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 Thursday 30th September 2010

Members:

Professor D Rowbotham	(Dean)
Dr K Grady	(Vice-Dean)
Dr D Justins	(Immediate Past Dean)
Dr A Tomlinson	(RCoA Vice-President)
Dr J Hester	
Dr R Laishley	
Dr P MacKenzie	
Dr M B Taylor	
Dr R Langford	(President, British Pain Society)
Dr J Hughes	(Chair, Regional Advisors in Pain Medicine)
Dr N Saxena	(Trainee representative)
Mrs K Rivett	(Lay representative, Patient Liaison Group)

Apologies:

Professor I Power
Dr K Simpson

In attendance:

Ms S Drake	(Director of Education)
Mr D Waeland	(Faculties Manager)
Mr J Goodwin	(Senior Faculties Administrator)
Miss B Barnes	(Faculties Administrator FPM)
Miss A Rowe	(Faculties Administrator FICM)

FPM/124/2010 ADMISSION OF THE DEAN

Professor Rowbotham was admitted as the new Dean of the Faculty of Pain Medicine.

FPM/125/2010 ADMISSION OF THE VICE-DEAN

Dr Kate Grady was admitted as the new Vice-Dean of the Faculty of Pain Medicine.

FPM/126/2010 PAST DEAN'S MEDAL

The Dean presented Dr Justins, the immediate past Dean of the Faculty, with the Past Dean's Medal.

FPM/127/2010 NEW BOARD MEMBERS SIGNING

Dr Taylor and Dr Tomlinson signed the Board Members Book as new members of the Board.

FPM/128/2010 WELCOME

The Dean welcomed members of the Board to the meeting. The Dean welcomed Dr Langford, President of the British Pain Society, to his first meeting of the Board. The Dean also welcomed Dr Saxena to his first meeting as the co-opted Pain Medicine trainee representative. On behalf of the entire Board, the Dean thanked Dr Lesley Green, the outgoing trainee representative, for her hard work and invaluable service to the Board and the Faculty.

The Dean also welcomed Mr Goodwin, the new Senior Faculties Administrator, and Miss Barnes and Miss Rowe, the new Faculties Administrators.

FPM/129/2010 APOLOGIES

Apologies were received from Professor Power and Dr Simpson.

FPM/130/2010 MINUTES

The minutes of the meeting held on Thursday 20th May 2010 were agreed as a true record of events, subject to some minor amendments.

FPM/131/2010 MATTERS ARISING

(I) ***FPM/116/2010(IV)*** **Opioids for Persistent Pain: Good Practice**

The Dean outlined the history of this document as a joint venture between the FPM, BPS, Royal College of General Practitioners and Royal College of Psychiatrists. Mr Waeland reported that the guidance had now been widely distributed via Pain Medicine RAs to management figures and PCT heads, and via publication in RCGP's newsletter. Dr Hester felt that this was a positive development, and suggested a review of the paper for publications such as the *BMJ* might also be appropriate. Dr Grady recalled that it had been suggested in a previous meeting that the Faculty urge its Fellows to quote the guidance in correspondence with GPs – this could perhaps be achieved via *Transmitter*, along with a link to the guidance. Mr Waeland responded that a summary was being prepared for the next issue of *Transmitter*, and this link could easily be added.

ACTION: Mr Waeland to use *Transmitter* to urge FPM Fellows to quote guidance in correspondence with GPs.

Dr Hughes queried whether the guidance should be sent to pharmacists. Dr Langford added that in several regions there was one GP responsible for medicines, which would be a small but perhaps beneficial group to target. The Dean stated that an issue he had encountered locally with the guidance was exploring the possibility of it appearing on GPs monitor screens when completing prescriptions; whilst this would be a welcome development, there was the concern that GPs could be overwhelmed with information, as several such pieces of guidance could pop up for every consultation. However, he felt that good progress was being made on this matter, and it should be reviewed at the next Board meeting.

