ENTRY EXAM APPLICATION FORM – INFORMATION SHEET

This document provides information regarding entry exam of the Indian Academy of Pain Medicine

These regulations govern the conduct of the examination leading to the entry as provisional fellow of the Academy. They specify the requirements that must be satisfied before a candidate is eligible to apply to take the examination. They also specify the procedure to be followed in order to apply, the number of attempts and sanctions for infringements.

All applications, first time and repeat, must include a passport-sized photo, with the full name in ballpoint in BLOCK CAPITALS on the back. Staple photos to form, do not use paperclips.

We cannot accept applications via email or fax. Please print and send completed application by post to:

Dr. Pradeep Jain
Registrar, Indian Academy of Pain Medicine (IAPM)
Department of Anaesthesiology, Pain and Perioperative Medicine
5th Floor, Super Speciality Research Block (SSRB)
Sir Ganga Ram Hospital, Rajinder Nagar
New Delhi - 110060, India

For any other queries please contact

registrar.iapm@gmail.com

1.0 All applicants will need to be registered with the Indian Society for Study of Pain (ISSP) as a full member. The ISSP number is mandatory to appear for the exam. We accept candidates not registered at the time of application, but they will have be a full member of ISSP at the time of examination. Candidates without an ISSP number will not be allowed to sit the examination.

2.0 All applicants must be registered with the MCI and enter their MCI number where indicated. Following admission to a training post, the state medical council regulations at the training site are applicable.

3.0 The address on the application form will be used for all correspondence relating to the examination. The correct contact information is important, so that we are able to contact you at anytime during the examination process.

4.0 Receipt of application forms will be confirmed by email.

5.0 **Eligibility:** Candidates should be a postgraduate in anaesthesia (MD or DA) from a MCI recognized college in India or a Diplomate of the National Board of Examination.

6.0 **Examination centers:** IAPM examination is held in India at a place specified by the Board. It may vary from year to year.

7.0 **Number of attempts:** The number of attempts allowed at the Entry Exam is limited to three.

8.0 **Disclosure of information:** The information provided on this form and your examination result may be processed and passed to examiners, your HOD or Supervising Consultant, employer, etc. for legitimate purposes connected with your training.

9.0 **Your signature:** Ensure you have signed and dated the appropriate declaration section.

10.0 **Your HOD/ Supervising Consultant signature is mandatory**

. 11.0 All IAPM examinations are conducted in English.

12.0 **Supporting Documents:**

1) Medical Council Registration
2) Specialist registration with Medical Council of India
3) Certificate of postgraduate award from University or NBE

13.0 Examination fee: The examination fee is Rs. 5500/. Currently, only a demand draft is accepted. It should be made payable to 'Indian Society for Study of Pain'.

14.0 Closing date: No application will be accepted after 5.00 pm on the published closing date.

15.0 How to send it: Please send the application form by registered post. The ISSP does not accept any responsibility for the application form until it reaches the Secretariat. Proof of postage is not proof of delivery.

16.0 Confirming receipt: You will receive an email to notify you when your application has been accepted. You will hear from us within 10 working days after receipt of application.

17.0 Withdrawals: You can withdraw before or after the closing date. There will be no refund

18.0 Admission notice: You should receive an email from ISSP that confirms you are booked onto the exam within 10 working days of the closing date. This will state your candidate number that is unique to you for this exam only, the timing of your exam, and the address of your exam venue. Please bring your Admission notice with you when you attend the exam.

19.0 Results: The results will be published by 12 noon of the same day of the examinations. The counseling for training places takes place on the afternoon following publication of the results. Your overall raw score, your overall percentage score and your rank will be published. No further break down will be available.

20.0 Guidance: Guidance interviews are not provided following an unsuccessful attempt at the entry exams.

21.0 Check it: Start at the front and check through your form again. Have you signed and dated it? Have you informed your HOD or Supervising Consultant about you sitting this exam? Have you attached the supporting documents. Have you included the fee as demand draft?

22.0 Infringements: Candidates are not permitted to bring any materials or information that may assist them including electronic devices, computers and mobile telephones into the examinations. Failure to comply with these examination regulations may result in disqualification from the whole of that examination sitting.

23.0 Examination structure: Multiple Choice Questions (MCQ) comprising 150 questions, each with 4 responses, in acute, chronic and cancer pain medicine. It follows the single best answer format. There is no negative marking. The duration is 150 minutes.

24.0 Age: The candidate must be less than 40 years of age at the time of examination

25.0 Fellowship duration : 12 months

26.0 Stipend: Rs 30,000/month

27.0 Fellowship fee: Rs 25,000 on admission

28.0 Curriculum:

Bioethics

Justice	Autonomy
Beneficence	Non-maleficence

The International Association for the Study of Pain (IASP) definition of pain

The distinction between nociception and pain

The differences between acute and chronic pain

The philosophical models of pain. Cartesian dualism and alternative Monist theories such as Advaita.

