



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

**Objective:** To develop a decision-making framework to assist the College of Physicians and Surgeons of Ontario (CPSO) in responding to requests from physicians who have changed, or plan to change, their scope of practice to include adult chronic pain management, both with and without interventional procedures. These expectations are subject to change.

**CPSO's Ensuring Competence: Changing Scope of Practice and/or Re-Entering Practice Policy** states that scope of practice is a term that describes a physician's practice at a particular point in time. A physician's scope of practice is determined by a number of factors including:

- Education, training and certification:
- the patients the physician cares for;
- the procedures performed;
- the treatments provided; and
- the practice environment.

In addition, the 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>

### **Background:**

As with any area of medicine, in order to practise adult chronic pain management in Ontario, the College of Physicians and Surgeons (CPSO) expects physicians to practise according to any terms and limitations on their certificate of registration. All physicians in the province have limitations on their certificate that state they may only practise in the areas of medicine in which they are educated and experienced. A

physician's competence within a scope of practice is determined by their education, training and experience within that scope.

Regardless of specialty background, a physician must ensure that s/he has the appropriate education, training, and experience for the specific procedures that s/he plans to include in his or her practice.

In determining the appropriateness of an individual physician's request to change their scope of practice the CPSO relies primarily upon certification processes from the Royal College of Physicians and Surgeons of Canada (RCPSC) in order to determine which physicians can be designated as specialists in a given field of practice.

The purpose of this document is to clarify the CPSO's expectations for physicians intending to change their scope of practice to include adult chronic pain management. In this type of practice, as well as in others, physicians must ensure they are meeting the standard of practice, which includes conducting a risk/benefit analysis to assess the appropriateness of performing any given procedure.

It must be emphasized that if a physician plans to practise adult chronic pain management in an Out-of-Hospital Premises (OHP) 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.

While the change in scope of practice process generally involves training, supervision and assessment, all of these components **may not** apply in every case. As with all requests for change in scope issues, in arriving at a decision, the CPSO will review each physician's individual circumstances.

## **DEFINITION**

"Pain Medicine is a medical subspecialty concerned with the prevention, evaluation, diagnosis, treatment, and rehabilitation of patients with acute and chronic pain associated with cancer and non-cancer diagnoses." – *Royal College of Physicians and Surgeons of Canada*

The purpose of the definition is to provide guidance to physicians about how pain medicine is defined so that physicians who intend to practise in adult chronic pain management understand when they need to contact the College to report a change in scope of practice. In addition, this document will deal with pain medicine procedures that fall into the following categories:

- (i) procedures for analgesia without sedation, divided into:
  - a. those that are peripheral
  - b. those that may include neuraxial or deep structures, and
- (ii) those that benefit from or require imaging
- (iii) those that may require sedation

Physicians who practise in adult chronic pain management are required to fulfill the core competencies set out in the "Expectations of General Knowledge, Skills and Judgment for Adult Chronic Pain Management" and, if performing procedures, the "Expectations of Procedural-Specific Knowledge, Skills and Judgment for IPM", set out below. For the purpose of this document, the procedures listed in Appendix 1 entitled "List of Interventional Pain Procedures" will be considered as "interventional pain management" procedures by the College.

Physicians who intend to include adult chronic pain management as part of their scope of practice and who do not have the training and/or experience to practise competently in the new area of practice are

required to comply with the College's *Ensuring Competence: Changing Scope of Practice and/or Re-Entering Practice* policy.

### **Requirements for Adult Chronic Pain Management**

Physicians who have completed a RCPSC residency program, for example in anesthesia, physical medicine, etc., may have recent relevant training in adult chronic pain management, including interventional procedures. Regardless, the College needs to consider the physician's specialty background, prior training and/or experience, as well as his or her intended practise and procedures when determining overall needs. Moreover, physicians who have received formal training in adult chronic pain management but have not practised in this field for more than two years need to apply for a change in scope of practice, despite their related training/specialty background, to determine if there are any additional requirements under the *Ensuring Competency: Changing Scope of Practice and/or Re-Entering Practice* policy.

