



Minutes of the Board meeting held on Friday 16th September 2016

Members:

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| Dr B Miller | (Dean) |
| Dr J Hughes | (Vice-Dean) |
| Dr K Grady | (Immediate Past Dean) |
| Dr G Baranidharan | |
| Dr B Collett OBE | |
| Dr J Goddard | |
| Dr C McCartney | |
| Dr J McGhie | |
| Dr A Baranowski | (Co-optee: President, British Pain Society) |
| Dr P Bell | (Co-optee: Chair, Pain Alliance of Northern Ireland) |
| Dr S Black | (Co-optee: Trainee Representative) |
| Dr S Burgess | (Co-optee: Patient Liaison Committee Representative) |
| Dr L De Gray | (Co-optee: Chair, Regional Advisors in Pain Medicine) |
| Dr P Wilkinson | (Co-optee: Chair, Professional Standards Committee) |

Corresponding members:

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| Dr R Lewis | (Co-optee: Chair, RCoA/NSAG Pain Subgroup) |
| Prof. B Smith | (Co-optee: Representative for Chronic Pain Scotland) |

In attendance:

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|--------------|------------------------|
| Miss J Chand | (FPM Administrator) |
| Mr T Grinyer | (RCoA Chief Executive) |
| Mrs L Owen | (FPM Coordinator) |
| Ms A Ripley | (Faculties Supervisor) |
| Mr D Waeland | (Head of Faculties) |

Apologies:

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| Dr A Nicolaou | |
| Dr M B Taylor | |
| Dr M Rockett | (Co-optee: Acute Pain Medicine Representative) |

CEREMONIAL PROCEEDINGS

Dr Miller was inducted as Dean of the Faculty and Dr Hughes was inducted as Vice-Dean. Dr Grady received the past-Dean's medal.

BFPM/9.16/1

WELCOME AND APOLOGIES

Dr Bell and Dr Baranowski were welcomed to their first meeting. Apologies were noted as above.

BFPM/9.16/2 MINUTES OF THE LAST MEETING and MATTERS ARISING

2.1 The minutes of the last meeting held on 13 May 2016 were reviewed and agreed subject to a small amendment to section 5.2.

2.2 Cordotomies

Dr Hughes updated that NHS England were aware of the issues currently surrounding cordotomies and they are currently reviewing the situation.

2.3 Audits

The Board had previously agreed that there should be a joint PSC/TAC auditing working group. Dr McGhie and Dr Wilkinson will discuss a way forward with the possible aim of having one audit a year of political relevance. Board members are to contact FPM admin with any ideas regarding this.

ACTION: Drs McGhie and Wilkinson to discuss set up of Faculty audit facility

BFPM/9.16/3 DEAN'S STATEMENT

3.1 Election

The Dean updated that voting for a new Board member closes on 2nd October 2016 and the result will be announced shortly after this.

3.2 Non-Anaesthetic Fellowship Working Party

The Dean suggested that a small working party be set up to look at opening up the fellowship of the Faculty to non-anaesthetic Pain Medicine consultants including eligibility criteria and which other organisations would be approached regarding this. It was agreed that a working party should be set up. Dr Hughes would Chair the party with the aim of creating practical proposals on how the process would work and how potential fellows would be identified. It was agreed that the focus would be on secondary care practitioners at consultant level and that two working tracks would have to run in parallel: grandfathering in to the Faculty and training pathways. Dr de Gray and Dr McGhie offered to investigate through RAPMs what kind of practitioners and the numbers of them we might be looking at.

3.3 Strategy setting afternoon

a). Research project

The Dean raised the issue that there is a vast body of research that is not informing decisions at a political level. It was queried whether the Faculty should be doing anything to encourage research with a useful aim such as publishing some guidance, which may also serve to influence funding bodies. It was agreed that this would be a reasonably quick task to complete so would be cost-effective. As a separate, more involved work stream, it was suggested that the Royal College of Surgeons should be contacted regarding an audit on post-surgical pain and the Board widely supported proceeding with this. Dr Grady offered to contact Clare Marx at the Royal College of Surgeons to progress this.

