

FPM

Faculty of Pain Medicine
ANZCA

Procedures Endorsement Program

Assessment checklist for procedural supervisors

Applicant: _____

College ID: __ / __ / __ / __ / __

Criteria	Evidence	Reviewer assessment	Comments
Endorsement			
Must be endorsed	Successful endorsement via the practice assessment pathway in the procedures they intend to teach	<ul style="list-style-type: none">• Substantially complies• Partially complies• Does not comply	
No conditions on medical registration	Declaration on application form + provide registration number	<ul style="list-style-type: none">• Substantially complies• Partially complies• Does not comply	

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Clinical experience			
Substantial procedural experience	<ul style="list-style-type: none"> At least 5 years of independently performing all procedures in which the fellow is endorsed and intends to teach (some sort of audit/follow up/documentation on outcome, complications will be ideal) Must be endorsed and experienced in all category 1 and 2 procedures For teaching category 3: <ul style="list-style-type: none"> For stim, at least 20 full perm implant independently For pump, at least 10 full implant independently (harder technically, less volume) 	<ul style="list-style-type: none"> Substantially complies Partially complies Does not comply 	
Educational experience			
Experienced teacher of procedures	<ul style="list-style-type: none"> Applicant statement on teaching experience CV 	<ul style="list-style-type: none"> Substantially complies Partially complies Does not comply 	
The training environment			
Stable , multidisciplinary practice	<ul style="list-style-type: none"> Year practice established Supervisor's position in practice (sole director; director/owner; associate/employee) Total FTE SPMPs, nursing & allied health in practice or referral network Relevant organisational policies are in place: <ul style="list-style-type: none"> statement of patient rights and responsibilities dispute resolution bullying, discrimination and harassment 	<ul style="list-style-type: none"> Substantially complies Partially complies Does not comply 	

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Accreditation as a teaching unit (L1 or L2) is a strong positive	Specify on form. If unit not accredited by FPM, provide additional information (see below) If working in more than one site nominate a single (?) site where training will occur	<ul style="list-style-type: none"> • Substantially complies • Partially complies • Does not comply 	
Adequate range of procedural exposure (or ability to provide offsite as required)	<ul style="list-style-type: none"> • Minimum 1 list per week • If co-supervisor is nominated, specify: <ul style="list-style-type: none"> ○ Name of co-supervisor ○ Nominated procedures to be taught by co-supervisor ○ Co-supervisor must be endorsed in nominated procedures ○ Site where training will take place ○ Supervisor to certify co-supervisor will be able to provide adequate training 	<ul style="list-style-type: none"> • Substantially complies • Partially complies • Does not comply 	
Availability for supervision	<ul style="list-style-type: none"> • FTE available for supervision is 0.4FTE at a minimum including one theatre list per week AND one day/2 sessions per week of parallel consulting, case conferences, and being available on site, fully conversant with the nature of the patients and able to provide one-to-one supervision as appropriate. 	<ul style="list-style-type: none"> • Substantially complies • Partially complies • Does not comply 	
Able to attract and sustain an endorsee without undue financial pressure	Declaration on application form that the supervisor can offer a minimum of 0.5 FTE	<ul style="list-style-type: none"> • Substantially complies • Partially complies • Does not comply 	

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Other			
Comply with the FPM and College corporate policies relative to training, including but not limited to: <ul style="list-style-type: none"> • 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 	Declaration on application form	<ul style="list-style-type: none"> • Substantially complies • Partially complies • Does not comply 	
Additional criteria for pilot supervisors			
Commitment to the PEP process	Declaration on application form	<ul style="list-style-type: none"> • Substantially complies • Partially complies • Does not comply 	
NOT the sole director of the practice	Declaration on application form	<ul style="list-style-type: none"> • Substantially complies • Partially complies • Does not comply 	
Not supervising category 3 only <i>(Pump is an exception)</i>	Nomination of procedures for teaching on application form	<ul style="list-style-type: none"> • Substantially complies • Partially complies • Does not comply 	

Additional information required for supervisors in non-accredited practices

Criteria	Evidence	Reviewer assessment	Comment
Must be credentialed by their institution for the duties and procedures they undertake.	confirmation/appointment to practice letter from institution specifying scope of practice	<ul style="list-style-type: none"> • Substantially complies • Partially complies • Does not comply 	

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Criteria	Evidence	Reviewer assessment	Comment
Quality improvement and audit: Endorsees should be involved in audit and outcome data collection and presentation.	Statement on application form: Do you participate in regular outcome audit? Are outcome data collected and benchmarked against other similar practices/units?	<ul style="list-style-type: none"> •Substantially complies • Partially complies • Does not comply 	
Must be able to offer training and experience in the following areas of procedural pain medicine practice: <ul style="list-style-type: none"> • Patient assessment and selection • Pre-procedure preparation • Procedure performance, including imaging and radiation safety • Post-procedure management 	Statement on application form	<ul style="list-style-type: none"> •Substantially complies • Partially complies • Does not comply 	
Appropriate procedure rooms with adequate equipment and staffed by appropriately qualified nurses, technicians and radiographers as required.	Statement on application form	<ul style="list-style-type: none"> •Substantially complies • Partially complies • Does not comply 	

Reviewer: _____

Date of review: _____

Recommendation:

- To approve as a procedural supervisor
- To not approve as a procedural supervisor (this recommendation needs to be accompanied with advice back to the applicant on why this decision was made)