

Procedures Endorsement Program: Practice Assessment Pathway

Application for endorsement

The Practice Assessment Pathway of the Faculty of Pain Medicine (FPM) Procedures Endorsement Program is open until the end of 2026. This form should be used by practising FPM fellows with established experience in pain medicine procedures who seek endorsement in at least one recognised pain medicine procedure.

Endorsement in pain medicine procedures is recognition of a practising FPM fellow's competence in providing safe and high-quality care, encompassing the selection, performance and follow-up of procedures within the sociopsychobiomedical paradigm.

To attain endorsement, fellows must demonstrate their competence in pain medicine procedures and their adherence to [*PS11\(PM\): Procedures in Pain Medicine Clinical Care Standard*](#).

Application process

1. The applicant submits this application form and supporting documentation and pays the application for endorsement fee.
2. The Procedures Endorsement Program Reference Group (the PEPRG) will assess the application. This process may require further information such as a structured conversation or a visit to your workplace to determine the outcome.
3. The PEPRG will make its recommendation to the faculty Executive Committee through the Procedures in Pain Medicine Committee.
4. Endorsed fellows will receive a certificate of endorsement and will need to undertake the CPD requirements as outlined in the ANZCA and FPM CPD handbook.

Return this form and accompanying documentation, preferably in PDF format, by email to fpm@anzca.edu.au.

Application for endorsement fee is payable upon submission of this application, otherwise the faculty will not process your application. Please refer to the website for fees.

Questions on the process should be directed to the faculty via fpm@anzca.edu.au.

Personal details

College ID:

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Name: _____

Preferred contact details:

Contact number: _____

Email address: _____

Medical registration

***Please provide a copy of your current medical registration.**

Fellows are required to notify the faculty should registration conditions change.

Registration number: _____ Country: _____

Procedures in pain medicine practice and experience

Please describe your training in pain medicine procedures (dot points acceptable)

Please describe your cumulative experience (including your CPD activities i.e. attendance at conferences and workshops; peer review; multi-source feedback, patient experience survey etc) (dot points acceptable – attach document if further space required)

Please provide current CPD program statement of participation and any other evidence of CPD activities which may facilitate assessment of your experience.

Please describe your current practice in pain medicine procedures (including all sites in which you currently perform pain procedures) (dot points acceptable - you may wish to submit copies of clinic timetables or theatres list bookings to demonstrate your practice)

Nomination of procedures for endorsement and Volume of Practice (VoP)

Identify the procedures you are seeking endorsement in and estimate your average annual case load for these procedures.

	ID	Procedure	Estimated no. of cases per year (average over the last 3 years)
<input type="checkbox"/>	1A	Cervical medial branch block	
<input type="checkbox"/>	1B	Lumbar medial branch block	
<input type="checkbox"/>	1C	Lumbar transforaminal epidural injection	
<input type="checkbox"/>	1D	Caudal epidural injection	
<input type="checkbox"/>	1E	Sacroiliac joint injection	
<input type="checkbox"/>	2A	Cervical sympathetic block	
<input type="checkbox"/>	2B	Lumbar sympathetic block	
<input type="checkbox"/>	2C	Coeliac plexus block	
<input type="checkbox"/>	2D	Cervical medial branch radiofrequency neurotomy	
<input type="checkbox"/>	2E	Suprascapular radiofrequency procedures (thermal or pulsed)	
<input type="checkbox"/>	2F	Lumbar medial branch radiofrequency neurotomy	
<input type="checkbox"/>	2G	Sacroiliac joint radiofrequency neurotomy	
<input type="checkbox"/>	2H	Femoral and obturator nerve radiofrequency neurotomy (hip joint RF)	
<input type="checkbox"/>	2I	Genicular nerve radiofrequency neurotomy (knee joint RF)	
<input type="checkbox"/>	2J	Dorsal root ganglion pulsed radiofrequency treatment - thoracic and lumbar	
<input type="checkbox"/>	3A	Insertion of percutaneous epidural trial leads	
<input type="checkbox"/>	3B	Implantation of permanent spinal neuromodulation system, non-DRG	
<input type="checkbox"/>	3C	Implantation of intrathecal drug delivery system	
<input type="checkbox"/>	3D	Replacement of implantable pulse generator	
<input type="checkbox"/>	3E	Revision of epidural leads	

	ID	Procedure	Estimated no. of cases per year (average over the last 3 years)
<input type="checkbox"/>	3F	Implantation of dorsal root ganglion (DRG) neuromodulation system	

Referees

Please provide the contact details for two referees who are familiar with your procedures experience. One of whom must be a FPM fellow. Applicants who are solo practitioners may nominate two referees familiar with your practice who are not fellows of FPM*. You may wish to submit a peer review from CPD as evidence.

Your referees will be contacted.

*Applicants who work in a solo practice and do not work with other fellows of the faculty may nominate two referees who are not FPMANZCA but who are familiar with their practice in pain medicine procedures. These referees must:

- Be familiar with your practice in pain medicine procedures
- Be a fellow in good standing with their own specialist medical college, hold current medical registration and have documented training and experience in pain procedures, e.g. FIPP or IPSIS training

Name	Position	Contact number	Email

Declaration

I declare that:

- ☐ The statements made in this application are true and accurate and understand that providing misleading information is in breach of my standards of professional practice (refer to regulation 26).
- ☐ I hold current medical registration (certificate provided with this application); am a practicing FPM Fellow and current scope of practice which includes pain medicine procedures.
- ☐ I am in good standing at the organisation/site(s) where I perform procedures and have not had hospital credentialing withdrawn for disciplinary reasons in the last 3 years.
- ☐ I have no AHPRA/MCNZ-imposed conditions relevant to my performance of procedures.
- ☐ The above listed clinical experience and training is adequate for competence in the procedures in which I am seeking endorsement.
- ☐ I have read and understood [PS11 \(PM\): Procedures in Pain Medicine Clinical Care Standard](#) and operate in a socio-psycho-biomedical paradigm. My clinical practice adheres to the standard, and I will continue to comply with it.
- ☐ I agree to undertake the CPD requirements for endorsed fellows as outlined in the ANZCA and FPM CPD handbook.
- ☐ I understand that I need to maintain faculty fellowship in order to maintain endorsement.
- ☐ I will declare as part of the consent process for my procedures any conflicts of interest that I have regarding current medical device industry personal financial interests or paid advocacy work that I undertake.

Signature: _____

Date: _____

Applicants need to pay an application fee at the time of submitting this application.

The Practice Assessment Pathway application fee is non-refundable.

2024 PEP Practice Assessment Pathway Fee	
\$A 2350 (inc. GST)	\$NZ 2590 (inc. GST)

Payment methods for the application fee

- ☐ **Cheque.** Bank draft or money order attached (*payable to ANZCA and crossed 'not negotiable'*)
- ☐ **Credit card**
 - ☐ Visa
 - ☐ MasterCard

Amount _____

Credit card number _____

Expiry date _____

Name on card _____

Cardholder's signature _____