



FACULTY OF PAIN MEDICINE

of the Royal College of Anaesthetists

Minutes of the Board meeting held on Thursday 13 December 2012

Members:

Professor D Rowbotham	(Dean)
Dr M B Taylor	(Vice-Dean) (<i>via teleconference</i>)
Dr B Collett	
Dr Kate Grady	
Dr D Justins	
Dr R Laishley	
Dr K Simpson	
Dr S Ward	
Dr B Miller	(<i>Co-optee</i> : Chair, Regional Advisors in Pain Medicine)
Dr E Baird	(<i>Co-optee</i> : Trainee representative)
Dr S Gilbert	(<i>Co-optee</i> : Lead Clinician for Chronic Pain, Scotland) (<i>via video conference</i>)
Professor R Langford	(<i>Co-optee</i> : President, British Pain Society)
Ms S Payne	(<i>Co-optee</i> : Outgoing Lay representative, Patient Liaison Group)
Ms Carol Green	(<i>Co-optee</i> : Incoming Lay representative, Patient Liaison Group)

Apologies:

Professor I Power
Dr Hwyl Jones

In attendance:

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

BFPM/12.12/1 WELCOME AND APOLOGIES

Apologies were received from Professor Power and Dr Jones. The Dean welcomed Miss Green as the new Patient Liaison Representative.

BFPM/12.12/2 MINUTES OF THE LAST MEETING

The minutes of the last meeting held on 20 September 2012 were agreed as a true record of events, subject to some minor amendments.

BFPM/12.12/3 MATTERS ARISING

3.1 Nominations

The Dean reported there were no names put forward by the Faculty at the last RCoA Nominations Committee meeting. The Board should have suggestions ready for the various honours at the next Board meeting in February and to email any suggestions

to the Dean in the meantime.

ACTION: FPM administrators to circulate list of past awards given by the Faculty.
ACTION: Board Members to email suggestions to the Dean.

3.2 NICE

The Dean reported that he had met with the Chairman of NICE with other representatives of the College and he confirmed that there would be a NICE quality standards in Pain.

BFPM/12.12/4 TRAINEE REPRESENTATIVE REPORT

Dr Baird reported that feedback from the trainees has been much more positive post-exam than it had been pre-exam. Dr Baird had phoned some of the exam candidates and feedback was positive; unsuccessful candidates understood that they needed to do more preparation in order to pass next time. Dr Baird reported that the trainees still did not realise that basic sciences would be such a big part of the exam; this would need to be fed back to the RAPMs so that it could be reiterated to the trainees. The trainees also reported that they wished for there to be more SOE practice. Mr Waeland informed the Board that this will be covered at the next Examination Tutorial in December.

BFPM/12.12/5 DEAN'S STATEMENT

5.1 Election to the Board

The Dean reported that Dr John Goddard and Dr John Hughes had been elected to the Board; their first meeting would be at the next Board meeting in February.

5.2 Role of the Board members

The Dean reported that there would be a meeting after the Board to discuss the roles and responsibilities of the Board Members.

5.3 Ketamine issue

The Dean informed the Board that a letter had been sent to the RCoA by Dr David Nutt of the Independent Scientific Committee on Drugs requesting that the College intervene in Government deliberations on the upgrading of Ketamine to a Schedule 1 controlled drug. It was agreed that the Faculty would not involve itself in this issue.

5.4 Problematic pain scoping meeting

The Dean reported that following on from the Pain Summit Report and Recommendation A being tasked to the Faculty, a meeting had been held to create work streams to fulfil this recommendation. There were four suggested deliverables to come out of the meeting:

- 1 An early warning system to alerting the clinician to the development of chronic 'problematic' pain, including clear definitions of terms e.g. problematic pain.*
- 2 Ensuring the timely publication of a top quality pain e-learning programme for all healthcare professionals in the NHS.*
- 3 Creation of an easily accessible library of the evidence-based supporting present management options for chronic pain.*

It was agreed that this would be a useful resource which could be compressed onto a website and linked to various sources of information. Dr Ward volunteered to lead on 3.

- 4 Work with all groups of healthcare professionals who deal with people in pain*

to ensure that they can rapidly detect the development of problematic pain and be aware of immediate management and referral patterns.

It was agreed that the Dean would lead on 4.

The Board agreed that completing these projects would ensure that the Faculty had delivered on Recommendation A of the Pain Summit report.

ACTION: Dr Ward to start work on creating the library of resources.

5.5 Plagiarism software

The Dean reported that the plagiarism software was now in place and the guidelines for its future use were being set. The trainees have been made aware of this, as have the RAPMs.

5.6 Pain Less exhibition

The Dean reported that the exhibition had now opened at the Science Museum. The National Pain Audit would be launch there on 17th December 2012.

5.7 UK Clinical Pain Network

The Dean reported that the meeting had been very successful. The main goal was to be able to deliver commercial research in pain; the first step would be to identify an infrastructure by approaching 7 or 8 centres to ask if they wished to be involved. A core group would also be formed to attend the next meeting; a lead still needed to be appointed.

