The Royal College of Anaesthetists, Churchill House, 35 Red Lion Square, London WC1R 4SG

FACULTY OF PAIN MEDICINE
of the Royal College of Anaesthetists

Minutes of the Board meeting held on Friday 10 February 2012

Members:	
Professor D Rowbotham	(Dean)
Dr K Grady	(Vice-Dean)
Dr B Collett	
Dr D Justins	
Dr R Laishley	
Professor I Power	
Dr K Simpson	(*via teleconference*)
Dr M B Taylor	
Dr S Ward	
Dr S Gilbert	(*Co-optee:* Lead Clinician for Chronic Pain, Scotland)
Dr B Miller	(*Co-optee*: Chair, Regional Advisors in Pain Medicine)
Professor R Langford	(*Co-optee:* President, British Pain Society)
Apologies:	
Professor R Sneyd	(RCoA Vice-President)
Ms S Payne	(*Co-optee*: Lay representative, Patient Liaison Group)
Dr N Saxena	(*Co-optee:* Trainee representative)
In attendance:	
Dr S Thompson	
Ms S Drake	(Education Director)
Mr D Waeland	(Faculties Manager)
Mr J Goodwin	(Senior Faculties Administrator)
Miss A Ripley	(Faculties Administrator)

BFPM/02.12/1 WELCOME and APOLOGIES

The Dean welcomed all Board members to the meeting. Dr Miller was welcomed to his first meeting as Lead RAPM. Mr David Hepworth was welcomed as stand-in Lay Representative. Apologies were noted as above.

BFPM/02.12/2 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 8 December 2011 were agreed as a true record of events, with one minor correction.

BFPM/02.12/3 MATTERS ARISING

3.1 *BFPM/12.11/4.3* Pressure on pain services

Prof Langford reported that he had disseminated a survey amongst the 250-270 strong

Pain doctor Google group. The Dean had added a small number of questions to the survey. Feedback indicated that despite some isolated incidents, Pain services were being reasonably maintained at their previous level. This did not mean that they were sufficient, but the negative "domino effect" feared in some quarters did not appear to have occurred.

There had been some positive responses regarding engagement with CCGs. Several respondents had opened discussions and received more positive results than they previously had with PCTs. Prof Langford reiterated the joint desire of the Faculty and BPS to drive local services to interact with their CCGs and perhaps provide some instructional material to aid in this process. Dr Gilbert noted that he would send an audit and business plan for Pain in Scotland.

ACTION: The Dean and Prof Langford to take forward.

3.2 *BFPM/12.11/4.3* FPM Budgeting

Mr Waeland reported that he was currently preparing the Faculty budget for 2012/13 financial year and hoped to have report for next Board meeting.

3.3 *BFPM/12.11/5.3* National registry of cases with spinal cord implants

Dr Thomson presented on the proposed National Neuromodulation Database.

Work had begun on the database 3 years ago with £10k funding from NSUKI. Dr Thomson was working with Dr David Cunningham of the CCAD. Phase one of the project would include spinal cord stimulators and intrathecal drug delivery. The database would record data such as outcome and complications that could be used for research and quality audit. It would also benefit the client hospital in terms of stock control and benchmarking. The database had been built using Microsoft Access, similar to Dr Cunningham's pacemaker database. Piloting was now underway in four hospitals – it took roughly five minutes to add an entry to the system. The next steps would be to upgrade existing system, create a governance framework, and provide the database to all Neuromodulation therapies and users. It was estimated that £140k would be required to complete the project – an application had been made to HQIP and to all seven industry partners that manufactured the devices. It was planned that a levy system would sustain the database in future.

The Board continued to discuss the issue after Dr Thomson had left the meeting. It was agreed that the Faculty should continue to support the initiative, with clear boundaries on governance and output; the focus should be on recording what had been done, to whom it had been done, and the outcome of the intervention – the Faculty should not participate in promotion of a procedure. Dr Justins suggested that any research component could perhaps be funnelled into the NIAA. The concern remained that manufacturers would not invest into the system unless they could use the information to increase the sales of their devices.

