



## FACULTY OF PAIN MEDICINE

of the Royal College of Anaesthetists

### Minutes of the Board meeting held on Thursday 8th May 2014

#### Members:

Dr K Grady	(Dean)
Dr M B Taylor	(Vice-Dean)
Dr B Collett	
Dr J Goddard	
Dr J Hughes	
Dr A Nicolaou	
Professor D Rowbotham	(Immediate Past Dean)
Dr K Simpson	
Dr S Burgess	(Co-optee: Lay representative, Patient Liaison Group)
Dr L De Gray	(Co-optee: Chair, Regional Advisors in Pain Medicine)
Dr D Harrington	(Co-optee: SAS Representative)
Dr B Miller	(Co-optee: Chair, Training and Assessment Committee)
Dr L Miller	(Co-optee: Incoming Trainee Representative)
Dr M Rockett	(Co-optee: Acute Pain Medicine Representative)

#### In attendance:

Ms S Drake	(Education and Research Director)
Mr D Waeland	(Head of Faculties)
Miss A Ripley	(Faculties Coordinator)
Miss D Evans	(Faculties Administrator)

#### Apologies:

Dr D Nolan	(RCoA Vice President)
Dr S Ward	
Dr E Baird	(Co-optee: Outgoing trainee representative)
Dr W Campbell	(Co-optee: President, British Pain Society)
Dr S Gilbert	(Co-optee: Lead Clinician for Chronic Pain, Scotland)

#### **BFPM/05.14/1 WELCOME AND APOLOGIES**

Dr Grady welcomed attendees to the meeting, in particular, Dr Lucy Miller as the new Trainee Representative, Dr Dawn Harrington as the new SAS Representative and Mr Stuart Burgess as the new Patient Liaison Representative. Apologies were noted as above.

#### **BFPM/05.14/2 MINUTES OF THE LAST MEETING**

The minutes of the last meeting held on 27 February 2014 were agreed as a true record of events, subject to a minor amendment.

## **BFPM/05.14/3      MATTERS ARISING**

### **3.1      Paediatric Fellowship Query**

The Board considered the application and agreed the only entry route currently available to this applicant was Associate Fellowship.

**ACTION: Miss Evans to contact the applicant to inform them that they are eligible for Associate Fellowship.**

### **3.2      Associate Membership**

The Board agreed to temporarily suspend this membership route whilst the details of whom this route applies to and issues surrounding supervision were investigated further.

### **3.3      Guest Speaker**

The Board was informed that the scheduled guest speaker, Dr Lesley Colvin, would be attending the next meeting in September instead.

### **3.4      James Lind Alliance**

Ms Drake reported that the draft survey to identify the top ten research priorities had been created and was due to be tested; this would then be sent out to all partner organisations, including FPM, to disseminate amongst members.

## **BFPM/05.14/4      DEAN'S STATEMENT**

### **4.1      Meeting with BMJ**

The FPM and BPS had jointly approached the *BMJ* to request the publishing of Pain Medicine educational material. A meeting has been scheduled for 18<sup>th</sup> June to discuss this further.

### **4.2      Meeting with Chair of RCGP**

An exploratory meeting had been scheduled for 16 July to discuss areas of potential overlap, including the existing Complex Pain project.

### **4.3      ANZCA Pain Publication**

The Board was informed that Dr Rockett had taken over from Dr Justins as an editor on the 4<sup>TH</sup> edition of ANZCA Acute Pain Medicine publication.

### **4.4      Pain in Secure Environments**

Public Health England have provided funding for the FPM to run this project; this includes a new co-ordinator in the Faculties administration team. The outline structure and content of the training days had been agreed and Dr Simpson and Dr Stannard will meet in June to start writing the course content. There would be an initial pilot of three regional courses in early 2015; the courses would be aimed at both medical and non-medical prison workers.

