



FACULTY OF PAIN MEDICINE

of the Royal College of Anaesthetists

Minutes of the Board meeting held on Thursday 18th September 2014

Members:

Dr K Grady	(Dean)
Dr M B Taylor	(Vice-Dean)
Dr T Davies	(Deputy Chair FPMPS)
Dr J Goddard	
Dr J Hughes	
Dr A Nicolaou	
Dr K Simpson	
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 D Harrington	(Co-optee: SAS Representative)
Mr D Hepworth	(Co-optee: Lay Committee Representative)
Dr B Miller	(Co-optee: Chair, Training and Assessment Committee)
Dr L Miller	(Co-optee: Incoming Trainee Representative)

In attendance:

Mr D Waeland	(Head of Faculties)
Miss A Ripley	(Faculties Coordinator)
Miss D Evans	(Faculties Administrator)
Miss S Hall	(Faculties Administrator)

Apologies:

Dr D Nolan	(RCoA Vice President)
Dr S Ward	
Dr M Rockett	(Co-optee: Acute Pain Medicine Representative)
Dr B Smith	(Co-optee: Lead Clinician for Chronic Pain, Scotland)
Professor D Rowbotham	(Immediate Past Dean)
Dr B Collett	
Ms S Drake	(Education and research Director)
Mr J Goodwin	(Faculties Supervisor)

BFPM/09.14/1 WELCOME AND APOLOGIES

Dr Grady welcomed Dr Davies to the meeting: Dr Davies is standing in for Dr Collett to give the Professional Standards Update. Dr Grady also welcomed Susan Hall, the new Faculties Administrator.

BFPM/09.14/2 MINUTES OF THE LAST MEETING

The minutes of the last meeting held on 8 May 2014 were agreed as a true record of events.

BFPM/09.14/3 MATTERS ARISING

3.1 Membership

3.1.1 Voluntary Register

The Board considered whether a Voluntary Register should be created for the Faculty: this would allow some affiliation to the Faculty for those who are ineligible for any other membership route. The Board agreed that it would be beneficial to have a line of communication to such people; it was therefore agreed that a Voluntary Register would be introduced to replace the Associate Membership route suspended earlier in the year.

ACTION: FPM Admin to change FPM regulations to include Voluntary Register

3.1.2 Associate Fellowship for those who do not pass exam

The Board discussed whether Associate Fellowship should be opened up to those who do not pass the FPPMRCA exam. The Board discussed that it was important to have a line of communication to Pain Medicine doctors who have not passed the exam and that the regulations could potentially be changed so that the Board could consider applications on an individual basis. The Board agreed to monitor this issue.

3.2.1 FPM Work Streams

Dr Grady informed the Board that she had slightly altered the document since it was last presented; the Board agreed the work streams.

3.2.2 Year by Year Planner

Mr Waeland informed the Board that the FPM finances were transparent and that the subsidy from the RCoA had increased slightly due to more projects being taken on by the Faculty.

BFPM/09.14/4 DEAN'S STATEMENT

4.1 Vice Dean Term Regulation Change

Dr Grady reported that the regulation change was agreed by RCoA Council; the Vice Dean can now be in position for three years.

4.2 Shape of Training RCoA AoMRC submission

The Board discussed the suggestion that all specialist area training will become post-CCT training; pre CCT training for anaesthetists will be only three years and be more generalist. The Board expressed concerns about Pain Medicine training becoming post CCT and Dr Grady has reported this to the RCoA President. Dr Grady informed the Board that there is no timeframe for this change; however the Board agreed that it needed to plan for the future in case this does happen, as funding for Pain Training may be an issue.

4.3 Meeting with *British Medical Journal (BMJ)* team 18 June

The Dean reported that she met with the BMJ to discuss generating wider publicity for Pain Medicine. The *BMJ* agreed to include an analysis article and some educational material: Dr Grady has drafted the analysis article and is waiting for direction from the *BMJ* relating to the educational article.

4.4 Meeting with NICE 23 June

The Dean reported that there had been a meeting with NICE regarding a future quality standard for Pain Medicine. NICE reported that this was still on the agenda

and will start in the near future.

4.5 Meeting with RCGP 16 July

Dr Grady reported that there was a meeting with the RCGP where it was confirmed that Dr Martin Johnson will continue as the Lead for Pain Medicine.

4.6 Meeting with GMC 2 September

The Dean informed the Board that a meeting was held with the GMC regarding undergraduate training in Pain Medicine. Each Medical School creates its own curriculum, but the GMC does have some influence. Dr Mike O'Connor is liaising with the Bristol Medical School to get a half day module included in their training; this is being piloted on 24 September for 66 Bristol Medical Students and the GMC have asked to be informed of the outcome. The Dean reported that some spiral learning will need to be considered as there will be a large gap between undergraduate training and CCT Pain Medicine training.

4.7 Patrick Wall 2015

The Board agreed that Andrew Rice should be nominated for the Patrick Wall award,

ACTION: FPM admin to take Patrick Wall nomination to the RCoA Nominations Committee.

