

# Minutes of the Board meeting held on Friday 25th September 2015

Members:

Dr K Grady (Dean)

Dr G Baranidharan Dr J Goddard Dr J Hughes Dr C McCartney Dr J McGhie 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) – via teleconference

Dr R Lewis (Co-optee: RCoA/NSAG Pain Subgroup)

Dr L Miller (Co-optee: Incoming Trainee Representative)- via teleconference

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

In attendance:

Mr R Ampofo (Training and Examinations Director)

Mr T Grinyer (RCoA Chief Executive)
Mrs L Owen (Faculties Coordinator)
Ms A Ripley (Faculties Supervisor)
Mr D Waeland (Head of Faculties)

**Apologies:** 

Dr M B Taylor (Vice-Dean)

Dr B Collett

Dr W Campbell (Co-optee: President, British Pain Society)

Dr D Harrington (*Co-optee:* SAS Representative)

# BFPM/9.15/1 WELCOME AND APOLOGIES

The Dean welcomed Laura Owen as a new Faculties Co-ordinator and apologies were noted as above.

#### BFPM/9.15/2 MINUTES OF THE LAST MEETING and MATTERS ARISING

**2.1** The minutes of the last meeting held on 15 May 2015 were agreed as a true record of events.

#### 2.2 FPM financial summary

The Board received the current FPM financial summary, including the 2016 budget.

### 2.3 Communications plan

The Dean introduced Communications as a new focus area for the Faculty. The aims were to formalise a communications strategy via the Communications Executive and Terms of Reference had been circulated regarding this. A meeting to generate further ideas was scheduled to follow the Board meeting. It was agreed to add this as a regular agenda item.

# 2.4 Buddying system

Dr McCartney reported that this work was still ongoing and a draft paper would be circulated by mid-October with a final version ready for the December Board meeting. Mr Ampofo suggested that HEE may have useful resources such as their mentoring and coaching service. The Dean suggested looking into whether any funding might be available for such a project

# ACTION: Dr McCartney to investigate HEE funding and circulate draft paper by mid-October.

# 2.5 Right Patient, Right Professional, Right Time

The Dean reiterated that although it will complement Core Standards, this is a separate document standing in isolation. The Board agreed that as the document is aimed at patients/lay people, the style should be adjusted accordingly: Dr Rockett suggested the title should explicitly say who the target audience is and Dr Burgess felt that the message needed to be more concise. The Dean indicated that work would continue on the content and presentation of the document, Dr McGhie volunteered to re structure the document with a lay audience in mind.

ACTION: Dr McGhie to re structure the document.

# BFPM/9.15/3 DEAN'S STATEMENT

# 3.1 Upcoming Vice-Dean election

The Dean updated that Dr Taylor will be demitting after three years as Vice-Dean and self-nominations should be submitted over the next month.

ACTION: FPM Admin to email out Vice-Dean self-nomination forms by 2<sup>nd</sup> October.

# 3.2 Faculty commendation, gold medals and fellowship by election

The Dean thanked the Board for their suggestions and proposed three individuals for Faculty commendation: Dr Beverly Collett and Dr Anna Weiss for their work on the Core Standards Document and Dr Karen Simpson for her work as Chair of Examinations. The commendations will be awarded at the 8<sup>th</sup> Annual Meeting in November, as will the 2015 Patrick Wall award to be received by Professor Andrew Rice. The 2016 Patrick Wall award will go to Professor D. Bennett.

# ACTION: FPM admin to notify commendees prior to annual meeting

#### 3.3 BMA medical book of the year

The Dean reported that the BMA Medical book of the year had been awarded to Dr Karen Simpson, Dr Manohar Sharma, Dr Michael Bennett and Dr Sanjeeva Gupta for 'Practical Management of Complex Cancer Pain' and acknowledged this as a huge achievement for the authors.

# 3.4 Shape of Training response

Mr Ampofo updated the Board on the progress of the Shape of Training consultation to date and explained that the RCoA response would include Pain Medicine. The Dean advised that a recommendation for all trainees to have management structure training is likely to be issued and this is already included in the 2014 pain curriculum. Mr Ampofo reported that the proposals have not been costed or financed yet will be added to the Shape response going to the AoMRC.

#### 3.5 Update from the Pain Consortium

The Dean reported that the meeting of 10<sup>th</sup> September had two main focus areas; the upcoming meeting at Parliament on 18<sup>th</sup> November and Pain Messages which were discussed under the respective agenda items: 3.8 and 3.9.

# 3.6 Dr Tony Davies' Radio 4 Interview

The Dean highlighted that Dr Davies had made an excellent Women's-hour broadcast on Radio 4 which was very well received. Dr Baranidharan reported that he had recently been interviewed for a BBC programme.

# 3.7 Outcome of meeting with RCGP

The Dean advised that a meeting with Maureen Baker, RCGP Chair of Council; Professor Mathers, Honorary Secretary; and Dr David Painton, RCGP Clinical Lead for Commissioning, had taken place on 16<sup>th</sup> July. The Dean felt that the meeting had gone very well and the RCGP were keen to work closely with the FPM. It was relayed that the RCGP had reservations about some points in the Core Standards document which had now been revised to their satisfaction.

