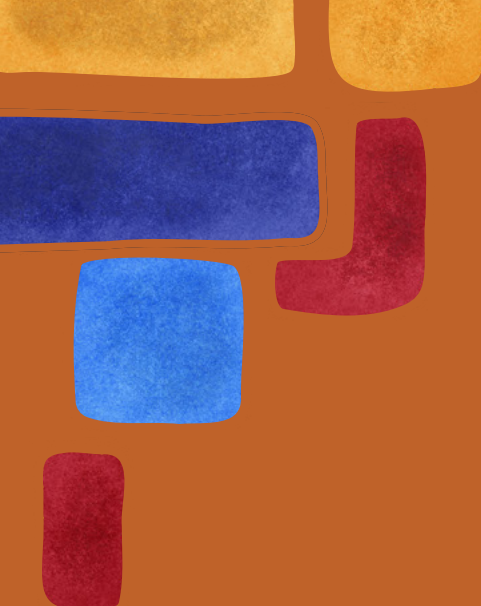
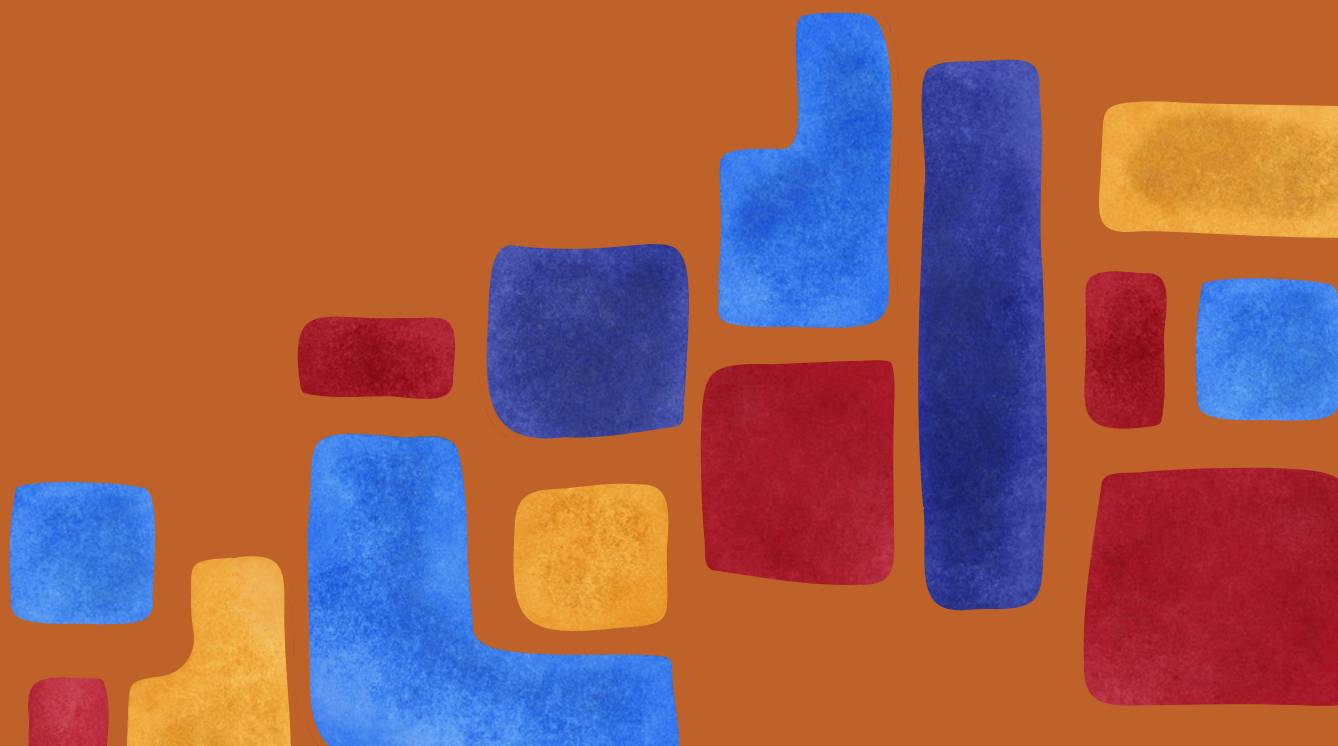




National Strategy for Health Practitioner Pain Management Education Implementation Guide





Australian Government

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FPM

Faculty of Pain Medicine
ANZCA

ANZCA acknowledges the traditional custodians of Country throughout Australia and recognises their unique cultural and spiritual relationships to the land, waters and seas and their rich contribution to society. We pay our respects to ancestors and Elders, past, present and emerging.

ANZCA acknowledges and respects ngā iwi Māori as the Tangata Whenua of Aotearoa and is committed to upholding the principles of the Treaty of Waitangi, fostering the college's relationship with Māori, supporting Māori fellows and trainees, and striving to improve the health of Māori.

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NATIONAL STRATEGY FOR HEALTH PRACTITIONER PAIN MANAGEMENT EDUCATION

A clear strategic roadmap to guide the upskilling of the Australian health workforce in contemporary, evidence-based pain care with the aim of improving the health outcomes of individuals living with pain.

Introduction

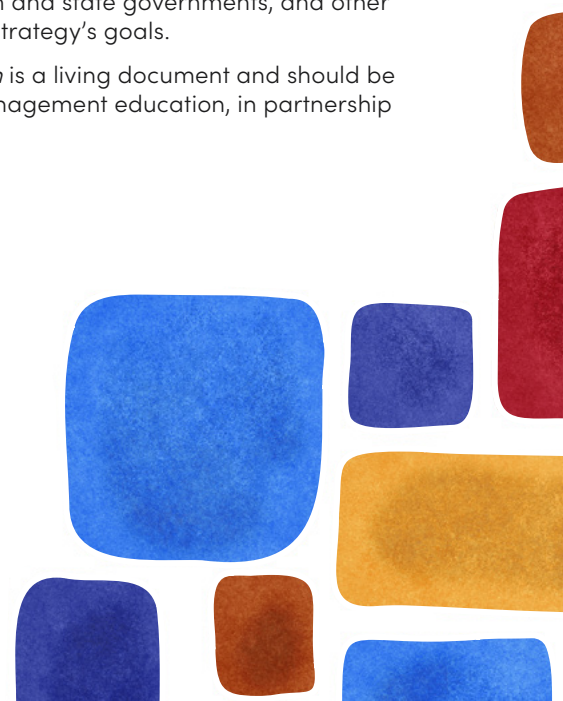
The *National Strategy for Health Practitioner Pain Management Education* is a high-level plan for an Australia-wide, coordinated approach to pain management education across health disciplines, and throughout the health practitioners' career span. It provides a roadmap for the next five-to-ten years and is aimed at improving the quality and consistency of pain management education. It addresses Goal Three of the *National Strategic Action Plan for Pain Management* ^①.

