



FACULTY OF PAIN MEDICINE

of the Royal College of Anaesthetists

Minutes of the Board meeting held on Friday 15th May 2015

Members:

Dr K Grady	(Dean)
Dr M B Taylor	(Vice-Dean)
Dr G Baranidharan	
Dr B Collett OBE	
Dr J Goddard	
Dr J Hughes	
Dr C McCartney	
Dr J McGhie	
Dr B Miller	
Dr A Nicolaou	(via teleconference)
Dr S Burgess	(Co-optee: Lay Committee representative)
Dr W Campbell	(Co-optee: President, British Pain Society)
Dr L De Gray	(Co-optee: Chair, Regional Advisors in Pain Medicine)
Dr R Lewis	(Chair, RCoA/NSAG Pain Subgroup)
Dr S Gilbert	(Co-optee: Rep for Chronic Pain Scotland)

In attendance:

Mr R Ampofo	(Training and Examinations Director)
Miss J Chand	(Faculties Administrator)
Mr J Goodwin	(Faculties Supervisor)
Miss A Ripley	(Faculties Coordinator)
Mr D Waeland	(Head of Faculties)

Apologies:

Dr D Harrington	(Co-optee: SAS Representative)
Dr L Miller	(Co-optee: Incoming Trainee Representative)

BFPM/5.15/1 WELCOME AND APOLOGIES

The Dean welcomed Dr McGhie and Dr Lewis as new Board members and apologies were noted as above.

BFPM/5.15/2 MINUTES OF THE LAST MEETING

The minutes of the last meeting held on 6 February 2015 were agreed as a true record of events.

BFPM/5.15/3 DEAN'S STATEMENT

3.2 Buddying programme

Dr McCartney reported that there are some buddying systems in place in other

organisations such as RCPsyc and AAGBI, although these are more aimed at trainees and new consultants or doctors with addiction problems. The Board discussed that the GMC has released a statement stating that mentoring systems should be put in place, and the Board agreed that this should be investigated further. The AAGBI has some useful links on their website which could be linked to the Faculty website as an initial step. Dr McCartney agreed to put a paper together on possible ways forward for the next Board meeting.

ACTION: Dr McCartney to produce a paper on buddying systems for September Board.

3.3 Right Patient, Right Professionals, Right time.

The Dean informed the Board that the plan is to launch the document at the same time as Core Standards. The Board discussed the issue with there being a general lack of understanding with the public and within the medical community of what Pain Medicine doctors do; the Board agreed that the Faculty needs to raise awareness of Pain Medicine. The Board discussed that there are some national projects happening which will increase awareness, such as the undergraduate training programme and Core Standards, however there needs to be more local awareness as well. The Board agreed that the Faculty should develop a communications strategy to help with general awareness and for when the Faculty are launching new documents and guidelines.

ACTION: FPM admin to draft a communications strategy

3.4 BMJ article

The Dean informed the Board that she and Dr McGhie have submitted an article to the BMJ; however we have yet to find out if it will be accepted for publication. Dr McGhie explained that it was an analysis article called 'Can We Afford to Ignore Chronic Pain', and that it concentrates on workforce planning to show that services may not be meeting standards and expectations, and that there could be a potential crisis in pain management manpower and needs to the future.

3.5 BMJ article

The Dean reported there were three FPM posters at the BPSASM; two were on acute pain and one was on ASK2QUESTIONS.

3.6 RCoA Fellowship

The Dean reported that the Faculty has been approached by the College to run some overseas Fellowships in developing countries, it has been agreed that the Faculty will arrange this in India. There are currently negotiations happening with a cancer hospital in Mumbai; if this can be arranged it would be mutually beneficial for both the trainees and the hospital.

3.7 Patrick Wall Lecture

The Dean reported that Dr David Bennett has been agreed upon to give the eponymous lecture and receive the Patrick Wall award in 2016; Professor Andrew Rice will receive it at the Annual Meeting in November 2015.

3.8 Research activity

Dr Rockett reported that the James Lind Alliance priority setting partnership held its final workshop to choose the 'Top ten research priorities for Anaesthesia and Perioperative care'; 'What can we do to stop patients developing chronic pain after surgery' was chosen as number one; which is very positive news for the Faculty. The

Alliance wish to engage with the Faculty; this will help put Pain Medicine back onto the research agenda as the list is highly publicised and goes out to all funding bodies' although this does not guarantee funding.

3.9 Meeting with RCGP

the Dean informed the Board that there she is going to meet with the RCGP in July to discuss the future relationship between the two bodies.

