

FPM

Faculty of Pain Medicine
ANZCA

Procedures
Endorsement Program
By-law 20

December 2024

By-law 20, Procedures Endorsement Program

20.0. Preamble

- 20.0.1. The Faculty of Pain Medicine (FPM) Procedures Endorsement Program (PEP, the program) is aimed at providing training in and endorsement of procedural skills.
- 20.0.2. FPM endorsement in procedures in pain medicine (the endorsement) 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.
- 20.0.3. To attain endorsement fellows must demonstrate their competence in procedures in pain medicine and their adherence to *PS11(PM): Procedures in Pain Medicine Clinical Care Standard (CCS)*.
- 20.0.4. FPM has identified a list of procedures for endorsement. These procedures are grouped into three categories identifying the level of risk and complexity involved. The list is not comprehensive nor final, and subject to revision as further evidence emerges.
- 20.0.5. The endorsement is not mandatory and has no regulatory implication on doctors practising pain medicine procedures.
- 20.0.6. Attainment of endorsement may be pursued via one of the following pathways:
 - 20.0.6.1. Supervised clinical experience pathway.
 - 20.0.6.2. Practice assessment pathway.

20.1. Eligibility and application for the Procedures Endorsement Program

- 20.1.1. Practising FPM fellows, and FPM trainees who are in their practice development stage (PDS) may enter the program by applying on the approved form and paying the application fee.
- 20.1.2. Fellows and trainees undertaking the program are known as "endorsees". Fellows who have achieved endorsement are known as "endorsed fellows".
- 20.1.3. Endorsees 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.
- 20.1.4. PDS trainees who elect to enter the program can progress in the Procedures Endorsement Program parallel to the FPM training program. Completion of the FPM training program, and award of Fellowship, is not contingent on attaining endorsement via the Procedures Endorsement Program.
- 20.1.5. Practising FPM fellows who elect to train *ab-initio* in nominated procedures must comply with the requirements of the supervised clinical experience pathway as described below.
- 20.1.6. Practising FPM fellows with established experience in pain medicine procedures may apply for endorsement via the practice assessment pathway.

20.1.7. Endorsed fellows may reenrol in the program to undertake training in additional procedures for the purposes of endorsement in these procedures. There is no limit on the number of times a fellow may enter the program.

20.2. The supervised clinical experience pathway

20.2.1. Clinical experience position

20.2.1.1. The endorsee must secure a position with an accredited procedural supervisor and submit their application including the required fees to the faculty prior to commencing the program.

20.2.1.2. Supervision of clinical experience in pain medicine procedures must be provided by an accredited procedural supervisor and/or a nominated co-supervisor to be accrued towards the program, and be appropriate to the level of experience of the endorsee.

20.2.1.3. Clinical experience gained towards endorsement must be at a minimum of 0.5 FTE in pain medicine procedures, including clinical assessment, procedure conduct, post-procedure follow-up and audit. The duration of time the endorsee gains clinical experience is:

20.2.1.3.1. Category 1 procedures: A minimum of 6 months to a maximum of 24 months FTE.

20.2.1.3.2. Category 2 procedures: A minimum of 6 months to a maximum of 24 months FTE.

20.2.1.3.3. Category 3 procedures: A minimum of 12 months to a maximum of 48 months FTE.

20.2.1.4. The FTE for supervised clinical experience in each category is not mutually exclusive: training time in different categories can be accrued concurrently.

20.2.2. Recognition of prior experience

20.2.2.1. Endorseees entering the program will have varying levels of prior experience in procedures. There is no formal recognition of prior experience process for this program as endorsement is competency based. No prior experience in procedures is required to enter the supervised clinical experience pathway of the program.

20.2.3. Workplace-based assessment

20.2.3.1. Endorseees must complete workplace-based assessments during the program as outlined in the Procedures Endorsement Program handbook (the handbook).

