



FACULTY OF PAIN MEDICINE

of the Royal College of Anaesthetists

Minutes of the Board meeting held on Friday 3rd March 2017

Members:

Dr B Miller	(Dean)
Dr J Hughes	(Vice-Dean)
Dr G Baranidharan	
Dr J Goddard	
Dr S Gupta	
Dr C McCartney	
Dr J McGhie	
Dr M B Taylor	
Dr A Baranowski	(<i>Co-optee</i> : President, British Pain Society)
Dr S Burgess	(<i>Co-optee</i> : Patient Liaison Committee Representative)
Dr V Mendis	(<i>Co-optee</i> : Chair, Regional Advisors in Pain Medicine)
Dr M Rockett	(<i>Co-optee</i> : Acute Pain Medicine Representative)
Dr P Wilkinson	(<i>Co-optee</i> : Chair, Professional Standards Committee)

In attendance:

Mrs L Owen	(FPM Coordinator)
Ms A Ripley	(Faculties Supervisor)
Mr D Waeland	(Head of Faculties)

Apologies:

Dr S Black	(<i>Co-optee</i> : Trainee Representative)
Miss J Chand	(FPM Administrator)
Dr K Grady	(Immediate Past Dean)
Mr T Grinyer	(RCoA Chief Executive)
Dr A Nicolaou	

CEREMONIAL PROCEEDINGS

Dr Gupta was inducted as a new elected Board Member.

BFPM/03.17/1 WELCOME AND APOLOGIES

Dr Gupta was welcomed to his first Board meeting. Apologies were noted as above.

BFPM/03.17/2 MINUTES OF THE LAST MEETING and MATTERS ARISING

- 2.1** The minutes of the last meeting held on 9 December 2016 were reviewed and agreed subject to a minor change.

3.1 Outcome Measures

The Dean updated that the Outcome Measures Terms of Reference had been agreed with the aim to use freely available, pre-existing tools. It is hoped this will lead to rapid progress. Dr Baranidharan was to Chair the group which was made up of three BPS representatives, including psychology and physiotherapy representation. The invitation letters were being sent out in the following week.

3.2 Research project – post-surgical pain audit

Dr Rockett had been looking into an Acute Pain Research Project. The National Confidential Enquiry into Patient Outcome and Deaths (NCEPOD) might be looking at Pain Management in 2017 and will want Faculty input if they do go ahead.

Dr Rockett had been discussing a web-based acute pain service benchmarking project with Dr Devjit Srivastava, the Dean and Mr Waeland, which may have potential for future expansion into chronic pain. This benchmarking project would allow services to compare themselves to other Trusts so would be a quality improvement project. It would also collect data towards national consensus Faculty produced documents on best practice guidelines. The resources would only be available to Affiliate Fellows. Dr Rockett was investigating funding through HQIP and the NIAA.

Dr Rockett further reported that a Pain Medicine Trainee research network was underway and this was being led by Dr Black and Harriet Kemp, a Professor Andrew Rice PhD student. The Research and Audit Federation of Trainees (RAFT) were keen to support this and there would be a stand at the Group of Anaesthetists in Training (GAT) Annual Scientific Meeting. It was acknowledged that presence at GAT would also be good for recruitment at the trainee level.

3.3 Cordotomies

Dr Hughes updated that there was slow progress in this area and nil to report currently.

3.4 SAS doctors

The Dean had contacted Dr Lucy Williams, RCoA Council Member, regarding lack of representation of SAS doctors in the FPM executive. It is not known how many Pain Medicine SAS doctors there are and how to attract them to join the Faculty. Board Members were asked to report back if they knew any SAS doctors. Dr McGhie mentioned that this year's census may give an idea of numbers.

3.5 Pain Consortium update

The Dean updated that the Outcome Measures (item 3.1) had been a main focus of the Consortium. Dr Martin Johnson (RCGP) was keen for an outcome measures project in primary care which the Faculty would be involved in but this would be separate to the secondary care Outcome Measures project. There was to be a Parliamentary reception, most likely in October, celebrating the FPM, BPS and CPPC anniversaries and it was still being decided what should be covered.

3.6 2017 Faculty commendations and fellowship by election nominations

Miss Ripley reported that two Gold Medals would be awarded to mark FPM10 and it was suggested that Dr Beverly Collett OBE should receive one of them. Board members were asked to consider who to nominate for Gold Medals, commendations and fellowship by elections.

ACTION: Board to email FPM admin with suggestions for Gold Medals, commendations and fellowship by election.

3.7 NICE Pain quality standard/Low back pain guidance

The NICE low back pain guidance and the Pathfinder guidance were now complete and had been widely circulated. There were still severe concerns about the NICE document and how data and evidence had been approached. There were particular concerns regarding the spinal stenosis consensus, especially for the spinal canal. The NICE Pain Quality Standard will be started in April 2017 which will give the Faculty an opportunity to input and help.

