



FACULTY OF PAIN MEDICINE

of the Royal College of Anaesthetists

Minutes of the Board meeting held on Thursday 15 September 2011

Members:

Professor D Rowbotham	(Dean)
Dr K Grady	(Vice-Dean)
Dr B Collett	
Dr D Justins	
Dr R Laishley	
Dr K Simpson	
Dr M B Taylor	
Dr S Ward	
Dr S Gilbert	(Co-optee: Lead Clinician for Chronic Pain, Scotland)
Dr J Hughes	(Co-optee: Chair of the Regional Advisors in Pain Medicine)
Prof R Langford	(Co-optee: President of the British Pain Society)
Ms S Payne	(Co-optee: Lay representative, Patient Liaison Group)
Dr N Saxena	(Co-optee: Trainee representative)

Apologies:

Mr J Goodwin	(Senior Faculties Administrator)
Professor I Power	
Dr A Tomlinson	(RCoA Vice-President)

In attendance:

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

BFPM/09.11/1 WELCOME AND APOLOGIES

Ms Sara Payne and Dr Stephen Gilbert were welcomed as new members of the Board. Apologies were noted as above.

BFPM/09.11/2 MINUTES OF THE LAST MEETING

The minutes were approved subject to minor changes.

BFPM/09.11/3 MATTERS ARISING

3.1 Relationships with industry

The Board agreed to endorse the guidance documents which have been produced on dealing with industry and which were approved by the RCoA Council in July.

ACTION: FPM admin to add the FPM logo to the industry guidance documents, add

to the website and circulate to RAPMs and examiners.

ACTION: FPM admin to add a reference to the documents in FPMRCA Examiner Handbook.

3.2 Pressure on pain services

The Board previously decided not to release a formal web statement as it could have been counterproductive in the long term. Dr Taylor suggested that it would be useful to produce guidance on how to work effectively with commissioning authorities so pain services can be fully justified and be seen to integrate well with health services. The Board agreed that they wish for the Pain Summit Steering Group to consider if 'guidance for negotiating with commissioners' could be a potential area of their remit.

ACTION: Dr Collett to discuss with the Pain Summit Steering Group on including pressure on pain services as an area for the meeting on 22 November.

3.3 Map of Medicine Chronic Pain Pathways

Professor Langford reported that the Pathways are progressing well with three already completed and two more on their way. The issue at the moment is how best to disseminate them. NICE have started to be involved in maps which are also evidenced based, so it must be decided if Pain Pathways are the best agency to work with, however producing guidelines alongside NICE is a possibility. Publishing in peer reviewed journals, along with web based pathways is an option.

5.4 NAB report: Epidural Rationalisation

A final report on epidural rationalisation had been produced by a pharmacy-led working group and the Faculty had been asked to review it. Dr Simpson reviewed the report and took it to the FPMPS in June; the Committee decided that the Faculty would be unable to endorse the document without a wider consultation process taking place. A response to this feedback is expected and the Board will be updated once this has been received.

BFPM/09.11/4 DEAN'S STATEMENT

4.1 Remembrance

The Committee held a moment of remembrance for Dr Pete McKenzie and Dr Peter Challen who have both recently passed away.

4.2 Pain Medicine journal update

The Dean informed the Board that indemnity insurance appeared to only cover editorial members of the journal board but not their partner organisations. The Dean wrote to the journal informing them that a FPM Board member could only participate if they were provided with legal cover. The Board agreed that as it appears no legal cover is supplied, they would not be putting someone forward.

4.3 Board Development (Away day)

The Board had agreed to have an away day to consider ideas and scope for the Faculty in the future. The Dean is exploring the possibility of hiring a facilitator for the day.

4.4 ACCEA Round 2012

The Dean informed the Board that no more information had been received and that the College will be holding its ranking meeting as planned.

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4.5 CPD Board

The first meeting of the CPD Board will be held on 22 November. The Board should be represented on this and a volunteer has been requested from the Board members.