### **4.5      Dips Day**

The Dean reported that the RCoA Diplomates day on Friday 2<sup>nd</sup> May had been very successful and the FFPMRCA had been awarded to six individuals. The Board agreed that it should be suggested that in future the FFPMRCA examination awards should be given on Diplomates Day in the same manner as the FRCA awards.

**ACTION: Dean to make this request of the President and Mr Storey.**

**4.6 Pain Training for Undergraduates**

The Dean reported that Dr Mike O'Connor was currently looking at undergraduate Pain Medicine Training in Bristol Medical School and would gather feedback.

**4.7 Meeting with NICE**

The Dean reported that a meeting has been scheduled with NICE for 23 June to discuss putting Pain Medicine higher up the national agenda.

**4.8 Vice Dean Term of Office**

The Board discussed increasing the Vice Dean's Term of Office from two to three years, as with a small Board, the pool of people eligible to take such office was relatively small. The Board agreed to change the regulations, subject to RCoA Council approval, and increase the maximum term to three years. The Vice Dean would still have to stand for election every year.

**ACTION: FPM admin to change regulations and take to RCoA Council for approval.**

**BFPM/05.14/5 FPM PROFESSIONAL STANDARDS COMMITTEE**

**5.1 FPMPSC Minutes**

The Board received the minutes of the last meeting.

- The CRPS guidelines were reviewed again by the PSC for possible endorsement. Dr Taylor had been appointed as the FPM representative for the rewrite, with a meeting scheduled for June 2014. The Board was asked to email Dr Taylor with specific points that should be addressed in the rewrite.

**ACTION: All Board members to email comments on the CRPS guidelines to Dr Taylor**

- *The Good Pain Medicine Doctor* rewrite had been finalised.
- Dr Searle had written a guidance paper on the Drugs and Driving legislation; this would be considered at the FPMPSC meeting on 16<sup>th</sup> May, in time for a Parliamentary pronouncement on the matter.

**5.2 Patient Information Leaflets**

There were now five complete leaflets and these would be put onto the FPM website imminently. Dr Nicolaou and Dr Wilkinson were working on the Intervention leaflets and have almost finalised the first one on Facet Joint Injections. This will be considered at the FPMPSC on 16<sup>th</sup> May.

**5.3 Core Standards for Pain Management Services in the UK**

The Board discussed the standards document and agreed that the best way forward was one that included input from multi professionals, both in regards to content and endorsement.

### 6.1 FPMTAC Minutes

The Board received the minutes of the last meeting.

- The Workplace Based Assessment guidance is now on the website.
- The Case report 'good examples' have been agreed and FPM Admin were currently waiting for original author agreement before they were put onto the website.
- The statement regarding Advanced Pain Trainee time usage was now included within the curriculum.
- There were still some concerns regarding the ability of some trainees to access enough cancer pain training. The analysis of the next set of logbooks would indicate if there had been any improvement or not. The Board agreed that the RAPMs should be asked about provision in each of their regions.

**ACTION: Dr De Gray to ask all RAPMs information on what Cancer Pain training is available in their regions.**

- The quarterly assessment form was currently being reviewed with a view to possible inclusion in the RCoA e-Portfolio.
- The potential issue of gender inequality was raised at the trainee meeting, although no negative comments were received from the trainees; this would be monitored.
- The RCoA Training Committee would be approached regarding post-APT, pre-CCT exposure to Pain Medicine (in keeping with the spiral learning concept) which seems problematic in some areas.

### 6.2 FPMRCA examination

Dr Simpson reported that the 4<sup>th</sup> sitting of the FPMRCA examination had just occurred. The pass rate was 56% (17 candidates); none reached the threshold to receive a prize. The examination had three observers, one of whom was from Hong Kong and all of their feedback was positive. The advert for new examiners and exam question writers was currently live. Mr Waeland reported that exam FAQs were being developed to address some of the common trainee queries such as whether some questions were harder than others; these would go onto the website.

### 6.2 Workforce

Mr Waeland reported that Dr McGhie wrote a very comprehensive article in the last edition of *Transmitter* which summarised the Workforce status. There was also some workforce text being developed for the website.

