FACULTY OF PAIN MEDICINE
of the Royal College of Anaesthetists

AUTUMN 2024

TRANSMITTER

THE MEMBERSHIP MAGAZINE FOR THE FACULTY OF PAIN MEDICINE ISSUE 30

All aboard the PAIN-TRAIN

PREPARING FOR FFPMRCA

OPCS CODES AND PAIN MEDICINE

FPM ANNUAL MEETING

FACULTY OF
PAIN MEDICINE
of the Royal College of Anaesthetists

Wednesday 11 December 2024

Faculty of Pain Medicine Annual Meeting

PLACES STILL AVAILABLE

09:00	**Welcome and Introduction**	
09:15	Remote/Virtual PMP - Does It Work?	Dr R Zarnegar
09:55	Psychiatry and Pain — learning from each other	Dr Matthew Castle
10:35	FPM Guidance 2024-De escalation of Opioids	Dr Sailesh Mishra
11:15	**Tea Break**	
11:30	Faculty Developments	Dr Lorraine De Gray, FPM Dean
12:10	Suicidality and Pain	Dr Mahendra Chincholkar
12:50	Managing Dyslexia in Trainees	Dr Ruth Bennet and Dr Eimear McClenaghan
13:20	**Lunch Break**	
14:20	Faculty Commendations	Dr Lorraine De Gray, FPM Dean
14:30	Patrick Wall Lecture: Pain, Policy and the NHS	Dr Benjamin Ellis
15:10	**Tea Break**	
15:25	Chronic Pain Management in Cancer Survivors	Dr Matt Brown
16:00	Endometriosis Related Chronic Pain - An Overview	Dr Katy Vincent
16:30	Palliative Care and Pain Management.	Baroness Ilora Finlay of Llandaff

Face to face

5 CPD points

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FACULTY OF PAIN MEDICINE of the Royal College of Anaesthetists

Wednesday 22 January 2025

Communications Skills Course:

Effective conversations for pain clinicians

09:00-09:15	Lecture	**Why use advanced communication skills in the pain consultation** Course objectives/Co-creating health Course structure/4 phases of the consultation
09:15-10:00	Lecture/ groups	*Phase 1: Exploring:* Key skills Patient journey (Activation)
10:00-10.30	Lecture/ groups	*Phase 2: Planning* Agenda setting Importance and ambivalence
10:30-10:50	**Break**	
10:50-11:20	Lecture/ groups	*Phase 2: Planning* Confidence and resistance Goal setting
11.20 - 12.00	Lecture/ groups	*Phase 3 - Problem solving:* Barriers and overcoming them
12:00-12:30	Lecture/ groups	*Phase 4 : Follow up* *Working with local systems*
12:30-13:30	**Lunch Break**	
13:30-16:20 15:30 Break	Actor scenarios	Demo: Putting skills into clinical practice: • Practice - 2 groups
16:20-16:40	Small groups	Next steps for personal practice and reflecting on objectives
16:40-17:00	**Further Learning**	

BOOKINGS NOW OPEN

Please note that the programme and timings are subject to change.

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This and back issues available online at **www.fpm.ac.uk**

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Vice Dean: Dr Ganesan Baranidharan

Dr Shiva Tripathi
Clinical Editor

WELCOME

Welcome to the 2024 Autumn edition of *Transmitter*. Even with all the doom and gloom around us in the world there are number of positive news related to the development of Pain Medicine as a specialist.

In this issue, Dr de Grey in her Dean's update talks about the imminent arrival of credentialing for specialists in Pain Medicine. Dr Aslam, an advanced pain trainee, describes a successful organisation of a national conference on pain and research and how you can be the part of this conference for the next year. Dr Kanakarajan and Dr Balasubramanian describe the importance of codes used for different pain intervetions. They give an insight into how the work that we do in Pain Medicine is recorded using these codes and can be used to influence patient care and research. Dr Mehta indicates about the prestige of the FFPMRCA by describing it as a high stake examination and gives an idea of the proposed changes to these exams in the next few years.

One of our most important roles as a specialist is to continue to educate the younger minds in managing pain to ensure effective and compassionate patient care to prevent risk of undertreatment or overuse of pain medications. Dr Willis, an anaesthetic trainee, describes how the RAT (recognise assess and treat) model of Essential Pain Medicine was used to teach the Acute Care Common Stem trainees in the Thames Valley. Dr Winter, our trainee representative, gives a useful summary of recourses to aid preparation for the FFPMRCA examinations. The appointment of Dr Helen Makins as the Wellbeing Lead should give assurance to the trainees that the Faculty takes their wellbeing seriously.

