FPM
ANZCA

Procedures Endorsement Program

Supervised Clinical Experience Pathway Application Form

About this form

Please submit this form to the faculty after securing a position with an accredited procedural supervisor, prior to commencing clinical experience.

Personal Details

College ID: | | | | | | |

Name: _____ : _____

Preferred contact details:

Contact number: _____

Email address: _____

Medical Registration

Please provide a copy of your current medical registration.

Endorsees are required to notify the faculty should registration conditions change.

Registration number: _____ Country: _____

Details of supervised clinical experience:

Start date: _____ End date: _____

During this placement I will be gaining experience on a ❍ **full time** / ❍ **part time** basis.

If part time, my FTE will be _____

Please note: it would normally be expected that an endorsee would not take more than eight weeks leave per calendar year while gaining clinical experience towards endorsement.

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Supervision details

Accredited procedural supervisor: _____

Co-supervisors (if applicable): _____

Main unit of training: _____

Verification from the accredited procedural supervisor

In order to achieve registration, the accredited procedural supervisor must formally verify that the applicant is in a position which allows them to undertake supervised clinical experience in procedural pain medicine.

I confirm Dr _____ will be working with me in a position which allows them to undertake supervised clinical experience in procedural pain medicine.

☐ I have no declared conflicts of interest with this doctor.
☐ I am not aware of any concerns in relation to this doctors practice.

If you have worked with this doctor previously, please outline the nature of the relationship:

_____

_____

_____

A clinical interview with the applicant took place prior to offering the position ☐ Yes ☐ No

Name of supervisor: _____

Signature: _____

Date: _____

Payment

For each period of clinical experience of up to 12 months FTE a non-refundable registration fee is payable. Applicants will be invoiced upon receipt of this application.

2026 FPM PEP Supervised Clinical Experience Pathway Fees	
Application fee	$A 670 (inc. GST)
Annual program fee	$A 2005 (inc. GST)

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Applicant's declaration

- [ ] I accept that it is my responsibility to be fully informed of all the requirements of the Procedures Endorsement Program particularly the by-laws and requirements as detailed in the Procedures Endorsement Program handbook. I undertake to observe all relevant FPM policies in relation to procedural pain medicine. 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.
- [ ] I understand that FPM documentation and educational resources will be provided to me during the course of the Procedures Endorsement 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 clinical experience, without the FPM's prior approval.
- [ ] I understand that I need to maintain documentation of my clinical experience and make this available to my accredited procedural supervisor.
- [ ] I understand that FPM collects and holds personal data for the purposes of endorsee registration, administering the program, and evaluating my progress. I consent to having this information used for these purposes. I consent to disclosure of information relating to my supervised clinical experience, not limited to progression and performance, to accredited procedural supervisors and as authorised by the ANZCA Privacy Policy. I understand that I may request access to this information at any time.
- [ ] 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.
- [ ] 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 Executive Director, FPM should I develop any such condition/s. I understand that an independent authoritative opinion may be sought by the FPM in respect to the implications of any such condition/s, guided by the protocols of the relevant regulatory authority.
- [ ] As a registered medical practitioner, I agree to abide by the professional standards outlined in the professional codes of conduct of the Medical Board of Australia or the Medical Council of New Zealand (as relevant), ANZCA's Academic Integrity Policy, ANZCA's *Supporting professionalism and performance – A guide for anaesthetists and pain medicine physicians,* ANZCA's Internet, email and computer use policy and local hospital and health service policies. I agree to be honest, trustworthy and act with integrity at all times. I am aware that plagiarism, academic misconduct and irreverent use of social media are violations of such professional standards.
- [ ] I undertake to notify in writing to 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.
- [ ] I am in good standing and have not had hospital credentialling withdrawn for disciplinary reasons in the last 3 years.
- [ ] I have no AHPRA/MCNZ-imposed conditions relevant to my performance of procedures.
- [ ] If required, I agree to participate in the FPM's review processes in relation to any unsatisfactory performance in the Procedures Endorsement Program, including a Trainee Performance Review. I accept that the FPM has a formal Reconsideration and Review process that precedes the final ANZCA Appeals Process. I agree to abide by the final decision of the Appeals Process.
- [ ] I release the FPM (and ANZCA), and individuals including my accredited procedural supervisor, from all claims or liability arising from advice or assistance given in a proper manner and in good faith with respect to the procedures endorsement program.
- [ ] I agree to provide feedback about my supervised clinical experience, including completing evaluation forms and the exit questionnaire.
- [ ] I agree to maintain an active email account for communication with the FPM.

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Signature: _____ Date: _____

Please send the completed form to fpm@anzca.edu.au