The strategy is grounded in contemporary educational principles and well-informed by the pain management education literature. It has been developed using an iterative, co-design approach and authentic partnerships with consumers, entry-to-practice students, and a wide range of other stakeholder groups focused on the needs of Australians living with pain. It is hoped that the strategy's values, principles and goals are shared by all who are committed to providing high-quality pain care for the Australian community.

This *Implementation Guide* is a companion document to the *National Strategy for Health Practitioner Pain Management Education* and provides the key elements of the strategy, including a detailed 'Implementation Plan'. It is recommended that the guide be read in conjunction with the main strategy document which provides essential background and contextual information.

The strategy's Implementation Plan has been formulated as a suite of targeted, achievable initiatives that can be taken up by different organisations on behalf of the health sector, as a whole, or targeted to particular learner groups. Funding from a range of sources including Commonwealth and state governments, and other community-based agencies, will be needed to support the delivery of the strategy's goals.

This *National Strategy for Health Practitioner Pain Management Education* is a living document and should be reviewed on a regular basis by all engaged in health practitioner pain management education, in partnership with the Australian community.



VISION

Providing a vision for the National Strategy for Health Practitioner Pain Management Education was seen as important in ensuring a clear focus in the development of the strategy. The vision is aspirational and created with a 5 to 10-year timeline in mind:

“Australia has a national education strategy which promotes evidence-based, best practice health care for individuals experiencing pain.

A nationally consistent set of values, principles and goals underpins and guides health practitioner pain management education in entry-to-practice, postgraduate and continuing education programs.”

VALUES

There was strong agreement among stakeholders that this strategy is supported by a set of underpinning values that speak to all aspects of pain management education developed and delivered across a diverse range of communities. Emerging, with a high degree of consensus, from stakeholder workshops and discussions were the following values:

Diversity

Pain management education, content and delivery reflects the diversity of the community in which it is applied, individuals' experiences of pain and the unique needs of the learner.

Partnership

The development and delivery of sustainable pain management education is built through authentic, mutually beneficial education partnerships which are founded on a platform of trust and enduring long-term relationships.

Excellence

Within pain management education there is a focus on maintaining high standards and implementing continuous quality improvement.

Equity

Pain management education is accessible to all health practitioners. It supports the right to self-determination and empowers health practitioner communities through partnering in the creation of education solutions.

Respect

The development and delivery of pain management education respects the importance of 'place' and 'community' and takes place in a culturally safe space with mutual respect for all involved regardless of perceived 'status', health discipline, or educational background.

SCOPE

In the context of this strategy, scope was defined in relation to the:

1. range of health disciplines that provide care for individuals with acute or chronic pain; and
2. learning opportunities that were identified across the career-span of these health practitioners.

Most health practitioners will be faced with managing individuals experiencing acute or chronic pain during their career.

The table below shows the key health practitioner disciplines initially considered as comprising a significant proportion of the Australian health workforce engaged in the care of individuals with pain (Table 1).

Key health practitioner disciplines

Registered

- doctors
- nurses
- physiotherapists
- occupational therapists
- pharmacists
- psychologists
- dentists
- Aboriginal health practitioners

Self-regulated

- aged care workers
- aboriginal health workers
- exercise physiologists
(*accredited by Exercise & Sports Science Australia*)

Table 1: Health practitioner disciplines engaged in the strategy consultation

Narrowing the scope was in no way meant to exclude other disciplines from the strategy, rather, it assisted the project team in determining the breadth of the initial stakeholder engagement and iterative consultation. It is hoped that the outcomes arising from this education strategy will be more broadly applicable across a wide range of health disciplines.

Across the career-span of a health practitioner there are a number of points which can be considered as 'critical learning opportunities'.

Entry-to-practice programs

Undoubtedly the most critical learning opportunities for any health practitioner are during entry-to practice programs where the foundations are set for their future career. Well implemented improvements in best-practice, holistic, multidisciplinary pain management education at this point have the potential for significant positive impact on health consumers living with pain.

The term 'entry-to-practice' covers a broad range of education that may be undertaken prior to an individual entering their area of clinical practice. Higher education programs can include bachelor and masters programs, and in some instances, a doctorate. Para-professional and other roles (regulated and unregulated or self-regulated) may involve vocational education and training (VET) at Certificate III, Diploma or Advanced Diploma level.

It is worth noting at this point that there are large proportions of the health workforce, particularly in the aged care and disability sectors, where care is provided by workers without any formal education or training.

Early graduate years

The transition to clinical practice that takes place in the first year or two of a health practitioner's career provides for the important consolidation of knowledge, skills and attitudes acquired during entry-to-practice programs by applying these directly within a range of health care contexts.

During this time new graduates are anxious to assimilate into their work environment and be accepted as part of the 'team' ⁽⁶⁻⁹⁾. They can be easily influenced by the culture and clinical practices of their workplace, good and bad. Clinicians recognise the importance of the biopsychosocial principles for managing pain, however barriers exist in terms of confidence, knowledge and skills to implement them ⁽²⁾. This is an important time to reinforce best-practice pain management principles and practice.

Postgraduate clinical programs

Many health care practitioners undertake further studies in their chosen field following their entry into practice. This may include undertaking an honours year, graduate certificate and / or diploma, as well as masters and doctoral degrees. It is important that more advanced concepts related to pain management be included in these programs, where relevant, and pain research is fostered and well supported.

Specialist medical training

In Australia specialist medical training is undertaken through recognised specialist medical colleges. Specialist medical colleges must meet *the Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs by the Australian Medical Council 2015* ⁽¹⁰⁾.

Pain is relevant to a broad range of medical specialty areas so it follows that specialist medical training programs should contain contemporary, evidence-based content on pain and pain care relevant to their discipline.

