



FACULTY OF PAIN MEDICINE

of the Royal College of Anaesthetists

Minutes of the Board meeting held on Thursday 2nd December 2010

Members:

Professor D Rowbotham	(Dean)
Dr K Grady	(Vice-Dean – <i>via teleconference</i>)
Dr A Tomlinson	(RCoA Vice-President)
Dr J Hester	(<i>via teleconference</i>)
Dr K Simpson	(<i>via teleconference</i>)
Dr M B Taylor	
Dr J Hughes	(Co-optee, Chair of the Regional Advisors in Pain Medicine)
Dr R Langford	(Co-optee, President of the British Pain Society – <i>via teleconference</i>)
Dr N Saxena	(Co-optee, Trainee representative)

Apologies:

Dr D Justins	
Dr R Laishley	
Professor I Power	
Mr A Naughton	(Co-optee, Lay representative, Patient Liaison Group)
Mrs K Rivett	(Co-optee, Lay representative, Patient Liaison Group)

In attendance:

Ms S Drake	(Education Director)
Mr D Waeland	(Faculties Manager)
Mr J Goodwin	(Senior Faculties Administrator)
Miss B Barnes	(Faculties Administrator)

FPM/142/2010 WELCOME

The Dean welcomed members of the Board to the meeting.

FPM/143/2010 APOLOGIES

Apologies were received from Dr Justins, Dr Laishley, Professor Power, Mr Naughton and Mrs Rivett. The Dean noted Mrs Rivett would now be stepping down as the Board's PLG representative, and thanked her for all her hard work. It was also noted that several members were in attendance via teleconference due to adverse weather conditions.

FPM/144/2010 PRESENTATION OF VICE-DEAN'S MEDAL

Due to the aforementioned weather conditions, this item was delayed until the next meeting of the Board.

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FPM/145/2010 MINUTES

The minutes of the meeting held on 30th September 2010 were agreed as a true record of events, subject to some minor amendments.

FPM/146/2010 MATTERS ARISING

(I) FPM/131/2010(I) Opioids for Persistent Pain: Good Practice

Dr Langford reported that the RCGP were yet to appoint their 'Clinical Champion', but were interested in the strategies the BPS had put forward. Once the Champion had been identified the RCGP were open to distributing the booklet to those who would be appointed as the lead Pain GP in their area, and from them on to their colleagues.

(II) FPM/134/2010(V)(b) Pain Medicine subscription

The Dean reported that he had spoken with Dr Gallagher, the editor of *Pain Medicine*, to discuss the option of FPM involvement. If the proposed arrangement were to go ahead, FPM members would receive subscriptions to *Pain Medicine* for only \$95, including print, online and archive access. In return, the FPM would be expected to provide a 'Section Editor' for the magazine Board, who would attend the AGM, participate in tele-conferences, and supply articles to the journal. Board members were asked to consider whether they would wish to take up such a position. Dr Grady queried whether the role could be split, as it might prove burdensome for just one person. The Dean said he would explore this possibility with Dr Gallagher.

ACTION: Board members to consider acting as *Pain Medicine* Section Editor.

The Dean added that it would also be expected that the FPM would adopt *Pain Medicine* as the official journal of the Faculty. The Board did not feel that this should be an obstacle to involvement as there were no competing journals for the FPM to adopt, and the other faculties which had done so, such as the Australasian faculty, were held in high regard. The Dean noted that *Pain Medicine* had an impact factor of 2.4 presently. Dr Hester queried whether there was any liability in the event of the journal being sued; the Dean responded that he would discuss this with Dr Gallagher as part of the ongoing negotiations. Ms Drake noted that a firm contract would need to be drawn up before the Faculty's involvement was confirmed.

ACTION: Dean to clarify final points with Dr Gallagher.

FPM/147/2010 DEAN'S STATEMENT

(I) Dr Peter MacKenzie

The Dean reported that Dr MacKenzie had stepped down from the Board due to health issues. The Dean stated that he would be writing to formally thank Dr MacKenzie for all his hard work on behalf of the Board and the Faculty, and to wish him well.

ACTION: Dean to write to Dr MacKenzie.

(II) HTA scoping exercise

The Dean reported that the RCoA had responded to the HTA's scoping exercise on behalf of Pain Medicine. Suggestions had included ultrasound in Pain Medicine, new opioids. Dr Langford added that the BPS had also submitted a response.

