

Procedures Endorsement Program: Practice Assessment Pathway

Assessment checklist

Applicant: _____

College ID: _____

Assessor: _____

A. Assessment against endorsement criteria

| | Area | Evidence | Required/Desirable | Assessment | Comments |
|-------------------|-----------------------------------|---|--------------------|---|----------|
| 1. General | | | | | |
| 1.1 | FFPMANZCA | Office to confirm a practising fellow of good standing | Required | <input type="checkbox"/> Substantially complies <input type="checkbox"/> Partially complies <input type="checkbox"/> Does not comply <input type="checkbox"/> Unable to assess | |
| 1.2 | Medical specialist registration | Current registration, any conditions? | Required | <input type="checkbox"/> Substantially complies <input type="checkbox"/> Partially complies <input type="checkbox"/> Does not comply <input type="checkbox"/> Unable to assess | |
| 1.3a | Credentialed in scope of practice | Credentialing/appointment document from hospital/clinic (position description may be attached, if relevant) OR | Required | <input type="checkbox"/> Substantially complies <input type="checkbox"/> Partially complies <input type="checkbox"/> Does not comply <input type="checkbox"/> Unable to assess | |

| | Area | Evidence | Required/Desirable | Assessment | Comments |
|----------------------|--|---|--------------------|---|----------|
| | | Statement from applicant signed by a hospital director or equivalent. | | <input type="checkbox"/> Substantially complies <input type="checkbox"/> Partially complies <input type="checkbox"/> Does not comply <input type="checkbox"/> Unable to assess | |
| | | MAC letter | Desirable | <input type="checkbox"/> Substantially complies <input type="checkbox"/> Partially complies <input type="checkbox"/> Does not comply <input type="checkbox"/> Unable to assess | |
| 2. Competence | | | | | |
| 2.1 | Operates in a socio-psycho-biomedical paradigm | Applicant describes how their practice fits the socio-psycho-biomedical framework and how procedures fits into the framework. | Required | <input type="checkbox"/> Substantially complies <input type="checkbox"/> Partially complies <input type="checkbox"/> Does not comply <input type="checkbox"/> Unable to assess | |
| | | Multidisciplinary staff confirm their roles | Required | <input type="checkbox"/> Substantially complies <input type="checkbox"/> Partially complies <input type="checkbox"/> Does not comply <input type="checkbox"/> Unable to assess | |
| | | Recent multisource feedback (MsF) including feedback from referral network/allied health/nursing | Desirable | <input type="checkbox"/> Substantially complies <input type="checkbox"/> Partially complies <input type="checkbox"/> Does not comply <input type="checkbox"/> Unable to assess | |

| | Area | Evidence | Required/Desirable | Assessment | Comments |
|------|---|---|--------------------|---|----------|
| 2.2a | Clinical experience | <p>CV shows >3 years specialist pain medicine practice consisting at a minimum:</p> <ul style="list-style-type: none"> • One theatre list per month, and • One day /two sessions per week consulting in a pain unit that conducts procedures. <p>May include procedural experience gained prior to becoming an FPM fellow.</p> <p>New Fellows are expected to have had their PDS training in pain procedures in an FPM accredited unit to have this period counted towards endorsement.</p> | Required | <input type="checkbox"/> Substantially complies <input type="checkbox"/> Partially complies <input type="checkbox"/> Does not comply <input type="checkbox"/> Unable to assess | |
| 2.2b | Volume of Practice (VoP) / Recency of practice in those procedures | <p>Estimate recent VoP, and provide evidence to verify this estimate. Evidence may include:</p> <ul style="list-style-type: none"> • Patient de-identified theatre lists • Data report from hospital • Statement from practitioner + sign-off by unit director | Required | <input type="checkbox"/> Substantially complies <input type="checkbox"/> Partially complies <input type="checkbox"/> Does not comply <input type="checkbox"/> Unable to assess | |
| 2.3 | Clinical audit | Evidence of at least one recent clinical audit on procedures outcomes | Required | <input type="checkbox"/> Substantially complies <input type="checkbox"/> Partially complies <input type="checkbox"/> Does not comply <input type="checkbox"/> Unable to assess | |
| 2.4a | CPD | Recent CPD statement showing compliance | Required | <input type="checkbox"/> Substantially complies <input type="checkbox"/> Partially complies <input type="checkbox"/> Does not comply <input type="checkbox"/> Unable to assess | |
| 2.4b | Procedures-related CPD activities | Evidence of activities over the last 3 years listed in the CPD portfolio | Required | <input type="checkbox"/> Substantially complies <input type="checkbox"/> Partially complies <input type="checkbox"/> Does not comply <input type="checkbox"/> Unable to assess | |

| | Area | Evidence | Required/Desirable | Assessment | Comments |
|-----|--|---|--------------------|---|----------|
| | | Certificates of completion/ attendance other than already uploaded to CPD portfolio | Desirable | <input type="checkbox"/> Substantially complies <input type="checkbox"/> Partially complies <input type="checkbox"/> Does not comply <input type="checkbox"/> Unable to assess | |
| 2.5 | Education & research | CV demonstrated experience in teaching procedures or publication in relevant publications | Desirable | <input type="checkbox"/> Substantially complies <input type="checkbox"/> Partially complies <input type="checkbox"/> Does not comply <input type="checkbox"/> Unable to assess | |
| 2.6 | Legal and ethics | Self-assessment as per relevant CCS-related statements <ul style="list-style-type: none"> • Informed consent and substitute decision-making • Patient safety and related regulatory requirements • Health information privacy and confidentiality • Open disclosure | Required | <input type="checkbox"/> Substantially complies <input type="checkbox"/> Partially complies <input type="checkbox"/> Does not comply <input type="checkbox"/> Unable to assess | |
| 2.7 | Affiliation with professional groups and/or academic institutions other than FPM | Membership/ affiliation certificates <ul style="list-style-type: none"> • multidisciplinary societies aligned with a sociopsychobiomedical framework • groups focussing on procedures in pain medicine practice, education and research | Desirable | <input type="checkbox"/> Substantially complies <input type="checkbox"/> Partially complies <input type="checkbox"/> Does not comply <input type="checkbox"/> Unable to assess | |

| | Area | Evidence | Required/ Desirable | Assessment | Comments |
|----------------------------|--------------------------------|--|------------------------|---|----------|
| 3. Adherence to CCS | | | | | |
| 3.1 | Triage and clinical assessment | <ul style="list-style-type: none"> All Pain Medicine Procedures are considered in the context of a socio-psycho-biomedical framework For each patient a comprehensive assessment is made considering risks and benefits to ensure the pain procedure is appropriate and risks are mitigated Appropriate referral management systems are in place for patients | Required | <input type="checkbox"/> Substantially complies <input type="checkbox"/> Partially complies <input type="checkbox"/> Does not comply <input type="checkbox"/> Unable to assess | |
| 3.2 | Patient preparation | <ul style="list-style-type: none"> Information is provided to patients covering risks, benefits, aftercare, costs, reasonable alternatives Written informed consent is obtained from the patient (or their responsible decision-maker where relevant) prior to each pain procedure Pre-procedure planning is completed for each procedure – including modality of sedation (if applicable), medication management, fasting (as per national guidelines) | Required | <input type="checkbox"/> Substantially complies <input type="checkbox"/> Partially complies <input type="checkbox"/> Does not comply <input type="checkbox"/> Unable to assess | |
| 3.3 | Safe and sufficient facilities | <ul style="list-style-type: none"> Relevant certification for the jurisdiction 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 Facilities must have appropriate equipment, staff, staff training, resuscitation systems | Required | <input type="checkbox"/> Substantially complies <input type="checkbox"/> Partially complies <input type="checkbox"/> Does not comply <input type="checkbox"/> Unable to assess | |

| | Area | Evidence | Required/Desirable | Assessment | Comments |
|-----|--------------------------------|--|--------------------|---|----------|
| 3.4 | Sedation and anaesthesia | <ul style="list-style-type: none"> • Consideration is given to the advantages and disadvantages of using monitored sedation or anaesthesia in the context of each pain procedure • All procedures under sedation or anaesthesia are conducted in accordance with the relevant ANZCA standards of clinical care | Required | <input type="checkbox"/> Substantially complies <input type="checkbox"/> Partially complies <input type="checkbox"/> Does not comply <input type="checkbox"/> Unable to assess | |
| 3.5 | Imaging equipment and practice | <ul style="list-style-type: none"> • Radiation safety training and licence • All procedures using image guidance are conducted in accordance with the relevant safety standards of the institution and RANZCR • Proceduralists are proficient in utilisation of radiology equipment and understand and adhere to safety recommendations for themselves, patients and staff • All necessary radiation safety equipment is available, of acceptable quality and meets safety standards | Required | <input type="checkbox"/> Substantially complies <input type="checkbox"/> Partially complies <input type="checkbox"/> Does not comply <input type="checkbox"/> Unable to assess | |
| 3.6 | Proceduralist | <ul style="list-style-type: none"> • The proceduralist has appropriate training and experience in the range of procedures for which they seek endorsement • The proceduralist is actively involved in continuing medical education relevant to their procedural practice • The proceduralist engages in peer-review and morbidity and mortality review of their procedural practice | Required | <input type="checkbox"/> Substantially complies <input type="checkbox"/> Partially complies <input type="checkbox"/> Does not comply <input type="checkbox"/> Unable to assess | |

| | Area | Evidence | Required/Desirable | Assessment | Comments |
|-----|---------------------------------|--|--------------------|---|----------|
| 3.7 | Procedural performance | <ul style="list-style-type: none"> Procedures are performed to a standard as determined by best available evidence 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. If adverse events occur during the procedure or recovery, patient is informed of the nature of the incident, its consequences, implications and management. | Required | <input type="checkbox"/> Substantially complies <input type="checkbox"/> Partially complies <input type="checkbox"/> Does not comply <input type="checkbox"/> Unable to assess | |
| 3.8 | Documentation and communication | <ul style="list-style-type: none"> The proceduralist can demonstrate appropriate, accurate and timely documentation, and timely correspondence to relevant stakeholders 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 Patients and carers are given an explanation on how patient information is collected, used and disclosed, and the safeguards that apply | Required | <input type="checkbox"/> Substantially complies <input type="checkbox"/> Partially complies <input type="checkbox"/> Does not comply <input type="checkbox"/> Unable to assess | |
| 3.9 | Outcome assessment | <ul style="list-style-type: none"> Real-time recording of symptoms (pain) and function is recorded by the patient following diagnostic pain procedures Patient-reported multidimensional outcome measures are completed at appropriate intervals for therapeutic pain procedures All outcomes are documented and communicated to referrers and other relevant stake holders | Required | <input type="checkbox"/> Substantially complies <input type="checkbox"/> Partially complies <input type="checkbox"/> Does not comply <input type="checkbox"/> Unable to assess | |

| | Area | Evidence | Required/ Desirable | Assessment | Comments |
|------|----------------------|--|------------------------|---|----------|
| 3.10 | Post procedural care | <ul style="list-style-type: none"> Processes for post procedural care are standardised and appropriate to ensure patient safety and to rapidly identify complications Effective management systems are established to manage any foreseeable complications following pain procedures | Required | <input type="checkbox"/> Substantially complies <input type="checkbox"/> Partially complies <input type="checkbox"/> Does not comply <input type="checkbox"/> Unable to assess | |

B. Referee check

Referees contacted: Yes No

| Referee name | Date of contact | Comments |
|--------------|-----------------|----------|
| | | |
| | | |

C. Summary notes

| | |
|------------------|--|
| General comments | |
| Strengths | |
| Key deficiencies | |

D. Recommendation

Recommend for endorsement – further assessment is not required

Further assessment required (please select all that apply)

Submit additional documentation

Proceed to interview

Proceed to on-site review

Critical areas for follow-up and additional instructions for interviewers/ reviewers:

Do not recommend for endorsement – further assessment is not required

Reason:

Assessor's signature: _____

Date: _____