



## FACULTY OF PAIN MEDICINE

of the Royal College of Anaesthetists

### Minutes of the Board meeting held on Friday 4<sup>th</sup> March 2016

#### Members:

Dr K Grady	(Dean)
Dr B Miller	(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 R Lewis	(Co-optee: Chair, RCoA/NSAG Pain Subgroup)
Dr M Rockett	(Co-optee: Acute Pain Medicine Representative)

#### In attendance:

Miss J Chand	(Faculties Administrator)
Mr T Grinyer	(RCoA Chief Executive)
Mrs L Owen	(Faculties Coordinator)
Ms A Ripley	(Faculties Supervisor)
Mr D Waeland	(Head of Faculties)

#### Apologies:

Dr J Hughes	
Dr W Campbell	(Co-optee: President, British Pain Society)
Prof. B Smith	(Co-optee: Representative for Chronic Pain Scotland)

#### **BFPM/3.16/1 WELCOME AND APOLOGIES**

Apologies were noted as above. Dr Sheila Black, Trainee representative, and Mr Tom Grinyer were welcomed to the Board.

#### **BFPM/3.16/2 MINUTES OF THE LAST MEETING and MATTERS ARISING**

**2.1** The minutes of the last meeting held on 11 December 2015 were reviewed and agreed subject to a minor amendment.

**ACTION:** FPM admin to correct minutes from 11 December 2015

#### **2.2 Audits**

Dr McGhie reported that he had been looking at whether the Faculty could provide better questions and systems for audit purposes. Professor Smith felt this was a

good idea, but was too busy to contribute at present. Dr McGhie felt that it was important to source an academic focussed person with the right contacts to look at this. Dr Collett would take this to the next PSC meeting in May. It was agreed that a combined TAC and PSC group could work together. Dr McGhie and Dr Collett would discuss this by email, following the meeting. The Dean added that a Faculty auditing facility, overseen by the Board was important to ensure awareness of potential overlap or deficiencies that could be addressed through audit.

**ACTION: FPM admin to add audits as item to next PSC agenda.  
Drs Collett and McGhie to have email discussion regarding combined PSC and TAC approach.**

## **BFPM/3.16/3 DEAN'S STATEMENT**

### **3.1 Faculty commendation, gold medals and fellowship by election**

The Dean addressed the Board regarding Faculty commendations and nominations for Fellowship by Election, which will go to the RCoA May Nominations committee. It was agreed that Dr Mike O'Connor would receive a Commendation for his work on EPM-Lite and EPM overseas. Dr Mark Rockett would receive a Commendation for his contribution to Perioperative medicine and Acute Pain Medicine work. Professor Sam Ahmedzai would be nominated for Fellowship by Election for his academic work in Palliative Medicine: Professor Mike Bennett or Dr John Williams at the Royal Marsden would be asked to write a nomination statement for Professor Ahmedzai. Professor Blair Smith would be nominated by Fellowship by Election for contributing to inter-specialty links and his academic epidemiological work: Dr Gary McFarlane, Dr Lesley Colvin or Dr Gail Gillespie were suggested to write Professor Smith's nomination statement. Professor Roger Knaggs would receive a nomination for Fellowship by Election for his work on the Faculty's patient information leaflets, Opioids Aware and general support of other Faculty projects: Dr Cathy Stannard would be asked to write the nomination statement.

**ACTION: FPM admin to request nomination statement written for Professor Ahmedzai from Professor Bennett or Dr Williams.**

**ACTION: FPM admin to request nomination statement written for Professor Blair Smith by Dr Gary McFarlane, Dr Lesley Colvin or Dr Gail Gillespie**

**ACTION: FPM admin to request nomination statement written for Professor Knaggs from Dr Stannard.**

**ACTION: FPM admin to submit Fellowship by Special Election nominations to RCoA Nominations Committee ahead of May meeting.**

### **3.2 Patrick Wall Medal 2017**

The Dean reported that Professor Andrew Rice had been asked to suggest a suitable person for the 2017 Patrick Wall medal. The 2016 medal is to be awarded to Professor David Bennett at the 2016 Annual Meeting in December.

