



FACULTY OF PAIN MEDICINE

of the Royal College of Anaesthetists

Minutes of the Board meeting held on Friday 4 May 2012

Members:

Professor D Rowbotham	(Dean)
Dr K Grady	(Vice-Dean)
Dr B Collett	
Dr D Justins	
Professor I Power	
Dr K Simpson	(via teleconference)
Dr M B Taylor	
Dr S Ward	
Dr B Miller	(Co-optee: Chair, Regional Advisors in Pain Medicine)
Ms S Payne	(Co-optee: Lay representative, Patient Liaison Group)

Apologies:

Dr R Laishley	
Professor R Sneyd	(RCoA Vice-President)
Dr S Gilbert	(Co-optee: Lead Clinician for Chronic Pain, Scotland)
Professor R Langford	(Co-optee: President, British Pain Society)
Dr N Saxena	(Co-optee: Trainee representative)

In attendance:

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

BFPM/05.12/01 ELECTION OF THE DEAN

Professor Rowbotham stood unopposed and was re-elected for his final term as Dean

BFPM/05.12/02 ELECTION OF THE VICE-DEAN

Dr Mark Taylor stood unopposed and was elected to the office of Vice-Dean for one year, starting from the next Board meeting.

BFPM/05.12/03 WELCOME AND APOLOGIES

The Dean welcomed all Board members to the meeting. Apologies were noted as above.

BFPM/05.12/04 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 10 February were agreed as a true record of events, subject

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to some minor amendments.

BFPM/05.12/5 MATTERS ARISING

5.1 FPM Budgeting

Mr Waeland tabled a paper on the budget for the year ahead. Costs were estimated as the Board will receive the past years accounts at the next meeting. The estimated costs included a new member of staff, currently being recruited.

BFPM/05.12/6 DEAN'S STATEMENT

6.1 Committee Membership and Regalia

The Dean reported that the RCoA is willing to pay for a Dean's gown for the Faculty. The Board agreed to this proposal.

The Dean reported that the FPM Committee structures needs to be reviewed and this will be done in the next few weeks. The Dean also reported that there needs to be two members drop off of the Board to make way for two new members, Dr Douglas Justins has agreed to step down and one more person needs to do the same, their last meeting will be in December 2012.

6.2 BJA and FPM

The Dean reported that the BJA editor, Ravi Mahajan, has approached him over having a Pain-specific issue of the postgraduate edition of the BJA for June 2013. This is often done by having a scientific meeting at which the speakers bring a manuscript based on their talk which will then be published as a review article in the BJA. The Dean suggested that the FPM Annual Meeting on 22nd November could be used for this purpose.

ACTION: the Dean to take this forward with the BJA

The Dean asked the Board whether the BJA should be adopted as the Faculty's official journal; the BJA has a high impact factor and an increasing circulation and is receiving and publishing a number of high level pain manuscripts. The Dean further reported that the BJA is looking to increase the amount of Pain Medicine and Intensive Care Medicine content. The Board agreed that the Faculty should investigate the possibility

ACTION: The Dean to negotiate with BJA and come back to the Board with a full proposal.

6.3 BUPA

The Dean summarised that there had been a statement within a BUPA letter that injections administered by anaesthetists had to be approved by other clinicians. The President of the RCoA and the Dean have contacted BUPA in this regard. Following this, BUPA have issued an interim policy that anaesthetists can continue administering injections up until the end of June when the policy will be reviewed. The Dean reported that he will be attending a meeting with BUPA within the next two weeks – beforehand we will send them a dossier of our curriculum, assessment process and guidance documents.

ACTION: The Dean to put a statement on the website

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6.4 Election Process

The Dean informed the Board that the RCoA is looking to change their election processes to use email voting in the future. Mr Waeland informed that Board that the Faculty of Intensive care Medicine uses email voting and no problems have arisen with this. The Dean suggested that the Board monitor the effectiveness of the RCoA using email voting and if it works, the Faculty should consider moving to this system as currently those who cannot attend meetings are unable to vote so an email voting system would ensure everyone gets to vote.

BFPM/05.12/7 FPM PROFESSIONAL STANDARDS COMMITTEE

7.1 Minutes/update

Dr Simpson informed the Board that Dr Stannard has produced a document on opioids and driving. This is purely a guidance document and has been designed to not be too prescriptive. Dr Simpson will circulate this to the Board for approval and then it can be put onto the website.

ACTION: Dr Simpson to circulate the document to the Board

SIG BPS Guidelines

The FPMPSD feedback on the SIG BPS guidelines for interventions has been sent to the FPMPSD and the document has been amended accordingly. The Board agreed that they would like to see this document whilst still in the draft stage so they can make amendments if necessary.

