

F P M

Faculty of Pain Medicine
ANZCA

Procedures Endorsement Program Handbook

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Glossary

Accredited procedural supervisor ('supervisor')	Supervisors of endorsees undertaking workplace-based training in procedures in pain medicine (cf. Supervisor of Training (SoT) in the pain medicine training program).
Co-supervisor	An endorsed fellow who supports the accredited procedural supervisor in teaching specific procedures, but is not responsible for the overall training, assessment or confirmation of competence of the endorsee.
Endorsee	A registered medical practitioner holding Fellowship of the Faculty of Pain Medicine or an FPM trainee in their PDS year whose training proposal has been approved by the Faculty.
Fellow	A fellow of FPM ANZCA.
Endorsed fellow	FFPMANZCA who is endorsed by FPM in at least one selected pain procedure.
Procedures in pain medicine ('pain medicine procedures', 'procedures')	Interventions that either breach the skin (usually with a needle) or minimally invasive surgery. The aim being to assist in diagnosis, or palliation, to improve symptoms and quality of life.. ¹

¹ ANZCA FPM. [PS11\(PM\): Procedures in pain medicine clinical care standard](#). Feb 2024.

1. Introduction

The Faculty of Pain Medicine (faculty) has defined processes to endorse fellows who practise procedures. The process involves demonstration of competency and adherence to *PS11(PM): Procedures in Pain Medicine Clinical Care Standard*. The procedures endorsement program (PEP) is open to FPM fellows, and eligible trainees who are in the practice development stage (PDS) of the FPM Training Program.

Endorsement in procedures in pain medicine (endorsement) may be pursued via one of the following pathways:

- **Supervised clinical experience pathway (SCEP)** – which is open to eligible PDS trainees and FPM fellows who elect to train *ab-initio* in nominated procedures.
- **Practice assessment pathway** – which is open until the end of 2026 to practising FPM Fellows with established experience in pain medicine procedures.

Fellows and trainees undertaking the program are known as “endorsees”. Fellows who have achieved and maintain endorsement are known as “endorsed fellows”.

1.1. By-laws and policies

By-law 20, FPM Procedures Endorsement Program governs the process for endorsement of fellows for procedures in pain medicine and takes precedence over the contents of this handbook should there be any conflict between the two. The FPM board is responsible for making, amending and repealing all by-laws.

Endorsees and endorsed fellows must abide by the faculty by-laws, professional documents such as PS11(PM) and *Supporting professionalism and performance – A guide for anaesthetists and pain medicine physicians and corporate policies*, including those regarding academic integrity, privacy, bullying and harassment and social media.

2. Supervised Clinical Experience Pathway

Fellows of the FPM and FPM trainees who are in the practice development stage may choose to expand their practice by gaining workplace-based experience leading to endorsement in procedures in pain medicine. The SCEP is a competence-based program, therefore acceptance into the program does not guarantee endorsement.

Accredited procedural supervisor

Procedural clinical experience that is accrued towards the program must be undertaken under the supervision of a faculty accredited procedural supervisor. Accredited procedural supervisors (supervisors) oversee the procedural experience of the endorsee during the program. Supervisors are endorsed FPM fellows who are experienced in pain medicine procedures and have scope and case load to support an endorsee. Their practice complies with [PS11 \(PM\): Procedures in Pain Medicine Clinical Care Standard](#). It is desirable that supervisors have prior experience training FPM trainees. Supervisors are appointed by the Procedures in Pain Medicine Committee and must undertake regular training to ensure proficiency as a supervisor.

Supervisor roles and responsibilities include:

- Recruit and employ endorsees for procedural training at a minimum of 0.5 FTE (FTE for supervision includes technical (in theatre) and non-technical supervision, such as parallel consulting, case conferences, and being available on-site for advice).
- Offer the endorsee active participation in at least one theatre list per week.
- Be on-site and provide one-to-one supervision at least one day (or two sessions) per week.
- Use the [ePortfolio](#) to record feedback for endorsees:
 - Logbook (weekly)

- DOPS (monthly)
- Completion of the Confirmation of Competence form (for sign-off as required)
- Commit to teaching and providing 1:1 supervision and feedback.
- Arrange access to a range of cases to enable the endorsee to provide the breadth of experience sought in procedural pain medicine.
- Undertake ongoing professional development.