# 3.8 Meeting at House of Lords 18<sup>th</sup> November 2015

The Dean explained that the aim of this meeting is to highlight the current state of Pain Medicine; the 'Core Standards' document and 'Opioid Aware' will be presented.

#### 3.9 Pain Messages

The Dean informed that the ten Pain Messages had now been created through the Pain Consortium including patient input. The messages will be circulated to all Fellows and Members along with a letter suggesting how they could use/promote them.

#### 3.10 European pain exam starting 2016

The Dean reported that there was a two part EFIC exam starting in 2016 but this is not directly in competition with the FFPMRCA.

#### BFPM/9.15/4 FPM PROFESSIONAL STANDARDS COMMITTEE

#### 4.1 FPMPSC reports

The Board had received Dr Collett's two reports, one from the FPM PSC and one from the RCoA PSC. The RCoA has some upcoming commissioning work which the FPM will offer to assist on. The Dean reinforced that FPM should have representation on the NICE scoping workshop on Improving supportive and palliative care in adults, being held on 2<sup>nd</sup> December. With no volunteer to date, the details would be emailed to Board members.

ACTION: FPM admin to circulate details of NICE palliative care consultation to Board members.

# 4.2 Core Standards for Pain Management

Miss Ripley reported that the public consultation had now closed. There was detailed discussion regarding the content of particular chapters and various changes were agreed. Miss Ripley explained that there were still proof reading and formatting changes to complete and potential endorsement from organisations to chase up but that the aim was to publish the document at the end of October, which was approved by the Board. The Board discussed methods of dissemination of the document. It was agreed that relevant cover letters could go to different organisations/stakeholders, clearly linking their remits to the document.

ACTION: Dr Hughes to review commissioning England chapter by 9<sup>th</sup> October.

ACTION: Dr Goddard to review references in paediatric chapter by 9<sup>th</sup> October.

ACTION: FPM admin to update document with changes agreed.

#### 4.3 Pain in Secure Environments

Mrs Owen informed the Board that the second event in September had received excellent feedback and four events were being planned for the first half of 2016, two of which would be regional events. There had been a good response from Fellows interested in teaching/facilitating on the course. Miss Ripley reported that the delegates had been made up from a variety of job backgrounds but there had been no prison governors attending. The Dean proposed having one of the future courses aimed specifically at prison governors.

#### 4.4 Core standards & CQC

Mr Waeland updated the Board on the success in getting GPICS standards accepted by CCGs so they can be reflected in national documents and could therefore be policed. GPICS was also incorporated into the CQC standards. It was proposed that once 'Core Standards' is published, the same approach could be used to try and incorporate the standards into the CQC documentation. 'Core Standards' will also be sent out to commissioners.

#### 4.5 RCN KSF, nursing team pain skills framework.

Miss Ripley introduced the skills framework to the Board along with the recommendation from the PSC that the FPM should not endorse the already published document in its present form. FPM had not been involved in production of the document but it was agreed that endorsement of a second version would be considered following involvement in a re-write.

ACTION: FPM admin to ask Dr Collett/Dr Davies to feedback to RCN and ask to be involved in second edition.

# BFPM/9.15/5 FPM TRAINING AND ASSESSMENT COMMITTEE

#### 5.1 FPMTAC Minutes

- Dr Barry Miller reported that a letter would go out to Clinical Directors, RAPMS and LPMESs regarding recruitment for advanced pain medicine training posts.
- 70% of exam candidates had passed first time.
- There had been a decrease in applications for advanced pain posts which may be due to having to take the examination and insecurity about career futures.
- Some AACs had been cancelled due to lack of panel members with an interest in pain. The RAPMs will be asked to recommend LPMESs for approval for AAC work.
- TAC is involved with the RCoA WBA review work, which is in its early stages.

# 5.2 Trainee Update

Dr Lucy Miller updated that there were currently 16 trainees confirmed to attend the teaching day on 9<sup>th</sup> October. Dr Lucy Miller added that trainees would appreciate having pain posts and courses listed on the website, as discussed in item 5.1.

# 5.3 Board to approve response on credentialing

Dr Barry Miller reported that the GMC's credentialing consultation raised various issues that need addressing.

5.4 Discussion document on admitting non-anaesthetic doctors to the Faculty
Dr Barry Miller reported that the FPM had been approached regarding membership
by various non-anaesthetists working in pain management and he had produced a
discussion document regarding this.

#### BFPM/9.15/6 BOARD BUSINESS AND UPDATES

#### 6.1 Acute Pain

Dr Rockett, chair of the first working party meeting on June 27<sup>th</sup>, reported that its aims were to support acute pain doctors, improve training, increase trainee numbers and involve acute pain doctors in the Faculty. The previous census of acute pain services over the country only had a 30% response rate so it was being attempted to get a more complete data set. Possible outputs may include:

- A trainee survey surrounding the issue of trainees being relatively undertrained in acute pain compared to chronic pain.
- Acute pain patient information leaflets.
- A report outlining proposed changes to training for acute pain, possibly changing higher training requirements from sessions to length of time.
- An acute pain study day is being held at the RCoA on 8<sup>th</sup> February 2016.
- An article on new directions for pain management.
- An acute pain webpage.
- Guidance documents on skills and competencies.

