FPM

Faculty of Pain Medicine
ANZCA

Procedures Endorsement Program

Practice Assessment Pathway

Application for endorsement

About this form

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 faculty endorsement in at least one recognised pain medicine procedure.

FPM 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*. Criteria for endorsement are listed in Appendix III.

Application process

1. The endorsee submits this application form and supporting documentation, and pays the application for endorsement fee.
2. The Procedures Endorsement Program Reference Group (the reference group) will assess the written application. If the written application is deemed satisfactory, the endorsee will be requested to undergo peer review at their workplace. If the written submission is deemed unsuccessful, the reference group will suggest a remediation plan to the endorsee.
3. The endorsee pays the peer review fee and undertakes peer review at the workplace. The reviewer will be a faculty-nominated fellow who is endorsed in the nominated procedure(s), or a member of the reference group. The outcome of the peer review will be submitted to the reference group.
4. The reference group will consider the outcome of the endorsee's application for endorsement against the criteria and make its recommendation to the faculty regarding the endorsement.
5. Endorsees will be advised of the outcome of their application following the faculty's decision regarding the recommendations made.
6. Endorsees may apply to have the decision regarding their application for endorsement reconsidered as per by-law 20 and ANZCA regulations 30 and 31.

Instructions

1. Complete all parts of this application form and sign the declaration.
2. Attach all relevant documents, as requested:
   a. Adequate documentation would need to be provided for every procedure for which endorsement is sought.
   b. *De-identify* evidence if and where applicable, to ensure protection of privacy and confidentiality of third parties.
   c. Please ensure any documentation submitted is indexed (rename each attached file to start with an index number, and specify this at the appropriate location in this form).
   d. When submitting evidence, ensure your evidence is:
      - Valid – related to the area assessed.
      - Sufficient - to support your claims.
      - Current – from the last 3 years.
      - Authentic – the evidence can be verified as your own work.
3. Return this form and all accompanying documentation, preferably in PDF format, by email to fpm@anzca.edu.au.
4. 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: | | | | | |

First Name: _____ Surname: _____

Preferred contact details:

Contact number: _____

Email address: _____

Medical registration

Please provide a copy of your current medical registration.

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

Registration number: _____ Country: _____

Procedures in pain medicine experience

Provide a statement summarising your experience in pain medicine procedures, including scope, tenure and other relevant information. Describe how your practice is run in a socio-psycho-biomedical paradigm and how you incorporate procedures into that paradigm.

Current practice

List in the table below all sites in which you currently perform pain procedures.

For each organisation/site provide a supporting letter from the relevant Medical Advisory Committee (MAC), on original hospital/clinic letterhead, to confirm your current credentialing in pain medicine procedures and good clinical standing with the organisation. See suggested text in Appendix I.

You may attach this letter to your application, or the MAC may choose to send it directly to the faculty.

If the MAC letter is not attached to this application at the time of submission, please provide a letter of support/credentialing/good standing from each organisation/site.

Organisation/site	Position	Since (MM/YYYY)	FTE	MAC letter	Other credentialing documents
				☐ Attached ☐ Requested	☐ Attached ☐ N/A
				☐ Attached ☐ Requested	☐ Attached ☐ N/A
				☐ Attached ☐ Requested	☐ Attached ☐ N/A
				☐ Attached ☐ Requested	☐ Attached ☐ N/A

Provide a list of your multidisciplinary team in co-located practice or in your collaborative network using the template in Appendix II. Submit the signed form with this application.

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, as well as the overall number of cases you managed throughout your career.

