

3 April 2018

Please find attached the DRAFT privileges for PROCEDURAL (INTERVENTIONAL) PAIN MANAGEMENT.

**THE PANEL:** This draft was developed by a provincial panel of subject-matter experts who are currently engaged in the development of privileging content. The panel is composed of two co-chairs with expertise in the provincial privileging dictionaries and 8 subject matter experts, who work across 4 medical specialties.

**CONSULTATION PROCESS:** The review panel is now seeking feedback on the draft privilege.

**We welcome your input to the PROCEDURAL PAIN MANAGEMENT dictionary.  
All feedback received by May 27, 2018 will be considered at the next panel**

**RECORD OF REVIEW PANEL DECISIONS AND CRITERIA IDENTIFIED:** Below are decisions made by the Procedural (Interventional) Pain Management review panel and/or criteria identified by the panel to guide discussion of clinical practice and standards.

**1. Pain procedures are categorized using a tiered approach (Basic, Intermediate, Advanced)**

The panel was in agreement that pain procedures should be categorized into three tiers - Basic, Intermediate & Advanced. Each tier is defined according to levels of training and complexity. Basic procedures can be performed in an office setting and may not require image guidance, while most intermediate and all advanced procedures must be performed with appropriate imaging.

**2. Pain procedures existing in other dictionaries used as a starting point for the draft procedures list.**

The proposed pain procedures derived from existing procedures in other dictionaries and with reference to the Ontario College of Physicians and Surgeons framework of High & Low Risk procedures. The panel developed the list to reflect practice standards in BC. There are some intermediate and advanced procedures, which as core to a particular specialty, will remain core to that specialty and identified as such.

**3. The IPM/PPM dictionary is intended as an add-on dictionary.**

This dictionary is intended to be added to discipline specific dictionaries depending on the core discipline of the practitioners applying. As in all dictionaries, practitioners holding Health Authority privileges prior to implementation of the dictionary will continue to hold those privileges as long as they meet current experience and quality requirements.

**Send feedback to: [privilegingdictionary@bcmqi.ca](mailto:privilegingdictionary@bcmqi.ca) Get more info: [bcmqi.ca](http://bcmqi.ca)**

# Clinical Privileges for Procedural (Interventional) Pain Management

## Definition:

These are procedural privileges used to manage pain in a wide range of disciplines. Appropriate use of these procedures requires careful evaluation and diagnosis and must keep in mind prevention, treatment and rehabilitation of patients. These procedures may be used for acute and chronic, cancer and non-cancer pain.

If the procedures described are core to the physician's primary discipline, the requirements outlined below do not apply.

Physicians who practice some aspect of Procedural (Interventional) Pain Management are typically from the following disciplines: Anesthesia, Emergency Medicine, Family Medicine, Internal Medicine, Neurology, Physical Medicine, Rehabilitation, Psychiatry, Rheumatology, Orthopedic Surgery, Neurosurgery and Diagnostic Radiology. Regardless of background, a physician must ensure that he/she has the appropriate training and or experience for the specific procedures that he/ she plans to include in his/ her practice.

In this document, "interventional" has been defined as invasive or surgical techniques used to diagnose or treat patients. Interventional pain procedures are categorized using a tiered approach reflective of underlying complexity and required training.

## Basic procedures:

Basic procedures are those that can be considered appropriate for physicians with minimal added training or acquired as part of original training. These procedures can be safely performed in an office setting; they are peripheral and superficial interventional procedures that do not require imaging guidance.

## Intermediate procedures:

More complex procedures, which usually require the understanding and safety principles of using fluoroscopy, ultrasound, and/or other medical imaging to guide needle placement and further education in assessment and management of pain.

## Advanced procedures:

Highly-specialized procedures that are recognized as requiring advanced training and skills including the understanding and safety principles of using fluoroscopy, ultrasound or other medical imaging to guide treatment, as well as comprehensive knowledge of chronic, acute and complex pain.