ACTION: Dr Simpson to circulate the next draft of the document to the Board

Mental Health Competencies

Dr Simpson informed the Board that Dr Stannard has emailed round a list of mental health issues which could form the core of what pain specialists treating mental health need to know. The Board commented that as a pain doctor, it is good to have competencies in mental health. The Board further agreed that at a future Faculty meeting, mental health issues should be used as the topic for the day and this will be run past the educational meeting advisor, Dr Gupta.

7.2 CRPS guidance

Dr Simpson informed the Board that the FPMPSD has reviewed this document again following a request from the author. The FPMPSD has decided that the Faculty still cannot endorse the document. This has been communicated to the relevant parties and made clear that all references to the Faculty should be removed.

The Board commented that in future, it is very important for them to see drafts of guidelines in the earlier stages so if there are issues or amendments to be made; they can be done at an early stage.

BFPM/05.12/8 FPM TRAINING AND ASSESSMENT COMMITTEE

8.1 FPMTAC Minutes

Dr Grady reported that there is going to be an Assessment Working Party set up which will have representatives from several areas

Advanced Pain Trainee Duties

Dr Grady reported that within the Advanced Pain Training year, trainees should be undertaking this full time in order to meet the required competencies. They should only be allowed to have one night time on call for anaesthetics duties per week. However it has been reported that some trainees have to do daytime on call for anaesthetics: it varies amongst the schools. Dr Grady informed the Board that the view of the FPMTAC is that six sessions (half days) per week in Pain Medicine is the minimum requirement and that the FPMTAC will produce some guidance outlining this.

ACTION: FPMTAC to produce draft guidelines

Trainees Meeting

Dr Grady reported that the Advanced Pain Trainees seemed generally happy at the meeting in Liverpool. It was noted at the meeting that there has been a reduction in the number of Advanced Pain Trainee posts in some regions, Dr Miller informed the Board that he is planning to send a survey out to RAPMs to get the numbers of Advanced Pain Trainees in their areas, as they are currently not all registered with the Faculty. An issue has been raised in that some trainees felt they were not getting enough support from their RAPMs.

8.2 FPM Examination

Dr Grady reported that a letter has now been circulated to examiners and RAPMs. Dr Grady reported that the exam was mentioned a lot during the trainee meeting and the trainees seemed to be more positive than previously. Of the 27 trainees at the meeting, 15 are proposing to take the exam at the first sitting and 12 at the following sitting. The examination preparation course is fully prepared for May 24th and 25th with 30 applicants already and Dr John Mcghie has set up a three day course in June in Scotland for trainees. Dr Grady further reported that the question writing is on course and there is a bank of questions ready for the first paper, which has now been set; the SOE clinical lead has appointed a deputy, Douglas Natusch and there needs to be more examiner training in regards to marking and this is going to be focussed on at the July examiners meeting.

BFPM/05.12/9 REGIONAL ADVISORS IN PAIN MEDICINE

Dr Miller reported that at the RAPM meeting, issues of communication and a lack of support were raised, with some RAPMs feeling slightly isolated. Dr Miller reported that some RAPMs are not responding to communications from him or the Faculty. Dr Miller is currently creating a database of LPMESs which should help communication by increasing the pool of people who can disseminate information. Dr Miller also reported that the information on the website for RAPMs needs to be consolidated into a bank of documents for RAPMs so they are easy to find. The RAPMs seem happy with the examination information which has been circulated and are also happy with the new case reports. Dr Miller reported that Version two of the logbook is accessible on the website. Dr Miller informed the Committee that he looked at last year's logbooks for FPMTAC and there was huge variation in how the data was recorded and that it was also hard to tell what had

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been actually done by the trainees i.e. what was observed vs. done; there needs to be standards set as to how we want the data/numbers provided to the Faculty.

BFFPM/05.12/10 FACULTY OF PAIN MEDICINE BOARD STRATEGY

10.1 What is a pain doctor?

Dr Justins has circulated a draft document to the Board. This document is not for Pain Medicine doctors but for outside agencies as a clarification of what exactly pain doctors do. The Board suggested some minor amendments but were happy with how the document is progressing.

ACTION: Dr Justins to make suggested alterations and circulate the new draft

10.2 Formal Communication Strategy and Project Plan

Dr Simpson informed the Board that a Communications Working Group is being set up, which will exist for a year until July 2013; this Working Group will report to the FPMPS. Ms Drake informed the Board that the RCoA is recruiting a Communications expert who may be able to assist the Working Group. The terms of reference have been circulated to the FPMPS and will be circulated to the Board.