ACTION: Ms Drake to send out the terms of reference to the Board and for Board members to let Mr Waeland know if they can attend the meeting on 22 November.

4.6 Shape of ongoing workforce: CfWI Report

A workforce review report had been published on the College website. The reference 'pain management is a growing need...' is a positive one. Dr Collett made the point that other specialities, for example GPs, are involved in pain medicine so there should be some recognition that the RCoA is the only College that has a group specialising in pain medicine. Dr Taylor suggested that the question of whether nationalised recruitment will select against pain medicine could be raised at the Board Away Day.

4.7 NICE Library of Quality Standards

The Dean informed the Board that, at the June Manchester meeting, the concept of the standards in pain was well received by NICE. There is currently a consultation document out and the outcome of this is expected soon.

ACTION: The Dean to update the feedback to include a reference to the Lower Back Pain quality standard.

4.8 Faculty of Pain Medicine Awards and Fellowships by Election

The Board noted that Dame Carol Black and Dr John Etherington have accepted the invitation for Fellowship by Election and will attend the Annual Meeting in November to accept the award. The Board further noted that Dr Justins will be awarded the Faculty's first gold medal at the Annual Meeting.

BFBPM/09.11/5 REPORT FROM THE RCoA DIRECTOR OF EDUCATION

Ms Drake presented plans for the new College website and the Faculty pages. The Board noted that the links to the two Faculties were not very prominent on the College home page and agreed that links need to be more obvious, including being located on the global ribbon. Ms Drake also informed the Board that the website would include a new document management system which will make it easier to find documents using simple search tools. There will be a separate domain name registered for the Faculty and a mid December launch is currently planned.

BFBPM/09.11/6 FACULTY OF PAIN MEDICINE BOARD STRATEGY

6.1 MFPMRCA criteria

Applications for membership and associate membership had been frozen whilst the criteria were reviewed and rewritten. The Board reviewed and agreed to the amendments of the regulations subject to a few minor changes.

ACTION: Mr Waeland to update the Regulations and arrange for discussion at the RCoA Council in October.

6.2 Development of research support

The Board discussed that these studies are often difficult due to the number of patients required for pain research. It was suggested that a model based on the HSRC one could

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be useful: to start up a network of interested people who can deliver research and get together to create proposals. A national meeting of interested parties would be a likely first step. Mick Serpell will take this forward with the British Pain Society. The Board agreed that this should be an item for the Board Away Day.

6.3 National Registry of cases with spinal cord implants

The Dean reported that following a demonstration of the database, it had been piloted at four sites to test both the database and the software. The Dean had informed the designers that the database must fully demonstrate that the software is fully functional before the Faculty can consider endorsing it.

ACTION: Liaise with Dr Thompson regarding Board decisions on the SCS Registry project

6.4 Pain Summit

Dr Collett informed the Board that there would be 150 participants at the Pain Summit on 22 November, with the majority expected to be commissioners as well as patient organisations. It is going to be a three year programme with the first year focusing on getting a consensus on how to move forward. There will be plenary sessions of healthcare professional and patient viewpoints followed by broader panel discussion, workshops then updates on hot topics. A more in depth document for actioning will follow.

BFFPM/09.11/7 FPM PROFESSIONAL STANDARDS COMMITTEE

7.1 FPMPSC Minutes – 17 June 2011

Points arising:

- Committee membership – this will be reviewed under the terms of reference as Fellows need to gain some experience on committees.
- DVLA guidance on opioids – Dr Stannard is waiting for a response from the DVLA group chair.
- CRPS guidance – feedback had been provided to say that the Faculty could not currently endorse the guidance as it is too large and beyond the remit of Pain Medicine doctors. It was suggested that a set of guidelines should be produced from the document specific to Fellows of the FPM; this has now been done and will go to the FPMPSC for comment.

7.2 Revalidation

Dr Simpson informed the Board that the next meeting will be in October and a summary of the Revalidation Development Committee minutes will be produced and circulated.