# Clinical Privileges for Procedural (Interventional) Pain Management

## Qualifications for BASIC Procedural Pain Management

To be eligible to apply for any privileges in BASIC Interventional Pain Management, the applicant must meet the following criteria:

**Initial Privilege:** Privileges within the dictionary of an appropriate discipline for example but not limited to Anesthesia, Emergency Medicine, Family Medicine, Internal Medicine, Neurology, Physical Medicine, Rehabilitation, Psychiatry, Rheumatology, Orthopedic Surgery, Neurosurgery and Diagnostic Radiology, other.

AND

**Recommended current experience:** Full or part-time relevant clinical experience reflective of the scope of privileges requested.

OR

Completion of postgraduate fellowship or training acceptable to the appropriate medical leader in the past 24 months

**Renewal of privileges:** Maintenance of skills and an adequate volume of full- or part-time experience with safe outcomes, reflective of scope of privileges requested.

**Return to practice:** As a minimum, observation by a colleague who holds this privilege for a period of time sufficient to demonstrate skill.

**Return to practice:** Individualized evaluation with supervision of core procedures relevant to their intended scope of practice acceptable to the appropriate medical leader.

## BASIC Interventional Pain Management Procedures

**Requested** Trigger point/ bursal injections

**Requested:** Intra articular injections (excluding hip, and biceps tendon) with or without imaging guidance image guidance recommended but not mandatory

**Requested:** mid-sized peripheral nerve blocks that may not require imaging to safely inject: e.g. Occipital, Saphenous, Genicular, LFCN, tibial, ulnar, radial peroneal, ankle.

# Clinical Privileges for Procedural (Interventional) Pain Management

## Qualifications for INTERMEDIATE Procedural Pain Management

To be eligible to apply for any privileges in INTERMEDIATE Interventional Pain Management, the applicant must meet the following criteria:

**Initial Privilege:** Privileges within the dictionary of an appropriate discipline for example but not limited to Anesthesia, Emergency Medicine, Family Medicine, Internal Medicine, Neurology, Physical Medicine, Rehabilitation, Psychiatry, Rheumatology, Orthopedic Surgery, Neurosurgery and Diagnostic Radiology, other.

Experience or training specific to scope of privilege requested and acceptable to the appropriate medical leader.

AND

**Recommended current experience:** Full or part-time relevant clinical experience reflective of the scope of privileges requested.

OR

Successful completion of training in the last 12 months

**Renewal of privileges:** Demonstrated ongoing skill, review of cases performed if deemed necessary and discussion with the appropriate medical leader.

**Return to practice:** As a minimum, observation by a colleague who holds this privilege for a period of time sufficient to demonstrate skill.

**Return to practice:** Individualized evaluation with supervision of core procedures relevant to their intended scope of practice acceptable to the appropriate medical leader.

## INTERMEDIATE Interventional Pain Management Procedures

- Requested:** Large peripheral nerve blocks that require imaging, including but not limited to femoral, sciatic, brachial plexus
- Requested:** Image guided intramuscular and peritendinous injections, e.g. piriformis, bicipital tendon.
- Requested:** Image guided sacroiliac joint injections
- Requested** Infusion therapies such as lidocaine and ketamine

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- ❑ **Requested:** Image guided peripheral joint injections: Hip and intraarticular glenohumeral
- ❑ **Requested:** Image guided caudal and lumbar epidural steroid injection image guidance recommended but not mandatory
- ❑ **Requested:** Intrathecal and epidural catheter tunneling for cancer/palliative care pain management.

### Qualifications for ADVANCED Procedural Pain Management

To be eligible to apply for any privileges in ADVANCED Interventional Pain Management, the applicant must meet the following criteria:

**Initial Privilege:** Privileges in one of the following specialties: Anesthesiology, Physiatry, Pediatrics, Neurology, Internal Medicine, Psychiatry, Rheumatology or Emergency Medicine. As per the Royal College requirements for subspecialty pain medicine training, others may also be accepted on an exceptional basis from medical oncology, neurosurgery, orthopedic surgery and palliative medicine.

AND

Must have completed a minimum 12-month accredited fellowship program (RCPSC, ACGME, FPM/Australia) in Interventional Pain Management with board certification; and must demonstrate training specific to procedures applied for, which must be acceptable to the appropriate medical leader.

