TRAINING MANUAL DECEMBER 2021

For admission as a Fellow of the New Zealand College of Musculoskeletal Medicine and the awarding of the Certificate of Accreditation in Musculoskeletal Medicine

NZCMM
The New Zealand College of Musculoskeletal Medicine

A HISTORICAL OVERVIEW OF NZAMM AND AFMM

Background history of the NZAMM and relationship with AFMM

The New Zealand Association of Musculoskeletal Medicine (NZAMM) was established in 1980. This was in response to a NZ Government commissioned report that only chiropractors should practice manual therapy. Deficiencies in examination and management of common musculoskeletal disorders were identified in the training of doctors. The Association was therefore formed with the aim to address this, teaching and promoting Musculoskeletal Medicine in New Zealand. The Association invited international experts to New Zealand, and under Dr Barrie Tait's guidance, the University of Otago's Diploma in Musculoskeletal Medicine had its inception intake of diplomates in 1989. The Association has been responsible for the on-campus courses where manual examination and therapy techniques were taught.

In 1999, the Medical Council of New Zealand recommended to Government that Musculoskeletal Medicine be recognised in New Zealand as a vocational branch of medicine, i.e. a specialist scope of medical practice. This was incorporated into the New Zealand Medical Practitioners Act in April 2000 and subsequently confirmed in the Health Practitioners Competence Assurance Act in 2003. Vocational registration requires a CAMM (Certificate of Accreditation in Musculoskeletal Medicine), which is awarded by the New Zealand Association of Musculoskeletal Medicine. The Accident Compensation Corporation (ACC) of New Zealand along with the private medical insurers operating in New Zealand, recognise those practitioners with Vocational Registration in Musculoskeletal Medicine as specialist providers in the field.

The Australasian Faculty of Musculoskeletal Medicine (AFMM) was conceived at a meeting at Norfolk Island between the respective New Zealand and Australian Musculoskeletal Medicine Associations and constituted in 1991. It was then formally incorporated in 1995 and registered in all states and territories of Australia and New Zealand. It was administrated by an elected Council as described in Article 28 of the Faculty's Articles of Association.

In October 2019, a remit was passed to dissolve the Australian entity and incorporate a New Zealand branch of the AFMM in its place, but to continue the "spirit" and ideals of the Australasian Faculty. This is to reflect that New Zealand has a vocational branch of Musculoskeletal Medicine recognised by the New Zealand Medical Council, whereas Australia does not. The officer of Censor-in-Chief and the Board of Censors have transferred to the New Zealand Association of Musculoskeletal Medicine (NZAMM).
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 setting of standards, and for the setting of examinations.
These functions were transferred to NZAMM as of 2019.

As of October 2021, the Association has been reconstituted and is now known as the **New Zealand College of Musculoskeletal Medicine** (NZCMM) to better reflect the education and training of practitioners towards vocational registration.

Trainees who are successful in the completing the examination process will be nominated to the NZCMM Executive for the awarding of the CAMM.

NZAMM DOCUMENTS RELEVANT TO THIS SECTION:

A1.1 NZCMM CONSTITUTION

A1.2 AFMM ARTICLES OF ASSOCIATION

GRADUATE OUTCOMES

CAMM Holders are medical practitioners who:

- Are registered in the Dominion of New Zealand by the Medical Council of New Zealand.
- Have appropriate clinical experience in the discipline of Musculoskeletal Medicine.
- 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 fulfilled the requirements of the NZCMM vocational training programme, passed the NZCMM examinations, gained a CAMM and been registered with the New Zealand Medical Council in the vocational scope of Musculoskeletal Medicine.

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

CAMM holders are trained and examined in:

- Knowledge explicitly pertinent to pain and the 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, which examines traditional wisdom and conventional practice in the light changing knowledge.
- Practices that have been subjected to independent scrutiny and evaluation, and which have been shown to be safe, effective, and affordable, 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.

NZCMM DOCUMENTS RELEVANT TO THIS SECTION:

C1.2 CURRICULUM

NZCMM POLICY STATEMENTS RELEVANT TO THIS SECTION:

A3.7 CONTINUUM OF LEARNING

A3.8 CLINICAL GOVERNANCE TRAINING AND CPD

A3.19 RETRAINING A MUSCULOSKELETAL PHYSICIAN

A3.21 ACREDITTING AND REACREDITTING IN IPM

OVERVIEW OF THE NZCMM SYLLABUS AND CURRICULUM OF LEARNING

NZCMM has a curriculum that outlines the domains of learning, assessment processes and the Syllabus pertaining to the study of Musculoskeletal Medicine. This curriculum is available to NZCMM members and its trainees for the purposes of defining the educational objectives of the Training Programme and providing the body of knowledge necessary for musculoskeletal pain specialists to achieve expertise in the management of musculoskeletal pain disorders.

The specific learning objectives in the syllabus are underpinned by core relevant medical references. These references constitute the key scientific publications that contribute to the evidence-base for this subject. However, in some instances references outside of the evidence-base are provided for those from other prominent or influential publications to expose trainees to a broader diversity of musculoskeletal pain medicine views. NZCMM considers that trainees and CAMM holders should be conversant with this literature, especially when it competes with an evidence-based approach to the issue covered by the specific learning objectives in the syllabus.

An online Wiki (WikiMSK.org) is currently under construction by members of the NZCMM. It aims to summarise key parts of the syllabus and provide a practical resource for all medical doctors interested in Musculoskeletal Medicine. It has a training portal open to trainees who have been accepted on to the NZCMM training programme. This portal provides a comprehensive repository of resource material for trainees to use alongside direction from the Syllabus.

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

Trainees will be expected to gain a comprehensive knowledge in the following areas of study toward becoming a specialist in musculoskeletal medicine:

- The anatomy, physiology, and histology of the bones, muscles, joints, and nerves of the body.
- The biochemistry and physiology of fibrous connective tissues.
- The normal biomechanics of the musculoskeletal system.
- The physiology of nociception, pain processing, and the behavioural dimensions of pain.
- The pathology and pathophysiology of painful disorders of the musculoskeletal system, including an understanding of valid and conjectural models.
- The principles of biostatistics and critical reasoning.
- The epidemiology as it relates to musculoskeletal disorders.
- The evidence relating to equity and access issues as they affect outcomes in Māori, Pasifika and other diverse populations.
- 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, therapeutic appliances and other devices, according to the best available evidence of safety, efficacy, and cost-effectiveness.
- The application of these principles to actual clinical practice.

Trainees will be expected to gain competency in all the following aspects of musculoskeletal medicine toward becoming specialists in this area of medicine:

- 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.

Trainees will be expected to demonstrate professionalism in:

- Advising 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.
- Distinguishing 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.
- Teaching consumers, students, and colleagues all aspects of the basic and clinical sciences pertinent to the optimal management of painful disorders of the musculoskeletal system.
- Having an ongoing dedication to the evolution of the discipline by undertaking literature reviews and participating in research projects.
- Behaving ethically, following the principles outlined in Cole's "Good Medical Practice."
- Being effective with any oral or written communication.
- Respecting te Tiriti-based rights for Māori, and their equity in accessing health care.
- Observing cultural safety in all circumstances.

