

# WHAT IS ADVANCED CREDENTIALING?

Revised 2020

Credentialing is a mark of approval by the professional organization CAPM that the member has achieved recommended standards of professional development and experience in pain management.

There are two types of credentialing for qualified Canadian Academy members. Diplomate Credentialing and Advanced Credentialing.

## ADVANCED CREDENTIALING IN PAIN MANAGEMENT (FOR SPECIFIC COMPETENCIES)

A different type of credentialing through the Canadian Academy of Pain Management has to do with specific professional competencies in pain management and is restricted to specific professional groups and individuals with specialized skills and procedures. There is possibility of Advanced Credentialing for MDs in Interventional Pain Management.

Advanced Credentialing in Interventional Pain Management is open to MDs (Doctors of Medicine) in Canada who have completed a subspecialty training in pain medicine at a Canadian University, under supervision of the respective university Department of Anesthesiology. The route may be through residency in Anesthesiology, Physical Medicine and Rehabilitation, Neurology, or Psychiatry. It usually requires a full 2 years of postgraduate subspecialty training, and qualifies the physician to be licensed by the regulatory body as a certified pain specialist.

**If practising in an OHPP clinic, they must meet the qualifications set out in the Out-of-Hospital Premises Inspection Program Standards and also complete all CPSO requirements for Changing Scope of Practice.**

The route is through changing the scope of practice, with approval by the licensing body, to include pain management, having completed a requisite 900 hours training or the equivalent of 6 months practice in a clinic delivering interventional pain services and supervised by a physician who has certification as an anesthetist or as an interventional pain specialist.

- i. A designated program director
- ii. Standard, written training objectives
- iii. A formal, regular evaluation process
- iv. A mechanism to report the Program's assessment of the individual's competence at the end of the program.
- v. All components contained within this document entitled "A) Expectations of General Knowledge, Skills and Judgment for Pain Medicine" and B) Acquisition of Procedural-Specific Knowledge, Skills, and Judgment in IPM".
- vi. A mechanism to document all training experiences including the number and types of interventional pain procedures performed.

If practising in an out-of-hospital-practice clinic, the clinic must have passed the peer inspection by the regulatory body (College of Physicians and Surgeons of that jurisdiction). For the most part those who are qualified the CAPM Advanced Credentialing are registered change of scope

physicians who have changed scope of practice to interventional pain management, and who have completed the equivalent of 900 hours or six months of training and experience in pain management. They must produce copy of the certificate that the out-of-hospital practice clinic in which they work has passed a peer review. They must have documentation of the training, the pain specialist(s) who provided the supervision and training, and of mastery of the interventional skills that they intend to practice.

Advanced credentialing is also open to certain specialists who have trained as Pain Subspecialists through certain academic departments of Anesthesia in other countries such as USA, Australia/New Zealand, Republics in the Arab Peninsula, and possibly others.

For qualification for Advanced Credentialing in Interventional Pain Management, one also must submit a list of procedures that they have been found competent to provide as part of their interventional pain practice in Canada: this list can be augmented with time and further experience as new procedures and techniques are added to the clinician's repertoire. Candidates must also provide proof of their highest academic degrees relevant to the practice, proof of current licensure of the regulatory body, three letters of reference regarding their pain practice and curriculum vitae they have been in clinical practice including pain management for two years or more, must be members of the credentialing stream and a fee is applicable for Advanced Credentialing diploma and registry on the credentialed status on the CAPM website.

They must also agree on the restrictions and ethics of using CAPM Credentialed or Advanced Credentialed status;

- (Member's name) (academic degree) (professional designation; i.e. Doctor of medicine, interventional pain physician, psychologist, occupational therapist, physiotherapist, chiropractor, social worker, etc.)
- and on a separate line; member Canadian Academy of Pain Management, Dipl. or Adv.Dipl. CAPM (adding professional designation)

As with any credentialing, the term of Advanced Credentialing is four years, following which the member must resubmit proof of current licensure from regulatory body and evidence of 100 hours of pain-related Continuing Education activities (and in case of Advanced Credentialing in Interventional Pain Management, any additional interventional procedures or skills that the member has become competent in performing).

