

## Supervisor of Training nomination form

### Role of the Supervisor of Training

FPM accredited level 1 and PDS units are required to have one or more approved Supervisors of Training (SOT) who must be a fellow of FPM. These supervisors are the FPM representative with respect to training within the units and are responsible for pain medicine training at that unit. They need to have a thorough understanding of and experience in faculty educational activities and liaise with registered trainees and hospital authorities on matters related to trainees and training, as well as with the central administration of the faculty. They oversee each trainee's clinical performance and assessments completed in the workplace and ensure these are recorded in the training ePortfolio in a timely manner.

### Appointment process

- The unit director identifies and nominates a suitable SOT to the faculty using this form.
- Nominations are reviewed and approved by the Director of Professional Affairs FPM Education on behalf of the Learning and Development Committee.
- When the Director of Professional Affairs FPM Education has a conflict of interest or requires further advise to make a decision in relation to the nomination, the application will be considered by the Learning and Development Committee.

### Details of the applicant and the unit

#### Unit details

Name of unit: \_\_\_\_\_

Unit director: \_\_\_\_\_

Accredited as a Level 1 or PDS unit? \_\_\_\_\_

Please outline the clinical support time available to support the SOT in their role:

(Requirement: the SOT must have a minimum of one session per fortnight for up to three trainees; one session per week for three or more trainees to meet with trainees for in-training assessments and feedback)

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#### Applicant details

Name of proposed SOT: \_\_\_\_\_

Year of fellowship of FPM: \_\_\_\_\_

Summary of educational experience:

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FTE working onsite at the unit: \_\_\_\_\_

Do you have specific time allocated for supervision (i.e., observing training and providing feedback)?

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Do you have specific administrative time to support trainees (completing ITAs etc.)?

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Do you have any conflicts of interest in taking on the SOT role?

(In particular with respect to management and responsibilities associated with supervising trainees. i.e., part of the role is advocating for the trainee)

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### Supporting documentation

To support this application please provide:

- The resume of the applicant
- The signed SOT agreement (on following page)
- A weekly timetable for the SOT demonstrating capacity to undertake the role.

## Supervisor of Training Agreement

### Background

The Faculty of Pain Medicine (FPM) requires supervised training with the assistance of approved supervisors. The faculty requires assessment decisions to be made transparently by the supervisor(s) of training (SoT). This document sets out the rights and obligations of the FPM supervisor of training.

All fellows who act in good faith and within faculty policies while carrying out faculty duties will be indemnified for those actions. In any perceived contentious matter, there must be a complete written record of the action taken and the reasons for it. It is essential that there should be early discussion with the Executive Director, FPM whenever there are potential difficulties that may escalate to involve legal action.

### Declaration of Supervisor of Training and PDS Supervisor Responsibilities

I understand and will regularly review the faculty's curriculum, training and assessment requirements, by-laws 3 and 4 and ANZCA's corporate policies and agree to orient my trainee(s) to these.

I am familiar with the assessment requirements for my trainee(s) and in particular I know how to conduct workplace-based feedback and the importance of constructive feedback. I agree to act as a resource person for colleagues contributing to the formative assessment of trainees and will ensure these are all recorded in a timely manner in the FPM training ePortfolio.

I understand that some trainees require additional support to reach the required level of competence and that the faculty has policies and processes to support these trainees.

I acknowledge that I am the faculty's representative and thus agree to notify the Operations Manager, FPM immediately about any institutional issue which may have a negative impact on my trainee(s) or my institution's capacity for training in pain medicine.

I understand that I must attend at least one FPM supervisor workshop/education roundtable every year.

I understand that there are a number of support resources available to support me in my role including the ANZCA Educators Program, the FPM Education Officers and Director of Professional Affairs FPM Education.

I undertake to ensure that trainees have adequate access to a supervisor(s) who is acceptable to the faculty in the event that I am absent from work for more than 28 days, and to inform the faculty where no appropriate surrogate is available.

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 Executive Director, FPM should I develop any of these conditions. I undertake to notify the Executive Director, FPM if conditions are placed on my medical registration or if my privileges in pain medicine are suspended or withdrawn at my institution.

I will abide by [ANZCA's corporate policies](#) including but not limited to:

- Academic integrity policy
- Conflict of interest policy
- Policy on bullying, discrimination and harassment for fellows and trainees and specialist international medical graduates acting on behalf of the college
- Privacy policy

### Acceptance by the supervisor

I accept the rights and responsibilities outlined in this agreement.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_