

Minutes of the Board meeting held on Friday 6th February 2015

Members:

Dr K Grady (Dean) Dr M B Taylor (Vice-Dean)

Dr G Baranidharan

Dr B Collett
Dr J Goddard
Dr J Hughes
Dr C McCartney
Dr B Miller
Dr A Nicolaou

Dr S Burgess (Co-optee: Lay Committee representative)

Dr L De Gray (Co-optee: Chair, Regional Advisors in Pain Medicine)

Dr S Gilbert (Co-optee: Rep for Chronic Pain Scotland)

Dr D Harrington (Co-optee: SAS Representative)

Dr L Miller (Co-optee: Incoming Trainee Representative)
Dr W Campbell (Co-optee: President, British Pain Society)

In attendance:

Dr R Lewis (Chair, RCoA/NSAG Pain Subgroup)

Dr S Pierce (RAPM for Wales)
Professor A Rice (Research Activity)
Mr D Waeland (Head of Faculties)
Miss A Ripley (Faculties Coordinator)
Miss D Evans (Faculties Coordinator)

Apologies:

Dr P Venn (RCoA Vice President)

Dr M Rockett (Co-optee: Acute Pain Medicine Representative)

Ms S Drake (Education and research Director)

Mr J Goodwin (Faculties Supervisor)

CEREMONIAL PROCEEDINGS

Dr Ganesan Baranidharan, Dr Carol McCartney and Dr Barry Miller were formally inducted as elected members of the FPM Board

BFPM/2.15/1 WELCOME AND APOLOGIES

The Dean welcomed the new Board members and apologies were noted as above.

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BFPM/2.15/2 MINUTES OF THE LAST MEETING

The minutes of the last meeting held on 11 December 2014 were agreed as a true record of events subject to a minor amendment.

BFPM/2.15/3 PAIN MEDICINE IN WALES

Dr Rhian Lewis (NASG chair) and Dr Sonia Pierce (RAPM for Wales) attended the Board meeting to update on Pain Medicine in Wales. Dr Lewis reported that the RCoA NSAG Pain Subgroup in Wales was formed 3 years ago and has representation from all 7 Trusts in Wales; one medical and one non medical from each and that this feeds back to the RCoA. This means that Wales has a national overarching management system for all Trusts; Wales has adopted the Prudent Healthcare principle which aims to distribute equity evenly. This is different from the situation in England, where decisions are made on a local level by CCGs. Dr Pierce informed the Board that there are 3 approved APT posts available in Wales but that currently none of these are filled. The Board discussed that there seems to be a missing link between the RCoA NSAG and the FPM; this could be rectified by co-opting Dr Lewis onto the FPM Board; Dr Lewis agreed that this would be a good idea and she would be willing to attend Board meetings.

ACTION: FPM Admin to send formal invite to Dr Lewis co-opting her to the FPM Board.

BFPM/2.15/4 DEAN'S STATEMENT

4.1 RCoA VP position on Board

The Dean reported that there has always been a RCoA VP position on the Board. The RCoA Council have agreed that this position can be removed from the Board, this will allow the Faculty to appoint a new Board member. Dr Jon McGhie was the next highest scoring candidate in the Board elections and already holds a key workforce role and is deputy chair of FPMTAC. The Board agreed to appoint Dr Jon McGhie to the Board.

ACTION: FPM Admin to invite Dr McGhie to join the FPM Board for an initial appointment of one year.

4.2 Dr Collett - OBE

The Board offered their congratulations to Dr Collett for her OBE award. Dr Collett is the first person to be awarded an OBE for services in Pain Medicine.

4.3 Patrick Wall nominations

Dr Dean informed the Board that Andrew Rice is receiving the Patrick Wall medal at the Annual Meeting on 27th November 2015; the Board need to nominate someone for next year's award. The Board discussed that it does not necessarily have to be someone who worked with Patrick Wall. The Dean further suggested that Dr Karen Simpson should be the first recipient of the Faculty Commendation award; the Board agreed.