Specialist physiotherapy training

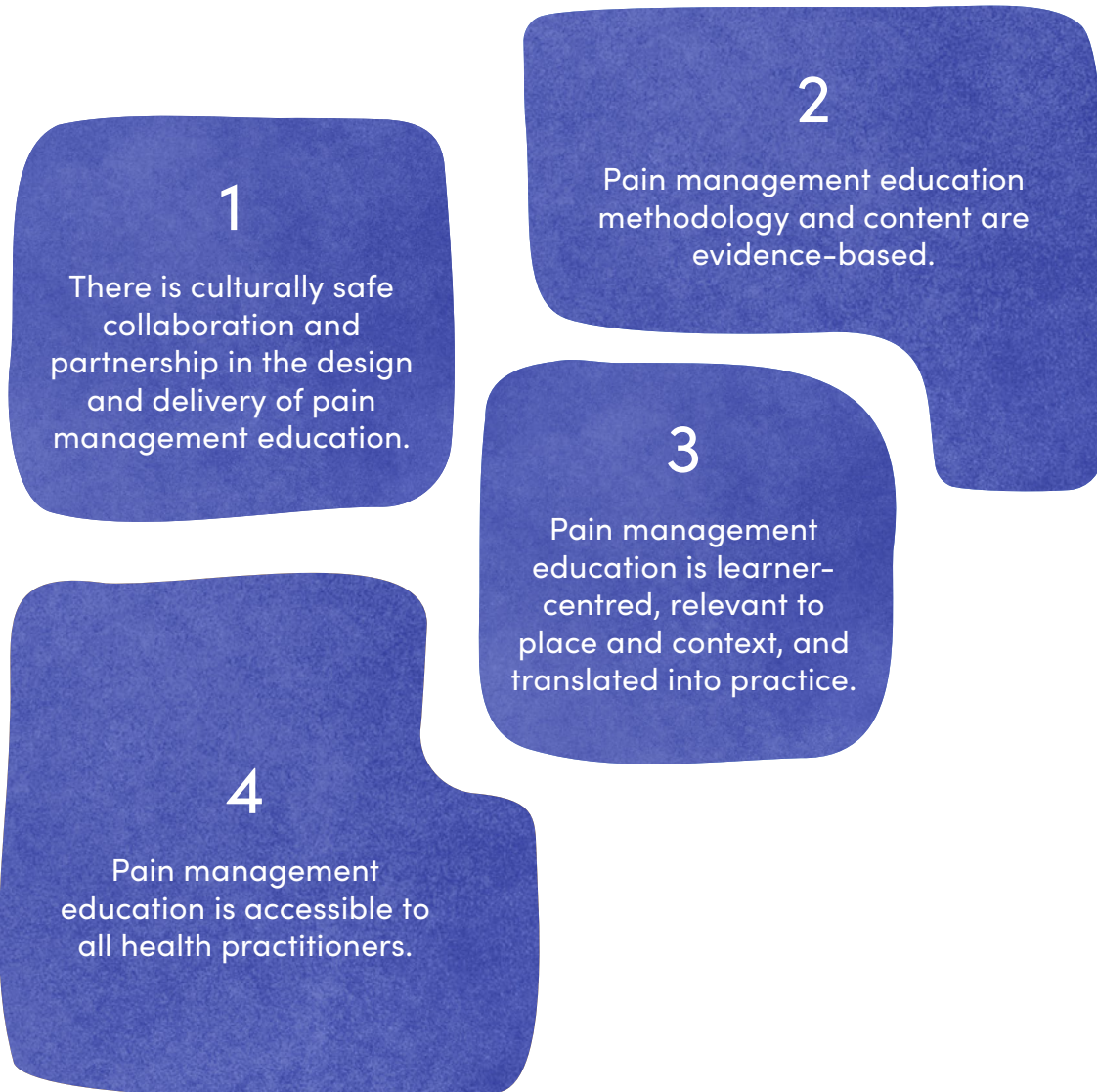
Specialisation may be undertaken through the Australian College of Physiotherapists leading to qualification as a Fellow of the Australian College of Physiotherapists following the completion of a rigorous two-year training and examination process. A specialisation pathway for pain is one of the nine clinical specialist pathways ⁽⁴⁾.

Continuing professional development

All registered health care practitioners in Australia have a requirement to maintain their currency of knowledge and practice to support them in the delivery of safe and appropriate care. Continuing professional development provides the opportunity to not only facilitate the updating of a clinician's practice but to fill the knowledge and skill gaps resulting from inadequate coverage of pain management in entry-to-practice and postgraduate education. It also provides the ideal platform for interprofessional education.

PRINCIPLES

The following set of principles was derived through the iterative consultation process described above. They build on the values and will assist in guiding the way in which we design and deliver pain management education into the future.



Principle 1

There is culturally safe collaboration and partnership in the design and delivery of pain management education.

Education programs must be aimed at meaningful outcomes for consumers and direct consumer input into educational delivery can provide extremely powerful and memorable learning opportunities for health practitioners ⁽³⁾.

This means that consumers must be central to program design and delivery. It is important to understand the desired impact and outcomes of health practitioner education from the consumer perspective. Having consumers inform design will ensure that learning outcomes will address their concerns ⁽³⁾.

Engaging consumers in education delivery adds a powerful dimension to the learning experience of health practitioners. For example: the use of storytelling, simulation-based learning and case-based scenarios, that are linked with defined learning outcomes, are excellent ways for learners to engage with consumers. These teaching approaches will increase the readiness for practice of beginning practitioners and are ideal for developing empathy and communication skills. They can be used equally effectively in postgraduate and ongoing learning contexts.

Appropriate development, implementation and translation of education to practice can only happen when we truly understand the communities in which it is applied.

To facilitate the appropriate application of pain management education it is important for education providers to be well connected within the communities in which it is delivered. Building long-term meaningful relationships and mutually beneficial partnerships, to develop a sense of trust and mutual understanding is pivotal to the success and sustainability of education programs.

These partnerships should be founded on the premise of 'learning from each other' rather than 'knowledge giving', recognising and incorporating the deep learnings that are held by Aboriginal and Torres Strait Islander peoples and culturally and linguistically diverse (CALD) populations.

Partnerships with Aboriginal and Torres Strait Islander communities must involve the broader community, be respectful and cognisant of the significance of 'place' and support the right to self-determination and elimination of racism in all its forms.