Co-supervisors may be involved in teaching the endorsee specific procedures.

*Additional requirements for supervision apply to PDS Trainees undertaking the SCEP. These can be found in bylaw 4 and the FPM Training Handbook. Note that accredited procedural supervisors may not always be the PDS supervisor.

Expectations of endorseees and supervisors

The level of professional behaviour expected of faculty Supervisors of Training (SoTs) will apply to PEP supervisors. Endorseees should expect consistent, constructive feedback appropriate to their level of development. Supervisors should regularly discuss not just procedural technique but clinical decision-making outside of theatre. Endorseees should feel encouraged and supported to learn, and should be given opportunities to extend their learning beyond the weekly routine of lists and consultations. Endorseees should expect to have a fair employment relationship with their supervisor's practice and be free of financial coercion or exploitation. Endorseees should expect support for attendance at workshops and conferences to accelerate their learning. Endorseees can expect to have prompt and constructive interactions with FPM staff supporting the program, and timely answers to any queries.

Endorseees will be expected to be professional adult learners, who take the initiative to identify and pursue personal learning needs. The expertise of their supervisor should be acknowledged and leveraged in learning. Endorseees are expected to research the role of procedures and to apply this in their clinical practice. Endorseees will be expected to make progress during the program towards attaining competence in both, the performance of procedures in addition to the demonstration of clinical judgement in adoption of procedures as part of the sociopsychobiomedical paradigm. Endorseees are expected to identify areas where assistance is required with the aim of pursuing excellence in the long term. Supervisors will expect endorseees to become familiar with employment conditions in both public and private practice and to collaborate effectively should issues emerge. Supervisors also expect endorseees to be proactive in ensuring the requirements for the program are met and that required documentation is submitted correctly.

Additional requirements apply to PDS trainees undertaking the SCEP and these must be met independently of the SCEP.

As the program is often delivered in small units, conflict of interest needs to be managed by both the supervisor and the endorsee. [see [ANZCA Conflict of Interest Policy](#)]

Curriculum

The [FPM procedures endorsement program curriculum](#) (the curriculum) outlines the procedures in which endorsement may be gained and the learning outcomes required to demonstrate proficiency. The curriculum draws on and refers to the [pain medicine training program curriculum](#), which outlines in detail the knowledge, skills and attitudes which should be common to specialist pain medicine physicians of all backgrounds. It is assumed that endorseees have completed at least the core training stage of the FPM fellowship training program and are familiar with the conceptual basis of pain medicine.

The procedures have been grouped into three categories that reflect the level of risk and complexity involved. Endorseees are not required to seek endorsement in all procedures or all categories and may pursue one or more procedures that are relevant to their practice or interest.

Fellows undertaking the supervised clinical experience pathway are able to credit some of the program’s activities towards their continuing professional development (CPD). There is no specific CPD activity to cover this training, but activities could be broken down to be claimed under the appropriate category. For example, participation in case discussions could be claimed under the practice evaluation category, and completion of direct observation of procedural skills (DOPS) could be claimed under knowledge and skills. Please see [ANZCA and FPM CPD webpage](#) for further information.

2.1 Joining the program

Applicants apply for a position with an accredited procedural supervisor in a pain unit that provides procedures. The position should share responsibility for patient assessment, selection and preparation, performing procedures, and post-procedure follow up. When approaching a potential supervisor, applicants outline their previous procedural experience using the *Supervised Clinical Experience Pathway Expression of Interest form*. This form is submitted to the supervisor in addition to references and curriculum vitae (CV). A list of accredited procedural supervisors is available on the website.

