



Faculty of Sport  
and Exercise  
Medicine UK



Royal College of  
General Practitioners

# APPLICATION FORM

FOR GPS SEEKING ACCREDITATION AS GPWR IN MUSCULOSKELETAL MEDICINE  
WITH THE FACULTY OF SPORT AND EXERCISE MEDICINE UK

Please submit the below form to [accreditation@fsem.ac.uk](mailto:accreditation@fsem.ac.uk)

1. PERSONAL DETAILS		
Name		
Home Address		
Telephone number		
Email Address		
2. MEDICAL PROBITY		
GMC registration	GMC Number:	
Are you currently under investigation by the GMC?	Yes	No
	If yes, please provide details	
Date of next revalidation		
3. MEDICAL TRAINING		
GP training scheme		

Year of CCT (certificate of completion of training)		
Primary place(s) of work		
Current GP work	Full time GP partner	
	Part time GP Partner	
	Full time salaried GP	
	Part time salaried GP	
	Locum GP	
	Other (provide more details if so)	
	How many sessions of undifferentiated GP work do you currently do in a week?	
	Date of most recent scope of practice annual appraisal	
How is your accreditation being funded?	Self-funded	
	Practice/federation	
	Primary Care Network/Integrated Care Service	
	Other (state source)	
<b>4. THEORETICAL TRAINING IN MSK MEDICINE</b>		
Have you successfully sat the FSEM MSK Diploma exam?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Have you any other post graduate qualifications (e.g., PGCert, Diploma, Master's degree) in MSK Medicine or Rheumatology or similar (e.g., Pain Management)	Yes <input type="checkbox"/> No <input type="checkbox"/>  If yes, please list here (and attach a copy of any relevant certificates to your submission)	
Are you a current diplomate member of the FSEM		
<b>5. DESCRIPTION OF PRIOR GPwER ACCREDITATION</b>		
Have you previously undertaken any accreditation as a GPwER in MSK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Give a brief description of who this was with e.g., local MSK Service. (Please attach documents with supporting evidence of any prior accreditation process).	
<b>6. CLINICAL EXPERIENCE IN MSK MEDICINE</b>		
<p>This covers areas of practice including as a trainee where experience was gained in MSK Medicine (e.g., orthopedics, rheumatology, pain, sports or rehabilitation medicine) . This may include the following:</p> <ul style="list-style-type: none"> <li>• Posts within a recognised training scheme or Foundation Year post</li> <li>• As part of a GP speciality training scheme</li> <li>• As a hospital practitioner or speciality doctors within a specialist field</li> <li>• Working with an experienced GPwER or another relevant specialist including. Any integrated training posts (ITP)</li> </ul>		
Please provide details of relevant past clinical roles within, or exposure to, practice in MSK Medicine		

<b>7. DESCRIPTION OF CURRENT GPWPER MSK SERVICE</b>	
Although we are accrediting you as an individual it may be helpful to better understand the service you are working in.	
Please give a brief overview of the service including the range of conditions encountered	
Describe the location e.g., within primary care premises, community building or secondary care site	
Describe the facilities available (e.g., consulting rooms, minor surgery facilities)	
Describe the service structure i.e., how your clinics fit into any referral pathways and links to other specialities and pathways	
Do your patients come from your own practice or multiple practices?	
Describe your access to, and use of, diagnostics	
Describe your role including any interventions or diagnostics personally delivered e.g., diagnostic ultrasound or injection therapies	

Outline the different staff members in your service i.e., consultant grades/specialities, allied health professionals e.g. physiotherapists, clinical psychologists, occupational therapists		
Describe how you integrate with secondary care/senior colleagues		
<b>8. MAINTAINING GOOD CLINICAL PRACTICE</b>		
Do you have regular access to a clinical supervisor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Outline who provides your clinical supervision. How often does this occur?		
How do you keep up to date for this role? Outline any CPD you have undertaken in the last 12 months		
<b>9. DEMONSTRATING CONTINUING COMPETENCE</b>		
<p>It is important that every GP working in an extended role fulfils the expectations described in the guidance form the RCGP (available at <a href="https://www.rcgp.org.uk/your-career/gp-extended-roles">https://www.rcgp.org.uk/your-career/gp-extended-roles</a>) to ensure they maintain competence in the role. The following section is based on these requirements. This should form part of your regular clinical/managerial supervision and forms part of the questions posed to your clinical supervisor for the accreditation process.</p>		
Do you have a role specific appraisal annually?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What was the date of your last appraisal and who was it with?		
<b>CANDIDATE DECLARATIONS</b>		
I confirm that I have read and agreed to the GP with Extended Role Accreditation Terms and Conditions and that the information submitted herewith is correct <input type="checkbox"/>		

I confirm that I am fully registered with the GMC and have declared any warnings, undertakings, or restrictions on my licence		<input type="checkbox"/>
I confirm that I am practising in a primary care role and undertaking undifferentiated primary care		<input type="checkbox"/>
I confirm that I have read and understood the privacy notice which explains how my personal data will be processed by or on behalf of the FSEM		
Signed		
Name (capital letters)		
GMC Number		
Date		