



## FACULTY OF PAIN MEDICINE

of the Royal College of Anaesthetists

### Minutes of the Board meeting held on Friday 11<sup>th</sup> December 2015

#### Members:

Dr K Grady	(Dean)
Dr B Miller	(Vice-Dean)
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 Burgess	(Co-optee: Patient Liaison 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)
Dr R Lewis	(Co-optee: Chair, RCoA/NSAG Pain Subgroup)
Dr L Miller	(Co-optee: Trainee representative)

#### In attendance:

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

#### Apologies:

Dr G Baranidharan	
Dr M Rockett	(Co-optee: Acute Pain Medicine Representative)
Prof. B Smith	(Co-optee: Representative for Chronic Pain Scotland)

#### CEREMONIAL PROCEEDINGS

Dr Barry Miller was inducted as the new Vice-Dean of the Faculty. Dr Mark Taylor was presented with the Past Vice-Dean's medal. Dr Beverly Collett received a commendation certificate for work on 'Core Standards for Pain Management Services in the UK'.

#### BFPM/12.15/1 WELCOME AND APOLOGIES

Apologies were noted as above.

#### BFPM/12.15/2 MINUTES OF THE LAST MEETING and MATTERS ARISING

- 2.1 The minutes of the last meeting held on 25 September 2015 were agreed as a true record of events.

## **2.2 Buddying system**

The Board received a draft paper from Dr McCartney, addressing the need for a buddying/mentoring system. Mr Waeland reported that he, Mr Ampofo and Mrs Owen had met with representatives from the London Learning Academy (LLA) to discuss their models of mentoring and coaching and how they could assist the Faculty in setting up a system. The Board agreed that Mr Waeland and Dr McCartney should proceed with a high impact, low workload approach and this could commence by surveying fellows to identify interest and what form of system would be required. The survey would be developed with the input of the LLA. Mr Ampofo suggested that guidelines could be set following the survey results.

**ACTION: FPM admin to set up all fellows buddying/mentoring survey to produce data for the next Board meeting**

**BFPM/12.15/3**

## **DEAN'S STATEMENT**

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

The Dean updated the Board on the Parliamentary meeting where the two 'Right Patient Right Professionals Right Time' documents were officially launched along with 'Core Standards for Pain Management Services'. The Dean attended along with Mr Waeland, Dr Collett and Dr Weiss. Dr Roger Knaggs was also present and assisted in advertising the upcoming release of 'Opioids Aware'. Anthony Chuter of the BPS was also present at the meeting. Dr Campbell updated that a Northern Ireland Pain summit had taken place on the same day with more than 100 delegates attending.

### **3.2 'Right Patient Right Professionals Right Time' launch**

The Dean updated that the original document had evolved into two documents, one aimed at patients and carers called 'Helping People with Chronic Pain' and one aimed at politicians, commissioners and national stakeholders called 'the Future for People with Chronic Pain'. Mr Waeland reported that the documents had been widely disseminated including to all FPM fellows and all CCGs. This was with the help of Dr Rhian Lewis in Wales, Dr Pamela Bell in Northern Ireland and Dr Steve Gilbert and Prof. Blair Smith in Scotland. The CPPC was co-funding an imminent mail out to Lords and MPs. The documents will also be publicised in the next RCoA President update. The Dean urged the Board to promote the documents as widely as possible to their patients, colleagues and commissioners.

### **3.3 Faculty commendation, gold medals and fellowship by election**

The Board agreed that that Dr Michael O'Connor receive a commendation for his work in EPM overseas and EPM-lite and that Dr Mark Rockett should also receive a commendation for linking the acute pain fraternity to the Board and his efforts in getting pain considered in the RCoA's perioperative work. The Board agreed that Professor Sam Ahmedzai should be nominated for fellowship by special election due to his academic work, position on the BPS Council and his role as clinical lead supporting palliative care promotion in pain management; Dr Roger Knaggs should receive fellowship by special election for his input into the Faculty's medication patient leaflets and his work on 'Opioids Aware'; the Board also agreed that Prof. Blair Smith should also receive a nomination for fellowship by special election. These three nominations will be going to the RCoA May 2016 nominations committee. Dr Suellen Walker had already been approved by the Nominations Committee for fellowship by special election and needed to be notified. The commendations and fellowship by special elections will be awarded at the 2016 FPM annual meeting in December.