3.8 Pain Medicine publishing opportunity

The Dean had approached the BJA and was waiting for confirmation of their stance on the Faculty badging both the BJA and the US publication 'Pain Medicine'. If the BJA had no concerns, the next step would be to address costs and clarify the liabilities issue. There was no support for compulsory inclusion of additional costs into the current Membership and Fellowship fees.

3.9 House of Lords question

The Dean had met with Baroness Finlay, a Palliative Care Consultant with an interest in Pain who is keen to work towards better Palliative and Pain links. Baroness Finlay has offered to take a question to Parliament for the Faculty and this would need considerable thought. The Baroness is looking at mental capacity and pain issues and would like the Faculty's assistance. Dr de Gray and Dr Black would be asked to help establish a project. The Board were asked to send suggestions for Parliamentary questions by email. There was also discussion on arranging a meeting of Pain and Palliative Medicine practitioners on current practices and ways forward.

ACTION: Board to email the Dean with questions for Parliament to be submitted by Baroness Finlay.

BFPM/03.17/4

FPM TRAINING AND ASSESSMENT COMMITTEE

4.1 FPMTAC Minutes

The minutes from the 27th January 2017 meeting were not available but Dr McGhie verbally updated on several issues:

- Dr P Cole was running a workforce census and the data should be analysed by October.
- The LPMES day was the following week and full attendance was anticipated.
- As discussed in item 3.2, a trainee research network was being led by Dr Black.
- Dr de Gray was working with the RCoA to update the logbook.
- The Committee was considering removing the case report requirement for advance pain trainees. If removed, this would remove the problem of people passing the exam but not registering as fellows because they are not able to finish the case report. The Board would await a recommendation from TAC on this issue.

4.2 Trainee Update

Dr Black had sent her apologies for the meeting.

5.1 FPMPSA Minutes

The Board received the FPMPSA minutes from 8 December 2016.

5.2 March FPMPSA report

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

- Professor Mike Bennett had been liaising with PSC regarding improved Palliative Care, Oncology and Pain links and this project was still in its infancy.
- Dr Searle had nearly completed the Driving and Pain Patient Information Leaflet and this would be published soon.
- Dr Baranidharani had completed the Intrathecal Refill Safety Checklist which would be submitted for NatSSiPs alignment.
- The Invasive Procedures FPM safety checklist was being revised to align with NatSSiPs.
- The Interventions Patient Information Leaflets had now been launched and the Medications Patient Leaflets were being reviewed.
- An Opioids Aware sub-committee was being re-established to lead on the review of the resource.
- The Board had received the most recent draft of the BPS/FPM consensus statement on epidural steroids and were asked to send any comments by email to Dr Wilkinson/Dr Davies within the next fortnight.

ACTION: Board to email Dr Wilkinson with comments on the BPS/FPM epidural steroid consensus document.

5.3 Consultation Length

Dr Wilkinson and Dr Davies had produced a summary of the consultation length work with appended data and breakdown of how consultations were measured. PSC had recommended that a position statement with caveats and appendices should be drafted for Board approval. The Board approved Dr Wilkinson to move ahead with this.

ACTION: Dr Wilkinson and Dr Davies to produce a Faculty position statement on consultation length, with caveats and appendices, for Board approval.

5.4 CSPMS Gap Analysis Questionnaire for ratification

The Board had received a copy of the Gap Analysis questionnaire and agreed that subject to a few suggested amendments that Mrs Owen would feed back to Dr Weiss and Dr J. Taylor, the questionnaire could be trialled within the PSC.

ACTION: Mrs Owen to feedback comment on CSPMS Gap Analysis Questionnaire to Dr Weiss and Dr J. Taylor.

5.5 ASK2QUESTIONS

Dr Nicolaou had submitted a written update that he, Chris Barker and Ann Taylor had met with Keele University in January. The meeting was positive although Keele were very busy and funding focussed. A separate study for A2Q was discussed and funding is being applied for through the Clulow award.

6.1 FPM10/Communications

Miss Ripley updated that in addition to the Parliamentary reception discussed under item 3.5, the FPM10 webpage was live and had monthly updates and features planned. Work towards the FPM10 edition of Transmitter and the 10th Annual Meeting were underway.

6.1a History of Pain trainee essay competition

Mr Waeland had received a suggestion from Dr Black that the Faculty could run a one-off essay competition with prize for 'The history of Pain Management'. It was suggested that this could include all anaesthetic trainees. The RCoA could help promote the competition as part of the silver jubilee. Dr McCartney and the Dean volunteered to mark the essays. It was agreed that Dr Black should submit a more detailed proposal regarding this.

ACTION: Dr Black to submit detailed proposal of History of Pain trainee essay prize.

