



## FACULTY OF PAIN MEDICINE

of the Royal College of Anaesthetists

### Minutes of the Board meeting held on Thursday 10<sup>th</sup> February 2011

#### Members:

Professor D Rowbotham	(Dean)
Dr K Grady	(Vice-Dean)
Dr A Tomlinson	(RCoA Vice-President)
Dr D Justins	
Dr R Laishley	
Dr K Simpson	
Dr M B Taylor	
Dr B Collett	
Dr S Ward	
Dr J Hughes	(Co-optee: Chair of the Regional Advisors in Pain Medicine)
Prof R Langford	(Co-optee: President of the British Pain Society)
Mr A Naughton	(Co-optee: Lay representative, Patient Liaison Group)
Dr N Saxena	(Co-optee: Trainee representative)

#### Apologies:

Professor I Power

#### In attendance:

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

### CEREMONIAL PROCEEDINGS

#### **BFPM/CP/02.11/1**    **ADMISSION OF BOARD MEMBERS**

The Dean inducted Dr Beverly Collett and Dr Stephen Ward as members of the Board.

#### **BFPM/CP/02.11/2**    **PRESENTATION OF PAST VICE-DEAN'S MEDAL**

The Dean presented Dr Karen Simpson with the Past Vice-Dean's Medal.

### BOARD MEETING

#### **BFPM/02.11/1**    **WELCOME AND APOLOGIES**

The Dean welcomed Dr Collett and Dr Ward to their first meeting as Board members, and noted

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that their induction marked the first instance of elected members joining the Board. The Dean also welcomed Mr Naughton to his first meeting as Lay Representative.

Apologies were received from Professor Ian Power.

### **BFPM/02.11/2 MINUTES**

The minutes of the meeting held on 2 December 2010 were agreed as a true record of events, subject to some agreed amendments submitted by Dr Simpson.

### **BFPM/02.11/3 MATTERS ARISING**

#### **3.1 Relationships with industry**

The Dean raised the issue of the Faculty's relationship with industry. The RCoA did not generally engage with industry in same way as societies and associations. It was discussed whether this stance should be reconsidered, specifically for the FPM. Dr Tomlinson confirmed that there was no official RCoA Council policy on the issue. The Dean commented that some initiatives relevant to Pain Medicine are often extremely expensive and this often requires funding support from industry to make them possible. Prof Langford commented that such relationships should be undertaken on a broad basis, not only with one or two specific industry members. Dr Taylor queried whether it would benefit the Faculty to seek guidance from other colleges who did interact regularly with industry.

The issue was raised of sending Faculty representatives to meetings funded by industry, and the possibility that any comment made by that representative could be construed as official Faculty policy. Prof Langford stated that the Faculty would need to be clear whether attendees were present on behalf of the FPM or as an individual in their own right. There would also need to be an accepted reliance on the integrity of the individual to conduct themselves in a responsible way and not purport to represent the organisation in areas where they did not.

There was general agreement that the Faculty should engage with commercial interests when appropriate, but have guidelines in place to protect its interests. It was agreed that Ms Drake and Mr Waeland would investigate the issue further with the RCoA through the formation of working group. Any interaction with industry in the interim would be undertaken with caution as above.

**ACTION: Ms Drake and Mr Waeland to liaise on formation of RCoA working group to discuss the issue of involvement with industry.**

#### **3.2 Declaration of Montreal**

The Board discussed the Declaration and whether the Faculty should endorse it. Dr Grady noted that in the past the Faculty's position on endorsements had been that it would only offer them to projects on which it had been consulted and involved from the outset. Dr Collett stated that the aims of the document were very laudable, but that there was significant difference between endorsements by individuals and official endorsement by the Faculty. Dr Justins felt that access to pain treatment was not a fundamental human right, as described in the Declaration. Prof Langford noted that the BPS had already endorsed the Declaration. It was agreed that the Faculty would not officially endorse the Declaration, but that individual Fellows and Members were free to support it if they so wished.

## **BFPM/02.11/4 DEAN'S STATEMENT**

### **4.1 Society for Law & Ethics in Anaesthesia, ICM and Pain**

The Dean reported that Dr Peter Hutton, former President of RCoA, was spearheading the formation of the above Society. It was agreed that the Faculty should be involved in the initiative, due to the multitude of ethical issues involved in Pain Medicine. It was agreed that any interested Board member would submit their interest within 7 days. Dr Simpson expressed an interest in becoming involved.