Dr Rockett updated that the James Lind Alliance Priority Setting Partnership decided that preventing chronic pain after surgery was the number one question for anaesthesia. The NHR have been provided with a list of questions which will be taken to the NIAA in November.

Dr Rockett informed that the GPAS pre-operative section now includes pain assessment but there is a problem with the post-operative section, which stops at leaving the recovery room, excluding work outside theatres. This has been referred back to GPAS for consideration.

#### 6.2 ASK2QUESTIONS

Dr Nicolaou updated that various pilots are currently being undertaken and initiated including one through a Merseyside MCAS service. It was acknowledged that pilot data would give more leverage for promotion of the tool.

# 6.3 RAPM update

Dr De Gray reported that Dr Victor Mendes had been voted as RAPM chair elect and will shadow the position in 2016 and take over in 2017. The hospital review forms are still being collated. The CCG survey has 65 replies after being sent out twice. Only one of these mentioned decommissioning services. It will be sent out a third time, following which the data will be published.

# 6.4 Undergraduate training

The Dean reported that the GMC was impressed that EPM Lite was only half a day in duration. The Bristol pilot has been running for a year now with four courses. Oxford is now up and running and courses will be starting in Aberdeen soon. Other places which are planning to run EPM Lite are Edinburgh, St Andrews, Cardiff, Plymouth, Exeter, Nottingham, Dundee and Sheffield. This comprises 12 out of 30 undergraduate medical schools in the UK. The Dean mentioned that it would be desirable to have as many medical school involved as possible. Dr Baranidharan offered to try and facilitate this in Leeds and Dr de Gray offered for East Anglia.

# ACTION: Dr Baranidharan and Dr de Gray to investigate introducing EPM-lite in their geographical areas

#### 6.5 Peri-operative Pain Medicine

Dr Rockett reported that the tasking group has now finished. As a result of the group, Pain now has a box in the main peri-operative medicine leaflet. The Dean enquired how interested the Peri-operative medicine group were in preventing acute pain becoming chronic pain, which relates to agenda item 6.5a.

# 6.5.a. Peri-operative quality improvement programme

Following on from the PQIP meeting on 9<sup>th</sup> September, Dr McGhie asked the Board to consider what the best tool would be to measure pain peri-operatively. ASK2QUESTIONS was suggested as an option but the Board can feedback further ideas ahead of the next PQIP meeting on 10<sup>th</sup> December. Dr McGhie informed that a collective layperson's committee from various Royal Colleges was being set up and Dr Burgess volunteered to attend as FPM representation.

ACTION: Board to feedback comments and ideas to Dr McGhie

ACTION: Dr McGhie to forward collective layperson committee details to Mr

Burgess.

# 6.6 e-Pain

Mrs Owen reported that the chronic MSK pain and pain in sports injuries sessions will be dropped. There will be two chronic low back pain sessions and one session on chronic neck pain, which will complete the 'Spinal Pain' module. An e-PAIN USB will be developed in 2016. Promotional leaflets will be circulated at Physiotherapy UK and at the RCGP Annual Primary Care conference in October. Douglas Justins has written an article for the RCGP's October 'Clinical News'.

#### 6.7 Essential Pain Management

The Dean reported that so far courses have been run in a number of African countries. Two Faculty members are going to Russia soon to progress running courses there. A course is still being planned in Zambia although progress is slow. Swaziland is being targeted for a course. Mercy Ships are going to take the course in Spring 2016. A call for African contacts had gone out to all Fellows but most responses had been with Indian contacts.

#### 6.8 **EPM** – lite

Discussed under item 6.4

#### 6.9 Commissioning

Dr Hughes reported that NHS England have accepted two policies, one of which was on delivering cancer pain care.

#### 6.10 Neuromodulation database update

Dr Baranidharan reported that he had received a large amount of data from the pilot phase which began in November 2014. This will be presented to the industry on 16<sup>th</sup> October. Ongoing funding required to run the database is likely to be £50-70 per implant.

# 6.11 Update Wales, Scotland, Northern Ireland

**Wales:** Dr Lewis reported continuing staffing problems which are currently being looked at.

**Scotland:** Dr McGhie reported there was nil of note.

**Northern Ireland:** The Dean reported that there would be the first pain summit on 18<sup>th</sup> November, being led by FPM fellow, Pamela Bell.

#### BFPM/9.15/7 ANY OTHER BUSINESS

The Dean reported that Richard Howard's RCPCH educational pain project is now complete.

#### BFPM/9.15/8 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/9.15/9 DATES OF FUTURE BOARD MEETINGS

Friday 11<sup>th</sup> December 2015 Friday 4<sup>th</sup> March 2016 (11.00am start) Friday 13<sup>th</sup> May 2016