	ID	Procedure	Estimated no. of cases per year (average over the last 3 years)	Estimated no. of cases throughout career
☐	1A	Cervical medial branch block		
☐	1B	Lumbar medial branch block		
☐	1C	Lumbar transforaminal epidural injection		
☐	1D	Caudal epidural injection		
☐	1E	Sacroiliac joint injection		
☐	2A	Cervical sympathetic block		

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

Provide *de-identified* evidence to support your estimated case load. There is no need to provide records for every procedure performed or case managed recently. However, documentation should be sufficient to allow assessors to gauge your typical case load and type of procedures performed. Potential documentation may include:

- Theatre lists.
- Hospital/clinic activity reports from sites where you perform procedures.
- A statement signed by the unit director/head of department/practice manager/theatre coordinator at relevant sites.

Please list attached documentation in the table below:

Volume of Practice supporting documentation	Document number/ID

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Adherence to the Clinical Care Standard

Please self-rate the extent to which your current procedural practice complies with different Quality Statements of *PS11 (PM): Procedures in Pain Medicine Clinical Care Standard*. If you rated yourself as anything other than 'fully compliant', please provide comments to identify the gaps in your current practice and actions you will take to improve the adherence of your practice with the Clinical Care Standard.

Please refer to PS11 (PM) for a comprehensive description of each Quality Statement (QS).

PS11(PM) Quality Statement (QS)	Criteria	Self-assessment	Comment
QS1: Triage and clinical assessment 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.	All pain medicine procedures are considered in the context of a socio-psycho-biomedical framework.	☐ Not at all compliant. ☐ Partially compliant. ☐ Fully compliant.	
	For each patient a comprehensive assessment is made considering risks and benefits to ensure the pain procedure is appropriate and risks are mitigated.	☐ Not at all compliant. ☐ Partially compliant. ☐ Fully compliant.	
	Appropriate referral management systems are in place for patients.	☐ Not at all compliant. ☐ Partially compliant. ☐ Fully compliant.	
QS2: Patient preparation 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.	Information is provided to patients covering risks, benefits, aftercare, costs, and reasonable alternatives.	☐ Not at all compliant. ☐ Partially compliant. ☐ Fully compliant.	
	Written informed consent is obtained from the patient (or their responsible decision-maker where relevant) prior to each pain procedure.	☐ Not at all compliant. ☐ Partially compliant. ☐ Fully compliant.	

PS11(PM) Quality Statement (QS)	Criteria	Self-assessment	Comment
	Pre-procedure planning is completed for each procedure – including modality of sedation (if applicable), medication management, fasting (as per national guidelines).	☐ Not at all compliant. ☐ Partially compliant. ☐ Fully compliant.	
QS3: Safe and sufficient facilities 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.	Pain procedures are conducted in facilities that comply with minimum national regulatory standards including appropriate staffing, monitoring, post-procedural care systems, lighting, infection control, radiation safety, IT and communication systems.	☐ Not at all compliant. ☐ Partially compliant. ☐ Fully compliant.	
	Facilities have appropriate equipment, staff, staff training, and resuscitation systems.	☐ Not at all compliant. ☐ Partially compliant. ☐ Fully compliant.	
QS4: Sedation and anaesthesia 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.	Consideration is given to the advantages and disadvantages of using monitored sedation or anaesthesia in the context of each pain procedure.	☐ Not at all compliant. ☐ Partially compliant. ☐ Fully compliant.	
	All procedures under sedation or anaesthesia are conducted in accordance with the relevant ANZCA standards of clinical care.	☐ Not at all compliant. ☐ Partially compliant. ☐ Fully compliant.	
QS5: Imaging equipment and practice Patients undergo image-guided procedures in an environment that combines all elements necessary for safe and efficient imaging. The	All procedures using image guidance are conducted in accordance with the relevant safety standards of the institution and RANZCR.	☐ Not at all compliant. ☐ Partially compliant. ☐ Fully compliant.	