**ACTION: FPM admin to ensure submission of Fellowship by Special Elections to nominations committee and that Dr Walker is notified of her fellowship by special election status.**

### **3.4 Shape of Training response**

The Dean updated the Board on the progress of the Shape of Training work. The Dean suggested that Ian Finley, Chair of the Steering Group should be written to regarding the FPM welcoming the document and that it fits into the Faculty's agenda. The steering group is taking their recommendations to ministers this year and these will be committed to in spring of 2016. Mr Waeland highlighted that credentialing is not mentioned in the report in any detail and that this would be revisited in future consultations. The Board discussed concerns over credentialing funding and regulation and who the credentialing bodies would be. Dr Barry Miller agreed to prepare a statement on the mapping exercise report for the FPM website.

**ACTION: FPM admin to draft letter to AoMRC steering group regarding their mapping exercise report**

**ACTION: Dr Barry Miller to prepare Shape of Training news item statement for FPM website**

### **3.5 Annual Meeting**

The Dean reported that the Annual Meeting on 27<sup>th</sup> November was well attended and that Professor Andrew Rice delivered the Patrick Wall lecture and received the medal. The Dean further reported that Dr Conail McCrory, Dean of the Faculty of Pain Medicine of the College of Anaesthetists of Ireland, had been in touch following his presentation at the meeting and was enthusiastic to nurture links between the two Faculties. The Dean thanked all those involved in coordinating the meeting.

### **3.7 RCoA Governance review**

The Dean reported that the College was undertaking a governance review including membership categories.

**BFPM/12.15/4**

## **FPM PROFESSIONAL STANDARDS COMMITTEE**

### **4.1 FPMPSC report**

Dr Collett reported on the PSC meeting that had taken place on 10<sup>th</sup> December.

- The content of the exemplar template checklist for interventional procedures under local anaesthesia/sedation is being finalised and the format will be based on the UHSM South Manchester Pain Centre Surgical Safety checklist. This will be submitted for Board approval prior to being made available on the website. The template will also be sent to Dr Harrop-Griffiths, Chair of the National Safety Standards for Invasive Procedures (NatSSIPs) development group, as an example of what could be produced by individual Trusts.
- Dr T. Davies and Dr P. Wilkinson had been working on consultation length time and are currently collecting data on how long each element of a consultation takes. Dr Collett requested that Dr Hughes, and anyone else who has multi-speciality clinics, help collect data. Dr Hughes and Dr Goddard agreed to collect data. Dr Doug Natusch was suggested to collect data.

**ACTION: FPM admin to send consultation length Proforma to Dr Nicolaou, Dr Searle, Dr Weiss, Dr Goddard and Dr Hughes**  
**FPM admin to ask Dr Natusch to provide data on consultation length**

- Dr Wilkinson will discuss consultation standards and their impact at the March 2016 RA forum.
- Dr Collett suggested that having a FPM representative on the CRPS guideline revision should result in FPM endorsement of the document. Dr Taylor, FPM representative, had requested a deputy to ensure full involvement in the re-write and that FPM is represented at all meetings. Dr Paul Wilkinson was suggested as a deputy. Dr Collett suggested writing a letter to Andreas Goebel to show enthusiasm to be involved in document production.

**ACTION: FPM admin to write to Andreas Goebel to update on FPM representative status and to express enthusiasm for involvement in the CRPS revision  
FPM admin to invite Dr Wilkinson to be deputy representative**

- The Board was updated on the draft BPS/FPM position statement for epidural steroid injections. Dr Barry Miller offered to review the draft statement as they are produced to identify any issues before a final draft is presented to the Board.
- The Faculty has had recent involvement in two multi-agency musculoskeletal initiatives led by Arthritis UK. FPM had been asked to pilot the Health Questionnaire in pain clinics and PSC have asked for clear parameters before this can be considered.
- Through the Revalidation Committee, Dr Searle had received an information leaflet aimed at patients to encourage them to submit feedback to help the revalidation process. It was agreed to keep this on file in case revalidation becomes more of a Faculty focus.

## **4.2 Core Standards for Pain Management**

### **4.2a Core standards & CQC**

Dr Collett reported that following a meeting on 18<sup>th</sup> November with Claire Land from the Care Quality Commission, it was proposed that some key core standards from CSPMS could be included within the CQC's inspection framework across several core service areas. The deadline for this was 4<sup>th</sup> January 2016. The Board had received draft key standards prepared by Dr Collett and Dr Weiss. These were discussed and it was proposed that Dr Nicolaou, Dr Hughes and Dr Harrington would review the proposed standards which would then be circulated for PSC and Board sign off.

**ACTION: FPM admin to coordinate standards being signed off for submission to CQC by 23<sup>rd</sup> December 2015.**

### **4.2b GPAS inclusion of standards**

Dr Collett informed the Board that Dr Mark Rockett had drafted a chapter on acute pain for GPAS 2016, which had been discussed at PSC. The draft was debated at length and Dr Collett agreed to compile suggestions and feed them back to Dr Rockett. Dr Collett further updated that for GPAS 2017 there may be pain paragraphs in each chapter but this was still to be agreed as these would be subject to NICE accreditation.

