



FACULTY OF PAIN MEDICINE

of the Royal College of Anaesthetists

EXAMINATION GUIDE (updated Aug 15)

1 Introduction

Anaesthetic trainees undertaking Advanced Pain Medicine Training must achieve its described competencies as assessed locally in order for this time to count towards achievement of the CCT in Anaesthesia. Obtaining Fellowship of the Faculty of Pain Medicine of the Royal College of Anaesthetists (FFPMRCA) is not required for the CCT.

From 1 February 2011 trainees commencing Advanced Pain Medicine Training must pass the FFPMRCA examination in addition to achieving the locally assessed competencies in order to be admitted to the Fellowship of the Faculty. This document gives information about the examination.

The exam was introduced to make explicit a high standard of Pain Medicine practice. This is of benefit to Pain Medicine training in the UK, which increases the stature of the Faculty and the prestige of the Fellowship. It also enhances the practice of Pain Medicine and ultimately benefits our patients. It brings the FPM into line with other faculties nationally and internationally, including the Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists (FPM ANZCA).

The FFPMRCA examination was formally announced on the FPM website in December 2010 and ran for the first time in 2012. The exam runs twice a year. The exam comprises an MCQ paper and two Structured Oral examinations (SOEs), one clinical and one science. The MCQ and SOE examinations will be taken at the Royal College of Anaesthetists, with the MCQ first and the SOEs running approximately 2 months later. The Examination Calendars are available on the website <http://www.fpm.ac.uk/faculty-of-pain-medicine/training-examination-and-assessment/ffpmrca-examination>

2 Eligibility for the Examination

This is contained in the overall Examination Regulations available on the website.

3 Applying for the Examination

The Examination will be advertised in the examinations section of the FPM website. This section will feature the timetable, regulatory documents, the application form and additional key information about submitting applications. An application will need to be submitted with the correct fee and supporting paperwork (including certificates) prior to 5pm on the agreed deadline. An acknowledgement email will be sent upon receipt of the application. Formal admission forms will be despatched ten days prior to the examination bearing instructions and the Candidate Number.

4 Standard setting

Quality assurance and standard setting are based upon the established processes which have been approved by the GMC. The questions are benchmarked for difficulty and relevance to Pain Medicine. The general principle is that we will be looking for the standard of a doctor ready to make the transition to the level of a competent and knowledgeable Pain Medicine consultant.

The Spring 2015 edition of Transmitter contains an article on quality assurance of the examination: <http://www.rcoa.ac.uk/system/files/FPM-Transmitter-Spring-2015.pdf>.

5 Scope and depth of the examination

The examination is set according to the curriculum of the CCT in Anaesthesia of the RCoA Pain Medicine and generic modules (Annex A). The curriculum is based on spiral learning and each successive level of training builds on previous level(s). The examination therefore is based on the Basic, Intermediate, Higher and Advanced Pain Medicine training modules. The optional modules of the Advanced level of the curriculum, namely spinal cord stimulation, intrathecal drug delivery, cancer pain and paediatric pain medicine will not be examined. However, the general non-optional parts of the pain medicine curriculum do require knowledge of these areas albeit in less detail than in the optional modules.

The science underpinning all parts of the syllabus is also a very important area of learning in working towards the examination and will be reflected in the questions asked.

Scope and depth for the component parts of the examination are addressed below.

6 The MCQ examination

The general aim of MCQs is to test breadth of knowledge: depth of knowledge is more fully assessed in Structured Oral Examinations. The MCQ bank is designed with this in mind. The questions will be particularly focussed on the knowledge required to be a Pain Medicine consultant; areas examined will include both practical clinical knowledge and knowledge of relevant sciences as laid out in the RCoA and IASP curricula. A small number of questions will also be used to assess candidates on the more generic high-level skills required of a consultant; for example the ability to interpret the results of clinical trials relevant to Pain Medicine.

Three types of multiple choice questions will be used:

1. Multiple True False (MTF)

These are the kinds of MCQ everyone is familiar with: Each question consists of a stem followed by five, items each of which may be true or false.

2. Single Best Answer (SBA)

Each question consists of a stem, lead-in question and five options. The stem has a maximum of 60 words focusing on a single problem. The lead-in is precise and poses a single question. The five options are all possible solutions or responses. However, one of the options will be the best response.

