

## Procedures Endorsement Program

## Procedural supervisor application form

FPM Fellows who are experienced in pain medicine procedures and have scope and case load to support an endorsee are invited to apply. Successful applicants will be endorsed in pain medicine procedures through the Practice Assessment Pathway and ensure their practice complies with [PS11 \(PM\): Procedures in Pain Medicine Clinical Care Standard](#). It is highly desirable that applicants have prior experience training FPM trainees. Training is provided to prospective supervisors including the ANZCA Educators program and procedural supervisors workshop.

The applications will be assessed by the Procedures Endorsement Program Reference Group.

### 1. Personal details

College ID

Name

### 2. Training experience and opportunities

- 2.1. Please summarise your experience in pain medicine procedures, including scope, tenure and other relevant information. Include in your response your experience in teaching pain procedures and FPM trainees as well as any roles you hold within the faculty (i.e. examiner, TUAC reviewer, SoT, committee member, attendance at regional/national CME events etc.).

You may submit supporting documentation to demonstrate your experience as a clinical educator. Relevant documentation may include e.g. ANZCA Educators Program certificate, descriptions/curricula of courses you have taught, etc. **Provision of a contact list of recent trainees, and consent for reviewers to contact them for independent feedback on your teaching is highly desirable.**

2.2. Please list the unit/s where training would take place. FPM accreditation of training units is preferred but not mandatory.

Unit	Current FPM accreditation <sup>1</sup>	Year unit established	Position within the unit <sup>3</sup>	Overall FTE	FTE available for supervision <sup>2</sup>
	<input type="checkbox"/> Yes, Level 1 <input type="checkbox"/> Yes, PDS Unit <input type="checkbox"/> No		<input type="checkbox"/> Sole director <input type="checkbox"/> Director/ owner <input type="checkbox"/> Associate/ employee <input type="checkbox"/> Other		
	<input type="checkbox"/> Yes, Level 1 <input type="checkbox"/> Yes, PDS unit <input type="checkbox"/> No		<input type="checkbox"/> Sole director <input type="checkbox"/> Director/ owner <input type="checkbox"/> Associate/ employee <input type="checkbox"/> Other		
	<input type="checkbox"/> Yes, Level 1 <input type="checkbox"/> Yes, PDS unit <input type="checkbox"/> No		<input type="checkbox"/> Sole director <input type="checkbox"/> Director/ owner <input type="checkbox"/> Associate/ employee <input type="checkbox"/> Other		

<sup>1</sup> If you intend to supervise in an unaccredited unit, please complete **Appendix I** for each such unit and submit it with your application.

<sup>2</sup> Must be available at 0.4FTE at a minimum for supervision which includes technical (in theatre) and non-technical supervision, such as parallel consulting, case conferences, and being available on-site for advice.

<sup>3</sup> A supervisor in a sole practitioner practice will need to identify methods to deal with potentially problematic situations such as underperforming endorsees and/or where there is a difference of opinion or conflict i.e. establishing a co-supervisory link with a fellow of the faculty at a unit outside of your own.

Are you credentialed to perform pain procedures in this unit? ☐ Yes ☐ No

Do you participate in regular outcome audit in this unit? Please submit audit/follow up/documentation on outcome, complications. ☐ Yes ☐ No

Are outcome data collected and benchmarked against other similar practices/units? ☐ Yes ☐ No

Can the unit offer training and experience in the following areas of procedural pain medicine practice:

- Patient assessment and selection ☐ Yes ☐ No
- Pre-procedure preparation ☐ Yes ☐ No
- Procedure performance, including imaging and radiation safety ☐ Yes ☐ No
- Post-procedure management ☐ Yes ☐ No

Does the unit have appropriate procedure rooms with adequate equipment and staffed by appropriately qualified nurses, technicians and radiographers as required.<sup>1</sup> ☐ Yes ☐ No

---

<sup>1</sup> Anaesthesia and resuscitation equipment must comply with ANZCA College Professional Document PS55 Recommendations on Minimum Facilities for Safe Administration of Anaesthesia in Operating Suites and Other Anaesthetising Locations.