ACTION: The Dean to contact Dr Thomson to discuss Board's position.

3.4 Opioid meeting

Dr Collett reported that an excellent meeting had been held in Bristol the previous day. A final document would be published by Autumn 2012. It had been very helpful to have an observer from the DoH at the meeting.

BFPM/02.12/4 DEAN'S STATEMENT

4.1 Exam Regulations

The Dean reported that the FFPMRCA exam regulations had been approved by RCoA Council on Wednesday 9 February.

4.2 Fellowship by Special Application

The Dean reported that he had responded to the GP who had repeatedly applied for Fellowship of the Faculty.

4.3 Patrick Wall Lecture 2013

The Dean reported that the Patrick Wall nominee would be considered at the May meeting of the RCoA Nominations Committee.

4.4 CRPS Guidelines

[redacted] had responded unhappily to the Faculty's refusal to endorse the guidelines. The Dean suggested that the FPMPSC reassess the document and if endorsement could not be offered, provide a written response detailing the Faculty's concerns. Dr Grady commented that the Faculty should reiterate its position that it should see drafts of any documents as early as possible if it were expected to endorse them.

ACTION: The Dean to provide latest copy of guidance document.
ACTION: FPMPSC to take the matter forward.

4.5 Special National Clinical Reference Group on Pain Services

The Dean reported that Dr Andrew Baronowski had been appointed Chair of this group, which had been created to advise commissioners in England and was now seeking official representatives from the CPPC, FPM and BPS.

ACTION: Interested Board members to volunteer to represent FPM on the Group.

4.6 e-Learning

Prof Langford reported that Dr Ian Goodall from Chelsea & Westminster had been appointed to lead on the proposed Pain module. The module was planned to cover Pain Management in a broad sense across the NHS. The project had an estimated £170k budget; Ms Drake further reported that the DoH had confirmed that the under-spend did not need to be used by the end of the 2011/2012 financial year.

BFPM/02.12/5 FPM PROFESSIONAL STANDARDS COMMITTEE

5.1 FPMPSC Minutes – 20 January 2012

Dr Simpson reported on the minutes. Dr Stannard was yet to receive a response from the DVLA, though this may be due to a parallel Parliamentary select committee which had been set up on drugs and driving. The new FPM website was also nearing the end of its development phase.

It was also reported that the RCoA Revalidation Committee – now transferring to the Revalidation Delivery Committee – had learned that the GMC would not indemnify colleges as part of the Revalidation process. Ms Drake reported that the RCoA was developing a database of Revalidation questions and answers to ensure consistency. Dr Simpson and Dr Grady would be the two FPM reps on this committee.

Dr Simpson reported that *The Good Pain Doctor*, approved by the Board in 2008, had niot been published at the same time as *The Good Anaesthetist* as originally intended. It would now be a separate document on the FPM webpage. In the intervening period the GMC had created many new standards – the website would contain directions to these pages on the GMC website and a notation that the document would be updated in 2013 following the GMC's revision of *Good Medical Practice.*

ACTION: FPM Administrators to publish document online.

5.2 Deputy Faculty Events Advisor

Dr Simpson reported the PSC's desire to appoint a deputy to support Dr Sanjeeva Gupta. Mr Waeland reported that a candidate had been indentified, who was checking with their local Trust to see if they would have adequate time to devote to the role. The recent letter from Prof Sir Bruce Keogh regarding Trust support for senior doctors' national duties was agreed to be important in this matter.

BFPM/02.12/6 FPM TRAINING AND ASSESSMENT COMMITTEE

6.1 FPMTAC Minutes – 9 December 2011

The Board received the minutes of the meeting. Dr Grady reported that FPMTAC had in fact met again since the last Board meeting, on 3 February. The minutes of this meeting would be formally received at the next Faculty Board meeting. Dr Grady reported that at the 3 February meeting several concepts from the Away Day had been raised, such as a stronger role and register for LPMESs, information for RAPMs on the Exam Tutorial Series, and the concept of expanding the curriculum with more detailed instructions on carrying out Pain Medicine training.