NZCMM DOCUMENTS RELEVANT TO THIS SECTION:

C1.2 CURRICULUM

C1.3 SYLLABUS

NZCMM POLICY STATEMENTS RELEVANT TO THIS SECTION:

A3.5 CULTURAL COMPETENCE

A3.6 MĀORI, HEALTH

THE PROCESS OF SELECTION TO THE NZCMM TRAINING PROGRAMME

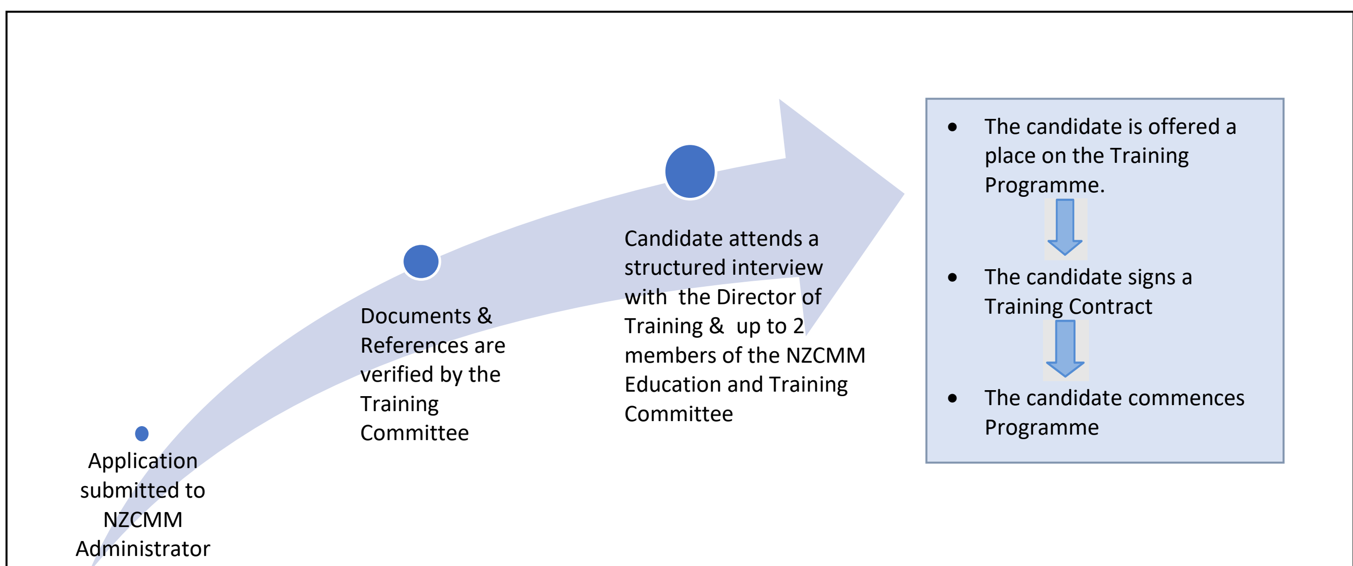
The purpose of training in musculoskeletal medicine is to produce doctors with competence and skills in managing musculoskeletal pain problems. Trainees are required to complete a specified programme of training and examination to be eligible for the awarding of the NZCMM Certificate of Attainment in Musculoskeletal Medicine.

To be eligible for entry to the NZCMM training programme potential candidates must:

- Hold a New Zealand MBChB qualification, or a medical degree gained at a university approved by the MCNZ.
- Have general or vocational registration with the MCNZ.
- A current Annual Practicing Certificate from the MCNZ.
- Have completed post-graduate years 1 and 2 (PGY1 & 2).
- Have membership of the Medical Protection Society or other professional indemnity insurance.
- References from two Referees.
- Passes in at least Papers MSME 701 (Clinical Diagnosis) and MSME 709 (Clinical Management) as offered by the Postgraduate Diploma of Musculoskeletal Medicine at the University of Otago.
- Be a member of the NZ College of Musculoskeletal Medicine and the Australasian Faculty of Musculoskeletal Medicine (either Full Member if holding a PGDipMSM or equivalent, otherwise Associate Member in Training).

The application and acceptance process for potential trainees:

- The candidate completes the **training application form** (document C2.1) and submits it to the NZCMM administrator.
- The required original documents (see below) are cited and verified by the Education and Training Committee on the day of the candidate's interview.
- The candidate's referees are contacted prior to the candidate's interview to verify their character and suitability for entry into the vocational scope.
- Referees are asked to give evidence of good standing of the candidate within their community and with their peers in their workplace.
- The candidate is invited to a structured interview to assess their competence and eligibility for entering the training programme.
- The candidate is told whether they have been accepted into the programme within a week of their interview.
- The candidate signs a memorandum of understanding with the NZCMM to fulfil and participate in all the requirements set out in the programme.
- The candidate will be excluded from the selection process and entry into the programme should any document be found to be false.



Documents required to be submitted with the training application form:

- Certified copies of relevant Degrees or Diplomas.
- Proof of passes in Papers MSME 701 (Clinical Diagnosis) and MSME 709 (Clinical Management).
- An up-to-date Curriculum Vitae.
- A current Annual Practicing Certificate from the MCNZ.
- References from two contemporaneous referees, either New Zealand or Australian, with names and contact details.
- Proof of identity, Passport or New Zealand Driver's license.
- Copy of current Medical Indemnity certificate.

Merit based selection of candidates:

Should there be more candidates than training places available, selection will be based on merit. The Chief Censor, the Director of Training and the Education and Training Committee will be involved in the selection process. Merit assessment includes quality of previous experience, performance on the structured interview, and recommendation of referees. Merit assessment is points based, 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 a weighting system acknowledging experience as a 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 recognition.

Recognition of prior learning for candidate selection:

An applicant may have prior learning experiences that are compatible with components of the College's training programme. Prior learning will be assessed against the syllabus and curriculum domains with the Log of Clinical Proficiency acting as a template. 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 including urgent care, orthopaedics, rheumatology, occupational medicine, neurology, rehabilitation medicine, pain medicine and sports medicine may also lead to credits with the College's Training Programme, particularly with respect to Elective Modules. 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.

What happens in the case of a candidate's application being declined?

The candidate may apply for a formal review of the Education and Training Committee's decision on selection. This will be undertaken by the Censor in Chief, the Director of Training, and two members of the Education and Training Committee, not previously involved in the selection process. The applicant should notify the administrator in writing of their request to have the decline to train decision reviewed and outline their reasons.

Retrospective endorsement of prior learning for a successful candidate entering the training programme:

The NZCMM usually requires training to be approved prospectively by means of the processes described above. Retrospective endorsement is only considered in exceptional circumstances. In such circumstances, the Board of Censors, in conjunction with the DoT has the discretion to grant recognition of previous training.

Applications for retrospective endorsement of prior learning and experience can only be approved where the requirements of training have been met. In all instances appropriate referee/collegial reports are required. Periods of less than three months are not considered.

The Log of Clinical Proficiency acts as the template upon which any such approval would be based, or from which future learning needs and clinical experience can be planned.

International Medical Graduates:

Overseas trained doctors, without a qualification that may be considered equivalent to a New Zealand vocational specialist in Musculoskeletal Medicine, are eligible for the NZCMM'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 to the Training Programme. There is a separate pathway through the Medical Council of New Zealand for International Medical Graduates seeking equivalency of their specialist training towards vocation registration in New Zealand.

Exceptional Circumstance:

The NZCMM Board of Censors, and/or the Education and Training 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 NZCMM as having special standing in the discipline.

Communication with the trainee on acceptance into the training programme:

The Education and Training Committee will inform the prospective candidate within seven days of their interview as to whether they will be offered a place in the vocational training programme.

At the start of training, a welcome to training e-mail will be sent to the trainee which includes details of the training programme, cost and requirements of the training programme, names and contact details of the trainee's supervisor, mentor and instructor. Information will be given as to their access to SharePoint and the OneNote repository, as well as access to the trainee portal on WikiMSK.