**ACTION: FPM admin to invite Allan Basbaum to deliver the Patrick Wall lecture at the 2017 Annual Meeting.**

### **3.3 Renaming of DFPMRCA**

The Dean reported that when the change in regulations and eligibility were taken to Council, it was suggested that the name of the 'Diploma' could be reviewed. Mr Waeland suggested that all individuals passing the examination could be considered as 'Fellows'. Mr Grinyer updated that the College is looking at its membership categories as part of an overall governance review and there is the potential for the

Faculties to revise theirs simultaneously, as consistency across the College and Faculties would be preferable. Mr Grinyer reassured the Board that the review should give the Faculty more freedom rather than constraints. It was agreed to follow developments in the RCoA governance review before addressing renaming of the 'Diploma' and that a single document to cover all categories across the College and Faculties may be created.

### **3.4 Pain Consortium Update**

The Dean updated at the last Pain Consortium meeting, commissioning, the National Awareness Campaign and the RCGP/BPS initiative were discussed. Commissioning is covered in agenda item 7.3. Mr Waeland updated on the BPS National Awareness Campaign; it is in early stages in planning and aims to re-evaluate core priorities to attract attention to pain, and the recognition of Pain Medicine as its own discipline. There are plans to engage with Parliamentary Groups of Lords and MPs to help publicise this. Dr Goddard reported that the BPS had decided to recruit a consultant to lead on this area for BPS.

### **3.5 RCoA Strategy**

Mr Grinyer updated on the RCoA's plans to become a 'Beacon College' by 2020. The College would focus on having a strategy to define what they do, and how and why they do it and would also focus on their relationship with the Faculties and wider stakeholders. There is also focus on the technology strategy review and member engagement. Mr Grinyer explained the re-structure would form four core areas; Membership and support; Service including research and clinical quality; Communications and external affairs; and Finance and resources. The plan would go to Council in the next week. The Faculties team had been reporting directly to Mr Grinyer, the Chief Executive since 1<sup>st</sup> March 2016 and this should result in better access to all areas of College work and resources. Meetings were taking place with the AAGBI to encourage collaborative working, especially on international and environmental initiatives. It was acknowledged that this would be helpful as the AAGBI and RCoA/Faculties have many mutual members. The Dean felt that respect for the FPM within the RCoA had increased in recent times.

### **3.6 Workforce**

The Dean reported that she attended a meeting with the RCoA President, Vice-Presidents and Centre for Workforce Intelligence (CfWI) representatives. The CfWI was about to be disbanded and their work would be continued by HEE. The CfWI representative suggested that the Faculty should make their own approach to HEE, to raise workforce issues specific to Pain Management. Drs Miller, McGhie and Mendes had since started work on how the Faculty could approach this. It was agreed that data on provision of doctors should be presented and the likely impending decrease in numbers should be raised, which could lead to a crisis in provision of service.

### **3.7 Upcoming Faculty 10 year anniversary**

Miss Ripley updated that the Faculty would be ten years old in April 2017 and this coincides with the RCoA 25 year anniversary. The RCoA want to include the Faculty in their celebration plans and Miss Ripley is included in the working group for this. Dr Burgess pointed out the opportunity to publicise the work that the Faculty does and suggested newspaper/radio/media use. The Board agreed to feedback further ideas to Miss Ripley as soon as possible so concrete plans could be made by summer 2016.

**ACTION: Board members to feedback ideas for 10 year anniversary plans to Miss Ripley.**

### **3.8 New Lead for e-Pain and Exam**

The Dean reported that Dr Doug Natusch was the new lead for e-Pain and Dr Rhian Lewis was the new Deputy. Dr Karen Simpson was to stand down in February 2017 as Chair of the Examiners and Dr Nick Plunkett would take over at this point.

### **3.9 PSC New Chair and Deputy Chair**

Mr Waeland updated that Dr Beverly Collett OBE would stand down as Chair of the PSC in May 2016 and Dr Tony Davies would start his term of office as the new Chair. Dr Paul Wilkinson had been appointed as Deputy-Chair. The Board extended their immense gratitude to Dr Collett for all she had done in the role.

### **3.10 Dean term of office**

The Dean updated that her term of office would finish at the end of September and a successor would have to be appointed through an election process before the May Board meeting.