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(III) Palliative Care and interventional DOPS

Dr Hester reported that Palliative Care trainees were now required to undertake a DOPS assessment in an interventional procedure for cancer pain. However, it was recognised that not all PC trainees would work in hospitals where this was easy to manage, so they may need to observe these in other settings e.g. post-operative, pain clinics. Pain specialists might therefore be approached by PC trainees asking to be shown procedures. Dr Taylor felt that this was a good opportunity for PM to forge greater links with PC in their region, as the two often did not work together in a standard multi-disciplinary team. Dr Grady felt that Dr Fiona Hicks, who had spearheaded the move, should be approached to write a piece on the subject for the next *Transmitter*.

ACTION: Dr Grady to liaise with Dr Hicks on providing article for *Transmitter*.

(IV) DoH Musculoskeletal Programme Spinal Taskforce

Dr Hester reported that this group, previously disbanded, was now being reformed. As a result the FPM and BPS had been asked to draft a response to some questions regarding spinal pain, for which Dr Hester had completed an initial draft. The Board felt that the document was very well written and agreed with its emphasis on the importance of initial diagnosis. The possibility of other interventions would also be added. It was agreed that all members would submit comments on the document to Dr Hester and that Dr Langford would circulate it to the BPS.

ACTION: All members to email Dr Hester with comments on draft document before end of December.

ACTION: Dr Hester to submit final document to DoH.

(V) Relationships with industry

The Dean reported that the Faculty was sometimes invited to send representatives to a large meeting being coordinated by industry. This raised the wide issue of the Faculty's relationship with industry. Dr Simpson felt that the Faculty should state its position and new Board members should be given clear guidance. The Dean stated that this would be discussed in detail at the next meeting and a FPM policy agreed.

ACTION: Mr Goodwin to add item to agenda for next Board meeting.

(VI) Governance in Pain centres

The Dean reported that he had received an email from Dr Natasha Curran asking if the FPM could visit her PM centre and provide advice on governance. The Dean had responded that the Faculty was not currently in a position to undertake such activities. The RCoA ART mechanism could be used in some cases.

(VII) Declaration of Montreal

The Dean reported that various bodies including the IASP had banded together to release a declaration that access to pain management was a fundamental human right – this has been named the Declaration of Montreal. It was agreed that the Dean would circulate the Declaration to the Board, who would reply as to whether the FPM should endorse it.

ACTION: Dean to circulate Declaration to Board members, who are to reply with their views on FPM endorsement.

(VIII) Fellowship ad eundem

The Dean reported that the Board's motion to RCoA Council regarding access for members of the Irish college had been passed.

(IX) DoH Never Events consultation

The Dean reported that the RCoA had responded to the consultation, with FPM input into the single Never Event related to opioid death which was felt to be rather simplistic in that it did not mention monitoring and actions to prevent serious harm. An unintended consequence may be that patients will be denied opioids in many situations and suffer preventable pain. A suggested wording for this event was submitted.

FPM/148/2010 REPORT FROM THE RCoA DIRECTOR OF EDUCATION

Ms Drake's report largely concerned matters to be dealt with later in the agenda and so would be dealt with there – see *FPM/150/2010(II)*, below.

FPM/149/2010 FACULTY OF PAIN MEDICINE BOARD STRATEGY

Mr Waeland reported that, as the strategy document had now been live for a year, it would be reviewed before the next meeting of the Board.

(I) Awards and Prizes

The Dean reported that there had been some discussion of a FPM gold medal. It had been agreed that this was good idea and would follow the RCoA model as the highest honour of the Faculty, rarely bestowed. The next step would be to draft a form of regulations regarding the medal's presentation.

(II) Development of Research Support

The Dean reported that he had presented this idea to BPS Council, where it had been well received. Dr Langford confirmed that the BPS was happy to endorse the concept and that Dr Mick Serpell (Chair of the BPS Science and Research Committee) would lead on it from their end.