NZCMM DOCUMENTS RELEVANT TO THIS SECTION:

C2.1 APPLICATION FORM

C2.4.2 TRAINEE NZCMM MoU

C2.4.3 TRAINEE FLOW CHART

C2.4.6 SUMMARY OF NZCMM TRAINING PROGRAMME

NZCMM POLICY STATEMENTS RELEVANT TO THIS SECTION:

A3.7 CONTINUUM OF LEARNING

A3.18 INTERNATIONAL MEDICAL GRADUATES

A3.23 TRAINING PREREQUISITES, MERIT BASED SELECTION, RECOGNITION OF PRIOR LEARNING

A3.24 TRAINEE SELECTION

Once the trainee has been notified of acceptance onto the Training Programme the trainee's assigned supervisor will meet with the trainee to map out a programme for the first year of their training programme. Training is under the direction of a supervisor, implemented by an instructor and with guidance of a mentor.

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 and Training Committee, prior to each placement.

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 recommended years of training. In the subsequent years of training, the training programme is amended to address any deficiencies. Addition of elective and specific core modules may be added to address these deficiencies. The trainee is encouraged to discuss the proposed training programme, previous clinical experience and future expectations.

Trainees are responsible for setting up meetings with their supervisors once a quarter and to ensure that all relevant progress reports are submitted to the Administrator regularly throughout the year. The Trainee Placement Report by Host Instructor (Instructor's Report) and Trainee's Field Placement Report templates are available for trainees and instructors to use via either the WikiMSK training portal or SharePoint. These forms are 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 and safety, reliability, and respect of patient's rights. The trainee's supervisor discusses these reports (and any implications) with the trainee at quarterly meetings throughout the training year. All reports are to reside in the trainee's SharePoint Folder and be updated to that folder.

The following summarises the expectations of the trainee through the training programme once the candidate has been accepted to the training programme and has signed the memorandum of understanding with the NZCMM:

The trainee undertakes the required study and learning activities that include:

- Meeting regularly with their supervisor (minimum 3 monthly).
- Maintaining their Log of Clinical Proficiency.
- Regularly submitting the Log of Clinical Proficiency with their Supervisor's Report to the NZCMM Administrator.
- Actively participating in Core and Elective Learning Modules as determined by the supervisor.
- Regularly submitting the Trainee's Field Placement and Instructor's report to the NZCMM Administrator.
- Attending Clinical Placements, Elective Modules, Peer Review Meetings, Training Days and Retreats.
- Completing all relevant examinations and graduating with the Post-Graduate Diploma Musculoskeletal Medicine (or equivalent).

Sitting of Written and Final Examinations:

On discussion and approval of your supervisor and Director of Training the trainee may apply to sit the first set of written MCQ exams after a year of training. Sitting of the Final Viva Examination is at the invitation of the Board of Censors and is only offered once the prior training requirements have all been met as documented in the Log of Clinical Proficiency, supervisors' and instructors' reports, and that Director of Training and the Training and Education and Training Committee are satisfied that the trainees learning meets the required standard to be a specialist in Musculoskeletal Pain Medicine.

Communication of the trainee's progress through the training programme:

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

It is the responsibility of the trainee to ensure that not only their Log of Clinical Proficiency with their Supervisor's report, but any Instructor reports are promptly forwarded to the Administrator. These documents will then be available to the Director of Training and the Education and Training Committee for review. Any outcomes will be communicated back to the trainee, their supervisor or their instructors. This review is an embedded in the monthly Education and Training Committee's meeting agenda as a set agenda item.

Access to learning resources for trainees:

To meet the objectives of the training programme trainees are given access to various learning facilities and resources. These may 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 as a student in the PGDiploma of Musculoskeletal Medicine and the Masters of Health Sciences, both via the University of Otago or as a Clinical Lecturer through a New Zealand University.
- An on-line repository of key and core references and resources (OneNote-SharePoint) available via the WikiMSK training portal.
- WikiMSK.org.
- 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 NZCMM retreats and at monthly peer group meetings held in Auckland, Christchurch or via the rural members' teleconference Zoom meetings.
- Specific training days biannually at suitable venues as required for that purpose.
- A structured learning programme. This includes the PGDiploma 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 NZCMM retreats or via suitable audio-visual teleconferencing technology. There are 2 to 3 Retreats every year.

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

NZCMM DOCUMENTS RELEVANT TO THIS SECTION:

C2.4.4 CASE LOGBOOK

C2.4.5 LOG OF CLINICAL PROFICIENCY

C2.4.3 TRAINEE FLOW CHART

C3.5 NZCMM HOST TEACHING PRACTICE FACILITY AUDIT

C7 FACULTY EXAMINATIONS

NZCMM POLICY STATEMENTS RELEVANT TO THIS SECTION:

A3.9 TRAINING PROGRAMME PROCESSES

A3.16 SUPERVISOR INSTRUCTOR REQUIREMENTS

Role of the Board of Censors:

The Board of Censors is the body charged with the setting and the maintenance of the academic standards for the Vocational Training Programme and Fellowship examinations. The Board will maintain the achievement standard of that examination, as well as the academic standard for on-going CAMM holders' reaccreditation. The Board of Censors is presided over by the Censor-in-Chief. The Board of Censors are tasked with:

- Advising the NZCMM Executive Committee on the Training Programme.
- Examining candidates seeking election to CAMM holder status.
- Reporting the results of examinations to the NZCMM Executive Committee.
- To carry out other such functions as may be from time to time be required by the Executive to be carried out by the Board.

Training Personnel:

1: The Director of Training (DoT):

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 Censor-in-Chief of the progress of the programme quarterly. The DoT can be a member of the Board of Censors. The DoT can appoint other CAMM holders to assist. These appointees are to be known as Associates of the Director of Training (ADoT).

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
  - Meet with trainees, 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 meetings with the Board of Censors/Education and Training Committee regarding the training programme.
  - That the supervisor and mentor are accredited to undertake their roles.
  - Ensuring that the supervisor continues to meet the College'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.

2: The Supervisor:
The primary role of the supervisor is to develop and guide the trainee to attain academic knowledge and clinical competency to the expected standard to function as a musculoskeletal pain medicine specialist. Training is to be carried out by completing a series of 'core' and 'elective' attachments, with each being under guidance and direction of the supervisor.

The supervisor will have a close working relationship with the trainee for at least a year, but the relationship could extend to the completion of the trainee's training in Musculoskeletal Medicine. The supervisor can also be an instructor to whom the trainee is attached.

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

The duty of the supervisor includes:
- Liaison with the trainee, the instructors, and the DoT.
- Liaising with the trainee and the instructor
- Checking that the trainee is working their way through the programme and the curriculum.
- Reviewing the training objectives for each placement with the trainee at the beginning of their placement, and objectively assess the progress against these objectives at the end of each rotation, using the Supervisor's Report held within the Log of Clinical Proficiency.
- Reviewing of the Instructors' Report at the end of each module.
- Providing feedback and curriculum guidance to the trainee.
- Completing the Supervisor's Report within the trainee's Log of Clinical Proficiency, which is forwarded by the trainee to the Administrator, DoT and Education and Training Committee for review of the trainee's progress
- Reviewing the Trainee Placement Report by Host Instructors.
- Recording the outcomes of any meetings with the trainee via the 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.

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

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

4: The Instructor:
Instructors provide instruction through a clinical placement but are not responsible for supervision. Trainees may be able to provide clinical services during their core module attachment such that the hosting clinic may receive an appropriate financial return and enter into a fee sharing arrangement with the trainee. This will depend on the experience and seniority of the trainee, and the suitability of the instructor's facility to provide a consultation room for the trainee.

The role of the instructor includes:
- To provide an appropriate workplace for the trainee, including administrative support.
- To observe the trainee's history taking and physical examination skills.
- To discuss with the trainee the interpretation of clinical findings.
- To assess the trainee's clinical evaluation of investigative procedures.
- To discuss care and patient management plans to ensure they are appropriate to the needs of the patient and carer.
- To complete an Instructor's Report (Trainee Placement Report by Host Instructor) at the end of the module, including a self-reflection by the instructor on their own performance.
- To discuss the contents of the instructor's report with the trainee.