6.2 New Membership Working Party

Dr Hughes was Chair of the working party and updated that the first meeting had gone well with robust discussion and concordance. The Board received a summary of principles agreed and proposed actions for each of the focus areas: Training and Grandfathering related to non-anaesthetist membership/fellowship; and Acute/inpatient pain medicine doctor affiliate fellowship and examination eligibility. Palliative Care would be the initial focus area for the non-anaesthetist work, which also fitted with other Faculty agendas regarding links with Palliative Care. The Board approved the proposed actions and the working party would proceed with this under Dr Hughes.

6.3 Essential Pain Management (EPM)

Mrs Owen reported that Dr Vickers and Dr Aturia delivered a successful EPM course in Gulu, Uganda on 15th February to 66 participants. This was the second course to be delivered in Uganda. EPMAG are currently discussing possible courses in Cameroon (with Mercy Ships), Nigeria, and Zambia. The group have secured further funding of £4,500 from AAGBI & RCoA. The group are in early discussion with WFSA for funding of long-term projects which would see multiple courses delivered in the same country over 2-3 years.

6.4 EPM Lite

Mrs Owen reported that EPM Lite has been piloted in 13 medical schools and another 5 medical schools will soon pilot. New evaluation forms will soon be piloted. These will also eventually be used for EPM courses worldwide.

6.5 e-Pain

The Board was updated that modules are still under review and the programme has been advertised with many other organisations including most other royal colleges and local authorities.

6.6 Buddying System

Mrs Owen reported that the Buddying/Mentoring scheme had been launched and would be publicised further in the April edition of Transmitter.

6.7 Acute Pain Report

Dr Rockett had covered Acute Pain Research issues under item 3.2. Regarding Training and Assessment, discussions had been held around establishing higher pain training plus for

individuals who wish to become affiliate fellows and run acute pain teams, but will not be doing advanced pain training. The suggestion was for three month training with the expectation that trainees would do substantially more than the current recommendation of a minimum 20 sessions. Because of the difficulty in making changes to the syllabus and uncertainty around the Shape of Training, it was unlikely that anything concrete would be put in place before 2018. However, the production of a training manual was thought to be a good idea, highlighting expected competencies of APS leads. This was being proposed to TAC who would work on this. The February Acute Pain Study day had gone very well with 100 delegates attending.

BFPM/03.17/7

BOARD UPDATES

7.1 RAPM Update

Dr Mendis reported that the LPMES day was taking place on 9th March and it was planned to make it an annual event pending further Industry funding.

7.1a) RAPM person specification for ratification

The Board had received an updated RAPM application form and Person Specification document for ratification. These were approved.

7.2 Neuromodulation database

Dr Baranidharan updated that Northgate had been chosen as the service provider and pre-existing data was currently being translated into the new database. Following a meeting planned for April 2017, a dry-run of the database would be carried out in a few units and then launched. The Board agreed that it was important to have control of the data.

7.3 Commissioning

Dr Hughes reported that most of the recent work has been around the National Back Pain pathway which has now been published. Dr Hughes thanked the Board for their feedback. It was further updated that the SPG neuromodulation for headache is progressing, Cordotomy is still to progress, Ziconotide has been reviewed with regard to putting in a CtE application and cross CRG strands are progressing but yet to see specific activity.

BFPM/03.17/8

ANY OTHER BUSINESS

8.1 Additional FPMSC Members

It had been agreed to increase FPMSC Membership by two persons and Board members were to email FPM admin with suggestions for individuals.

ACTION: Board Members to email suggestions for new PSC members to FPM admin.

8.2 Examination regulations query

Mr Waeland reported that there is an individual who has passed the MCQ and now wishes to take the SOE but is no longer in a route that allows this. The Board agreed that if an individual passes the MCQ they have the right to complete the full Exam as long as they do so within the time limit and specified amount of tries.

8.3 Professor Eldabe research agenda

Dr Hughes reported that Professor Eldabe was pushing the research agenda forward and was going to be invited to put a proposal forward to the Board.

8.4 Joint BPS/FPM National audit

Dr Baranowski suggested a joint BPS/FPM national audit and Mark Rockett suggested asking Acute Pain Teams via RAFT.

8.5 Mandatory pain training for hospital staff

Dr Gupta proposed that general pain education in hospitals could be improved via a mandatory 30-40 minute pain training session for which there was some support among Board members. It was discussed that this could be developed around the EPM-lite or EPM frameworks. It would have to be determined who decides what training is mandatory for hospital staff. It was suggested that the CQC inspection could be a lever to get mandatory training in place and it could be linked to CSPMS. Dr Wilkinson offered to assist Dr Gupta in investigating the potential for this project and they will work with Dr Helen Makins and Dr Mike O'Connor.

BFPM/03.17/9

FOR INFORMATION

9.1 Terms of office of Regional Advisors in Pain Medicine

9.2 Table of consultations

9.3 List of Publications and Releases

BFPM/03.17/10 DATES OF FUTURE BOARD MEETINGS

Friday 19th May 2017

Friday 8th September 2017

Friday 8th December 2017

Friday 16th March 2018