3.10 Bulletin articles

The Dean congratulated Dr De Gray and Dr Lucy Miller on the two articles they wrote for the RCoA Bulletin.

3.11 Diplomats Day

The Dean informed the Board that she attended the RCoA Diplomats day on 1st May and nine FPM Fellows were in attendance.

BFPM/5.15/4

FPM PROFESSIONAL STANDARDS COMMITTEE

4.1 FPMSC Minutes

Dr Collett presented the minutes of the last meeting held on 5 February 2015.

- The 'Conducting Quality Consultations in Pain Medicine' document is now published on the website.
- The gabapentin and pregabalin patient information leaflets have been altered to reflect the PHE advice regarding addiction.
- Dr Collett reported that at the PSC meeting the previous day, there was some debate on the intervention patient information leaflets which are currently being produced, and whether the Faculty should be producing leaflets on interventions which have little evidence base. Some of the PSC felt that by producing leaflets, the Faculty are endorsing the interventions' use, whilst others felt that if they are being carried out, then the patients should be provided with information as to what to expect; the Board discussed the matter and agreed with the later. The Board agreed that the covering page on the website can explain that the Faculty are not endorsing the use of any of the interventions.

4.2 Core Standards for Pain Management

Dr Collett reported that work is progressing well and the final few chapters are being edited. The chapters that caused some concern have been redrafted by the authors. The timeframe has been pushed back slightly in order for these chapters to be re-written, however a draft will be presented to the Board in July for comment before going to public consultation in August. The aim is to publish the standards in September.

4.3 Pain in Secure Environments

Ms Ripley informed the Board that the first pilot course is organised for 24th July and that 12 people are currently booked on.

4.4 DCC PAs

Dr Collett raised a query with the Board as to whether it is appropriate to state the minimum number of DCC PAs a Pain Medicine doctor should have (including the administrative duties that go along with having pain sessions). Dr Collett reported that the AAGBI and the RCP both dictate PAs and that these are a good basis to go on. The Board discussed whether this was an area of activity which the Faculty should

undertake and will take advice from the RCoA Clinical Quality Director.

ACTION: FPM admin to talk to CQ Director relating to FPM setting DCC PA recommendations.

4.5 Pathfinder and Commissioning

The Board were informed that John Hughes has been appointed as the new Chair of the CRG for specialised Pain Services. The Board discussed that Pain Management services have been named as a 'corner-stone service' by NHSE; this means that other specialties have highlighted Pain Medicine as an essential service relating to their speciality.

BFPM/2.15/5 FPM TRAINING AND ASSESSMENT COMMITTEE

5.1 FPMTAC Minutes

- Dr Barry Miller reported that the exam is running well. There was a review of exam questions but this indicated that the difficulty and relevance of the questions has been the same over the last 4 diets; so there is not a problem with the exam questions.
- The trainee publication prize criteria has been re-written; this will be advertised in early summer.
- The Quality Assurance working party has been subsumed back into FPMTAC
- There have been no OOPE applications for over a year; there is movement of trainees, however these are all Inter-Deanery transfers.
- There continues to be a problem with recruitment; the number of jobs being advertised has not reduced however the fill rate is poor in some areas. There are also some concerns over APT posts not being filled: 15 out of 48 posts are unfilled, with 6 regions currently having no trainees. There is a concern that there may not be enough APTs to cover perceived future workforce requirements.

5.2 Engagement with other specialties

Dr Miller informed the Board that he has been investigating the possibility of including other specialties within the Faculty; this could also help address recruitment shortfalls. Dr Miller reported that there is interest in being affiliated with the Faculty however there is reluctance to have to take an exam. The Faculty need to consider how to train or accredit other specialties training, whether to alter the exam and how to integrate two curriculums, and also to ensure that the Faculty remains in control of Pain Medicine training. The Board agreed that this needs to be investigated further; Dr Miller will produce a paper for the next Board.

ACTION: Dr Miller to produce a paper on integrating other specialties into the Faculty.

BFPM/5.15/6 BOARD BUSINESS AND UPDATES

6.1 Acute Pain

- Dr Rockett informed the Board that a new working party has been created which includes representation from FPMPSC, FPMTAC as well as three acute pain representatives: the aim is to investigate how to improve interface between the Faculty and Acute Pain practitioners.
- Dr Rockett further discussed that the acute pain chapter was removed from GPAS due to the Core Standards being created, Dr Rockett is helping to write the pre and

post-operative chapters so he is going to include some acute Pain Medicine within these.