The role of trainees in the governance structure of the training programme:

It is NZCMM policy to have a trainee representative on the Education and Training Committee. There will be several yearly formal meetings of trainees with either the Education and Training Committee, Director of Training, or Censor-in-Chief, to be held concurrently with the retreats, or alternatively, by another arrangement to raise any issues the trainees may have with the training programme. These meetings will be minuted. The Education and Training Committee will meet separately to discuss what actions, if any, will be taken due to any concerns or issues raised by the trainees during the year. Appropriate feedback such as implementation of any appropriate changes would be then communicated to the trainees. In addition, the retreats function as peer group meetings, and attendance at these is an expected requirement for all trainees. Trainees will have opportunity during these retreats to have informal discussions with CAMM holders from around the country and to raise any concerns with them as deemed appropriate.

NZCMM DOCUMENTS RELEVANT TO THIS SECTION:

A1.1 CONSTITUTION AND RULES NZAMM (October 25th, 2019)

A1.6 GOVERNANCE STRUCTURE OVERVIEW

C1.2 NZCMM CURRICULUM – Section 6.3 [NZCMM Guide to Assessing Competency for Vocational Training Notes to Accompany Assessing Vocational Train]

C1.7 OVERVIEW OF THE CLINICAL PLACEMENT

C2.4.3 TRAINEE FLOW CHART

A5 NZCMM Executive and Sub-committee Terms of Reference

C3.5 NZCMM HOST TEACHING PRACTICE FACILITY AUDIT

C4.2 SUPERVISOR'S REPORT

C5.1 NOTES FOR SUERVISORS INSTRUCTORS AND TUTORS

C5.2 ROLE OF THE SUPERVISOR

NZCMM POLICY STATEMENTS RELEVANT TO THIS SECTION:

A3.8 CLINICAL GOVERNANCE TRAINING AND CPD

A3.10 TRAINEES RIGHTS AND RESPONSIBILITIES

A3.11 TRAINEE REPRESENTATION

A3.16 SUPERVISOR INSTRUCTOR REQUIREMENT

A3.29 CONVENING BOARD OF CENSORS

A3.30 CONFLICT OF INTEREST

STRUCTURE OF THE NZCMM TRAINING PROGRAMME

A training course of up to four years 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 practical musculoskeletal medicine clinical skills and procedures.

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

The duration of training may be less than four years depending on the trainee's prior learning and experience.

THE NZCMM TRAINING PROGRAMME COMPRISES TWO MAIN PARTS:

1: UNIVERSITY LEARNING:

This part involves successful completion of the Postgraduate Diploma of Musculoskeletal Medicine, complemented by papers from the Master of Health Science (Otago) if required, or completion of a Masters of Pain Medicine from an Australian or a New Zealand University.

The Postgraduate Diploma of Musculoskeletal Medicine and Masters in Pain Management are the source for a large component of the theoretical aspect of musculoskeletal pain medicine. Some papers are deemed 'compulsory,' and others 'optional' by the University for completion of the Post-Graduate Diploma. It should be noted that completing the compulsory and the two elective papers does not cover all the NZCMM Syllabus. It may be that a trainee will elect to study further Diploma papers in addition to those required to graduate with the Diploma, to meet learning needs if knowledge deficits are identified. The trainee can either elect these optional papers, but if there are other learning opportunities available, including self-directed learning, then this will be acceptable. The trainee needs to be aware of the content of the syllabus and the examinable material, and therefore ensure that their learning requirements are met. Much of the requisite learning material will also be covered at monthly Fellows Peer Review Meetings, Training Days and Retreats.

Trainees in the NZCMM vocational training programme are required to complete and pass the University of Otago's PGDipMSM. Papers selected from the PGDipHealSc (PAIN) or PGDipHealSc (MSMT) can be taken to complement learning.

One of the following two options are therefore available to the trainee:

- Complete and graduate with University of Otago's PGDipMSM and with prior approval from the Director of Training, undertake self-directed learning to address any identified learning deficits.
- Complete and graduate with University of Otago's PGDipMSM and take the relevant additional University of Otago PGDipMSM, PGDipHealSc (PAIN) or PG DipHealSc (MSMT) papers to address any identified learning deficits. MSME 705, 706, 710 are recommended i.e. sit and pass more than 8 papers (including 701 & 709).

The following are the papers generally recommended from which trainees can select in accordance with the above two options, to undertake with the University of Otago. Only MSME coded papers contribute towards the Diploma.

Compulsory Papers for PGDIpMSM (90 points):

- MSME 701 – Clinical Diagnosis (15 pts) – *pre-requisite to entering into the vocational training programme*
- MSME 702 – Musculoskeletal Tissues (15 pts)
- MSME 703 – Musculoskeletal Disorders (15 pts)
- MSME 704 – Introduction to Pain (15 pts)
- MSME 708 – Introduction to Pain Management (15 pts)
- MSME 709 – Clinical Therapeutics (15 pts) – *pre-requisite to entering into the vocational training programme*

Two of the following papers are also required for completing the Diploma. Trainees should elect to take those papers which address deficits in their knowledge base.

Highly recommended are:

- MSME 705 – Regional Disorders – Spine (15 pts)
- MMSE 706 – Regional Disorders – Limb (15 pts)
- MSME 710 – Sports Injuries (15pts)

These following two papers are not specifically recommended:

- MSME 707 – Musculoskeletal Management (15 pts)
- MSME 711 – Pain Assessment (15 pts)

These papers are also recommended, but do not contribute towards the Diploma:

- PAIN 701 – Neurobiology of Pain (30 pts)
- PAIN 702 – Biomedical Pain Management (30 pts)
- An approved Research Paper (30 pts)

Optional Papers:

- Rehabilitation paper from another Post Graduate Diploma
- Sports Medicine papers(s) from another Post Graduate Diploma

It is a training requirement that the trainee will participate in and pass papers from the University of Otago's Post Graduate Diploma in Musculoskeletal Medicine and/or Master of Health Science (Pain/MuscMgmt) or equivalent papers from other institutions. A trainee may apply to sit NZCMM's written examinations once one of the two options above has been completed, or progress in learning is to a competency that meets the Education and Training Committees and/or Director of Training's satisfaction.

It is a training requirement that a trainee graduates with the PG Diploma in Musculoskeletal Medicine before being invited to sit the Final Examination.

The College encourages trainees to complete a suitable research methods paper during their training and strongly encourages participation in research.

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

2: THE CLINICAL TRAINING COMPONENT:

In this part the trainee spends time attending various practical and clinical learning activities including Clinical Placements, Core and Elective Modules, Peer Review Meetings, Training Days and Retreats.

Each trainee rotates through placements providing clinical training in various elements of musculoskeletal pain medicine (see "Core Training Modules" below). There are also opportunities to take positions providing more intensive training in aspects of musculoskeletal pain medicine. Undertaking elective modules enables the trainee to gain experience of allied disciplines (see "Elective Training Modules" below).

Training Days:

These 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 days 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 and Training Committee, supported by other fellows.

The purpose of the training days is to methodically work through aspects of the syllabus, regional anatomical areas, medical conditions relevant to musculoskeletal medicine, and pain conditions 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 evaluation will involve both summative and formative assessment.

The schedule of key learning topics to be addressed over a two-year cycle at training days and retreats are set out in the table below:

Year One		Year Two	
Session 1	Introduction to training Critical thinking	Session 8	Rheumatological conditions Osteoarthritis
Session 2	Acute cervical pain Acute cervical radicular pain	Session 9	Radiology
Session 3	Chronic cervical pain	Session 10	Pharmacology
Session 4	Acute low back pain Acute lumbar radicular pain	Session 11	Injection techniques / injectables / Interventional Pain Management
Session 5	Shoulder girdle Elbow / forearm / wrist	Session 12	Report writing Dealing with third parties (ACC, etc)
Session 6	Chronic low back pain	Session 13	Psychology of pain Yellow flags
Session 7	Hip / Knee / Ankle / Foot	Session 14	Neurobiology of pain Physiology of connective tissues

Core and Elective Training Modules:

The standard requirements are:

Over the training programme 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 and/or Training and Education Committee dependent upon prior experience.

