



FACULTY OF PAIN MEDICINE

of the Royal College of Anaesthetists

SUMMARY DOCUMENT FOR ADVANCED PAIN TRAINING POSTS

Please complete one document per Advanced Pain Training post within your region

Region

RAPM

Date of Review **Post start Date**

Hospital Name	Duration	LPMES Name	Component
			<i>e.g PMP, Cancer Pain, Acute Pain</i>

Comments:

Signed **Date**