



JRCPTB

Joint Royal Colleges of Physicians Training Board

Date received:
Acknowledgement sent:

Associate (Trainee) Membership & Pharmaceutical Medicine Specialty Training Application Form

INTRODUCTION
<p>This application form is for doctors who wish to enrol on to the Pharmaceutical Medicine Specialty Training (PMST) programme. Please ensure that you have read the 'Guidance for doctors enrolling on to the PMST programme' and the eligibility criteria for both PMST enrolment and Associate (Trainee) membership of the Faculty at www.fpm.org.uk before completing this application.</p> <p>Your enrolment on to the PMST programme will be delayed if you have not included:</p> <ol style="list-style-type: none"> 1) all the correct information on this application form, 2) all the documentary evidence to support the pharmaceutical medicine and clinical posts that you are relying on for eligibility to enrol on to PMST, and 3) your completed 'Certificate of Professional and Clinical Competencies for Pharmaceutical Medicine' for at least 42 competencies, which must include the key competencies. <p>Please return your completed application and supporting documentation to:</p> <p>Specialty Training Manager Faculty of Pharmaceutical Medicine 19 Angel Gate 326a City Road London EC1V 2PT pmst@fpm.org.uk</p>

SECTION 1: PERSONAL DETAILS											
Title:	Last name (as registered with the GMC):	Forenames:									
Correspondence Address:											
City/Town:											
Country:											
Postal code:											
Telephone:											
Mobile:											
Preferred email address for all correspondence:											
Country of citizenship:											
Gender:	Male	Female	Date of birth (dd/mm/yy):	d	d	m	m	y	y		

SECTION 2: EXISTING MEMBERSHIP OF THE FACULTY OF PHARMACEUTICAL MEDICINE

a) Are you an existing member of the Faculty of Pharmaceutical Medicine? Yes No

b) If your answer was “Yes” can you please indicate what class of membership you hold?

Affiliate

Member (MFPM)

Fellow (FFPM)

Do not know

c) Please enter your Faculty membership number:

SECTION 3: REGISTRATION & LICENCE TO PRACTISE

GMC UK registration number:

Date of full GMC registration (dd/mm/yy):

d

d

m

m

y

y

Do you hold a licence to practise with the GMC? Yes No

Other registration (please indicate country):

Name of registration body:

Registration number:

Date of registration:

d

d

m

m

y

y

SECTION 4: DIPLOMA IN PHARMACEUTICAL MEDICINE

a) Have you passed the Faculty’s Diploma in Pharmaceutical Medicine examination? Yes No

b) If your answer is “Yes” in what year did you pass the examination?

SECTION 5: DEGREES AND DIPLOMAS – PRIMARY AND SPECIALIST QUALIFICATIONS

Title of Qualification	Issuing body/country	Date award					
		d	d	m	m	y	y
		d	d	m	m	y	y
		d	d	m	m	y	y
		d	d	m	m	y	y

SECTION 6: PREVIOUS ENROLMENT ON THE PMST PROGRAMME

a) Have you ever been enrolled on the PMST programme?

Yes, go to question 6b

No, go to section 7

b) Why did you leave the training programme?

I relinquished my NTN

I was removed from the training programme

SECTION 7: ENROLMENT ON OTHER SPECIALTY TRAINING PROGRAMMES

a) Do you hold a current NTN in another specialty?

Yes, go to question 7b

No, go to question 7c

b) Please enter the specialty that you hold your other NTN and the name of your deanery/LETB/HEE local office

c) Are you on the GMC Specialist Register in another specialty?

Yes

No

If yes, please enter specialty

SECTION 8: EMPLOYMENT HISTORY INCLUDING CLINICAL TRAINING

Please list all positions you have held since obtaining your primary medical qualification starting with your current position which must be within a pharmaceutical organisation in the UK which has been approved as a provider of PMST. Please include all Pre-Registration House Officer (PRHO) and Senior House Officer (SHO) posts and/or Foundation, core and specialty training posts. List dates in full (e.g. dd/mm/yy).

If you wish to rely on experience other than that approved for training by the UK regulator, the General Medical Council (GMC) - for example trust grade posts or training overseas – for entry into PMST, **please ensure** you have evidence of satisfactory completion of these episodes.

The brief description of your post must include emergency take, weekly rota, continuing care experience, procedures learned, specialty clinics, experience of prescribing and observation of pharmacological activity where relevant. Please indicate the training and/or experience upon which you are relying for your eligibility to undertake PMST.

Please indicate if any posts were not full time and, if so, state how many sessions per week (i.e. between 5-9 sessions). **Please also state** all periods of leave, e.g. sick leave, parental leave or other absence longer than one month. Please use additional sheets if needed.

Job title/grade and full address of employer	(dd/mm/yy) From To		Full-Time Yes / No	Posts for eligibility Tick posts you are relying on for eligibility	Brief description of post	List the evidence you are using to support the post you are relying on for eligibility to enrol on to PMST. You must include your Certificate of Professional Competencies for Pharmaceutical for each post.												
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Declaration: I have indicated the posts that I am relying on for my eligibility to undertake PMST, and I attach the appropriate evidence of satisfactory completion/competence.

Applicant's name (printed):..... Applicant's signature..... Date

d	d	m	m	y	y
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SECTION 9: YOUR EDUCATIONAL SUPERVISOR

Name of Educational Supervisor:

Contact details including email address:

Has your Educational Supervisor been recognised by the Pharmaceutical Medicine Deanery to perform the role?