**Physicians applying for a change in scope of practice to include adult chronic pain management must satisfy the requirements listed in one of two different pathways:**

#### **Pathway 1 - Academic Training Pathway**

- a) Successfully complete an accredited training program at a Canadian or an ACGME<sup>1</sup> recognized Medical School Department or Division that must be structured such that it includes:
  - 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 Adult Chronic Pain Management" 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.<sup>2</sup> At a minimum, it is recommended that trainees complete a minimum of 12 months of overall training gaining skills as defined in Sections A and B of this document.
  
- b) The program must be completed in less than 36 months and must have been completed within two years prior to application to change scope of practice.

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<sup>1</sup> [Accreditation Council for Graduate Medical Education \(ACGME\)](#) is responsible for the accreditation of post-MD medical training programs within the United States. Accreditation is accomplished through a peer review process and is based upon established standards and guidelines.

<sup>2</sup> Each situation would be assessed on an individual basis in order to assure competency has been achieved in procedure(s) that the physician intends to add to his or her practice. In addition, techniques involving the use of fluoroscopy or ultrasound imaging require specialized training that should be sponsored by an accredited organization.

## Pathway 2 – Significant Practice Experience in Adult Chronic Pain Management

This would essentially include physicians who are coming to Ontario from another jurisdiction where they have demonstrated significant experience that is satisfactory to the College, or who are returning to the practice of adult chronic pain management after an absence of more than two years. Additionally, physicians with significant practice experience in a field closely related to pain medicine and whose current practice includes comprehensive management of patients with chronic pain, may seek a change in scope of practice through this pathway, subject to College approval.

Regardless of the pathway, the changing scope of practice process generally involves a needs assessment, training, supervision and assessment, though all of these components *may not* apply in every case. In arriving at a decision, the College will review each physician’s individual circumstances, and will consider them in relation to the factors outlined below.

### **Clinical Supervision and Assessment Requirements**

The need for supervision<sup>3</sup> (level and duration) is determined at the discretion of the College and will depend on the physician’s intended scope of procedures, and previous training and experience. The assessment will be multi-modal in nature, e.g. direct observation, chart review, interviewing colleagues, etc. The nature of the assessment will be determined by the physician’s proposed practice in adult chronic pain management, including scope of procedures.

Once the supervision phase is complete, the physician may be required to take additional steps including undergoing a College-directed assessment prior to being approved for a change in scope of practice. Once approved, should a physician wish to add any new high-risk procedures to his or her practice, an application to the College will be required.

*Each physician’s situation will be assessed on an individual basis, and therefore, the levels and duration of supervision are discretionary. In addition, the supervisor’s feedback in the form of supervision reports will be considered by the College when determining a change in level of supervision, and whether the physician will require additional training.*

In order to ensure physicians receive consistent and comprehensive training in all aspects of adult chronic pain management by individuals with extensive experience in medical education and training, the College will no longer allow training for changing scope of practice processes to occur in Out-of-Hospital Premises, unless those premises are affiliated with an academic training program and approved by the academic Program Director. Individuals who apply to change their scope of practice to include adult chronic pain management who require training will be directed to academic training.

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<sup>3</sup> Refer to the “Guidelines for College-Directed Clinical Supervision” for more information about the responsibilities and characteristics necessary for a Clinical Supervisor which are available here: [http://www.cpso.on.ca/Policies-Publications/CPGs-Other-Guidelines/Other-Guidelines/Guidelines-for-College-Directed-Supervision/Guidelines-for-College-Directed-Supervision-\(1\)](http://www.cpso.on.ca/Policies-Publications/CPGs-Other-Guidelines/Other-Guidelines/Guidelines-for-College-Directed-Supervision/Guidelines-for-College-Directed-Supervision-(1))

## **(A) Expectations of General Knowledge, Skills, and Judgment for Adult Chronic Pain Management**

Any physician planning to practise pain medicine should be competent in:

- accurate bedside and laboratory assessment and diagnosis of pain conditions;
- evidence-based medical, physical, and interventional treatment;
- fluoroscopy and ultrasound techniques and imaging interpretation, if applicable, and;
- conducting and documenting appropriate follow-up care.

