envisaged supervisor and submitted to the Director of Training. The DoT then determines whether or not the training programme is suitable. The decision is conveyed in writing to the trainee and to the relevant supervisors.

As each year consist of four rotations, it may not always be possible to complete the next year's rotation application by the designated date. Reasons for delays must be specified in writing to the DoT.

Supervisor's Reports

Independent to the instructor reports, the Supervisor will also report on the overall progress of the trainee to the DoT.

Instructor's Reports

These reports are to be completed by the instructor at the end of each attachment. This is to be countersigned by the trainee, before copies are sent to the supervisor and the DoT. Trainees are also given an opportunity to comment using ***the Trainee Field Placement form*** on various aspects of training including facilities for training; learning opportunities; supervision of training; and communication with the instructor, supervisor and the DoT. This is not compulsory, and accreditation is not dependent on submission of such feedback. The trainees are not required to discuss the surveys with their supervisors. The Association assures confidentiality of the forms and their content.

Training Day Reports

There are two reports to be completed at the end of the formal training day(s) with a third report completed if an independent educational observer is present

1. ***Trainee's Feedback form***
2. ***Tutor's/Convenor's Self Reflection form***
3. ***Observer's Feedback form***

WHEN A PROBLEM ARISES

Refer: ***NZAMM Policy Statement: Disputes Resolution***
NZAMM Policy Statement: Trainees Rights and Responsibilities
NZAMM Policy: Register of Incidents
NZAMM Policy Statement: Impaired Physician and Unprofessional Behaviour
NZAMM Policy Statement: Health and Safety
NZAMM Policy Statement: Discontinuation of Training

Disputes

In general, once the knowledge of a dispute has arisen, this should be lodged using the Incident Form on the Incident Register for tracking and recording of the outcome. The incident register is to be regularly reviewed by the NZAMM/AFMM joint meeting and any modifications to the training programme, change of policy statement or organisational processes decided upon.

Trainees must discuss their progress with their supervisor at least three-monthly intervals. Particular attention should be drawn to any issues about which there seem to be differences of opinion between the trainee and the supervisor/instructor, and to any other difficulties the trainee may have.

In the case of disputes, the instructor and the supervisor should discuss the circumstances with explicit reference to the requirements of the training programme.

Dispute Protocol

Trainee dissatisfaction with the training programme, instructor or supervisor:

First Actions

The trainee should, in the first instance, raise their concerns directly with the instructor or supervisor to clarify any potential misunderstandings, and secondly, to resolve the issue by mutual agreement. However, the Faculty recognises that a trainee may lack the confidence, or not wish to make such a direct approach, in which case this step would be bypassed.

Should the above step be then by-passed, both the trainee and the supervisor (presuming the dissatisfaction is with the instructor) should approach the mentor. The trainee should be free to do so without prejudicing their case. If the dissatisfaction is with the supervisor, then the trainee and their mentor should approach the DoT. The mentor's responsibility is to support the trainee in the first instance. In assessing disputes, the mentor shall mediate and arbitrate to achieve resolution of any issue(s.) In the situation of dissatisfaction with the instructor, the mentor would only involve the DoT if the dispute is not readily resolved. If the dispute is not resolved to the satisfaction of any party, then the matter can be referred by the either party or parties to the Board of Censors.

Further Resolution

If any concern is not settled by invoking the above steps, the disputing party/parties are required to formalise the process by informing the Secretary of NZAMM of the nature of the dispute, with a copy(ies) to other parties in the dispute.

Independent Review of Disputes

When the party or parties notifies the Secretary of NZAMM in writing of the dispute, the Board of Censors shall then be convened to investigate, review and decide regarding the dispute within 28 days.

A formal, independent mediation service may need to be involved.

The Board of Censors reserves the right to interview parties in order to reach a resolution.

The Board of Censors shall report in writing to the aggrieved party/parties within a further 28 days.

Appeals Process

Aggrieved party/parties may appeal the Board of Censors' determination to the Council within 28 days. Members of the Council, acting as an appeals committee, shall make the final and binding determination. No member of Council who is also a member of the Board of Censors shall sit upon this committee.

