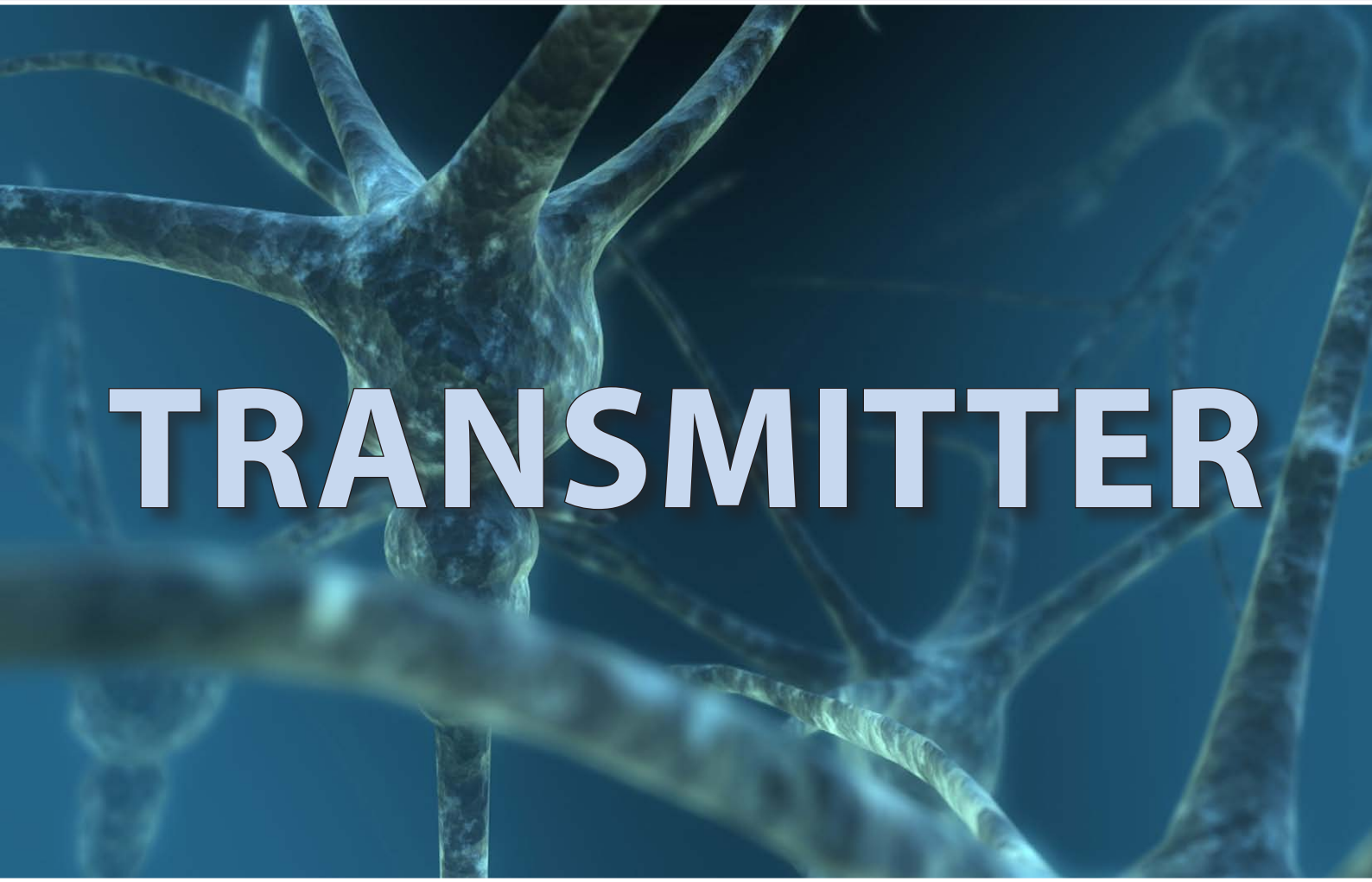
Newsletter of the Faculty of Pain Medicine

Spring 2011



TRANSMITTER

Major Faculty updates

FFPMRCA examination development

The National Pain Audit

Training in Palliative Medicine

Events, training and more

Welcome to the Faculty of Pain Medicine's third newsletter.

How time flies! Transmitter has now been around for twelve months and the Faculty is entering its fourth year of existence with its second Dean, Professor David Rowbotham, and third Vice Dean, Dr Kate Grady. 2011 sees the Board begin its transition from an entirely appointed to a majority elected Board with the election of Dr Beverly Collett and Dr Stephen Ward (more on page 11).

2011 will also continue to present challenges to the fraternity of Pain Medicine clinicians and other professionals involved in the provision of pain management services. The Board has kept abreast and is well aware of potential changes to our services and would like to reassure it Fellows and Members that, alongside the British Pain Society and the Chronic Pain Policy Coalition, it is monitoring and involved in these matters and will be in a position to make more formal comments within the coming months.

This editorial comes from the keyboard of Kate Grady (Clinical Editor) and Daniel Waeland (Managing Editor). As previously mentioned in Transmitter, the editorship will continue to rotate annually around the Board Members and for 2011 Kate will act as the clinical editor. In this way, all Board Members can be involved and give their unique expertise to this important organ of the Faculty.