3. Extended Matching Questions (EMQ)

Each question features a list of eight options (A to H) which can be lists of relevant items such as procedures, symptoms, technical machinery or figures. These options (the 'stem') will feature five separate questions. Each separate question will have an answer that can be selected from the list in the stem.

A non-Pain Medicine example of the genre is:

- (A) atropine
- (B) clonidine
- (C) isoprenaline
- (D) phentolamine
- (E) physostigmine

1. After vagotomy the heart rate would be increased by
2. A treatment for poisoning after eating the berries of the deadly nightshade would be to administer
3. Ganglionic sympathetic neurotransmission would be enhanced by
4. Dark adaptation of the eye would be improved by
5. Hypertension would be improved by

A more Pain Medicine orientated example might be to give candidates a list of diagnoses, followed by clinical vignettes. The task would be to match the vignette to the diagnosis.

Example questions are available on the website: <http://www.rcoa.ac.uk/faculty-of-pain-medicine/examresources>.

The marking system:

One mark will be awarded for each correct answer in the MTF section. Four marks will be awarded for each correct EMQ and SBA question. There will be no penalty for incorrect answers. The marks for all three subsections are added together to give a total mark. The pass mark is set by the examiners using assessment methods approved by the GMC.

7 The Structured Oral Examination — clinical

The Clinical Structured Oral Examination (SOE) of the FFPMRCA examination is 50 minutes in duration and will comprise a long case followed by three short clinical questions (SCQs). The long case will have a 10 minute preparation time during which the candidate will be given the opportunity to read a case history and view relevant investigation results provided. During this time the candidate may make notes on paper provided for this purpose. Thereafter, during the next 20 minutes, the clinical long case will examine a candidate's in-depth knowledge of the assessment and management of a complex chronic pain patient. Knowledge of clinical assessment tools and investigations relevant to clinical practice and available treatments will be required. The final 20 minutes of the Clinical SOE will be given to the three short clinical questions. The topics of these questions could be any aspect of clinical pain medicine. No patients or actors will be participating in the Clinical SOE of the FFPMRCA examination. There will be two examiners for the Clinical SOE. The exam is closely audited and an auditor may be present but they take no part in the assessment of the candidate.

8 The Structure Oral Examination — science

The Science Structure Oral Examination (SOE) of the FPPMRCA examination will comprise four sections, anatomy, physiology, pharmacology and a section covering psychology, epidemiology and clinical measurement. The total SOE will last 30 minutes. There will be two examiners for the Science SOE. The importance of the scientific basis of Pain Medicine for the FPPMRCA examination must be emphasised. The exam is closely audited and an auditor may be present but they take no part in the assessment of the candidate.

The marking system:

Two examiners are present for each part of the SOE. Each examiner marks every question independently. There are 10 questions. Pass = 2, Borderline performance = 1 and Fail = 0. The pass mark is set ~~being considered~~ using assessment methods approved by the GMC.

Full details of the exam processes are available in the Examination Regulations Document to be published in December 2011.

9 Preparation for the examination

The examination will test the Knowledge part of the Pain Medicine and generic parts (Annexe A) of the CCT curriculum; Skills and Attitudes are assessed predominantly at a local level by the Work Place Based Assessments, quarterly assessments, case reports and MSF, which are well known to trainers and trainees. The new examination is not about practical skills; it is about core and advanced knowledge of the basic science of pain, clinical assessment and care of patients. The examination has been carefully crafted to ensure that all aspects of the curriculum are assessed in breadth and most importantly in depth. Trainees must be able to demonstrate knowledge that reflects detailed, reflective and broad study of the science and the art of Pain Medicine. It is suggested that at least 6 months of diligent academic endeavour would normally be expected in preparation for an examination of this type. A variety of sources are required; these include the RCoA curriculum documents and the IASP core curriculum. In addition it is anticipated that candidates should be familiar with current opinion, national and international review articles and 'hot topics' in Pain Medicine.

10 Reading Advice

The Faculty does not endorse any textbooks and the list below is not exhaustive, however, some example texts are given as a guide.

As stated above, significant depth of knowledge of the basic science underlying pain medicine is expected of candidates. Preparing for this aspect of the examination can seem a daunting task, when much of the trainee's time is rightly spent developing the clinical skills and attitudes required to practise as a consultant in Pain Medicine. However, with a careful structured approach to reading and study, the necessary knowledge can be acquired within the limited time available. This section is not intended as an exhaustive reading list, rather as a guide to signpost trainees towards useful references. Reading will need to be targeted and efficient, but it is always rewarding to read more deeply around subjects which you find most interesting. Advice and support from the RAPM should be taken with regard to preparation for the FPPMRCA.