4.8 Fellowship by Election 2015

The Board were asked to consider nominations for Fellowship by Election.

ACTION: All Board members to consider Fellowship by Election and email suggestions to Dr Grady.

4.9 Faculty Commendation Certificate

The Board agreed that the FPM should have a Commendation Certificate; these will be awarded for high level of commitment and dedication to the Faculty.

4.10 Visitors to FPM Board Meeting

The Dean reported that Dr Sharmila Khot and Dr Rhian Lewis had been invited to the December Board meeting to talk about Pain Training in Wales.

4.11 Change of Board meeting date

The Board agreed to change the day of future meetings to Friday instead of Thursdays. The December 2014 meeting will stay the same but the February 2015 meeting will be rearranged; this will also affect the FPMPS meetings normally held on the Friday after the Board meetings.

ACTION: FPM admin to rearrange 2015 Board and PSC meetings

4.12 Dean and Vice Dean nominations

The Dean reported that there had been no other nominations for Dean or Vice Dean so Dr Grady and Dr Taylor will continue as Dean and Vice Dean respectively.

4.13 Global Update on Pain – endorsement

The Board agreed that although the meeting is well reviewed, the Faculty is unable to endorse the event as there is no FPM input into the programme, however the FPM will be happy to help advertise the event on the FPM website.

4.14 ISAP Council

Dr Grady reported that Dr Andrew Rice is going to the ISAP Council in October in

Argentina; the Board should email Dr Grady if they would like Dr Rice to raise any issues at the Council meeting.

4.15 CEACCP Editorial Board

The Dean reported that an advert has been put out for a Pain Medicine editor for the CEACCP journal. Dr Shyam Balasubramanian is on the editorial board already but a second editor is required. The Board agreed on three potential applicants who will be asked to apply.

ACTION: FPM admin to contact applicants encouraging them to apply for the Editorial Board.

BFPM/09.14/5 FPM PROFESSIONAL STANDARDS COMMITTEE

5.1 FPMPSC Minutes

Dr Davies presented the minutes of the last meeting.

- The Pathfinder project is currently on hold due to restructuring within NHS England.
- Dr Taylor is liaising with the CRPS guideline group as they are currently updating the guidelines. Dr Taylor reported that the process is a good one with evidence being reviewed; all evidence documents which have been released since the guidelines were published are being reviewed and incorporated where appropriate. The Pain Medicine section will not be reviewed for a couple of years.
- Dr Davies reported that work is well underway on the Consultation Guidance; the Board agreed that he could approach experts to help provide further information within the appendices as long as they are not writing the actual standards.
- There was an Opioids Guidelines stakeholder meeting last month; this is a PHE product with Cathy Stannard and Roger Knaggs co-leading the project. The final chapter drafts are due in December; there will then be a stakeholder consultation with a publication date of February 2015.

5.2 Core Standards for Pain Management

Miss Ripley reported that all of the author invites have gone out and some outlines have started to come back in. There have been a couple of tweaks to the outline but things are now progressing. The deadline for final drafts is 20th October.

5.3 Discussion with RCoA PSC re ACSA

Dr Grady reported that the Chronic Pain chapter of GPAS is being removed due to the FPM Core Standards document being created; however the acute pain chapter will remain.

5.4 Pain in Secure Environments

Miss Ripley informed the Board that a pilot course will be run in February 2015 with the aim of the first full course being held on May 2015. There has been a delay in producing the course content; once this has been completed the pre- and post-reading material can be written. The pilot will be run first in order for any changes to be made and for the 'product' to be polished before the first training day in May 2015. The Board also discussed that some succession planning will be required.

BFPM/09.14/6 FPM TRAINING AND ASSESSMENT COMMITTEE

6.1 FPMTAC Minutes

- Dr Miller reported that there had not been a FPMTAC meeting over the summer.
- The case report examples are now on the website along with the case marking sheets.
- The hospital review form has been slimmed down
- Dr Okell responded to the Foundation Programme consultation, this has now been submitted to the GMC along with the RCoA response.

6.2 FPMRCA examination report

Dr Simpson reported the MCQ had a 80% pass rate and that the MCQ standard setting meeting was held a week previously. Dr Simpson informed the Board that Dr Davies has taken over from Dr Cashman as the lead exam writer.

6.2.1 Lay Committee auditing

Dr Simpson informed the Board that members of the Lay Committee are going to start auditing the examiners in order to feedback on their performance. Mr Hepworth reported that he observed the last exam and was very impressed with the 'professional warmth' that the examiners exhibited. The Board were supportive of this idea.

6.3 Workforce

Mr Waeland reported that there would be a Q&A article on workforce in the next *Transmitter* and that the RAPM report results should provide a lot of useful workforce data.

6.4 Trainee Update

Dr Lucy Miller informed the Board that the trainee survey has now been returned and the data is currently being analysed. The London Pain Trainee Study days are now being advertised on the FPM website. The issue of anaesthetics on call duties has been raised again; however it has been fed back that the information on the website has helped the situation.

