



FACULTY OF PAIN MEDICINE

of the Royal College of Anaesthetists

APPLICATION FORM FOR FELLOWSHIP OF THE FACULTY OF PAIN MEDICINE (FFPMRCA) *AD EUNDEM*

This application form is only for persons applying for Fellowship *ad eundem* who either hold a Fellowship in Pain Medicine or other specialist qualification in Pain Medicine as approved by the Board (listed within *Appendix B*) or have been admitted to the Fellowship or Membership of another United Kingdom medical Royal College of Faculty, or to an equivalent specialist qualification; and are considered by the Board to have significantly furthered the interests of the Faculty and/or Pain Medicine. The form **must be completed **in full** and returned to the Faculty of Pain Medicine along with all the requested documentation. **Please read the Regulations in *Appendix B* before completing the form.****

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 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.

Please read the guidelines in this form carefully and note the supporting documentation required for your application to be considered. Where supporting documents are needed from a referee (e.g. verification of completion of training by a Regional Advisor in Pain Medicine), please ensure these are **scanned** versions of signed letters completed on headed paper from the referee's department.

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"/>
1.10 GMC number	<input type="text"/>	
1.11 Are you an Associate Fellow of the Faculty of Pain Medicine? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Part 2**Application information**

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

2.2 State number of sessions or other contracted clinical commitment per week devoted to Pain Medicine

2.3 Please list your qualifications

2.4 Please summarise period of approved training or its equivalent including experience

Part 3**Furthering the interests of Pain Medicine or the Faculty**

The roles and activities below are methods by which applicants could have furthered the interests of the Faculty and/or Pain Medicine. Please tick the box to indicate if you fulfil any of these criteria and then write a 500 word summary with further details.

3.1 Educational Supervisor

I have been an Educational Supervisor in Pain Medicine for at least one year

Dates of appointment: **FROM** **TO**

Which hospital?

3.2 Committees or Working Parties

I have been a member of a Faculty Committee or Working Party

Dates of appointment: **FROM** **TO**

Which committee or working party?

3.3 College Assessors

I have been a College Assessor on an Advisory Appointments Committee for Pain Medicine appointments.

3.4 Courses and Events

I have lectured either at Faculty courses and events or at College courses covering talks with relevance to Pain Medicine.

3.5 Please list the courses / events:

3.6 Summary

Please state below in no more than 500 words how you have furthered the interests of the Faculty or Pain Medicine in general with reference to the above routes or via any other method:

Part 4

Supporting evidence

Supporting evidence required:

- Signed Clinical Director certificate (*see Appendix A*)
- Personal portfolio of supporting evidence documentation and evidence of competencies
- CV
- Letter from an officer or signed diploma to verify that you hold a Fellowship in Pain Medicine or other equivalent specialist qualification. **Or** Signature from an officer to confirm that you are in good standing with the body that awarded your Fellowship or Membership of another Medical Royal College of Faculty or an equivalent specialist qualification
- Signatures of three Fellows of the Faculty of Pain Medicine, to the effect that the applicant has furthered the interests of the Faculty and is a fit and proper person to be admitted to the Fellowship.

Signatures of three Fellows of the Faculty of Pain Medicine:

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

4.1

Name of Fellow:

Signature:

Date:

4.2

Name of Fellow:

Signature:

Date:

4.3

Name of Fellow:

Signature

Date:

The standard required for the award of FFPMRCA is uniform regardless of the route of entry. Regulations relating to Fellowship *ad eundem* are in **Appendix B** of this document (scroll down). Further details on standards are detailed in **Appendix D**.

Your application cannot be considered without the supporting evidence required for your application route. The Board reserves the right to request additional information that it considers relevant to all applications. Examples of supporting evidence are contained in **Appendix C**.

Part 5 Applicant's Declaration

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

I enclose all the following documentation:

- Completed and signed application form
- Full and current CV
- Signed Clinical Director certificate
- Scanned copies of signed supporting letters as detailed in the application form
- Signatures of three FFPMRCA
- Personal portfolio of appropriate supporting evidence with a contents sheet

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

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

7.1 Name of applicant

7.2 Signature of applicant*

7.3 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

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 you are the Clinical Director, please ask your senior manager to 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 with sessional or other contracted clinical commitment to Pain Medicine

and

Has undergone satisfactory appraisal

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

Appendix B**Faculty Regulations: Fellowship *ad eundem***

1) Any person in bona fide practice of the speciality of Pain Medicine in the United Kingdom, who satisfies the conditions specified in this Regulation, may apply for admission to Fellowship of the Faculty *ad eundem*, provided that the applicant:

(a) holds a Fellowship in Pain Medicine or other equivalent specialist qualification in Pain Medicine (note 1) as may be approved by the Board from time to time, or, have been admitted to the Fellowship or Membership of another United Kingdom Medicinal Royal College or Faculty or to an equivalent specialist qualification; and (b) is in good standing with the body awarding the Fellowship or other equivalent specialist qualification specified in (1) (a) above.

(2) In addition the conditions which must be satisfied by an applicant for the Fellowship *ad eundem* are that: (a) The applicant's practice in the United Kingdom shall normally include substantive or honorary consultant posts with sessional or other contracted clinical commitment to Pain Medicine, and (b) the Board considers the applicant to have furthered the interests of the Faculty, and (c) the applicant is a fit and proper person.

Notes

- (1) Fellowship of the Faculty of Pain Medicine of the Australian and New Zealand College or Fellowship of the Faculty of Pain Medicine of the College of Anaesthetists of Ireland.

Appendix C**Examples of Supporting Evidence****Examples of supporting evidence may include:**

- RITA / ARCP
- Job plan (current job plan plus plans for any other posts where Pain Medicine experience was gained)
- Log-book of clinical work in Pain Medicine
- Peer reviewed case reports/records of reflective practice
- Peer review assessments of clinical practice within department or trust
- Examples of team working
- Examples of participation in teaching
- Examples of research activity
- Examples of developing guidelines or recommendations for practice
- Examples of participation in local, regional and national audit
- Examples of morbidity, mortality and critical incident reporting
- Records of internal and external continuing education and professional development (CEPD) activities in Pain Medicine

This list is not exhaustive and applicants are encouraged to supply evidence in their portfolio to cover all aspects of the standards as outlined in Appendix D

General standard of Fellowship *ad eundem*

Fellowship *ad eundem* is the equivalent of the award of the Fellowship by Assessment or examination. The award can only be made to those who have made a clear contribution to the work of the Faculty in their professional lives. Evidence of leadership in training, education, research or management in accordance with the principles of the Faculty over a period of time, usually more than five years, is expected. It is usual for the Faculty to expect that a nominee will already be an Associate Fellow of the Faculty for at least two years before application.