ACTION: FPM Board to email Patrick Wall suggestions to FPM Admin

4.4 Buddying Programme

The Dean informed the Board that the Faculty had received a query regarding support for isolated Pain Medicine practitioners. The Board discussed that a buddying system would be extremely useful especially for isolated practitioners as a way of discussing issues with other practitioner, seeking advice and to help avoid

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burnout. The Board discussed that a similar system is already in use by the Psychiatrists and seems to be very effective, so a similar system could be implemented. The Board agreed to this idea in principle but some work needs to be done to see what systems are already in existence and to explore possible ways of running the programme; Dr McCartney agreed to investigate this project further and bring ideas back to the Board.

ACTION: Dr McCartney to investigate potential buddying programmes for the FPM.

4.5 Right Patient, Right Professional, Right Time

The Dean reported that the document had been circulated to the Board and is now in its final draft. The document will emphasize the importance of Pain Medicine specialists. The idea is to launch this document around the same time as the Core Standards document.

4.6 Check on Action list

 The Dean reported that there was some rearrangement of FPM representatives on RCoA committees following Professor Rowbotham's departure from the Board: The Dean will now sit on the Nominations Committee, Dr Collett will attend the PSC Committee and Dr Rowbotham will continue to sit on the Finance Committee.

BFPM/2.15/5 FPM PROFESSIONAL STANDARDS COMMITTEE

5.1 FPMPSC Minutes

Dr Collett presented the minutes of the last meeting held on 12 December 2014.

- The FPMPSC have agreed to hold meetings on the Thursday afternoon prior to the Board meetings; this means that information can be fed back from the meeting immediately.
- The pathfinder project has been colour coded in an attempt to make it easier to understand; it is still waiting to be published.
- The patient information leaflets currently on the website will be altered to reflect the new gabapentin and pregabalin advice regarding addiction recently published by NHS England.
- Tony Davies and Paul Wilkinson have submitted their final draft of Conducting a
 Quality Consultation in Pain: the final title is being decided. The Board were given a
 copy and asked to send any comments back within two weeks, The Board agreed
 that the document looked very good. Dr Collett informed the Board that it has been
 made clear within the document that it contains aspirational recommendations and
 these can not be achieved within a single consultation.

ACTION: FPM Board to review consultation resource and send comments to FPM admin.

Dr Collett suggested a new project where the Faculty ask fellows for small vignettes
to highlight things such as good practice, innovative ideas and good educational
resources within their regions; these can then be put onto the website and in
Transmitter. The Board agreed that this would be a positive work stream and would
encourage interaction with Fellows.

5.2 Core Standards for Pain Management

Dr Collett reported that work is progressing well and almost all chapters are complete. Dr Collett and Dr Weiss have started editing all of the chapters, this has raised a few issues with some chapters which requires them to go back to the

authors to check some details and to check whether the author's stakeholder organisations agree with the standards set within the chapters. The aim is to launch the public consultation for the document at the BPSASM in April and to publish in the summer.

5.3 Pain in Secure Environments

Ms Ripley informed the Board that the March pilot has been cancelled as some of the course content is still being finalised. The May pilot is planned to go ahead.

BFPM/2.15/6 FPM TRAINING AND ASSESSMENT COMMITTEE

6.1 FPMTAC Minutes

- Dr Barry Miller reported that the number of APT case reports has been reduced to one; the case report guidance is being re-written to reflect this and also to clarify how the case reports should be written.
- The trainee publication prize criteria has been firmed up by the committee and some guidance on criteria has been created.
- A review of the exam is currently underway; this was initiated by some concerns expressed by some trainees.
- Some APT have had their training signed off in hospitals that only provide acute pain training; the RAPMs have been notified that this is not acceptable.
- The Board discussed the funding concerns which would effect pain training if Shape of Training is implemented and pain training becomes post CCT.
- The Board also discussed whether Fellowship should be opened up to nonanaesthetists. This requires further discussion as the exam needs to be taken into consideration and whether this can be altered for non-anaesthetists or whether a different fellowship route could be created. Dr Miller will write a discussion paper for the next Board meeting.

ACTION: Dr Miller to write a discussion paper regarding non anaesthetists being given Fellowship.

6.2 Trainee Update

Dr Lucy Miller reported that replies have been sent out on comments received from the trainee survey. Dr Miller further reported that only a few trainees are attending the BPSASM in April, so the trainee meeting will not be held as it has been in previous years. The trainee meeting will instead be held after a FPMTAC meeting, following a teaching session, this is currently being organised.