And so to this edition of Transmitter, which will cover all the major recurrent topics, such as the curriculum and other training matters, consultations and the examination as well as major updates from our Professional Standards and Training and Assessment Committee Chairs, the Chair of the Regional Advisors in Pain Medicine, the Trainee Representative and our new Board members. We are also very grateful for a contribution from Dr Fiona Hicks, the Chair of the Specialty Advisory Committee in Palliative Medicine, and propose to publish further cross-specialty articles in future editions.

Transmitter welcomes constructive feedback from our Fellows and Members so please get in contact if you would like to contribute to a future edition or if there is anything in particular you would like to see covered.

EDITORS
Dr Kate Grady
Mr Daniel Waeland

DEAN
Professor Dave Rowbotham

VICE-DEAN
Dr Kate Grady

Administered by Phillip Fey

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Available online at **www.rcoa.ac.uk/fpm.**

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News from the Faculty

Professor Dave Rowbotham, Dean

The House of Commons Select Committee report on revalidation published recently was critical of the pace of progress towards the introduction of revalidation and declared an expectation that it would start in late 2012. The Faculty has been working within the college to prepare materials that will facilitate the process. Many of you will have seen Guidelines for Continuing Professional Development available on the website; if you haven't and plan to be revalidated, we recommend that you have a good look at them. It is now well appreciated that revalidation must be supported by evidence of appropriate CPD and it is up to the individual to ensure that this happens and is recorded. The guidelines give clear advice on the process to consultants and SAS doctors, including those of us practising pain medicine.

CPD

The latest iteration of the CPD matrix has been on the website for several weeks now; again, we recommend that you download this and begin to plan and assess your CPD accordingly. The matrix has been through several versions and now focuses on what is relevant to all anaesthetists and those of us who specialise, tailored to the clinical activity of the individual being revalidated. All anaesthetists will be expected to show evidence of CPD on topics listed on level one of the matrix. For example, some evidence of CPD in physiology, pharmacology and clinical measurement, emergency management and resuscitation, airway management, acute pain management, patient safety (e.g. infection control, child protection), legal aspects (e.g. consent, data protection), basic IT skills, education and training, and healthcare management (e.g. critical incidence reporting). You will have done many of these already as a standard Trust requirement. The document gives a detailed description of what is recommended, including CPD points accrual. The specialist level three matrix summarises areas which would be relevant to pain doctors i.e. care of acute, chronic and cancer pain, biopsychosocial assessment of chronic pain, multidisciplinary management, pharmacotherapy, physical therapies, interventional techniques, and psychological and rehabilitation approaches.

Revalidation pilots

The process of revalidation has been piloted this year and my hospital (University Hospitals of Leicester) took part in the project. Having undergone the process myself, I can report that it was robust and reasonable. The need for a detailed portfolio confirming the nature and amount of CPD cannot be overemphasised. The pilot computer software that facilitated the process was not perfect; there were a few glitches but these are now being addressed. Much work is ongoing around revalidation, so keep a close eye on the website for updates.

Law and Ethics Society

Prof Peter Hutton, former President of RCoA, is leading the formation of a new society concerned with law and ethics in anaesthesia, intensive care and pain medicine. The FPM considers this an important aspect of our speciality and we have supported its development. Meetings will be arranged soon and we will publish details on the website.

National registry

The establishment of a national registry of spinal implants for pain management has been discussed for years with only limited progress. The FPM has decided to attempt to facilitate this project and we have been in discussion with Dr Simon Thomson who had been working with colleagues on a version of such a registry. There are many problems associated with creating and maintaining a national registry but we are now at a stage where we are hoping to set up a pilot in at least two sites. The project is still embryonic and we will keep our Fellows informed of any further developments.

Feedback

Finally, at every Board meeting, we review progress guided by a detailed strategy plan. We believe that we are making good progress in achieving most of our aims as stated in this publication, College Bulletin and meetings. We are keen to hear the views of our Fellows and ensure that we are delivering a Faculty that serves their needs and aspirations. If you have any comments on how you think we are doing or have any suggestions on potential work streams, please do not hesitate to contact us.

Training and Assessment

Dr Kate Grady, Vice Dean and Chair of the FPM Training & Assessment Committee

The Training and Assessment Committee continues to oversee, support and regulate all matters of training and assessment in Pain Medicine relevant to RCoA trainees. The Faculty of Pain Medicine (FPM) is represented on several RCoA committees by the Training and Assessment committee. There is established representation on the RCoA Training Committee, the RCoA Quality Management of Training Committee, and the e-Portfolio Working Group and new representation on the Assessment and the MSF (Multi Source Feedback) Working Groups. The Training and Assessment Committee continues to have a member designated to the consideration of Out of Programme requests with a Pain Medicine component.

Fellowship and Membership

The process of admission to the Faculty is ongoing and each application for FFPMRCA is passed by two assessors and the Chair of the Training and Assessment Committee, all of whom make an independent assessment. To date 454 have been admitted to Fellowship by the Foundation route, 88 by the Assessment route and 2 by Special Application. We have admitted 7 Associate Fellows and 4 Members.