**ACTION: All members to submit any interest within 7 days of Board meeting.**

### **4.2 Pressure on pain services**

The Dean and Dr Grady reported that pressure on pain services had increased over the last year following actions by SHAs and PCTs in response to financial challenges, and approaches had been received from FPM Fellows enquiring as to the Faculty's position on the problem. It was felt that this was an area where the Faculty should work with the BPS. There had previously been resistance to making any premature statement on the matter, but there was a growing feeling that the Faculty should take a position. Dr Simpson suggested that a statement avoiding specific policy declarations but demonstrating awareness of the problems would help assuage concerns. Prof Langford reported that around 6 PCTs were currently instituting restrictions on pain services but many had not and delicate local negotiations were still ongoing.

It was agreed that the Dean and Prof Langford would consider draft a joint statement to reassure Faculty and BPS members that there was an awareness of the situation and that activity had been undertaken on their behalf. This would be published online and in *Transmitter*. Dr Justins suggested that the Faculty exhort its Fellows to collect data that demonstrated their caseloads.

**ACTION: The Dean and Prof Langford to draft joint statement.**

### **4.3 Map of Medicine Chronic Pain Pathways**

The Dean and Prof Langford reported that the BPS had invited the Faculty to become involved in a Pain Medicine component of the Map of Medicine project. This was aimed at providing robust care pathways that could inform commissioning of pain services by GP consortia and others. Prof Langford reported that Map of Medicine was a private company licensed by the DoH to map the 'evidence pathways' which would be required within the rationale for each. It is planned to complete this work within 6 months. There could be no guarantees that local commissioners would follow all recommendations of each pathway but centrally distributed evidence (such as these pathways) would still underpin such decisions.

### **4.4 Chronic Pain Policy Coalition**

Dr Collett summarised the history of the CPPC, which grew out of annual receptions held at the House of Commons by the BPS. The CPPC was founded in 2005 as an umbrella organisation to formulate strategy and raise awareness of Pain Medicine. The CPPC is an independent entity, funded by seven pharmaceutical companies and one medical equipment company via unrestricted grants. A very strict code of governance was in place for the CPPC's interaction with these companies, and the CPPC did not support individual pharmaceutical company initiatives. The CPPC Executive Committee was composed of a variety of healthcare professionals, some of whom were individual and

some of whom represented other organisations such as the FPM, the BPS and the RCGP. The CPPC had formed an extremely good working relationship with the DoH and the All Party Parliamentary Group.

#### **4.4.1 Meeting in Parliament, December 2010**

Dr Collett reported that the most recent CPPC reception had been held on 10 December 2010. Lord Richard Luce and Linda Reardon MP had given speeches on the issue of Pain Medicine. Dr Collett and Prof Langford had also met with Prof Sir Bruce Keogh at the DoH on 10 January. Sir Bruce agreed that commissioning pathways were a good area for Pain Medicine to focus upon. Sir Bruce also supported the idea of a Pain Summit and agreed, subject to his diary commitments, to be a keynote speaker. The option was also discussed of Pain Medicine obtaining its own quality standard in the near future.

#### **4.4.2 Pain Summit**

Dr Collett reported that the summit would be aimed primarily at commissioners rather than pain specialists, and be used as a platform for the findings of the National Pain Audit and the Map of Medicine pain pathways. The Board agreed that the FPM should be involved with the summit. The Dean formally thanked Dr Collett and Prof Langford, along with the wider BPS and CPPC bodies, for their hard work in this area.

#### **4.5 Pan-European Pain Proposal**

The Dean reported that the proposal had been launched at Parliament after Christmas 2010. It was hoped that the proposal would prove useful for local negotiations with providers and commissioners.

### **BFBPM/02.11/5 REPORT FROM RCoA DIRECTOR OF EDUCATION**

Ms Drake reported that the RCoA was currently purchasing hardware that would allow presentations in the Churchill House Lecture Theatre to be recorded for presentation online, for example on the secure areas of the website accessed by RAPMs. This facility would be available to the FPM if the Faculty wished to make use of it.

### **BFBPM/02.11/6 BOARD STRATEGY**

The Board noted the current version of the strategy document.

#### **6.1 Development of research support**

The Dean reported that he had discussed the issue at the recent meeting of the BPS Council and would be working with Dr Mick Serpell to develop the proposal. It was queried whether a side-meeting could be held at the BPS ASM for those who were interested; Prof Langford responded that the ASM programme was incredibly busy, but that it might be possible to hold such a side-meeting on the day before the ASM.

#### **6.2 Transmitter**

Dr Grady reported that she would be serving as editor of *Transmitter* for the next year. Dr Kate Hicks was writing an article. The next edition of the newsletter would be posted out in hard copy at the start of May to avoid the Bank Holiday. Feedback or articles were welcomed from all Board members, particularly new ones.

