

## FPM Training Agreement

### Background

The Faculty of Pain Medicine (FPM) is committed to facilitating pain medicine training in an appropriate environment. The training must be conducted in a manner that ensures transparency of process, assessment and decisions. This document sets out the obligations of each party involved in the FPM training process.

The trainee must sign the agreement and send it to the faculty prior to the trainee commencing the core training stage. This agreement will be re-signed annually whilst the trainee is participating in the training program.

### Declaration of trainee responsibilities

1. It is my responsibility to be fully informed of all requirements of the FPM training program, particularly the by-laws and requirements as detailed in the FPM training handbook. I undertake to observe all relevant FPM policies in relation to training. 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.
2. I acknowledge that the FPM training program is of two years' full time equivalent duration.
3. I will endeavour to develop the knowledge, skills, and attitudes required, to provide safe, high quality patient care, as set out in the Pain medicine training program curriculum.
4. I accept that my training may require experience in different settings and locations. I am responsible for the organisation of job placements suitable for the FPM training program.
5. I will identify my learning needs, document my training, and evaluate my learning experiences.
6. I understand that I need to maintain documentation of my training in a learning portfolio (including all formative and summative assessments, a summary of cases and reflection on training). I acknowledge that I am required to show my training portfolio to my supervisor of training/practice development stage supervisor/placement supervisor. I acknowledge that accreditation of each stage of training requires documentation of satisfactory completion of the training requirements.
7. I understand that FPM documentation and educational resources will be provided to me during the course of the training 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 training, without the FPM's prior approval.
8. I understand that FPM collects and holds personal data for the purposes of trainee registration, administering the training program, and evaluating my progress. I consent to having this information used for these purposes. I consent to disclosure of information relating to my training, not limited to progression and performance, to supervisors of training and hospital departments I may rotate to during the training program, and as authorised by the ANZCA Privacy Policy. I understand that I may request access to this information at any time.
9. 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.
10. I agree to meet with my nominated supervisor on commencing training and at least every three months or as required.
  11. I undertake to observe all relevant ANZCA/FPM policies in relation to training and agree to abide by the FPM/ANZCA policy on [bullying, discrimination and harassment for Fellows and trainees acting on behalf of the college or undertaking college functions](#), in addition to any other policies that may apply at my place of employment.
  12. I agree that it is my responsibility to request appropriate guidance from (one or more) of the following office bearers and FPM staff regarding training concerns: my supervisor of training; my practice development stage supervisor; my placement supervisor; the chair of the Learning and Development Committee; and the operations manager, FPM.
  13. I understand that no staff member or office bearer is authorised to vary the rules of the training program. I acknowledge that requests for any change or variation of training conditions, or any extension of time must be made in writing to the FPM Assessor.
  14. 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 Faculty should I develop any such condition/s. I understand that an independent authoritative opinion may be sought by the Faculty in respect to the implications of any such condition/s, guided by the protocols of the relevant regulatory authority.
  15. I agree to be honest, trustworthy and act with integrity at all times. I am aware that plagiarism and academic misconduct are violations of such professional standards.
  16. I undertake to notify in writing, 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.
  17. 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.
  18. I release the FPM (and ANZCA), and individuals including my Supervisor of Training, my practice development stage supervisor, my placement supervisor the Supervisors of Training Advisor and any other supervisors, from all claims or liability arising from advice or assistance given in a proper manner and in good faith with respect to the training program.
  19. I agree to provide feedback about my training experience, including completing evaluation forms and the exit questionnaire.
  20. I agree to maintain an active email account for communication with the FPM.

### **Declaration and responsibilities of the Faculty of Pain Medicine**

FPM agrees to:

1. Provide a contemporary training program as outlined in the Pain Medicine Training Program curriculum.
2. Provide trainee support via its representatives, including supervisors of training, the supervisors of training advisor and the chair of Learning and Development Committee.
3. Provide specific resources and support in the following areas of the training program:
  - i. Review of the trainee's learning objectives, to ensure that they are realistic and achievable.
  - ii. Advice to the trainee, when requested, on resources available to assist in achieving learning objectives.
  - iii. Appropriate educational supervision.
  - iv. Meeting of the trainee at least every three months with the Supervisor of Training during the core training stage to review the trainee's progress, and to provide feedback on performance.
  - v. In training assessment including the supervisor's reports, discussion of contents and provision of trainee copies of reports.
4. Respond in a timely manner to enquiries from the trainee in regards to the training program, clinical assessments, examinations process, and reporting requirements.

### **Communication between the Faculty and the trainee**

Communication by the FPM to the trainee shall, unless the FPM otherwise determines, be through the designated primary email account nominated by the trainee. This email account may be the sole method of communication by the FPM with the trainee for all the FPM training, education and other purposes.

The trainee's compliance with this agreement will be reviewed by the FPM before awarding Fellowship of the Faculty of Pain Medicine.

### **Acceptance by trainee**

Acknowledgment of the terms of this agreement is necessary before the trainee's annual training fee for that year can be validated.

I accept the rights and responsibilities as outlined in this agreement.

Name in block letters \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_