Australia has a rich and diverse migrant population that is not well served by generic 'one size fits all' approaches to education. Education provision must be informed and guided by those who understand the community and cultural contexts to ensure that it has a real impact at the coalface in care provision. Consultation with stakeholders from culturally and linguistically diverse backgrounds highlighted how the complexity of pain is compounded within these communities by many aspects including:

- language barriers;
- past trauma;
- lack of understanding of the Australian health system ⁽¹¹⁾;
- lack of cultural awareness by health workers ⁽¹²⁾; and
- the disconnect between western medical beliefs and those of other cultures ⁽¹¹⁾.

In all situations, community engagement and program delivery need to be within a culturally safe environment.

The need for effective community partnerships becomes all the more important due to the glaring gaps in research relating to both Aboriginal and Torres Strait Islander peoples and CALD populations and their practices, beliefs, experiences and responses to pain.

Quality educational program design should also involve collaboration and partnership with all key health disciplines, as well as learners, to ensure that educational outcomes are relevant to clinical practice.

Optimal pain management requires a holistic, biopsychosocial approach that is tailored to meet the needs of the individual experiencing pain. This is particularly important in the management of those living with chronic or persistent pain and is reflective of its complexity. For meaningful interdisciplinary collaboration to occur it is important that all participants feel culturally safe, regardless of perceived professional 'status', race, culture or social background.

It follows that the design and delivery of programs should reflect this multidisciplinary aspect of pain care and, where practicable, an interprofessional education approach is preferred.

Building collaborative partnerships within and across education and clinical environments to engage key stakeholders will lead to quality, clinically relevant, education solutions. Not all education contexts will lend themselves easily to interprofessional education delivery, however this should not be a barrier to collaboration in program design.

While interprofessional education should ideally involve students and teachers from a range of discipline areas learning with and about each other as they apply their craft, fostering interprofessional education can also be supported through multidisciplinary case-based learning⁽¹³⁻¹⁴⁾ and simulation-based education using standardised patients and actors to play the role of other members of the health team⁽¹⁵⁻¹⁶⁾.

Developing a common philosophy and language for pain will act as an enabler for interprofessional pain management education.

It is important that pain management education is founded on a common conceptual understanding, philosophical approach and evidence-based model of pain. The foundation of knowledge, skills and professional attributes required in pain management can be viewed as transdisciplinary. A common understanding leads to a generic language and definitions that cross disciplinary boundaries and resonate at all levels of education. There was strong support throughout stakeholder consultations to support the acceptance of the International Association for the Study of Pain (IASP) definition of pain.

Principle 2

Pain management education methodology and content are evidence-based.

Throughout all stakeholder consultations there was strong consensus around the need for pain management education to be reflective of contemporary knowledge and practice.

It is important, therefore, that all pain management education be based on contemporary, reliable evidence and relevant best-practice guidelines and principles. Evidence-based content should not be developed through a solely 'biomedical' lens, rather it should be situated within a 'holistic' framework that incorporates the sociocultural, psychological, and spiritual perspectives together with the biophysical dimension.

As evidence continues to evolve, learning must be regularly updated through continuing professional development.

To ensure that a health practitioner's practice continues to be founded on contemporary evidence it is important that they embrace continuing self-reflection and learning throughout their career. Fostering a culture of continual learning and professional development within entry-to-practice programs, and then supporting this through ongoing education, peer support and mentorship throughout the health practitioner's career, will support best-practice care delivery.

There is an urgent need for further quality research to support the evidence-base underpinning pain education.

The field of pain management is dynamic in that our understanding of mechanisms of pain and, in particular, chronic pain responses, has changed and grown significantly over the last two decades with research at the core of this change. However, gaps remain in our research, particularly in relation to understanding the experience and effective management of pain within some priority populations, including Aboriginal and Torres Strait Islander peoples and culturally and linguistically diverse communities.

Teaching methods need to be contemporary, evidence-based, fit-for-purpose, cater to a variety of learning styles, and be relevant to the level of the learner.

Evidence-based content alone will not ensure the development of a clinically competent health practitioner and the translation of theory into practice. As stated above, teaching methods need to incorporate best-practice, contemporary approaches. Over the last decade there has been an increasing move away from didactic, teacher-focused educational delivery towards more learner-centred, applied forms of learning.

Assessment in contemporary health practitioner education is also moving away from high stakes summative assessment (assessment of learning) towards more formative assessment (assessment for learning) with a trend towards programmatic or global assessment.

Principle 3

Pain management education is learner-centred, relevant to place and context, and translated into practice.

A dynamic and responsive curriculum will have mechanisms for continuous feedback from the clinical coalface and a deep understanding of the community context in which it is delivered.

Pain is an issue within all community environments; however, the geographical, social and cultural contexts of communities can vary greatly. Differing community contexts can impact directly on the health care needs of consumers and the learning needs of health workers on the ground. Pain management education solutions must be flexible enough to be applied across a range of environments.

It is not only important to consider 'what' we teach, but to look at 'how' we teach pain management to facilitate translation to practice.

Technology is being harnessed to assist in catering to the wide variation in individual learning styles and to enable learners to apply concepts to practice more readily⁽⁵⁾. Online learning, simulation-based education (including augmented and virtual reality) and supervised clinical practice all need to be considered as valuable teaching and learning methods in preparing health practitioners for the realities of the workforce or in changing the practices of the existing health workforce.

Pain management education should be flexible, adaptable and affordable to enable clinical capability to be enhanced in the communities with the greatest need.

Principle 4

Pain management education is accessible to all health practitioners.

Centralising the development of teaching and learning resources can be an efficient way of reducing the cost by reducing duplication of effort and leveraging expertise across a broad range of organisations and disciplines. Making these resources adaptable and readily available as 'share-ware' would also ensure equity in access to quality materials. That said, it is crucial to consider the sustainability issues in maintaining shared resources.

Geographical location should not be a barrier to accessing high quality, relevant pain management education.

Technology has greatly enhanced accessibility to quality education across the vast distances of rural, regional and remote Australia. However, it is important to be aware of the fact that not all geographical areas are well supported by adequate technological infrastructure and not all health care practitioners have access to the relevant resources on the ground. Other learning delivery mechanisms must be provided to avoid excluding educators and learners living and working in these circumstances.

Pain management education should be available across a broad range of education levels including: vocational education and training (VET); higher education; and continuing education through education institutions and health networks.

Large sectors of the community are cared for by workers with qualifications attained within the VET sector. Many of these are our most vulnerable groups including: aged care; disability; and Aboriginal and Torres Strait Islander communities. In order to improve the pain care of all Australians living with pain it is important that education solutions are offered to these workers.