**ACTION: FPM to circulate time-frame for Dean election.**

### **3.11 May away day**

The Dean suggested that the May Board meeting could commence earlier than usual, at 10.00am, followed by a FPM strategy brain storming session to identify new areas of work and activity. Blind spots, deficiencies, opportunities and ways to increase recruitment into Pain Medicine could also be considered and Board members should submit ideas to FPM admin before then. Dr Taylor suggested that our strategy should link in with the RCoA strategy. It was also suggested that the minutes of the last strategy meeting could be reviewed and FPM admin would circulate these. Dr Nicolaou is going to attend the BPS London Pain Forum in April so will get a feel for current issues at this.

**ACTION: Board members to submit ideas for strategy brain storming session ahead of May meeting.**

**ACTION: FPM admin to circulate minutes from last strategy meeting.**

**BFPM/3.16/4**

**FPM PROFESSIONAL STANDARDS COMMITTEE**

### **4.1 FPMPSC report**

Dr Collett reported on the PSC meeting that had taken place on 3 March.

- The final exemplar template checklist for interventional procedures under local anaesthesia/sedation was received by the Board and ratified.
- Dr T. Davies and Dr P. Wilkinson had been working on consultation length time and had gathered some data from general clinics. Dr Goddard reported that he did not have data available yet but would do in the next couple of months.

**ACTION: Dr Goddard to provide data on consultation length.**

- The AAGBI had referred to FPM produced consent guidelines in a paragraph on chronic pain guidance. The Faculty had not produced specific consent guidance to date and the AAGBI was going to be informed of this so that they could remove the reference. It was agreed that the GMC's generic consent guidance was universally applicable and fit for purpose.
- The Board was updated on the CRPS for amputation guideline review. PSC was supportive of endorsing the finished document, provided there was nothing substantially incorrect in the final version. The guideline is due to be published in

- 2017.
- Dr Sanjeeva Gupta's term of office as Educational Meeting Advisor would end in February 2017 at which point Dr Balasubramanian would step up as the new Advisor. The job description for the deputy educational meetings advisor had been approved by PSC and would be advertised soon.
  - Dr Anna Weiss was the new lead for CSPMS. The CQC key standards had been submitted before Christmas and were now being used in their inspection frameworks. A meeting had taken place with Martin Parkinson from the College of Paramedics who are keen to contribute a chapter to CSPMS. The Board felt that this should be taken forward as collaboration with them would promote education.
  - Several Faculty documents and publication were currently being revised to ensure they were up to date.

#### **4.2 Pain in Secure Environments**

Mrs Owen informed the Board that the third event was held in February with low delegate numbers of seven individuals. It had been decided to only proceed with regional events if there were guaranteed block bookings of delegate spaces, to avoid financial loss. The numbers for the upcoming April course in Staffordshire were already at 25 delegates.

#### **4.3 Opioids Aware**

Mrs Owen updated that a meeting had occurred between the CQC, PHE, Dr Cathy Stannard and Professor Roger Knaggs focussing on implementation, dissemination and measuring outcomes of Opioids Aware. It was agreed that pharmacists, secondary care disciplines and medical safety officers should be targeted to increase awareness of the resource. It was planned to develop a shorter version of Opioids Aware, to encourage reference to the full resource, along with alternative means of disseminating the resource, such as slide presentations, video resources and Web-Ex meetings. Opioids Aware had been forwarded to other Royal Colleges through the Academy of Medical Royal Colleges.

### **BFPM/3.16/5**

### **FPM TRAINING AND ASSESSMENT COMMITTEE**

#### **5.1 FPMTAC Minutes**

- Dr McGhie updated that trainees now had to submit their case report in advanced training and by the ninth month of training.
- It was reported that all Exam candidates failing at the first attempt were subsequently passing.
- Work on an exam for non-anaesthetists had been currently suspended, pending the RCoA governance review.
- Dr Miller updated that in addition to the acute pain amendments to the higher curriculum, as covered in the acute pain update, there will be a post-CCT document for people shifting from anaesthesia into pain without any training.
- Dr Miller was working on a document on how non-anaesthetists might join the Faculty in some form. This would have to link to the RCoA governance review. There would be consideration of which specialities and levels of medical doctors might be included. The Royal College of Physicians would cover many appropriate doctors although there may be many European trained doctors who were not members.
- There had been an issue with independent logbook providers withdrawing the service resulting in loss of data. The RCoA is undergoing a technology review and have set up a logbook working party.