We often hear the terms 'reform or die' and 'knowledge is power'. Academia creates knowledge and drives reforms, enabling solutions to our complex issues of acute and chronic pain. It is important for us as anaesthetists practicing Pain Medicine to improve the academia if we want the subspecialty to grow stronger with time. We have already got historical work carried out to improve academia in anaesthesia to guide us. The Board of the FPM has agreed to develop a national academic pain strategy to take this forward. More about this in the new year.

Shiva Tripathi

Dr Lorraine de Gray
FPM Dean

MESSAGE FROM THE DEAN

The past months have been challenging for all of us working within the NHS, with considerable challenges to be had in dealing with ever growing waiting times and demands on all fronts. The turbulence within the world around us also continues and this undoubtedly may also have a significant impact on our morale and wellbeing.

Sadly, burnout is not uncommon, and around 38% of NHS staff in England have been reported to suffer from work-related stress. This trend has also been shown amongst trainees, with the GMC survey in 2023 revealing the highest rate of burnout amongst trainees since it started to collate this data.

Emotional burden

Although a career in Pain Medicine can be very rewarding, there is no doubt that the emotional burden of treating and managing patients who are frequently very distressed and have significant mental health issues, is not insignificant.

Studies from the United States have shown burnout rates higher than 60% in anaesthetists practicing in Pain Medicine as compared to 44% in anaesthetists not practicing in Pain Medicine. There is no doubt that support in the workplace in relation to staff wellbeing pays off in terms of having better staff satisfaction and retention as well as lower rates of sickness-related absence.

This issue has been discussed at FPM Board level and an FPM Board Lead for Wellbeing — Dr Helen Makins — has been appointed. Dr Jonathan Rajan, Chair of the Regional Advisors in Pain Medicine has also carried out an initial trainee survey which showed that although trainees believed that they could access routes to support their wellbeing, the levels of bullying and harassment experienced in the workplace are high.

Further work together with our Trainee Representative Dr Winters is in progress to identify such work-related issues and ways of addressing and preventing them. A further survey is planned with work being done to ensure that we have guidelines to help all doctors in need working within Pain medicine.

Credential

On a more positive note, the Faculty has made considerable progress with the NHS Statutory Bodies in finally arriving at a point when the Credential for the Specialist in Pain Medicine is prepping for launch. It must be noted that there are several factors in play which are beyond the Faculty's control, but we hope that applications for the recognition route can be opened soon.

Four nation approach

The FPM continues to work closely with the British Pain Society (BPS) in promoting pain management across the four nations of the UK. We are working closely with the major contributors for Get It Right First TIme (GIRFT) for Community MSK and are actively pursuing a GIRFT programme for Pain Management.

We are also working with the NHSE to promote Healthy Living and Prevention Strategies for chronic conditions and continue to participate in the Personalised Care Institute agenda to promote personalised care for all. As an offshoot of this, the FPM and the BPS are working to produce pragmatic, practical and personalised care guidelines for patients whose care does not currently fit within published criteria.

I would like to congratulate all the Diplomates who celebrated their award of Fellowship of the Faculty of Pain Medicine at RCoA Diplomates Day in September ... Well done to you all!

Diplomates

I would like to take the opportunity to congratulate all the Diplomates who celebrated their award of Fellowship of the Faculty of Pain Medicine at RCoA Diplomates Day in September. It was my privilege to meet you on the day and to see you celebrate with your families. Well done to you all!

A massive thank you also goes to our Court of Examiners very ably led by Dr Vivek Mehta. Our examiners continue to progress with the necessary changes to the exam format as agreed during the Royal College of Anaesthetists' Exam Review last year. We will update you with the proposed changes and the timetable to which these will be made in the months to come.

Board members

My sincere congratulations also go to Dr Manohar Sharma and Dr Vivek Mehta who were recently elected to the Board of the Faculty of Pain Medicine. It will be Dr Sharma's second term on the Board. He also continues to chair the FPM Professional Standards Committee and his expertise and hard work within the Board are greatly appreciated. Dr Vivek Mehta, Chair of the FPM Court of Examiners will bring a wealth of expertise to the Board. Thank you to all of you who voted for your preferred representative.

The newly elected members will be joining the FPM Board as of March 2025, when Dr Barry Miller, longest serving member on the current Board and one of the founding members of the Faculty in 2007, will be standing down — but more on that in my Spring 2025 update.