ACTION: Mr Goodwin to add item to next Board meeting agenda for review.

Dr Langford reported that the BPS was meeting with the RCGP on 12th October to discuss the dissemination of educational materials; a decision on this issue would be made within the next few months. If the Board were agreeable then the opioids

guidance document could be distributed within that package.

FPM/132/2010 DEAN'S STATEMENT

(I) Dr Grady awarded Honorary Fellowship of RCOBG

The Dean reported that Dr Grady had been awarded an Honorary Fellowship by the Royal College of Obstetricians and Gynaecologists, in recognition of her work in this field. The Dean formally congratulated Dr Grady on behalf of the Board, and noted that such awards were rare and very highly regarded.

(II) AoMRC Consultation on Revalidation and Medical Notes

The Dean reported that the FPM would be making a joint response with the RCoA to the Academy's consultation. Notes were very important in both anaesthesia and Pain Medicine, but with slightly different emphases.

ACTION: All members to respond to consultation on Revalidation and Medical Notes by 4th October 2010.

(III) Journalist enquiry on Opioids

The Dean reported that a freelance journalist had contacted the Faculty regarding the use of opioids in the community. The journalist's research had shown that in Scotland in 2001, the number of analgesic and opioid items prescribed was nearly one million, at a cost of £10m. However in the last financial year, this number had risen to 2 million prescriptions at a cost of £26m. Dr Justins noted that this issue was something of a hot topic and had recently been featured in the *BMJ* and the American journals. Mrs Rivett queried whether the reason was known for this rise – the Dean responded that there were numerous contributory factors. It was agreed that the Faculty would respond to state that it was aware of this increase and that it advocated the use of such medicines in adherence to the current strict guidelines and best practices.

ACTION: Mr Waeland to respond to journalist's enquiry.

FPM/133/2010 REPORT FROM THE RCoA DIRECTOR OF EDUCATION

Ms Drake reported that all comments from the relevant Specialist Societies on the CPD Matrix were due back by early November. It was hoped that the Matrix could be published by the end of that month.

Ms Drake also reported that she had been liaising with the BPS regarding the Pain Medicine e-Learning bid. Unfortunately in light of recent government cutbacks e-Learning for Healthcare had withdrawn all funding for new content. Whilst the Department of Health had not yet sent a formal response to the bid, it was highly unlikely that it would be approved.

FPM/134/2010 FACULTY OF PAIN MEDICINE BOARD STRATEGY

(I) Awards and Prizes

(a) *Trainee Publication Prize*

Mr Waeland reported that one submission for this prize had been received from Dr Anuj Bhatia on *Development and validation of a new technique for ultrasound-guided stellate ganglion block*. The submission had been of a very high quality. Dr Bhatia would be speaking at the FPM Annual Meeting and the submission would be published in

Transmitter. It was hoped that there would be a greater number of submissions in the future, once the prize was more widely publicised. Dr Saxena agreed to help publicise this more widely next year.

(b) ***Faculty Medal***

The Dean reported that the last Awards Committee meeting had been postponed and would now take place in November. Further news would be available at the next Board meeting.

(c) ***Patrick Wall Lecture 2011***

The Dean confirmed that Professor Maria Fitzgerald had been invited to give the 2011 lecture.

(II) Development of Research Support

The Dean stated that now it was established, the Faculty was planning to expand its research activities. As such, discussions had taken place with the BPS regarding setting up a network of researchers. The NIHR already had clinical research networks in place, and a lot of work had recently been put into resuscitating the anaesthetic aspect of this network, which would include Chronic Pain. What Pain Medicine did not have was a network of research centres. This was something he wished the Faculty to work on developing over the coming year, in conjunction with the BPS.

