

Application for FPM training program

The Faculty of Pain Medicine training program is open to applicants who hold a primary specialist medical qualification acceptable to the board or who have completed at least three years full-time equivalent training within that primary specialty.

Personal information

College ID (if known) _____

First name _____

Surname _____

Preferred name _____

Please select the option that best describes your identity

Gender M F

Another gender _____

Prefer not to say

Date of birth _____

Address

Please tick one preferred address.

Home address _____

Suburb/State/Postcode _____

Country _____

Work address _____

Suburb/State/Postcode _____

Country _____

Phone numbers

Work _____

Home _____

Mobile _____

Email

Primary _____

Secondary _____

Indigenous status

FPM, ANZCA in association with the Council of the Presidents of the Medical Colleges, collects workforce data to ascertain the numbers of Indigenous fellows and trainees working in Australia and New Zealand. The following question is voluntary.

Do you identify as any of the following? If so, please select one or more categories as appropriate.

Aboriginal

Torres Strait Islander

Māori

Pacific Islander

Qualifying medical degree

Name on degree _____

Degree title _____

University _____

Country _____

Date of graduation _____

Medical registration

Please provide a certified copy of your current medical registration. Trainees are required to notify the faculty should registration conditions change.

Registration number _____

Country _____

Primary specialist qualification

Fellowship of the Faculty of Pain Medicine is a post fellowship specialist qualification contingent upon the trainee holding a primary specialist qualification acceptable to the board. Confirm below if you are a current trainee or fellow of the following:

ANZCA	<input type="checkbox"/> Fellow	<input type="checkbox"/> Trainee
RACS	<input type="checkbox"/> Fellow	<input type="checkbox"/> Trainee
AFRM (RACP)	<input type="checkbox"/> Fellow	<input type="checkbox"/> Trainee
RACP	<input type="checkbox"/> Fellow	<input type="checkbox"/> Trainee
RANZCP	<input type="checkbox"/> Fellow	<input type="checkbox"/> Trainee
RACGP	<input type="checkbox"/> Fellow	<input type="checkbox"/> Trainee
ACRRM	<input type="checkbox"/> Fellow	<input type="checkbox"/> Trainee
CICM	<input type="checkbox"/> Fellow	<input type="checkbox"/> Trainee
RANZCOG	<input type="checkbox"/> Fellow	<input type="checkbox"/> Trainee
ACEM	<input type="checkbox"/> Fellow	<input type="checkbox"/> Trainee

If other, please specify: _____

If you are currently undertaking training towards your primary specialty, please confirm how many years of training you have undertaken: _____

(Trainees may enter pain medicine training prior to gaining fellowship in their primary specialty, but should have completed at least 3 years FTE within the primary specialty).

How many years are still required before you complete your training towards your primary specialty training? _____

For trainees with an overseas primary specialist qualification, a letter or certified copy from an equivalent Australian or New Zealand specialist College attesting to the comparability of the overseas primary qualification is required to be submitted alongside your training application.

Training unit placement(s)

The trainee providing this application has been accepted into a pain unit accredited for training for Fellowship of the Faculty of Pain Medicine, ANZCA. Trainees who have not found a training placement can submit the Training Unit Placement(s) and Verification from Supervisor of Training at a later date. The application form can still be processed by the faculty without the training placement information filled in.

Training Unit	State/ Country	FTE	Hours worked per week	Date from	Date to

Verification from supervisor of training

In order to achieve registration, the Supervisor of Training (SOT) of the pain unit must formally verify that a trainee is in a post which complies with all the requirements of training FPM trainees. These requirements include, but are not necessarily limited to, appropriate levels of supervision, a suitable mix of cases, all the required FPM assessment processes, and comprehensive access to all the relevant education, teaching and quality assurance programs within the department.

I confirm the applicant will be working in a post which complies with all the requirements for training FPM trainees.

Name of SOT _____

Signature _____

Date _____

Recognition of prior experience

Prior clinical experience but not prior learning may be credited towards the requirements in the practice development stage as outlined in by-law 4.

