



# CANADIAN ACADEMY OF PAIN MANAGEMENT

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## CAPM ADVANCED CREDENTIALING CRITERIA INTERVENTIONAL PAIN MANAGEMENT – 2019

The CAPM credentials Physicians who have satisfied the standards for competency in interventional pain management and interventional procedures. The criteria follow the CAPM guidelines and reflect the CPSO requirements for Physicians practicing in Ontario. Applicants will be expected to provide the relevant documentation for each of the following.

1. Listing/documenting where and how the interventional training/mentorship was obtained, requiring and equivalent of six months or more mentorship or training (does not mean six months of interventional procedures but rather six months of practice in a clinic where interventional procedures are done).
2. Checklist of specific interventional level I and level II procedures in which the physician obtained competency and Physician is likely to practice (see the attached CPSO document for the list).
3. Membership in good standing with provincial regulatory body (including no disciplinary action or license restriction),
4. Member in good standing CAPM credentialing stream.
5. Three letters of reference from peers attesting to pain services of the applicant.
6. CV demonstrating two years or more practice after University graduation.
7. Peer review of member's practice and member's clinic. In Ontario this is done through the College of Physicians and Surgeons of Ontario, Change of Scope provisions. Outside of Ontario or outside Canada, the member should apply to the CAPM office and the application will be reviewed by the CAPM Chair of Credentialing to recommend an appropriate peer reviewed procedure. It would include having a colleague/peer, but not an employee or partner practicing interventional pain management, review with the applicant how the clinic is organized, and practice is conducted and how risk is managed. (To avoid violating confidentiality it could not include the examination of patient records or observation of clinic procedures unless it were a peer review through the member's regulatory college).

### FOR THE FOLLOWING CATEGORIES, PLEASE ATTACH REQUESTED INFORMATION OR DOCUMENTATION, AND CHECK THE BOX THAT THE INFORMATION HAS BEEN SUPPLIED:

- Member in good standing Provincial College of Physicians: *Attach a copy.*

### 2 YEARS PRACTICE INCLUDING PAIN MANAGEMENT SINCE GRADUATION:

- Attach CV showing this activity,
- 3 letters of reference supporting the pain management work you do.

### EQUIVALENT 900 HOURS TRAINING IN PAIN MANAGEMENT INCLUDING INTERVENTIONAL PROCEDURES, OR PRIOR EQUIVALENT RESIDENCY/TRAINING IN INTERVENTIONAL PROCEDURES: ATTACH DOCUMENTATION:

- Documentation of interventional training (see CPSO website [changescope expectations-interventional-pain-mgmt](#) for definitions)
- Where did you get your training? \_\_\_\_\_
- Who were mentors/trainers/faculty? \_\_\_\_\_
- When was your training?  
Beginning Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
(CPSO requires that it was completed within a 3-year time span)
- Attach either a copy of a formal peer review or an informal assessment by a colleague regarding how you conduct your practice with regards to risk management and procedure management.

**IN THE LIST BELOW, CHECK OFF THE PROCEDURES IN WHICH YOU BECAME PROFICIENT AND ARE LIKELY TO PRACTICE.**

**APPENDIX 1 – LIST OF INTERVENTIONAL PAIN PROCEDURES**

Below is a listing of interventional procedures appropriately performed in interventional clinics. Some of these benefit from imaging guidance. Treatment may include injection of medications and/or use of radio frequency lesioning or pulsed treatment.

| <b>CRANIAL NERVE BLOCKS/DEEP NERVES OF THE HEAD AND NECK</b> |   |   |
|--|---|---|
| HIGH RISK  | <input type="checkbox"/> Trigeminal/Ganglion Block<br><input type="checkbox"/> Sphenopalatine Ganglion Block<br><input type="checkbox"/> Glossopharyngeal Nerve Block<br><input type="checkbox"/> Hypoglossal Nerve Block<br><input type="checkbox"/> Spinal Accessory Nerve Block<br><input type="checkbox"/> Superficial branches of CNV<br><input type="checkbox"/> Mandibular Nerve Block |   |
| LOW RISK   |   |   |
| <b>NEURAXIAL BLOCKS</b>                                      |   |   |
| HIGH RISK  |   | <input type="checkbox"/> Central neuraxial blocks including:<br><input type="checkbox"/> Intrathecal blocks<br><input type="checkbox"/> Spinal cord stimulation<br><input type="checkbox"/> Epidural blocks<br><input type="checkbox"/> Midline<br><input type="checkbox"/> Transforaminal<br><input type="checkbox"/> Caudal<br><input type="checkbox"/> Epidural Adhesiolysis<br><input type="checkbox"/> Nerve root blocks<br><input type="checkbox"/> Blocks involving the facet joints<br><input type="checkbox"/> Medial branch block<br><input type="checkbox"/> peri-articular facet blocks<br><input type="checkbox"/> Paravertebral nerve blocks<br><input type="checkbox"/> Provocative discography<br><input type="checkbox"/> Kyphoplasty, Acuplasty |

| <b>PERIPHERAL NERVE BLOCKS</b> |  |
|--------------------------------|--|
| HIGH RISK                      | <input type="checkbox"/> Femoral<br><input type="checkbox"/> Sciatic/popliteal,<br><input type="checkbox"/> Intercostal<br><input type="checkbox"/> Pudendal<br><input type="checkbox"/> Occipital<br><input type="checkbox"/> Proximal Radial/Median/Ulnar<br><input type="checkbox"/> Suprascapular<br><input type="checkbox"/> Ilioinguinal<br><input type="checkbox"/> Genitofemoral |
| LOW RISK                       |  |

| <b>PLEXUS BLOCKS</b>            |  |
|---------------------------------|--|
| HIGH RISK                       | <input type="checkbox"/> Deep Cervical<br><input type="checkbox"/> Upper extremity/Brachial<br><input type="checkbox"/> Coeliac<br><input type="checkbox"/> Lower Extremity/Lumbar<br><input type="checkbox"/> Hypogastric plexus<br><input type="checkbox"/> Ganglion of impar<br><input type="checkbox"/> Superficial Cervical |
| LOW RISK                        | <input type="checkbox"/> Superficial Cervical  |
| <b>SYMPATHETIC NERVE BLOCKS</b> |  |
| HIGH RISK                       | <input type="checkbox"/> Stellate ganglion<br><input type="checkbox"/> Lumbar sympathetic  |
| <b>INTRAVENOUS BLOCKS</b>       |  |
| HIGH RISK                       | <input type="checkbox"/> Local Anaesthetic<br><input type="checkbox"/> Bretylium   |
| <b>INTRAVENOUS INFUSIONS</b>    |  |
| HIGH RISK                       | <input type="checkbox"/> Lidocaine<br><input type="checkbox"/> Ketamine  |
| <b>JOINTS</b>                   |  |
| LOW RISK                        | <input type="checkbox"/> Sacroiliac joints   |

**FOR PHYSICIANS PRACTICING IN ONTARIO, ALSO REQUIRED**

- Completed peer review for interventional practice: copy of most recent peer review result.
- Evidence of working in an OHP-approved facility (can be downloaded from CPSO website).

**QUESTIONS**

If you have questions, please contact us:

Tel: 905-404-9545

Email: office@canadianapm.com ; office@eventsinsync.com

**Note:** CAPM Credentialing for Diplomate is not equivalent to Advanced Credentialing for a specific competency e.g. Interventional Pain Management.