#### **5.2 Trainee Update**

Dr Black had taken over as Trainee Lead from Dr Lucy Miller.

- There was question over whether the next trainee meeting should be associated with the BPS. Trainees were being consulted and so far the responses were 50% in favour and 50% against. Further responses were being awaited.
- Dr Lucy Miller had initiated work on a web-cast promoting Pain Management to medical students. Dr Black had recorded this prior to the Board meeting.
- The results of the trainee on-call survey were being collated and the results would be reported at the next TAC meeting.

### **5.3 Updated FFPMRCA eligibility regulations**

Mr Waeland reported that this matter needed further discussion at the next TAC meeting and the Board would be updated at the next meeting.

## **BFBM/3.16/6 BOARD BUSINESS**

### **6.1 Communications plan**

The Dean reported that a question to the House of Lords was being considered around the current figure for the prevalence of chronic widespread pain.

### **6.2 Buddying System**

Dr McCartney presented the results of the survey that had been sent to all FPM fellows, to which 120 individuals had responded. 80% of respondents felt that there was a need for the Faculty to offer either a buddying or mentoring service or a combination of both. Half of the respondents were happy to be contacted in future regarding potential services. The Board agreed that the project should be taken forward and Dr McCartney would proceed by firstly making contact with individual enthusiastic survey participants regarding both a formal and informal scheme.

**ACTION: Dr McCartney to contact respondents to the buddying survey and develop a system.**

### **6.3 Acute Pain**

Dr Rockett updated on the progress of the Acute Pain work streams.

- The acute pain service census had received 118 replies so far and it was anticipated that more contacts would be sourced to send the census to. The data will be reviewed and published in the BJA around May. A contact list for the acute pain leads will be generated from this, which could lead to an online community of acute pain doctors within the Faculty website.
- The job plans in the BJA from the past year had been reviewed and 10% of jobs advertised mentioned pain but only two mentioned acute pain. It was debated whether acute pain sessions were disappearing or being handed around departments rather than being advertised and it may need a survey to determine whether this is the case.
- Liaison was being planned with Dr Black to explore surveying trainees regarding engagement with acute pain.
- Dr Miller updated that the acute pain amendments to the higher curriculum module needed to be approved by the RCoA and then submitted to the GMC for approval. The module would be required for acute pain leads. There will also be an in-house guidance document on how the higher module is to be implemented and training structured.
- A guidance document is being developed for the website outlining the skills and competencies acute pain leads should achieve. Dr Rockett has been asked to talk on this matter at the Chester acute pain meeting in September.
- The Acute Pain study day in February had 91 multi-disciplinary attendees, was

well received and Dr Balasubramanian plans to make this a regular study day. It was felt that acute pain doctors would like more soft-skill training.

- GPAS 2016 was now published and included an acute pain chapter.
- The acute pain working group had helped write a short article for *Transmitter* and an article for the BJA.
- The ANZCA 4<sup>th</sup> Edition of *Acute Pain Management: Scientific Evidence* had been published and endorsed by the Faculty. This included contributions from Dr Rockett.

#### **6.4 ASK2QUESTIONS**

Dr Nicolaou reported that A2Q had been adopted as part of the dataset by the Peri-operative Quality Improvement Programme. Elaine Hay at Keele University had previously indicated that they could run a pilot and Dr Nicolaou would chase this up. Maureen Baker at the RCGP had promoted A2Q in her E-blog. Chris Barker was still planning on incorporating A2Q into his MSK physiotherapy service. Dr Nicolaou had offered to pilot Arthritis UK's MSK Questionnaire and was hoping that Benjamin Ellis may reciprocate by piloting A2Q.

#### **6.5 e-Pain**

Mr Waeland reported that e-learning for Healthcare had agreed to provide another £20000 funding which will cover session review.

#### **6.6 Essential Pain Management**

Miss Chand updated that a further £9,000 funding had been received from the AAGBI/RCoA: two courses had been planned for Malawi; a course in Madagascar was planned for the end of May, with Mercy Ships, and this was seen as a sustainable course and further courses were being considered for Zambia, Ethiopia and Nigeria. An article will be written for the *Bulletin*. A training instructors day held at the RCoA was being considered. The Dean further reported that the course was now established and sustainable in Uganda.