Does the unit have the following relevant organisational policies in place:

- Statement of patient rights and responsibilities ☐ Yes ☐ No
- Dispute resolution ☐ Yes ☐ No
- Bullying, discrimination and harassment ☐ Yes ☐ No

Are you able to recruit and employ an endorsee for procedures in pain medicine training at a minimum of 0.5FTE? ☐ Yes ☐ No

Are you able to offer the endorsee active participation in at least one theatre list per week? ☐ Yes ☐ No

Can you be available on-site, fully conversant with the nature of the patients and able to provide one-to-one supervision to the endorsee, as appropriate, at least one day (or two sessions) per week? ☐ Yes ☐ No

---

Recovery facilities and procedures must comply with ANZCA College Professional Document PS04 Recommendations for the Post-Anaesthesia Recovery Room.

### 2.3. Nomination of procedures for training

Please identify which procedures your unit can provide training in. You must be endorsed in the procedures you intend to teach. If you propose delegating teaching of specific procedures to a colleague ('co-supervisor') please identify this in the table below.

ID	Procedure	Teaching by supervisor	Teaching by co-supervisor <sup>3</sup>
1A	Cervical medial branch block	<input type="checkbox"/>	<input type="checkbox"/>
1B	Lumbar medial branch block	<input type="checkbox"/>	<input type="checkbox"/>
1C	Lumbar transforaminal epidural injection	<input type="checkbox"/>	<input type="checkbox"/>
1D	Caudal epidural injection	<input type="checkbox"/>	<input type="checkbox"/>
1E	Sacroiliac joint injection	<input type="checkbox"/>	<input type="checkbox"/>
2A	Cervical sympathetic block	<input type="checkbox"/>	<input type="checkbox"/>
2B	Lumbar sympathetic block	<input type="checkbox"/>	<input type="checkbox"/>
2C	Coeliac plexus block	<input type="checkbox"/>	<input type="checkbox"/>
2D	Cervical medial branch radiofrequency neurotomy	<input type="checkbox"/>	<input type="checkbox"/>
2E	Suprascapular radiofrequency procedures (thermal or pulsed)	<input type="checkbox"/>	<input type="checkbox"/>
2F	Lumbar medial branch radiofrequency neurotomy	<input type="checkbox"/>	<input type="checkbox"/>
2G	Sacroiliac joint radiofrequency neurotomy	<input type="checkbox"/>	<input type="checkbox"/>
2H	Femoral and obturator nerve radiofrequency neurotomy	<input type="checkbox"/>	<input type="checkbox"/>
2I	Genicular nerve radiofrequency neurotomy	<input type="checkbox"/>	<input type="checkbox"/>
2J	Dorsal root ganglion pulsed radiofrequency treatment - thoracic and lumbar	<input type="checkbox"/>	<input type="checkbox"/>
3A	Insertion of percutaneous epidural trial leads	<input type="checkbox"/>	<input type="checkbox"/>
3B	Implantation of permanent spinal neuromodulation system, non-DRG	<input type="checkbox"/>	<input type="checkbox"/>
3C	Implantation of intrathecal drug delivery system	<input type="checkbox"/>	<input type="checkbox"/>
3D	Replacement of implantable pulse generator	<input type="checkbox"/>	<input type="checkbox"/>
3E	Revision of epidural leads	<input type="checkbox"/>	<input type="checkbox"/>
3F	Implantation of dorsal root ganglion (DRG) neuromodulation system	<input type="checkbox"/>	<input type="checkbox"/>

<sup>3</sup> If you propose to nominate a co-supervisor to train specific procedures, please complete **Appendix II** and submit it with this application

It is desirable that supervisors and/or co-supervisors are endorsed and experienced in category 1 and 2 procedures. If you are unable to teach these procedures, please identify how an endorsee might obtain experience in these procedures:

--

If you intend to teach category 3 procedures, please provide an estimate of the number of cases you managed throughout your career:

Category 3 Procedure	Estimated volume of practice (<10; 10-20; 20-50; 50-100; 100+)

## 2.4 Referees

Please provide the contact details of two referees who are familiar with your experience as a teacher/supervisor/educator. These referees should be senior independent colleagues who are able to provide meaningful feedback on your application. These referees do not need to be FFPMANZCA.

Name	Position	Contact number	Email

## 3. Compliance with the Procedures in Pain Medicine Clinical Care Standard

Please identify which of the quality statements from [PS11 \(PM\): Procedures in Pain Medicine Clinical Care Standard](#) are adhered to by your unit:

- ☐ Patients are offered timely and comprehensive assessment according to their clinical need. Decision-making as to the appropriateness of a pain medicine procedure is based on a socio-psycho-biomedical assessment
- ☐ Patients are provided with adequate information and time to consider the benefits, risks, aftercare and costs of the pain medicine procedure, and any alternatives, before providing written informed consent to proceed. Their health is optimised to mitigate risks associated with the procedure and any sedation or anaesthesia required.

