

64B8-9.0131 Training Requirements for Physicians Practicing in Pain Management Clinics—

Effective July 1, 2012, physicians who have not met the qualifications set forth in subsections (1) through (6), below, shall have successfully completed a pain medicine fellowship that is accredited by the Accreditation Council for Graduate Medical Education (ACGME) or a pain medicine residency that is accredited by ACGME. Prior to July 1, 2012, physicians prescribing or dispensing controlled substance medications in pain-management clinics registered pursuant to Section 458.3265, F.S., must meet one of the following qualifications:

(1) Board certification by a specialty board recognized by the American Board of Medical Specialties (ABMS) and holds a sub-specialty certification in pain medicine;

(2) Board certification in pain medicine by the American Board of Pain Medicine (ABPM);

(3) Successful completion of a pain medicine fellowship that is accredited by the Accreditation Council for Graduate Medical Education (ACGME) or a pain medicine residency that is accredited by the ACGME;

(4)(a) Successful completion of a residency program in physical medicine and rehabilitation, anesthesiology, neurology, neurosurgery, family practice, internal medicine, orthopedics or psychiatry approved by the ACGME; or

(b) Sub-specialty certification in hospice and palliative medicine or geriatric medicine recognized by ABMS;

(5) Current staff privileges at a Florida-licensed hospital to practice pain medicine or perform pain medicine procedures;

(6) Three (3) years of documented full-time practice, which is defined as an average of 20 hours per week each year, in pain-management and within six months of the effective date of this rule, attendance and successful completion of 40 hours of in-person, live-participatory AMA Category I CME courses in pain management that address all the following subject areas:

(a) The goals of treating both short term and ongoing pain treatment;

(b) Controlled substance prescribing rules, including controlled substances agreements;

(c) Drug screening or testing, including usefulness and limitations;

(d) The use of controlled substances in treating short-term and ongoing pain syndromes, including usefulness and limitations;

(e) Evidenced-based non-controlled pharmacological pain treatments;

(f) Evidenced-based non-pharmacological pain treatments;

(g) A complete pain medicine history and a physical examination;

- (h) Appropriate progress note keeping;
- (i) Comorbidities with pain disorders, including psychiatric and addictive disorders;
- (j) Drug abuse and diversion, and prevention of same;
- (k) Risk management; and
- (l) Medical ethics.

In addition to the CME set forth in subsection (6) above, physicians must be able to document hospital privileges at a Florida-licensed hospital; practice under the direct supervision of a physician who is qualified in subsections (1) through (4) above; or have the practice reviewed by a Florida-licensed risk manager and document compliance with all recommendations of the risk management review.

(7) Upon completion of the 40 hours of CME set forth above, physicians qualifying under (6) above, must also document the completion of 15 hours of live lecture format, Category I CME in pain management for every year the physician is practicing pain management.

Rulemaking Authority 458.3265(4)(d) FS. Law Implemented 458.3265(4)(d) FS.

History—New 5-17-11.

If you have any questions, please contact me.

Best Regards,
Holly Miller



FloridaMedical
ASSOCIATION
Helping Physicians Practice Medicine

1430 Piedmont Dr. E. Tallahassee, FL 32308

Holly R. Miller, Esq.
Assistant General Counsel
Director of Regulatory Affairs
Office: (850) 224-6496_Cell: (850) 567-
0018_Fax: (850) 222-8827
hmiller@flmedical.org

www.flmedical.org
