



**FACULTY OF PAIN MEDICINE**  
of the Royal College of Anaesthetists

# APPROVAL CHECKLIST FORM

To be completed by the RAPM/Independent Assessor(s) for each hospital providing APT

Name of Hospital:

Faculty Tutor (Pain) Name & Qualifications:

	Yes/No (where applicable)	Details (please provide details where applicable)	Acceptable for provision of training? Yes/No
<b>Is training in all essential APT modules provided in one centre?</b>			
<b>Are the following staffing levels available:</b>			
Consultants			
CNS			
Psychologists			
Physiotherapists			
Others			
<b>Number of outpatient consultation sessions per week:</b>			
Consultant sessions			
CNS sessions			
Psychology sessions			

Physiotherapy sessions			
Other sessions			
<b>Ward rounds per week:</b>			
Medical			
CNS			
Pharmacy			
<b>Total number of intervention lists with image intensifier per week:</b>			
<b>Any specialised interventions carried out:</b>			
<b>Facilities including:</b>			
Library			
IT support			
Administrative/secretarial staff support			
Training and education			
Formal teaching			
MDTs			
Audit			
Safety training			
<b>Access to written protocols/guidelines:</b>			
<b>Access to PMP:</b>			
<b>Number of PMP sessions per year:</b>			
<b>Access to MDT:</b>			
Spinal			

Headaches			
Palliative Care			
Rheumatology			
Other (please specify)			
<b>Service commitment: does the timetable demonstrate that trainees can spend day time hours in pain clinics?</b>			
<b>Based on the timetable provided, are the current training arrangements provided acceptable?</b>			
<b>Is the statistical information for the last 12 months acceptable based on the number of patients and procedures for APT?</b>			

Is centre suitable for Advanced Pain Training? YES  NO

If the centre is not suitable, please provide reasons in the box below:

Assessor Name

Assessor Signature

RAPM Name

RAPM Signature