



## FACULTY OF PAIN MEDICINE

of the Royal College of Anaesthetists

### Minutes of the Board meeting held on Thursday 20 September 2012

#### Members:

Professor D Rowbotham	(Dean)
Dr M B Taylor	(Vice-Dean)
Dr K Grady	
Dr R Laishley	
Dr K Simpson	( <i>via teleconference</i> )
Dr B Miller	( <i>Co-optee</i> : Chair, Regional Advisors in Pain Medicine)
Dr E Baird	( <i>Co-optee</i> : Trainee representative)
Mr D Hepworth	(Representing Patient Liaison Group)

#### Apologies:

Dr B Collett	
Dr D Justins	
Professor I Power	
Dr S Ward	
Dr S Gilbert	( <i>Co-optee</i> : Lead Clinician for Chronic Pain, Scotland)
Professor R Langford	( <i>Co-optee</i> : President, British Pain Society)
Ms S Payne	( <i>Co-optee</i> : Lay representative, Patient Liaison Group)

#### In attendance:

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

#### **BFPM/09.12/01 INDUCTION OF THE VICE-DEAN**

Dr Taylor was inducted as the new Vice-Dean of the Faculty.

#### **BFPM/09.12/02 PRESENTATION OF PAST VICE-DEAN'S MEDAL**

Professor Rowbotham presented Dr Grady with the past Vice-Dean's medal.

#### **BFPM/09.12/03 WELCOME AND APOLOGIES**

The Dean welcomed Dr Emma Baird as the new FPM Trainee Representative. The Dean also welcomed Mr David Hepworth from the Patient Liaison Group, who is standing in for Ms Sara Payne.

#### **BFPM/09.12/04 MINUTES OF THE LAST MEETING**

The minutes of the meeting held on 4 May were agreed as a true record of events, subject to some minor amendments.

## **BFPM/09.12/5      MATTERS ARISING**

### **5.1 Update on e-learning for pain**

The Dean reported that the project, funded by e-Learning for Health, is going well; Dr Ian Goodall is the project lead and he has provided a written report for the Board. Ms Drake informed the Board that she met with the project manager, Nick Cleary, today and that it will be available to all NHS employees with a NHS email address.

The Board discussed that it needs to be made clear to trainees that the modules are not indicative of the FFPMRCA exam standard, as it will be available and aimed at anyone involved in pain management, as an educational tool for the whole NHS. It can be pitched to medical students to get them interested in pain medicine at a very early stage.

### **5.2 BJA**

The Dean reported that he has been in discussion with the editor of the BJA, Ravi Mahajan, in regards to creating an association between the journal and the Faculty. The BJA has a high impact factor, with the quality of the articles is getting higher. A closer relationship with the BJA, with a Faculty representative on the BJA editorial Board, will help to increase the number of pain related articles. There would be no financial impact to the Faculty, as the FPM Fellows already receive it through their RCoA membership. The Board agreed that the BJA should be the official journal of the Faculty.

**ACTION: Dean to write to the BJA to confirm that the Faculty wants the BJA as its official journal.**

The Dean also reported that there is going to be a July 2013 postgraduate edition of the BJA involving chronic pain articles: the Dean and Dr Lesley Colvin are involved in the work on this.

### **5.3 Honour lists**

The Dean asked the Board to email in any nominations or suggestions for honours.

## **BFPM/09.12/6      DEAN'S STATEMENT**

### **6.1 Specialist Commissioning for Pain Service.**

The Dean informed the Board that there has been ongoing work between the FPM, BPS and CPPC following on from the Pain Summit regarding new commissioning arrangements. The Dean reported that it has been decided that most pain management commissioning will be done locally. However some specialized services will be commissioned nationally; guidelines have been produced for this.

### **6.2 Consensus statement on addiction**

The Dean informed the Board that the Department of Health has produced a statement on addiction and the misuse of prescribed drugs. The FPMPSA has seen this statement and one of its members, Dr Cathy Stannard, has been working on this: the FPMPSA have agreed to endorse it on behalf of the Faculty. The statement has been approved by the Minister for Health and is going to be launched soon.

### **6.3 BUPA**

The Dean informed the Board that following the contentious BUPA statement regarding injections, the Faculty and RCoA held a meeting, at the AAGBI with BUPA,

who agreed that the statement should be amended as per our suggestions.

#### **6.4 Plagiarism**

The Dean reported that the Faculty is considering purchasing some anti-plagiarism software which will be used on all case reports submitted for the Fellowship. The Board decided that the use of this anti-plagiarism software should be announced so that everyone is aware, trainees, RAPMs etc; the Dean will put something in his Dean's report for Transmitter.

**ACTION: FPM Admin to investigate the costs of using the anti-plagiarism software on all submitted case reports**

#### **6.5 Budget**

##### **6.5a Fees**

The Dean reported that following on from the September RCoA Finance Committee, it has been agreed that all FPM fees will be increased by £5.