Dr Langford stated that this proposal had been under discussion for some time, and that the BPS agreed that a combined approach would be required for it to develop. When there was a call for research grant applications there was only a relatively short time to respond; as such it would be beneficial to Pain doctors to be able to turn to a consortia of research-minded Pain Medicine specialists with already formulated ideas and a degree of understanding of the research capabilities of each site. From a clinical perspective it would also be beneficial to keep a database, to enable greater understanding of what each centre was working on and prevent people from working in silos. The BPS welcomed opportunity to reopen the dialogue on research.

Dr Grady suggested that a Working Party with a finite lifespan be set up to explore the possibilities of creating such consortia. The Dean agreed that this was the correct way forward, utilising the existing infrastructure.

ACTION: The Dean and FPM Administrators to set up Working Party to build network of researchers.

(III) National Pain Audit

The Dean reported that the Audit bid had been jointly won by the BPS and the 'Dr Foster' organisation. The Dean had been asked around a year ago to sit on the steering group for the Audit. There had been some delays over polling issues but the pilot programme had just rolled out. National roll-out would follow in February/March 2011 if the pilot went well.

Dr Hester queried whether the data collected had been satisfactory, as there had been some questions as to whether it was robust enough. The Dean responded that the data would hopefully be as robust as was possible in the circumstances. Dr Langford stated that Dr Foster were very experienced in these matters, though the BPS as joint holders of the project grant were yet to be convinced at such an early stage whether the data

was of the required quality, as there was still some confusion over the issue of Working Time Equivalent practitioners. Dr Foster had accepted that in the past questionnaires had not been adequately populated, and had been sent to Trust offices rather than to practitioners on the ground who would have the relevant data. 13 hospitals were in the process of responding to the pilot, 39 had not yet responded. The BPS had requested a meeting with Dr Foster to discuss these issues.

(IV) High Quality Care for All

The Dean reported that the joint FPM and BPS submission would not be proceeding any further, as the DoH initiative had been discontinued following the recent change of government.

(V) Communications Policy with Fellows, Members and Trainees

(a) *Transmitter*

Mr Waeland reported that content for the second issue of *Transmitter* had been finalised and it had progressed to the design stage. This would be an online only edition, and it was envisaged that the pattern of hard copies for the Spring issue and online for the Autumn issue would continue in future years.

The suggestion had been raised that *Transmitter* have a Guest Editor, either for one issue or for a year, and volunteers for this role were requested. Dr Grady stated that a rotating editor on a yearly basis was a good idea, and volunteered for the role.

(b) *Pain Medicine subscription*

The Board discussed the correspondence from Dr Rollin Gallagher, Editor-in-Chief of the *Pain Medicine* journal. Dr Gallagher had offered benefits to FPM members amounting to a discounted subscription rate, as well as broader benefits to the Faculty such as space in the journal for Faculty notices, Dean's messages and annual meeting abstracts, recommendation of a Senior Editor to the *Pain Medicine* Editorial Board, and the potential for having the Faculty's emblem on the cover.

The Dean responded that he would liaise with Dr Gallagher for clarification and report to the next Board meeting. Dr Grady queried whether there were any restrictions on such arrangements from an RCoA perspective – Dr Tomlinson replied that there were not.

ACTION: Dean to clarify proposal, report at December BFPM meeting.

(c) *Online Publication of Board Minutes*

Mr Waeland outlined the proposal that the BFPM minutes be published online in edited versions; this was something that was already in place for other bodies such as RCoA Council and the IBTICM. Dr Tomlinson confirmed that for RCoA Council the Vice-Presidents would edit the minutes to remove anything of a personal or politically sensitive nature before they were published. Mrs Rivett queried whether the minutes would be of any interest to the public, and whether a short summary for lay people would be more appropriate. Dr Grady responded that the minutes would not be for the general public – though they could of course access them if they wished – but for Members and Fellows who would have the interest and the professional training in the issues involved to gain an insight into the workings of their Faculty. The Dean stated that in this first instance all Board members could submit comments on the draft "sanitised" minutes to Mr Waeland, but in future this process would be carried out by the Dean and the FPM Administrators.

ACTION: All members to submit any comments on draft minutes to Mr Waeland.

