

Procedures Endorsement Program By-law 20

July 2020

By-law 20, FPM 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 procedural 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 procedural pain medicine and their adherence to *PS11(PM): Procedures in Pain Medicine Clinical Care Standard* (the standard).
- 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 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 FPM 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 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 FPM procedures endorsement program parallel to the FPM training program. Completion of the FPM training program 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 procedural pain medicine 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 FPM procedures endorsement program: supervised clinical experience pathway

20.2.1. Training position

20.2.1.1. The endorsee must secure a position with agreed access to an FPM accredited procedural supervisor and submit their application to the faculty prior to commencing the program.

20.2.1.2. Supervision of clinical experience in procedural pain medicine must be provided by an accredited procedural pain medicine 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 procedural pain medicine, including clinical assessment, procedure conduct, post-procedure follow-up and audit. Procedures for endorsement have been categorised into three groups and the duration of time that can be spent gaining experience for endorsement in each of the categories is:

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

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

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

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 progressive feedback

20.2.3.1. Endorseees must complete workplace-based progressive feedback (WBPF) during the program as outlined in the FPM procedures endorsement program handbook (the handbook).

20.2.3.2. Workplace-based progressive feedback must be completed on the approved forms and retained by the endorsee 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 sign-off form. Completed and signed sign-off forms must be submitted to the faculty.

20.2.3.4. Sign-off for endorsement in procedures that have prerequisite competencies, as described in the FPM 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. Endorsees undertaking the procedural 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.

20.2.6. Interruptions

20.2.6.1. Effective acquisition of procedural skills requires continuous exposure to the learning environment. Endorsees who interrupt their procedures endorsement program must advise the faculty prospectively on the approved form. In circumstances in which prospective application is not possible, applications must be made at the earliest opportunity.

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

20.3. The FPM Procedures Endorsement program: practice assessment pathway

20.3.1. Practising FPM fellows with established experience in procedural 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, except in extraordinary circumstances where the reference group may recommend to the board that the practice assessment pathway be granted.

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

20.3.3. Endorsees via the practice assessment pathway must subject themselves to peer review as outlined in the handbook.

20.4. Award of endorsement

20.4.1. Award or withdrawal of faculty endorsement in procedural pain medicine is decided by the FPM board following acceptance of the reference group recommendations by the procedural pain medicine governing committee.

20.4.2. Registered fellows who achieve endorsement for a nominated procedure(s) will receive a certificate of endorsement. The certificate of endorsement will be updated as the endorsee achieves endorsement in additional procedures.

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

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 *Continuing Professional Development Handbook*.

20.6. Fees

- 20.6.1. Fees for the procedures endorsement program are outlined in the handbook

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 endorsees' 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.

20.9. 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 and not permitted to continue.

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. Such applications must be made within six months of the decision in question. The processes of reconsideration, review and appeal will follow ANZCA regulations 30 and 31.