##### **6.5b Faculty Budget**

Mr Waeland tabled a document outlining the Faculty budget. The Board were informed that the Faculty was in deficit to the College this year, around £1000; however this has been previously agreed due to the introduction of the examination. The Board commented that they wish for the trainees to be made aware that the Faculty will not make any money out of the exam.

#### **6.5 NICE Back Pain Guidelines**

The Dean reported that the NICE quality standard guidelines are going to be reviewed, although it was previously advised that this would not happen. The Dean will soon be meeting the Chairman of NICE, Sir Michael Rawlins, and would discuss this with him.

#### **6.6 Elections to the Board**

The Dean reported that an election for two new Board members is currently underway and the results will be announced on 26<sup>th</sup> October. The new Board members will start at the Board meeting in February 2013.

### **BFPM/09.12/7 FPM PROFESSIONAL STANDARDS COMMITTEE**

#### **7.1 Minutes/update**

##### **Pain Medication and Driving Guidelines**

The FPMPS, through Dr Cathy Stannard, have been working with the DVLA in an attempt to create guidelines on driving whilst taking pain medication, however this has been a difficult task. Dr Stannard has produced a draft. The Board discussed that it might be helpful to get the views from some other organisations, it was agreed to approach the RCGP to ask if they would collaborate on the guidelines. Overall, the Board commented that these are a very good starting point and set of principles, and some collaboration from the RCGP would strengthen this.

**ACTION: contact RCGP asking for collaboration on these guidelines**

##### **Psychiatry topics**

Dr Grady and Dr Stannard are working on a programme for the study day on 29<sup>th</sup> January 2013: 'Core Competencies in Mental Health for Pain Professionals.' The programme is almost fixed and will be advertised soon. The Board discussed the

possible addition of more mental health competencies within the curriculum. The Board agreed that rather than add to the existing components relating to mental health, the Faculty could create a separate guide to the curriculum which expands on of what is expected from training in relation to psychiatric competencies.

**ACTION: FPMTAC to look into creating a curriculum guidance document**

**Joint Revalidation Committee**

Dr Simpson reported that Dr Richard Marks has taken over as the Chair of this Committee, he has raised some concerns about the basic knowledge matrix. Ms Drake reported that the mechanism for reviewing the CPD matrix lies with the CPD Board. They meet annually and will meet again soon; a review process has been established.

**ART Reviews**

Dr Simpson informed the Board that the RCoA organises Anaesthesia Review Teams (ART) on the request of employers to go into a hospital and provide advice to the team. Mr McLaughlan, Director of RCoA Professional Standards, informed the Board that some of these requests relate to pain clinics/services. The main reasons why ART are called in is due to conflicts between departments and changes in services such as reconfiguration. Two reviewers are sent in, and if there is a specialty/sub-specialty interest, someone appropriate is found from the list of assessors. An ART assessor must have: equal opportunity training, interview technique training (or equivalent experience); be recommended/supported by Council/FPM Board or an appropriate body. Dr Simpson reported that the list of pain specialist assessors may not be large enough; this is going to be taken to the next FPMPSA for consideration.

**ACTION: Add to next FPMPSA agenda**

**Changing format of FPMPSA**

Dr Simpson reported that the FPMPSA are going to re-consider the format of their meetings. The meetings are currently carried out by teleconference, and although originally effective, the increasing workload of the Committee means that in-person meetings may now work better. This is going to be discussed at the next FPMPSA in October.

**Diagnosis in the Pain Clinic**

Dr Miller raised the issue of diagnosis in the pain clinic. The Board discussed the issue and agreed that rather than being too prescriptive within the curriculum, it would be better to produce some curriculum guidance to interpret 'specialist investigation' as mentioned within the curriculum. This is going to be discussed in more detail at the next FPMTAC.

**ACTION: To add this to next FPMTAC agenda.**

**BFBM/09.12/8**

**FPM TRAINING AND ASSESSMENT COMMITTEE**

**8.1 FPMTAC Minutes**

Dr Grady reported that the first examination tutorials were held in May of this year. There was some good feedback, although there was a suggestion that more work needs to be done on ensuring that some tutors are fully briefed on the exam. Dr Grady informed the Board that Dr Mark Jackson has been brought in to take over the running of the examination tutorials.

Dr Grady reported that an assessment working party has been set up, which Dr Miller

will Chair, to focus on all issues and decisions relating to assessments; this will have a limited life span until the end of 2013.

Dr Grady reported that Dr Okell is asking for an amendment to the curriculum relating to pain training sessions and the number on on-call anaesthetics sessions allowed.

The Board were informed that there has been some discussion surrounding Advanced Pain Trainee numbers and a concern that there has been a reduction of posts in some areas. The Board discussed that this is not the case in all regions as some have had to re-advertise for applicants following no applications being received. The Board discussed that it is difficult to spot trends over one year as numbers do fluctuate, it should however be made clear to all RAPMs that they should maintain their posts each year, even if they are not filled, as they may be needed the following year.

Dr Grady reported that the first FFPMRCA MCQ exam was taken the day before the Board by 32 candidates and the results will be available at the end of the week. Dr Grady further reported that the question writing continues and there is now enough raw material for the next exam. The examiner training will now focus on assessing and creating standards, this will be taught with the aid of some videos which have been created.