- ☐ Patients undergo procedures in an environment that combines all elements necessary for safe and efficient conduct, recovery, and management of adverse events. Clinicians and healthcare services ensure that their facilities comply with national standards and are accredited for the procedures performed therein.
- ☐ Before the procedure, the role of sedation or anaesthesia is considered in the context of the individual patient and the planned procedure. Sedation, if used, must be conducted to ANZCA standards (or equivalent) and administered so that the reliability of diagnostic procedures is optimised.
- ☐ Patients undergo image-guided procedures in an environment that combines all elements necessary for safe and efficient imaging. The facility provides necessary and safe imaging equipment and licensed imaging staff. Clinicians are trained in the appropriate and safe use of the equipment and interpretation of the images.
- ☐ Clinicians who perform pain medicine procedures are knowledgeable, trained, and certified in the procedure being performed (or appropriately supervised). They are engaged in continuing professional development (CPD) that meets the current ANZCA CPD standard.
- ☐ Clinicians identify and adhere to current best-practice guidelines for performing the specific procedure, adapting the technique to safely accommodate anatomical variation in the patient.
- ☐ Relevant, accurate, complete and timely information about a patient's care is documented in the healthcare record, including key images acquired during the procedure. Patients receive discharge instructions. Relevant information is communicated with the clinicians involved in care.
- ☐ Patients who undergo diagnostic blocks have real-time recording of pain intensity and function throughout recovery from local anaesthesia. Patients who undergo therapeutic procedures complete patient-reported multidimensional outcome measures at intervals relevant to the procedure. Beneficial and adverse outcomes are communicated with patients and referrers.
- ☐ Following completion of a procedure, patient progress is monitored closely and any complications are quickly recognised, managed and followed up. If the procedure has been performed by a clinician who is not involved in the patient's ongoing care, a high-quality handover to the treating doctor or team is given.

## Declaration

- ☐ I am endorsed in pain medicine procedures
- ☐ I have undertaken, or willing to undertake, the ANZCA Educators Program
- ☐ I am willing to undertake the procedural supervisors workshop
- ☐ As a procedural supervisor, I will comply with the FPM and ANZCA corporate policies relative to training, including but not limited to:
  - Academic integrity policy
  - Conflict of interest policy
  - Policy on bullying, discrimination and harassment for Fellows and trainees acting on behalf of the College or undertaking College functions
  - Privacy policy
- ☐ I agree to use the ePortfolio for supervision of endorsees
- ☐ I declare that the statements made in this application are true and accurate
  - ☐ 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.

Signature

---

Date

---

## Supporting documentation

To support the application process, please submit the *Application for Endorsement in pain medicine procedures via Practice Assessment* form together with this application.

---

Please send the completed form and supporting documents to the faculty [fpm@anzca.edu.au](mailto:fpm@anzca.edu.au)

## Appendix I: Additional information for non-accredited units

Complete this form for each proposed training unit that is not accredited by FPM, and submit it with your application.

Your name: \_\_\_\_\_

Training unit: \_\_\_\_\_

Have you had prior experience training FPM trainees? ☐ Yes ☐ No  
Identify members of the multidisciplinary team co-located at this unit or through the collaborative/referral network:

Name	Position/specialty	FTE

## Appendix II: Nomination of co-supervisors

Complete this form for each proposed co-supervisor and submit it with your application.

Co-supervisor name:

Site where training will take place:

Is this site accredited by FPM? ☐ Yes ☐ No  
If no, complete and submit [Appendix I](#).

If the co-supervisor intends to teach category 3 procedures, please provide an estimate of the number of cases they managed throughout their career:

Category 3 Procedure	Estimated volume of practice (<10; 10-20; 20-50; 50-100; 100+)

### Co-supervisor's declaration:

- ☐ I agree to provide training in the procedures nominated above
- ☐ I will become endorsed in the nominated procedures
- ☐ I agree to use the [ePortfolio](#) for supervision of endorsees.



☐ I declare that the statements made in this form are true and accurate

Co-supervisor signature:

Date:

**Supervisor's declaration:**

☐ I certify that the co-supervisor is able to provide adequate training in the procedures nominated above

☐ I confirm that I maintain overall responsibility for the endorsee's training in pain procedures

Supervisor signature:

Date: