

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 <u>PS11 (PM): Procedures in Pain Medicine Clinical Care Standard</u>. 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		
First name	Surname	
Medical registration no.	Country	
2. Training experience and opportunities		
2.1. Please provide a statement summarising your experience in pain medicine procedures, including scope tenure and other relevant information. Include in your response your experience in teaching pair 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 ¹	Year unit established	Position within the unit ³	Overall FTE	FTE available for supervision ²
		☐ Yes, Level 1		☐ Sole director		
		☐ Yes, PDS Unit		☐ Director/ owner		
		□ No		☐ Associate/ employee		
				□ Other		
		☐ Yes, Level 1		☐ Sole director		
		☐ Yes, PDS unit		□ Director/ owner		
		□ No		☐ Associate/ employee		
				□ Other		
		☐ Yes, Level 1		☐ Sole director		
		☐ Yes, PDS unit		☐ Director/ owner		
		□ No		☐ Associate/ employee		
				□ Other		
¹ If you intend to supervise in an unaccredited unit, please complete Appendix I for each such unit and submit it with your application.						
2 FTE for supervision includes technical (in theatre) and non-technical supervision, such as parallel consulting, case conferences, and being available on-site for advice.						
³ 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.						
2.3.	2.3. Are you able to recruit and employ an endorsee for procedures in pain medicine ☐ Yes ☐ No training at a minimum of 0.5FTE?					
2.4.	. Are you able to offer the endorsee active participation in at least one theatre list ☐ Yes ☐ No per week?					
2.5.	. Can you be available on-site, fully conversant with the nature of the patients and ☐ Yes ☐ No able to provide one-to-one supervision to the endorsee, as appropriate, at least one day (or two sessions) per week?					



2.6. 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 ³
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		
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		
21	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		

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



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+)

3. Compliance with the Procedures in Pain Medicine Clinical Care Standard
Please identify which of the quality statements from <u>PS11 (PM): Procedures in Pain Medicine Clinical Care</u> 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 will become 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 install and use the Zwisch app for supervision of endorsees, and agree to Zwisch's Terms of Service and Privacy Policy I declare that the statements made in this application are true and accurate

Supporting documentation

Signature

Date

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



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: Are you credentialed to perform pain procedures in this unit? □ Yes □ No Do you participate in regular outcome audit in this unit? □ 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 □ Yes □ No by appropriately qualified nurses, technicians and radiographers as required.1 Does the unit have the following relevant organizational policies in place: Statement of patient rights and responsibilities ☐ Yes □ No Dispute resolution □ Yes □ No Bullying, discrimination and harassment □ Yes □ No 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: FTE Name Position/specialty

¹ 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

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

Appendix II: Nomination of co-supervisors

Anaesthetising Locations.



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 ☐ If no, complete and submit Appendix I.	l No	
Nominated procedures to be taught by co-supervisor: The co-supervisor must be endorsed or currently seeking endorse	ement in the nominated procedures	
If the co-supervisor intends to teach category 3 procedures they managed throughout their career:	, please provide an estimate of the number of cases	
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	
$\hfill\Box$ I am endorsed, or willing to seek endorsement, in the n	ominated procedures	
☐ I agree to install and use the <u>Zwisch app</u> for supervise <u>Service and Privacy Policy</u>	sion of endorsees, and agree to Zwisch's <u>Terms of</u>	
$\hfill\Box$ I declare that the statements made in this form are true	and accurate	
Co-supervisor signature: Da	ate:	
Supervisor's declaration:		
Supervisor's declaration: I certify that the co-supervisor is able to provide adequate	ate training in the procedures nominated above	
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