Once a position has been secured, the applicant should apply to the faculty and pay the non-refundable registration fee. The application to the faculty and registration fee must be submitted prior to commencing the role. To support the application, the endorsee must provide the following documentation:

- Evidence of medical registration.
- A declaration authorising the faculty to access and retain all information necessary for managing the program.
- The signed declarations.
- Copy of the *Supervised Clinical Experience Pathway Expression of Interest form*.

Trainees in the PDS who undertake the procedures endorsement program can do so concurrently with the FPM training program. All requirements of the FPM Training Program must be met independently of the SCEP. Note that completion of the FPM training program is not contingent on endorsement in procedures (see section 2.4 below).

2.2 Gaining clinical experience

Clinical experience in planning, performance and management of pain medicine procedures is gained while working under supervision. Experience will be accrued towards the procedures listed in the program’s curriculum.

Procedures that have been identified for endorsement have been categorised into three levels. The time durations for gaining clinical experience in these categories are:

	Min	Max
Category 1	6 months	24 months FTE
Category 2	6 months	24 months FTE
Category 3	12 months	48 months FTE

Endorsees must spend a minimum of 6 months at their identified FTE with their supervisor to demonstrate competency in the provision of unsupervised care encompassing the selection, performance and follow-up of procedures within the sociopsychobiomedical paradigm as outlined in the Curriculum. Endorsees can gain experience in procedures of various categories concurrently.

Endorsees are expected to actively participate in at least one theatre list per week in addition to both outpatient, and where relevant, inpatient care

It is recognised that some endorsees will require additional time to develop competency in procedures. The supervisor is responsible for advising if additional time is required or if attainment of this procedure will be unlikely. Endorsees may be advised by their supervisor not to proceed with particular procedures, based on demonstrated failure to progress towards independent performance of a procedure despite remediation and enhanced feedback.

2.3 Workplace-based assessment

Endorsees and supervisors will use the ePortfolio to complete their assessments. Endorsees and their supervisor are required to

- Log procedural cases
- Complete direct observation of procedural skills (DOPS) and
- Complete the Confirmation of Competence (see section 2.7).

2.3.1 Logbook

The endorsee maintains a log of cases performed in the ePortfolio and self-rates their performance on these cases. The supervisor provides feedback to the endorsee on the level of supervision the endorsee required for that procedure and procedure specific feedback to inform development. Initially it is expected that the endorsee will be supervised on a 1:1 basis for all procedural work performed, that is active supervision as a co-operator.

Data privacy in the ePortfolio

Collecting information about patients has important privacy implications. In collecting and using any patient information it is the endorsee's responsibility to ensure that all privacy obligations are met, and any necessary consent obtained. Only de-identified information should be routinely stored.

No personal identifying information may be recorded in the ePortfolio in accordance with national Privacy Law. It is also important to note that any reflective comments in the ePortfolio may have potential medico-legal implications.

2.3.2 Direct Observations of Procedural Skills (DOPS)

The DOPS tool is used to provide feedback to support learning and to assess the overall development of an endorsee as a specialist and professional. Endorsees must undertake at least one DOPS per month.

The endorsee is responsible for initiating regular DOPS assessments with their supervisor/co-supervisor.

Training in procedures can be undertaken simultaneously; however, endorsees can only be signed-off for endorsement in a procedure with pre-requisite competencies once they can successfully demonstrate these mandatory competencies.