(III) National Pain Audit

Dr Langford reported that he had met with Dr Foster to discuss the audit and had been pleased to see reasonably complete data-sets from the majority of pain clinics around the country, though the accuracy of the information was somewhat in question – people in the clinics would need to check their entries and make any necessary corrections. Phase 2 of the pilot was now up and running. Some areas were struggling with issues of patient consent; it had not yet been decided whether the best approach was to send the material to the patient's home or to give it to them whilst they were in clinic waiting area. Full roll-out of the Audit was planned for February 2011. The Dean added that there was also some work required on the classification system for patients with multiple diseases.

(IV) Communications Policy

(a) *Transmitter*

Dr Simpson reported that the latest issue of *Transmitter* had been released and very well received. Dr Grady would edit the next issue.

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(V) Election of two Board members

Mr Waeland reported that Dr Beverly Collett and Dr Steven Ward had been elected to the Board, to take up office in February 2011.

(VI) National Registry of Spinal cord implants

The Dean reported that he had discussed this issue with Dr Simon Thompson, who had been working on this for some time with Dr David Cunningham, and who had created a database for such implants which they stated was almost fit for purpose. However the project had faltered for want of finance and endorsement. Dr Thompson had been keen to use the FPM's interest and work with SIGS and the BPS to push things forward, without involving private industry. Dr Simpson noted that it was industry who in fact maintained the best records on the uses of such implants; however there was strong support for Dr Thompson's work within NSUKI and it would be more sensible to support him rather than start from scratch. Dr Taylor agreed with this and stated that even if only Fellows of the Faculty were to sign up a significant number of the implants would still be captured – industry would not share this data as it was commercially sensitive to them. The Dean stated that he would discuss the matter with Dr Thompson and that some expertise from the Board would be needed to assess the database. It was not currently known how much funding would be required.

ACTION: Dean to take the matter forward.

FPM/150/2010 FPM PROFESSIONAL STANDARDS COMMITTEE

(I) FPMPSA Minutes – 4th November 2010

The Board received the minutes of the FPMPSA meeting held on 4th November.

(II) Revalidation and CPD

Ms Drake reported that the CPD Matrix was now moving forward, and that whilst Levels 1 and 2 were as before Level 3 had now been devolved to the various societies for definition, though the FPM's initial stipulations for Level 3 were also unchanged. Level 3 was also mapped against the Advanced sections of the curriculum and work was ongoing to map e-Learning against the new Matrix codes. Dr Sanjeeva Gupta would also be asked to map all future FPM events against the codes. Dr Tomlinson stated that as trainees worked through Level 1 there would be a large number of links to various articles and papers, which would decrease by the time they reached Level 3. The first revalidation tranche would be in late 2012, subject to the provision of responsible officers, adequate clinical governance, and remedial packages. This would be based on a 5 year retrospective assessment. Full and robust appraiser training would be key to the entire project.

(III) Guidance on competencies for Intrathecal Drug Delivery, Paediatric Pain Medicine and Cancer Pain

Dr Simpson reported that a problem had been discovered in the opening paragraph of each of the guidance documents, in that it implied that the competencies were mandatory for all pain specialists. This was contrary to the intention that they would be optional competencies for the training and development of those particularly interested in each area. This had been discussed by Dr Simpson and Dr Grady at the FPM Annual Meeting and a resolution reached. This was approved by the Board.

ACTION: FPM administrators to publish guidance documents online.

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Mr Waeland further reported that the guidance on Chronic Pain had been sent to the RCoA Professional Standards Committee for approval.

(IV) **On good practice in the management of continuous epidural analgesia in the hospital setting**

Mr Goodwin reported that the final version of the guidance document had been approved and printed. Mr Waeland reported that the printed versions would be circulated to Fellows with the guidance on epidural injections, once this was also completed.

(V) **Recommendations on the use of epidural injections for the treatment of back pain and leg pain of spinal origin**

The Dean reported that he had held discussions with Dr Ian Rowe of the BSR to try and overcome their objections to the guidance. The big problem for the BSR was the stipulation that oximetry should be used (although it was noted that this stipulation was not present in the epidural analgesia guidance). They were also happy for the guidance to stipulate 'treatment rooms', but not 'theatres'. The Dean also noted that the BSR had not commented on, though might object to, the guideline that dye should be used. However it might be possible to keep this in if it was made clear it was for efficacy reasons, not safety ones. Dr Simpson felt that the differences were not insurmountable and the Faculty should maintain discussions with the BSR.

ACTION: Dean and Dr Simpson to discuss changing of wording and send back to BSR.

