

# Assessor Checklist

Name of Hospital:

Assessor Name & Qualifications:

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

Other sessions			
Ward rounds per week:			
Medical			
Nursing			
Total number of interventions with image intensifier/ Ultrasound per week:			
Any specialised interventions carried out:			
Facilities including:			
Library			
IT support			
Administrative/secretarial staff support			
Training and education			
Formal teaching			
Multidisciplinary Team Meetings			
Audit			
Safety training			
Access to written protocols/ guidelines:			
Access to Pain Management Programme:			
Number of Pain Management Programme sessions per year:			
Access to Multidisciplinary Team:			
Spinal			
Headaches			

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

Is centre suitable for Advanced Pain Training? YES ☐ NO ☐

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

Assessor

Signature

Regional Head

Signature