



FACULTY OF PAIN MEDICINE

of the Royal College of Anaesthetists

FELLOWSHIP OF THE FACULTY OF PAIN MEDICINE (FFPMRCA) BY EXAMINATION AND ASSESSMENT

This application form is ONLY for use by doctors who are Fellows of the Royal College of Anaesthetists in good standing who have passed the FFPMRCA examination and (a) have satisfactorily completed advanced pain medicine training or; (b) hold a substantive or honorary NHS or Defence Medical Services consultant or SAS grade post with a commitment to pain medicine and wish their experience to be considered.

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. 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
<input type="text"/>	<input type="text"/>
1.12 Date passed the FFPMRCA examination	
<input type="text"/>	

The standard required for the award of FFPMRCA is uniform regardless of the route of entry. Regulations relating to Fellowship by Assessment are in Part 3.

Please review the following routes of entry carefully to ensure you select the most appropriate. Please tick the corresponding box.

ROUTE 1

A Fellow of the Royal College of Anaesthetists (RCoA) with competencies in Pain Medicine achieved within a UK anaesthetic training scheme.

- Completed RAPM Certificate (see *Appendix A*)
- Logbook
- Completed case reports and marking sheets
- FFPMRCA Examination pass letter

ROUTE 2

A Fellow of the RCoA with competencies in Pain Medicine achieved through clinical experience achieved outwith a UK anaesthetics training scheme.

Supporting evidence required:

- Signed Clinical Director Certificate (see *Appendix B*) from your current employing trust, signed by your Clinical Director.
- Logbook/Diary of Current Pain Management Clinical and Procedural Activity
- FFPMRCA Examination pass letter

A person shall be eligible to become a Fellow of the Faculty by assessment who shall a) be a Fellow of the Royal College of Anaesthetists in good standing; b) have satisfactorily completed such a period of training or its equivalent (supplemented by a personal portfolio) as may from time to time be prescribed by the Faculty; c) have completed any examination which may be prescribed by the Faculty; 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.

I wish to have my application for the Fellowship of the Faculty of Pain Medicine (FFPMRCA) by assessment considered by the Board of the Faculty of Pain Medicine.

I enclose all the following documentation:

- Completed and signed application form
- Signed RAPM *or* Clinical Director certificate
- Case report(s) and marking sheet(s) (*Route 1 applicants only*)
- Logbook
- FFPMRCA Examination pass letter

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, signed certificates 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 competencies outlined in part 3.

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

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.

Appendix A

RAPM Certificate

This certificate must be completed and signed by the applicant's current Regional Advisor in Pain Medicine.

The document can either be completed electronically with an electronic signature or signed in hard copy and scanned into a PDF for submission electronically.

(Regional Advisor)

of (name of Region)

at (work address)

Confirm that (name of applicant)

(Check as applicable)

has completed 12 months of Advanced Pain Medicine Training (Route 1)

Please complete if applicant is applying through route 1:

I confirm that the following workplace based assessments have been satisfactorily completed:

DOPS

A-CEX

CbD

MSF

Case Reports

Quarterly appraisal

I fully support the above Doctor's application for fellowship by assessment and they fulfil the requirements as described in *Appendix D*.

Signature*

Date (DD/MM/YYYY)

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

Appendix B **Clinical Director Certificate**

This certificate must be completed and signed by the applicant's current or past Clinical Director to confirm the applicant's commitment to 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)

is a substantive, honorary NHS consultant or Defence Medical Services consultant or SAS grade doctor with sessional or other contracted clinical commitment to Pain Medicine

and

was appointed by a properly constituted appointments committee to a substantive career grade post with an interest in Pain Medicine.

and

is up to date with annual appraisals

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.