Requirements for awarding of recognition of prior experience

- Registered medical practitioners who worked in pain medicine for a minimum of 52 weeks FTE (less normal leave) and were either not registered with the FPM training program or who were registered, but not in training in a level 1 accredited training unit, may be granted a maximum of three months (13 weeks) recognition of prior experience (RPE) towards the practice development stage.
- Registered medical practitioners who have trained and qualified in pain medicine outside the FPM training program within three years of commencing FPM training and who do not meet the requirements of the SIMG process (see ANZCA regulation 23), or have withdrawn from the SIMG process, may apply to have training time and other requirements approved for recognition of prior experience. A maximum of six months (26 weeks) recognition of prior experience may be granted towards the practice development stage..
- Direct experience in pain medicine must be obtained in a Faculty-accredited unit or in a multidisciplinary unit(s), with equivalent facilities and staffing. Workplace Based Progressive Feedback forms equivalent to those within the FPM training program must be completed.
- Trainees must submit their application including evidence of workplace-based feedback and the nominated fee to the FPM Director of Professional Affairs, Education prior to submitting the practice development stage proposal.

Pain medicine experience undertaken to date

Hospital and country	No. of workplace based feedback forms	From DD/MM/YY	To DD/MM/YY	Duration (in weeks)	Leave taken (in weeks)	Full/part time*

* If part time please indicate FTE between 0.5 and 1.0

Supporting evidence checklist

Please supply the following supporting evidence:

- For each period of pain medicine experience a supporting letter on original hospital letterhead that confirms the dates of appointment and amount of leave taken.
- Two refereed reports.
- Evidence of a logbook including copies of all your workplace based feedback (WBF) forms.

Declaration and payment

I declare that the statements made in this application are true and accurate.

Signature _____

Date _____

Applicants will be invoiced the trainee application fee upon receipt of this application. The annual training fee for the first year of training may be paid at the time of applying for training or prior to commencing training.

The trainee application fee is a non-refundable fee that covers access to applicant resources. The annual training fee is calculated on a monthly pro rata basis from the calendar month in which approved training commences and must be paid within four calendar weeks of commencement.

Find further information on the training fees is available in by-law 4.

2025 FPM application fee

AUD \$3,145.00 (includes 10% GST)

NZD \$3,585.00 (includes 15% GST)

2025 RPE application fee (only required if you are applying for RPE)

AUD \$1,455.00 (GST free)

NZD \$1,820.00 (includes 15% GST)

FPM annual training fee

Please select the relevant fee from the below table by indicating the month you will commence pain medicine training.

January 2025	<input type="checkbox"/> AUD \$3,040.00	<input type="checkbox"/> NZD \$3,815.00
February 2025	<input type="checkbox"/> AUD \$2,786.67	<input type="checkbox"/> NZD \$3,497.08
March 2025	<input type="checkbox"/> AUD \$2,533.33	<input type="checkbox"/> NZD \$3,179.17
April 2025	<input type="checkbox"/> AUD \$2,280.00	<input type="checkbox"/> NZD \$2,861.25
May 2025	<input type="checkbox"/> AUD \$2,026.67	<input type="checkbox"/> NZD \$2,543.33
June 2025	<input type="checkbox"/> AUD \$1,773.33	<input type="checkbox"/> NZD \$2,543.33
July 2025	<input type="checkbox"/> AUD \$1,520.00	<input type="checkbox"/> NZD \$1,907.51
August 2025	<input type="checkbox"/> AUD \$1,266.67	<input type="checkbox"/> NZD \$1,589.59
September 2025	<input type="checkbox"/> AUD \$1,013.33	<input type="checkbox"/> NZD \$1,271.67
October 2025	<input type="checkbox"/> AUD \$760.00	<input type="checkbox"/> NZD \$953.75
November 2025	<input type="checkbox"/> AUD \$506.67	<input type="checkbox"/> NZD \$635.84
December 2025	<input type="checkbox"/> AUD \$253.33	<input type="checkbox"/> NZD \$317.92

Application for FPM training program checklist

When submitting the application for FPM training form, please provide the following supporting documentation to enable your application to be processed:

- Certified copy* (in English) of your qualifying medical degree showing date of graduation.
- Certified copy* (in English) of your primary specialist qualification showing date of graduation or letter from the primary college certifying the applicant is a current trainee having completed three years of training and not subject to any formal remediation review process.
- Certified copy* of your birth certificate or identity page of your current passport.
Certified copy* of your current medical registration.
- If applicable, please attach a copy of your marriage certificate, change of name note or your medical registration indicating a change of name.