Core Training Modules (Clinical Placements):

These are clinical practice placements at the direction of the trainee's supervisor and approved by the DoT and/or the Education and Training Committee. They will primarily be with approved CAMM holders who have adequate throughput of appropriate patients. An attachment to a public musculoskeletal out-patient clinic is an alternative option. In these positions, trainees have opportunities to develop proficiency in communication and professional skills pertinent to those required of a musculoskeletal specialist. Training in these placements involves exposure to acute and chronic conditions of each of the regions of the musculoskeletal system.
These placements are designed to develop a graded responsibility for patient care over each training year.
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.
Trainees are normally to be hosted by only one instructor during any one clinical attachment.

Elective Training Components:

These may include attachment to hospital departments or individual practices of fellows or other accredited practitioners with a particular interest in aspects of musculoskeletal pain medicine or cognate disciplines, allowing trainees to gain additional experience (see list of suitable disciplines below). The particular mix of 'elective training attachments' is dependent on the previous experience of the trainee and is again at the discretion of the DoT and Supervisors depending on prior experience. The Trainee needs to get any planned elective attachment approved by their supervisor and the DoT.

Such attachments include, with suggested hours:

Orthopaedics fracture clinic	30 hours
Diagnostic Musculoskeletal Radiology	50 hours
Pain Medicine; multidisciplinary clinic	50 hours
Introduction to Interventional Procedures (USS; fluoroscopic)	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
Medical Writing for WikiMSK (for two approved topics)	40 hours
Other electives: on application.	30 hours

Elective training can also include further education in specific areas. Such a course needs to be approved by the DoT. In general, such education must be closely aligned with the eventual role as a musculoskeletal pain physician. This may include a primer towards Interventional Pain Management (IPM) techniques under fluoroscopy or Point of Care Ultrasonography (POCUS). Separate curricula for these options are under development by the College.

To financially support themselves whilst participating in the training programme, the trainee may 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 and appropriate hospital posts.

Summary of Training Hours per year of training:

The table below gives an example of the maximum number of hours required in each area of training over 4 years. This example pertains to the naïve trainee at the PGy2 or PGY3 at their entry into the training programme. These total number of hours may be adjusted at the discretion of the supervisors in consultation with the DoT and/or Education and Training Committee depending on the experience of the trainee and the flexibility within the training programme.

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

Training sub-levels within the clinical placements:

As trainees progress through the clinical component of their training they will be given increasing responsibility according to their level of clinical skill. The levels of trainee skill and responsibility are set out in the table below.

LEVEL 1	The trainee generates no income. The trainee is largely an observer of the instructor.
LEVEL 1A	The trainee is still inexperienced and only observes the instructor in the clinic setting. The instructor modifies their appointment scheduling to accommodate the time taken demonstrating to and engaging the trainee in the consultation/examination/management process. The instructor commits 1 hour in every 3 to teaching.
LEVEL 1B	Trainee observes the instructor but has some clinical musculoskeletal medicine experience. The trainee may start the consultation process with history taking and an examination. The instructor modifies their appointment scheduling to accommodate the time taken demonstrating to and engaging the trainee in the consultation/examination/management process. The instructor commits 1 hour in every 3 to teaching.
LEVEL 2	The trainee generates income. The instructor triages new cases so that they are suitable for the trainee's level of clinical experience. The instructor will initially assign the simpler, less complex patients before slowly introducing the trainee to more complex cases. The patient would need to consent to being seen by the trainee. Instructors should anticipate the trainee spending 1 hour with a new case and ½ hr for follow up. The trainee is observed by the instructor.
LEVEL 2A	The trainee sees patient on their own. The instructor invoices for the consultation and reimburses the trainee half of the fee received according to prior agreement between the two parties. The trainee takes the history, examines the patient, and formulates a management plan. The instructor reviews the patient with the trainee and agrees on the management plan. The instructor modifies their appointment scheduling to accommodate the time devoted to the trainee. The instructor commits 1 hour in every 3 to reviewing trainee with their patient.
LEVEL 2B	The trainee sees patient on their own, working largely independently of the instructor. The instructor invoices for the consultation and reimburses the trainee half of the fee received according to prior agreement between the two parties. The trainee takes the history, examines the patient, formulates, and implements a management plan. The instructor reviews the patient with the trainee and approves management /supervises treatment. The instructor modifies their appointment scheduling to accommodate the time devoted to the review The instructor commits ½ hr in every 3 to reviewing trainee's patients.

Trainee teaching responsibilities:

Trainees are expected to teach other health professionals or trainees during 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 prior to these teaching sessions.

When available, both trainees and CAMM Holders are encouraged to attend courses outlining principles of adult learning and effective presentation techniques. Feedback from senior clinicians may be arranged periodically to assess the skill of the trainee in their teaching role.

NZCMM DOCUMENTS RELEVANT TO THIS SECTION:

C1.4 UNIVERSITY OF OTAGO DipMSM PROSPECTUS

C1.2 TWO YEAR CYCLE TRAINING CALENDAR

C1.7 OVERVIEW OF THE CLINICAL PLACEMENT

C1.8 FUNDING FOR INSTRUCTORS

C3.5 TRAINING HOSTING POST AVAILABILITY

NZCMM POLICY STATEMENTS RELEVANT TO THIS SECTION:

A3.10 TRAINEES RIGHTS AND RESPONSIBILITIES

ASSESSMENT OF THE TRAINEE DURING THE NZCMM TRAINING PROGRAMME

Trainees' clinical skills and knowledge are assessed at regular intervals throughout the training programme with various methods. These include:

1. **<u>Assessment of knowledge through written examinations and assignments:</u>**
   During the trainee's Otago University Postgraduate Diploma in Musculoskeletal Medicine studies.
   Through the NZCMM formal examinations (written and final examinations).

2. **<u>Assessment of knowledge through peer review activities:</u>**
   Presentations of topics at Retreats and Training Days.
   Short MCQ's during Training Days to assess specific areas of knowledge.
   Demonstration of history taking and examination skills at Retreats and Training Days.
   Discussions and debates during Peer Group meetings.

3. **<u>Assessment of competency through clinical placements:</u>**
   Clinical skills check lists administered by the instructors or supervisor.
   Instructors' feedback to trainees during their clinical placements, both verbally and by regular written reports to the supervisor.
   Quarterly supervisors' meetings with the trainees to assess progress, review case load, discuss difficult cases and look for deficiencies in knowledge and clinical skills, all against the trainee's Log of Clinical Proficiency.
   Clinical placement assessments include not only clinical knowledge and skill, but also aspects of professionalism, ethical practice, cultural safety practices and written and verbal communication skills with staff, patients and other medical practitioners.

4. **<u>Assessment of attendance of the trainee in the prescribed activities of the training programme:</u>**
   Trainees are required to keep their Log of Clinical Proficiency current and submitted quarterly to their supervisor, DoT and Administrator to demonstrate their attendance and involvement in the prescribed learning activities.

To assist the NZCMM administrative staff and training personnel with these assessments trainees will be expected to:

1. **<u>Keep regular records of their progress through The Training Programme in their Log of Clinical Proficiency:</u>**
   Each trainee will be expected to keep appropriate clinical records of patients seen during each clinical placement and to present these to the supervisor at their quarterly meetings. The trainee will discuss their case load and a sample of cases they have seen during their clinical placement with their supervisor. These case presentations will help to demonstrate their competence and proficiency in the domains addressed during that training period (assessment, diagnostic formulation, assessment of investigations etc.) These discussions may, depending on the nature of the training, include consultation 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. It is recommended that the activities logged by the trainee is in keeping with the recommended hours in the table "Summary of Training Hours per Year" above.