Thank you

As I commence my third and final year as Dean of the Faculty, I wish to express my thanks to all members and fellows of the Faculty, in particular Faculty Tutors, Regional Advisors, Committee Members, Board Members and the secretariat. Without all your support, dedication and hard work, all the progress made in the past years would not have been possible. I am humbled and privileged to look forward to the coming year knowing I have your support.

FACULTY UPDATE

New Fellows by Examination and Assessment

Deepak Malik
Ravi Manohar Kare
Katharine Ireland
Victoria Marie Phin
Priya Ramchandran
Neha Singal
Anish Thillainathan
Jennifer Van Ross

New Affiliate Fellows

Tammar Tareq Jasmin Al-Ani
Colin Thomas patterson
Harriet Kemp

New Affiliate

Andrea Romera Rabasa

NEW BOARD MEMBERS

Dr Vivek Mehta

St Bartholomew's Hospital, London

"It's an honor to be elected to represent the Faculty and I would like to express my gratitude to everyone who voted. I'm excited to be a part of the team who do an important job in supporting Faculty members. Pain Medicine continues to evolve and I look forward to tackling initiatives that look to the future of this specialty."

Dr Manohar Sharma

The Walton Centre, London

"Thank you to everyone who voted and placed their trust in me during the recent FPM Board election. It's an honour to represent my colleagues, and I'm thrilled to be part of the team. As Pain Medicine continues to present numerous opportunities for all of us, from education to advancing the services and systems we work within. I'm looking forward to contributing to shaping current and future initiatives that will support Faculty members effectively."

NORTH BRISTOL NHS TRUST GREEN OPERATING DAY — PART 2

REDUCTION IN EMISSIONS EQUIVALENT TO 1.04 TONNES CO_2

Miss Rebecca Hodnett
MBBS, MSc, MRCS

Mr Adam Williams
FRCS (SN)

Dr Sarah Love-Jones
MBBS, BSc, FRCA, FFPMRCA, EuDPM

This is the second of two articles describing how North Bristol NHS Trust's (NBT) Pain and Neurosurgery team at Southmead Hospital delivered an operating day to reduce carbon emissions in what is believed to be the world's first green pain and neurosurgery operating day.

The day

The NBT Green Operating Day was run at a single site; Southmead hospital, North Bristol Trust on 13th February 2024. Three theatres were allocated to the Green Operating Day with a mix of neurosurgical and pain cases, prepared following 6 months of planning with theatre teams All patients involved were planned and consented to participate in the day.

Sustainable choices

A framework for change, based on a literature review as well as the Green Surgery report[1] and the Intercollegiate Green Theatre Checklist[2], was used to guide measures instituted on the day.

As medical devices are a significant source of carbon emissions[3], we partnered with Abbott Medical, providers of our spinal cord stimulators, who agreed to offset the carbon footprint. As an alternative to their diesel-based vehicles, spinal cord stimulators were transported on bike and electric cars. Furthermore, potential savings were also calculated based on their remote monitoring programme for patients.

Calculating the carbon footprint

To capture the carbon footprint of the Green Operating Day, we recorded the carbon footprint of all consumables and surgical instruments used within the operating theatre, sterile preparation room and the anaesthetic space. Furthermore, the carbon footprint of utilities was recorded for the 12 hour period. This then gave us an accurate description of all three aspects of the NHS emissions activity within our theatres[4].

A hybrid model was used in accordance with the Greenhouse Gas (GHG) protocol to calculate the carbon footprint. The 'top down'

Carbon source	Typical	Green Surgery Day	Evidence to support change	Stakeholders involved
Anaesthesia	- Propofol via total intravenous anaesthetic (TIVA) is predominantly used with the occasional use of sevoflurane - Some recycling of hard plastics and waste from anaesthesia	- Only TIVA used - Record of consumables used and rationalising of equipment (syringes, bair hugger blankets, temperature probes) - Posters to remind the team of recycling and correct anaesthetic waste disposal	Cradle to grave analysis on key anaesthetic drugs by Sherman et al. (3)	Anaesthetic team
Utilities	- Theatre heating, light and electricity use remains constant over a 24hr period	- Implementation of a theatre shut down checklist targeting lights, anaesthetic machines, heating and electrical items when theatres are not in use	Our internal theatre audit showed that significant reductions in carbon footprint of 19300kgCO2 per year if theatre shut down list is correctly implemented	Facilities department and theatre team
Water	- Full water -based surgical hand antisepsis for every case (water usage estimated to 3-5minutes per person)	- Standard surgical hand antisepsis with water and chlorhexidine/betadine for first case only. All subsequent cases to use aqueous scrubs	No firm evidence to support one type of hand antisepsis over another in the prevention of surgical site infections (4)	Surgical team
Consumables in theatre	- Single use drapes, gowns, hats used	- Reusable drapes, hats and gowns used	Reusable textiles are similar in comfort, safety and cost to disposable alternatives (5)	Agreement between procurement and theatre team
Surgical instruments	- Full complement of surgical instruments opened for neurosurgical cases	- Surgeons revised the instrument trays to only include items routinely used	Multiple studies have shown that a significant number of items within surgical sets are not used and removing them from the standard surgical tray have both ecological and financial benefits(6,7).	Surgical team
Waste	- Poor understanding of hospital waste and recycling pathways led to more waste being incorrectly disposed of in "infectious waste"	Recycling posters and audits by trust to increase awareness and monitor that recycling is done correctly	Carbon footprint of waste is lowest with recycling therefore more so more should be done to facilitate this (8)	Theatre, surgical and anaesthetic teams