See also the CPSO website for

### **Expectations for Physicians Who Have Changed, or Plan to Change, Their Scope of Practice to Include Pain Medicine**

the CPSO policy states:

- Physicians must only practise in the areas of medicine in which they are educated and experienced.
- Physicians **must** report to the College when they wish to change their scope of practice. This includes physicians who are making a significant change in scope of practice or who wish to return to a scope of practice in which they have not practised for two consecutive years or more.
- All physicians who wish to change their scope of practice **must** participate in an individualized College review process to demonstrate their competence in the area in which they intend to practise.
- Physicians **must not** practise in a new scope of practice or re-enter practice unless the College has approved their request.

To learn more about the policy, follow <https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Ensuring-Competence>

**(B) In keeping with the CPSO guidelines, CAPM also recommends that documentation of training should include**

1. Clinical training in a CPSO approved accredited OHPC where the physician will acquire competency in:
  - Assessing and managing patients with regard to pain mechanism, co-morbidities, and functional impairment;
  - Knowledge of the pathophysiology of chronic pain;
  - Non-pharmacological rehabilitation strategies;
  - Identifying and managing opioid misuse problems;
  - The effective use of opioids in pain management;
  - The effective use of non-opioid medications in pain management;
  - Drug interactions and adverse effects;
  - Epidemiology of pain and co-morbidity of psychological conditions, and;
  - The use of measurement scales in pain practice.
2. Competent to understand and use basic cognitive behavioural techniques in practice (if applicable) and being aware of the interplay between psychiatric conditions and pain conditions.
3. Competent in the management of complications and preparation for handling emergency situations which may arise in the outpatient setting of an interventional pain practice.
4. Competent in:
  - o Management of acute and chronic neck and back pain;
  - o Management of headache;
  - o Management of chronic soft tissue, myofascial, and fibromyalgia pain;
  - o Management of chronic visceral pain;
  - o Sleep disorders;
  - o Neuropathic pain, and;
  - o Pain in elderly, in pregnancy and lactation (if applicable).
5. Completing specific courses as recommended by his/her supervisor.

**(B) Expectations of Procedural-Specific Knowledge, Skills and Judgment for Pain Medicine**

Physicians, having gained competencies and general knowledge, skills and judgment required for the diagnosis and management of pain are then required to have specific procedural competence for each procedure that they want to perform. For any given procedure, the physician must:

- 1) Demonstrate experience with all aspects of the clinical features of the procedure through their approved training program. The clinical features to be learned include:

- a) Assessing patients in consultation for suitability, indication, and frequency for the procedure, discussion of risks, benefits and alternatives, obtaining informed consent and routine pre-procedure assessment;
- b) Assessing patients with regard to the risks/benefits of using sedation, with knowledge and experience in IV access and monitoring;
- c) Assessing patients in the immediate pre-procedure period, including patient positioning, identification of landmarks;
- d) Assisting and eventually performing the procedure, with knowledge and experience in managing complications;
- e) Management of the patient in the immediate post-procedure period, including any post-procedure complications, and;
- f) Management of the patient and complications at follow-up.

2) Demonstrate experience with all aspects of the clinical features of the procedure.

3) Obtain Advanced Cardiac Life Support certification. Physicians who perform pain medicine procedures and manage recovery of paediatric patients (those patients age 18 and under) are also required to obtain Paediatric Advanced Life Support (PALS) certification.

4) Acquire competency in Imaging use and interpretation, if applicable to the interventional procedures performed. CAPM recommends that interventional procedures that involve increased risk of adverse outcomes or diminished benefit in the absence of imaging, should be performed with imaging

5) Acquire competency in ultrasound techniques, if applicable to the procedures to be used

6) Demonstrate knowledge of how to identify and manage emergency situations in IPM related to:

- a. Vasovagal Reaction
- b. Hypotension
- c. Hypertension
- d. Local anaesthetic toxicity
- e. High Spinal
- f. Pneumothorax
- g. Anaphylaxis
- h. Spinal cord ischemia/paralysis
- i. Seizures
- j. Airway obstruction, acute respiratory failure (including competency in basic and advanced airway techniques such as endotracheal intubation)