#### **6.7 EPM – lite**

Miss Chand updated that the course had now been run in Newcastle. With the four other medical schools about to run the course, a total of eleven out of thirty two medical schools in the UK were involved. The Dean explained that the GMC would be approached in due course to present to the Medical Schools Council. Professor Roger Knaggs was now involved in bringing other professionals on board.

### **BFPM/3.16/7 BOARD UPDATES**

#### **7.1 RAPM Update**

Dr De Gray reported that a RAPM meeting took place on the previous day with 13 out of 20 in attendance. There were two new RAPMs. SPA allocation data from the survey was still being processed but the general consensus was this was an increasing struggle which could affect recruitment. Case reports were discussed, including plagiarism and the RAPMs responsibility to spread awareness of this amongst their trainees. Intermediate training was discussed including the acute to chronic ratio and exposure. The first RAPM/LPMES joint day was being organised for March 2017.

#### **7.2 Perioperative Pain Medicine**

Dr Rockett updated that the short term working party, and therefore his role in this, had been completed.

##### **a) Peri-operative Quality Improvement Programme**

Dr McGhie reported that the PQIP working party had not met since the last Board meeting. The clinical reference group was trying to create a data set and some measurement of acute pain was in progress.

### 7.3 Commissioning

The Board received a written report from Dr Hughes explaining the proposal to greatly reduce the number of CRGs, which was currently out for consultation. Pain would remain as its own CRG and was described as a cornerstone for all medical specialities. Dr Goddard highlighted the importance of the pain element of the paediatric surgery CRG and responding to the consultation, which he was doing as an individual. The Board agreed that the Faculty should respond to the consultation and Dr Goddard would liaise with Dr Hughes regarding the content of this. The Board discussed problems arising from the current nature of commissioning including the reduction in availability of cordotomy treatment for mesothelioma, which was currently at peak epidemic levels in certain parts of the UK. It was agreed that data on the numbers of patients who could benefit from the treatment would be useful and Dr Baranidharan agreed to investigate the number of mesothelioma mortalities and speak to Dr Manohar Sharma. The numbers of patients from the immediate area and further afield treated in the few existing clinics, would also be useful. It was agreed that the Faculty could write a letter to the Department of Health and raise the issue as a subject for a short debate in Parliament. It was suggested that Professor Sam Ahmedzai could be involved from a NICE scoping perspective.

**ACTION: Dr Goddard to coordinate response to CRG consultation.**

**ACTION: Dr Baranidharan to approach Dr Manohar Sharma to collect cordotomy service and mesothelioma data.**

### 7.4 Neuromodulation database update

Dr Baranidharan updated that the pilot is still being carried out in six centres. The MHRA is very keen for one database to exist where all neuromodulation device associated data can be accessed. It had been suggested that if a faulty device is removed, this could generate an automatic email containing the serial number, to the MHRA.

### 7.5 Update Wales, Scotland, Northern Ireland

**Wales:** Dr Lewis updated that they are trying to meet with the Welsh government in May to discuss a possible 'Pain Plan'.

**Scotland:** Dr McGhie reported that the Scottish Government was reviewing its chronic pain improvement groups and will move to a single group post-election. The new group will have efficiency and decision making powers, but no new resources. There has been investment towards a one year post to collect core data for chronic pain, working towards the creation of two performance indicators. Professor Smith is to speak at a meeting of all Chief Executives in May, to highlight pain. There will also be a separate meeting for medical directors where he will focus on prescribing and benefits of self-management.

**Northern Ireland:** Mr Waeland and the Dean were to discuss future representation from Northern Ireland, which could be a corresponding member. The Regional Advisor for Northern Ireland was suggested.

**ACTION: Mr Waeland and the Dean to discuss future Board representation from Northern Ireland.**

### BFPM/3.16/8 ANY OTHER BUSINESS

No other business was recorded.

**BFPM/3.16/9 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/3.16/10 DATES OF FUTURE BOARD MEETINGS**

Friday 13<sup>th</sup> May 2016  
Friday 16<sup>th</sup> September 2016  
Friday 9<sup>th</sup> December 2016  
Friday 3<sup>rd</sup> March 2017