### **6.3 National Registry of cases with spinal cord implants**

The Dean summarised the history of the issue, and reported that he and Mr Waeland had met with Dr Simon Thomson (President of the International Neuromodulation Society) who had been working on a version of such a registry alongside Dr David Cunningham, a cardiologist. Dr Cunningham worked with a company that managed and facilitated databases for the NHS. The Dean had viewed their embryonic Access database, which was constructed in the same manner as the pacemaker registry. The Dean felt that whilst the project needed more work the basis was very good.

Funding models had been discussed at the meeting, with one possibility being the charging of a levy to hospitals when implanting one of these devices. The concept had been mooted of piloting the database in two or three hospitals before moving to a wider second stage pilot and then national rollout. Discussions would also need to be held on governance and ownership of the database. The Board agreed that the project should be supported.

## **BFBPM/02.11/7 FPM PROFESSIONAL STANDARDS COMMITTEE**

### **7.1 FPMSC Minutes – 28 January 2011**

The Board received the tabled minutes of the FPMSC meeting held on 28 January. Dr Simpson reported that the Cancer and Paediatric Pain guidance documents were currently out for review. The Acute Pain document had been published online. The Chronic Pain document was under review but was due to be published imminently.

### **7.2 Revalidation**

The Dean reported that the House of Commons Select Committee report on revalidation had criticised the pace of development of revalidation and expressed concern that it was not sufficiently patient-centric. The report confirmed the expectation that revalidation would begin in late 2012. Dr Tomlinson reported that he was working on behalf of the RCoA with a group including the RCP and RCGP to streamline the information requirements of the revalidation process.

### **7.3 Recommendations on the use of epidural injections for the treatment of back pain and leg pain of spinal origin (March 2002)**

Dr Simpson reported that the BSR had not yet responded on the recent rewrite of the document. The Dean stated that the matter would not come back to the Board again; if the BSR did not choose to endorse the document the Faculty would move ahead without them.

### **7.4 Health and Social Care Bill and related consultations**

The Dean queried whether the Board wished to respond to the consultations. The Board agreed that the DoH document on 'Developing the Healthcare Workforce' required FPM feedback which would be submitted as part of the overall RCoA response.

**ACTION: Mr Waeland to re-circulate links to consultations.**

**ACTION: All members to submit any comments by 21 February 2011.**

### **7.5 Faculty Events**

#### **7.5.1 Introduction and Current Concepts in Pain Medicine, 26-28 January 2011**

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Mr Waeland reported that general feedback to the event had been very positive. Dr Justins suggested that the 'Introduction *and* Current Concepts' umbrella may be too broad and reported that there had been some suggestion at the Committee of either having all 3 days dedicated to current concepts or splitting the event over 3 days so that one could deal purely with the introductory elements and another with current concepts, with the third perhaps involving exam preparation. Mr Waeland was currently investigating these possibilities with Dr Sanjeeva Gupta.

### 7.5.2 Patrick Wall Lecture 2012

The Board unanimously nominated Prof Stephen McMahon to give the 2012 lecture.

**ACTION: FPM administrators to obtain CV from a colleague of Professor McMahon and submit to the RCoA Nominations Committee.**

## BFPM/02.11/8 FPM TRAINING AND ASSESSMENT COMMITTEE

Dr Grady reported that there were currently 453 FPM Foundation Fellows, 93 Fellows by Assessment, and 2 Fellows by Special Application.

### 8.1 FPMTAC Minutes – 4 February 2011

Dr Grady gave a verbal report on the meeting as the minutes were not yet ready to be tabled. Topics under discussion had included the training FAQs being worked on by Dr Taylor and the Pain Medicine trainee logbook, which continued to do well and had a high number of downloads. Dr Saxena and Dr Laishley reported that all feedback they had received on the logbook had been positive. Dr Grady also reported that a group were currently working on a document relating to psychology in Pain Medicine. This would be a knowledge resource, not a curriculum module.

### 8.2 FPM Examination

Dr Grady reported that the first dates for the examination had been announced, and the question writing process was continuing to go smoothly. A two-day question writing meeting would be held on 17-18 March, and example questions would be posted online a year in advance of the exam dates. Dr Taylor commented that it should be made clear to LTFT trainees appointed before 1 Feb 2011 that they would still need to apply under the Fellowship by Assessment system.