Yes

No

SECTION 10: CONDITION OF ENROLMENT ON TO PMST

On being enrolled onto the PMST programme in the Pharmaceutical Medicine Deanery, I agree to meet the following conditions throughout the duration of the programme:

- to always have at the forefront of my medical and professional practice the principles of Good Medical Practice (2013) for the benefit of safe patient care. Trainees should be aware that Good Medical Practice requires doctors to keep their knowledge and skill up to date throughout their working life, and to regularly take part in educational activities that maintain and further develop their competence and performance
- to ensure that the care I give to patients is responsive to their needs, that it is equitable, respects human rights, challenges discrimination, promotes equality, and maintains the dignity of patients and carers
- to participate in workplace based appraisal as well as educational appraisal, and acknowledge and agree to the need to share information about my performance as a doctor in training with other employers involved in my training and with the Postgraduate Dean on a regular basis
- to maintain regular contact with the Deanery and the Faculty of Pharmaceutical Medicine by responding promptly to communications from them, usually through email correspondence; for example, this will include keeping the Deanery and Faculty apprised of any change of job, contact details, requests for time out of programme
- to participate proactively in the appraisal, assessment and programme-planning process, including providing documentation which will be required to the prescribed timescales
- to engage fully with the revalidation process by attending ARCP when requested to do so, and to produce all supporting information necessary for the Postgraduate Dean to make a recommendation to the GMC as to my fitness to practise
- to ensure that I develop and keep up to date my learning portfolio which underpins the training process and documents my progress through the programme
- to use training resources available optimally to develop my competences to the standards set by the specialty curriculum
- to support the development and evaluation of this training programme by participating actively in the national annual GMC/COPMeD trainee survey and any other activities that contribute to the quality improvement of training

I acknowledge the importance of these responsibilities. If I fail to meet them I understand that the Postgraduate Dean may require me to meet with him or her to discuss why I have failed to comply with these conditions.

.....
Applicant's name

.....
Applicant's signature

d	d	m	m	y	y
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Date (dd/mm/yy)

SECTION 11: DECLARATION – ASSOCIATE (TRAINEE) MEMBERSHIP & ENROLMENT ON TO PMST

I would like to apply for Associate (Trainee) membership of the Faculty, and enrolment onto PMST as indicated, and declare that the information given on this form is true to the best of my belief and knowledge. I consent to being admitted to Associate (Trainee) membership of the Faculty and faithfully promise to abide by the Articles of Association of the Faculty and the Laws, Bye-laws, Statutes and Regulations of the Colleges as they apply to members of the Faculty of Pharmaceutical Medicine, and the conditions of enrolment onto PMST as specified in Section 10.

I give permission for my personal data to be made available to third parties as required for the purposes of monitoring, assessing and certifying my specialist training as per Section 12 on the General Personal Data Regulation (GDPR).

Name of applicant: Signature of applicant

Date (dd/mm/yy):

d	d	m	m	y	y
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The Faculty of Pharmaceutical Medicine processes your personal data in connection with your membership of the Faculty. A list of the names of Faculty members organised by membership category and country of residence is published from time to time. We will occasionally send you information from selected third parties which relate to pharmaceutical medicine. If you would prefer not to receive such information please tick this box or notify us in writing at any time.

SECTION 12: THE GENERAL DATA PROTECTION REGULATION (GDPR)

In order to comply with the General Data Protection Regulation (GDPR), it is essential that we have your permission to use personal data held on you, for the purpose of the Faculty of Pharmaceutical Medicine and the JRCPTB carrying out any reasonable activity for the efficient administration of its statutory obligations with regard to specialist registration and certification, and membership of the Faculty of Pharmaceutical Medicine. These data will only be disclosed, as part of the process of administering your training programme or application for registration, with (as appropriate):

- The relevant regional and national training bodies.
- Postgraduate medical deans and their staffs.
- Relevant Royal College and FPM officers, representatives and staff.
- Educational Supervisors, Senior Specialty Advisers.
- The General Medical Council.
- Specialist and trainee societies and organisations.
- Employing organisations.

SECTION 13: FOR USE BY ELIGIBILITY PANEL

Is any further information required? Yes No

Is this application for Associate (Trainee) membership and PMST enrolment approved? Yes No

Please indicate the applicant's route to the Specialist Register: CCT CESR (CP)

If the applicant's route to the Specialist Register is via a CESR (CP), please indicate the criteria for eligibility (i.e. posts/ qualifications undertaken) and the evidence that will be used to substantiate the applicant's claim.

Please indicate any other provisos:

Name and signature of Faculty panel member:

Date:/...../.....

Email address of signatory:

Name and signature of Faculty panel member:

Date:/...../.....

Email address of signatory:

Name and signature of JRCPTB panel member:

Date:/...../.....

Email address of signatory:

Name and signature of JRCPTB panel member:

Date:/...../.....

Email address of signatory:

SECTION 14: FOR USE BY FACULTY OFFICE AND SAC-PM

Faculty Membership Number:

National Training Number: ALL/PM//.....

PMST Start Date (dd/mm/yy):/...../.....

Indicative CCT / CESR Date (dd/mm/yy):/...../.....

Name and signature of SAC Chair
or Vice Chair / Specialty Coordinator of SAC-PM:

Signature

Date (dd/mm/yy):/...../.....