



FACULTY OF PAIN MEDICINE

of the Royal College of Anaesthetists

Minutes of the Board meeting held on Friday 9th December 2016

Members:

Dr B Miller	(Dean)
Dr J Hughes	(Vice-Dean)
Dr G Baranidharan	
Dr B Collett OBE	
Dr J Goddard	
Dr C McCartney	
Dr J McGhie	
Dr A Nicolaou	
Dr M B Taylor	
Dr S Black	(Co-optee: Trainee Representative)
Dr S Burgess	(Co-optee: Patient Liaison Committee Representative)
Dr L De Gray	(Co-optee: Chair, Regional Advisors in Pain Medicine)
Dr P Wilkinson	(Co-optee: Chair, Professional Standards Committee)

In attendance:

Miss J Chand	(FPM Administrator)
Mrs L Owen	(FPM Coordinator)
Mr D Waeland	(Head of Faculties)

Apologies:

Dr A Baranowski	(Co-optee: President, British Pain Society)
Dr K Grady	(Immediate Past Dean)
Dr M Rockett	(Co-optee: Acute Pain Medicine Representative)
Mr T Grinyer	(RCOA Chief Executive)
Ms A Ripley	(Faculties Supervisor)

BFPM/12.16/1 WELCOME AND APOLOGIES

Dr Mendis was welcomed to his first meeting as Chair of the RAs. This was to be Dr de Gray's last Board meeting, as outgoing RA Chair, and she was thanked for all her hard work and for remaining on FPMTAC. Apologies were noted as above. This was to be Dr Collett's last Board meeting and she was thanked for her esteemed work, especially with CSPMS and towards key standards being embedded in the CQC framework.

BFPM/12.16/2 MINUTES OF THE LAST MEETING and MATTERS ARISING

- 2.1 The minutes of the last meeting held on 16 September 2016 were reviewed and agreed subject to a minor change.

2.2 Audits/Consultation length

Dr Wilkinson updated on the data he and Dr Davies had previously collected and analysed and the limitations of this approach. Dr McGhie reported that there had been setbacks with the plan to collect further data through trainees due to perceived ethics of the process and that this was to be discussed further at the next FPMTAC meeting. Dr Wilkinson suggested that the data could be used as a guide but would have to include various caveats and he and Dr Davies would draft a paper on the current data, recommendations and how to move forward with the work. The Board should email Dr Wilkinson with any comments.

ACTION: Board to email Dr Wilkinson with comments regarding consultation length work.
ACTION: Dr Wilkinson and Dr Davies to write paper on consultation length data, recommendations, caveats and how to move forward with the work stream.

2.3 Specialised commissioning in paediatric pain and paediatric medicolegal issues

Dr Goddard updated that Dr Glyn Williams had now been appointed to the Specialised Surgery in Children CRG so there was pain medicine representation on this. Dr Goddard had discovered that Dr Ben Thomas does paediatric medicolegal work and so any future queries could be directed to him.

BFPM/12.16/3 DEAN'S STATEMENT

3.1 Election

The Dean updated that Dr Sanjeeva Gupta had been successful in the election with 36% of the votes and would join the Board in March 2017.

3.2 Non-Anaesthetic Fellowship Working Party

The Terms of Reference for the New Membership Working Party were received and ratified by the Board. The Dean confirmed that the RCoA were supportive of the plan.

3.3 Cordotomies

Dr Hughes updated that cordotomy provision was still an issue with a decrease in the number of units providing this and also training opportunities decreasing. NHS England was currently looking at this and whether it should have a service specification in its own right.

3.4 Medicinal Use of Cannabis

A letter had been received from Professor Michael Barnes inviting the RCoA/Faculty to work on guidelines for the medicinal use of cannabis. The Board agreed that it would not be appropriate to support products without a good evidence base. The Faculty would support further research into efficacy and safety of a refined medicinal product.

ACTION: The Dean to draft a response to Professor Barnes regarding the Faculty's stance on medicinal use of cannabis.

3.5 Pain Medicine publishing opportunity

The Board had received copies of correspondence, both recent and from several years ago, regarding collaboration with the American journal *Pain Medicine*. It was debated whether the BJA would be happy for FPM to badge an alternate journal and it was agreed this should be ascertained as a first step. It was agreed that it is paramount for the Faculty to stay affiliated with the BJA. The second step would be to investigate the cost of subscription for members and how this would be covered.

ACTION: The Dean to contact BJA regarding FPM badging *Pain Medicine* journal.

3.6 SAS doctors

The Dean had been approached by Dr Lucy Williams, RCoA Council Member, regarding the role of SAS doctors in the Faculty. Not many SAS doctors had joined the Faculty. It was agreed that the Dean should have further discussions with Dr Williams on how the Faculty could engage with SAS doctors and support them.

ACTION: The Dean to liaise with Dr Lucy Williams regarding FPM engagement with SAS doctors.