(VI) Election of two Board members

The Board noted the list of candidates for the 2010 election. Mr Waeland reported that the first meeting for the elected members would be in February 2011, and as such two current Board members would be required to demit. Dr Hester noted that she had submitted her official resignation from the Board – Mr Waeland confirmed that this had been received.

(VII) National registry of cases with spinal cord implants

The Dean reported that he had spoken to Dr Bill Toff regarding this issue, who had been very surprised to learn that there was currently no national formal database for such cases. Dr Justins reported that the Society of British Neurosurgeons also supported the call for a database. Dr Hester stated that since the idea had been launched several years ago by Dr Simon Thompson at the BPS it had always been supported by the relevant societies, but ultimately undermined by cost implications. Unfortunately in neurostimulation the manufacturers of the devices were not keen to take on the cost of such a database, as had been the case in other disciplines such as cardiology and hip replacement surgery. Dr Taylor suggested that the manufacturers might be more willing now that this sort of work had been supported within the NICE guidelines.

Dr Grady queried whether this sort of activity was within the remit of the Faculty. Dr Laishley commented that the Faculty should have some involvement, as there were Professional Standards issues to consider. Dr Justins and Dr Taylor commented that whilst the Faculty should be involved in the discussions, the project would be more appropriately driven by the BPS and NSUKI, especially if there was a need to take money from commercial sources. Dr Langford commented that the issue of commercial funding was where the previous BPS discussions of this issue had foundered, and that it would be a good idea to approach the Department of Health; the hip database had started many years ago with a research grant, but had since had been taken over by the DoH. The BPS had also struggled with the issue of what the registry would actually collect and whether it would be robust. Would it reflect efficacy for example, as sometimes the devices needed to be removed from the patient; this was a concern voiced by the commercial interests involved. There would need to be clear specifications on what data would be collected and how the data loop would be closed.

Mrs Rivett queried how many patients per year this would affect; Dr Grady responded that she had chaired the Intrathecal Drug Delivery Committee for the BPS and found that companies were not happy to release any such statistical information. It was very strongly cumulative; once the device was implanted it would remain in place for years, so year-on-year figures were not very helpful. Dr Justins felt that the numbers would be in the thousands or perhaps low tens of thousands around Britain, and the lack of such data was one of the problems that a database would address. Dr Hughes commented that around 30 a year took place at his Trust. Dr Justins suggested that a Working Party or teleconference be set up with the relevant parties from the FPM, BSN, BPS, NSUKI and Medtronics, to see if the issue could be moved forward. Dr Langford stated that the BPS would be happy to participate if forward funding could be established, but would not wish to start any project that could not be finished.

ACTION: Dean to set up meeting to discuss the issue.

(VIII) Osteopathologists and Chiropractors

Dr Justins presented to the Board a letter from a FPM Fellow whose Trust had appointed the above to run the back pain triage system, and so had asked for the Faculty's stance on this issue. The Trust had justified the appointments on the basis of NICE guidelines regarding back pain. Dr Taylor stated that this was not a new issue – a PCT in Plymouth had two such units in operation. It was also somewhat dependant on whether the unit was dealing with acute or chronic back pain, as acute back pain had more justification for this sort of approach.

Dr Hester was concerned by the triage element of the letter, as training in the relevant pathology was essential in the triage setting. Dr Justins felt that the Board should not focus on the triage element, as both treatment and triage were involved. Dr Tomlinson recommended that the Board be careful in its response; the Faculty's position should be that it would hope that Trusts following the NICE guideline and sending patients to osteopathologists and chiropractors had the proper governance systems in place. Dr Langford reported that the BPS had also received a letter on this issue and had responded along the line suggested by Dr Tomlinson, as the onus in such situations was on the Trust and the Medical Director.

ACTION: Mr Waeland to respond to enquiry from Fellow.