Curriculum

Pain Medicine is a compulsory part of anaesthetic training at Basic and Intermediate level and is optional at Higher and Advanced levels. The principle of spiral learning applies throughout. Higher Pain Medicine training allows the trainee to examine and develop career aspirations in Pain Medicine and it is a progression from Basic and Intermediate training and, with the introduction of the 2010 curriculum, is essential for all trainees who wish to progress to Advanced Pain Medicine training. In addition, the College and the FPM recommend that Higher competencies are the minimum required for a trainee to consider a future consultant post with an interest in acute Pain Medicine. In addition, the FPM recommends that all those who are appointed as Lead for Acute Pain Services should have completed Advanced training in Pain Medicine. Advanced Pain Medicine training is the route to a career in Pain Medicine. Curriculum and training FAQs have now been posted on the FPM part of the RCoA website. Also, the Pain Medicine logbook continues to be used without any notable issues and has generated a very significant interest. Feedback from those piloting the logbook has been and will continue to be gratefully received.

Modules

An Intrathecal Drug Delivery (IDD) module has been added to the curriculum as an option at Advanced level training. This lies alongside Spinal Cord Stimulation, Cancer Pain Management and Paediatric Pain Medicine as optional specialist areas of learning at Advanced level. The Professional Standards Committee of the FPM has produced guidance for competence in all these areas for those beyond the training grades.

Assessment

Successful completion of training and the prescribed assessments at Advanced level, coupled with success in the forthcoming FPM examination is a route to the award of the FFPMRCA. It is important to note that the formal assessment process used at Advanced level CCT training in Pain Medicine will continue and success in assessments and success in the examination will be necessary to achieve the award of FFPMRCA. For those in Advanced Pain Medicine CCT training who are successful in the assessments and the exam but do not have the FRCA, the award will be the Diploma in Pain Medicine of the Faculty of Pain Medicine of the Royal College of Anaesthetists (DFPMRCA). The FPM exam is to be run for the first time in September 2012 and those starting Advanced training from February 2011 onwards are expected to sit it. With the introduction of the exam the number of case reports required for assessment will be reduced from four to two. This rule will apply to all those starting Advanced Pain Medicine training on or after 1st February 2011.

RAPMs'

Strong links between the Regional Advisors in Pain Medicine (RAPMs') and the Faculty and the Training and Assessment Committee are maintained by Dr John Hughes (representative of the RAPMs'). Dr Hughes organises their twice yearly meetings and is one of the main routes of communication both from and to the body of RAPMs'. The RAPMs' are tasked with the day to day management of Pain Medicine trainees, both directly, and through the Local Pain Medicine Educational Supervisors (LPMESs).

The committee's first year

Dr Karen H Simpson, Chair of the FPM Professional Standards Committee

The PSC has remained busy in the past 6 months; issues such as good practice documentation, professional standards, patient safety and revalidation still occupy our attention.

Consultations

It is also encouraging that the FPM has been asked to contribute to wider debate concerning many consultation documents that have emerged from central bodies such as the Department of Health and the GMC. This is important work; we hope that our input will inform and shape future changes and directions in pain management nationally. Fellows can keep up to date about what is on the horizon via the Live Consultations section of the DH website. I would recommend 'Liberating the NHS: Developing the Healthcare Workforce' and 'Healthy Lives, Healthy People': ***www.dh.gov.uk/en/Consultations/Liveconsultations/index.htm***.

Events

In 2010 our Educational Meetings Advisor, Sanjeeva Gupta, arranged some more excellent meetings. The Spinal Cord Stimulation study day that was held at the College in November was a specialist meeting for quite a small group; it was very well received and provides a good model for similar future events. The 3rd Annual Meeting for Fellows and Members of the Faculty was a much larger meeting that focused on evidence based pain issues. The speakers were superb and often controversial. I am sure that 2011 will see meetings of the same calibre and a Cancer Pain day is already planned for June 2011. In these times where study and professional leave is ever harder to come by, it is essential that the FPM provide meetings that the Fellows need and want. Please contact Dr Gupta via the FPM if you have ideas or feedback.

Publications

The document 'Best practice in the management of epidural analgesia in the hospital setting' is now finalised and on the website. It has been endorsed by several important groups as you will see on the front cover; this will add to the influence of this important piece of work. Other FPM guidance on competencies has now been completed in two important areas - spinal cord stimulation and intrathecal drug delivery; these are also on the website. These set out the core and Advanced competencies in both areas and have also been endorsed by other groups. The best practice guidelines for epidurals for pain of spinal origin has now been finalised and will be circulated at the same time as this edition of Transmitter. A future area to address is recommendations for record keeping and related topics; work on this is about to begin. In relation to this, information Governance Training is a big issue at present in many Trusts; an excellent e-learning package can be accessed via the Connecting for Health website at ***www.igte-learning.connectingforhealth.nhs.uk/igte/index.cfm***.

CPD and Revalidation

Work on revalidation continues; there has been some slowing of pace and this is welcome. It is likely that, for most doctors the process will be straightforward as long as they collect the evidence needed. The RCoA has now published revised 'Guidelines for CPD'; this is on the website. An appendix contains pen portraits that illustrate the CPD needs for different clinicians including those practicing Pain Medicine in SAS and consultant grades. To facilitate development of a CPD portfolio, the RCoA has now finalized its CPD Matrix. This is a framework of three levels of CPD with specified knowledge and skills needed to revalidate. There is also work in process around Multi-Source Feedback and 360 degree appraisal. The FPM is pleased to report that Dr Mark Taylor has been asked to be involved in this area as the Faculty representative.

The PSC remains busy and as ever I rely completely on the support of our excellent administrate team under the guidance of Daniel without whom the PSC could not function.