### 6.3 Trainee Update

Dr Miller reported that there were 21 attendees at the trainee meeting. Feedback on the exam was positive; there was also positive feedback on the exam tutorial structure. There was some discussion on cancer pain sessions and also the logbook. Dr Miller further reported that a trainee survey had recently gone out.

### 7.1 Acute Pain

Dr Rockett informed the Board that he had contacted the RAPMs to gather contact details for Acute Pain doctors in their regions. Once all of these have been collated, the agreed survey would be sent out. The new Core Standards Document would also

include standards for Acute Pain Medicine; how to blend this is still under discussion.

## **7.2 Pain Summit: Complex Pain**

Dr Nicolaou reported that this project was progressing well and that the lead, Dr Taylor, was very on message that this work stream was important and must be inclusive of all levels of care. Feedback from the GP Google group, 350 responses in total, was currently being analysed by Chris Barker - the initial feedback seemed to be positive. Dr Cathy Price would be running a pilot in Southampton to roll out the questions there; feedback would be provided at the next Board.

## **7.3 RAPM update**

Dr De Gray reported that at the last RAPM meeting, the trainee survey results were discussed in relation to access to areas of training including psychology, paediatrics and cancer. A new introductory pack for RAPMs had been created and was now in use; this would be of use to both new and existing RAPMs. The RAPMs would now produce bi-annual reports; these would provide the Faculty and RAPMs with useful information on all aspects of pain medicine training in their regions. The regions were discussed, especially in relation to some Deanery boundaries now not matching the RAPM boundaries; none of the RAPMs felt that their region was too large to be managed at present, this was also discussed at the FPMTAC and it was decided to continue to reflect the RCoA RA regions, which remained unchanged. The RAPMs would also vote at the next meeting in November 2014 regarding increasing the Terms of Office for the RAPM Chair to three years.

## **7.4 National Pain Audit**

Ms Drake informed the Board that the National Pain Audit had been re-commissioned: a consortium had been created, including RCoA, FPM and CPPC representation, and a specification was currently being put together, led by Richard Langford and Cathy Price. The consortium would then bid for the Audit to HQIP. The FPM representative on this consortium was Dr Rob Searle.

## **7.5 FPM Evidence base**

The Evidence base had now been submitted to FPM admin and would be put onto the website once formatted

**ACTION: Ms Evans to put the evidence base onto the FPM website**

## **7.6 Peri-operative pain medicine**

Dr Rockett reported that the three work streams have now been agreed by RCoA Council and working groups have been created to action each of the work streams. Dr Rockett was currently the FPM representative on the Training and Education Sub-Group; however the Board agreed that Dr Rockett would be better placed on the Service and Standards Design Group and that Dr Roger Okell should be asked to sit on the Training and Education Group instead.

**ACTION: FPM admin to ask Dr Okell if he will sit on the Training and Education sub group and for Dr Rockett to move to the standards group.**

## **7.7 Chronic Pain Scotland**

The Dean informed the Board that Dr Steve Gilbert had been replaced by Professor Blair Smith as the Chronic Pain Lead for Scotland. The Board agreed to invite Professor Smith to be co-opted to the Board. The Board discussed whether there should also be a co-optee from Wales, although it was unclear if there was a 'Lead' for Pain Medicine in the country, FPM admin would find this out.

**ACTION: FPM Admin to invite Professor Smith to join the Board**

**ACTION: FPM admin to make enquiries regarding a Pain Medicine Lead in Wales.**

#### **7.8 e-PAIN**

Miss Evans reported that Module 4 - Acute Pain was now online. The money assigned to help with advertising was also starting to be used: an advert had been placed in the RCN Annual Congress delegate pack and on the Pulse website to run later this month.