2. **<u>Submit quarterly Supervisors' Reports and updated Log of Clinical Proficiency to the Administrator:</u>**
   At the end of each meeting with the trainee, the supervisor will complete the Supervisor's Report on the trainee's Log of Clinical Proficiency. The supervisor will have access to Training Day and the Instructor Reports and will incorporate the outcomes of these into their Supervisor's Report. The Supervisor's Report will be reviewed with the trainee before submission to the Administrator. The trainee will then forward a copy of their Log together with their supervisor's report to the Administrator. The Administrator logs the receipt of this report. This Log of Clinical Proficiency is reviewed by the DoT and feedback provided to the Education and Training Committee as deemed appropriate by the DoT.

3. **<u>Submit their Trainee Placement Reports by Host Instructors (Instructor's report) to the Administrator for each clinical placement:</u>**
   The instructor will send the Administrator, DoT and trainee's Supervisor a report on the trainee's performance at the end of each clinical training placement, or if the attachment is on-going, then quarterly.

4. **<u>Submit Trainee Field Placement Reports after each clinical placement:</u>**
   The trainee must complete this at the end of each clinical training attachment, or quarterly if an on-going attachment, and on-send these to the Administrator, DoT and the trainee's supervisor.

5. **<u>Attend all Training Days and Retreats:</u>**
   Trainees are expected to attend *all* Training Day and Retreats and to submit feedback on these learning experiences via the "Trainee Feedback" forms. Trainees may be excused from the occasional training day or retreat event if approved by the DoT on receipt of a reasonable reason for the trainee not being able to attend that event.

6. **<u>Complete the 'Clinical Assessment Tools' as deemed necessary by the trainee's Instructor/Supervisor:</u>**
   At the discretion of the clinical Instructors, Supervisors or DoT trainees may be required to show their competence via completing relevant clinical Checklists, or a Case Presentation review, short MCQ tests, demonstration of practical skills, or short presentations of topical subjects.

7. **<u>Engage in appropriate self-directed learning where deficiencies in knowledge have been identified:</u>**
   The trainee is encouraged to undertake self-directed learning in those areas where a deficit in knowledge is identified, or in consultation with their supervisor and/or the DoT be directed to another source/resource. eg: additional papers in the DipMSM DipHealSc (Pain or MuscManagement) or the Masters of Health Science (Pain/MuscMgmt) or joining a group of trainees who are undertaking regular self-directed study group learning.

<u>NZCMM DOCUMENTS RELEVANT TO THIS SECTION:</u>

C1.5 GUIDE TO ASSESSING COMPETENCY

C1.5.1 NOTES TO ACCOMPANY GUIDE TO ASSESSING COMPETENCY

C3.8.1 OBSERVER FEEDBACK TRAINING DAY

C3.8.2 TUTORS OR CONVENORS SELF-REFLECTION FORM

C3.8.3 RETREAT APPRAISAL AND SELF-REFLECTION FORM

C4 TRAINEE ASSESSMENT

C4.1 TRAINEE'S FIELD PLACEMENT REPORT

C4.2 SUPERVISOR'S REPORT

C4.3 INSTRUCTORS REPORT

C4.4 LEARNERS TRAINING DAY REPORT

C4.6 CLINICAL COMPETENCY and CHECK-LISTS (Folder)

C5.2.1 SUPERVISOR'S REPORT TEMPLATE

C5.2.2 TRAINEE PLACEMENT REPORT BY HOST INSTRUCTOR TEMPLATE

<u>NZCMM POLICY STATEMENTS RELEVANT TO THIS SECTION:</u>

A3.9 TRAINING PRGORAMME PROCESSES

A3.17 CHOOSING EXAMINERS

SPECIFICS REGARDING THE TRAINING PROGRAMME EXAMINATIONS

FORMAT OF THE EXAMINATIONS

There are three examinations – two written examinations that can be sat during the training period and a final examination at the end of the training period.

The Two Written Examinations

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

1. 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).

2. Clinical Applications (1.5 hours)
The examination consists of 50 multiple-choice questions. These questions assess investigational material and test the knowledge of the practice of musculoskeletal medicine and therapeutics. The time allowed is 1.5 hours (after 10 minutes of reading time).

These can be sat concurrently, or individually at separate times, in which case the Basic Sciences paper should be sat first.
There are three types of questions used in these examinations, designated types A, B and X. More detail about the format of these exams can be found in the training portal of the WikiMSK website.

The Final Examination

The Final Examination consists of:

1. A **clinical long case**, typically representative 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. (60 minutes duration)
2. A discussion with the examining panel that consists of **short vignettes** that may include interpretation of a range of clinical, radiological or management scenarios. (30 to 60 minutes duration)

WHEN THE EXAMINATIONS ARE HELD AND CAN BE SAT

The Written Examinations will be held twice a year during the months of April and September. Dates will be set and posted to the website and circulated to trainees by e-mail every six months.

The Final Examination will usually be held once a year in late October or early November. A second date may be offered at the discretion of the Director of Training, in-conjunction with the Training and Education Committee and Board of Censors.

The Basic Sciences and Clinical Applications examinations can be sat locally for the trainee, but under supervision of an independent person. The location of the Final Examination may vary between a North or South Island centre depending on the circumstances that best suits the examinees and the examiners.

The Written Examinations can be sat after completing at least a year on the training programme, and only following discussion with the trainee's supervisor and the Director of Training as to the trainee's preparedness.

The trainee will ask the Administrator to forward their request to sit the Written Examination(s) to the Education and Training Committee. The Education and Training Committee has as a standing agenda item "Candidates for Examination" and any trainee seeking to sit a Written Examination(s) will have their application to do so discussed by the Committee, in conjunction with their supervisor and DoT.

The Education and Training Committee will decide as to whether the trainee is sufficiently prepared to sit. Factors such as prior learning or other relevant clinical experience would be considered. Any decision would be minuted, and the candidate informed of that decision.

An examinee can appeal an examination result using the Disputes Protocol on pages 23 to 25.

The Final Examination is *by invitation* from the Board of Censors who have been notified by the Education and Training Committee that the trainee has now achieved competency in vocational Musculoskeletal Medicine. An invitation is only issued once the trainee has satisfactorily completed their training as documented in their Log of Clinical Proficiency, including graduating with the PG Diploma in Musculoskeletal Medicine, *and* to the satisfaction of their supervisor and the Director of Training.

FEES FOR SITTING THE EXAMINATIONS

A fee is payable at the time of application for the Written Examinations. Acceptance for the Final Examination is dependent on success with the Written Examinations with a further fee being levied for this. Fees are payable at each attempt for either the Written Examination or the Final Examination.

NOTIFICATION OF EXAMINATION RESULTS

Results for the **Written Examinations** will be available from the College 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).

Results for the **Final Examination** will be available from the College 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).

TRAINEE FEEDBACK ON THE EXAMINATION PROCESS

Trainees will be asked to complete a feedback form on the examination process.

NZCMM DOCUMENTS RELEVANT TO THIS SECTION:

B2.4 EXAMINATION FEE

C3.7 EXAMINEE REGISTER

C6.7 FACULTY EXAMINATIONS

C7 FACULTY EXAMINATIONS

C7.5 EXIT INTERVIEW

NZCMM POLICY STATEMENTS RELEVANT TO THIS SECTION:

A3.17 CHOOSING EXAMINERS

INTERRUPTED AND FLEXIBLE TRAINING

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

By its very nature, vocational training in Musculoskeletal Medicine is "part-time" as there is no funding pathway currently available to support a trainee in full-time training. The training programme allows for flexibility to best suit an individual trainee in their requirements to support themself and their family.