BFPM/2.15/7 FACULTY RESEARCH ACTIVITY

Professor Andrew Rice presented ideas for how the Faculty might engage with Pain Medicine research. There are four main ways to engage with research: to fund or commission pain research; to support the career development of pain researchers; to facilitate pain research or to influence the pain research agenda. The Board discussed the presentation and ideas presented by Professor Rice; they agreed that an impact network would be beneficial and that the Board needs to consider what the Faculty can achieve. The Board did agree that engagement could happen with the ACFs who are Pain Medicine orientated and get them to register with the Faculty. Their research could then be championed by the Faculty.

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BFPM/2.15/8 BOARD BUSINESS AND UPDATES

8.1 Acute Pain

The Dean reported that an acute pain working party is being formed.

8.2 ASK2QUESTIONS

Dr Nicolaou reported that there was a TCC in January regarding next steps and how the profile of the work can be enhanced. A new area of the FPM website will be created for this work stream; the talks given at the House of Lords will also be recorded and uploaded onto these web pages. Dr Nicolaou further reported that they are now in the piloting stage, this is being successfully done in Scotland and they are looking for further piloting sights; robust pilot data will assist in winning research grants and further resources to continue the work.

8.3 RAPM update

Dr De Gray reported that there are two new RAPMs, one in Wales and one in the North West. The bi-annual RAPM reports have just been sent out for the second time.

8.4 Undergraduate training

The Dean informed the Board that EPM Lite has now been run in Bristol for a second time and that this is now a sustainable course in this location. The Peninsula Medical Schools (Exeter and Plymouth) are also going to pilot the course. Dr Gilbert reported that he approached the Scottish Government about running the course, unfortunately they did not take this up but he will approach them again. The Dean reported that once some more pilots have been undertaken, they will go back to the GMC with the data to see if they will implement it permanently in undergraduate training.

8.5 Peri-operative Pain Medicine

The Dean reported that the peri-operative project was launched in January. Dr Mark Rockett and Dr Roger Okell are representing the FPM in this project. The Dean informed the Board that the RCoA have created an animation which explains what peri-operative medicine is.

8.6 e-Pain

Ms Evans reported that 57 modules are now completed with 15 outstanding. Ms Evans further reported that Australia are going to create an e-Pain resource so they may approach the Faculty for some information.

8.7 Essential Pain Management

The Dean reported there have been two successful courses run in Uganda and one in Malawi and one in Tanzania. Dr Justins and Ms Roque are currently putting an application together to apply for two more years of funding.

BFPM/2.15/9 ANY OTHER BUSINESS

- Dr Baranidharan reported that the neuromodulation database is progressing well.
 The Board agreed to add this onto the agenda permanently.
- Dr Harrington raised that she is struggling to get any engagement from other SAS Pain Medicine doctors. The Board agreed that a section could be added to the RAPM bi-annual report asking for information on SAS doctors working in their regions.

MATTERS FOR INFORMATION

- 9.1 Terms of office of Regional Advisors in Pain Medicine
- 9.2 Table of consultations

BFPM/2.15/10

9.3 List of Publications and Releases

BFPM/2.15/11 DATES OF FUTURE BOARD MEETINGS

Friday 15th May 2015 Friday 18th September 2015 Friday 11th December 2015 Friday 4th March 2016 Friday 13th May 2016

ACTION POINTS

Item		Action	
3	Pain Medicine in Wales	FPM Admin	To send formal invite to Dr Lewis co-op her to the FPM Board.
4.1	VP position on Board	FPM Admin	To invite Dr McGhie to join the FPM Board for an initial appointment of one year.
4.3	Patrick Wall nomination	All Board	To email Patrick Wall nominations to FPM Admin
4.4	Buddying programme	Dr McCartney	To investigate potential buddying programmes for the FPM
5.1	FPMPSC Consultation resource	All Board	To review consultation resource and send comments to FPM admin
6.1	FPMTAC Fellowship	Dr Miller	To write a discussion paper regarding non anaesthetists being given Fellowship