Unsatisfactory Supervisor's Report regarding a Trainee

An adverse Supervisor's Report should only be submitted to the DoT after the process of problem identification and remediation at the training site has failed. If, after further discussion with the supervisor it is considered by the DoT that the period of assessment might be unsatisfactory, and process of independent review is undertaken.

Independent Review of Adverse Report

This involves an interview of the trainee by the DoT and one other Fellow, who may be a member of the Board of Censors, but not the Censor-in-Chief, the supervisor, mentor, instructor and any other relevant party.

The purpose of the interview is to hear detailed assessments by the supervisor and other consultants of the trainee's performance and to learn (separately) the trainee's views about the years' experience and performance.

Once specific problems are identified, a remedial process can be determined. The problem is communicated to the DoT, and decision is communicated in writing to the trainee and the supervisor/instructor in question.

This process may require a future supervisor or instructor to pay special attention to specific areas of performance and to report back to the DoT at regular intervals. The results of not satisfying the remedial process are also clearly communicated to the trainee. For example, the trainee may need to undertake additional training or may, under exceptional circumstances, be dismissed from the training program.

Appeals Process

If this Independent Review results in a serious outcome for any party the opportunity for further appeal exists. This process involves application to the Council within 28 days of the unsatisfactory outcome. Members of the Council, acting as an appeals committee, shall make the final determination. No member of Council who has a role in the case shall sit upon this committee.

AFMM EXAMINATION

The Written Examination may be attempted after completion of the training programme or earlier at the discretion of the Board of Censors.

The Board of Censors determines eligibility for the Written Examination. The content of training undertaken must be specified in the application form to register for examination. The Board of Censors verifies each year of training.

Written examinations can be held at times mutually suitable for both the Faculty and the trainees.

Application to Sit the Clinical Examination

Those who have been successful at the Written Examination are required to sit the next available Clinical Examination held by the Faculty unless approval of a deferment is granted. Applications for the Clinical Examination close on 15th October each year, or an alternative date to be determined by the Censor in Chief, and applications received after this date are not accepted.

Fees

A fee is payable at the time of application for the Written Examination. Acceptance for the Clinical Examination is dependent on success with the Written Examination with a further fee being levied for this. An additional fee is payable for each attempt at the Written Examination or the Clinical Examination.

Locations and Dates of Examinations

Currently any dates and location for the examinations will be communicated directly with senior trainees. In future these are to be published on the Association's/Faculty's website a year in advance.

A supplementary Written and Clinical Examination, if required, can be held at an alternative time.

Format of the Examinations

WRITTEN EXAMINATION

The Written Examination in Musculoskeletal Medicine consists of two multiple-choice papers.

Basic Sciences (1.5 hours)
The examination consists of 50 multiple-choice questions. These questions test the knowledge of principles of medicine and basic sciences applicable to musculoskeletal medicine. The time allowed is 1.5 hours (after 10 minutes of reading time).

Clinical Applications (2 hours)
The examination consists of 75 multiple-choice questions. These questions assess investigational material and test the knowledge of the practice of musculoskeletal medicine and therapeutics. The time allowed is 2 hours (after 10 minutes of reading time).

There are three types of questions used in these examinations, designated types A, B and X. More detail about the format of these exams is detailed in Appendix

CLINICAL EXAMINATION

The Clinical Examination consists of:

Viva Examination:

1. a 60-minute long case, typically representation of a comprehensive clinical case with emphasis on history taking, physical examination, diagnostic synthesis and management. The end outcome would be the basis of a letter to the referring doctor.
2. Short vignettes regarding interpretation of a range of clinical, radiological or management scenarios.

Examination Results

Written Examination
Results will be available from the Faculty office on verification from the Censor in Chief, within seven days after the examination date. Written notification of results is also sent to all candidates by email or post (at candidate's choice).

Clinical Examination

Results will be available from the Faculty office following completion of the marking process, within seven days of the examination. Written notification of results is also sent to all candidates by email or post (at candidate's choice).