PS11(PM) Quality Statement (QS)	Criteria	Self-assessment	Comment
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.	Proceduralists are proficient in utilisation of radiology equipment and understand and adhere to safety recommendations for themselves, patients and staff.	☐ Not at all compliant. ☐ Partially compliant. ☐ Fully compliant.	
	All necessary radiation safety equipment is available, of acceptable quality and meets safety standards.	☐ Not at all compliant. ☐ Partially compliant. ☐ Fully compliant.	
QS6: Proceduralist 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.	The proceduralist has appropriate training and experience in the range of procedures for which they seek endorsement.	☐ Not at all compliant. ☐ Partially compliant. ☐ Fully compliant.	
	The proceduralist is actively involved in continuing medical education relevant to their procedural practice.	☐ Not at all compliant. ☐ Partially compliant. ☐ Fully compliant.	
	The proceduralist engages in peer-review and morbidity and mortality review of their procedural practice.	☐ Not at all compliant. ☐ Partially compliant. ☐ Fully compliant.	
QS7: Procedural performance Clinicians identify and adhere to current best-practice guidelines for performing the specific procedure, adapting the technique to safely	Procedures are performed to a standard as determined by best available evidence.	☐ Not at all compliant. ☐ Partially compliant. ☐ Fully compliant.	

PS11(PM) Quality Statement (QS)	Criteria	Self-assessment	Comment
accommodate anatomical variation in the patient.	The proceduralist can explain variations of technique that are acceptable in clinical practice, and can explain regulatory processes for exploring novel techniques or technologies in human research.	☐ Not at all compliant. ☐ Partially compliant. ☐ Fully compliant.	
	If adverse events occur during the procedure or recovery, patient is informed of the nature of the incident, its consequences, implications and management.	☐ Not at all compliant. ☐ Partially compliant. ☐ Fully compliant.	
QS8: Documentation and communication 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.	The proceduralist can demonstrate appropriate, accurate and timely documentation, and timely correspondence to relevant stakeholders.	☐ Not at all compliant. ☐ Partially compliant. ☐ Fully compliant.	
	Procedure documentation accurately records information including – patient demographics, time, location, procedure type, technique, equipment, use of sedation, image guidance, medication including dosage, adverse events, planned follow up, discharge or post procedural instructions.	☐ Not at all compliant. ☐ Partially compliant. ☐ Fully compliant.	
	Patients and carers are given an explanation on how patient information is collected, used and disclosed, and the safeguards that apply.	☐ Not at all compliant. ☐ Partially compliant. ☐ Fully compliant.	
QS9: Outcome assessment Patients who undergo diagnostic blocks have real-time recording of pain intensity and function throughout recovery from local	Real-time recording of symptoms (pain) and function is recorded by the patient following diagnostic procedures.	☐ Not at all compliant. ☐ Partially compliant. ☐ Fully compliant.	

PS11(PM) Quality Statement (QS)	Criteria	Self-assessment	Comment
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.	Patient-reported multidimensional outcome measures are completed at appropriate intervals for therapeutic procedures.	☐ Not at all compliant. ☐ Partially compliant. ☐ Fully compliant.	
	All outcomes are documented and communicated to referrers and other relevant stake holders.	☐ Not at all compliant. ☐ Partially compliant. ☐ Fully compliant.	
QS10: Post-procedural care 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.	Processes for post procedural care are standardised and appropriate to ensure patient safety and to rapidly identify complications.	☐ Not at all compliant. ☐ Partially compliant. ☐ Fully compliant.	
	Effective management systems are established to manage any foreseeable complications following pain procedures.	☐ Not at all compliant. ☐ Partially compliant. ☐ Fully compliant.	

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Supporting documentation

Please submit the following documents as relevant to your practice and continuing professional development in pain medicine procedures undertaken in the last three years. The documentation should sufficiently demonstrate your competence in all nominated procedures.

You may include additional documentation to support your application.