**ACTION: FPM admin to ensure acute pain chapter submission to GPAS before 23<sup>rd</sup> December 2015.**

## **4.3 Pain in Secure Environments**

Mrs Owen informed the Board that four events were planned for the first half of 2016, two of which are regional events in Taunton and Staffordshire.

### 5.1 FPMTAC Minutes

- Dr Barry Miller reported that Dr J. McGhie would commence as TAC Chair from the January meeting. Dr de Gray would step up as Deputy-Chair and remain as a permanent FPMTAC member, following stepping down as RAPM Chair.
- A positive trend was reported of individuals re-taking FFPMRCA exams having a good pass rate.
- The exam tutorials were reported as having low numbers although they were very well received and resulted in good pass rates. It was suggested that more focussed advertising could help boost numbers and webinars could be considered in the future. Dr Lucy Miller agreed to include in the trainee review.

**ACTION: Dr Lucy Miller to include exam tutorial advertisement in Trainee Review update**

- Dr V. Mendis is looking into fellowships in Sri Lanka for UK trainees. These should have an emphasis on cancer pain management.
- There had been an issue with independent logbook providers withdrawing the service resulting in loss of data. The RCoA is undergoing a technology review and have set up a logbook working party.

### 5.2 Trainee Update

Dr Lucy Miller updated that she is making a promotional film with the RCoA promoting pain training. Dr Lucy Miller reported that she was standing down as Trainee Rep in March and advertisement for a replacement is taking place shortly. Dr Lucy Miller thanked the Committee for their support. The Dean thanked Dr Miller for her contributions to the work of the Board.

### 5.3 FFPMRCA eligibility request: Overseas consultant who achieved UK APT

Dr Barry Miller updated that an application had been received from an individual with a UK CCT who passed her advanced year and has set up a pain clinic in the West Indies. The Board agreed that the regulations could be altered so that doctors in similar positions could take the exam within 5 years of obtaining their CCT.

### 5.4 Updated FFPMRCA eligibility regulations

The Board agreed to approve the document (enclosure 5.4) to go on the website and to table this for the Board agenda in a year's time.

### 5.5 Changing the FPM prize from publications to case reports

Dr Barry Miller reported that the Faculty had not received any publication submissions for the Trainee Publication Prize and TAC had agreed to move to a case report prize. The Board approved this change. It had also been agreed that marking schemes of case reports on the website would not be included as they would not add any value.

### 5.6 FFPMRCA/DFPMRCA SOE exam results and report

The Board received the FFPMRCA report from Dr Karen Simpson.

## **BFPM/12.15/6 BOARD BUSINESS AND UPDATES**

### **6.1 Communications plan**

The Dean reported that the launch of the 'Right Patient Right Professionals Right Time (RPRPRT)' documents was the kick-start of the communications plan. Dr Burgess had arranged a meeting with the Dean and the Right Reverend Lord Bishop of Carlisle who is a member of the House of Lords and is the lead bishop for healthcare. It was agreed to take the information from the RPRPRT documents to the House of Lords and it was suggested that the Dean might contact the policy adviser to the Church of England and an email had been sent to this end. The Dean had been approached by Viscount Simon, a deputy speaker at the House of Lords, who has a great interest in pain and is keen to work with the Faculty. The Board discussed communication plan ideas and agreed to consider these further following the Board with an aim of identifying parliamentary questions in the New Year.

**ACTION: All Board to consider communication ideas to help publicise FPM work**

### **6.2 Acute Pain**

Dr Barry Miller reported that following an inaugural meeting to discuss acute pain in training and education, the plan was to review the Curriculum and associated guidance documents so that an acute pain lead will need to have completed the, still to be developed, higher pain training module. Module format was still in development and RCoA and GMC support would be required to make Curricula change. The acute pain working party was also supportive of producing a document similar to that on advanced pain training in a post-CCT environment. This would not lead to Fellowship of the FPM but could lead to an affiliate status. The Board approved the initial proposals.

### **6.3 ASK2QUESTIONS**

Dr Nicolaou reported that after slow progress in securing pilots, the Perioperative Quality Improvement Project had agreed to collect data at six months and one year post surgery.