5.8 E-Learning

Ms Drake reported that three sessions were now currently in-build. The hope was for four sessions will be in development by Christmas. This would take some time to build momentum as delays were common on projects such as these; however authors were being actively chased to try and keep the project on track.

BFPM/12.12/6 FPM BOARD STRATEGY

6.1.1 Communications Working Party

Dr Collett reported that there had been one meeting of the Working Party, which would be examining the Faculty's communications both within the Faculty and RCoA and also with outside entities such as the public, media, other colleges and organisations. The Faculty currently had a relatively small profile; a need to spread the message as to the role of pain doctors had been indentified. The Working Party had suggested three broad areas of development to the FPMPS: patient information leaflets, website suggestions and the Medikids comic(see BFPM/12.12/7, below).

ACTION: FPM administrators to circulate the minutes of the Communications Working Party.

6.1.2 BJA representative

The Board unanimously agreed the nomination of Dr Suellen Walker as the Faculty representative on the *BJA* Editorial Board. Dr Walker would be requested to provide written reports for the Faculty Board.

6.1.3 Pain-themed Bulletin

The Board discussed the suggestion of an entirely pain-themed edition of the RCoA *Bulletin*. After some consideration, the Board decided that rather than have a whole

edition full of Pain Medicine related articles, it would be better to have regular pain articles throughout the year. There would be two articles in the March 2013 edition and one in the May 2013 edition. It was decided that it would be beneficial to have a list of articles that the Board would like to see covered in the Bulletin and that the Communications Working Party could develop.

ACTION: The Dean to inform the *Bulletin* staff that the Faculty did not wish to create a Pain themed issue.

ACTION: Board members to send ideas for articles to Dr Collett.

ACTION: FPM administrators to add *Bulletin* article ideas to the Communications Working Party agenda.

6.2.1 Guidance for CCGs

The Board were informed that some work has been done on this already by the Faculty, the British Pain Society (BPS) and the CPPC; with predominantly tertiary care being covered. Professor Langford informed the Board that the BPS work had developed from the implementation and dissemination of the Pain Pathways project, but also included material to advise on engaging with Commissioners. The Board agreed that more advice on approaching Commissioners was needed as many clinicians would not be experienced in engaging in this way. The Board also agreed that work needed to be done urgently on guidance relating to locally commissioned secondary care. The Board decided that a group of medics needs to be formed to take this forward with a lead from the Board; their task would be to put together commissioning material to cover all of pain care and negotiating with Commissioners, including pathways for referral.

ACTION: Dr Collett to start work on Commissioning Guidance.

6.3 Acute/Paed's Pain Membership

The Board agreed that more work needed to be done on this. It was suggested that Fellows who work in acute pain only should be canvassed for their opinion.

ACTION: The Dean to do this.

In relation to Paediatric Pain, Dr Taylor informed the Board that he had met with Dr Grady and Dr Richard Howard and discussed possible training options for trainees to complete combined modules in Advanced Pain and paediatric pain; however some of these would have to be completed post CCT. Dr Taylor would seek clarification on the number of months required to complete each type of training; this would be considered by the FPMTAC and then fed back to the Board.

ACTION: Dr Taylor to seek clarification from Richard Howard as to the time scales for combined paediatrics and pain training suggestions.

6.4 Report from CPPC

Dr Collett reported that all parties were working on their allocated Recommendations from the Pain Summit. The aim was to publish a report in June 2013 with a meeting to be held in November 2014.

BFPM/12.12/7 FACULTY OF PAIN MEDICINE PROFESSIONAL STANDARDS COMMITTEE

7.1 Update on last FPMPSC meeting

Dr Simpson informed the Board that the last FPMPSC meeting could not take place as not enough members attended to be quorate.

7.2 Medikids endorsement

The Board considered the proposal of FPM endorsement for Medikids. It was noted that the testimonials were positive. However the Board expressed concerns over the content of the story, which emphasised pain in the elderly. The comic also appeared to be looking at disability rather than rehabilitation. It was also felt that it would have been preferable to depict a child's experience of chronic pain rather than an adult's. For these reasons the Board decided not to endorse the document. The Board did agree to have a link to the document on the FPM website.

ACTION: FPM Admin to create a link to the Medikids document on the FPM website.

7.3 External Review of NAP 3 and 4

The Dean reported that an external review was currently being undertaken and views of the Board were taken as to the NAP process. The Dean will feedback to the NAP reviewers.

7.4 Drugs and Driving

The Board discussed that the Faculty should be involved in this new proposed legislation, which would be published in 2013 and outline which drugs and at what levels should trigger a prosecution. A public consultation would then be run; the Board were informed that if the Faculty applied to be a stakeholder then there would be an automatic invitation to attend the meetings. It was agreed that the FPM should take part in the consultation process.

ACTION: FPM administrators to apply to be a stakeholder in the Drugs and Driving Bill.

BFPM/12.12/8 TRAINING AND ASSESSMENT COMMITTEE

8.1 FPMTAC Minutes

Dr Grady reported that the final statement regarding what diagnostic skills were expected of trainees was still being written and would be added to the curriculum.