In order to acquire the necessary knowledge, skills and judgment required for adult chronic pain management, physicians will acquire the core competencies through:

1. Clinical training in a CPSO approved accredited training program 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:
  - Management of acute and chronic neck and back pain;
  - Management of headache;
  - Management of chronic soft tissue, myofascial, and fibromyalgia pain;
  - Management of chronic visceral pain;
  - Sleep disorders;
  - Neuropathic pain, and;
  - Pain in the elderly, in pregnancy and lactation (if applicable).
5. Completing specific courses<sup>4</sup> as recommended by his/her supervisor.

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<sup>4</sup> For example, Canadian Pain Society-sponsored interventional pain courses, ISIS courses to provide basic knowledge and practice for fluoroscopy and ultrasound-guided interventions, or the University of Toronto Safe Opioid Prescribing Course.

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

Physicians, having gained competencies and general knowledge, skills and judgment required for the diagnosis and management of adult chronic 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.
  
  - 4) Acquire competency in Imaging interpretation, if applicable.
  
  - 5) Acquire competency in fluoroscopy and ultrasound techniques, if applicable; this would include basic knowledge of radiation safety.
  
  - 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 (e.g. related to transforaminal epidural steroid injections, or celiac plexus blocks/splanchnic blocks
    - i. Seizures
    - j. Airway obstruction, acute respiratory failure (including competency in basic and advanced airway techniques such as endotracheal intubation)
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- 7) Demonstrate competence in the above areas through a College-directed assessment of his/her practice in the relevant area. The College assessment may include, but is not limited to:
- a) A review of all educational outcomes and supervision reports from the entire educational process;
  - b) A review of patient charts in private office, or hospital, or clinic;
  - c) Observation of physician performing procedures requested in the change of scope of practice application;
  - d) Multi-source feedback including, but not limited to, interviews with significant stakeholders including all supervisors, staff including nursing, medical staff, physicians who refer to the physician, and patients.

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**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>Interventional Pain Management Procedures</b>		
<b>RISK LEVEL</b>	<b>TYPE OF NERVE BLOCK</b>	<b>DEFINITION</b>
<b>CRANIAL NERVE BLOCKS/DEEP NERVES OF THE HEAD AND NECK</b>		
HIGH RISK	Trigeminal/Ganglion Block	A block of the trigeminal ganglion (semilunar ganglion, gasserian ganglion) situated in Meckel’s cavity. The block is used in the treatment of trigeminal neuralgia, cluster headaches, pain in the eye region and other head and facial pain.
	Sphenopalatine Ganglion Block	A block of the nasoplatine nerve(s) used for treating facial and head pain located in pterygopalatine fossa.
	Glossopharyngeal Nerve Block	A block of the glossopharyngeal nerve in the extracranial course for treatment of facial and head pain.
	Hypoglossal Nerve Block	A block of the XII cranial nerve involving the tongue.
	Maxillary Nerve Block	The nerve emerges from the skull through the round foramen. The nerve can be accessed intra-orally (medial to the posterior edge of the second maxillary molar through the greater palatine foramen) or extra orally above or beneath (mandibular fossa) the zygomatic arch for nerve blocks.
LOW RISK	Spinal Accessory Nerve Block	A block of the spinal accessory nerve (cranial nerve XI).
	Superficial branches of CN V	A block of the 3 divisions of the Cranial V nerve or trigeminal nerve. This includes V1, V2 and V3 distribution or ophthalmic, maxillary and mandibular nerves respectively.
	Mandibular Nerve Block	A block of the mandibular nerve for treatment of facial pain in the V3 distribution.
	Auriculotemporal Nerve Block	Block of the nerve at the origin of the zygoma between the otic canal and temporomandibular Joint.
	Infraorbital Nerve Block	Block of the nerve at the infra-orbital foramen.
	Mental Nerve Block	The mental nerve is the sensory end branch of the mandibular nerve as it emerges from the mental foramen. Nerve blocks can be carried out intra or extra orally.
	Supraorbital Block	The supraorbital nerve passes through the supraorbital notch. The nerve block is carried out after palpation of the supraorbital foramen.