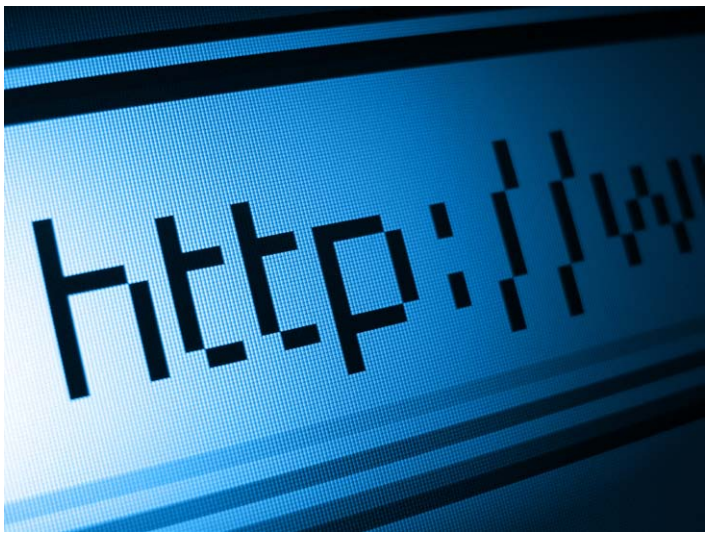
Regional update

Dr John Hughes, Chair of the Regional Advisors in Pain Medicine

The regional advisers have been quietly active over the winter months developing systems to deliver the new curriculum. They have been continuing to develop the regional structures in order to have clear lines of communication, some guidance is nearing completion to further this process. There have been some changes and we thank Dr Andrea Harvey, Dr Richard Summerfield, Dr Andrew Baranowski, Dr William Campbell, Dr Tim Evans and Dr Nigel Matthews for the work they have done. They have now been succeeded by Dr Saravanakumar Kanakarajan, Dr Pradeep Desai, Dr Helga Funkle, Dr Victor Mendis and Dr Nick Campkin who we welcome on board and look forward to working with.

New guidance

Along with the roles and responsibilities document for RAPMs' there is also an update due with regard to the process for RAPM appointments and is nearing completion. Along with this has been a review for pain trainers and a document outlining the roles and responsibilities for Local Pain Medicine Educational Supervisors is coming to fruition. The final update is the Review Form of Higher and Advanced Pain Training that replace the original form and is aimed to help the RAPM and the Faculty understand what the various training programmes offer and how they are managed. This form should be updated every three years to record changes in staffing and working practice. The same form could be used with benefit for other pain training units as well. These developments will I hope allow for clearer lines of communication between the pain and anaesthetic elements of training at all levels from the new starters to the Advanced pain trainee. The trainees will also benefit, as it will be clearer who the key pain trainers are within the region and at each individual unit. It will also allow those with aspirations to educational supervision or beyond get a flavour of what is involved and participate in developing local pain training.



Documents produced by the Faculty as resources for RAPMs' and LPMESs are:

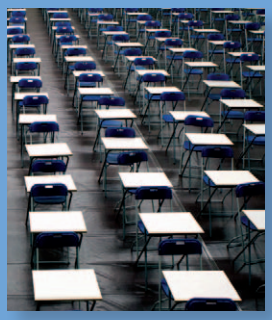
- RAPM: Roles and Responsibilities
- LPMES: Roles and Responsibilities
- Review form for Higher and Advanced Pain Medicine Training centres
- Trainee Registration Form
- 'Providing Advanced Training in Pain Medicine for Anaesthetists' (A Guide for RAs, Trainers and Trainees)

General training

With the advent of Higher pain training it is suggested that Higher trainees register with the Faculty in the same way as Advanced trainees (a form is available on the web site). This will allow for timely information to be passed onto them (about events, courses and the exam) even if they are not planning on a career in Pain Medicine. Along with this it is suggested that the pain logbook is used by both groups of trainees. There is no reason why the logbook could not be used by any anaesthetic trainee for the pain elements of their training. With the advent of the e-portfolio the summary reports will be unloadable in a similar way to those from the anaesthetic logbook.

Future dates

The RAPMs' will have a meeting on 23rd June 2011 at the BPS ASM. There is also a meeting for Advanced Pain Trainees from 12.15 to 13.30 on 24th June 2011 at the BPS ASM. This provides a forum for discussion and usually has RAPMs' as well as Faculty Board members present.



Examination development

Dr Kate Grady, Project Clinical Lead
Mr Daniel Waeland, Project Manager

The examination was formally announced on the FPM website in December 2010. Trainees starting their Advanced Pain Training from the 1 February 2011 will be required to pass the FFPMRCA examination as part of the award of Faculty Fellowship. The Faculty realises that the exam is a considerable commitment on the part of trainees. However, the benefits to the Faculty, to Pain Medicine, to its clinicians and to our patients are many and varied. Standards can be more closely monitored and improved. Higher and Advanced Pain Training will be recognised as a unique and focal part of anaesthetic training. The Faculty will be brought in line with other Faculties of national, international and political importance, including the Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists (FPM ANZCA).

Why 1 February?

The ultimate aim of the Faculty and its examiners is to ensure they deliver an examination to you that is fit for purpose, educationally and fit for excellence. In order to standard set and quality assure, we need to guarantee a large enough cohort for the first examination. Additionally, the Faculty is a charity and has to pre-plan its budget. The FFPMRCA examination is importantly not a barrier to your CCT, and award of the FFPMRCA is not an essential criterion of Pain Medicine consultant appointments. The examination is for the profession, for standards and for education.