A trainee with prior experience and time availability can complete training within 2 years; for a trainee who is less experienced or naïve to Musculoskeletal Medicine, then training is expected to take 4 years. A trainee utilising flexible training is expected to complete their training within four years.

Approval and accreditation processes are the same for all trainees within the programme with annual fees payable to NZCMM for each year spent in the training programme.

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/parental leave, dependant relative leave or prolonged illness leave. These may occur as a single episode or on repeated occasions. As a general principle, the total period of leave in any training year should not exceed two months (apart from maternity/paternity/ parental 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.

MANAGEMENT OF PROBLEMS AND DISPUTES ARISING DURING TRAINING AND THEIR REMEDIATION

Problems arising within the training programme may be due to:
(1) - a poorly performing trainee (Unsatisfactory Supervisor's Report) or
(2) - a trainee expressing dissatisfaction with the training programme, their supervisor or their instructor or,
(3) - a trainee disputing that they are performing poorly or,
(4) - disputing an examination result

In the first three instances remediation is first offered.

This situation is likely to be brought to the attention of the Director of Training and Education and Training Committee by an unsatisfactory Supervisor's Report or the lodging of an Incident Report B1.6

The privacy of any of the involved individuals will be upheld.

An adverse Supervisor's Report should only be submitted to the DoT after the initial process of problem identification and remediation at the training site has failed. A discussion between the trainee, their supervisor, instructor, and the Director of Training should occur, and be documented as to the nature of the issue, and the outcome.

Remediation may require that the trainee:

- Meets with their supervisor more regularly to review and discuss their progress using their Log of Clinical Proficiency.
- Develop a new study plan and schedule with their supervisor.
- Present a larger number of cases to their supervisor.
- Is directed to a more senior, experienced instructor for an additional clinical placement.
- Is "buddied up" with another, better performing trainee with whom to study.
- Meets with the DoT more regularly.
- Liaises with more regularly with their mentor.
- Increased expectation that the trainee will attend training days, retreats, and Peer Group meetings and present at these events.

If, after further discussion by the DoT with the supervisor it is considered that the period of remediation to be unsatisfactory, a process of independent review is undertaken.

Independent Review of Adverse Report:

This involves an interview of the trainee by the DoT and one other CAMM Holder, who may be a member of the Board of Censors, but not the Censor-in-Chief, the trainee's 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 further remediation can be determined, which is likely to follow the suggestions listed above, but with more specific learning direction. The decision is communicated in writing to the trainee and the supervisor/instructor in question.

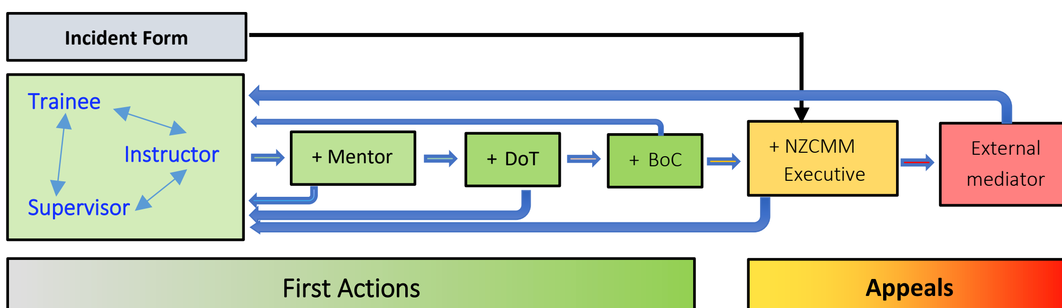
This process may require a future supervisor or instructor to pay special attention to specific areas of performance and to report back to the DoT at regular intervals. The outcome of not satisfying the remedial process are also clearly communicated to the trainee. For example, the trainee may need to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

Appeals Process:

If the Independent Review results in a serious outcome for any party the opportunity for further appeal exists. This process involves application to the Executive within 28 days of the unsatisfactory outcome. Members of the Executive, acting as an appeals committee, shall make the final determination. No member of the Executive who has had a role in the case shall sit upon this committee. If a satisfactory resolution cannot be achieved, then an external, independent mediator may be engaged to facilitate the process.

The privacy of the individual will be upheld throughout the appeals process.

The **disputes process** is graphically summarised below showing from low level to higher level intervention:



Dispute Protocol:

First Actions

The trainee should, in the first instance, raise their concerns directly with the instructor or supervisor to clarify any potential misunderstandings, to resolve the issue by mutual agreement. However, the College 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 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 issues.

If the dissatisfaction is 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 as outlined below.

If an examinee wishes to challenge their examination result(s) then these should be raised with the Examination Committee via a written request to the Administrator. The request will be managed utilising the same Disputes and Appeal Protocol outlined in this section.

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 NZCMM 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 NZCMM in writing of the dispute, the Board of Censors shall then be convened to investigate, review and reach a determination regarding the dispute within 28 days. Depending on the complexity and the role of the College personnel involved a formal, independent mediation service may need to be invoked. 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.

Appeal Process

Aggrieved party/parties may appeal the Board of Censors' determination to the NZCMM Executive within 28 days. Members of the Executive acting as an appeals committee, shall make the final and binding determination. No member of the Executive who is also a member of the Board of Censors shall sit upon this committee. If a satisfactory resolution cannot not be achieved, then an external, independent mediator may be engaged to facilitate the process.

Special circumstances:

1. Remediation failure/ Recurring poorly performing trainee.
    a. If the trainee persistently fails to meet the requirements of the training programme despite all attempts to rectify poor performance, then training may be discontinued. The Director of Training notifies the Board of Censors regarding the poorly performing trainee, outlining the remediation provided to that trainee and the processes undertaken to rectify their poor performance. The Board of Censors may make other recommendations to the Director of Training regarding remediation or meet directly with the trainee to interview him/her. As per the Training Manual and the policies above, the trainee has the right of appeal.
    b. If the Board of Censors decides that all possible avenues have been exhausted, then the trainee will be informed in writing that their vocational training in Musculoskeletal Medicine has been terminated. The MCNZ will be notified in these situations. Any fees paid for the year may be partially reimbursed at the discretion of the Executive.

2. Anonymised and/or non-transparent complaint or Complaint against/dispute with a senior College officer
   In these two circumstances, an external, independent mediator will be engaged to manage the complaint/dispute.

3. The impaired Physician and Unprofessional Behaviour
   Refer to the specific Policy Statement.

NZCMM DOCUMENTS RELEVANT TO THIS SECTION:

B6 INCIDENT REPORTING

B6.1 INCIDENT REPORTING FORM

C4.6.4 DISQ

C7.5 EXIT INTERVIEW

NZCMM POLICY STATEMENTS RELEVANT TO THIS SECTION:

A3.3 PRIVACY

A3.4 REGISTER OF INCIDENTS

A3.12 TRAINEES WITH DISABILITIES OR SPECIAL NEEDS

A3.13 FLEXIBLE TRAINING

A3.14 DISPUTES RESOLUTION

A3.15 REMEDIATION AND DISCONTINUATION OF TRAINING

A3.20 IMPAIRED PHYSICIAN AND UNPROFESSIONAL BEHAVIOUR

A3.30 CONFLICT OF INTEREST

EXIT INTERVIEW WITH THE TRAINEE

Upon successfully becoming a vocationally registered medical practitioner in Musculoskeletal Medicine, the trainee will be invited to an "Exit Interview" with the Director of Training, Censor-in-Chief and their supervisor(s) to review their training experiences. An interview with an independent assessor within six months after the completion of the final examination will be arranged. The successful candidate will have their name published on the website. The candidate is expected to complete a DISQ within 12 months of gaining Fellowship.

