



# FACULTY OF PAIN MEDICINE

of the Royal College of Anaesthetists

## AFFILIATE FELLOWSHIP OF THE FACULTY OF PAIN MEDICINE

**This application form is ONLY for use by doctors who are Acute/Inpatient Pain Medicine doctors or Pain consultants without the examination, who are on the GMC specialist register and who are not eligible for Fellowship by any other non-examination route. They must also be a Fellow or Associate Fellow of the Royal College of Anaesthetists and in good standing**

To be eligible you must be working in a substantive or honorary NHS consultant post in the United Kingdom with a defined, contracted clinical commitment to Acute/Inpatient or Chronic Pain Medicine- as defined as undertaking 1 direct clinical care (DCC) PA per week within a service that includes a Consultant in Acute or Chronic Pain Medicine.

**The application form must be completed online** in full using the PDF version of the document. All information must be submitted electronically. Do not alter the format. **Please read the guidelines in this form carefully** and note the supporting documentation required for your application to be considered.

**Please submit your completed application** to [contact@fpm.ac.uk](mailto:contact@fpm.ac.uk) Large applications should be electronically zipped before sending. The submission will be acknowledged by return email.

### Part 1 Contact and reference details

1.1 Title	1.2 First name(s)	1.3 Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
1.4 Address and postcode	1.5 Telephone number (home)	
<input type="text"/>	<input type="text"/>	
	1.6 Telephone number (work)	
	<input type="text"/>	
1.7 Gender	1.8 Date of birth	1.9 Email address
<input type="text"/>	<input type="text"/>	<input type="text"/>

These following details are used to confirm the applicant is in good standing with the Royal College of Anaesthetists (RCoA).

1.10 College (RCoA) reference number

1.11 GMC number

## Part 2

### Application routes and supporting signatures

**The standard required for the award of FFPMRCA is uniform regardless of the route of entry. Principles relating to the Affiliate Fellowship route are in Part 4.**

#### Supporting evidence required for Acute/Inpatient Pain Medicine doctors & Pain Medicine Consultants

- Signed Clinical Director Certificate (see *Appendix A*) from your current employing trust, signed by your Clinical Director confirming satisfactory appraisal and revalidation.

## Part 3

### Application information

3.1 Details of your honorary or substantive consultant post in the United Kingdom including your full work address

3.2 Number of sessions or other contracted **daytime** clinical commitments per week devoted to Pain Medicine

## Part 4

### Principles

A person eligible to become an Affiliate Fellow of the Faculty shall a) be on the GMC specialist register; b) a substantive or honorary NHS consultant with sessions or contracted clinical commitment within their job plan to Acute/Inpatient Pain Medicine or chronic pain medicine; c) be a Fellow or Associate Fellow of the Royal College of Anaesthetists in good standing; d) have otherwise satisfied the Faculty as to their suitability

by the submission of appropriate paperwork relating to the form of application as specified by the Faculty assessors.

**Part 5****Applicant's Declaration**

**I wish to have my application for Affiliate Fellowship of the Faculty of Pain Medicine considered by the Board of the Faculty of Pain Medicine.**

**I enclose all the following documentation:**

- Completed and signed application form**
- Signed Clinical Director certificate**

**I agree that the Board of the Faculty of Pain Medicine may seek any further information that it considers is relevant to my application, and that my personal details may be made available to a third party(ies), as required, for the purposes of assessing my competencies in Pain Medicine.**

**I understand that if I do not provide all the information and supporting documentation required, then the Board of the Faculty of Pain Medicine cannot make the assessment.**

**I understand that before an assessment of my application can proceed, all information must have been received by the Board of the Faculty of Pain Medicine.**

**I confirm that, to the best of my knowledge, all of the information that I have provided in this application represents a true and accurate statement. I understand that any serious misrepresentation or false information supplied with the intention to mislead is a probity issue that may be reported to the GMC.**

**I confirm that I am committed to the principles outlined in part 4.**

**I agree that the information provided by me may be processed, in accordance with the Data Protection Act, for legitimate purposes connected with my application.**

5.1 Name of applicant

5.2 Signature of applicant\*

5.3 Date declaration signed

**\*Signature of applicant:** Please either include an electronic signature or print this page out, sign it in hard copy and scan it for submission.

#### Data Protection Statement

The Faculty of Pain Medicine (FPM) is fully committed to the principles of data protection, as set out in the General Data Protection Regulation (GDPR). The FPM relies on legitimate interests as the lawful basis for processing of personal data. We process and maintain personal data about you so that we can manage your membership, provide you with appropriate products and services and share information with you about FPM activities.

We will only use your information for the purposes as described and will not pass on your details to other third parties unless you have given us consent to do so.

We use appropriate organisational and technical measures to ensure that your data are secure and protected from loss, misuse and unauthorised access or alteration.

You have the right to ask for a copy of the information we hold about you and to have any inaccuracies in your information corrected. If you have any questions about data protection or require further information, please email [contact.fpm.ac.uk](mailto:contact.fpm.ac.uk).

## Appendix A Clinical Director Certificate

This certificate must be completed and signed by the applicant's current Clinical Director to confirm the applicant's commitment to Acute/Inpatient or Chronic Pain Medicine in the NHS. If the applicant is the Clinical Director, a more senior manager should complete this form.

I (Clinical Director)

of (work address)

Confirm that (name of applicant)

- has had a satisfactory revalidation  
**and**  
 has had an up to date annual appraisal which is satisfactory

Signature\*

Date (DD/MM/YYYY)

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**Details of Clinical Director in case further information is required:**

Email address(es):

Telephone number(s):

\* *Signature:* Please either include an electronic signature or print this page out, sign it in hard copy and scan it for submission electronically.