Website releases

We plan to published further exam releases on the website detailing other important matters as they are developed and finalised, such as Examination Regulations, the date of the first examinations and fees; the examination is developed using a standalone financial plan and whilst we have a responsibility to ensure we stick to budget, we will ensure the fee remains competitive. The fee will guarantee the examination breaks even and will not be to generate revenue. The finalised dates will be posted following the Examinations Committee towards the end of May. We also plan to have some example questions on the website by September.

DFPMRCA

As we are a Faculty of the Royal College of Anaesthetists, the FFPMRCA will only be awardable to those with the FRCA. However, the Faculty recognises the important achievements of non-FRCA trainees who complete the full CCT programme (including Higher and Advanced Pain Training). Consequently, the Examination Executive and RCoA Council have approved the post-nominal DFPMRCA (Diploma of the Faculty of Pain Medicine of the Royal College of Anaesthetists) for those who complete Higher and Advanced Pain Medicine training and assessments as part of the CCT programme, and pass the examination.

Question writing

The examiners are in the middle of a long period of question writing and following a successful question writing day in November 2010, had a two-day question writing marathon on 17 and 18 March. The groups, overseen by Dr Jeremy Cashman, have slipped into their working relationships with a harmony and enthusiasm that has clearly demonstrated their dedication to forging a top notch examination for Pain Medicine. Dr Mike O'Connor, Chair of the MCQ Group, has kindly stepped forward to lead on standard setting and presented his initial concepts to the examiner group on 17 March. Our SOE Group Chairs, Dr Adrian Dashfield (Clinical) and Dr Mick Serpell (Science) are also busy with their groups creating the oral components of this examination.

Information technology

And of course no project would be complete without an IT element. In order to balance both security and openness between question writing groups for transference of constructive criticism and fresh ideas, the examiners are using a secure online server to post and refine their banks. The FPM will also be developing a version of the relational database used by the FRCA which will allow proactive monitoring of the question bank and in-depth statistical analysis so we can ensure the examination stays up to standard and of the highest quality.

Dr Douglas Natusch, one of our examiners, has kindly taken a lead in this area. We would like to thank once again, all those who have contributed to this important project.

Update from the Trainee Representative

Dr Neeraj Saxena

As I am writing this, I have been in this post for over six months and have already made a few day trips to London. With each one of the Faculty meetings, I am impressed with the pace of development occurring in the world of Pain Medicine for present and future pain trainees. This update highlights some key issues which would affect pain trainees.

Training

The Faculty has introduced a Trainees' registration form which all those entering Higher and Advanced Pain Medicine training are requested to complete and return to the Faculty. This is available on the FPM section of the RCoA's website. By August 2011 all deaneries should have introduced the new (2010) curriculum for CCT in anaesthetics. The new curriculum puts even greater emphasis on pain training at the Basic, Intermediate and Higher levels of training. Attainment of Higher pain modular competencies is now essential for trainees planning to take up Advanced pain training posts and those aiming for consultant posts with an interest in acute pain. There are also optional sub-speciality modules available in paediatric pain, cancer pain, spinal cord stimulation and intrathecal drug delivery for those who wish to further enhance their exposure in these challenging areas.

Fellowship Examination

The eagerly awaited examination as a part of the assessment for fellowship of the Faculty of Pain Medicine has now been announced and will have its first sitting in September 2012. This applies to all trainees starting their Advanced pain training from 1st February 2011, although trainees who have started (or even finished) their Advanced pain training prior to this date are also eligible to take the exam if they would like to for their professional development.

Staying in the loop

Since pain trainees form a relatively small cohort of trainees in their respective geographical areas it is quite important to communicate with past and present fellow pain trainees, especially those from other regions, to gain from their experiences and stay abreast with the happenings. This networking becomes even more pertinent in the current climate of the changing NHS. To facilitate this we have an online forum for pain trainees (in the closed fora on Doctors.net) to discuss any issues you may consider relevant and I would encourage everyone to join in. Finally, there is also our annual pain trainee meeting at the British Pain Society's ASM which provides an excellent opportunity to meet each other and also a platform to discuss training related issues directly with some of the Faculty's board members.

Hope to see you all in Edinburgh!

Trainee Publication Prize

2010 Trainee Publication Prize

Congratulations to Dr Anuj Bhatia, who was awarded the 2010 Trainee Publication Prize for his excellent work on the article 'Development and Validation of a New Technique for Ultrasound-Guided Stellate Ganglion Block'. Dr Bhatia presented a short summary of the article at the Annual Meeting for Fellows and Members and received his certificate. Part of his prize was also to have the opportunity to attend all the lectures on the day and meet many Fellows and Members of the Faculty

2011 Trainee Publication Prize

The 2011 Trainee Publication Prize will go live in early summer, with preceding adverts on the FPM website, as well as in the college Bulletin. Please let anyone who may be interested know about the prize. Publications for the 2011 prize must have been peer-reviewed, published during 2010, on a topic relevant to Pain Medicine and based on original research or a systematic review which includes metanalysis. The submitter must have been a trainee when the article was published.