<b>Interventional Pain Management Procedures</b>		
<b>RISK LEVEL</b>	<b>TYPE OF NERVE BLOCK</b>	<b>DEFINITION</b>
	Zygomatic Temporal Nerve Block	Block of the nerve between the orbit and the ear superior to the zygomatic arch.
	Occipital	Occipital nerve blocks including greater or lesser occipital nerves.
<b>NEURAXIAL BLOCKS</b>		
<b>HIGH RISK</b>	Central neuraxial blocks including:	Neuraxial anesthesia pertains to local anesthetics placed around the nerves of the central nervous system, such as spinal anesthesia (also called subarachnoid anesthesia), and epidural anesthesia.
	• Intrathecal blocks	Intrathecal Block is administration of drugs into the subarachnoid space.
	• Spinal cord stimulation	A spinal cord stimulator is a device used to exert pulsed electrical signals to the spinal cord to control chronic pain. Spinal cord stimulation (SCS), in the simplest form, consists of stimulating electrodes, implanted in the epidural space, an electrical pulse generator, implanted in the lower abdominal area or gluteal region, conducting wires connecting the electrodes to the generator, and the generator remote control. SCS has notable analgesic properties and, at the present, is used mostly in the treatment of failed back surgery syndrome, complex regional pain syndrome and refractory pain due to ischemia.
	Epidural blocks	Epidural steroid injection - There are three types of epidural steroid injection: interlaminar, caudal, and transforaminal epidural steroid injection
	• Interlaminar	
	• Transforaminal	
	• Caudal	
Epidural Adhesiolysis	Epidural lysis of adhesions is performed by placement of a catheter/guide wire into the epidural space using X-ray guidance for proper placement. Once the catheter is in the proper location where the scar tissue is affecting the nerve root, medications are injected into the space in order to dissolve the scar tissue and reduce the inflammation and irritation on the nerve.	
Nerve root blocks	Selective lumbar nerve root block in the vicinity of, but distal to the foramen.	
Blocks involving the facet joints:	The target is the medial branch of the cervical, thoracic or lumbar dorsal rami where the nerves course around the articular pillar (cervical) or between superior articular process (SAP) and transverse process	

<b>Interventional Pain Management Procedures</b>		
<b>RISK LEVEL</b>	<b>TYPE OF NERVE BLOCK</b>	<b>DEFINITION</b>
	<ul style="list-style-type: none"> <li>• Medial branch block</li> </ul>	
	<ul style="list-style-type: none"> <li>• Peri-articular facet blocks</li> </ul>	Intra articular facet block. Injection inside or around the facet joint.
<b>NEURAXIAL BLOCKS (continued)</b>		
<b>HIGH RISK</b>	Paravertebral nerve blocks	<p>A paravertebral block is a block of the spinal nerve where local anesthetic is injected in the paravertebral space.</p> <p>Thoracic: The boundaries of thoracic paravertebral space are defined anterior-laterally by the parietal pleura; posteriorly by the superior costotransverse ligament (thoracic levels); medially by the vertebrae, vertebral disk, and intervertebral foramina; and superiorly and inferiorly by the heads of the ribs. When the needle is inserted posteriorly, it has to pass through the transverse process to get into the space.</p> <p>Lumbar: The boundaries are the psoas muscle anterolaterally, vertebral body/disc intervertebral foramen, and pedicle medially, and transverse process posteriorly.</p> <p>Cervical: The cervical paravertebral space is not a discrete space as in thoracic and lumbar paravertebral space. The nerve block is a block of the cervical spinal nerve.</p>
	Provocative discography	Injection of contrast to the nucleus pulposus of the intervertebral disc.
	Kyphoplasty	A form of Vertebral augmentation used to stabilize a fractured vertebra with the goal of reducing the patient's pain caused by a compression fracture. Kyphoplasty involves a small incision, and fluoroscopically guided balloon reduction of the fractured vertebrae, followed by injection of vertebral cement into the affected vertebral level for stabilization of the fractured vertebral fragments.

