PSPS Statement in Response to the NASS Position Statement on Education, Training, and Competency for Spine Interventions

The Pacific Spine and Pain Society (PSPS) recognizes the importance of the North American Spine Society (NASS) Position Statement on Education, Training, and Competency for Spine Interventions in addressing the rapidly evolving landscape of minimally invasive, endoscopic, percutaneous, and implant-based spine procedures. We agree that patient safety must remain paramount. Physicians performing these
interventions must possess the appropriate education, technical skills, clinical judgment, demonstrated competency, and the ability to recognize and appropriately manage procedural complications.

PSPS was founded in part to bridge gaps between spine surgery and interventional pain, and its leadership is balanced across the various specialties involved in spine care. This multidisciplinary perspective positions PSPS to contribute meaningfully and with equipoise to the evolving discussion surrounding education, competency, and scope of practice in spine care.

We recognize that these important issues are being addressed by multiple professional organizations across the spine and pain communities. In particular, we acknowledge the efforts of the American Society of Pain and Neuroscience (ASPN), which has published its own position statement addressing competency-based training and certification for minimally invasive spine interventions and surgery. Collectively, these efforts reflect a broader recognition across the medical community that existing educational and training pathways must continue to evolve alongside technological advances and contemporary clinical practice.

PSPS believes this discussion presents an opportunity to advance a more comprehensive, forward-looking framework for spine intervention education and training—one that emphasizes objective competency, recognizes the importance of foundational specialty training, promotes multidisciplinary collaboration, and adapts to technological advances rather than relying primarily on traditional specialty boundaries.

1. Establish competency-based, multidisciplinary educational standards.

PSPS supports the development of rigorous, standardized educational criteria and competency benchmarks for advanced spine interventions. As technology continues to blur some of the traditional distinctions between surgical and interventional procedures, training standards should evolve accordingly.

Specialty training provides an essential foundation of knowledge, judgment, and procedural experience. However, specialty designation alone should not necessarily constitute the sole determinant of qualification for every evolving spine procedure. Where appropriate, physicians from different specialty backgrounds who complete rigorous procedure-specific education, supervised clinical training, objective

competency assessment, and ongoing evaluation should have clearly defined pathways to demonstrate proficiency. With appropriately structured training and demonstrated proficiency, the debate over which specialties may perform individual procedures can increasingly be replaced by a more meaningful evaluation of physician qualifications.

These standards should be procedure-specific, evidence-informed, proportionate to procedural complexity and risk, and applicable across specialties where appropriate. They should account for the physician's foundational training, technical capabilities, patient-selection skills, understanding of relevant anatomy and pathology, and ability to recognize and appropriately manage complications.

2. Develop consistent national standards to inform institutional credentialing and privileging.

PSPS is concerned that placing primary responsibility for establishing privileging criteria on individual hospitals, ambulatory surgery centers, and credentialing committees perpetuates substantial variability in training expectations and procedural privileges across institutions. Such an approach risks creating inconsistent standards of care and may allow variable institutional policies, rather than validated educational and competency benchmarks, to determine physician qualifications.

PSPS therefore advocates for nationally recognized, multidisciplinary standards developed collaboratively by professional societies with expertise in spine care, education, procedural training, and patient safety. We recognize that organizations such as NASS and ASPN have taken important steps toward addressing these challenges, and we encourage continued dialogue among these and other relevant organizations to establish common principles and a shared framework for education, training, and competency assessment.

Institutional credentialing and privileging remain essential components of patient safety and physician oversight, and should serve to implement and verify nationally recognized standards rather than act as the primary mechanism for defining them. Establishing a consistent, evidence-informed national framework would promote transparency and accountability while preserving appropriate institutional authority and consideration of local resources and capabilities.

3. Modernize graduate medical education (ACGME) training requirements to reflect contemporary spine care.

The rapid development of minimally invasive spine procedures and emerging technologies creates an ongoing need to reassess whether existing Accreditation Council for Graduate Medical Education (ACGME) training requirements adequately reflect contemporary clinical practice, evolving procedural complexity, and the competencies required for safe performance.

PSPS encourages the ACGME, relevant specialty review committees, and professional societies to take a proactive role in periodically evaluating and modernizing educational requirements as appropriate. Contemporary training frameworks should incorporate procedure-specific educational objectives—including procedures with established Category I CPT codes—supervised procedural

experience, competency milestones, objective assessment methods, and thorough instruction in complication recognition and management.