20.2.3.2. Workplace-based assessments must be completed on the approved forms as outlined in the handbook.

20.2.3.3. Once an endorsee reaches the expected level of competency for independent performance of a procedure, their accredited procedural supervisor attests to this on the designated Confirmation of competence form. Completed forms are submitted to the faculty. The supervisor may recommend endorsement of all procedures in category 1 or 2, should the endorsee show proficiency in most procedures of that category. This flexibility is not available to category 3 procedures.

20.2.3.4. Sign-off for endorsement in procedures that have prerequisite competencies, as described in the Procedures Endorsement Program curriculum (the curriculum), requires endorseees to demonstrate the mandatory competencies prior to sign-off.

20.2.4. Part-time clinical experience

20.2.4.1. Endorseees undertaking the Procedures Endorsement Program on a part time basis must be gaining procedures experience, including selection, performance and follow-up of procedures, at a minimum of 0.5 full-time equivalent per week.

20.2.5. Normal leave

20.2.5.1. It would normally be expected that an endorsee would not take more than eight weeks leave per calendar year while gaining clinical experience towards endorsement.

20.2.5.2. Endorseees who require a period of leave in excess of eight weeks must notify the faculty (see by-law 20.2.6).

20.2.6. Interruptions

20.2.6.1. Any period of leave in excess of the permitted normal leave (see by-law 20.2.5) constitutes an interruption to the program.

20.2.6.2. Effective acquisition of procedural skills requires continuous exposure to the learning environment. Endorseees who interrupt their Procedures Endorsement Program must advise the faculty prospectively. In circumstances in which prospective application is not possible, applications must be made at the earliest opportunity.

20.2.6.3. During periods of interruption an endorsee cannot achieve endorsement and may not complete workplace based assessments, including sign-off on accomplished procedures.

20.3. The practice assessment pathway

20.3.1. Practising FPM fellows with established experience in procedures in pain medicine may apply to have their existing practice endorsed via the practice assessment pathway up until the end of 2026. From 1 January 2027, all endorsements will be obtained via the supervised clinical experience pathway.

20.3.2. Applications for endorsement of existing practice must be made on the prescribed form with the supporting documentation and application fee as outlined on the application form and in the handbook.

20.4. Award of endorsement

20.4.1. Award or withdrawal of faculty endorsement in procedures in pain medicine is decided by the FPM board informed by recommendations from the PPMC. The Procedures Endorsement Program Reference Group (PEPRG) is primarily delegated responsibility for assessing applications for endorsement on behalf of the PPMC.

20.4.2. Fellows who achieve endorsement for a nominated procedure(s) will receive a certificate of endorsement.

20.4.3. Trainees who are concurrently undertaking the Procedures Endorsement Program need to be admitted to Fellowship of the Faculty of Pain Medicine prior to receiving endorsement for pain medicine procedures.

20.4.4. Applicants whose applications are rejected by PPMC will be provided with feedback which is intended to enable them to remedy deficiencies with the goal of achieving endorsement at a subsequent application. If PPMC cannot identify remedial actions which would allow approval of endorsement, this will be communicated clearly to the applicant.

20.5. Fellows who hold endorsement for procedures in pain medicine

- 20.5.1. Fellows who wish to maintain their endorsement of procedures must undertake the Continuing Professional Development related to procedures achieving the expectations outlined in the ANZCA and FPM *Continuing Professional Development Handbook*.
- 20.5.2. Endorsed fellows must remain in good standing with the faculty and regulatory authorities during the period of endorsement. Critical incidents (ISPR 1 level) related to procedures must be notified to PPMC and a copy of the subsequent root cause analysis provided whether recommendations concerning the endorsed fellow are made or not.