<b>Interventional Pain Management Procedures</b>		
<b>RISK LEVEL</b>	<b>TYPE OF NERVE BLOCK</b>	<b>DEFINITION</b>
	Biacuplasty	A disc denervation procedure which involves fluoroscopic electrode placement onto intervertebral discs with the purpose of application of a radiofrequency current through the disc. The goal is to achieve of ablation of the neurons that generate pain sensations. The indication is for the reduction of chronic back pain caused by the intervertebral disc.
<b>PERIPHERAL NERVE BLOCKS</b>		
<i>HIGH RISK</i>	Femoral	Peri-neural injection of the femoral nerve and the target is usually in the infra-inguinal region.
	Sciatic	Perineural injection of the sciatic nerve.
	Popliteal	Perineural injection of the sciatic nerve at the popliteal fossa.
	Intercostal	Perineural injection of the intercostal nerve, principally the lateral cutaneous branch.
	Pudendal	Perineural injection of the pudendal nerve (S2-4) at the ischial spine level or Alcock canal. It can be achieved by transgluteal, transvaginal or transperineal approach.
<i>LOW RISK</i>	Proximal Radial/Median/Ulnar	Nerve block of the Proximal Radial/Median/Ulnar nerve.
	Suprascapular/transcapular	Suprascapular nerve blocks at the notch or the suprascapular fossa.
	Ilioinguinal/iliohypogastric	A block of the Ilioinguinal nerve and/or iliohypogastric nerve in the abdominal wall
	Genitofemoral	A block of the Genitofemoral nerve.
<b>PLEXUS BLOCKS</b>		
<i>HIGH RISK</i>	Deep Cervical	A deep cervical plexus block is of the C2-C4 spinal nerves as they emerge from the foramina of their respective vertebrae.

<b>Interventional Pain Management Procedures</b>		
<b>RISK LEVEL</b>	<b>TYPE OF NERVE BLOCK</b>	<b>DEFINITION</b>
	Upper extremity/Brachial	A brachial plexus block is a block of the brachial plexus.
	Coeliac	A coeliac plexus block is an injection of medication into or around the coeliac plexus that surround the aorta. A modification of the target is splanchnic nerves.
	Lower Extremity/Lumbar	A lumbar plexus block is a nerve block of this plexus.
	Hypogastric plexus	A block of the Hypogastric plexus in the anterior aspect of lumbosacral junction.
	Ganglion of impar	A block of the ganglion anterior to the sacrococcygeal junction.
<i>LOW RISK</i>	Superficial Cervical	Nerve plexus deep to the SCM muscle.
<b>SYMPATHETIC NERVE BLOCKS</b>		
<i>HIGH RISK</i>	Stellate ganglion	A block of the sympathetic ganglion formed by the fusion of inferior cervical and first thoracic ganglion. It is commonly approached at the cervical sympathetic chain.
	Lumbar sympathetic	A block of the sympathetic chain to the lower limb in the anteriolateral aspect of L2-L4.
<b>INTRAVENOUS BLOCKS</b>		
<i>HIGH RISK</i>	Local Anaesthetic Bretylum	Injection of medication intravenously requiring pneumatic tourniquet and monitoring; limb exsanguinated and tourniquet inflation for 15 – 30 minutes
<b>INTRAVENOUS INFUSIONS</b>		
<i>HIGH RISK</i>	Lidocaine Ketamine	Continuous IV infusion of ketamine and/or lidocaine for pain relief.
<b>JOINTS</b>		
<i>LOW RISK</i>	Sacroiliac joints	An injection of medication either intra or peri-articular of the joint.
<b>NEUROABLATIVE BLOCKS</b>		
<i>HIGH RISK</i>	Radiofrequency Ablation	Is a percutaneous therapeutic image-guided procedure in which a radiofrequency electrode is used to coagulate one or more nerves