One of the successful examinees also produced his suggested revision guide as an example for future candidates. (Note that its inclusion here does not represent official FPM endorsement):

<http://www.rcoa.ac.uk/faculty-of-pain-medicine/examresources>

Journals:

Candidates should have reviewed recent editorials in the more significant pain journals including Pain, EJP and Pain Medicine. Significant pain-related publications in major journals such as Nature, Nature Neuroscience or Journal of Neuroscience should also be reviewed. The anaesthetic literature should also be scanned for pain-relevant educational supplements, editorials, review articles and research in the BJA, Anaesthesia and Anesthesia and Analgesia. Specifically, the IASP produce excellent brief clinical updates on topical pain subjects.

General texts:

As a general reference textbook, Wall and Melzack's Textbook of Pain 5th Edition, edited by McMahon & Koltzenburg contains a wealth of information but it is lengthy. Also available is the more approachable paperback Handbook of Pain Management: A Clinical Companion to the Textbook of Pain. Also, the IASP publications produced after each World Congress on Pain are essential general reading. Pain 2008 an Updated Review Refresher Course Syllabus edited by Castro-Lopes, Raja and Schmeltz and the 2010 Review edited by Mogil, J.S. are the two most recent publications. Candidates are also expected to be familiar with NICE guidance as it applies to Pain Medicine and all British Pain Society publications and guidelines, including their regular Reviews in Pain publication.

Acute pain:

An excellent acute pain resource is available online, produced by the Australian and New Zealand College of Anaesthetists and faculty of Pain Medicine. Acute Pain Management: Scientific Evidence 3rd Edition 2010, edited by Macintyre et al is available at:

<http://asp-au.secure-zone.net/v2/index.jsp?id=522/2055/8212&lng=en>

Basic science:

a. Epidemiology, systematic reviews and outcome measures:

The epidemiology of pain has been studied in depth, and the Cochrane Collaboration has reviewed the evidence for many pain treatments. The authors of note are McQuay, H.J. and Moore, R.A. The measurement of outcomes in Pain Medicine has been updated by the IMMPACT group, including among its members Dworkin, R.H.; Raja, S.N. and Turk, D.C.

b. Plasticity and Sensitisation:

A thorough understanding of the transduction, transmission and central processing of nociceptive information is essential to the effective practice of Pain Medicine. These processes should be considered both in the resting, physiological state as well as in pathological pain states such as neuropathic and chronic pain. Emphasis should be placed on an understanding of plasticity in the somatosensory system, both in development and pathology. Underlying these changes in function are the processes of peripheral and central sensitisation, which need to be understood in depth. Many review articles have been published on these subjects.

c. Central pain processing:

The advent of fMRI has revolutionized pain research. The relationship between pain, emotion and attention and the mechanism of placebo are now far better understood. Examination preparation should include coverage of the most recent studies.

d. Pharmacology:

Particular attention should be paid to studies assessing the clinical effectiveness of drugs used in pain medicine (Finnerup, N.B.) and on the pharmacology of opioids. The Pharmacology of Pain, edited by Beaulieu, P. et al IASP Press 2010 is a good reference text.

e. Psychology:

General review articles on the role of psychology in Pain Medicine have been published in most of the journals mentioned above.

The areas of musculoskeletal pain and visceral pain processing require address and again are covered in recent articles in the journals mentioned above.

Other learning resources:

The FPMANZCA open access areas are recommended.

11 Course

The Faculty runs a bi-annual Examination Tutorial, which covers a selection of topics for the examination and has SOE practice. More detail is available here:

<http://www.fpm.ac.uk/faculty-of-pain-medicine/training-examination-and-assessment/ffpmrca-examination-tutorial-series>.

12 Diploma

Those who complete Advanced Pain Medicine training and pass the examination but do not hold the Fellowship of the Royal College of Anaesthetists (FRCA) qualification will be awarded the Diploma of the Faculty of Pain Medicine of the Royal College of Anaesthetists (DFPMRCA).

Is it worth adding that there may be visitors to exam and they take no part in exam process.