

## Recognition of prior experience

Prior clinical experience may be credited towards the practice development stage. Up to six months (22 weeks) prior experience may be approved for experience gained in a faculty accredited unit or a multidisciplinary unit with regular workplace-based progressive feedback equivalent to that in the FPM training program.

### Requirements for awarding of recognition of prior experience

- 4.12.1 Trainees may be granted a maximum of six months recognition of prior experience (RPE) towards the practice development stage.
- 4.12.2 Trainees will be granted RPE only for direct experience accumulated within the three years preceding commencement of the core training stage, in training positions of no less than one quarter (11 weeks) excluding normal leave.
- 4.12.3 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.
- 4.12.4 Trainees must submit their application including the nominated fee to the faculty assessor prior to commencement of the practice development stage. Granting of RPE is contingent upon completion of the core training stage.

### Personal details

First name \_\_\_\_\_

Surname \_\_\_\_\_

Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Suburb/State/Postcode \_\_\_\_\_

Country \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

### Pain medicine experience undertaken to date

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

\* If part time please indicate FTE between 0.5 and 1.0

### 2023 RPE application fee

☐ AUD \$1,330.00 (GST free)

☐ NZD \$1,670.00 (includes 15% GST)

### Payment methods

☐ **Cheque.** Bank draft or money order attached (*payable to ANZCA and crossed 'not negotiable'*)

☐ **Credit card**

☐ Visa

☐ MasterCard

Credit card number \_\_\_\_\_

Expiry date \_\_\_\_\_

Name on card \_\_\_\_\_

Cardholder's signature \_\_\_\_\_

## Supporting evidence checklist

*Along with this application form, 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 progressive feedback (WBPF) forms.

Please send the completed form and required supporting evidence to [fpm@anzca.edu.au](mailto:fpm@anzca.edu.au) or mail it to:

Faculty of Pain Medicine  
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Australia