

Addressing the Future of Pain Medicine Training: Redevelopment of Post-Doctoral Training as an Even More Imperative Standard in Latin America

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Recently, an article advocating for an extension of the pain medicine fellowship training period was published,¹ and it met the authors' objective in broadly opening broad discourse regarding the unfortunate state of pain medicine training in the United States and abroad. One of the authors (MES) is also a co-author of the current analysis, and he has explained that the article was not advocating specifically for lengthier periods of training, but rather was intended as a "teaser" regarding the need to make some type of substantial change in our educational process if we are to best serve trainees and the tens of millions of Americans suffering from chronic pain. As professionals actively involved in advancing pain medicine, we are compelled to emphasize an essential point: diplomas, online distance learning programs, and master's degrees cannot substitute for the formal and immersive training provided by accredited post-doctoral training programs.

Our perspective is deeply informed by the challenges in Latin America, where formal pain medicine fellowship programs are sparse. As highlighted in our recent analysis of the grave training paradigms in Latin American pain medicine training,² the limited availability of structured programs has led many practitioners to seek education through alternative pathways, including short courses and virtual platforms. While these initiatives may provide interim solutions, they fall short of the robust, hands-on training required to master the complexities of contemporary pain management.

The field of pain medicine has evolved rapidly, with significant advancements in neurostimulation, minimally invasive ablative procedures, and certain multimodal pain strategies. As Pritzlaff and colleagues underscored,¹ even within the existing 1-year Accreditation Council for Graduate Medical Education (ACGME)-accredited fellowship model, current training in the United States is often limited to "introductory exposure" to these advanced techniques. This issue is even more pronounced in Latin America, where geographic and resource constraints exacerbate the disparities in access to comprehensive training programs.

Relying on diplomas or distance learning programs cannot adequately prepare physicians to address these complexities. Such pathways may provide theoretical knowledge, yet generally preclude the critical mentorship, supervised clinical exposure, and training in procedural expertise, including complications management, that are central to formal fellowship training. The absence of immersive and multidisciplinary education poses a risk to patient safety and undermines the quality of care.

We believe that thoughtful extension of the duration of pain medicine fellowships in the United States, as proposed in the article, or even more, may be a viable approach to improving pain medicine training. Considering knowledge in

musculoskeletal medicine, neurology, anesthesiology, radiology, psychology and psychiatry, rheumatology and even surgical skills would help improve the quality of service provided by pain physicians, which is important given the recent data demonstrating that employers of new fellowship graduates do not believe that they are prepared for independent practice.³ Such a model would create a structured and tiered training framework, allowing for deeper engagement in advanced procedures, interdisciplinary care, and mentorship roles. The extension would be particularly beneficial in underserved regions such as Latin America, where clinicians face unique challenges in balancing foundational and advanced training. Another model that is being discussed to improve training is the development of a dedicated Pain Medicine residency in lieu of residencies in anesthesiology, physical medicine and rehabilitation, neurology, and other disciplines, which many believe will be more palatable to developing pain physicians (ME Schatman, oral communication, January, 2025).

Furthermore, to address disparities in Latin America, we recommend collaborative efforts to establish more regional post-doctoral training programs. These programs ought to be designed to align with international standards while considering local needs. Partnerships with global organizations, shared resources, and mentorship from established programs could be pivotal in addressing training gaps.

The training of pain physicians must not only be about increasing access but also about ensuring quality. We again echo this sentiment and emphasize that the future of pain medicine depends on formal fellowship programs or dedicated residencies in Pain Medicine as the cornerstone of education. We urge the pain medicine community to prioritize the enhancement of fellowship or consider dedicated residency training, recognizing it as an investment in the safety and quality of care for patients worldwide. For Latin America, this is not merely a recommendation but an urgent call to action and a heads up to national health policies that should invest in training the trainers.

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Disclosure

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