8.2 FPMRCA Examination

Dr Grady reported that the final pass rate was 62.5%. Dr Grady and Dr Justins have written a report for the March 2013 edition of the Bulletin.

8.3 Examination Prize

Dr Grady reported that the court of examiners raised the question of whether there should be a prize for the FPMRCA examination, in particular because a couple of the trainees achieved extremely high marks. The Board had previously decided to wait for a few years before a prize was introduced but it was considered a shame to not recognise the achievements of these trainees. The FPMTAC would consider this further.

ACTION: FPM administrators to add to the FPMTAC agenda.

8.4 Paediatric Training

See item 6.3

8.5 Links with RCPCH

Dr Grady reported that she had met with Dr Richard Howard of the RCPCH who had asked if the Faculty could endorse some study days for paediatricians to learn about Pain Medicine.

8.6 Essential Pain Management Course

Dr Justins informed the Board that the Essential Pain Management Course had been set up by the Faculty of Pain Medicine in Australia and the Australian and New Zealand College of Anaesthetists to provide short training courses in pain management in developing countries. The concept is based upon similar courses developed for anaesthesia in developing countries. Endorsement was being asked from the Faculty to support applications and give more legitimacy to the training relating to Pain Medicine. The Board agreed that they would like to endorse this programme.

BFPM/12.12/9 REGIONAL ADVISORS IN PAIN MEDICINE

Dr Miller reported that only nine RAPMs attended the last meeting in November. The RAPMs had decided that from 2014, there will be two meetings in London on the same day as the anaesthetist RA meetings, as the meeting associated with the BPS was not always held in an easily reachable location. Dr Miller further reported that the plagiarism software information had been disseminated to the RAPMs.

9.1 Wessex Concerns

Dr Miller reported that major problems had been occurring in the Wessex region, related to the de-commissioning of services.

ACTION: The Dean to discuss concerns about training in the Wessex region at RCoA Council.

9.2 Consideration of Associate Fellows for Regional Advisors

Mr Waeland informed the Board that presently only full Fellows were allowed to be RAPMs. Given that pain consultants were a small group, it could be beneficial to allow good Associate Fellows to be RAPMs. The Board agreed that this would be appropriate and that this might allow those Associate Fellows to be eligible for Fellowship ad eundem.

ACTION: FPM administrators to change the regulations to allow Associate Fellows to become RAPMs.

BFPM/12.12/10 FACULTY REPRESENTATIVES REPORTS

10.1 National Pain Audit

Dr Ward reported that a draft report had been produced but was currently embargoed; the official launch would be on Monday 17th December (see item 5.6, above). Dr Ward reported that the main findings were that the case mix data showed that those with chronic pain experience the lowest quality of life; that chronic pain patients made a huge number of visits to other specialists; and that the access to key skills showed room for improvement. Dr Ward reported that a lot of work would be needed on more individual analysis.

10.2 Revalidation meetings

Dr Simpson and Dr Grady reported that a two day meeting had been held, with the second day being pain related and focusing on what questions revalidation advisors might expect to be asked. All queries would be channelled through the RCoA which would pass them to Dr Grady or Dr Simpson to respond; this would avoid

miscommunication. Recurring issues would become clearer once Revalidation had fully started.

BFPM/12.12/11 ANY OTHER BUSINESS

11.1 Final meeting for Dr Justins

The Dean formally thanked Dr Justins for all the hard work he had put into the Faculty throughout his time on the Board, particularly his role as founding Dean and his key work in the Faculty's establishment.

BFPM/12.12/12 MATTERS FOR INFORMATION

12.1 Terms of office of Regional Advisors in Pain Medicine

12.2 Terms of office of Faculty Officers Holders and Leads

12.3 Table of consultations

Consultation	Deadline	Submitted
(NICE) Healthcare Quality Standards Process Guide proposed update:	13 Mar 2012	NO
(GMC) Recognising and Approving Trainers	21 Mar 2012	YES
(BPS) Guideline for Pain on Older Adults	13 April 2012	YES
(BPS) Use of drugs beyond licence in palliative care and pain management	30 April 2012	YES
(CfWI) Shape of the Medical Workforce	30 April 2012	YES
(NICE) Headaches: guidelines consultation	07 June 2012	NO
(AoMRC) 7 day working	7 June 2012	YES
(DH) Long term conditions strategy	15 June 2012	YES
(BPS) Lumbar MBB and Radiofrequency	None stated	YES
(NICE) Neuropathic pain scope	9 July 2012	YES
(NHS) Developing our NHS care objectives	26 Sep 2012	YES
(Monitor) Guidance for commissioners	8 Nov 2012	
(NICE) Interventional procedures consultation	18 Dec 2012	
(Shape of training)	8 Feb 2012	

12.4 List of Publications and Releases

The Board noted the list of publications and releases.

BFPM/12.12/13 DATES OF FUTURE BOARD MEETINGS

Thursday 14 February 2013

Thursday 16 May 2013

Thursday 12 September 2013

Thursday 12 December 2013