The different conceptual models in pain medicine

The principles of the multi-disciplinary approach to pain management

Common pain terms

Analgesia	Hyperalgesia	Hypoalgesia	Anaesthesia	Hyperaesthesia
Paraesthesia	Dysaesthesia	Hyperpathia	Allodynia	Anaesthesia dolorosa
Spontaneous pain	Evoked pain	Radicular pain	Radiculopathy	

Terms used in sensory testing of pain including, but not limited to:

Sensory threshold	Pain threshold	Pain tolerance level
Punctate mechanical allodynia	Dynamic mechanical allodynia	Pressure-evoked mechanical allodynia
Cold allodynia	Warmth allodynia	Hyperpathia

Placebo & Nocebo
Broadly discuss current concepts of placebo effect

Basic Sciences

Anatomy of the peripheral and central nociceptive pathways, including:

- The somatosensory system with particular reference to dermatomes and peripheral nerves
- The autonomic nervous system

Referred pain, including its embryological basis.

Anatomy of ascending and descending pathways of nociceptive modulation in the central nervous system

Changes that occur following nerve injury, including Wallerian degeneration, neurapraxia, and axonotmesis

Peripheral and central sensitisation of nociception including reference to:

- Synaptic plasticity

- N-methyl-D-aspartate (NMDA) receptors

- Long-term potentiation

Mechanisms of transduction, transmission and modulation in nociceptive pathways
Mechanisms of nociceptive pain and neuropathic pain
Clinical features of somatic and visceral pain
Physiology of tolerance, dependence and addiction with respect to pharmacological agents

Assessment of Pain

Problem-oriented synthesis of clinical information The influence of the following factors on the patient's experience of pain:

- Social
- Cultural
- Psychological
- Personality
- Physical
- Genetic

Response to the experience of pain including affective, cognitive and behavioural responses
DSM and ICD framework for classification of psychiatric disorders with particular reference to anxiety and mood disorders
The concept of coloured “flags” in relation to risk factors for developing chronic pain
Perform a basic medical assessment including:

- General history-taking
- General physical examination
- Mental state examination

Interpret basic investigations, including but not limited to:

- Full blood count
- Biochemical screening including liver function tests
- Arterial blood gases
- Thyroid function tests
- Electrocardiograms
- Plain radiographs

Management of Pain

The treatment modalities that may be used in the management of pain:

- Psychological
- Physical
- Pharmacological
- Interventional

The pharmacokinetic and pharmacodynamic principles of analgesics

Pharmacogenetic variations in

- Codeine
- Tramadol
- Tricyclic antidepressants
- Non-steroidal anti-inflammatory drugs

Describe the:

- Mechanism(s) of action
- Adverse effects including toxicity
- Indications, precautions, and contraindications for use of the following drugs

Paracetamol	Non-steroidal anti-inflammatory drugs	Opioid agonists, partial agonists, agonist-antagonists and antagonists	Tramadol & tapentadol
Antidepressants	Anticonvulsants	Benzodiazepines	Local anaesthetics

Opioid equivalence in

- Buprenorphine
- Codeine
- Fentanyl
- Methadone
- Morphine
- Tapentadol
- Tramadol

Pharmacokinetic and pharmacodynamic differences between the different systemic routes of administration of drugs, including:

Oral	Subcutaneous	Intramuscular	Intravenous	Transdermal
Sublingual	Buccal	Intranasal	Intranasal	Inhalational

Research Methodology

Principles of clinical epidemiology, including:

- Terminology and presentation of epidemiological data

- Different types of epidemiological study design: descriptive (correlational, case reports/series, cross-sectional surveys); analytical (observational, case-control, cohort); interventional (experimental studies or clinical trials)

Principles of biostatistics, including:

- Different data types (parametric/non-parametric, continuous/interval, ratio, categorical, dichotomous), and their relevance to statistical analysis
- Influence of sample size on derived indices such as a proportion or a mean
- Calculation and interpretation of a 95 per cent confidence interval of a mean or a proportion
- Concept of probability testing, sample distributions and the importance of appropriate sampling techniques
- Concepts of significance and power when testing an hypothesis
- Appropriate use of tests of agreement between continuous data, such as Pearson and Spearman correlation coefficients and intra-class correlation
- Application, limitations and interpretation of tests used to analyze singlestudies and meta-analyses: specifically t-test, chi-squared test, odds ratios, analysis of variance, effect size, survival curves and number- needed-to-treat (NNT)

Concepts of:

- Reliability
- Validity
- Sensitivity
- Specificity

Principles of assessing scientific evidence, including:

- Grades of evidence and methodologies and difficulties of combining evidence as in systematic reviews and meta-analyses
- Influence of bias, chance, and confounding variables in studies, and methods to reduce them