(IX) Fellowship ad eundem

The Dean reported that Fellowship ad eundem status had been on hold whilst the RCoA redrafted its regulations. Mr Waeland presented the latest draft of the FPM ad eundem application form to the Board, noting that the most important section was part 2, 'Furthering the interests of Pain Medicine or the Faculty'.

Dr Tomlinson noted that Irish anaesthetic Fellows could apply for ad eundem Fellowship of the RCoA and the FPM would be consistent in following this. Dr Tomlinson queried whether the Board would wish to undertake the assessment of such applications itself, or send them to the RCoA Nominations Committee. The Dean responded that in the first instance the applications should come to the Board. It was agreed that a motion would be put to RCoA Council to change the regulations in order to allow Irish Pain Faculty Fellows to apply.

MOTION TO COUNCIL: Change regulations to allow FPM ad eundem applications from Irish Fellows.

FPM/135/2010 FPM PROFESSIONAL STANDARDS COMMITTEE

(I) FPMPSC Minutes – 19th March 2010

The Board received the minutes of the FPMPSC meeting held on 19th March.

(II) Revalidation and CPD

The Board noted again that returns had been received on the CPD Matrix. Dr Justins reported that he and Dr Simpson were alternating attendance at the RCoA Revalidation Committee, the impetus for which seemed to be winding down. Dr Tomlinson noted that the next important date for revalidation would be 18th October, when the GMC launched its consultation report. This would give a greater idea of the timescales involved and what would be expected. This would be launched at around the same time as the government's formal spending report. This may result in a curtailing of revalidation development. The GMC had indicated that at minimum every doctor would have to

undergo a strengthened medical appraisal, five of which would form the basis of revalidation. The Dean stated that he had undergone a strengthened medical appraisal himself and found the process straightforward.

(III) Guidance on competencies for Intrathecal Drug Delivery

Mr Waeland outlined the changes that had been made to the document following feedback from the Association for Palliative Medicine. Dr Hester commented that in some trusts neurosurgeons would carry out the implants, and therefore this should be added to the document. The Dean suggested that the document be approved subject to these slight changes. This was agreed.

ACTION: FPM Administrators to amend document and take forward.

(IV) On good practice in the management of continuous epidural analgesia in the hospital setting (November 2004)

The Dean reported that the document had been approved by the BPS, RCN, ESRA, APAGBI and AAGBI. The deadline for changes would be 12th October in order to produce the document for the FPM Annual Meeting.

ACTION: Dean to finalise document by 12th October 2010.

(V) Recommendations on the use of epidural injections for the treatment of back pain and leg pain of spinal origin (March 2002)

The Dean recounted the history of this guidance document and that the British Society of Rheumatologists had been unable to support it due to its statement that epidurals should be carried out in operating theatres. Dr Justins quoted from the BSR's response letter that they felt the caveat had been added purely to allow anaesthetists more access to theatres, and that robust evidence demonstrating that conducting epidurals outside of theatres was dangerous should be found before changing current practice. Mrs Rivett noted that doctors had responded to earlier drafts saying that they were sometimes pressured by Trusts to undertake procedures in areas which they felt were unsuitable, and wished for the guidance to specify that this was not permissible.

Dr Justins suggested that the recommendation be reworded to read that epidurals should be conducted "in an area of asepsis meeting local guidelines for invasive procedure; in many cases these requirements are best met in an operating theatre". The Dean agreed that the document should be amended to allow for procedures to be carried out in theatres and treatment rooms.

ACTION: Dr Justins to amend document and circulate for comment.

ACTION: FPM Administrators to send document to BSR for comment before December Board meeting.

(VI) Faculty events

(a) ***Study Day, 21st May 2010: Paediatric Pain Medicine***

Mr Waeland reported that feedback on the Study Day had been overwhelmingly positive, with only minor complaints about the venue. Future Study Days would take place in the College galleries to address this. Dr Grady added that the event had been successful beyond the actual meeting itself, and there had been lots of good discussion on driving forward Paediatric Pain Medicine.