Professional societies should work collaboratively with graduate medical education organizations and advocate for these reforms to ensure that training frameworks evolve responsibly with advances in technology, clinical evidence, and contemporary practice, rather than allowing outdated training structures to dictate the boundaries of future patient care.

4. Expand advanced training pathways in minimally invasive spine procedures across appropriate specialties.

PSPS has previously published on the need for additional fellowship training in minimally invasive spine (MIS) procedures.[1]We believe this work should be expanded to support structured, advanced training pathways for appropriately qualified physicians seeking to broaden their procedural capabilities beyond the traditional scope of their foundational residency or fellowship training.

Importantly, this need is bidirectional. Surgeons interested in expanding their expertise in interventional spine and pain procedures should have access to appropriate advanced training, just as interventional pain physicians seeking competency in selected minimally invasive surgical procedures should have access to rigorous, supervised training pathways where appropriate.

These pathways should not imply that every physician can or should perform every procedure. Rather, they should establish transparent prerequisites, educational requirements, supervised experience, and objective competency benchmarks appropriate to each procedure and its associated risks, including the ability to recognize and manage complications.

Competency also requires sound clinical judgment regarding the limits of one's training and capabilities. Physicians must understand when a procedure should or should not be initiated, continued, or maintained within their clinical armamentarium, when additional expertise is required, and when referral or escalation of care is appropriate. Alongside external credentialing and oversight, responsible integration of new therapies into clinical practice requires ongoing self-reflection, self-assessment, outcomes evaluation, and recognition of individual scope of competency.

Advanced fellowship and postgraduate training should be multidisciplinary where appropriate and incorporate didactic education, hands-on instruction, supervised clinical experience, procedural assessment, longitudinal outcomes evaluation, and continuing professional development.

5. Define a comprehensive educational foundation for advanced spine interventions.

Regardless of specialty background, training for advanced spine interventions should incorporate three essential domains, with the depth and duration of training tailored to the procedure and its associated complexity and risk:

- **Anatomy and biomechanics:** A detailed understanding of spinal anatomy, neural and vascular structures, relevant pathology, tissue relationships, spinal stability, biomechanics, and the potential

consequences of altering structural anatomy.

- **Radiology and imaging:** A thorough understanding of diagnostic imaging, image interpretation, procedural guidance, and preoperative planning, including the ability to identify relevant pathology, select appropriate patients, recognize anatomical variations, and anticipate procedural risks.
- **Procedural and surgical principles and complication management:** Sufficient procedural and surgical knowledge to understand intraoperative and relevant anatomy, tissue handling, procedural limitations, potential structural consequences, and the recognition and management of complications. Training should also address postoperative assessment, appropriate follow-up, treatment failure, and the physician's ability to manage complications directly within their demonstrated scope of competency or ensure timely access to appropriate escalation and rescue when necessary.

These educational domains should be tailored to the specific procedure and its associated risks, with the depth of training proportional to the complexity of the intervention and the potential consequences of complications.

Conclusion

PSPS recognizes an emphasis on patient safety, structured training, and demonstrated competency. We believe the next step must be the collaborative development of a more consistent, multidisciplinary, and forward-looking educational framework that recognizes the importance of foundational specialty training while transcending traditional specialty distinctions where appropriate through rigorous, procedure-specific pathways for demonstrating competency.

Rather than relying exclusively on existing specialty-based pathways or leaving competency standards solely to variable institutional criteria, PSPS encourages professional societies, the ACGME, specialty review committees, credentialing organizations, and other stakeholders to work collaboratively toward contemporary, nationally recognized educational and competency standards that reflect technological advances, procedural complexity, clinical evidence, and evolving practice.

Our shared goal is straightforward: To ensure that every physician performing an advanced spine intervention possesses the foundational knowledge, procedure-specific training, clinical judgment, technical proficiency, and complication-management capabilities necessary to perform that intervention safely, regardless of specialty background.

1. Patterson D, Cheng J, Dorsi M, Lee D, Lee E, Lee J, Naidu R, Poree L, Roh J, Staats P, Oh MY. Establishing a Standardized Fellowship Curriculum for Advanced Minimally Invasive Spine Interventions: A Multidisciplinary Approach to Training and Competency. Neurospine. 2025 Jun;22(2):332-334.