ACTION: Dr Grady to contact Ms Clare Marx at the Royal College of Surgeons regarding a post-surgical pain audit

b). Communication and Liaison Strategy

The Dean proposed that the Faculty needed a bank of trained individuals ready to represent the Faculty and respond to stories in the media, both if the Faculty is approached for a response and also to actively contact organisations to request to give a response. It was discussed that communications should be better with the wider public, press and politicians.

Mr Waeland updated that the Faculty Twitter feed was being launched the following week. Dr Burgess volunteered to help with communications with the House of Lords and setting up a debate. It was agreed that work would continue outside the Board to identify a suitable team.

c). Website resources for patients

It had been agreed at the Strategy Day to develop more user-friendly information and resources for patients on the Faculty website. This could set out what the Faculty was, its remit and useful information about pain including links to other sources. The BPS should be linked to work in this area to avoid duplication and it was agreed that PSC should lead on this workstream and that it would be added to the next meeting agenda.

BFPM/9.16/4

FPM TRAINING AND ASSESSMENT COMMITTEE

4.1 FPMTAC Minutes

The Board received the minutes from the meeting held on 1st July 2016. Dr McGhie reported on several issues:

- The workforce future plan was the current main focus, with the aim of providing quantitative data to HEE. This data will include the impact of workforce on patient care, new patient waiting times and distance travelled for consultations.
- A Paediatric Pain Medicine representative was to be appointed to TAC.
- Dr Roger Laishley was representing the Faculty on the RCOA logbook improvement working party. Dr Black, Dr Campkin and Dr de Gray were all feeding back suggestions to Dr Laishley.
- The LPMES Day was scheduled for 9th March 2017 and would be followed by an RAPM meeting.

4.2 Trainee Update

Dr Black reported that there had been 420 responses to the Acute Pain Trainee Survey and 13 responses to the FPM annual trainee survey. Survey responses showed issues with on call requirements and variable gaps in training across the country with a lack of formal teaching in some locations. It was suggested that trainees needed to be proactive in looking for training in particular areas, going outside of their region if necessary. It was also suggested that a trainee group could be set up in the North, similar to the London Pain Trainee group.

BFPM/9.16/5

FPM PROFESSIONAL STANDARDS COMMITTEE

5.1 May FPMPSA Minutes

The Board received and ratified the FPMPSA minutes from May 2016.

5.2 September FPMPSA report

Dr Wilkinson updated the Board on the previous day's PSC meeting:

- Dr Wyn Parry, Chief Medical Advisor to the DVLA had attended the meeting to discuss concerns over the DVLA document: *Assessing Fitness to Drive*. Dr Wyn Parry was enthusiastic to work with FPM into the future to revise the document. Dr David Dawson, sleep specialist, would be contacted regarding this. Dr Searle was considering a patient information leaflet on Driving and Pain and was reviewing related information on the Faculty website.
- The BPS/FPM consensus statement on epidural steroids was making slow progress and it was felt that the document would benefit from focussing on succinct statements. Dr Davies was going to feedback concerns to the BPS.

- The Intrathecal Refill Checklist was nearly finished and it was being determined whether it was suitable for approval under the NatSSIPs umbrella. Communications were underway with Dr Harrop-Griffith, Chair of NatSSIPs, regarding approval of the Faculty checklist for Interventional procedures, which should be attained following a few small alterations.
- The Committee had been looking at a gap analysis/safety dashboard for use by Pain Medicine Services. 56 key core standards from CSPMS had been identified as a first step with this work.
- The interventional patient information leaflets were undergoing final checks and would be submitted to the BPS for endorsement as soon as possible.