	Supporting documentation (* required)	Document no. (ID)	Submitted with this application?
*	Up-to-date CV, including publications.		☐ Yes
*	Detailed written references from at least two FPM fellows with minimum 3 years pain procedure experience to support your application for endorsement.		☐ Yes
*	Medical indemnity certificate (covering pain procedures).		☐ Yes
*	Latest CPD certificate.		☐ Yes
*	Evidence of at least one clinical audit related to your pain medicine procedural practice, including articulation of audit criteria and the system used for auditing.		☐ Yes
*	Procedures-related CPD activities, such as: • Certificates of attendance in conferences and workshops. • Peer review report. • Multi-source feedback. • Patient experience survey.		☐ Yes
*	Radiation safety training and certification.		☐ Yes
	Membership/affiliation certificates with professional groups and/or academic institutions other than FPM.		☐ Yes ☐ No ☐ N/A
	Patient-reported outcome audit report.		☐ Yes ☐ No ☐ N/A
	[Additional documents as applicable]		☐ Yes ☐ No ☐ N/A
			☐ Yes ☐ No ☐ N/A
			☐ Yes ☐ No ☐ N/A
			☐ Yes ☐ No ☐ N/A
			☐ Yes ☐ No ☐ N/A
			☐ Yes ☐ No ☐ N/A
			☐ Yes ☐ No ☐ N/A
			☐ Yes ☐ No ☐ N/A
			☐ Yes ☐ No ☐ N/A

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Declaration and payment

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

☐ I have read and understood *PS11 (PM): Procedures in Pain Medicine Clinical Care Standard*. I believe I comply with the standard and will continue to comply with it.

Signature: _____ Date: _____

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

The Practice Assessment Pathway application fee is non-refundable.

2022 FPM PEP Practice Assessment Pathway Fee	
$A 2090 (inc. GST)	$NZ 2275 (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 _____

Appendix I: Suggested text for MAC letter

*Use this text on a **formal hospital/clinic letter head**. Have a representative of the Medical Advisory Committee sign it and return to you for submission with this application, or send directly to the faculty.*

To: The Faculty of Pain Medicine
Australia and New Zealand College of Anaesthetists

From: Medical Advisory Committee
[*Organisation/site*]

Re: [*practitioner's name*]

The above practitioner has worked in our organisation since [*DD/MM/YYYY*] as a specialist pain medicine physician, providing patient care including performance of pain medicine procedures.

(Please tick as applicable)

☐ We confirm that the practitioner's practice meets our organisation's expected standards of care, and that there are no concerns in regards to their knowledge, skill, judgement, or conduct that require faculty intervention.

☐ We are aware of issues with the practitioner's practice or credentialing, and request the faculty contacts us to discuss further.

Organisation contact name: _____ Position: _____

Contact number: _____ Email: _____

Signed on behalf of the Medical Advisory Council of [*organisation*]:

Name: _____ Position: _____

Signature _____ Date _____

Please return this signed letter to the practitioner for submission to the faculty, or send it directly via email or post to:

Faculty of Pain Medicine
ANZCA House
630 St Kilda Road
Melbourne Vic 3004

Email fpm@anzca.edu.au

Appendix II: Multidisciplinary practice

Complete the details below, and have members of your co-located multidisciplinary team and/or your collaborative/referral network sign it. Submit the signed document with your application.

Practitioner's name: _____

Organisation/unit: _____

I am a member of the practitioner's multidisciplinary team or collaborative network, and I confirm that we work together to provide safe, high-quality pain medicine patient care.

Name	Position	Signature	Date

Appendix III: Criteria for endorsement

In assessing a fellow's suitability to be endorsed in pain medicine procedures, the following criteria are considered:

General requirements

- A practising FPM fellow in good standing with the faculty.
- Valid medical registration.
- Credentialed to perform pain procedures.

Clinical competence

- Operating in a socio-psycho-biomedical paradigm.
- Adequate clinical experience.
- Compliance with ANZCA and FPM CPD standard.
- Further engagement in the field of pain medicine procedures (e.g. through education, research activities and affiliation with relevant professional groups).

Adherence to *PS11 (PM): Procedures in Pain Medicine Clinical Care Standard*

- Complies with PS11 (PM) or identifies current gaps in practice and has a plan to remedy by the time of peer review prior to endorsement.