Language should not be a barrier to accessing quality education.

Health care practitioners, particularly those working within culturally diverse communities, may not have English as their first language. To ensure equity of access in these circumstances, it will be important to provide tailored teaching and learning resources and education.

GOALS

The following goals were derived through the process of iterative consultation and with a view to achieving broad, sustainable system and cultural change.

1

Develop national standards for health practitioner pain management education.

2

Create a national pain management education competency/capability/ practice framework.

3

Develop educational resources that align with the standards and competency framework.

4

Embed pain management education into entry-to-practice curricula.

5

Equip educators to deliver pain management education

Goal 1: Develop national standards for health practitioner pain management education.

Timeframe: 2023 - 2024

Objectives

There is a nationally consistent set of aspirational standards for health practitioner pain management education that:

- is relevant across multiple disciplines and levels of education;
 - is underpinned by the values and principles of the National Strategy for Health Practitioner Pain Management Education;
 - sets the minimum level of quality; and
 - provides guidance for the development and delivery of pain management education.
-

A set of well-developed and accepted national standards for health practitioner pain management education should aim to inform policy, education and practice to improve the care of Australians living with pain. National standards will provide a framework for the development and delivery of pain management education, ensuring consistency across disciplines and education sectors. The standards will be a set of concise statements that act as quality markers for health practitioner pain management education. They will also provide a template for changing the way in which we develop and deliver pain education to ensure that it is accessible and relevant for all.

Goal 2: Create a national pain management education competency/capability /practice framework.

Timeframe: 2023 - 2024

Objectives

There is a national pain management competency/capability/practice framework that:

- aligns with the national standards for pain management education;
 - is generic by nature but flexible enough that it can be translated across multiple health disciplines and community contexts;
 - is underpinned by the values and principles of the National Strategy for Health Practitioner Pain Management Education;
 - promotes a holistic and multidisciplinary approach to pain management through interprofessional education;
 - informs the development and delivery of pain management education; and
 - informs the assessment of pain management education.
-

The development of a pain management competency framework (capability/practice framework), that can be applied across a range of health disciplines, education levels, and community contexts, will provide clear guidance to those creating education programs. A competency framework will need to be built on cross-disciplinary engagement and consensus and leverage existing competency frameworks nationally and internationally.

Goal 3: Develop educational resources that align with the standards and competency framework.

Timeframe: 2022 – 2024

Objectives

Educational resources are developed in alignment with the national standards and competency framework to support the efficient and effective delivery of pain management education. They are:

- based on contemporary evidence and best-practice principles;
 - accessible across geographical regions;
 - developed for all levels of learning across vocational education and training to higher education and specialist training;
 - flexible and adaptable to the curriculum and community context in which they are delivered;
 - cater to the needs of all learners, including those working within disadvantaged communities and with English as a second language;
 - affordable; and
 - enable education providers to rapidly implement pain management education within existing or new programs.
-

Pain management education standards and competencies will directly inform the development of learning resources that are widely available. This will ensure a consistent quality and understanding across health disciplines and they should be underpinned by a common language and a philosophy that supports multidisciplinary pain care.

Goal 4: Embed pain management education into entry-to-practice curricula.

Timeframe: 2023 – 2026

Objectives

Entry-to-practice health students are equipped with the knowledge, skills and attitudes to deliver best-practice, evidence-based care for individuals experiencing pain when they transition into clinical practice.

This is arguably the most ambitious of the strategy's goals. Ensuring the inclusion of quality pain management education into already crowded entry-to-practice curricula, in a way that is consistent across disciplines, evidence-based, meaningful, and allows for appropriate scaffolding of learning within the framework of individual curriculum designs, is a great challenge. To improve pain care in Australia it is important that pain management content is incorporated across these programs, despite the challenges.

Equally challenging is moving the paradigm of pain care from the dominant 'biomedical' western health focus of many health curricula towards a more holistic, biopsychosocial one that incorporates the social, cultural and psychological dimensions of an individual's experience of pain.

Importantly, the first three goals of the strategy will be the 'enablers' of change in the entry-to-practice space and form the foundation on which this goal can be built.

Goal 5: Equip educators to deliver pain management education.