Mr Waeland also noted that, as yet, no response at all had been received from BOA.

(VI) **Faculty events**

(a) ***Study Day, 18th November 2010: Spinal Cord Stimulation***

(b) ***Third Annual Meeting, 24th November 2010***

Mr Waeland reported that both of the Faculty's November events had gone very well and received extremely positive feedback. Over 100 delegates had been present at the Annual Meeting.

FPM/151/2010 FPM TRAINING AND ASSESSMENT COMMITTEE

(I) **FPMTAC Minutes – 24th September 2010**

The Board received the minutes of the FPMTAC meeting held on 24th September.

(II) **FFPM Examination**

Dr Grady reported that 19 of the 22 FPM Examiners had been sworn in at a meeting held on 16th November (two had been unable to attend and would be sworn in at the next meeting in March 2011), and all had been allocated to question writing groups. The question writers' meeting, held directly after the swearing in ceremony, had gone extremely well and the Court of Examiners seemed to be a very cohesive group. Dr Simpson and Dr Taylor agreed with this and stated that the meeting had been very constructive.

(a) ***Date of first FFPM examination***

The Dean reported that the initial sitting of the exam would be held in September 2012. A statement to his effect had been developed and would be circulated to Board members for comment; these should be returned by 8th December, after which time the statement would go live on the website.

ACTION: FPM administrators to publish statement on website.

(III) Curriculum

Dr Grady stated that there was nothing to report on this item.

(IV) Guidelines for Advanced Pain Training

Dr Taylor presented his draft of the document to the Board. The document stated that recognition of units would be devolved to RAPMs, as there was no official process for this, and so he wished the Board to confirm that it was happy for this to be left to the RAs, with input from FPMTAC where appropriate. Training centres would resubmit the document every 3 years. Dr Grady queried whether the document should be called 'guidance' or if this was misleading. Mr Waeland responded that the 'guidance' title had come about because the FPM did not have any real place within the GMC QA system. Dr Tomlinson agreed that the document should be renamed, as it was really more of a checklist for Schools. It was agreed that Dr Taylor would make minor amendments to the document.

ACTION: Dr Taylor to amend draft document.

Post-Meeting Note: The document's final title was: 'Review Form from Schools Of Anaesthesia and Hospitals Seeking to Provide Higher & Advanced Training In Pain Medicine for Anaesthetists'.

FPM/152/2010 REGIONAL ADVISORS IN PAIN MEDICINE

(I) General update

Dr Hughes updated the Board on the latest RAPM meeting held on 25th November. There had been some discussion on fitting Higher and Advanced Pain training within the later years of HST, which would be discussed at FPMTAC. There had also been discussion on WPBA assessments, and whether it was possible for them to be completed by non-consultants as not every hospital had a consultant-led ward round. Dr Tomlinson responded that if the assessment was on something that non-consultants could sign-off then that would be fine; if the current guidance precluded them from doing so then this could be amended. Dr Hughes reported that the question had been raised as to whether regions should interview trainees for Higher as well as Advanced Pain training. The Board agreed that this should be left down to the individual regions as it was highly dependent on their own particular circumstances.

(II) RAPM Guidance

Dr Hughes stated that this item would be discussed at FPMTAC and held over until the February 2011 Board meeting.

(III) Oxford and North London RAPMs

Mr Goodwin reported that ballot procedures for new RAPMs had been carried out in these regions, and the Oxford appointment ratified. However in North London the candidate who had been preferred for the role (due to a greater involvement with Pain training), had lost the ballot to another candidate who was more well know to the local RCoA College Tutors, who outnumbered the LPMES in the ballot. Mr Waeland stated that at present the appointment process was a ballot, not an election, and the final outcome was decided by the Board which could overturn the ballot if it wished. The Dean felt that as this was a clear majority for the other candidate then the Board should

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accept it, however the appointment system could be looked at. Dr Taylor made the point that regions for RAPMs were very large; it would be impossible for an RCoA College Tutor in Frenchay to know the LPMES in Plymouth if he applied for the RAPM role.