- Dr Rockett informed the Board that he is keen for e-PAIN to be used as an educational resource for training of nurses and other specialties in Pain Medicine.

6.2 ASK2QUESTIONS

Mr Waeland reported that the ASK2QUESTIONS webpages are now live. There has been some difficulty in finding piloting sites: the PSC discussed this at their meeting yesterday and agreed that bringing this to GP research networks might be a good way forward. The Dean agreed that this could also be raised at the FPM/RCGP meeting in July.

6.3 RAPM update

Dr De Gray reported that the last RAPM meeting was held in March with 14 attendees. On call commitment and impact on training and APT fill rates were discussed as well as the reluctance of trainees to submit their case report, although this has now been reduced to one. As there was not an APT meeting at the BPSASM, this will now be held in London after the October FPMTAC meeting. Dr De Gray queried whether FFPMRCA could be announced at the end of the Bulletin as the FRCA are; Board agreed this would be a good idea as the Bulletin has a wider reader base than Transmitter.

ACTION: Miss Ripley to discuss with RCoA Communications Department adding FFPMRCA to the end of the Bulletin

6.4 Undergraduate training

The Dean informed the Board that EPM Lite has run four times in Bristol and is due to start in Peninsula Medical school soon; a few minor changes to format have been made to reflect the feedback but on the whole feedback has been very positive. Oxford, Grampian and Dundee have also expressed an interest in running the course. The Faculty will go back to the GMC with feedback from the courses once it has been run a few more times.

6.5 Peri-operative Pain Medicine

Dr Rockett reported that he is still the FPM representative on the working party and will continue to push for Chronic Pain to be high on the agenda. There are going to be guidelines and leaflets produced, so he will make sure Pain Medicine is included in these.

6.6 e-Pain

Ms Chand reported that there are five outstanding sessions left to write; authors have been found for two of them and the last three authors are currently being sought. The Board were informed that the newly appointed clinical lead has had to step down; therefore Doug Justins will continue to be the clinical lead until all of the modules are complete. If the project seeks further funding in the future then a new clinical lead will be advertised for.

6.7 Essential Pain Management

The Dean reported that the course has been successfully run in a number of African countries and that contacts in other countries are also being investigated. There are no courses being run in Western Africa at the moment until the Ebola threat has been removed.

6.9 Neuromodulation database update

Dr Baranidharan informed the Board that the first meeting was held in March and that

there are currently four sites testing the database: a few suggested changes have been highlighted. Dr Baranidharan reported that there is an issue with how the costs of running the database will be covered so he is currently investigating potential funding options. There is a stakeholder meeting being planned for September in order to show case what data will have been collected and the potentials of the database.

6.10 Update Wales, Scotland and N. Ireland

Wales: Dr Lewis reported that there are two pain training days organised for North and South Wales, both of which should be well attended. D Lewis further reported that there is going to be a NSAG Pain Subgroup meeting next week.

Scotland: Dr Gilbert reported that there are negotiations currently occurring with Edinburgh University to re-write their curriculum to include Pain Medicine.

Northern Ireland: The Board discussed whether a N.Ireland representative should be co-opted onto the Board; it was agreed that as there is a N.Ireland RAPM, if any matters need to be brought to the Board, then the RAPM can feedback in this way.

BFPM/5.15/7 ANY OTHER BUSINESS

- Dr Nicolaou raised a local concern regarding APT having to do day time Anaesthetics duties and that the Head of the London School of Anaesthesia has stated that 3 days in 6 months is acceptable. Dr Miller and Dr De Gray notified that Board that they had been in contact with the Head of School regarding this matter and that 3 days has been agreed to minimise the number of duties being asked of APT. The Board agreed that they would review this matter in March 2016 and in the meantime Dr De Gray will ask RAPMs to collate data on how many sessions APT are carrying out.

BFPM/5.15/8 MATTERS 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/5.15/9 DATES OF FUTURE BOARD MEETINGS

Friday 18th September 2015

Friday 11th December 2015

Friday 4th March 2016

Friday 13th May 2016

ACTION POINTS

Item		Action	
3.2	Buddying Programme	Dr McCartney	To produce a paper on buddying system for September Board.
3.	Right Patient, Right Professionals, Right time	FPM Admin	To draft a communications strategy
4.4	DCC PAs	FPM admin	To talk to CQ Director relating to FPM setting minimum PA DCCs.
5.2	Engagement with other specialties	Dr Miller	To produce a paper on integrating other specialties into the Faculty
6.3	RAPM update	FPM admin	To discuss with RCoA Communications Department adding FFPMRCA to the end of the Bulletin