FPM events

Firstly, I would like to offer my thanks to those of you who have attended the FPM's recent courses and to those fellows, members and speakers who have made contributions to these events. We have received very positive feedback and some good suggestions from the delegates have been given for future events. The three day meeting held in January entitled 'Introduction and Current Concepts in Pain Medicine' was a great success. Next year we plan to update this course so it will be of interest to trainees considering a career in Pain Medicine and wanting information on the newly introduced exam, whilst also being of interest to Advanced pain trainees and consultants looking for an update on recent advances in the field. We will map the topics of the meeting to Level 2 and 3 CPD (***www.rcoa.ac.uk/index.asp?PageID=1700***).

Future events

On the 10th June 2011 the FPM will hold a Study Day on Cancer Pain Management. Please see the Faculty's web pages for information on how to book your place. The Faculty plans to hold its winter Study Day on 11th November 2011 which will focus on Evidence Based Acute Pain Management. The theme for the Annual meeting on the 30th November is yet to be finalised and I would be interested to hear your thoughts on potential themes for the day. Topics under consideration are Acute and Chronic Pain Management in the Elderly and Emerging Techniques in Pain Management. I would be interested to hear your thoughts on these topics or please email your ideas to ***SGupta6502@aol.com***. With the introduction of the FFPMRCA examination in 2012 all our events will be updated to include information for Trainees who are to sit the exam. We will keep you up-to-date with all the latest on this in the future issues of the Transmitter and via our website.

Why should I attend?

FPM events provide essential updates and important advances on current pain related issues that are relevant for busy hospital doctors. We tailor the programmes to your needs. You can network with peers and experts and receive information and advice from leading professionals in the industry. You will also make an important educational contribution to your CPD. FPM Fellows and Members can attend. If you are an Advanced Pain Medicine trainee, a Pain Medicine consultant or SAS and career grade specialist you are also eligible. The next Faculty events will be the Cancer Pain Management Study Day. The programme and information about how to apply is available online at the URL below: ***www.rcoa.ac.uk/index.asp?PageID=40***.

Comments from previous events:

'Fantastic day'

'Broad programme with some excellent speakers'

'An excellent course to get an overall idea for beginners, but also useful for learning some newer/advanced topics'

'Very useful in the early stages of my pain fellowship – good for directing my further study'

'Very good overview, excellent value'

Faculty calendar

2011 events	
MEETING: FPM Professional Standards Committee	08 Apr 2011
MEETING: Board of the FPM	05 May 2011
MEETING: FPM Training & Assessment Committee	06 May 2011
EVENT: Cancer Pain Management Study Day	**10 Jun 2011**
MEETING: RAPM Meeting (at BPS ASM)	22 Jun 2011
MEETING: Pain trainee meeting (at BPS ASM)	23 Jun 2011
MEETING: FPM Professional Standards Committee	24 Jun 2011
MEETING: Board of the FPM	15 Sep 2011
MEETING: FPM Professional Standards Committee	14 Oct 2010
EVENT: Winter Study Day	**11 Nov 2011**
EVENT: Fourth Annual Meeting	**30 Nov 2011**
MEETING: Board of the FPM	8 Dec 2011

All dates are subject to change.
Please ensure you check dates on the FPM Website.

Training in Palliative Medicine

Dr Fiona Hicks, Chair of the SAC in Palliative Medicine

Since its inception as a medical specialty in 1987, palliative medicine has had much in common with Pain Medicine (or chronic pain management as it was more often known as then). Both specialties have matured and become more firmly embedded within their own Colleges, but the link rightly has been maintained – especially in training. Palliative medicine continues to welcome doctors to Higher specialist training from a range of backgrounds. The majority come through Core Medical Training, but as a specialty we value the richness that comes from different backgrounds and less conventional routes. Those with a CCT in General Practice, Surgery and Anaesthesia are welcome to apply at ST3 level.

Growth and maturation

As the specialty of palliative medicine has matured, it has also expanded and we are no longer considered to be a 'small' specialty within the Royal College of Physicians. With over 200 Registrars in training we have programmes in every UK Deanery which continue to be a popular choice. The specialty has also firmly moved into managing people with non-cancer diagnoses, although people with cancer continue to make up the majority of our workload. Our registrars rotate through acute hospital, hospice and community placements.

Working together

The overlap between palliative and Pain Medicine is most marked for the management of patients with cancer pain, where when teams can work together, we have skills that complement each other very well. Most cancer pain can be well controlled with the judicious use of analgesics and co-analgesics, but some will require interventional techniques of varying complexity. Palliative medicine physicians who have not had anaesthetic training should not deliver these techniques but all should know what is possible, what is available locally, how to refer patients, what different interventions involve for patients, contraindications, and complications, their recognition and management. They should know how to manage infusions and develop safe shared-care arrangements with colleagues in pain management locally.

Curriculum and training

The Curriculum for Higher Specialist Training in Palliative Medicine has undergone many revisions, most recently to comply with the PMETB (now GMC) quality standards. This has formalised both the content and assessments. For over 10 years, it has included 'management of epidural/intrathecal catheters (using local guidelines)' but it has become apparent that the training and experience available for this varies significantly around the UK. Some areas have always been better served with pain management teams than others, but in recent times, some have seen significant service reductions. Although all Registars have been 'signed off' as competent in managing spinal infusions, the 2010 currculum introduced an assessment for this for the first time.

Future working

It will now be necessary for palliative medicine training programme directors to make contact with colleagues in Pain Medicine to enable registrars to access training and assessment in the management of spinal lines, if this is not already provided. We have made the assessments as flexible as possible while retaining the core competences required for safe practice and have successfully piloted it in an area with very limited access to Pain Medicine colleagues. We hope that formalising the assessment encourages closer working between the specialties in areas that don't have that at present, in the interests of optimising care for our patients. We hope that colleagues in pain management will be willing and able to help when asked – we have much to learn from each other.