20.6. Fees

- 20.6.1. Registration fees must accompany all applications for the supervised clinical experience pathway. Applications received without all required documentation including the appropriate registration fee will not be processed until the fee is paid and all required documentation received.
- 20.6.2. Endorsees undertaking the supervised clinical experience pathway are required to pay an annual program fee. For the first year this fee needs to be paid prior to commencing the program. In subsequent years the annual program fee must be paid by the end of January. Non-payment of the annual program fee by the end of March will result in the endorsee being withdrawn from the program. Should they subsequently wish to recommence the Procedures Endorsement Program a new application will be required and a new application fee paid.
- 20.6.3. Application fees must accompany all applications for the practice assessment pathway. Applications received without all required documentation including the appropriate application fee will not be assessed until the fee is paid and all required documentation received.

20.7. Endorsees with illness or disability

- 20.7.1. Endorsees have a responsibility to ensure that they are fit to practise, and they must seek medical advice if they are uncertain about such fitness.
- 20.7.2. FPM does not determine fitness to practise. This is a matter for the endorsee's treating medical practitioner, their employer, and the relevant regulatory authority granting registration to practise.
- 20.7.3. Accredited procedural supervisors working with endorsees who are ill or have a disability must ensure that patients are not put at risk nor endorsee disadvantaged.
- 20.7.4. Concerns about endorsee illness or disability that would affect safe pain medicine procedures practice should be notified to FPM. FPM will review each notification, taking into account all relevant circumstances and the principles set out in this by-law.
- 20.7.5. Maintenance of confidentiality and protection of privacy are paramount obligations to endorsees with illness or disability. These obligations must not be breached except in the case of mandatory reporting requirements to external regulatory authorities, and/or where immediate patient safety is at risk.
- 20.7.6. In cases where patient safety may be affected, FPM reserves the right to notify medical regulatory bodies or other appropriate authorities.

20.8. Endorsee performance review

- 20.8.1. On occasion, the performance of an endorsee may require an independent review to determine their future in the program. The Trainee Performance Review process as outlined in by-law 4.16 will be utilised for this purpose.
- 20.8.2. The SCEP has mandatory time periods for achievement of competence, and supervisors are required to identify to PPMC endorsees in danger of not achieving these milestones with sufficient time to allow for mentoring or remedial actions to be put in place.

20.9. Endorsees under conditions, suspended or removed from the register by the registration authority

- 20.9.1. Endorsees who have **conditions** placed on their practice will interrupt the program from the date the conditions are imposed. A performance review process (see by-law 4.16/20.8 above) must be undertaken, the endorsee being advised of any concerns the faculty may have arising out of the registration authority's decision and being given an opportunity to respond to these concerns. The performance review will determine whether the endorsee may resume their procedures endorsement program while the registration authority's conditions are in place, and if so, whether any conditions should be imposed in addition to those determined by the registration authority.
- 20.9.2. Endorsees who are **suspended** from the medical register will interrupt their procedures endorsement program from the date of such suspension. Should the endorsee have the suspension lifted, and wish to return to resume the program, they must advise the faculty of this in writing within 26 weeks of the suspension being lifted, and a performance review (see by-law 4.16/20.8 above) must be undertaken to determine FPM's requirements for the resumption of the procedures endorsement program. In the absence of such advice, after 26 weeks following lifting of the suspension the endorsee will be deemed to have withdrawn from the program.
- 20.9.3. If **removed** from the medical register, an endorsee will be removed from the program.

20.10. Withdrawal from the procedures endorsement program

- 20.10.1. Endorsees intending to withdraw from the program should advise the Executive Director, Faculty of Pain Medicine, in writing.

20.11. Ability to change the rules or individual applications of the rules

- 20.11.1. Endorsees may apply to the reference group for exemptions to by-law 20; these will be considered on a case-by-case basis.
- 20.11.2. Any such exemptions will not set any precedent for future decisions regarding by-law 20.

20.12. Reconsideration, review and appeal

- 20.12.1. Any person who is dissatisfied with a decision made under by-law 20 may apply to have that decision reconsidered. The processes of reconsideration, review and appeal will follow ANZCA regulation 30.

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