**ACTION: Dr Grady and Mr Waeland to ensure this is clarified in *Transmitter*.**

### 8.3 Curriculum

Dr Grady reported that the question had arisen in discussion of the FAQs as to whether trainees in ST5-7 should still attend Pain Medicine ward rounds. It had become clear that there was not room within the curriculum for this to take place unless it could be worked into the general duties modules. Dr Grady would be writing to Dr Anne Thornberry, Chair of the RCoA Training Committee, to suggest that trainees undertake 4 Acute Pain rounds per year in these higher years of training. Dr Tomlinson felt that this was a reasonable request but was unsure how it could be enforced. Dr Hughes stated that in some regions this was already occurring.

**ACTION: Dr Grady to write to Dr Thornberry.**

### 8.4 APT Review Form

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Dr Taylor reported that the guidelines had been re-titled 'Review Form from Schools of Anaesthesia and Hospitals Seeking to Provide Higher & Advanced Training in Pain Medicine for Anaesthetists' and now covered hospitals that wished to deliver both Higher and Advanced Pain Training. Each hospital would submit the form once every 3 years. Dr Laishley queried how easy it would be for each hospital to capture the data required by the form. Dr Taylor did not think it would be challenging for most units to capture the data.

### **BFBPM/02.11/9 REGIONAL ADVISORS IN PAIN MEDICINE**

#### **9.1 General update**

Dr Hughes reported that the RAPMs had requested clarification on the competencies within Higher Level Pain Medicine training, as these had been recently updated. Dr Grady agreed to liaise with Dr Hughes outside of the meeting to clarify this.

#### **9.2 RAPM Roles and Responsibilities**

Dr Hughes presented the latest draft of the document to the Board, though he noted that it would need to be further updated were the RA appointment process to be changed (see item 9.3). Dr Justins commented that he had further amendments to make, which he would send to Dr Hughes via email.

#### **9.3 RAPM Election Process**

The Dean summarised the history of this issue, which had arisen at the last Board meeting. The current RAPM appointment process described a 'ballot' at local level which could if necessary be overruled by the Board. However, the Board had subsequently not felt it was appropriate to overturn a significant majority decision, despite the fact that those involved in the pain training were under represented in the group who were asked to vote.. The proposal had therefore been made to move to a ballot in which those College Tutors not specifically involved in Pain would not have a vote. Dr Tomlinson stated that this issue should be taken to the RCoA President's Meeting for discussion, and that the Faculty should not have a different process to the RCoA or the Faculty of Intensive Care Medicine.

**ACTION: The Dean and Dr Tomlinson to raise issue at RCoA President's meeting.**

#### **9.4 RAPMs as Board members**

Mr Waeland raised the issue of whether RAPMs would have to give up their RA role if they were elected to the Board. Dr Justins commented that there were issues of long-term planning, as the Faculty wished to develop RAPMs who could stand for election, whilst simultaneously being aware that a Board member occupying an RA post left one less position in which to develop new trainers. The Dean stated that in some regions there were only a handful of people suitable to hold the RAPM role. It was agreed that whilst RAPMs elected to the Board should carefully consider whether they would be able to manage both roles, demitting the RA position upon election would not be mandatory.

### **BFBPM/02.11/10 FACULTY REPRESENTATIVES REPORTS**

#### **10.1 National Pain Audit**

Dr Ward summarised the history of the NPA, which was being led by the BPS and funded by HQIP (Healthcare Quality Improvement Partnership). The first phase of the audit, a survey of existing Pain Units, staff, and facilities, was almost finished. The second phase would begin in March 2011 and run for 3 months. Dr Foster would send each unit a batch of questionnaires, and each unit would then decide whether to give these to patients in the

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waiting room or send them to their homes beforehand. Patients would then (with their consent) be contacted 6 and 12 months after treatment to finalise the outcome. HQIP had advised that in most national audits a return rate of 25% could be expected.

### **BFBM/02.11/11 ANY OTHER BUSINESS**

#### **11.1 LPMES Roles and Responsibilities**

The Board noted the document, which had been approved by FPMTAC.

**ACTION: All members to submit any comments on the document to Mr Goodwin.**

#### **11.2 Virtual Pain Patient**

The Dean reported that he had been written to by Dr Amanda Williams, a member of the Virtual Pain Patient research project who had requested that the Faculty allow time for trainees to interact with the project at FPM training days. It was agreed training time at any Faculty-run event should not be diluted in this way. Ms Drake commented that it might be possible to allow trainees to take part in the project online.

**ACTION: The Dean to respond to Dr Williams.**

#### **11.3 Complex Regional Pain Syndrome**

The Dean reported that Dr Roger Okell had been attending this group on behalf of the Faculty and reporting back to the Board for some time, and that the first draft of the guidance document had now been received. This would go to FPMPS and be circulated to Board for comment.