2.3.3 Levels of supervision:

Supervision level	Supervisor role	Endorsee role
Level 1 – endorsee observes the procedure	<ul style="list-style-type: none"> • Supervisor is responsible for the performance of the procedure and care of the patient 	<ul style="list-style-type: none"> • Endorsee primarily observes
Level 2 – endorsee assists with procedure	<ul style="list-style-type: none"> • Supervisor remains primarily responsible for the performance of the procedure and care of the patient 	<ul style="list-style-type: none"> • Endorsee assists the supervisor
Level 3 - endorsee primarily	<ul style="list-style-type: none"> • Supervisor provides intraoperative assistance to the endorsee but the endorsee is responsible for the care of the patient under supervision 	<ul style="list-style-type: none"> • Endorsee is primarily responsible for the performance of the procedure

responsible for procedure		
Level 4 - endorsee performs procedure independently	<ul style="list-style-type: none"> Supervisor observes endorsee performing the case and peri-procedural care of the patient 	<ul style="list-style-type: none"> Endorsee performs procedure independently and safely within expected time limit

2.4 Undertaking the procedures endorsement program concurrently with the FPM training program

The procedures endorsement program can be undertaken during the PDS of the FPM training program. Trainees wishing to undertake the SCEP must seek approval from the FPM DPA (Education) and comply with the requirements of the FPM training program in addition to the SCEP.

It is expected that workplace-based feedback activities undertaken during procedural training be focused on procedures.

PDS trainees who withdraw from the procedures endorsement program will not be disadvantaged in relation to completion of the FPM training program provided they have met PDS requirements.

The accredited procedural supervisor will normally act as the PDS supervisor. Supervisors of PDS trainees will acknowledge the trainee status of endorsees in this role and be prepared to provide greater oversight for trainees undertaking the SCEP.

It is recommended that trainees focusing on procedures undertake a minimum duration of placement of 6 months FTE. If only part of the PDS year is dedicated to procedural training, it is recommended that this occurs towards the end of the year, to facilitate continuity of training into practice.

2.5 Flexible program options

It is understood that endorsees may take breaks from the program. When this occurs, they must advise the faculty. It is recommended that interruptions be minimised to facilitate consolidation of procedural skills and continuity of training into practice.

In cases where the endorsee wishes to change their accredited procedural supervisor, the endorsee must advise the faculty in writing, and submit an updated application form. The faculty will advise the new accredited procedural supervisor of the history of the endorsee's training in the program.

2.6 Support resources

The professional document *PS11(PM): Procedures in Pain Medicine Clinical Care Standard* articulates the appropriate and safe use of procedures in the practice of pain medicine.

The individual endorsee is expected to have an up to date understanding of best practice in procedures and ensure their practice is based on the international evidence,

The ANZCA library has a number of resources related to procedures in pain medicine that can be accessed via the [Library resource guides](#).

The faculty runs CPD events at scientific meetings and as stand-alone workshops on procedures in pain medicine which endorsees and endorsed fellows are encouraged to attend.

2.7 Confirmation of competence

Once an endorsee believes they are ready to perform a particular procedure unsupervised, they consult their accredited procedural supervisor and arrange to undertake a DOPS assessment.

If the procedure is assessed as satisfactory, and the endorsee has reached supervision level 4 ('endorsee performs procedure independently'), they may approach the accredited procedural

supervisor regarding sign off. If the procedure is assessed as not satisfactory, formative feedback will be provided.

The supervisor completes the Confirmation of competence form once they have determined that the endorsee can safely and independently perform the procedure within the sociopsychobiomedical context.

2.7.1 Process to gain endorsement

Once the endorsee has reached competence in their nominated procedures they may apply for endorsement. The supervisor may recommend the endorsee receive endorsement in all procedures of a category (1 or 2) should the endorsee show proficiency in most of the procedures of that category. Category 3 procedures require individual confirmation of competence forms for each procedure in which endorsement is being sought.

Endorsees who achieve sign off for endorsement while undertaking the FPM training program will not receive the endorsement until they have been admitted to fellowship of the FPM. If the time between sign-off of a procedure and admission to fellowship is greater than 12 months, the DOPS assessment will need to be repeated, and the sign-off form re-signed.

Applications for endorsement require:

- Application for endorsement form which includes declaration that:
 - they are in good standing
 - they will practice in a sociopsychobiomedical framework in accordance with PS11
- Confirmation of competence forms.
- Radiation safety course certificate of completion.

