

# Status of Pain Management Credentialing

Eldon Tunks MD FRCPC

Vice-Chair, OMA Pain Physicians' Section

President, Canadian Academy of Pain  
Management

# What is credentialing?

- An organization sets a standard of practice, usually involving training, licensure, experience, and sometimes a competency examination.
- The organization may be a regulatory/licensing body or professional association.
- To identify individuals who the organization considers to be qualified and experienced in a particular area of practice
- Credentialing may or may not signify “specialist” status

# Australia and New Zealand

- 1999, first fellowships from Faculty of Pain Medicine, Australian and New Zealand College of Anesthetists (governed by licensing body)
- Pain Medicine is an official subspecialty
- 1-3 years residency and examination
- Open to anesthesiologists, surgeons, internists, psychiatrists, physical medicine, other approved international specialties, general practice
- Degree is FFPMANZCA

# United Kingdom

- Beginning 2008
- c/o Royal College of Anesthetists (governed by licensing body)
- Pain Medicine is an official subspecialty
- 12 month residency

# Ireland

- Eligible to consultants from Ireland or National Health Service
- Recognizes the Diploma in Pain Medicine from Ireland, or the Australia/New Zealand Pain Fellowship
- No fellowship or examination

# United States of America

## ABMS credentialing

- In USA, American Board of Medical Specialties Fellowship status is not required for specialty designation or licensing
- Therefore pain credentialing has become a patchwork quilt
- Official licensing body “American Board of Medical Specialties” lists “pain medicine” as a subspecialty open to anesthesiology, physical medicine and rehabilitation, and psychiatry-neurology
- About one third of “pain specialists” in Ohio are trained and licensed under American Board of Medical Specialties

# USA: non-ABMS credentialing

- World Institute of Pain Physicians: founded in 1993. Presently has 579 fellows (physicians).
- In 2005 WIPP partnered with the American Society of Interventional Pain Physicians to form American Board of Interventional Pain Physicians
- Credentials through American Board of Interventional Pain Physicians (not recognized by American Council for Board Certification) but all candidates are either board certified by ABMS or board eligible by completing residency
- WIPP has additional training programs

# USA: non-ABMS credentialing

- American Board of Interventional Pain Physicians provides “Board Certification” (not recognized by ABMS) in Interventional Pain Management and Competency Certification in Controlled Substance Management, Competency Certification in Coding, Compliance and Practice Management and Competency Certification in Fluoroscopic Interpretation and Radiological Safety

# USA: non-ABMS credentialing

- American Board of Interventional Pain Physicians credentials “Fellow of Interventional Pain Practice”
- Requirements – certified by AOA, or American board-certified (ABMS), and examination. No fellowship required
- Examination involves part 1– controlled drug management, and part 2 – interventional pain management

# USA: non-ABMS credentialing

- ABIPP (American Board of Interventional Pain Physicians) : alternate options for credentialing include 300 hours continuing education, 50 hours cadaver training for interventional pain and theoretical examination

# USA: Non-ABMS credentialing

- In 1991 American Board of Pain Medicine (through American Academy of Pain Medicine), presently has 2200 members (physicians)
- no Fellowship needed but requires residency (i.e. diplomates are ABMS Board Certified specialists), two years clinical practice, and ABPM examination
- American Academy of Pain Medicine partnered with American Board of Interventional Pain Physicians
- American Academy of Pain Medicine partners with WIPP for part I of ABPM examination

# USA: non-ABMS credentialing

- American Academy of Pain Management
- The only multidisciplinary pain credentialing
- Over 6000 members, about 4000 of whom are credentialed. However half of these were grandfathered
- Requires proof of education, licensure, three letters of reference, two years practice after graduation, standardized examination
- Examination probably is valid for attitude and exposure to multidisciplinary treatment but not for competency in procedures or medical knowledge

# Another recent non-ABMS “upstart”

- American Association of Integrative Medicine
- Appeals to Acupuncture, Behavioral Health, Chiropractic, Nutrition, Dentistry, Eastern Medicine, Natural Therapy, Nursing, Pastoral Counseling, Pharmaceutical, Phytotherapy, Physicians, Physician Assistants, Veterinary
- Offers “board certification in integrative medicine (Diplomates may put “BCIM after name”)", and grandfathering

# RCPSC subspecialty in pain management (Canada)

- The Royal College of Physicians and Surgeons (Canada) is now processing development of a two year program (Which will likely be accomplished in 12-18 months by most candidates through previous rotations being credited). This is now the standard in UK, Australia and New Zealand, and being explored in US.
- The 18 member RCPSC Interdisciplinary Task Force includes anesthesiologists and primary care physicians, and interventional pain physicians
- Presently are considering a 26-block model since they wanted to ensure competency in Psychiatry, Addictions, MSK, Neurology, Pediatric Pain , Cancer Pain and Multidisciplinary Clinic work. They foresee a qualifying exam.

# RCPPSC subspecialty in pain management (Canada)

- Intention to ensure credentialing through different pathways. In most countries anesthesiologists, neurologists, psychiatrists, physical medicine and rehabilitation, and primary care physicians are eligible

# Canadian College of Family Practitioners

- CCFP is now exploring a third year of subspecialization in chronic pain management so they will be able to organize pain care in their Family Health Networks.

# Reasons for CAPM developing advanced credentials

- Advent of subspecialty RCPSC Fellowship in chronic pain is still several years off
- Even if RCPSC subspecialty is licensed, it could never meet the need, given 15% prevalence of chronic pain and 5% prevalence of acute pain – total of 20% at any time
- 85% of chronic pain is being managed by primary care
- The greatest impact in preventing chronicity is at the subacute stage, where primary care is still in charge

- CAPM committee is looking at strategies for putting in place other advanced credentials based on this same model of consensus on requisite training, core competencies, plus proof of specialized competencies, examination of the candidate, and advanced credentialing renewal every 4 years

# Canadian Academy of Pain Management

- Affiliated with the American Academy of Pain Management
- CAPM credentials clinicians from many health care disciplines

# CAPM strategy

- Proposal is to develop four advanced credentials, representing important areas of pain management competencies
  - Interventional pain management (MD)
  - Behavioral pain management (psychologists, psychologists, palliative care)
  - Pharmacology of pain and management of controlled drugs (physicians, dentists, pharmacists, nursing)
  - Rehabilitation (auspices of Chiropractic Rehabilitation and Clinical Sciences colleges)

# CAPM strategy

- We have sought from the outset to involve stakeholders and remain consistent with regulatory body regulations. Aim is to develop criteria and standards while making use of training programs and educational vehicles that already exist and that are recognized by licensing bodies and opinion leaders

# CAPM strategy

- Interventional Pain Management– applicable to primary care and specialist physicians, who demonstrate requisite training and validated skills, are licensed, members in good standing, and pass an examination
- to include core competency in pain assessment and management that everyone should have, as well as specific technical skill competency

# CAPM strategy

- Criteria for pharmacological and behavioral and manual therapy credentials still being developed
  - Applicable to physicians, dentists, anesthesiologists, psychologists, nurses, pharmacists, chiropractors, rehabilitation etc.
- Re-credentialing after appropriate intervals is also part of the development

# CAPM strategy

- Proper protocol for listing CAPM credentialing has been agreed with CPSO

Eg. Name and degree and profession, and on a lower line “practicing in pain management” and listing CAPM membership and diploma