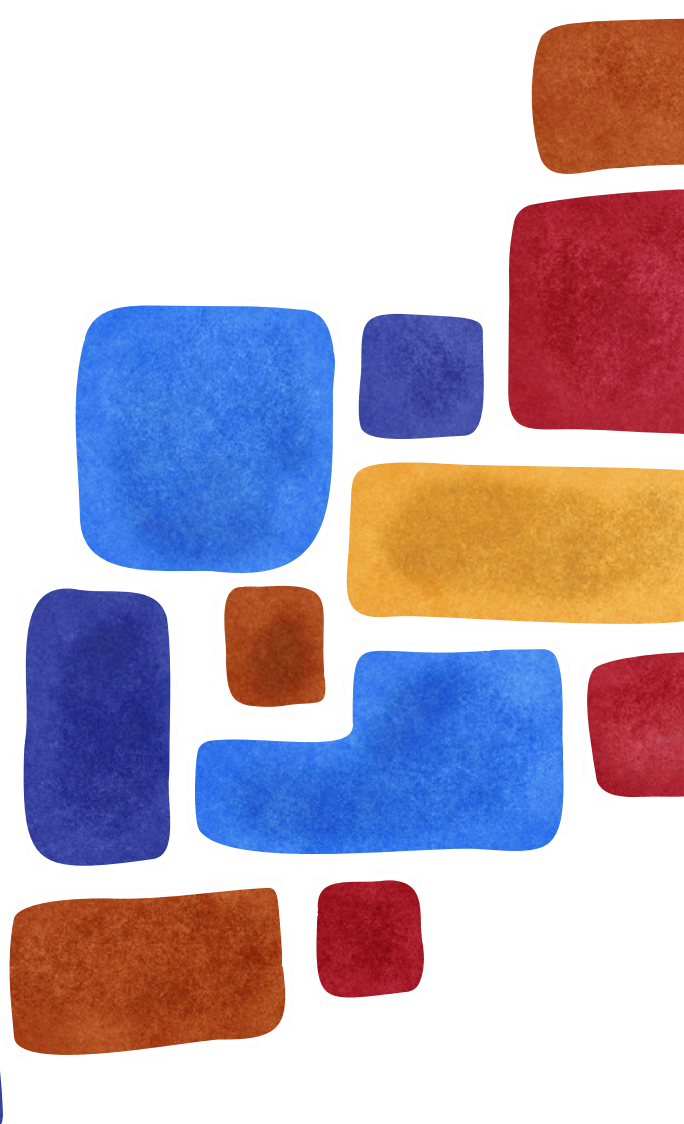
Timeframe: 2023 - 2026

Objectives

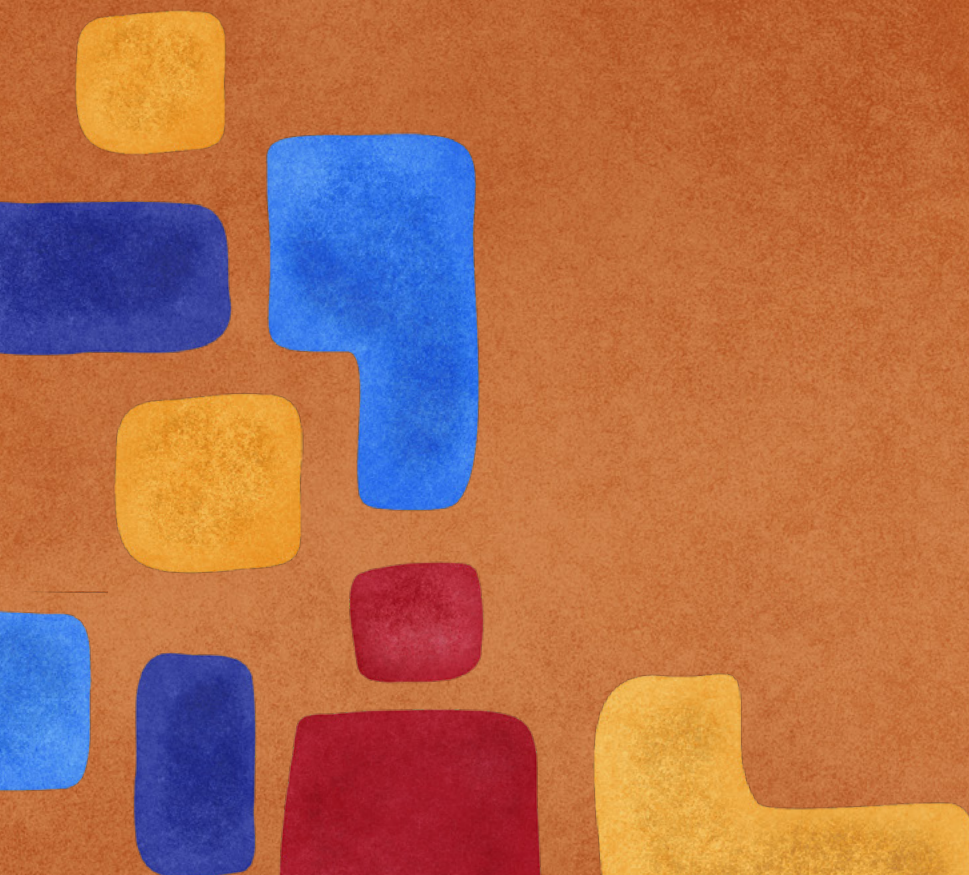
All educators engaged in the delivery of pain management education will have the knowledge, skills and available resources to facilitate best-practice, evidence-based pain management education.

Standards, competencies and resources cannot go all the way to delivering quality education across the health disciplines. With the exception of self-directed learning programs, most education environments rely on educators to compile and deliver curricula. One of the challenges for educators in the dynamic area of health care is staying up-to-date with current knowledge and real-world practice.

Pain management theory and practice have changed significantly over the last 15 years and educators will need to be supported in the translation and integration of contemporary knowledge and thinking into their teaching program. They will also need support in the identification of, and access to, effective teaching and learning methods to ensure optimum outcomes for their learners.



Implementation plan



GOAL 1: Develop national standards for pain management education.

Timeframe: 2023 – 2024

Objectives / outcome measures	Recommended actions	Important considerations
There is a nationally consistent set of aspirational standards for health practitioner pain management education that: - are relevant across multiple disciplines and levels of education; - are underpinned by the values and principles of the National Strategy for Health Practitioner Pain Management Education; - set the minimum level of quality; and - provide guidance in the development and delivery of pain management education.	- Review a range of national and international standards and draw on these to inform the development of pain management education standards. - Establish governance and collaborative partnerships to lead extensive stakeholder engagement and co-design. <i>(Must include consumers at the highest levels).</i> - Incorporate an iterative consultation process in the development of the standards. High levels of engagement with the right stakeholders will ensure that the standards developed will be relevant in the Australian context of pain care and support their translation into education. Early engagement will also build consensus. - Obtain high-level government and regulatory endorsement of the standards. - Develop and implement a 'communication strategy' to accompany the release of the standards.	- There are currently a number of national and international standards that could be drawn from to inform the development of Australian pain management education standards. Ensure alignment with other existing national standards where relevant, e.g: National Safety and Quality Health Service Standards. - Collaborative partnerships with Aboriginal and Torres Strait Islander groups should be formed at the highest level and support their right to self-determination with genuine shared decision making and supporting the key elements of the <i>National Aboriginal and Torres Strait Islander Health Plan 2021–2031</i> (Commonwealth Government, 2021) - Stakeholder engagement should be broad and include: - health care consumers from across all sectors (aged care, Aboriginal and Torres Strait Islander health; disability; culturally and linguistically diverse (CALD) communities; and young people (12–24 years); - representation of health disciplines engaged in the management of individuals experiencing pain, including those working with Aboriginal and Torres Strait Islander and CALD communities, paediatric and emerging adults sector, aged care and the disability sector; and - educators and students from vocational education and training, higher education and specialist medical colleges as well as professional and clinical organisations (across entry-to-practice, postgraduate and continuing education). - The content of the standards should be underpinned by educational best practice and provide a high-level framework to guide organisations in the application of pain management education.

GOAL 2: Create a national pain management education competency/capability/practice framework.

