

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 <u>contact@fpm.ac.uk</u>. Large applications should be electronically zipped before sending. The submission will be acknowledged by return email.

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Contact and reference details

1.1 Title	1.2 First nan	ne(s)	1.3 Last name
1.4 Address	and postcode		1.5 Telephone number (home)
			1.6 Telephone number (work)
1.7 Gender	1.8 Date of birth	1.9 Email address	
1.7 Gender	1.8 Date of birth	1.9 Email address	

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

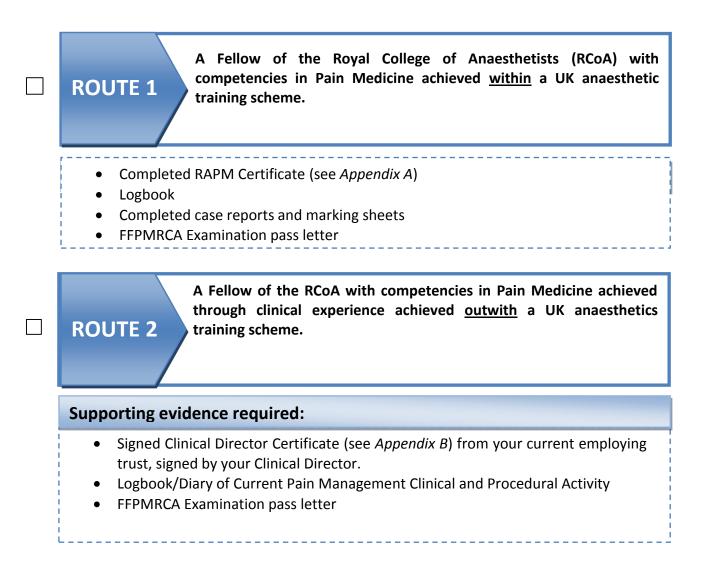
1.11 GMC number

1.12 Date passed the FFPMRCA examination

Part 2 Application routes and supporting signatures

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.

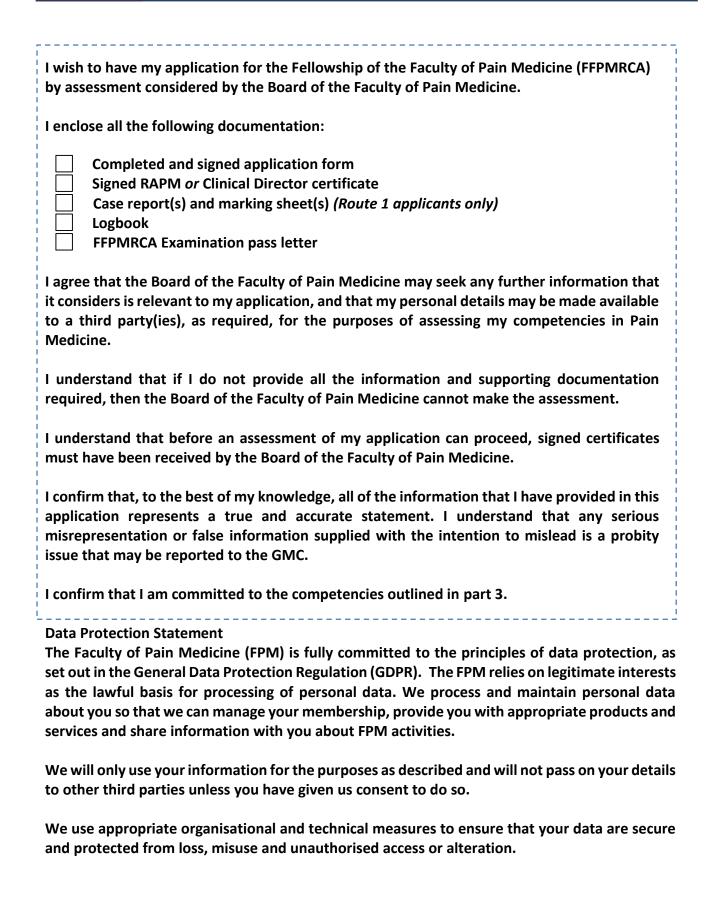


Part 3

Faculty Regulations

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.

Applicant's Declaration



Part 4

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

Signature*	Date (<i>DD/MM/YYYY</i>)		

* *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 <u>in the NHS</u>. 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.