Feedback Protocol for the Part B Clinical Examination

Trainees will be asked to complete a post-training, post examination feedback form and participate in an interview with an independent assessor within a month after the completion of the Part B examinations.

Individual feedback is available, on request to the Board of Censors, to all candidates who are unsuccessful in the Part B Clinical Examination. Application to the Censor in Chief must be made within fourteen days of distribution of the results.

Exit Interview

Upon successfully becoming a Fellow, the trainee will be invested to an "exit interview" with the Director of Training, Censor-in-Chief and their supervisor(s) to review their training experiences. The successful Fellow with have their name published on the website.

ADMISSION AS A FELLOW

Successful candidates will be admitted to Fellowship on completion of the training requirements to the satisfaction of the AFMM Board of Censors. The AFMM Board of Censors notifies the AFMM Council of those reaching the required standard and recognises the successful candidates as Fellows of the Australasian Faculty of Musculoskeletal Medicine. The Censor in Chief notifies the New Zealand Association of Musculoskeletal Medicine (NZAMM) of the successful new Fellow(s). The new Fellow can then apply to the NZAMM for a Certificate of Attainment in Musculoskeletal Medicine (CAMM). The Medical Council of New Zealand recognises the CAMM as the qualification for being vocationally registered in Musculoskeletal Medicine. The CAMM holder may be referred to as "Musculoskeletal Pain Physician".

Ongoing re-accreditation in Musculoskeletal Medicine is dependent on the successful annual completion of the NZAMM Continuing Professional Development programme using the NZAMM ePortfolio hosted by BPAC.

Appendices

1. Application for the Musculoskeletal Medicine Vocational Training Programme
2. Admin Trainees' Flow chart
3. Trainees Flow Chart
4. Log of Clinical Proficiency/Case Log Book
5. Curriculum/Syllabus/Summary of Syllabus
6. Supervisor's Report
7. Instructor's Report
8. Host Teaching Practice Facility Audit
9. Trainees Field Placement Report
10. NZAMM Guide to Assessing Vocational Training Competency
11. Accompanying Notes to Assessing Competency
12. The Clinical Placement
13. Expanded Training Programme Sub-Levels
14. Trainee Clinical Competency Pt A&B
15. Musculoskeletal Physician skills check list
16. Anatomical region clinical examination checklist
17. Office based steroid injections checklist
18. Clinic letter quality checklist
19. Summary of Assessment: History taking, physical examination, diagnosis formulation, management planning
20. Approval to Continue Training
21. Welcome Pack:
    a. Welcome letter
    b. Summary of NZAMM Training Programme
    c. Full Training Manual
    d. Log of Clinical Proficiency and Case Log Book
    e. Placement Training Log for Trainees
    f. NZAMM Guide to Assessing Vocational Training Competency
    g. Accompanying Notes to Assessing Competency
    h. Website and "Dropbox"
    i. Summary of Fees
    j. Memorandum of Understanding NZAMM/Trainee (contract to train)
22. Training Day(s) Assessment forms:
    a. Trainee's Feedback form
    b. Tutor's/Convenor's Self Reflection form
    c. Observer's Feedback form

23. Policy Statements relevant to the Training Manual
    a. Clinical Governance
    b. Training Programme Processes
    c. Recognition Prior Training
    d. Supervisor Instructor requirement
    e. International Medical Graduates
    f. Absentee Practitioner
    g. Flexible Training, Exemption or Leave of Absence from Training
    h. Trainees Rights and Responsibilities
    i. Trainee selection – merit-based criteria
    j. Impaired Physician/Unprofessional Behaviour
    k. Disputes Resolution
    l. Discontinuation of Training
    m. Trainee Representation
24. Standards relevant to the Training Programme
    a. Professionalism
    b. Faculty Examinations
    c. Diagnostic Skills and Patient Management
    d. Anatomical Region Clinical Examination
    e. Clinic Letter Back to the Referrer
    f. Office Based Steroid Injections
    g. Cultural Competency
25. Examination Format
    a. Format of the Written Examination
26. Other Documents
    a. AFMM Articles of Association
    b. NZAMM Constitution