### **6.4 RAPM update**

Dr De Gray reported that there had been a reasonably well attended RA meeting on 12<sup>th</sup> November and Victor Mendis has been elected as chair elect and will shadow the position in 2016 and take over in 2017. Recruitment is currently a struggle due to lack of SPA time, particularly in two regions. SPA time is being surveyed and the data will be brought back to the next meeting. The Hospital review forms are still ongoing. The impact of on-call rotas on training will be raised at the next RAPM biannual review in an attempt to identify a user friendly pattern. An LPMES study day is planned for 2017. Miss Chand has set up a regular newsletter for trainees, LPMESs and RAs. Dr de Gray presented the CCG survey data to the Board. The Dean praised Dr de Gray for the survey and Miss Chand was thanked for her input.

### **6.5 Peri-operative Pain Medicine**

Dr Rockett had given his apologies and was not present at the meeting to update.

#### **6.5.a. Peri-operative quality improvement programme**

Dr McGhie reported that a PQIP meeting took place on 10<sup>th</sup> December and it was decided that ASK2QUESTIONS could be adopted as a tool to measure pain peri-operatively.

### **6.6 e-Pain**

Miss Chand updated that there were currently 12,500 users. Three sessions remain to be written; Chronic MSK Pain, Low Back Pain and Sports Injuries.

## 6.7 Essential Pain Management

Miss Chand reported that courses have been delivered in five African countries and UK instructors have taught on ANZCA funded courses in nine countries worldwide. In 2016, two courses are scheduled in Malawi for February and one course in Madagascar in March and further funding will be applied for. It is planned to distribute some e-PAIN sessions on a USB flash drive during the courses. The FPM now has editorial access to ANZCA's Facebook page and EPM will be submitting an abstract to BPS for their annual meeting.

## 6.8 EPM – lite

Miss Chand updated that the course had recently been piloted in Aberdeen and Newcastle. Bristol delivered the course to 240 students in November, the largest group to date. An 'extra-lite' version of EPM lite is continuing to be delivered in Oxford and St Andrews. Durham will pilot the course in April and discussions are taking place regarding piloting in medical schools in Cardiff, Dundee, Edinburgh, Exeter, Nottingham and Plymouth. It is planned to have the website launched early in 2016. Dr Baranidharan has volunteered to take this on in Leeds and is waiting to hear back from the person in charge of the undergraduate curriculum.

## 6.9 Commissioning

Dr Hughes updated that there was a policy assessment process review going on in NHS England currently. There are four pain policies currently under development including for intrathecal drug delivery system for non-cancer pain, neuromodulation for chronic pelvic pain and DBS for central stroke pain. There will be an opportunity to feedback on these in the public consultation phase. Dr Hughes updated that he is writing a commissioning article for Transmitter which will clarify the difference between specialised and specialist.

## 6.10 Neuromodulation database update

Mrs Owen reported on behalf of Dr Baranidharan that the pilot phase was presented in the NSUKI ASM in London on 6th November. This was also presented to Industry along with NICOR in the ABHI office. This was well received by Industry and they are keen on getting this up and running. NICOR has had some policy changes and are moving some projects to UCLH which might include neuromodulation. They presented the cost to run this at 120K which was disappointing for both NSUKI and Industry. A cost break down including split per year has been requested and recruiting more centres on to the trial phase continues. Dr Goddard pointed out that it was important to keep supporting the database.

## 6.11 Update Wales, Scotland, Northern Ireland

**Wales:** Dr Lewis updated on progress in disseminating the 'Right Patient Right Professionals Right Time' documents to health ministers in Wales.

**Scotland:** Professor Smith was unable to attend as he was at the National Steering Group. Dr McGhie reported that the National Improvement Program funding in Scotland is ceasing in March 2016. The Scottish Government has renewed its commitment to Chronic Pain Service Development at the current level of funding. Prof. Smith will be meeting with the Scottish Boards individually to support reconfiguration of pain services between primary and secondary as needed and continues to prioritise the need for this. The 'Right Patient Right Professional Right Time' initiative documents will be passed to the Minister for Public Health in Scotland via the steering group public servants. The read code for chronic pain has been approved and primary care is being encouraged to use this coding so that prevalence and health care usage from chronic pain can be tracked and quantified. This code can be used throughout the UK. It was agreed that GPs should be encouraged to use

..

this code to get better community data and Maureen Baker at the RCGP should be contacted regarding this.

**ACTION: FPM admin to contact Maureen Baker regarding GP use of chronic pain read code: 1M52**

**Northern Ireland:** No update.

**BFPM/12.15/7 ANY OTHER BUSINESS**

Dr Campbell updated that this would be his last meeting as he was being replaced as BPS president by Andrew Baranowski.

**BFPM/12.15/8 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 4<sup>th</sup> March 2016  
Friday 13<sup>th</sup> May 2016  
Friday 16<sup>th</sup> September 2016  
Friday 9<sup>th</sup> December 2016