10.3 Involvement of Acute/Paediatric Pain

Dr Taylor informed the Board that he has done some preliminary work on this. The first issue is whether existing acute pain trainees can be involved and second issue is how we keep acute consultants involved with the Faculty. Dr Taylor informed the Board that the FPMTAC have not yet discussed Paediatric Pain and we need to see whether the model of paediatric pain proposed in the current curriculum is feasible.

ACTION: Dr Taylor to draft proposal document, which will be discussed at the next FPMTAC.

10.4 Involvement of other medical specialities

The Board discussed the issue and that the timing was wrong to carry this project forward at present as we are working on our examination and trying to distinguish the Faculty in its own right. However, the Board agreed that this is a good concept to develop in the future.

10.5 Clinical Trial Network

The Dean reported that this has been worked on by the BPS and the first meeting will be in September. The Programme will be based around national scenarios; there will be workshops to identify groups who want to be part of this going forward.

10.6 Lay and Patient Involvement

Dr Collett informed the Board that there had been emails exchanged and ideas discussed between her, Ms Payne, Dr Gilbert and Mr Waeland. A teleconference is being set up and a paper will be produced following this for the next Board meeting.

ACTION: Dr Collett to produce a paper for the next Board

10.7 Help pack for CCG discussions

The Dean reported that there will be a special page online; either two identical pages on FPM/BPS sites or one page linked to both. The page will explain what the site is for, then links to documents; with explanation of how this will be useful when interacting with CCG.

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The aim is for it to be up and running in 6 weeks. Dr Grady informed the Board that there was a presentation at the BPS ASM which included 5 points in how to interact with CGCs.

10.8 RAPM structure

Dr Miller reported that potential RAPMs are limited to a small number of people. There is a strategy to communicate more with the LPMESs which may solve some of the current issues. An immediate task is to produce guidance documents on what they should be doing; succession planning; and including LPMESs in the discussion.

10.9 Sub-speciality status

The Dean reported that the GMC have put a moratorium on recognising more sub-specialities until a report on the state of training is published next year. Mr Waeland is perusing the issue with the GMC

BFBM/05.12/11 FACULTY REPRESENTATIVES REPORTS

11.1 National Pain Audit

Dr Ward reported that they have 161 providers (not clinics – a provider may have 4 or 5 different clinics) and 97 of these have managed to get case records for patients. Some data has started to be analysed with interesting outcomes: average age of people coming into clinics is 35 – 40. Dr Ward further reported that the audit has been granted a year's extension by the Department of Health. The next stage will be to look at risks in pain: suicide, drug overdose etc. Dr Ward informed the Board that he will also be liaising with a private company that has access to primary care data.

11.2 Pain Summit

Dr Collett reported that the report and the executive summary produced from the workshops are currently being worked on. The detailed reports will be published online and the executive summary will be published in hard copy. Dr Collett informed the Board that they will receive the report on 15 May and will have ten days to get comments back. These comments will then be discussed at a final steering group meeting on 1 June which will then sign off the final document. The document will be launched on 4 July at the Houses of Parliament.

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BFPM/05.12/12 ANY OTHER BUSINESS

12.1 Workforce census

Mr Waeland informed the Board that the workforce census is ready to be sent out and the Board agreed to this.

12.2 New administrator

Mr Waeland informed the Board that a new administrator is being recruited; they will be taking over the e-Learning for pain project and the FPM website.

12.3 Honours

The Dean asked the Board to start thinking about suggestions for Honours for the coming year and to email him with any suggestions.

BFPM/05.12/13 MATTERS FOR INFORMATION

13.1 Terms of office of Regional Advisors in Pain Medicine

13.2 Terms of office of Faculty Officers Holders and Leads

The Board noted the Terms of Office.

13.3 Table of consultations

Consultation	Deadline	Submitted
(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
(GMC) Recognising and Approving Trainers	21 Mar 2012	YES
(BPS) Guideline for Pain on Older Adults	13 April 2012	YES
(BPS) Use of drugs beyond licence in palliative care and pain management	30 April 2012	YES
(CfWI) Shape of the Medical Workforce	30 April 2012	YES
(NICE) Headaches: guidelines consultation	07 June 2012	NO

13.4 List of Publications and Releases

The Board noted the list of publications and releases.

BFPM/05.12/14 DATES OF FUTURE BOARD MEETINGS

Thursday 20 September 2012

Thursday 13 December 2012

Thursday 14 February 2013

Thursday 16 May 2013

Thursday 12 September 2013

Thursday 12 December 2013