7.3 Faculty Events

Dr Simpson informed the Board that a Public Sector Strike is being scheduled for the 30th November, which is the same day as the FPM Annual Meeting. The Board discussed the options and decided to keep the meeting on the 30th November and to review the situation nearer the time, whilst keeping attendees informed.

ACTION: FPM admin to make arrangements to manage the effects of industrial action currently planned for the 30th November.

7.4 Transmitter

Dr Grady informed the Board that there are four guest articles in this edition of Transmitter: a reflective piece from Joan Hester, a piece on the prescription of strong

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opioids from a GP colleague of Dr Grady, an article from Dr Barry Miller on MSF and a revalidation article from Mr Don Liu.

BFFPM/09.11/8 FPM TRAINING AND ASSESSMENT COMMITTEE

8.1 FPMTAC Minutes – 6 May 2011

Points arising:

- The case report system is being revisited; a system proposed for ICM is being used as guidance and Dr Barry Miller is drafting new versions.
- The RCoA Training Committee had become too large so membership had been split into three levels. Dr Okell, who is the FPM representative on this Committee, was made a non attending member, however it was felt by the FPMTAC that pain medicine should be fully represented on this Committee so Dr Okell has now been made a corresponding member and is eligible to attend all meetings on request.
- Dr Taylor reported that there had been a MSF meeting since the FPMTAC last met and the final report is now out, this highlights the MSF difficulties and the recommendations relating to pain. Dr Taylor along with Dr Barry Miller and input from Dr Ramani Moonesinghe (Chair of RCoA's MSF Committee), have written an article for Transmitter and this will be of use to Fellows.
- Dr Grady reported that the IDD module had been approved by the GMC for the 2010 curriculum and that this had also been retrospectively included in the 2007 curriculum with GMC approval.
- The OOPE forms are currently being rewritten; although most anaesthesia OOPEs are taken abroad, most pain ones are within the UK and the RAs in the host areas are not always aware of them. The forms are therefore being redrafted with a requirement for both RA's signatures; this will ensure the receiving RA is aware of who is training in their areas.
- Dr Barry Miller had agreed to be the representative for the Workforce Strategy Planning Group for the RCoA.
- Dr Grady further reported that following the trainee meeting in Edinburgh in June, some trainees expressed concern that pain training is London-centric. They were reassured that London is not over represented and the trainees were sent data so they are fully aware of where the RAs are.

8.2 Acute Pain Ward Rounds

Dr Grady reported that there had been an update to the Curriculum to section 12.2.4.1, which recommends trainees complete acute pain ward rounds to maintain their pain medicine skills. It now reads as follows: *"12.2.4.1 Pain medicine skill maintenance – Trainees who do not intend to pursue a special interest in pain medicine at the higher and advanced level are encouraged to complement their anaesthetic practice by maintaining their acute pain skills by participating in acute pain ward rounds in ST5/6/7. The frequency of participation is dependent upon local arrangements and availability."*



ACTION: The Dean, Dr Grady and Dr Simpson to review the current roles of the Examination project

8.3.1 FPM Examination Prize

Dr Grady informed the Board that there are three suggestions for the FFPMRCA examination prize: excellence, a medal and a distinction. All of these create some questions relating to the number of candidates taking the exam and how to choose the recipients. The Board decided that no prize levels should be set at present and that once the examination is up and running this can be revisited.

8.4 Curriculum

Dr Grady informed the Board that there is confusion over Higher Pain Training recommendations relating to the number of sessions required and whether they can be delivered in 1 – 3 months. DOPs at Higher are being reviewed by the Training and Assessment Committee and feedback will be received at a future Board meeting.