#### **Trainee Representative Report**

The new Trainee Representative, Dr Emma Baird, reported to the Board that as lack of engagement has been an issue with the trainees in the past, she has been attempting to contact them and has spoken to some over the telephone. Most trainees have spoken of their concerns over the examination and the fact that they want to have an exact syllabus of what to learn. They did like the examination tutorials, and many attended the ones run by the Faculty as well as the Scottish course. In general, the trainees are positive about the examination and think that it will raise standards. Dr Baird had spoken to some trainees who had taken the MCQ exam the previous day, the feedback was that the basic sciences was harder than expected; the Board commented that before the SOEs, it needs to be made clear that the basic sciences will feature heavily.

Dr Baird reported that the London Deanery runs a full day of teaching once a month and that the trainees find this very beneficial, however these types of training days are more ad-hoc in other regions. Most trainees would like some kind of training, so Dr Baird is investigating whether some regions could share resources to create some joint training days.

Some trainees fed back that they are not getting sufficient support and information from their RAPMs regarding the examination. The Board discussed that not much more can be done at present, Dr Miller can feed this back at the next RAPM meeting, but as it is a new exam, there are no past papers for them to use as study aids. In a few years time, hopefully the feedback will be different as there will be past papers for the trainees to use when studying for the exam.

**ACTION: Dr Miller to feedback to RAPMs that some trainees want more information and support regarding the examination.**

Dr Baird informed the Board that some trainees have informed her about issues with on call anaesthetics duties interfering with their pain sessions; however the trainee's RAPMs have been supportive in arguing against this.

## **BFPM/09.12/9 REGIONAL ADVISORS IN PAIN MEDICINE**

Dr Miller reported that the last meeting was held in Liverpool with 17 RAPMs attending. Communication is a big issue. Most of the RAPMs have provided the email addresses of the LPMESs in their regions: the Faculty can use these for direct communication and hopefully information can be disseminated more effectively.

Dr Miller further reported that the workforce survey is drawing to a close. There has been a lack of response from some RAPMs who were chased on several occasions to ensure the survey was completed. The survey is going to be closed in early November.

Dr Miller informed the Board that he has created an FAQs on subjects that may be of interest to the RAPMs, and to also try to encourage some communication – these were sent out to the RAPMS last week.

Dr Miller raised a concern regarding case reports: the Faculty is not receiving many to be cross-marked, this may be due to trainees concentrating presently on examination preparation.

Dr Lashley reported that the Smartphone version of the pain logbook is now available and online; this is going to be continually reviewed.

## **BFPM/09.12/10 FACULTY OF PAIN MEDICINE BOARD STRATEGY**

The Board decided to postpone this item until the next meeting when full updates can be provided.

### **10.5 Clinical Trials Network**

The Dean informed the Board that a meeting has been established to try and create a research network for pain on 1<sup>st</sup> November.

## **BFPM/09.12/11 FACULTY REPRESENTATIVES REPORTS**

### **11.1 National Pain Audit**

Dr Ward sent his apologies for the meeting so no report was given.

### **11.2 Pain Summit**

The Dean reported that four recommendations came out of the Pain Summit, and Recommendation A was given to the Faculty to co-ordinate. A meeting has been set up to produce a detailed action plan of how the work is going to be divided up and carried out.

## **BFPM/09.12/11 ANY OTHER BUSINESS**

The Dean reported that the Science Museum is running an exhibition on pain. This Faculty/College were informed of this exhibition at the early stage but at this point it was related to anaesthesia and consciousness. More recently, the theme has changed to pain. The Faculty is now fully engaging with this.

## **BFPM/09.12/13 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

#### 13.3 Table of consultations

The Board noted the above and noted that the table of consultations will be considered by the FPMPS at the next meeting

#### 13.3 Table of consultations

Consultation	Deadline	Submitted
<b>(NICE)</b> Healthcare Quality Standards Process Guide proposed update:	13 Mar 2012	NO
<b>(GMC)</b> Recognising and Approving Trainers	21 Mar 2012	YES
<b>(BPS)</b> Guideline for Pain on Older Adults	13 April 2012	YES
<b>(BPS)</b> Use of drugs beyond licence in palliative care and pain management	30 April 2012	YES
<b>(CfWI)</b> Shape of the Medical Workforce	30 April 2012	YES
<b>(NICE)</b> Headaches: guidelines consultation	07 June 2012	NO
<b>(AoMRC)</b> 7 day working	7 June 2012	YES
<b>(DH)</b> Long term conditions strategy	15 June 2012	YES
<b>(BPS)</b> Lumbar MBB and Radiofrequency	None stated	YES
<b>(NICE)</b> Neuropathic pain scope	9 July 2012	YES

#### 13.4 List of Publications and Releases

The Board noted the list of publications and releases.

#### **BFPM/09.12/14 DATES OF FUTURE BOARD MEETINGS**

Thursday 13 December 2012

Thursday 14 February 2013

Thursday 16 May 2013

Thursday 12 September 2013

Thursday 12 December 2013