**HOSPITAL REVIEW FORM APPROVAL CHECKLIST**

To be completed by the RAPM/Independent Assessor(s) for each hospital providing the SIA in Pain Medicine

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| **Name of Hospital:** |  |
| **Faculty Tutor (Pain) Name & Qualifications:** |  |

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| --- | --- | --- |
|  | **Yes/No (where applicable)** | **Acceptable for provision of training? Yes/No** |
| **Is all the training for the SIA in Pain Medicine provided in one centre?** |  |  |
| **Are the following staffing levels available:** | | |
| Consultants |  |  |
| CNS |  |  |
| Psychologists |  |  |
| Physiotherapists |  |  |
| Others |  |  |
| **Number of outpatient consultation sessions per week:** | | |
| Consultant sessions |  |  |
| CNS sessions |  |  |
| Psychology sessions |  |  |
| Physiotherapy sessions |  |  |
| Other sessions |  |  |
| **Ward rounds per week:** | | |
| Medical |  |  |
| CNS |  |  |
| Pharmacy |  |  |
| **Total number of intervention lists with image intensifier per week:** |  |  |
| **Any specialised interventions carried out:** |  |  |
| **Facilities including:** | | |
| Library |  |  |
| IT support |  |  |
| Administrative/secretarial staff support |  |  |
| Training and education |  |  |
| Formal teaching |  |  |
| MDTs |  |  |
| Audit |  |  |
| Safety training |  |  |
| **Access to written protocols/guidelines:** |  |  |
| **Access to PMP:** |  |  |
| **Number of PMP sessions per year:** |  |  |
| **Access to MDT:** | | |
| Spinal |  |  |
| Headaches |  |  |
| Palliative Care |  |  |
| Rheumatology |  |  |
| Other (please specify) |  |  |
| **Service commitment: does the timetable demonstrate that trainees can spend daytime hours in pain clinics?** |  |  |
| **Based on the timetable provided, are the current training arrangements provided acceptable?** |  |  |
| **Is the statistical information for the last 12 months acceptable based on the number of patients and procedures for the SIA in Pain Medicine?** |  |  |

**Is the centre suitable for the SIA in Pain Medicine?** **YES**  **NO**

If the centre is not suitable, please provide reasons in the box below:

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| **RAPM Name**: | **Assessor Name:** |
| **RAPM Signature:** | **Assessor Signature:** |
| **Date:** | **Date:** |