8.5 Logbook

Dr Laishley informed the Board that the logbook had completed its pilot year and he is now working on version two with Dr Barry Miller. The issues which were identified should be rectified within version two: the same spreadsheet is used but there have been changes to the aesthetics, there is a resolution to the Mac compatibility issues and the functionality has been improved to increase speed. An additional field has also been added to catch the 'session type'. Dr Laishley also informed the Board that the portable platform 'hanDBase' can now be used for portable devices; the user will have to purchase the software for a small fee but this will link to the spreadsheet logbook. Dr Taylor commented that the logbook data is now appearing with the FFPMRCA applications and is a useful tool for the assessors.

ACTION: Dr Laishley to arrange a short-term pilot of the logbook.

BFFPM/09.11/9 REGIONAL ADVISORS IN PAIN MEDICINE

Dr Hughes reported that due to implementation of the curriculum, there had been some changes in post holders as in 12.1. Dr Hughes also informed the Board that questions had been raised regarding the examination in relation to its organisation and requests for more information. Dr Hughes reported that future RA meetings will be more formal in future, with more time for discussion rather than purely information receiving.

BFFPM/09.11/10 FACULTY REPRESENTATIVES REPORTS

10.1 National Pain Audit

Dr Ward reported that a progress report had been circulated and that there are around 10,000 patients on the database along with 350 consultants and 150 other health care professionals: this works out around 2/3 of the units are inputting data. The data from the first stage is already being analysed and this will be ready in time for the pain summit in November. Dr Ward reported that 207 services have been identified and there is huge variety amongst the PCTs; some have no pain clinics and others had up to 5. Most services are meeting waiting times and only 40% had truly multidisciplinary pain clinics although some others had labelled themselves as such.

BFFPM/05.09/11 ANY OTHER BUSINESS

It was raised that the winner of the trainee publication prize would be announced soon, once the remaining two board members have cast their votes.

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BFPM/05.11/14 MATTERS FOR INFORMATION

12.1 Terms of office of Regional Advisors in Pain Medicine

12.2 Terms of office of Faculty Officers Holders and Leads

The Board noted the Terms of Office.

12.3 Table of consultations

Consultation	Deadline	Submitted
(DOH) Quality Standards	18 April 2011	YES
(NICE) Urinary incontinence – Update	29 April 2011	YES
(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	5 July 2011	NO
(NICE) Migraine (Chronic) botulinum toxin A	TBC	Workshop
(DEMOS) Calls for Evidence on Assisted Dying	25 Aug 2011	NO

14.5 List of Publications and Releases

The Board noted the list of publications and releases.

BFPM/05.11/15 DATES OF FUTURE BOARD MEETINGS

Thursday 8 December 2011

Friday 10 February 2012

Friday 4 May 2012

Thursday 20 September 2012

Thursday 13 December 2012

ACTION POINTS

Item		Action	
2	Minutes of the last meeting	FPM admin.	To make amendments as suggested on the day.
3.1	Relationships with industry	FPM admin.	To add the FPM logo to the industry guidance documents, add to the website and circulate to RAPMs and examiners
			To add a reference to the documents in FFPMRCA Examiner Handbook
3.2	Pressure on pain services	Dr Collett	Discuss with the Pain Summit Steering Group on including pressure on pain services as an area for the meeting on 22 November
4.3	Board development (Away Day)	FPM admin.	Confirm the date with the Board and Goodenough College
4.5	CPD Board	All members	To let Mr Waeland know if they can attend the 22 November meeting.
4.7	NICE Library of Quality Standards	Dean	Update the feedback to include a reference to the Lower Back Pain quality standard.
6.1	MFPMRCA criteria	Mr Waeland	Update the Regulations and arrange for discussion at RCoA Council in October
6.3	SCS Registry	Dr Simpson	Liaise with Dr Thomson regarding the Board decisions on the SCS Registry project.
		Dean	
7.3	Faculty events	FPM admin.	Make arrangements to manage the effects of industrial action currently planned for the 30 November
8.3	FPM examination	Dean	Review the current roles of the Examination Project
		Dr Grady	
		Dr Simpson	
8.5	Logbook	Dr Laishley	Arrange a short-term pilot of the logbook.