Dr Simpson noted that if a more democratic election process was to be moved to then the constituency of the electorate would have to be decided. Mr Goodwin reported that in Intensive Care Medicine an election process took place; however the constituency was balanced so that the local ICM tutors were always the majority – College Tutors in anaesthesia and other specialties did not have a vote, to ensure that the ICM trainers could not have their RA elected by another specialty. Dr Langford felt that only trainers with designated Pain sessions should be able to vote, as this was clearly demonstrable by hospitals. The Dean felt that this issue could not be solved in the current meeting, and that a new draft appointment process should be created for discussion.

FPM/153/2010 FACULTY REPRESENTATIVES REPORTS

(I) National Institute for Academic Anaesthesia

The Dean reported that he was still Chair of the NIAA Research Council but had stepped down from the Board. Ms Drake reported that details of a multi-centre study grant had recently been published on the NIAA website, for which Acute Pain doctors were eligible to apply.

(II) Scottish Pain Group

The Dean reported that Dr MacKenzie would also be stepping down from this group, to be replaced by Dr Blair Smith, a GP with an interest in Pain. Dr Smith was moving to set up a Scottish Pain Research Community (SPARC), and had asked if the FPM wished to be involved. The Dean would be attending the SPARC launch meeting in March 2011, to give a talk about the FPM and NIAA and how these organisations could partner with those in Scotland.

FPM/154/2010 ANY OTHER BUSINESS

(I) Goodbye to Dr Hester

The Dean noted that this was Dr Hester's final meeting as a member of the Board, after many years of involvement in Pain Medicine, predating the formation of the Faculty. The Dean thanked Dr Hester on behalf of the Faculty for her enormous contribution to the Board and to Pain Medicine as a whole.

FPM/155/2010 MATTERS FOR INFORMATION

(I) Terms of Office of current Faculty Representatives and re-appointments

The Board noted the Terms of Office.

(II) Terms of Office of Faculty Officer Holders and Leads

The Board noted the Terms of Office.

(III) Terms of Office of current Regional Advisors in Pain Medicine

The Board noted the Terms of Office.

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(IV) Table of consultations

The Board noted the latest table of consultations:

Consultation	Deadline	Submitted
(GMC) Revalidation	4 th June 2010	YES
(NICE) Peripheral Arterial Disorder	16 th July 2010	YES
(NICE) Incontinence in Neural Disorder	30 th July 2010	YES
(NICE) Headaches	9 th Sept 2010	YES
(NICE) Diabetic Foot Problems	<i>c. Oct 2011</i>	
(NICE) Opioids in Palliative Care	<i>c. Late 2011</i>	
(NICE) Sickle Cell Crisis	<i>c. Late 2011</i>	
(NICE) Urinary incontinence – Update	<i>c. Late 2011</i>	

(V) List of Publications and Releases

The Board noted the list of publications and releases.

FPM/156/2010 DATES OF FUTURE BOARD MEETINGS

Thursday 10th February 2011
Thursday 5th May 2011
Thursday 15th September 2011
Thursday 1st December 2011

ACTION POINTS

Item		Action	
146(II)	<i>Pain Medicine</i> subscription	All members	Consider acting as Section Editor.
		Dean	Clarify final points with Dr Gallagher.
147(I)	Dr Peter Mackenzie	Dean	Write to Dr MacKenzie
147 (III)	Palliative Care and interventional DOPS	Dr Grady	Liaise with Dr Fiona Hicks on providing article for <i>Transmitter</i> .
147 (IV)	DoH Musculoskeletal Program Spinal Taskforce	All members	Return comments on draft document to Dr Hester by end of December.
		Dr Hester	Submit final document to DoH.
147(V)	Grumenthal	Mr Goodwin	Add item to agenda for next meeting.
147 (VII)	Declaration of Montreal	Dean	Circulate Declaration to Board members.
		All members	Respond with their views on endorsement.
149(VI)	National Registry of Spinal cord implants	Dean	To take the matter forward.
150(III)	Guidance on Intrathecal Drug Delivery, Paediatric Pain Medicine and Cancer Pain	FPM Admin.	Publish guidance documents online.
150(V)	Recommendations on the use of epidural injections for the treatment of back pain and leg pain of spinal origin	Dean	Discuss change of wording and send back to BSR for endorsement.
		Dr Simpson	
151 (II)(a)	Date of first FFPM exam	FPM Admin.	Publish statement on website.
151(IV)	Guidelines for Advanced Pain Training	Dr Taylor	Amend draft document.