#### **7.9 Essential Pain Management**

The Dean informed the Board that a course have been delivered in Uganda and would be repeated in September. There was also a course being planned in Liberia in collaboration with the Mothers of Africa organisation,. Ms Drake reported that a Clinical Fellow had been appointed to lead on e-learning for Africa; they had been given the FPM details to get in contact and discuss further collaboration.

#### **7.10 Commissioning**

The Board discussed that there may be a potential problem in the commissioning of highly technical cancer pain interventions. It was agree that contact should be made with relevant Parliamentarians.

**ACTION: The Dean to collate a document highlighting the problem relating to commissioning of cancer pain interventions. Dr Collett and Mr Burgess to use their political contacts to raise this issue in Parliament**

##### **7.10.1 Pathfinder project**

Dr Collett reported that the low back pain project was still underway; a final draft was currently being edited by Charles Greenough which would then be sent to the Board for approval. Dr Collett reported that there had been debates about how prescriptive the guidelines should be in relation to the NICE guidelines which were currently being rewritten. Dr Collett had been specifically involved in writing the Box 20 section; the Board was invited to send any comments on the contents of this to Dr Collett.

**ACTION: All Board members to send any comments on Box 20 to Dr Collett.**

**ACTION: Dr Collett to send final draft to Board for comments.**

##### **7.10.2 BOA meeting**

Dr Goddard reported that himself, Dr Ward and Mr Waeland had met with the BOA and a RCS representative regarding the BOA Low Back Pain guidance. The meeting was successful and the BOA took on board the comments made by the FPM and BPS and the changes were included in the document. The FPM would not endorse the document as it had not been involved from the beginning of the project. Dr Goddard further reported that the BOA had requested a Pain Medicine representative on the writing of their upcoming radicular pain document, which was currently on hold. The Board agreed that a representative should be provided.

**ACTION: FPM admin to find a FPM representative for the BOA Radicular Pain document.**

#### **7.11 Neuromodulation Database**

Mr Waeland informed the Board that an update would be given at the next meeting.

**BFPM/05.14/8 ANY OTHER BUSINESS****8.1 Interventional Pain Medicine Survey**

The Board considered the request to circulate the survey to the FPM Fellows. After careful consideration, the Board agreed that the survey was a little contradictory and could cause confusion if it was sent out. Dr Rockett agreed to put together an explanatory statement to send to FPM admin for their response to the query.

**BFPM/02.15/09 MATTERS 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/02.14/10 DATES OF FUTURE BOARD MEETINGS**

Thursday 18 September 2014

Thursday 11 December 2014

Thursday 5 February 2015

**ACTION POINTS**

Item		Action	
3.1	Paediatric Fellowship Query	Ms Evans	To contact the applicant to inform them that they are eligible for Associate Fellowship only.
4.5	Dips Day	The Dean	To make this request of the President and Mr Storey.
4.8	Vice Dean Term of Office	Mr Waeland	To change regulations and take to RCoA Council for approval.
5.1	FPMPSC	All Board	To email comments on the CRPS guidelines to Dr Taylor
6.1	FPMTAC	Dr De Gray	To ask all RAPMs information on what Cancer Pain training is available in their regions.
7.5	FPM Evidence base	Ms Evans	To put the evidence base onto the FPM website
7.6	Peri-operative Pain Medicine	Mr Waeland	To ask Dr Okell if he will sit on the Training and Education sub group and for Dr Rockett to move to the standards group.
7.7	Chronic Pain Scotland	Ms Ripley	To invite Professor Smith to join the Board
		Mr Waeland	To make enquiries to see if there is a lead in Pain Medicine in Wales.

7.10	Commissioning	The Dean/ Dr Collett/ Mr Burgess	To collate a document highlighting the problem relating to interventional funding. Dr Collett and Mr Burgess to use their political contacts to raise this issue in Parliament
7.10.1	Pathfinder project	All Board	To send any comments on Box 20 to Dr Collett
		Dr Collett	To send final draft to Board for comments
7.10.2	BOA meeting	FPM admin	To find a FPM representative for the BOA Radicular Pain document.