ADMISSION AS A VOCATIONALLY REGISTERED MEDICAL PRACTITIONER IN MUSCULOSKELETAL MEDICINE

Successful candidates will have completed all the training requirements and passed both the Written and Final Examinations to the satisfaction of the Board of Censors. The Board of Censors notifies the NZCMM Executive of those candidates who achieved the required standard and recognises the successful candidates and will award the graduate a **Certificate of Accreditation in Musculoskeletal Medicine** (CAMM). NZCMM notifies the Medical Council of the successful candidate. 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 a "Musculoskeletal Pain Physician". The graduate must apply for vocational registration using a VOC1 form available through MCNZ website.

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

SUMMARY OF NZCMM DOCUMENTS AND POLICIES

The following is a comprehensive list of NZCMM documents and policy statements. All the governance documents and policy statements are available to read via the NZCMM website (www.nzamm.org.nz). The remainder of the documents pertaining to Management and Training reside in a SharePoint folder which is accessible only to those NZCMM personnel and administrators involved in the running of the NZCMM training programme and recertification programme. Please email the administrator for copies those not publicly available.

A: GOVERNANCE

Constitutions

A1.1 NZCMM Constitution

A1.2 AFMM Articles of Association

A1.3 MoU NZCMM/AFMM

A1.5 Company Certificates of Registration

A1.6 Governance Structure overview (graphic)

Strategic Plan

A2 Strategic Plan

Policy Statements

A3 Policy Statements

A3.1 Management of Policy Statements [Admin]

A3.2 Statements Register [Admin]

A3.3 Privacy [Organisation]

A3.4 Register of Incidents [Organisation]

A3.5 Cultural Competence [Organisation]

A3.6 Maori Health [Organisation]

A3.7 Continuum of Learning [Organisation]

A3.8 Clinical Governance Training & CPD [Training - General]

A3.9 Training Programme processes [Training - Admin]

A3.10 Trainees Rights & Responsibilities [Training - Trainees]

A3.11 Trainee representation [Organisation]

A3.12 Trainees with disabilities or special needs [Training - Trainees]

A3.13 Flexible Training [Training - Trainees]

A3.14 Disputes Resolution [Organisation]

A3.15 Remediation Discontinuation of Training [Training - Trainees]

A3.16 Supervisor Instructor requirement [Training - General]

A3.17 Choosing Examiners [Training - Admin]

A3.18 International Medical Graduates [Training - Admin]

A3.19 Retraining a Musculoskeletal Physician [Training - General]

A3.20 Impaired Physician Unprofessional Behaviour [Organisation]

A3.21 Accrediting & Reaccrediting in IPM [Training - General]

A3.22 Part-time, reduced income, Semi-retired or Retired Practitioners [Training - Trainees]

A3.23 Training Prerequisites, Merit based Selection, Recognition Prior Learning [Training - General]

[A3.24 Trainee selection [Training – General]] combined into A3.23

[A3.25 Recognition of Prior Learning [Training - Trainees]] combined into A3.23

A3.26 Health & Safety (Organisation]

A3.27 Executive & Sub-Committee Expenditure & Delegation [Organisation]

A3.28 Timeframes for Managing New Applications to Train [Admin]

A3.29 Convening Board of Censors [Organisation]

A3.30 Conflict of Interest [Organisation]

A3.31 Remediation for the Underperforming Fellow [Training - General]

A3.32 Life Membership [Admin]

A3.33 Professional & Sex Dr-Patient boundaries

Terms of Reference

A4 Executive

A5 Committee ToR

A5.1 Education

A5.2 CPD

A5.3 Organisational Excellence

A5.4 Recruitment & Marketing

A5.5 Relationship with Stakeholders

A5.6 Conference Organisation

B: MANAGEMENT

Fees

B2 Fees

B2.1 Membership fee

B2.2 Faculty Fee

B2.3 Reaccreditation Fee

B2.4 Examination fee

Incident Reporting

B6 Incident Reporting

B6.1 Incident Reporting template

C: TRAINING

C1 Key Documents

C1.1 NZCMM Training Manual

C1.2 Curriculum

C1.3 Syllabus

C1.4 University of Otago DipMSM prospectus

C1.5 Guide to Assessing Competency

C1.5.1 Notes to Accompany Guide

C1.6. 2 yr cycle Training Calendar

C1.7 Overview of the Clinical Placement

C1.8 Funding for Instructors - Discussion Doc

Application to Train

C2 Induction

C2.1 Application Form

C2.1.1 Acknowledgement letter for application to train

C2.2 Referees questions

C2.3 Interview Record Sheet

C2.3.1 Interview and Merit Based Questions

C2.3.2 Invitation to Interview

C2.3.3 Decline Interview

C2.3.4 Permission to record Interview

C2.4.1 Welcome to Training letter

C2.4.2 Trainee NZCMM MoU

C2.4.3 Trainee Flow Chart

C2.4.4 Case Logbook

C2.4.5 OneNote/SharePoint access or Log Clinical Proficiency

C2.4.6 Summary of NZCMM Training Programme

Training Admin Process

C3 Summary Process Management Training CPD

C3.1 New Trainee Administration

C3.2 Administrator's Log of Training Positions

C3.3 Administrative Training Flow Chart

C3.4 Timeframes for Prospective Trainees

C3.5 NZCMM Host Teaching Practice Facility Audit (Draft)

C3.6 Trainee Hosting Post Availability

C3.7 Examinee Register

C3.7.1 Folder prior examinations by Trainees

C3.8.1 Observer feedback Training Day

C3.8.2 Tutors or Convenors Self-reflection Form

C3.8.3 Retreat Appraisal and Self Reflection Form

Trainee Assessment

C4 Trainee Assessment

C4.1 Trainee's Field Placement Report

C4.2 Supervisor's Report

C4.3 Instructor's Report

C4.4 Learner's Training Day Report

C4.5 Folder Supervisor, Instructor, Trainee Field Placement etc Reports

C4.6 Clinical Competency

C4.6.1 Trainee clinical competency Pt A

C4.6.2 Trainee clinical competency Pt B

C4.6.3 Musculoskeletal Physicians Skills Checklist

C4.6.4 DISQ

C4.6.5 Clinic Letter Quality Checklist

C4.6.6 Lumbar Examination

C4.6.7 Pelvic Examination

C4.6.8 Cervical Examination

C4.6.9 Shoulder Examination

C4.6.10 Elbow, Wrist Hand Examination

C4.6.11 Hip Examination

C4.6.12 Knee Examination

C4.6.13 Foot/Ankle Examination

C4.6.14 Neurological Examination

C4.6.15 General Neuromuscular Examination

C4.6.16 Radiology Assessment

C4.6.17 Office Based Steroid Injections Checklist

Supervisors & Instructors

C5 Supervisors & Instructors

C5.1 Notes for Supervisors, Instructors and Tutors

C5.2 The Role of the Supervisor

C5.2.1 Supervisor's Report template

C5.2.2 Trainee Placement Report by Host Instructor Template

C5.3 NZCMM Host Teaching Practice Facility Audit-Draft

C5.4 Trainee Hosting Post Availability

C5.5.1 Trainee clinical competency Pt A

C5.5.2 Trainee clinical competency Pt B

Standards

C6 Standards

C6.1 Professionalism

C6.2 Diagnostic Skills and Patient Management

C6.3 Anatomical Region Clinical Examination

C6.4 Cultural Competency

C6.5 Clinic Letter Back to Referrer

C6.6 Office Based Steroid Injections

C6.7 NZCMM Examinations

Examinations

C7 NZCMM Examinations

C7.1 Log of trainees presenting for Written Examination

C7.2 Log of trainees presenting for Clinical Examination

C7.3 Recording and Outcome Clinical Exam form

C7.4 Log of examination outcomes

C7.5 Exit Interview