Dr Miller reported that the formal process had now been agreed for the assessment of case reports; these would still be signed off at local level but also sent in to the Faculty for central feedback.

6.2 FPM Examination

Dr Grady presented a draft letter to all Fellows of the Faculty stressing the level and importance of the examination. This would be sent out as soon as possible.

ACTION: Board members to submit any comments on the letter as soon as possible.
ACTION: FPM Administrators to send out the letter.

Dr Grady reported that the process of uploading questions to FileMaker Pro had now begun started. Dr Grady and Dr Plunkett would be scrutinising all SOE questions over the coming weeks. A standard setting and examiner training meeting would be held on 8-9 March. The Exam Tutorial Series would take place on 24-25 May and involve 12 breakout sessions over the two day meeting. The tutorials would run biannually in future years.

BFPM/02.12/7 REGIONAL ADVISORS IN PAIN MEDICINE

7.1 RAPM Chair

The Dean welcomed Dr Miller as the new Chair of the RAPMs. Dr Miller reiterated thanks to Dr John Hughes for his sterling work as RAPM Chair. Dr Miller reported that he had written to all the RAPMs requesting personal details of their LPMESs, as discussed at the Away Day.

7.2 RA Survey Report

The Board formally noted the survey results, which had been previously discussed at the Away Day. The need for more robust communication with RAPMs was a key strategy which Dr Miller planned to build upon.

BFPM/02.12/8 BOARD STRATEGY

8.1 Board and Committee membership

The Dean reported that two vacancies would be required on the Board to allow two new elected members to take office in 2013. New members would also be required for the Training & Assessment and Professional Standards committees.

ACTION: Interested Board members to volunteer for FPMTAC and FPMPSC.

8.2 FPM Future Strategy

The Board received the second draft of Mr Waeland's strategy document, created following the Away Day. The Dean distilled from this document a list of immediate priorities for Board members to take forward. Each item would require short fact-finding report on pros and cons, options and appraisals. Members need not produce large quantities of documentation. The identified priorities and responsible officers were:

a) ***What is a Pain Doctor?***
Responsible: The Dean, Dr Justins, Dr Simpson

The aim of this work would be to produce a concise party line on what constituted a Pain doctor and why they are important. This would also be an aid for negotiating with commissioners. This would be separate to the *Good Pain Doctor* document, but would reflect its aims and philosophy.

b) ***Formal communication strategy and project plan***
Responsible: Dr Simpson, Dr Collett

c) ***Option appraisal/proposal for involvement Acute Pain / Paeds Pain***
Responsible: Dr Taylor, Prof Langford, Dr Miller

d) ***Option appraisal/proposal for involvement of other medical specialties***
Responsible: Dr Power, Dr Justins

e) ***Clinical Trial network***
Responsible: The Dean, Prof Langford (Faculty to move forward jointly with the BPS).

f) ***Patient and Public Involvement***
Responsible: Dr Collett, Dr Gilbert, Ms Payne (Lay Representative)

The Dean suggested that the Faculty make an assessment of how other organisations engage with the public (e.g. BPS) and whether the Faculty should be doing more in this regard.

g) ***Help pack for CCG discussions***
Responsible: The Dean, Dr Ward, Prof Langford (Faculty to move forward jointly with the BPS).

h) ***RAPM Structure***
Responsible: Dr Miller, feedback through FPMTAC

This should assess whether the traditional RCoA model of RAs and Tutors worked best for Pain Medicine. It may emerge that no other way was possible, or that a structure was a more suitable model, such as creating Centres of Excellence.

i) ***Sub-specialty status***
Responsible: Dr Grady, The Dean

The Dean reported that he had raised this issue informally at RCoA Council and received no initial dissenting views.

j) ***Detailed plan for guideline production***
Responsible: No Further Action

It was agreed that on this topic the Faculty should wait to see if the NICE Guideline for Chronic Pain was approved – if it were then this would drive the requirements for further guidance as a matter of course.