3.7 RCoA Heritage Committee

The Faculty had been contacted by the RCoA Heritage Committee and invited to nominate a representative to look at history of Pain Medicine. Dr Collett offered to be the representative. It was agreed that the Dean should accept the invitation and then the representative can be arranged outside the Board agenda.

3.8 NICE Lower Back Pain guidance

The Dean raised that there was a problem with a lack of research moving pain forward and that the issues with the guidance were partly from lack of clarity differentiating between 'lack of evidence' and 'evidence against' something. The BPS were surveying their members to inform a response to the guidelines. Dr Hughes reported that the Pathfinder working group were meeting the following week to adjust their guidelines in response to the NICE guidelines. The Board voiced concerns over the starting age of 16 as being too low, as adult services do not have the support services needed for family and educational involvement and usually do not see patients until they are aged 18. There was further concern over abandoning long term patients as there was no evidence for potential treatments for them, however it was impossible to carry out research in this patient set. It was raised that the spinal stenosis consensus opinion in the guidelines (p122) was clearly not a shared opinion. The Vice-Dean was to have a teleconference with NICE on Wednesday 14th December to discuss the concerns of the Faculty. Dr Goddard offered to contact Dr Stephen Ward regarding the guidelines applying to patients from the age of 16. It was agreed that Dr Wilkinson would carry out further review.

ACTION: Dr Goddard to contact Stephen Ward regarding the starting age of patients for the NICE low back pain guidelines.

ACTION: Dr Wilkinson to carry out further review into the NICE low back pain guidelines.

3.9 2017 Faculty commendations and fellowship by election nominations

The Dean updated that the 9th Annual Meeting had gone very well and Dr Mark Rockett and Dr Mike O'Connor had received Faculty commendations. Fellowship by Election had been awarded to Professor Blair Smith, Professor Roger Knaggs, Dr Suellen Walker and Professor Sam Ahmedzai. The Patrick Wall Medal had gone to Professor David Bennett. For the 2017 nominations, Professor Allan Basbaum had already been approved by the Nominations Committee to receive the 2017 Patrick Wall Medal. The Dean further reported that Professor David Rowbotham, past Faculty Dean, had been nominated to receive the RCoA President's Gold Medal. The Dean invited suggestions from the Board for Commendations and Fellowship by Election. Mrs Owen would email the Board to request this.

ACTION: Mrs Owen to email Board requesting nominations for 2017 Commendations and Fellowship by Elections.

3.10 Sustainability and transformation plans – Engagement

There was widespread concern that services were being decommissioned to save money and that patients were being moved to physiotherapy based services with no medical input. It was suggested that concerns should be raised at the RAPMs meeting and that Anaesthetic and Pain RAs should continually try to engage with commissioners. Current engagement between clinicians and managers was variable depending on location.

3.11 Research project – post-surgical pain audit

Mr Waeland reported that the Dean, Dr Rockett and he had discussed the possibility of managing an audit in post-surgical pain through the RCoA and the Faculty would need to submit a proposal for this. Mr Waeland was having preliminary meetings with the College to discuss this. The National Confidential Enquiry into Patient Outcome and Deaths (NCEPOD) might be looking at Pain Management in 2017 and would want FPM input if this were to go ahead.

3.12 Pain Consortium update

The Dean updated that the National Awareness Campaign was moving forward. There had been further progress with Outcome Measures and the plan was to source something free, short and validated that can be used for local clinics for rapid data collection. Mr Waeland and the Dean were to meet with Baroness Finlay in the New Year.

3.13 National Helpline

The Faculty had received a request from Paul Flynn, MP Newport West, requesting support and endorsement of a national helpline for patients affected by prescribed drug dependence. This had been discussed at PSC where it had been agreed that it would be difficult to assess complex patients over the phone and there was a lack of infrastructure to refer patients to. It was suggested that a helpline is not a good way to disseminate information as it is resource heavy with a limited reach, and a website/app with information may be more helpful. The Dean would reply to Paul Flynn.

ACTION: The Dean to respond to Paul Flynn regarding the proposed National Helpline.

BFPM/12.16/4 FPM TRAINING AND ASSESSMENT COMMITTEE

4.1 FPMTAC Minutes

The Board received the minutes from the meeting held on 7th October 2016. Dr McGhie reported on several issues:

- Dr H Tsang had joined the Committee.
- The 2017 census was being developed and would be sent to all Fellows and workforce consultants (including independent sector).
- A move away from a competency based curriculum towards an outcome based curriculum was being proposed and TAC was in communication with the GMC regarding this.
- TAC had proposed a piece of curriculum guidance on on-call commitments to the RCoA Training Committee, which had been approved and circulated to Anaesthetic RAs, Tutors and Schools.
- A patient consent form template was being designed for Case Reports to enable publication in a full format.
- Dr Paul Rolfe, Chair of the Paediatric Pain Forum, was to be asked to join TAC.