National Pain Audit

Dr Stephen Ward

Never before has there been a more pressing need to demonstrate the value of chronic pain services and to highlight the variations we know exist in the provision of and access to these services. In 2000, the Clinical Standards Advisory Group (CSAG) publication 'Services for Patients with Pain' found a large variation in quality of care offered by providers. The 2007 benchmarking audit for chronic pain 'Getting to GRIPS with Chronic Pain in Scotland' demonstrated signification variation in patient care and led to the Scottish government recognising chronic pain as a long-term condition in its own right. The 2008 Welsh Assembly report 'Service development and Commissioning Directives for Chronic Non Malignant Pain' highlighted the patchy provision of services and the need for services closer to home for the vast majority of patients. We need a National Pain Audit to obtain accurate data, to inform some imminent and potentially challenging decisions on the future of Pain Medicine.

Background

The Chief Medical Officer, in his 2008 Annual Report Chapter 'Pain: Breaking Through the Barrier' asked that 'All chronic pain services should supply comprehensive information to a National Pain Database'. In response, the British Pain Society in partnership with Dr Foster Research Ltd successfully submitted a bid to the Healthcare Quality Improvement Partnership (HQIP) to run a National Pain Audit, which is to be published in 2012. A three year project; year one focuses on the provision of pain services, years two and three focus on casemix and outcome.

Provision

The first phase of the audit aims to identify all specialist pain facilities in England and Wales. A questionnaire has been sent to all Primary Care Trusts, Strategic Health Authorities and Hospital Trusts to gather information about location, the type of facility and resources including staffing, support facilities and equipment. We have received approximately 230 completed questionnaires to date. The information is now being checked and validated and is available for clinicians, commissioners and patients to view online (***www.nationalpainaudit.org/search.aspx***). If your clinic is not listed on this database or if you feel the information is inaccurate, please contact ***painaudit@drfoster.co.uk***.

Casemix and Outcomes

We understand that clinicians are busy and that there can be a reluctance to collect and submit data. Please be assured that only a small amount of data to be submitted on behalf of new patients for a continuous period of three months; unique ID number, date of birth, diagnosis and suggested treatment plan. At the end of this period, the questionnaires will be collected and scanned. The data is entered onto a secure on-line server. Prior to the first appointment, patients are given a questionnaire to complete. This questionnaire asks about ease of access, work status and frequency of consultation with other healthcare providers. It contains the Brief Pain Inventory and the EQ-5D questionnaires to establish pain severity and baseline measures of psychological distress and physical disability. At six months intervals further questionnaires will be sent to the patient. The initial questions and the BPI and EQ-5D are repeated and additional questions to determine the impact of pain treatment are asked. Phases two and three of the audit will run from March to May 2011, with some scope to delay the start for those units not already engaged. This project is important to the specialty and to our patients. Please get involved.

Project Board:
Dr Stephen Ward – Chair, FPM rep, BPS Audit lead
Dr Cathy Price – Clinical Lead Psychology
Dr Barbara Hoggart – BPS CSIG Chair
Rhona Buckingham – RCP Audit Lead
Ellen Klaus – Head of Operations, Dr Foster

Project Team:
Project Manager – Robert Douce, Dr Foster
Clinical Lead – Dr Catherine Price
Project Administrator – David Woosnam
Team Manager – Alistair Johnston, Dr Foster
Data Analyst – Jess Goode, Dr Foster

Scientific Advisory Group:
Dr Ola Olukoga – Consultant anaesthetist
Dr Amanda Williams – Reader in Clinical Health
Dr Paul Aylin – Clinical reader in Epidemiology and Public Health
Dr Alex Bottle – Non-clinical lecturer in Medical Statistics
Douglas Smallwood – Chair of the BPS Patient Liaison

Election results

The Board of the Faculty held its first election for new members during summer and early autumn 2010. The process began on 2 August with an advertisement on the website (also included in the September Bulletin) and ended with the final election count taking place on 1 November. The final results are as below.

COLLETT, Beverly	***91***
WARD, Stephen	***52***
JOHNSON, Tim	***49***
MILLER, Barry	***47***
GODDARD, John	***41***
BALASUBRAMANIAM, Shyam	***38***
CASHMAN, Jeremy	***38***
HUGHES, John	***38***
McGOWAN, Patrick	***38***
LUSCOMBE, Francis	***31***
FAWCETT, William	***11***

Congratulations to Dr Beverly Collett and Dr Stephen Ward who were formally inducted to the Board on 10 February. Please read below for a short biography from each of our new members.

Dr Beverly Collett MBBS FRCA FFPMRCA

Dr Beverly Collett is a Consultant in Pain Medicine at University Hospitals of Leicester NHS Trust, UK. She has been a Consultant since 1986, running general pain clinics and has a specific interest in paediatric pain, pelvic pain in women and pain in patients with drug dependency problems. She is an elected Board member of the Faculty of Pain Medicine and an Examiner. She has been Treasurer and Council member of the International Association for the Study of Pain (IASP) and was the facilitator for IASP's Global Year against Pain for 2007/8 'Pain in Women'. She is Past-Chair of the SIG 'Pain of Urogenital Origin' (PUGO).