#### Recommended current experience:

Pain management services (including consultative services and non-procedural treatments) for at least 200 hours a year averaged over no more than the last three years, reflective of the scope of privileges requested.

Recognizing that other procedural skills are transferable, where clear similarities exist with other work done by specialists, these requirements may be less.

OR

Successful completion of accredited (RCPSC, ACGME, FPM/Australia) fellowship training program and board certification within the last 12 months.

AND

Completion of at least 20 credits each year averaged over three years and must be relevant to the practice of Interventional Pain Management.

## Clinical Privileges for Procedural (Interventional) Pain Management

**Renewal of privileges:** Demonstrated ongoing skill, review of cases performed if deemed necessary and discussion with the appropriate medical leader.

**Return to practice:** Individualized evaluation with supervision of core procedures relevant to their intended scope of practice acceptable to the appropriate medical leader.

### Advanced Interventional Pain Management Procedures

#### Sympathetic nerve blocks:

- Requested:** lumbar sympathetic nerve block
- Requested:** celiac plexus and splanchnic nerve blocks
- Requested:** stellate ganglion block
- Requested:** ganglion impar block

#### Chemical neurolytic procedures:

- Requested:** neurolytic blocks – neuraxial, intercostal nerve, autonomic nerves or plexus

#### Neuromodulation:

- Requested:** Intrathecal infusion pumps testing, implantation and maintenance
- Requested:** Spinal cord stimulator, testing, implantation and maintenance

#### Epidural Injections:

- Requested:** epiduroscopy and/or epidural adhesiolysis
- Requested:** lumbar transforaminal /nerve root block
- Requested:** cervical interlaminar
- Requested:** cervical transforaminal /nerve root block
- Requested:** thoracic interlaminar with or without appropriate imaging
- Requested:** thoracic transforaminal /nerve root block

#### Medial branch blocks and facet joints:

- Requested:** lumbar
- Requested:** thoracic
- Requested:** cervical

#### Thermal neurolysis:

- Requested:** Use of radiofrequency technology
- Requested:** Cryoablation

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**Other:**

- Requested:** intercostal nerve blocks
- Requested:** paravertebral block of the lumbosacral plexus
- Requested:** deep cranial nerve blocks (trigeminal branches, sphenopalatine etc.)
- Requested:** intradiscal injections

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# Clinical Privileges for Procedural (Interventional) Pain Management

## Additional privileges

*Definition:* An additional privilege is any privilege that is not included in the core, non-core, or context-specific privileges dictionary for your discipline.

To request an additional privilege you will identify where you would like to exercise the privilege and list your relevant training and experience. Please note that additional privileges are not automatically granted, but are reviewed to determine alignment with the site capacity and to ensure training requirements are met.

### Process to request privileges not included in the dictionary for your discipline

Complete this section if you wish to request a privilege that is not included in the core, non-core or context specific privileges for your discipline.

## Instructions

To request additional privileges—that is, privileges *not* included in your discipline dictionary—please provide the following information in the comments box below:

- a) the privilege requested
- b) the location within the facility where the privilege would be exercised, and
- c) the relevant training and experience held by the practitioner in this area

Your request for additional privileges will be submitted to the appropriate medical leader to determine if the requested privilege can be supported at the specified site, and if so, which training requirements must be met.

## Additional Privilege

Requested       Not Requested

Comments:

### Dictionary content and feedback

The privileging dictionaries on this site ([bcmqi.ca](http://bcmqi.ca)) are the official versions.

Dictionary content will be updated in cycles of review and refresh, as listed at the [bcmqi.ca](http://bcmqi.ca) dictionary review hub. You can provide input on a dictionary at any time, by submitting a [Request for a Revision to a Privileging Dictionary](#) form to your local medical administration or the BC MQI office.



# Clinical Privileges for Procedural (Interventional) Pain Management

## Acknowledgement of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at the facility I am applying, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Medical / Clinical Leader's Recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend all requested privileges
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege condition/ modification/ explanation

Notes:

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Name of Department / Division/ Program/ Facility:

Name of Medical Leader:

Title:

Signature:

Date: