



FACULTY OF PAIN MEDICINE

of the Royal College of Anaesthetists

Minutes of the Board meeting held on Thursday 8th December 2011

Members:

Professor D Rowbotham	(Dean)
Dr K Grady	(Vice-Dean)
Dr B Collett	(<i>via teleconference</i>)
Dr D Justins	
Professor I Power	
Dr K Simpson	
Prof R Sneyd	(RCoA Vice-President, <i>via teleconference</i>)
Dr M B Taylor	
Dr S Ward	
Dr J Hughes	(<i>Co-optee</i> : Chair of the Regional Advisors in Pain Medicine)
Prof R Langford	(<i>Co-optee</i> : President of the British Pain Society)
Ms S Payne	(<i>Co-optee</i> : Lay representative, Patient Liaison Group)
Dr N Saxena	(<i>Co-optee</i> : Trainee representative)

Apologies:

Dr R Laishley	
Dr S Gilbert	(<i>Co-optee</i> : Lead Clinician for Chronic Pain, Scotland)

In attendance:

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

BFFPM/12.11/1 WELCOME AND APOLOGIES

The Dean welcomed all Board members to the meeting. Apologies were noted as above.

BFFPM/12.11/2 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 15 September 2011 were approved as a true record of events.

BFFPM/12.11/3 MATTERS ARISING

3.1 BFFPM/09.11/3.2 Pressure on Pain Services

The Dean summarised the development of this item. In the past the FPM and BPS had decided against issuing a joint statement on the topic, preferring to influence the situation through ongoing channels such as NICE standards and the Chronic Pain Pathways initiative. The Dean noted that he regularly included the topic in his articles in *Transmitter* and the *RCoA Bulletin* but had so far received no correspondence from specialists

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commenting on it. Dr Collett noted that pain services in the country were currently in a state of flux, and that it would be beneficial for the Faculty to be seen as pro-actively involved with commissioners. Prof Langford reported that difficulties in the [REDACTED] area which may have implications for service and training in the region. Prof Langford reported that the issue had been discussed at BPS Council, where the consensus was that rather than a statement, local pain practitioners would benefit more from advice on how to handle their local negotiations with commissioners. Pain practitioners should no longer be hidden away within anaesthesia negotiations but should pro-actively promote the benefits of pain services as would a trade delegation. Prof Langford had previously created a presentation on this topic which could form the basis of a guidance document. It was agreed that the FPM and BPS would consider creating such a document for circulation to pain specialists. Dr Simpson commented that the best method of disseminating such guidance would be through the RAPMs, who would have the best idea of the specific issues in their regions.

ACTION: Prof Langford to circulate presentation to members for comment.

3.2 BFPM/09.11/3.3 Map of Medicine Chronic Pain Pathways

Prof Langford reported that work on the project was continuing, with pathways now being submitted. It was expected that finished pathway maps would be released at 4-6 weekly intervals beginning in January 2012. Prof Langford expressed his thanks to the Dean for liaising with Dr Ravi Mahajan (incoming editor of the *BJA*) to develop a plan for a series of articles highlighting each pathway, to begin in the latter part of 2012.

3.3 BFPM/09.11/4.7 NICE Library of Quality Standards

The Dean reported that we remain hopeful that NICE will adopt these standards – the fact that they were being considered was mentioned at the Pain Summit (see *BFPM/12.11/5.4*, below). No decision either way has been announced to date.

3.4 BFPM/09.11/6.1 MFPMRCA criteria

The Dean reported that the regulation changes had been accepted by RCoA Council. The entry route was now back up and running on the FPM website.

BFPM/12.11/4 DEAN'S STATEMENT

4.1 Board Development (Away Day)

The Dean reported that the Away Day would be held on Friday 27th January 2012. The latest FPM educational meeting would be held on the 26th, followed by a dinner for Board members. A facilitator for the Away Day had been identified – Mr Simon Denegri. The Dean hoped that the Away Day would provide a platform for the Faculty to develop further, now that its infrastructure was established. Discussion topics for the day were solicited; suggestions included pain in the community, production of recommendations and guidelines, PPI and the Faculty, and sub-specialty status for pain medicine.

ACTION: All Board members to submit ideas for Away Day discussion.

4.2 CPD Board

Ms Drake summarised the history of the new CPD Board, which was chaired by Dr Liam Brennan (Revalidation and CPD Lead) and had been formed to undertake a specialty-wide assessment of all areas of CPD. It had been agreed that the Board would produce an annual report showing how many assessors had been appointed, CPD applications received and courses recognised. The CPD Matrix had been published in 2010, with its

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next major review in November 2013. The next meeting would be in November 2012 and annually thereafter. An FPM representative was required. Dr Taylor volunteered to represent the FPM on the Board. This was agreed.

ACTION: Dr Taylor to represent the FPM on the RCoA CPD Board.

4.3 FPM Fees

The Dean circulated the latest FPM membership fees to the Board and explained the mechanism of the RCoA Finance Committee reporting to Council. [REDACTED]

[REDACTED] Dr Taylor commented that it would be helpful to see a balance sheet each year so that the Board could see where profits and losses were made. This was agreed.

ACTION: Mr Waeland to provide balance sheet for next Board meeting and on an annual basis thereafter.

4.4 European Union of Medical Specialists joint committee on Pain Medicine

The Dean reported that the EUMS had proposed the creation of a joint committee on Pain Medicine. The Dean had responded in support of the proposal. Dr Justins noted that the EUMS had made various attempts to formalise such an arrangement since the 1980s; the obstacle to it had always been the huge variation of standards in anaesthetic and pain training between various EU countries.

BFFPM/12.11/5 FACULTY OF PAIN MEDICINE BOARD STRATEGY

The Board noted the latest version of the strategy document.

5.1 FFPMRCA Special Applications Route

The Board considered the application of [REDACTED], who had been involved in a protracted correspondence with the Faculty over his desire to obtain FFPMRCA. His application was discussed comprehensively. It was agreed that the Faculty regulations already covered these issues and that [REDACTED] application for FFPMRCA could not be accepted, though he did qualify for Associate Fellowship.

ACTION: The Dean, Dr Grady and Mr Waeland to send joint email to [REDACTED] explaining the Board's position.

5.2 Development of research support

The Dean reported that he was in discussions with Dr Mike Grocott on establishing a research group to launch in Autumn 2012. Work would need to be done in advance to identify suitable individuals. Prof Power reported that Scotland was undertaking a similar exercise, though slightly different in that it did not just involve anaesthetists. The Scottish initiative had received government support.

ACTION: The Dean to keep the Board updated on any progress.

5.3 National Registry of cases with spinal cord implants

The Dean recapped the history of project and the FPM's discussions with Dr Simon Thompson. Dr Thompson was now piloting the system and would make a presentation,

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along with Dr Dave Cunningham, at the Board's next meeting in February 2012. Dr Simpson reported that she had participated in the pilot; entering the information had been straightforward though concerns had been raised over issues of information governance and transmitting the data. Discussions on funding would also need to take place.

5.4 Pain Summit

Dr Collett reported that the Pain Summit had taken place on 22nd November 2011, with 150 delegates in attendance, split between multi-disciplinary healthcare professionals, commissioners and patient groups. A series of speakers including Sir Bruce Keogh, Dame Carol Black and Sir Liam Donaldson had all spoken in support of pain medicine. After initial plenary sessions there was a series of workshops with talks given by people with pain and various healthcare professionals. Dr Ollie Hart (a GP from Sheffield) had spoken on primary care; Prof Langford had spoken on secondary care; and Dr John Goddard had spoken on adolescent pain services. This was followed by a Q&A session and then discussion workshops split into three areas: Education, Public Health and Commissioning. These workshops would now produce more in-depth documents on their respective areas which could be used to aid commissioners. Dr Collett had emphasised that the day was merely the start of a process. A factual report on the Summit would be circulated to all attendees by Christmas, with a more detailed report to follow. Clips of all the talks given were also available on the Pain Summit website: www.painsummit.org.uk.

Dr Collett also reported that a talk had been given by a newly-formed pain patient charity called Pain UK. Pain UK had been formed through the merging of various UK charities in order to provide a single English delegation for the European Pain Patients Group. Whilst the organisation was still in its formative stages, it was hoped that it would in time become a powerful voice for pain medicine. Dr Simpson commented that this seemed a positive development and it was suggested that a piece on patient resources be written for the next edition of *Transmitter*.

ACTION: Dr Grady to take forward as editor of *Transmitter*.

BFFPM/12.11/6 FPM PROFESSIONAL STANDARDS COMMITTEE

6.1 FPMSC Minutes – 14th October 2011

The Board received the minutes of the meeting. Points arising were:

- DVLA Guidance on Opioids – Dr Cathy Stannard was still dealing with the DVLA.
- Pain in secure environments – Dr Stannard would also be attending a meeting in February on this topic. As Dr Stannard was representing the BPS at the meeting, it was agreed that Dr Collett, who would also be attending, would represent the FPM. Prof Langford reported that the RCGP had recently produced a document on services in secure environments which covered pain; Dr Simpson replied that the document in question was very general and there was room for more specialist work.

6.2 Revalidation

The Dean reported that he had attended the most recent meeting of the Revalidation Development Committee and everything was proceeding on course.

6.3 Faculty Events

The Dean commented that the FPM Annual Meeting had gone very well, despite prior concerns that it would be adversely affected by the national strike held the same day.

6.3.1 Patrick Wall Lecture 2013

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Nominations were requested for the 2013 lecture. Dr Justins nominated Dr Martin Koltzenburg, one of few people left who actually worked with Dr Wall. This was unanimously supported by the Board.

ACTION: The Dean to take nomination to RCoA Nominations Committee.

6.3.2 Timing of FPM Annual Meeting

It was discussed whether the Annual Meeting date should be reconsidered, as the most recent meeting had taken place very close to other meetings that would be of interest to pain specialists. Miss Ripley reported that this bunching up of events had been caused by the need to move the October Study Day, which should not happen again in future. Prof Langford reported that the BPS Annual Meeting would be moving to May. It was agreed to keep the Faculty's meeting in November.

Ms Drake further reported that the RCoA had recently acquired lecture capture software which had been used to video talks at the FPM meeting. This could then be used to create an advertising package for events.

6.4 Transmitter

Dr Grady reported that the latest edition of *Transmitter* had now been released, and thanked Miss Ripley for her work on the issue. Offers of new articles from trainees were now starting to come in via Dr Saxena.

6.5 NAB Epidural Solution guidelines

The Dean summarised the history of the item, whereby the National Patient Safety Agency had been tasked to consolidate the various guidelines on this topic. The matter had gone to the FPMPSC, who had responded to say that the Faculty would consider endorsing the new guidelines if there were some sort of consultation process, to avoid any new guideline barring a solution used by most Pain fellows. This consultation had then taken place in conjunction with RCoA Council, given the prevalence of epidurals in anaesthetic practice. Following this consultation, the new guidelines had been endorsed by RCoA Council. The Dean now asked the Board to also endorse the document, which would not be badged with the FPM crest but would contain an endorsement statement. Prof Langford noted that the BPS had also endorsed the guidelines via email discussion. It was unanimously agreed that the Faculty should endorse the new guidelines.

ACTION: The Dean to forward Faculty's endorsement to NPSA.

6.6 CRPS guidelines

The Dean noted that this paper had come to the Board for information. Dr Roger Okell had been the FPMPSC representative on the group drawing up these guidelines. However the PSC felt that the final document could not carry endorsement by the FPM. The Dean reported that he would be discussing this decision via telephone with Dr [REDACTED], chair of the guideline group.

ACTION: The Dean to discuss Faculty decision with group chair.

6.7 Sickle cell disease guidelines

Dr Justins reported that NICE were developing guidelines on this topic, with pain specialists involved in setting up the scoping exercise. Separate work on the topic had also been undertaken by the General Haematology Task Force of the British Committee for Standards in Haematology, a draft version of which had been produced in October.

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However this document was felt to be unsupportable. Dr Justins had informed the author that they should not mention the Faculty of Pain Medicine or himself in any part of the document, and advised them that they wait for production of the NICE guidelines.

6.8 RCGP guidelines on integrated care

The Dean thanked all who had submitted feedback to this consultation, and reported that he had submitted the Faculty's response via the Survey Monkey online portal.

BFFPM/12.11/7 FPM TRAINING AND ASSESSMENT COMMITTEE

7.1 FPMTAC Minutes – 30th September 2011

The Board received the minutes of the meeting. Points arising were:

- The Committee was still considering the issue of DOPS for Higher Pain Training. The initial descriptors for DOPS for this block had been predicated on it lasting for 3 months; however feedback from the regions and RCoA Training Committee was that in reality the minimum timeframe of 4 weeks (or 20 sessions) was more likely. For this reason the descriptors were being reconsidered, along with the question of what kind of clinical encounter would constitute a suitable DOPS in HPT.

7.2 Trainees with disabilities

Dr Grady reported that Dr Roger Okell had been leading on this issue and had produced the circulated 'signpost' document. This was therefore being sent to the Board for information and comment but did not require further action. The RCoA Training Committee view had been that pain medicine may attract trainees with disabilities.; the Faculty's responsibilities toward such trainees would be set by the governing RCoA processes.

7.3 FPM Examination

Dr Grady reported that, in accordance with the development plan for the exam, she had now been appointed as Chair of the Court of Examiners, with Dr Nick Plunkett appointed Deputy Chair. Administration of the exam had now been handed over the RCoA Exams Team. The Dean formally thanked the Faculty administrators for their hard work in setting up the examination. SOEs were now well underway, as were MCQs. The EMQs were in need of more work. Dr Grady reported that a two day examiner training and standard setting meeting had been held in November and attended by all but one of the FPM examiners. It was felt that the examiners had taken well to the process of clinical interaction in SOE scenarios; this was ascribed to pain specialists having more day-to-day patient interaction than general anaesthetists.

Dr Grady further reported that she had been to Australia to observe their pain examination, which had now been running for 13 years. Dr Grady had conducted a small SWOT analysis of the new FPM exam in comparison, and felt that the UK exam was developing well. The major difference between the two approaches was that the Australian exam used live patients rather than clinical scenarios. Elements of infrastructure such as examiner training were more challenging in Australia given that pain was an entirely multi-disciplinary specialty there. Senior officials of the Australian college were also keen to undertake a reciprocal visit to the FFPMRCA when it was up and running.

Mr Waeland reported that the MCQ and SOE components of the exam had now been 'uncoupled' at the suggestion of both Dr Liam Brennan, Chair of the FRCA exam, and Mr Graham Clissett, the RCoA Exams Manager. It was not felt to be good exam practice to

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make trainees sit the SOE component if they had done so poorly on the MCQ that they could not pass the overall exam. An MCQ pass would be valid for 3 years, giving 6 attempts to pass the SOE component – the message from the Faculty would be that a well-prepared first attempt was the best way to approach the exam.

Dr Justins commented that the Faculty should seriously consider the issue of preparing trainees for the exam; at the moment this was being left largely to the RAPMs, which could lead to differences in standards of exam preparation. Whilst 'teaching for the exam' had been discouraged by the RCoA (for example mock SOEs were not permitted), it was agreed that some form of preparation should be undertaken. Unlike FRCA, which had an established history and understanding of its level of difficulty, the FFPMRCA would be an entirely unknown quantity to candidates.

ACTION: Ms Drake to check on guidelines for exam training days.
ACTION: FPM administrators to investigate possibility of examination tutorial or workshop in Summer 2012, replacing the planned Study Day.

7.3.1 *Exam Regulations*

Mr Waeland reported that the regulations had not been finalised in time for the meeting; they would be circulated via email for agreement by the Board.

ACTION: Mr Waeland to circulate regulations via email.
ACTION: All Board members to respond with any comments.

7.4 Curriculum

There were no new developments to report.

7.5 Logbook

Dr Laishley had submitted a written update shortly before the meeting; it was agreed that members would take this away in hard copy and return any comments via email.

ACTION: All Board members to submit any comments on the logbook report.

7.6 Addiction and mental health competencies

Dr Grady reported that Dr Cathy Stannard had attended a meeting on this topic on behalf of the Faculty, where it had been requested that the FPM and RCoA develop training competencies in this area. This would be for the main body of the curriculum and very 'broad brush' in approach.

ACTION: FPMTAC to take the matter forward.

BFPM/12.11/8 REGIONAL ADVISORS IN PAIN MEDICINE

8.1 General Update

Dr Hughes had circulated a survey to all RAs regarding training in their regions and received a 60% return so far. The full results of this survey would in time be reported to FPMTAC. Overall uptake of APT slots seemed fairly balanced, but some areas were under or oversubscribed. It was also proving difficult to get a grasp on the implementation of Higher Pain Training, though there seemed to be a general anxiety over how it would fit into the overall anaesthetic programme.

8.2 Election of new RAPM Chair

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Mr Waeland reported that the request for nominees had been circulated to the RAPMS.

Post-meeting Note: It was subsequently confirmed that Dr Nick Campkin, Dr Barry Miller and Dr Roger Okell had stood for election as Chair of the RAPMs. The election would be open until 3rd January 2012.

The Dean stated that as part of the Away Day he wished to raise the issue of appraisal of the RAPMs, such as requiring them to write reports on their activities and formally confirm receipt of certain documentation (such as exam material) which was vital to the futures of their trainees. It was also suggested that a regular email update should be scheduled for the RAPMs to keep them updated on the latest Faculty developments.

8.2 Thanks to Dr Hughes

On behalf of the Board and the entire Faculty, the Dean formally thanked Dr Hughes for all his hard work during his term as Chair of the RAPMs; Dr Hughes had held this important position at a key time in the Faculty's development and would be a hard act to follow.

BFBM/12.11/9 FACULTY REPRESENTATIVES REPORTS

9.1 National Pain Audit

Dr Ward reported that, following a press release, the NPA had been featured in the *Nursing Times*. The Audit was now collecting data and a publication date had been pencilled in for October 2012.

BFBM/12.11/10 ANY OTHER BUSINESS

10.1 Guys & St. Thomas' Pain post

Dr Justins reported that a Pain post had been advertised at [REDACTED] which contained 6 sessions but only 0.5 SPAs. This had proved controversial with the RCoA and AAGBI, whose guidance recommended at least 1 PA. The outcome of these discussions was that no college representative would be attending the AAC panel; however as a foundation trust [REDACTED] were able to proceed with the interview regardless. Ms Drake reported that this had been discussed at the President's meeting, where the feeling had been that the College should alert the BMA, as any doctor in this role may not meet the requirements for revalidation.

BFBM/12.11/11 MATTERS FOR INFORMATION

11.1 Terms of office of Regional Advisors in Pain Medicine

11.2 Terms of office of Faculty Officers Holders and Leads

The Board noted the Terms of Office.

11.3 Table of consultations

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Consultation	Deadline	Submitted
(DOH) Quality Standards	18 April 2011	YES
(NICE) Urinary incontinence – Update	29 April 2011	YES
(AoMRC) Benefit of Consultant Delivered Care	6 May 2011	YES
(GMC) Prescribing Medicines	27 May 2011	YES
(NICE) Sickle Cell Crisis	5 July 2011	YES
(NICE) Migraine (Chronic) botulinum toxin A	<i>TBC</i>	YES
(DEMOS) Calls for Evidence on Assisted Dying	25 Aug 2011	NO
(RCGP) Consultation on Integrated Care	4 Nov 2011	YES
(NICE) Opioids in Palliative Care	6 Jan 2012	NO

11.4 List of Publications and Releases

The Board noted the list of publications and releases.

BFFM/12.11/12 DATES OF FUTURE BOARD MEETINGS

Friday 10 February 2012

Friday 4 May 2012

Thursday 20 September 2012

Thursday 13 December 2012

ACTION POINTS

Item		Action	
3.1	Pressure on pain services	Prof Langford	To circulate presentation to Board members for comment.
4.1	Board development (Away Day)	All members	To submit ideas for Away Day discussion.
4.2	CPD Board	Dr Taylor	To represent FPM on CPD Board.
4.3	FPM Fees	Mr Waeland	To provide balance sheet for next Board meeting and on annual basis thereafter.
5.1	FFPMRCA Special Applications Route	Dean	To send joint email to ██████ explaining the Board's position.
		Dr Grady	
		Mr Waeland	
5.2	Development of research support	Dean	To keep the Board updated on any progress.
5.4	Pain Summit – Pain UK	Dr Grady	To take forward development of article on Pain UK as editor of <i>Transmitter</i> .
6.3.1	Patrick Wall Lecture	Dr Justins	To obtain a copy of Dr Koltzenburg's CV.
		Dean	To take Dr Koltzenburg's name to RCoA Nominations Committee.
6.5	NAB Epidural Solution guidelines	Dean	To forward Faculty's endorsement to NPSA.
6.6	CRPS guidelines	Dean	To discuss Faculty decision with group chair.
7.3	FPM Examination	Ms Drake	To check on guidelines for exam training days.
		FPM Admin.	To investigate possibility of exam tutorial or workshop in Summer 2012.
7.3.1	Exam Regulations	Mr Waeland	To circulate via email.
		All members	To submit any comments.
7.5	Logbook	All members	To submit any comments on the report.
7.6	Addiction and mental health competencies	FPMTAC	To take the matter forward.