



**FACULTY OF
PAIN MEDICINE**
of the Royal College of Anaesthetists

APPROVAL CHECKLIST FORM

To be completed by the RAPM/Independent Assessor(s) for each hospital providing APT

Name of Hospital:

LPMES Name & Qualifications:

	Yes/No (where applicable)	Details (please provide details where applicable)	Acceptable for provision of training? Yes/No
Is training in all essential APT modules 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 day time 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 APT?			

Is centre suitable for Advanced Pain Training? YES NO

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

RAPM Name

Assessor Name

RAPM Signature

Assessor Signature

Date

Date