(b) ***Study Day, 18th November 2010: Spinal Cord Stimulation***
The Board received and noted the final programme.

(c) ***Third Annual Meeting, 24th November 2010***
The Board received and noted the final programme.

(d) ***Introduction and Current Concepts in Pain Medicine, 26th-28th January 2010***
The Board received and noted the final programme. The Dean recorded thanks to Dr Sanjeeva Gupta for his excellent work in organising meetings for the Faculty.

(VII) FPMPSC Terms of Reference
The Board agreed the change made to the Terms of Reference. The Dean confirmed that the only change had been to enshrine the co-option of the Education Meeting Advisor.

FPM/136/2010 FPM TRAINING AND ASSESSMENT COMMITTEE

(I) FPMTAC Minutes – 21st May 2010
The Board received the minutes of the FPMTAC meeting held on 21st May. Dr Grady reported that one important issue arising from the meeting was the role of Local Educational Supervisors in Pain Medicine. As Pain Medicine was not a specialty in its own right, the groups of LES that had formed around the country were not officially recognised as STCs. This had led to inconsistencies; for example FPMTAC member Dr Okell had been asked by his Dean to formalise the role of the LES, whilst Dr Grady had been told by her own Deanery that a Pain Medicine STC could not exist. Dr Hughes commented that the approach varied from deanery to deanery and that there were issues surrounding the nomenclature of Tutors and LES. The Dean stated that the Faculty had not previously drilled down past the level of Regional Advisor, but the time may have come to address the roles of the LES more formally, perhaps drafting a 'Roles and Responsibilities' document for Pain Medicine LES along the lines of that produced for Intensive Care Medicine. Mr Goodwin responded that this would be possible, but that it would need to be carefully worded; as ICM was a standalone CCT specialty it had its own Board Tutors and there were certain obligations upon the Deaneries that could not be enforced for Pain Medicine. It was agreed that a document would be drafted.

ACTION: Mr Goodwin to draft 'Roles and Responsibilities' document.

Dr Grady also reported that there had been 365 downloads of the Pain Medicine logbook.

(a) ***FPMTAC Terms of Reference***
The Board agreed the updated FPMTAC Terms of Reference.

(II) FPM Examination
Dr Grady reported that all those appointed as Question Writers had been appointed as FPM Examiners. There were 21 Examiners in total, all of whom had now been allocated to one of three question writing groups. The MCQ group was slightly further ahead in its work than the Oral Science and Oral Clinical groups, but all three were doing well.

The Examiners would be sworn in on November 16th, with 20 out of the 21 Examiners in attendance. The swearing in would occur first thing in the morning, with the rest of the day given over to question writing in small groups. There would be some sharing of

questions for objectivity. An optimistic timetable for the introduction of the exam would be for the first written exam sitting to take place in January 2012; a less optimistic timetable would be for it to occur in September 2012. It was planned that the oral element of each exam would lag 3 months behind the written element. The Faculty had always promised a year's notice of the point where the exam would become a requirement for Fellowship and this promise would have to be adhered to.

It was important to note that the date of introduction would be for those trainees *starting* Advanced Pain Training after that date, not for those already undertaking it at the time. Dr Saxena felt that this was a reasonable notice period, as trainees were already aware that the exam was in the pipeline. Dr Taylor commented that it should also be made clear to trainees that failure in the exam would not mean failure in their CCT, as the exam was purely for Fellowship of the Faculty.

(III) Curriculum

Dr Grady reported that the 2010 *CCT in Anaesthetics* curriculum was now rolled out nationwide, though a number of Deaneries had deferred the take-up of it until August 2011, except for CT1 trainees who would not be allowed to start on the old curriculum. As a result, Higher and Advanced Pain Training was now compulsory for Pain specialists. Advanced training also contained drop-down modules in paediatrics, spinal cord stimulation and cancer pain management, with an fourth optional module in intrathecal drug delivery due for introduction in the next curriculum major change The Dean thanked and congratulated Dr Grady, Dr Taylor, and FPMTAC for their hard work on the Pain Medicine components of the new curriculum.