**ACTION: All members to submit any comments to Mr Waeland.**

#### **11.4 Honours**

The Dean reported that the criteria for FPM awards (Honorary Fellowship, Gold Medal etc) were now online. Names were requested from Board members to take to the May meeting of RCoA Nominations Committee.

**ACTION: All members to supply nominations for Faculty honours.**

#### **11.4 Audit Recipe Book**

Dr Grady reported that the third edition of the Recipe Book would shortly be issued. The writers were keen to match the book to other areas of College activity, such as the curriculum and revalidation. It had been suggested that the Acute and Chronic Pain sections be amalgamated. Dr Grady welcomed all suggestions for new material from Board members. The project would be dealt with at FPMTAC level.

**ACTION: All members to submit any comments to Dr Grady.**

### **BFBM/02.11/12 FOR INFORMATION**

#### **12.1 Terms of office of current Faculty Representatives and re-appointments**

The Board noted the Terms of Office.

#### **12.2 Terms of office of Faculty Officer Holders and Leads**

The Board noted the Terms of Office.

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### 12.3 Terms of Office of current Regional Advisors in Pain Medicine

The Board noted the Terms of Office.

### 12.4 Table of consultations

The Board noted the latest table of consultations:

Consultation	Deadline	Submitted
<b>(GMC)</b> Revalidation	4 June 2010	YES
<b>(NICE)</b> Peripheral Arterial Disorder	16 July 2010	YES
<b>(NICE)</b> Incontinence in Neural Disorder	30 July 2010	YES
<b>(NICE)</b> Headaches	9 Sept 2010	YES
<b>(GMC)</b> Prescribing Medicines	21 Jan 2011	YES
<b>(DoH)</b> New Service to Get People Healthy	30 March 2011	
<b>(DoH)</b> Liberating the NHS: Developing the Healthcare Workforce	30 March 2011	
<b>(NICE)</b> Diabetic Foot Problems	<i>c. Oct 2011</i>	
<b>(NICE)</b> Opioids in Palliative Care	<i>c. Late 2011</i>	
<b>(NICE)</b> Sickle Cell Crisis	<i>c. Late 2011</i>	
<b>(NICE)</b> Urinary incontinence – Update	<i>c. Late 2011</i>	

### 12.5 List of Publications and Releases

The Board noted the list of publications and releases.

### **BFBPM/02.11/13 DATES OF FUTURE BOARD MEETINGS**

Thursday 5 May 2011

Thursday 15 September 2011

Thursday 8 December 2011

## ACTION POINTS

Item		Action	
3.1	Faculty relationship with Industry	Ms Drake	To liaise on formation of RCoA working group to discuss the issue of involvement with industry.
		Mr Waeland	
4.1	Society for Law & Ethics in Anaesthesia, ICM and Pain	<b>All members</b>	To contact FPM admin if interested in becoming involved or with a suggestion for a Fellow to act as representative. <i>Deadline set of 7 days from date of Board meeting.</i>
4.2	Pressure on Pain services	Dean	To draft descriptive joint statement to be published on website and in <i>Transmitter</i> .
		Dr Langford	
6.3	National registry of cases with spinal cord implants	Dean	To take the matter forward.
		Mr Waeland	
7.3	Epidural injections for leg pain and back pain of spiral origin	FPM admin.	To proceed with document, with or without endorsement from the BSR.
7.4	Health and Social Care Bill and related consultations	Mr Waeland	To re-circulate consultations
		<b>All members</b>	To submit responses by 21 February 2011.
7.5.2	Patrick Wall Lecture 2012	FPM admin.	To obtain CV from a colleague of Professor McMahon and submit to the RCoA Nominations Committee.
8.2	FPM Examination	Dr Grady	To ensure that nature of examination is clarified in <i>Transmitter</i> .
		Mr Waeland	
8.3	Curriculum	Dr Grady	To write to Dr Thornberry.
9.2	RAPM Roles and Responsibilities	Dr Hughes	To amend document.
		Dr Justins	
9.3	RAPM election process	Dean	To raise issue at RCoA President's Meeting
		Dr Tomlinson	
11.1	LPMES Roles and Responsibilities	<b>All members</b>	To submit any comments to Mr Goodwin.
11.2	Virtual Pain Patient	Dean	To reply to Dr Williams.
11.3	Complex Regional Pain Syndrome Guidance	<b>All members</b>	To submit any comments to Mr Waeland by 25 February 2011.
11.4	Honours	<b>All members</b>	To supply nominations for Faculty honours.
11.5	Audit Recipe Book	<b>All members</b>	To submit any comments to Dr Grady.