4.2 Trainee Update

Dr Black informed the Board that the Research and Audit Federation of Trainees (RAFT) had discovered that Pain was not well represented in anaesthetic training. It had been suggested that there could be a pain branch of RAFT which would be led by RAFT who would liaise with pain trainees. This was to be discussed further at the next TAC meeting. The lack of pre-CCT pain fellowships was raised. It was acknowledged that there were more post-CCT research fellowships and the reasons for this may include funding and problems with releasing trainees from their programmes and extending the length of their training. It was suggested that RAPMs could look at whether there were pre-CCT fellowships available.

ACTION: Dr Mendis to source information on research opportunities from the RAPMs and report back to TAC.

BFPM/12.16/5 FPM PROFESSIONAL STANDARDS COMMITTEE

5.1 FPMSC Minutes

The Board received the FPMSC minutes from 8 September 2016.

5.2 December FPMSC report

Dr Wilkinson updated the Board on the previous day's PSC meeting:

- Dr Wilkinson, Dr Collett and Dr Cathy Stannard had re-written the BMA 'Chronic Pain: Supporting safer prescribing' document over a very tight time frame. This has been approved by the PSC, submitted to the BMA and feedback was currently awaited.
- Professor Mike Bennett had attended PSC to propose development of a service specification for integrated pain management, palliative care and oncology. PSC had been very supportive of this idea and plans for collaboration were underway.
- Dr Cathy Price had suggested that a consensus statement on repeat injections was needed and Dr Searle was leading a small working party to this end.
- A draft questionnaire based on standards extracted from CSPMS to be used as a gap analysis tool was nearly complete. This would be sent to the Board for approval.
- The Intrathecal Refill checklist was nearly finished and would be sent for NatSSIPs approval.
- The Intervention Patient Information Leaflets were complete and currently with the BPS for endorsement.

BFPM/12.16/6 BOARD BUSINESS

6.1 FPM10

Mr Waeland updated that it had been agreed at the Pain Consortium that the Faculty would hold a joint Parliamentary Reception with the CPPC and BPS in 2017.

6.2 Buddying Scheme

The Board had received Dr McCartney's outline of the Buddying Scheme and it was agreed that Mrs Owen would proceed with setting the scheme up.

6.3 ASK2QUESTIONS

Dr Nicolaou reported that he was to meet with the MSK team at Keele University on 23rd January 2017. Some of the people from this team were involved in the original A2Q working party. It was hoped that Keele would be able to help with validating the questions as they are using two very similar questions as a start back tool.

6.4 e-Pain

Miss Chand updated that the new Clinical Leads were updating and refreshing the editor and author lists. The Communications Team at eLfh had helpfully begun cascading information about e-Pain to a wider multiprofessional audience.

6.5 EPM Lite

Miss Chand updated that the course was running in 11 medical schools with 4 more schools interested. New evaluation forms were being developed.

6.6 Essential Pain Management (EPM)

Miss Chand updated that the course in Benin with Mercy Ships had been a success and the possibility of a further course with Mercy ships in Cameroon was being explored. A proposed course in Mozambique was pending funding.

6.7 Acute Pain Report

Dr Rockett updated that the trainee survey presentation and plans for acute pain training were well received at the National Acute Pain Symposium in Chester. There were initial plans to establish a web-based resource for benchmarking acute pain services against national data. This could eventually be used for data collection for national audits and research. It could also be used for chronic pain service data collection. Funding was being sought from AHSN innovation sources. The Acute pain service census article was rejected by BJA and has been resubmitted to Anaesthesia. A paper on training in pain is to be published in the next three months based on results of the trainee survey and educational section of census.

BFPM/12.16/7 BOARD UPDATES

7.1 RAPM Update

Dr de Gray reported that 15 RAPMs had attended the forum in November. Dr de Gray had reached the end of her term as RA chair and Dr Mendis would take over from January 2017.

Miss Chand raised the matter that one third of successful FPMRCA Examination candidates had not paid their subscription fees to enable them to use the post-nominals. The Board agreed that this should be investigated and Dr de Gray would proceed with this and report back to TAC.

7.2 Neuromodulation database

Dr Baranidharan would circulate the Industry Business Case for Investment in the National Neuromodulation Registry document before the next Board meeting.

7.3 Commissioning

Dr Hughes reported that the CRG annual meeting would take place the following week. The Service Specification was currently being reviewed and there were still two public vacancies. The proposals for Deep Brain Stimulation had been turned down. There would be a national level pain service review in three years' time.

BFPM/12.16/8 ANY OTHER BUSINESS

No other business was reported.

BFPM/12.16/9 FOR INFORMATION

8.1 Terms of office of Regional Advisors in Pain Medicine

8.2 Table of consultations

8.3 List of Publications and Releases

BFPM/12.16/10 DATES OF FUTURE BOARD MEETINGS

Friday 3rd March 2017

Friday 19th May 2017

Friday 8th September 2017

Friday 8th December 2017