5.3 Consultation length

Dr Wilkinson updated that consultation length data analysis had indicated an hour as the preferable length for a consultation. Dr Wilkinson would draft a document on the results, including caveats. Dr McGhie suggested using RAPMs and trainees to gather a larger data set and would discuss this with Dr Wilkinson. The importance of having an adequate initial consultation time was discussed and how it is linked to reducing the number and length of follow up consultations. It was agreed that this should stay on the agenda for the December Board meeting.

ACTION: Dr Wilkinson to draft consultation length survey results document

ACTION: Dr Wilkinson and Dr McGhie to discuss obtaining further consultation length data through RAPM and trainees

BFPM/9.16/6

BOARD BUSINESS

6.1 FPM10

Miss Ripley updated the Board with FPM10 plans including a joint Parliamentary Reception hosted with the CPPC and BPS. The Board were asked for suggestions for what the reception could cover. It was agreed that the overall aim was to provide solutions rather than presenting problems. It was pointed out that this was an opportunity to promote what the Faculty had achieved. The Board agreed that the focus could be on provision of workforce, access to multi-disciplinary pain medicine services and an economic and humanitarian cost analysis of this. The BJA editorial: 'Can we afford to ignore chronic pain' could be used as a starting point.

6.2 Buddying System

Dr McCartney reported that guidance and regulations for the scheme would be produced prior to the next Board meeting. Once these were ratified the scheme could be launched.

ACTION: Dr McCartney to write Buddying scheme guidance and regulations for ratification at December Board meeting

6.3 ASK2QUESTIONS

Dr Nicolaou had sent his apologies along with an update: There is potential to validate A2Q with Keele University already deploying very similar questions as part of a pre-screen for a new tool called StartMSK. Further data from a growing cohort of patients is being gathered and hopefully will support validity work. Dr Nicolaou has been directed back to Professor Kate Dunn to progress collaboration and a meeting is being arranged for early 2017. Chris Barker continues with his local primary care MSK pathway development which is to use A2Q.

6.4 e-Pain

Miss Chand reported that Dr Doug Natusch and Dr Rhian Lewis were carrying out a module review. CPD certificates were now available upon session completion.

6.5 Essential Pain Management (EPM)

Miss Chand updated that a course was to take place in Benin, with Mercy Ships, at the start of November and had 70 participants and 3 facilitators. Repeat courses were being planned for Ethiopia and Uganda and Zambia was being looked at. It could be politically difficult to deliver a course in Nigeria and so the possibility of training an instructor in the UK who would then deliver a course in Nigeria was being considered.

It was proposed that an Essential Pain Management Advisory Group (EPMAG) should be set up, Chaired by Dr Clare Roques and with Dr Grady as the Board representative. Terms of Reference for the Group had been circulated prior to the meeting and these were ratified by the Board.

6.6 EPM Lite

Miss Chand updated that the course was running in 11 medical schools with 4 more schools interested.

6.7 To receive: Acute Pain Report

Dr Rockett had sent his apologies and had distributed a report prior to the meeting:

- The creation of a list of APS leads had now been completed.
- There had been a 70% response rate to the acute pain service census and the results were being submitted to the BJA.
- Current acute pain job advertisements had been reviewed.
- The trainee survey had more than 400 respondents and the results would be presented at NAPS 2016 and published in either the RCoA newsletter or the British Journal of Pain.
- Acute pain leaflets in other Trusts were being reviewed to determine which other organisations could be collaborated with to produce standardised leaflets. APSIG of the BPS are one such interested party.
- A report is being prepared outlining proposed changes to training which will be submitted to the RCoA and GMC via FPMTAC.
- The Acute Pain Study Day on 6th February 2017 was now open for bookings.
- A guidance document outlining Acute Pain Lead skills and competencies was being developed to go on the FPM website.
- Dr Rockett is now research and audit lead on the APSIG committee.