*If you are submitting a photocopy of an original document, it must be certified by Justice of the Peace (or equivalent official if outside Australia).

The photocopy must have the following information written on it:

- “Certified True Copy of Original Document”
- Date of certification
- Signature of certifier
- Name and position of the certifier

FPM Training agreement

Background

The Faculty of Pain Medicine (FPM) is committed to facilitating pain medicine training in an appropriate environment. The training must be conducted in a manner that ensures transparency of process, assessment and decisions. This document sets out the obligations of each party involved in the FPM training process. The trainee must sign the agreement and send it to the faculty prior to the trainee commencing the core training stage.

This agreement will be re-signed annually whilst the trainee is participating in the training program.

Declaration of trainee responsibilities

1. It is my responsibility to be fully informed of all requirements of the FPM training program, particularly the by-laws and requirements as detailed in the FPM training handbook. I undertake to observe all relevant FPM policies in relation to training. I understand that my failure to observe and comply with these by-laws and requirements may result in initiation of the trainee performance review process.
2. I acknowledge that the FPM training program is of two years' full time equivalent duration.
3. I will endeavour to develop the knowledge, skills, and attitudes required, to provide safe, high quality patient care, as set out in the Pain medicine training program curriculum.
4. I accept that my training may require experience in different settings and locations. I am responsible for the organisation of job placements suitable for the FPM training program.
5. I will identify my learning needs, document my training, and evaluate my learning experiences.
6. I understand that I need to maintain documentation of my training in the Training ePortfolio (including all formative and summative assessments, a summary of cases and reflection on training). I understand that my supervisors have access to records in my Training ePortfolio. I acknowledge that accreditation of each stage of training requires documentation of satisfactory completion of the training requirements.
7. I understand that FPM documentation and educational resources will be provided to me during the course of the training program. I acknowledge that this material is owned by the FPM, is subject to intellectual property protection, and therefore cannot be used by me for purposes other than training, without the FPM's prior approval.
8. I understand that FPM collects and holds personal data for the purposes of trainee registration, administering the training program, and evaluating my progress. I consent to having this information used for these purposes. I consent to disclosure of information relating to my training, not limited to progression and performance, to supervisors of training and hospital departments I may rotate to during the training program, and as authorised by the ANZCA Privacy Policy. I understand that I may request access to this information at any time.
9. I acknowledge that collecting information about patients has important privacy implications. In collecting and using patient information it is my responsibility that all privacy obligations are met, and any necessary consent obtained. If any identifying information is recorded in any material submitted to the FPM, I will ensure that I observe my hospital's Privacy Statement and obtain the patient's consent as required.
10. I agree to meet with my nominated supervisor on commencing training and at least every three months or as required.