The Dean stated that each responsible member should produce a paper on their respective areas for the next Board meeting. This did not need to be a long piece of work, but something to generate discussion and forward motion.

ACTION: All responsible Board members to prepare discussion documents on assigned areas of immediate priority for next Board meeting.

BFPM/02.12/9 FACULTY REPRESENTATIVES REPORTS

9.1 National Pain Audit
In Dr Ward's absence, Prof Langford reported that 10.5k sets of initial data had been received in the second phase of the audit. Some of those patients were now responding with their 6 month follow-up. Not all of them had actually received the treatment for which they were scheduled. This was not unique to Pain, but an issue across the NHS – patient response so far was largely focused on waiting lists rather than the Pain Clinic. An extension to the study was also being considered.

9.2 CPPC Code of Governance and Terms of Reference
Dr Collett presented the new document from the CPPC, which was designed to demonstrate a clear disconnect between money received from pharmaceutical companies and the activities of the CPPC – all money was routed into Policy Connect. The CPPC Executive Committee also had no pharmaceutical company representatives.

BFPM/02.12/10 ANY OTHER BUSINESS

None.

BFPM/02.12/11 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

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	NO
(GMC) Prescribing Medicines	27 May 2011	YES
(NICE) Opioids in Palliative Care	3 June 2011	NO
(NICE) Sickle Cell Crisis	05 July 2011	NO
(NICE) Migraine (Chronic) Botulinum Toxin A	*TBC*	YES
(DEMOS) Call for Evidence on Assisted Dying	25 Aug 2011	NO
(RCGP) Integrated Care	04 Nov 2011	YES
(NICE) Healthcare Quality Standards Process Guide proposed update:	13 Mar 2012	NO

11.4 List of Publications and Releases

The Board noted the list of publications and releases.

BFPM/02.12/12 DATES OF FUTURE BOARD MEETINGS

Friday 4 May 2012
Thursday 20 September 2012
Thursday 13 December 2012

ACTION POINTS

Item		Action	
3.1	Pressure on pain services	Prof Langford Dean	To take the matter forward.
4.1	National registry of cases with spinal cord implants	Dean	To contact Dr Thomson to discuss the Board's position.
4.4	CRPS guidelines	Dean	To forward latest copy of guidance.
		FPMPSC	To take the matter forward.
4.5	Special National Clinical Reference Group	**All members**	To volunteer if interested to represent FPM.
5.1	*The Good Pain Doctor*	FPM Admin	To publish document online.
6.2	FPM Examination	**All members**	To submit any comments on draft letter.
		FPM Admin	To send out the letter.
8.1	Board and Committee membership	**All members**	To volunteer names for FPMTAC or FPMPSC.
8.2	Future FPM Strategy	**All members**	To prepare discussion documents on assigned areas of immediate priority for next Board meeting – see below.
8.2(a)	*What is a Pain Doctor?*	Dean Dr Justins Dr Simpson	Dr Simpson to lead
8.2(b)	*Formal Communication Strategy and Project Plan*	Dr Simpson Dr Collett	Dr Simpson to lead.
8.2(c)	*Option/proposal for involvement of Acute Pain / Paeds Pain*	Prof Langford Dr Taylor Dr Miller	Dr Taylor to lead.
8.2(d)	*Option/proposal for involvement of other medical specialties*	Dr Justins Prof Power	Dr Justins to lead
8.2(e)	*Clinical Trial Network*	Dean Prof Langford	Dean and Prof Langford to lead for Faculty and BPS.
8.2(f)	*Patient and Public involvement*	Dr Collett Dr Gilbert Ms Payne	Dr Collett to lead
8.2(g)	*Help pack for CCG discussions*	Prof Langford Dr Ward Dean	Dean and Prof Langford to lead for Faculty and BPS.
8.2(h)	*RAPM structure*	Dr Miller	Dr Miller to take forward.
8.2(h)	*Sub-specialty Status*	Dr Grady Dean	Dr Grady to lead.