Timeframe: 2023 – 2024

Objectives / outcome measures	Recommended actions	Important considerations
There is a national pain management competency framework that: - aligns with the national standards for pain management education; - is generic by nature but flexible enough that it can be translated across multiple health disciplines and community contexts; - is underpinned by the values and principles of the National Strategy for Health Practitioner Pain Management Education; - promotes a holistic and multidisciplinary approach to pain management through interprofessional education; - informs the development and delivery of pain management education; and - informs the assessment of pain management education.	- Give initial consideration as to whether it is a 'competency' or 'capability' framework that is required. - Review curricula and competency frameworks nationally and internationally for applicability in the Australian pain context. For example: IASP curricula. - Undertake extensive stakeholder engagement and incorporate an iterative consultation process in the development or refinement of the competencies. - Obtain high-level government and regulatory endorsement of the competencies. - Develop a self-assessment tool, against the competencies, for existing practitioners to identify their own learning needs. - Develop and implement a dissemination and communication plan to accompany the release of the competencies.	- It will be important to link with the concurrently funded project: <i>Commonwealth Grant for Health Professional Pain Education G02810</i> to build on work already underway in this competency space. - Other terms to consider may be 'practice framework' or 'critical work functions'. Consider what would foster acceptance across a broad range of health education areas. - The framework should be interdisciplinary and outcomes-based, cutting across all levels of a clinician's career. To achieve this, competencies need to be at a high enough level to be generic and adaptable across a range of discipline contexts. Very specific, detailed competencies will restrict their usability. - There should be alignment across regulatory bodies, industry and accreditation bodies to ensure the framework is accepted. The framework should also focus on what people learn, with an emphasis on individual reflection and life-long learning. - Develop 'champions' through the stakeholder engagement process. Champions can assist with dissemination of information and in building buy-in across health disciplines and education sectors once the competency framework has been developed.

GOAL 3: Develop educational resources that align with the standards and competency framework.

Timeframe: 2022 – 2024

Objectives / outcome measures	Recommended actions	Important considerations
Educational resources are developed in alignment with the national standards and competency framework to support the efficient and effective delivery of pain management education. They are: - based on contemporary evidence and best-practice principles; - accessible across geographical regions; - developed for a range of levels of learning across vocational education and training to higher education and specialist training; - flexible and adaptable to the curriculum and community context in which they are delivered; - cater to the needs of all learners, including those working within disadvantaged communities and with English as a second language; - affordable; and - enable education providers to rapidly implement pain management education within existing or new programs.	- Review the teaching resource needs of educators across sectors to enable the implementation / improvement of pain management education within their area. - Conduct a review of existing resources with a view to their: - adequacy in meeting the national standards and competencies for pain management education (above); - ability to be offered broadly and flexibly; - appropriateness for different education levels: VET, higher education, and specialist education; - ability to address the pain education needs of health workers providing care within disadvantaged community groups (e.g: Aboriginal and Torres Strait Islander, CALD, disability and aged-care sectors); and - educational quality and use of contemporary teaching and learning approaches. - Identify resource gaps. - Develop 'toolkits' for pain management education for: - entry-to-practice programs; - postgraduate courses; and - continuing education. - The toolkits should be aligned with the national standards and competencies for pain management and may include: simulation-based education scenarios; case-based learning exercises; stories from the consumer perspective; short online or written modules. Toolkits should allow flexibility in delivery and the application of individual creativity on the part of the educator.	- It will be important to link with the concurrently funded project: <i>Commonwealth Grant for Health Professional Pain Education G02810</i> to build on work already underway in this educational resource space. - Special consideration should be given to the issue of 'access' in the development of resources, particularly within: - rural, regional and remote environments where information technology infrastructure and resources may not be adequate; - Aboriginal and Torres Strait Islander communities; and - culturally and linguistically diverse communities. - In the entry-to-practice and postgraduate education spaces, it is recommended that education resources allow for appropriate integration within an existing curriculum in a way that allows for horizontal and vertical integration of concepts and promotes the scaffolding of learning across a program. This may mean multiple small learning resources rather than large discrete modules or units. - Contemporary teaching and learning approaches can include online and simulation-based learning. - Storytelling by health consumers can be an extremely powerful teaching tool. It will be important to ensure a co-design framework in the development and delivery of these includes stories from within priority populations such as: Aboriginal and Torres Strait Islander communities; culturally and linguistically diverse communities; the disability and aged care sectors; rural, regional and remote communities; and children and young people.

Continued on next page

GOAL 3: Develop educational resources that align with the standards and competency framework.

Timeframe: 2022 – 2024

Recommended actions	Important considerations
- The toolkit should contain resources developed with, and for educators within: Aboriginal and Torres Strait Islander communities; the disability and aged-care sectors; and culturally and linguistically diverse communities; and paediatric and emerging adult settings. - Incorporate funding and sustainability processes into toolkit development. - Guidelines will be required for educators on how to appropriately apply the resources in their own area to achieve optimal outcomes for learners in alignment with the standards and competency requirements (see Goal 5 below). - Establish an educational resource portal to accommodate ready access to the toolkit.	- A focus on ‘interdisciplinary’ resources is encouraged, including resources that can be applied in education settings where interprofessional education may not be possible due to availability or logistics. In the latter situation, interdisciplinary case-based scenarios and simulations can provide valuable learning tools. - Sustainability of toolkits will need to be considered from the outset in terms of the: lifespan of a resource; process for revision and updating; and outcome evaluation and effectiveness. - Ensure that the pain educator toolkits are accessible for educators for whom English is not their first language.

GOAL 4: Embed pain management education into entry-to-practice curricula.

Timeframe: 2023 – 2026

Objectives / outcome measures	Recommended actions	Important considerations
Entry-to-practice health students are equipped with the knowledge, skills and attitudes to deliver best-practice, evidence-based care for individuals experiencing pain at a beginning practitioner level.	- Form a high-level advisory group to guide the embedding of pain management education into entry-to-practice curricula in both VET and higher education programs. - Develop self-assessment tools for education providers (VET and higher education) to evaluate the pain management content within their individual curricula, in line with the national standards and competencies. - Connect education providers with a range of education resources that can be adapted to their curriculum. - Connect educators with the resources outlined in Goal 5 below.	- It will be essential that key regulatory bodies (VET and higher education) are engaged early in this process, whether on the high-level advisory group or in other stakeholder engagement activities. - Additionally, the high-level advisory group should include those who can speak to the educational needs of: Aboriginal and Torres Strait Islander peoples; culturally and linguistically diverse communities; the aged care and disability sectors; and paediatric and emerging adults sector. - Education institutions should be encouraged to: - take an ‘integration and scaffolding’ approach when positioning pain related program within existing curricula; - adapt the content of their pain management content to ensure that it is appropriate to the communities in which it is situated; and - incorporate an interprofessional approach to teaching and learning in this space where practicable.