The Procedures Endorsement Program Reference Group will review applications for endorsement to confirm adherence to the program and demonstration of attainment of competency. Applications are then considered by the Procedures in Pain Medicine Committee and FPM Executive on behalf of the faculty board. Applicants may be required to provide additional information to support consideration of the application.

3. Practice Assessment Pathway

Until the end of 2026, a pathway will be available to FPM fellows who practise pain medicine procedures to have their practice endorsed without a requirement for supervised clinical experience. This pathway requires fellows to demonstrate competence in procedures in pain medicine and adherence to *PS11(PM): Procedures in Pain Medicine Clinical Care Standards* through submission of a written application and supporting documentation.

The application will be assessed by the Procedures Endorsement Program Reference Group. This process may require further information such as a structured conversation or a visit to the fellows' workplace to determine the outcome. Following this assessment, the reference group will make one of the following recommendations:

- Recommend that the fellow is endorsed.
- Determine that further assessment is required. The assessors may request –
 - Additional documentation, and/or
 - An interview via videoconference, and/or
 - On-site peer review visit
 - A remediation plan which may occur after any of the above.
- Recommend that the fellow is not endorsed (and suggest a remediation plan where appropriate).

The reference group will make its recommendation to the faculty regarding the endorsement. Award of endorsement is decided by the faculty Executive Committee on behalf of the faculty board,

following acceptance of reference group recommendations by the procedures in pain medicine committee.

4. Maintaining endorsement

Once endorsement is achieved, a fellow must ensure they maintain their proficiency by undertaking professional development activities related to their procedural scope of practice.

Endorsed fellows will be required to meet the ANZCA and FPM CPD standard. The requirements for procedurally endorsed fellows are outlined in the ANZCA and FPM CPD handbook [link]. .

5. Fees

Fees are determined by the FPM Board and ANZCA Council each year as part of the annual budgeting cycle.

5.1 Fees for the supervised clinical experience pathway

When joining the Procedures Endorsement Program, or returning to the program after leave , a non-refundable registration fee will be payable.

An annual program fee will be charged while undertaking the supervised clinical experience pathway. In the first year, this fee is due prior to commencing the placement of supervised clinical experience and upon payment, access will be given to the ePortfolio. In subsequent years, payment is due by the 31 January. Endorseees who fail to pay by end of March will be withdrawn from the program.

It is understood that many endorseees will be in the program part time or for part of the year, and the fee is set recognising this, hence pro-rata program fees are not offered.

Endorseees who are currently in the FPM training program are required to pay the fees for both programs.

5.2 Fees for the Practice Assessment Pathway

Fellows pay a non-refundable Practice Assessment Application Fee with their written application form. Fellows who submit additional applications for endorsement at a later date are required to pay the application fee again.

Change control register

Version	Author	Reviewed by	Approved by	Approval date	Sections modified	Date of next review
V1.0	Procedures Training Pathway Working Group	PPMPSG FPM PAEC	FPM Board	19/07/2020	Created	2021
V1.1	PPMPSG	FPM PAEC	FPM Board	Dec 2020	SCEP sign-off, PAP process, fees, glossary added.	2021
V1.2	PPMPSG	FPM PAEC	FPM Board	Dec 2021	Min training time duration; Zwisch levels added; application for endorsement process added	2022
V1.3	P McMorran J Whittington	PPMC	FPM PAEC	Aug 2022	Removing reference to Zwisch, amend to 'levels of supervision' and process for new ePortfolio	2023
V1.4	P McMorran	PPMC	FPM PAEC	Nov 2023	Category 3 endorsement require submission of CoC forms	2024
V1.5	P McMorran	FPM Board	FPM Board	Feb 2023	Updates to the PAP application process	2025
V1.6	J Whittington P McMorran M Vagg M Viney	PPMC			2.Outline of accredited procedural supervisor roles and responsibilities 2.Outline of expectations of endorsees and supervisors 2.1Supporting documentation	

					to join the program 2.3.2 Firming up work-place based assessments including mandating DOPS	
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