BFPM/09.14/7

FPM BOARD BUSINESS AND UPDATES

7.1 Acute Pain

Dr Grady reported on behalf of Dr Rockett that work is underway on the acute chapter of the Core Standards document, aided by Jane Quinlan and Briggita Brander. The acute pain survey is underway, a final reminder will be sent out soon, then the results will be analysed, however there has been a limited response so far. Dr Rockett has written an acute pain article for *Transmitter*. Dr Rockett is also working on the Acute Pain Scientific Evidence 4th edition: he is reviewing multiple chapters and has completed a chapter on transition from acute to chronic pain.

7.2 Pain Summit: Complex Pain

Dr Nicolaou reported that this project is at the advanced stages and will be ready to present to the Health Select Committee on 25th November; the FPM will have delivered on their allocated Pain Summit work stream. A pilot will hopefully be run before November so this data can also be presented. All four summit stakeholders will be sent the document seeking formal endorsement. The Board were supportive of the document.

7.3 RAPM update

Dr De Gray reported that the next RAPM meeting will be held on 13 November. The RAPM Bi-annual report went out in July; 15 out of 21 have been sent back so far, outstanding regions are being chased. The Hospital review forms are being rolled out to all regions, the data collated should be very useful. Dr De Gray further reported

that the RCoA have created a short term committee to produce a guidance document to assist Regional Advisors in their role of approving Consultant posts; this will include an official letter being sent out by the RCoA to the Trusts to indicate whether a job has been approved. Dr De Gray will be assisting the Committee with the Pain Medicine aspects. The Board agreed that Acute Pain posts should have Higher training as an 'essential' criterion. The Board also agreed Dr De Gray should ask for a minimum of 3 pain sessions a week to be included in the guidance. The Board should email Dr De Gray with their 'essential' and 'desirable' criteria so that she can collate and submit for inclusion in the guidance document, she will send round the Board for approval before she submits it to the Committee.

ACTION: All Board to send 'essential' and 'desirable' consultant post criteria to Dr De Gray.

7.4 National Pain Audit

The Board were informed that Cathy Price is in discussion with HSRC; Dr Price is hoping to collate a snap-shot of in-patient activity

7.5 Peri-operative Pain Medicine

The Board were informed that Dr Okell is also representing the FPM on this project on the Training and Education group and that Dr Rockett is now sitting on the Standards and Service Design Group. Dr Rockett produced a written report stating that his group recognises that acute and chronic pain is a risk that patients care about but it is difficult to keep this on the agenda when risk in terms of mortality seems to be of the highest concern to the rest of the group.

7.6 Evidence base

The Board were informed that the Evidence base is now on the website; there needs to be someone to keep it up to date. The Board discussed that some of the new examiners might be willing to take this role on.

ACTION: FPM admin to approach Graham Simpson and Richard Sawyer to see if they would be willing to maintain the database.

7.7 e-Pain

Miss Evans reported that the cancer pain module is now live. Miss Evans further reported that some money was received to help advertise the e-Pain resource; this has been used to advertise in event delegate packs for the RCN, the RCP and the Chartered Society of Physiotherapists.

7.8 Essential Pain Management

Dr Grady informed the Board that this project is progressing well and there have now been two courses successfully run in Uganda and a course will be run soon in Malawi and Ethiopia.

7.9 Neuromodulation database

Mr Waeland reported that the database is nearly ready to launch and that himself and Dr Ward are going to be the FPM representatives on the overseeing Board.

7.10 Commissioning

The Board were informed that all CRG activity is on hold whilst a financial review of the health service is undertaken. The pathfinder project will go through to ratification but is delayed at the moment along with other similar projects.

BFPM/09.14/8 ANY OTHER BUSINESS

There was no other business.

BFPM/09.14/09 MATTERS FOR INFORMATION

9.1 Terms of office of Regional Advisors in Pain Medicine

9.2 Table of consultations

9.3 List of Publications and Releases

BFPM/09.14/10 DATES OF FUTURE BOARD MEETINGS

Thursday 11 December 2014

February 2015 - *TBC*

ACTION POINTS

Item		Action	
3.1	Voluntary Register	FPM Admin	Change FPM regulations to include Voluntary Register
4.7	Patrick Wall 2015	FPM Admin	Take Patrick Wall nomination to the RCoA Nominations Committee.
4.8	Fellowship by Election	All Board	Consider Fellowship by Election and email suggestions to Dr Grady.
4.11	Change of meeting dates	FPM Admin	Rearrange 2015 Board and PSC meetings
4.15	CEACCP Editorial Board	FPM Admin	Contact applicants encouraging them to apply for the editorial board
7.3	RAPM Update	All Board	Send 'essential' and 'desirable' consultant post criteria to Dr De Gray.
7.6	Evidence base	FPM admin	Approach Graham Simpson and Richard Sawyer to see if they would be willing to maintain the database