(IV) Careers Fairs

Dr Hughes and Mr Waeland reported that volunteers had been found for the London careers fair dates but unfortunately not for the Birmingham ones. Mr Waeland would be attending the Birmingham careers fair and taking along leaflets and other relevant materials.

(V) Guidelines for Advanced Pain Training

Dr Taylor reported that the paper before the Board was an updating of an old checklist that RAs asked Trusts running Advanced Pain to complete so that it could be judged whether training was being delivered satisfactorily. Dr Taylor had redrafted the material into a guidance document rather than a checklist. Higher Pain Training had also been included, as some competencies which used to come under Advanced Pain had shifted to Higher, and there may also be some units running standalone Higher Pain modules. Dr Taylor would be working on a new draft of the document which it was envisaged Trusts would resubmit to FPMTAC every 3 years. Dr Taylor also reported that he was working on new FAQs for the FPM webpage.

FPM/137/2010 REGIONAL ADVISORS IN PAIN MEDICINE

(I) General update

Dr Hughes reported that Dr D Hartmann had now stepped down as RAPM for East of Scotland, and been succeeded by Dr G Gillespie. The Board formally acknowledged the sterling work of Dr Hartmann, who was one of the original founding RAPMs.

(II) West Midlands RAPM

The Board noted that Dr Helga Funkel had received 11 out of the 14 first choice votes in the West Midlands RAPM ballot.

(III) Oxford and North London RAPMs
The Board noted that these RAPM appointments were currently under consultation. Appointment would begin with a 1 year probationary period.

FPM/138/2010 FACULTY REPRESENTATIVES REPORTS

(I) National Institute for Academic Anaesthesia
The Dean reported that he had sat on the NIAA Committee and been Chairman of its Board; however he had now stepped down from the Board but was still Chair of the NIAA Research Council. It was agreed that FPM representation on the NIAA Board would need to be finalised before the December Board meeting.

ACTION: Dean to determine FPM representation on NIAA Board before next meeting.

FPM/139/2010 ANY OTHER BUSINESS

(I) BFPM Lay Representation
Mrs Rivett informed the Board that she would be rotating off of the BFPM from December, and a new Lay Representative would be assigned. The new PLG member would be Mr Archie Naughton, who had a particular interest in Pain Medicine. Both Mr Naughton and Mrs Rivett would attend the December Board meeting for the purposes of handover. The Dean thanked Mrs Rivett on behalf of the Board for her hard work as Lay Representative and her large contribution to the Faculty.

FPM/140/2010 MATTERS FOR INFORMATION

(I) Terms of Office of current Faculty Representatives and re-appointments
The Board noted the Terms of Office.

(II) Terms of Office of Faculty Officer Holders and Leads
The Board noted the Terms of Office.

(III) Terms of Office of current Regional Advisors in Pain Medicine
The Board noted the Terms of Office.

(IV) Table of consultations
The Board noted the latest table of consultations:

Consultation	Deadline	Submitted
(GMC) Revalidation	4 June 2010	YES
(NICE) Peripheral Arterial Disorder	16 July 2010	YES
(NICE) Incontinence in Neural Disorder	30 July 2010	YES
(NICE) Headaches	9 Sept 2010	YES
(NICE) Diabetic Foot Problems	*c. Oct 2011*	
(NICE) Opioids in Palliative Care	*c. Late 2011*	
(NICE) Sickle Cell Crisis	*c. Late 2011*	
(NICE) Urinary incontinence – Update	*c. Late 2011*	

(V) List of Publications and Releases

The Board noted the list of publications and releases.

FPM/141/2010 DATES OF FUTURE BOARD MEETINGS

Thursday 2nd December 2010
Thursday 10th February 2011
Thursday 5th May 2011
Thursday 15th September 2011
Thursday 1st December 2011