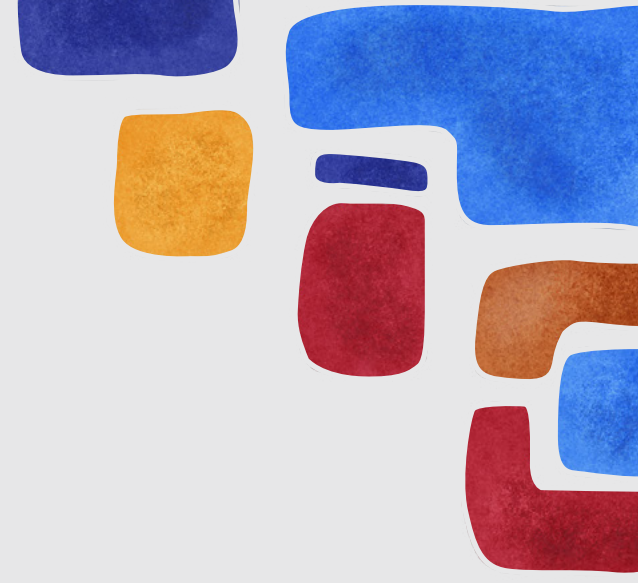
GOAL 5: Equip educators to deliver pain management education.

Timeframe: 2023 - 2026

Objectives / outcome measures	Recommended actions	Important considerations
All educators engaged in the delivery of pain management education will have the knowledge, skills and available resources to facilitate best-practice, evidence-based pain management education.	- Develop pain educator toolkits that provide guidance in relation to: - the standards and competencies for pain management education; - available evidence-based education resources; and - appropriately introducing resources within their curriculum / program to maximise student learning outcomes. - Establish a 'community of practice' to support educators to enable: - networking; - joint resource development and sharing; - a platform for communication and dissemination of education, including webinars, podcasts and seminars; and - the targeted use of social networking platforms for information sharing and connecting educators. - Build a mentorship program and build champions among educators.	Engage incentives such as CPD points to encourage uptake.

Reference list

1. Australian Government, Department of Health. National strategic action plan for pain management. Canberra: Department of Health (Australia); 2019.
2. Ng W, Slater H, Starcevich C, Wright A, Mitchell T, Beales D. Barriers and enablers influencing healthcare professionals' adoption of a biopsychosocial approach to musculoskeletal pain: a systematic review and qualitative evidence synthesis. *Pain*. 2021;162(8):2154–85.
3. Slater H, Jordan JE, O'Sullivan PB, Schütze R, Goucke R, Chua J, et al. "Listen to me, learn from me": a priority setting partnership for shaping interdisciplinary pain training to strengthen chronic pain care. *Pain*. 2022;20:10–97.
4. Australian Physiotherapy Association. Clinical specialist [Available from: <https://australian.physio/>. (Accessed 29 June 2022).
5. Pelletier K, Brown M, Brooks DC, McCormack M, Reeves J, Arbino N, et al. 2021 EDUCAUSE Horizon Report Teaching and Learning Edition. Boulder CO; 2021.
6. Ohr SO, Holm D, Giles M. The organisational socialisation of new graduate nurses and midwives within three months of their entrance into the health workforce. *Aust J Adv Nurs*. 2020;37(2):3–10.
7. Martin R, Mandrusiak A, Lu A, Forbes R. New-graduate physiotherapists' perceptions of their preparedness for rural practice. *Aust J Rural Health*. 2020;28(5):443–52.
8. Woit C, Yuksel N, Charrois TL. Competence and confidence with prescribing in pharmacy and medicine: a scoping review. *Int J Pharm Pract*. 2020;28(4):312–25.
9. Snibsoer AK, Graverholt B, Nortvedt MW, Riise T, Espehaug B. Evidence-based practice profiles among bachelor students in four health disciplines: a cross-sectional study. *BMC medical education*. 2018;18(1):1–10.
10. Australian Medical Council Limited Specialist Education Accreditation Committee. Standards for assessment and accreditation of specialist medical programs and professional development programs by the Australian Medical Council 2015. Accessed; 2016.
11. Khatri RB, Assefa Y. Access to health services among culturally and linguistically diverse populations in the Australian universal health care system: issues and challenges. *BMC public health*. 2022;22(1):1–14.
12. Minnican C, O'Toole G. Exploring the incidence of culturally responsive communication in Australian healthcare: The first rapid review on this concept. *BMC Health Serv Res*. 2020;20(1):1–14.
13. Thistlethwaite JE, Davies D, Ekeocha S, Kidd JM, MacDougall C, Matthews P, et al. The effectiveness of case-based learning in health professional education. A BEME systematic review: BEME Guide No. 23. *Med Teach*. 2012;34(6):e421–e44.
14. Topperzer MK, Roug LI, Andrés-Jensen L, Pontoppidan P, Hoffmann M, Larsen HB, et al. Twelve tips for postgraduate interprofessional case-based learning. *Med Teach*. 2022;44(2):130–7.
15. Herbstreit F, Merse S, Schnell R, Noack M, Dirkmann D, Besuch A, et al. Impact of standardized patients on the training of medical students to manage emergencies. *Medicine*. 2017;96(5):e5933.
16. Kerr A, Strawbridge J, Kelleher C, Barlow J, Sullivan C, Pawlikowska T. A realist evaluation exploring simulated patient role-play in pharmacist undergraduate communication training. *BMC medical education*. 2021;21(1):325.



The Faculty of Pain Medicine Australian & New Zealand College of Anaesthetists

The Faculty of Pain Medicine was formed in 1998 and it has been pivotal in developing and advancing the field of pain medicine throughout Australia, New Zealand and the Asia Pacific region.

The Faculty provides career-encompassing education and standard setting for the specialty practice of pain medicine. It plays a key role in advocating at state and national levels for the delivery of high-quality multidisciplinary, evidence-based, pain management for communities in Australia and New Zealand.

Fellows of the Faculty will have undertaken a 'primary' specialty across a range of disciplines including: general practice; anaesthetics; psychiatry; rehabilitation medicine; and surgery. They then complete a rigorous two-year post-specialty medical training program. The internationally recognised curriculum provides comprehensive training in pain medicine, with a holistic, socio-psycho-biomedical focus.

The Faculty plays a key role in fostering research activities that improve the evidence-base for pain medicine and continues to be an energising force in shaping the future of pain care delivery nationally and internationally.