She is a Past-President of the British Pain Society and of the International Pelvic Pain Society and previously Honorary Secretary of the European Federation of IASP Chapters. She is Chair of the Chronic Pain Policy Coalition (CPPC) – a group facilitating patients, parliamentarians and health care professionals at a national level to improve pain management in the UK.

Dr Stephen Ward MBBS FRCA FFPMRCA

- Consultant in Pain Medicine – Brighton and Sussex University Hospitals NHS Trust
- Council Member – British Pain Society
- Secretary – Interventional Pain Medicine Specialist Interest Group (BPS)
- Member of the Board of the Faculty of Pain Medicine of the Royal College of Anaesthetists
- Project Board chair – The National Pain Audit

Dr Ward was appointed as a consultant in Pain Medicine and anaesthesia in 2000 and for the last 6 years has practiced as a full time consultant in Pain Medicine. His time is divided between a pain practice within a regional neurosurgical unit and a community based pain service. This provides a broad range of pain management interventions including neuromodulation.

Fellows, Members and Committees

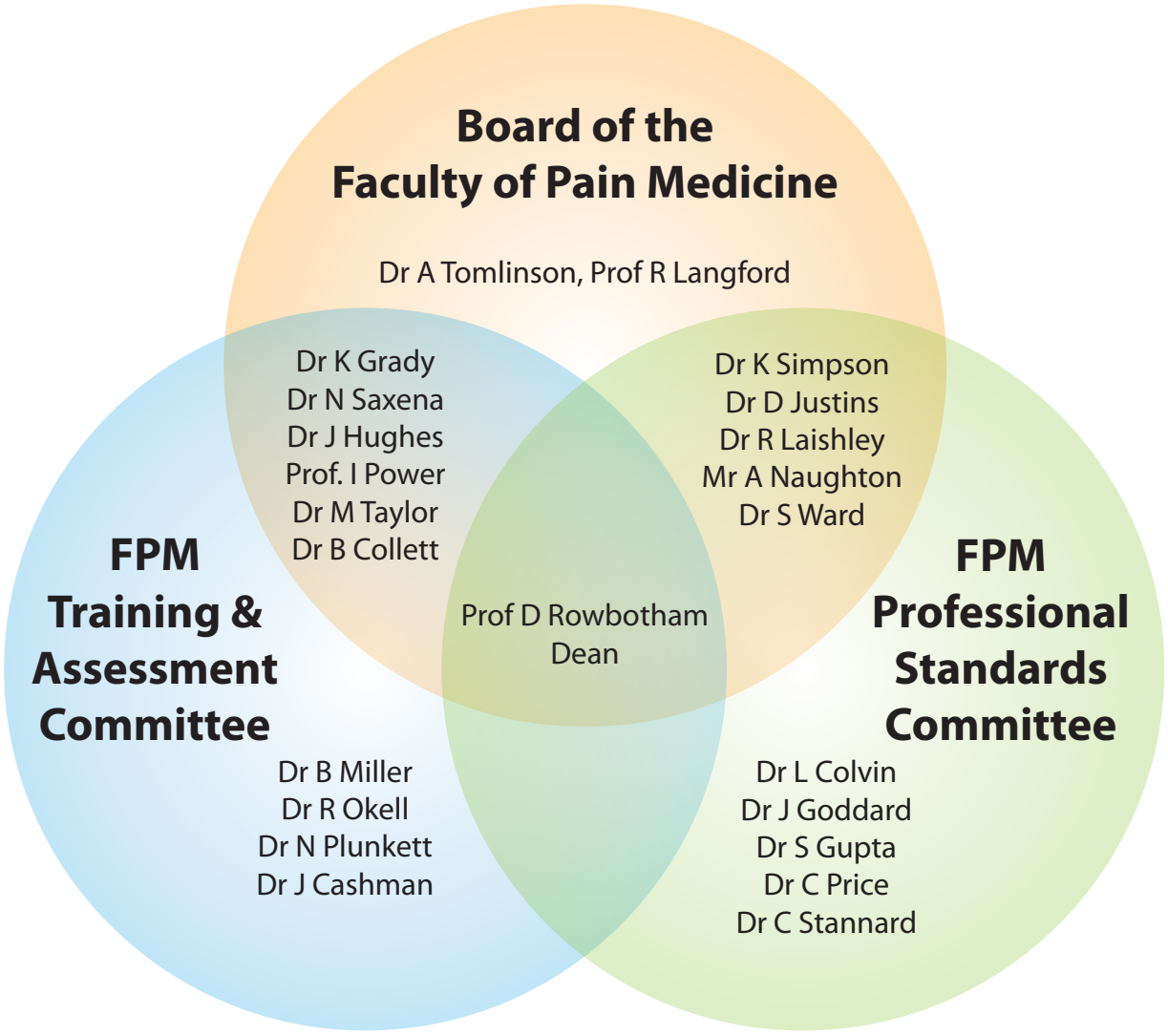
New Fellows by Assessment

October 2010
Dr Praveen Kumar GANTY
Dr Shefali KADAMBANDE

December 2010
Dr Suzanne Jacqueline CARTY
Dr Aditi GHEI
Dr Mark JACKSON
Dr Nirmal RAJADURAI
Dr Robert David SEARLE

January 2011
Dr Leif BURMEISTER
Dr Harish KATHURIA

March 2011
Dr Yoav TZABAR
Dr Niraj GOPINATH
Dr Sachin RASTOGI



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