

**FACULTY OF PAIN MEDICINE (FPM) OF THE AUSTRALIAN AND NEW ZEALAND
COLLEGE OF ANAESTHETISTS (ANZCA)**

TRAINING AGREEMENT

Background

The Faculty of Pain Medicine (FPM) is committed to training in Pain Medicine being undertaken in an appropriate environment. The training must be conducted in a manner that ensures transparency of process, assessment and decisions. This document sets out obligations of each party involved in the FPM training process. It should be signed when the Trainee commences in a training program, and sent to the Faculty. The Faculty's Executive Officer (EO) will sign it, and return a copy to the Trainee for their records.

DECLARATION of TRAINEE RESPONSIBILITIES

1. I will endeavour to achieve the objectives of training, as set out in the FPM Curriculum.
2. In particular, I will endeavour to develop the necessary knowledge, skills, and attributes, by undertaking the experience needed to provide safe, high quality care to patients,
3. I will identify my learning needs, document my training, and evaluate my learning experiences. I agree to meet with my Supervisor of Training at least every three months and consider the feedback provided on my performance. I accept that my training may require experience in several settings.
4. I acknowledge that FPM training in Pain Medicine is a two (or three year) program of which part or the whole of the unstructured year may be retrospectively accredited. I acknowledge that my structured year of training must be prospectively approved by FPM. It is my responsibility to be fully informed of all requirements of the Faculty of Pain Medicine, particularly rules, guidelines and policies in relation to the Training Program. I undertake to observe all relevant FPM policies in relation to training.
5. Requests for any change or variation of training conditions, guidelines or policies or any extension of time must be made to the EO and be confirmed in writing.
6. I understand that I need to maintain documentation of my training (the Learning Portfolio, copies of ITA reports, and the completed Case Report). I acknowledge that I am required to show my Training Portfolio to my Supervisor of Training. I acknowledge that accreditation of each section of the training requires documentation of successful completion of the training requirements
7. I understand that FPM collects and holds personal data for the purpose of Trainee registration, for administering the Training Program, and for evaluating my progress. I consent to have this information used for these purposes. I understand that FPM documentation will be provided to me during the course of the training program. I agree to complete the relevant forms, and to provide all information required by FPM within the time limits stipulated by FPM. I acknowledge that it is my responsibility to ensure that all time limits are observed, including for payment of fees and submission of required documentation.
8. I agree that it is my responsibility to have any of my training concerns addressed by requesting appropriate guidance from (one or more) of the following office bearers: my Supervisor of Training; the Supervisor of the Supervisors of Training; the Chair of the Education and Training Committee; and the EO of the Faculty.
9. 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 and Review process that precedes the final ANZCA Appeals Process. I agree to abide by the final decision of the Appeals Process.

- 10. I release ANZCA and the FPM from all claims or liability arising from advice or assistance given in a proper manner and in good faith.
- 11. I certify that I have no conditions that my treating physician advises will preclude the safe practice of Pain Medicine. I undertake to inform the FPM should I develop any of these conditions. I understand that an independent authoritative opinion may be sought by the FPM to provide an opinion regarding the advisability of any conditions, timing, type and limits of practice, guided also by the recommendations of the Medical Board in each jurisdiction. I undertake to notify the FPM if conditions are placed on my medical registration.

DECLARATION AND RESPONSIBILITIES of the FACULTY OF PAIN MEDICINE

The Faculty of Pain Medicine agrees to provide support to its representatives, including Supervisors of Training, Supervisor of the Supervisors of Training and the Chairperson of Education and Training Committee to provide the Trainee with appropriate resources and support in the following areas:

- i. Assistance to the Trainee to participate in and comply with all Program requirements.
- ii. Reviewing the Trainee’s learning objectives, to ensure that they are realistic and achievable.
- iii. Advising the Trainee, when requested, on resources available to assist the Trainee in achieving these objectives.
- iv. Providing appropriate educational supervision.
- v. Meeting with the Trainee at least every three months by the Supervisor of Training to review the Trainee’s progress, and to provide feedback on performance.
- vi. Completing the Supervisor’s Report component of the ITA in a timely fashion, and discussing its contents with the Trainee, before sending it to the Faculty of Pain Medicine
- vii. Providing the Trainee with copies of his/her ITA reports.
- viii. Supporting the Trainee to attend appropriate educational sessions.
- ix. Responding in an accurate and timely manner to any enquiries from the Trainee in regards to the Training Program, the clinical assessments, the examinations process, and reporting requirements

A Trainee’s compliance with this Agreement will be reviewed by the FPM before awarding a Fellowship of the Faculty of Pain Medicine.

ACCEPTANCE BY TRAINEE AND FACULTY OF PAIN MEDICINE OF ANZCA

We accept the rights and responsibilities of our respective positions in this Agreement

Signed

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Trainee
Date

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Name in block letters



Helen Morris

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Executive Officer