BFPM/9.16/7

BOARD UPDATES

7.1 RAPM Update

Dr de Gray reported that she would be attending the December Board meeting, which would be her last, along with the new RAPM Chair. The next RAPM forum would be in November. Dr Katrina Dick had been awarded the case report prize.

7.2 Neuromodulation database

NSUKI is in negotiations with Northgate as a new provider for the national database. A meeting is being held on 6th Oct 2016 at Northgate to finalise the agreement. The aim is to launch within 3-4 months.

7.3 a). Commissioning

Dr Hughes updated that the CRG was now up and running and had full clinical membership although there were still two public patient vacancies. A formal process of asking the affiliate membership back is currently underway. Dr Hughes confirmed that cordotomies were on the agenda.

b). Specialised commissioning in paediatric pain & paediatric medicolegal issues

Dr Goddard confirmed that commissioning for paediatric pain services was still within paediatric surgery. Dr Goddard was not on the CRG and was waiting to find out who was. The Board was supportive of Dr Goddard approaching Dr Liam Brennan, RCoA President, to discuss ways of ensuring that Paediatric Pain was on the radar of the CRG.

Dr Goddard reported that he was frequently asked by Solicitors whether he did Paediatric Medicolegal work. The Board were not aware of any consultants that did this and Dr Goddard would continue to look in to this.

7.4 Update for Northern Ireland

Dr Bell updated the Board that the Health and Social Care Environment was currently in transition and recommendations for structural reorganization were currently being considered by the Health Minister. Integrated Care Partnerships (ICPs), responsible for developing care pathways, have prioritised chronic pain. GP practices have formed into Federations intending to offer enhanced services in certain areas.

A Regional Pain Forum has been established from voluntary and statutory service providers and service users. This has 5 main work streams - the services users reference group, primary and community care, secondary care, and an IT group. Outputs from the forum include: A 5-Year specialty development plan, Development of a Fibromyalgia Care Pathway and Successful application for a Project ECHO in Chronic Pain.

Pain content of the Undergraduate curriculum was scoped in 2014 and the lecture on chronic pain management was reinstated having been dropped 5 years earlier. Medical students can elect to do additional training at Pain Clinics but this is not yet part of mandatory training. Within Podiatry - training in the recognition of, and understanding the management of, neuropathic pain is mandated by the new Diabetic Care Pathway. The HSC Training and Education Centre now fund this mandatory training. Money had been allocated to train a significant number of GPs in supporting self-management of chronic pain using the Pain Toolkit. Currently a bid is in preparation to extend this further. PANI delivered a seminar to the Ulster Chemists Association covering basic science, pharmacological and non-pharmacological pain management, self-management strategies and the impact of living with chronic pain. Queen's University, Belfast have developed on-line pain training for pharmacists which will be available to all HCPs. Dr Bell had reviewed the content for this. Training sessions for GPs on Chronic Pain, including the use of opioids, have been held throughout NI as part of the Practice-Based Learning Programme. University of Ulster is considering how it can enhance nurse education in the management of all types of pain.

Dr Bell had attended a meeting with the HSCB, PHA and DHSSPS to develop a manpower plan for Consultant Anaesthetists which was the first time that the manpower needs of the chronic pain services have been considered outside of the needs of the specialty of anaesthesia. Dr Bell had sent the Faculty's CSPMS to the attendees prior to the meeting and they were impressed with its usefulness to their deliberations. The DHSSPS's decision about future training needs was pending.

The Board were impressed with the volume and breadth of current initiatives and would consider how some of these could be applied in England.

BFPM/9.16/8 ANY OTHER BUSINESS

No other business was recorded.

BFPM/9.16/9 FOR INFORMATION

8.1 Terms of office of Regional Advisors in Pain Medicine

8.2 Table of consultations

8.3 List of Publications and Releases

BFPM/9.16/10 DATES OF FUTURE BOARD MEETINGS

Friday 9th December 2016

Friday 3rd March 2017

Friday 19th May 2017

Friday 8th September 2017

Friday 8th December 2017