11. I agree to abide by the FPM/ANZCA policy on [bullying, discrimination and harassment for Fellows and trainees acting on behalf of the college or undertaking college functions](#), in addition to any other policies that may apply at my place of employment.
12. I agree that it is my responsibility to request appropriate guidance from (one or more) of the following office bearers and FPM staff regarding training concerns: my supervisor of training; my practice development stage supervisor; my placement supervisor; the chair of the Learning and Development Committee; and the operations manager, FPM.
13. I understand that no staff member or office bearer is authorised to vary the rules of the training program. I acknowledge that requests for any change or variation of training conditions, or any extension of time must be made in writing to the Director of Professional Affairs, FPM Education.
14. I certify that I do not have any health condition/s that would preclude my safe practice of pain medicine. I undertake to inform the Faculty should I develop any such condition/s. I understand that an independent authoritative opinion may be sought by the Faculty in respect to the implications of any such condition/s, guided by the protocols of the relevant regulatory authority.
15. I agree to be honest, trustworthy and act with integrity at all times. I am aware that plagiarism and academic misconduct are violations of such professional standards.
16. I undertake to notify in writing, the Executive Director, FPM if my medical registration is withdrawn or suspended, or if any conditions are placed on my medical registration, or if I receive notice of any complaint to any medical registration authority.
17. If required, I agree to participate in the FPM's review processes in relation to any unsatisfactory performance in the Training Program, including a Trainee Performance Review (TPR). I understand that I can initiate a TPR if I feel that I have been unfairly assessed or treated. I accept that the FPM has a formal reconsideration, review and appeals process. I agree to abide by the final decision of the Appeals Process.
18. I release the FPM (and ANZCA), and individuals including my Supervisor of Training, my practice development stage supervisor, my placement supervisor the Education Officer and any other supervisors, from all claims or liability arising from advice or assistance given in a proper manner and in good faith with respect to the training program.
19. I agree to provide feedback about my training experience, including completing evaluation forms and the exit questionnaire.
20. I agree to maintain an active email account for communication with the FPM.

Declaration and responsibilities of the Faculty of Pain Medicine

1. The FPM will provide a contemporary training program as outlined in the Pain Medicine Training Program curriculum.
2. The FPM will provide trainee support via its representatives, including supervisors of training, the education officer and the Director of Professional Affairs, FPM Education.
3. The FPM will provide specific resources and support in the following areas of the training program:
 - i. Review of the trainee's learning objectives, to ensure that they are realistic and achievable.
 - ii. Advice to the trainee, when requested, on resources available to assist in achieving learning objectives.
 - iii. Appropriate educational supervision.

- iv. Meeting of the trainee at least every three months with the Supervisor of Training during the core training stage to review the trainee's progress, and to provide feedback on performance.
 - v. In training assessment including the supervisor's reports, discussion of contents and provision of trainee copies of reports.
4. The FPM commits to respond in a timely manner to enquiries from the trainee in regards to the training program, clinical assessments, examinations process, and reporting requirements.

Communication between the Faculty and the trainee

Communication by the FPM to the trainee shall, unless the FPM otherwise determines, be through the designated primary email account nominated by the trainee. This email account may be the sole method of communication by the FPM with the trainee for all the FPM training, education and other purposes.

The trainee's compliance with this agreement will be reviewed by the FPM before awarding Fellowship of the Faculty of Pain Medicine.

Acceptance by trainee

Acknowledgment of the terms of this agreement is necessary before the trainee's annual training fee for that year can be validated.

I accept the rights and responsibilities as outlined in this agreement.

Name in block letters _____

Signature _____ Date _____

Library user agreement

User agreement for document supply requests made via electronic mail

Personal information

First name _____

Surname _____

Email addresses

Primary _____

Secondary _____

Declaration

Agrees with the Library that:

1. All copies requested by me under this agreement are required for the purpose of the research or study, will not be used for any other purpose, and have not previously been supplied to me by the library.
2. The declaration in clause 1 applied to all requests made by me in accordance with clause 5.
3. The library may treat as signed by me any e-mail request and declaration made under subsection 49(1) of the Copyright Act 1968 records that it was sent from my email address
4. I understand that it is an offence under section 203F of the Act to make a declaration under section 49 that I know, or ought reasonably to know, is false or misleading in a material particular, and I will not allow any requests to be signed in a manner provided under clause 3(above) without my authority.
5. All e-mail requests and declarations must include at least the following declaration as well as the requestors college ID:

This request is made pursuant to my user agreement with the Library - Australian and New Zealand College of Anaesthetists.

I declare that any copy requested is required for the purpose of research or study, will not be used for any other purpose, and has not previously been supplied to me by the library.

Signature _____

Date _____

Please send the completed form and required documentation to fpm@anzca.edu.au or mail it to:

Faculty of Pain Medicine PO Box 6095
St Kilda Road Central, VIC 8008 Australia