



FACULTY OF PAIN MEDICINE

of the Royal College of Anaesthetists

Minutes of the Board meeting held on Friday 13th May 2016

Members:

Dr K Grady	(Dean)
Dr B Miller	(Vice-Dean)
Dr G Baranidharan	
Dr B Collett OBE	
Dr J Goddard	
Dr J Hughes	
Dr C McCartney	
Dr J McGhie	
Dr A Nicolaou	
Dr M B Taylor	
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 R Lewis	(Co-optee: Chair, RCoA/NSAG Pain Subgroup)
Dr M Rockett	(Co-optee: Acute Pain Medicine Representative)

Corresponding members:

Dr P Bell	(Co-optee: Chair, Pain Alliance of Northern Ireland)
Prof. B Smith	(Co-optee: Representative for Chronic Pain Scotland)

In attendance:

Dr T Davies	(PSC Member)
Dr P Wilkinson	(PSC Member)
Miss J Chand	(Faculties Administrator)
Mr T Grinyer	(RCoA Chief Executive)
Mrs L Owen	(Faculties Coordinator)
Ms A Ripley	(Faculties Supervisor)
Mr D Waeland	(Head of Faculties)

Apologies:

Dr A Baranowski	(Co-optee: President, British Pain Society)
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BFPM/5.16/1 WELCOME AND APOLOGIES

Apologies were noted as above. Dr Davies and Dr Wilkinson were welcomed to the Board meeting which they were attending as PSC representatives ahead of the strategy setting meeting that afternoon.

BFPM/5.16/2 MINUTES OF THE LAST MEETING and MATTERS ARISING

2.1 The minutes of the last meeting held on 4 March 2016 were reviewed and agreed subject to a minor amendment.

2.2 Cordotomies

The Board had received cordotomy information and data in a letter from Dr Manohar Sharma. Dr Hughes reported that the CRGs are currently in a state of flux but that Cordotomies are included in their upcoming work plan and they may develop either a new policy or service specification. NHS England were aware that it is an issue and it is high on their priority list. Dr Hughes will push for a future working group to prevent loss of service. Dr Miller offered to edit Dr Sharma's letter which would be sent to the CRG via Dr Hughes.

ACTION: Dr Miller to edit cordotomy letter and submit to CRG via Dr Hughes.

2.3 Audits

Dr Collett and Dr McGhie had had initial discussions regarding a joint PSC/TAC audit facility to look at questions and topics for a once yearly FPM audit; this needs further discussion regarding logistics and from a business perspective. Consultation length was raised as a priority topic for audit that should be regularly on the Board agenda. Dr Wilkinson and Dr Davies had collected data on consultation length which needs to be analysed and it was suggested that the Faculty could provide guidance or recommendations following this. It was agreed that a larger data set would be useful and that whether consultation time is dictated by local management constraints should be taken in to consideration. It was suggested that Fellows could be encouraged to provide data over one particular week and this could be widely encouraged and advertised including in *Transmitter*.

BFPM/5.16/3 DEAN'S STATEMENT

3.1 Election

The Dean reported that she would be standing down at the September Board meeting and which point Dr Miller would become Dean.

3.2 William Farr Medal

There had been no nominations received for the medal.

3.3 Corresponding Membership Board Changes

The Board was informed that Dr Pamela Bell, Chair of the Pain Alliance of Northern Ireland, had been added as a co-opted corresponding Board Member. Dr Rhian Lewis and Professor Blair Smith representing Wales and Scotland respectively, are now corresponding Board Members and so would not be expected to attend all meetings.

3.4 RCoA Diplomates Day

The Dean reported that she had attended the RCoA Diplomates Day at Westminster Hall which was a great day. Nine people had been awarded FPM Fellowship and two FPM Fellows received examination prize certificates. Mr Grinyer thanked Dr Baranidharan for stepping in to present the examination certificates.

3.5 Luer lock connections

The Dean highlighted that this issue needed to go on to the PSC agenda. There was a new narrower system which is not cross compatible with the old system; the new system had not been clinically tested yet and there was concern over potential risks especially with epidurals. The Board agreed that Dr Miller should take over as lead on the Luer lock work stream from Francis Luscombe, the previous Faculty representative.

ACTION: FPM admin to contact Dr Luscombe regarding Dr Miller taking over Faculty representation with Luer Lock systems.

3.6 Patrick Wall Medal 2017

The Board was informed that Professor Allan Basbaum had accepted an informal invitation to present the Patrick Wall lecture at the 10th Annual Meeting in 2017, his nomination for the Patrick Wall medal will now be submitted to the RCoA Nominations Committee for consideration.

ACTION: FPM admin to arrange submission for Professor Allan Basbaum to receive the 2017 Patrick Wall Medal to RCoA Noms Committee.

BFPM/5.16/4 FPM PROFESSIONAL STANDARDS COMMITTEE

4.1 FPMPSC report

Dr Collett reported on the PSC meeting that had taken place on 12 May.

- Following previous Faculty reservations with the BPS/FPM consensus statement on corticosteroids, Dr Davies had contacted Professor Roger Knaggs for advice on preservative free Dexamethasone preparations and feedback on the current draft statement. Professor Knaggs had informed that all Dexamethasone preparations contained preservatives and the issue was whether the preservatives were neurotoxic or not. Preparations with non-neurotoxic preservatives were available on national purchasing contracts and should be used for best practice. PSC had agreed that information on which preservatives were to be avoided should be included in the statement. Potential national shortages of products should be taken into account. The Committee further agreed that the consensus statement's role should be to provide information rather than making strong recommendations. Dr Davies would report the Faculty's position back to the BPS and would forward further drafts to PSC and the Board. The Dean planned to liaise with Dr Neil Collighan to further emphasise the Faculty's concerns.

ACTION: The Dean to liaise with Dr Neil Collighan regarding the BPS/FPM consensus statement on corticosteroids

- The Board was updated that the review of the CRPS amputation chapter was near completion. Dr Mark Taylor and Dr Wilkinson would continue to represent the Faculty which should hopefully result in FPM endorsement of the reviewed guidelines.
- Dr Wilkinson and Dr Nicolaou had offered to pilot the Arthritis UK Musculoskeletal questionnaire in their pain clinics and were awaiting further instruction. The questionnaire was already being piloted in several clinics of non-pain medicine disciplines.
- Following attendance at the RCoA PSC meeting in April, Dr Wilkinson had raised the issue of driving on opioids and sleepiness. The current guidance puts the onus of responsibility on patients and this was discussed, including whether sleepy patients have the capacity to make a judgement on their ability to drive safely. This was not covered in any depth in the Faculty's 'Opioids Aware' resource. The usefulness of a tool to measure sleepiness was discussed. The Board was also notified of a recent DVLA document *Assessing fitness to drive – a guide for medical professionals* which had been listed for RCoA Council due to potential impact on College guidelines. It was debated whether further investigation into this matter was required, linking with

sleep experts. The Dean stated that, due to pain and analgesia issues, FPM needs to contribute significantly alongside the RCoA response. Mrs Owen will forward the document link to the Board for review.

ACTION: FPM admin to forward DVLA 'Assessing Fitness to Drive' document link to Board.

ACTION: FPM admin to liaise with RCoA PSC regarding a joint FPM/RCoA response to DVLA 'Assessing Fitness to Drive' document.

- The BPS had contacted the Faculty to explore a collaborative approach to Trust Visitations. The Committee agreed that a mechanism to show a particular service was of a high standard would be beneficial however resources were not available to provide visits similar to RCoA's ACSA or ART services. A gap analysis tool could be developed from key standards extracted from CSPMS, adapted into a user-friendly format.
- Dr Collett updated that the BMA had produced a document on opioids without FPM input. Dr Collett, Dr Cathy Stannard and Mr Waeland had reviewed the document and found it to be inaccurate and out of date and will be confusing alongside *Opioids Aware*. This had been fed back to the BMA and that the FPM would stand against the document if published in its current state. The BMA have agreed to meet to discuss the document. Mr Grinyer offered to provide BMA communications contacts if necessary.

BFPM/5.16/5

FPM TRAINING AND ASSESSMENT COMMITTEE

5.1 FPMTAC Minutes

- Dr McGhie updated that directions and plans regarding workforce were being decided at the moment.
- The advice document for Pain Trainees was being updated.
- The two main issues discussed at TAC are covered under items 5.3 and 5.4.

5.2 Trainee Update

- Dr Black reported that seven trainees had attended the recent meeting.
- The recent survey had shown problems with anaesthetic on-call commitments taking away time from pain training. This had been discussed at TAC and Dr de Gray and Dr Janice Fazackerley were meeting to discuss this further.
- Changing pain training to a two tier system of 20 or 60 sessions was being explored.

5.3 Updated FPMRCA eligibility regulations

Following several queries from overseas exam applicants who were in Trust fellowship Pain Medicine posts, TAC had looked at additional criteria that could be added to the Exam Regulations to allow these individuals to take the exam. The Board had received the suggested regulation change prior to the meeting. The changes would mean that such candidates would be able to take the exam subject to RAPM and TAC approval processes. The Board agreed with the suggested changes and these would go to RCoA Council.

ACTION: The Dean to take FPMRCA eligibility regulation changes to Council.

The Board also discussed the possibility of opening Faculty membership to non-anaesthetists. Dr Miller reported that a number of individuals had expressed interest

in linking to the Faculty and that there was currently no mechanism for this. It was agreed that any changes should complement the RCoA strategy and governance review currently taking place. Further discussions were planned for the Faculty strategy setting afternoon and the Dean, the Dean of FICM and Mr Waeland were also meeting the following week to discuss this.

5.4 FFPMRCA Exam Chairman's Report April 2016

The Board had received a report from Dr Karen Simpson prior to the meeting. Eight out of fourteen candidates had passed the FFPMRCA/DFPMRCA, giving a 57.4% pass rate.

BFPM/5.16/6 BOARD BUSINESS

6.1 Communications plan/FPM 10 year anniversary plan

The Board had received a summary of the 10 year anniversary plan.

6.2 Buddying System

The Board had received an update of the Buddying/Mentoring scheme which had a structure and potential participants. Guidelines were to be written and the scheme would be progressed over the summer.

6.3 Acute Pain

Dr Rockett updated on the progress of the Acute Pain work streams.

- The acute pain service census was now complete and would be submitted to the BJA soon.
- Trainee survey questions were being finalised and would be sent out via the RCoA next month.
- The higher pain training update was being looked at by TAC.

6.4 ASK2QUESTIONS

Dr Nicolaou recently had a teleconference with Keele University to discuss validation of Ask2Questions. Keele had been working on a musculoskeletal start-back tool of two questions that were very similar to A2Q, and were keen to collaborate and help validate the questions.

6.5 e-Pain

Dr Lewis reported that she and Dr Doug Natusch are currently reviewing the modules and designing a re-structure. A multi-professional group is looking at the level the modules are aimed at. Module certificates will be available soon and there are currently 1,437 active registered users.

6.6 Essential Pain Management

Miss Chand reported that three courses have been successfully delivered since the start of March, two in Malawi by Karen Gilmore and one in Madagascar by Clare Roques and Jane Mills.

6.7 EPM – lite

Miss Chand reported that the webpage would go live this week and the courses in Edinburgh and Leeds were progressing well. Mike O'Connor and Helen Makins had presented a poster at the BPS ASM.

BFPM/5.16/7 BOARD UPDATES

7.1 RAPM Update

Dr de Gray submitted an update to the Board prior to the meeting detailing changes to RAPMs, the results of the bi-annual report and problems for RAPMs and LPMESs securing SPA sessions for Faculty work. Dr de Gray reported that there was a current lack of funding for the LPMES day proposed for 9th March 2017 but FPM admin were exploring the possibility of having Industry fund the event.

7.2 Perioperative Pain Medicine

Dr Rockett reported that the short term working party had ended.

7.3 Commissioning

The Board had received the Engagement period outcome report for Revisions to Clinical Reference Groups in specialised commissioning. Dr Hughes updated that all members were currently stood down and that the closing date for applications was the following week.

7.4 Neuromodulation database update

Dr Baranidharan had submitted an update prior to the meeting. It was hoped that the provider would be finalised by the September Board meeting.

BFPM/5.16/8 ANY OTHER BUSINESS

No other business was recorded.

BFPM/5.16/9 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/5.16/10 DATES OF FUTURE BOARD MEETINGS

Friday 16th September 2016

Friday 9th December 2016

Friday 3rd March 2017

Friday 19th May 2017