Framework for change.

approach (termed Environmentally Extended Input-Output model or EEIO) calculates carbon footprints by applying industry-specific carbon emission factors to monetary costs which could be found on the Trust's procurement system, NHS supply chain catalogue and through the Materials Management team. Carbon emission factors were obtained from the Greener NHS team 2020-21, DEFRA SIC 2007 GHG and the UK government's emission conversion factors for 2023[5].

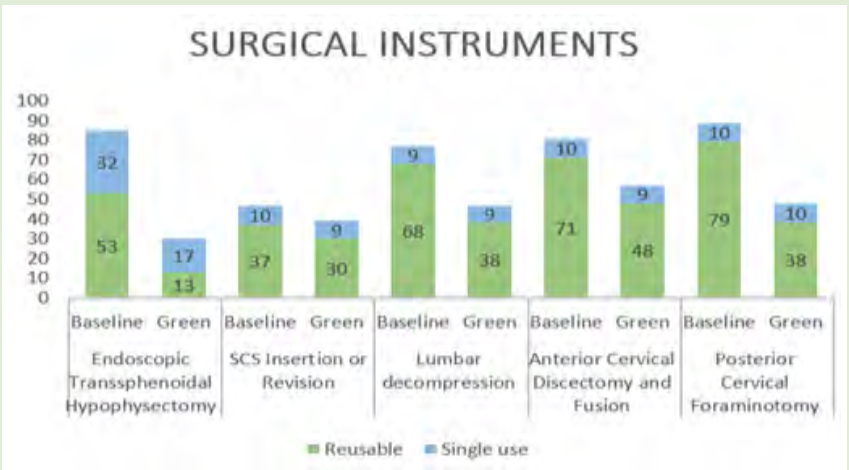
This was combined with a 'bottom up' approach, which uses published emission factors for a given activity, which is then multiplied with the activities unit of interest[6]. This 'bottom-up' approach was used to calculate the carbon footprint of waste, using its weight and multiplying this with emission factors obtained from the UK government's emission conversion factors for 2023 and Rizan *et al* [7].

Results of the day

Carbon Footprint of the Green Operating Day

To note there were no patient complications or prolonged stays related to the initiatives (mean length of stay was 1.3 days). In addition, the length of procedures was not different between baseline and the Green Operating Day. Reductions in the carbon footprint were seen across the neurosurgical theatre complex, with an overall reduction of 31% during our Green Operating Day. This equates to 1.04 tonnes CO_2e saved; this is equivalent to one passenger flying commercially from Bristol to Barcelona five times!

Surgical kit calculations included both personal protective equipment and surgical instruments (single use and reusable). Overall, 52% (31-68%) of surgical instruments were found to be reusable in our green list. Through the review of our instrument trays, an average of 19 reusable instruments were found non-essential and removed per tray. Greatest reduction was seen in our endoscopic transsphenoidal hypophysectomy instrument tray, whereby along with a 53% reduction in the use of single-use surgical



The slimmed down surgical tray: Reduction in the number of surgical instruments used per procedure.

		Baseline	Green	Change (%)
Endoscopic Transsphenoidal Hypophysectomy	Anaesthetics (kg CO2e)	71.26	71.31	0.07
	Surgical Kit (kg CO2e)	1137.10	926.11	-18.56
	Waste (kg CO2e)	2.54	0.68	-73.23
SCS Insertion or Revision	Anaesthetics (kg CO2e)	77.30	66.20	-14.36
	Surgical Kit (kg CO2e)	130.97	65.48	-50.00
	Waste (kg CO2e)	1.15	0.68	-40.87
Lumbar decompression	Anaesthetics (kg CO2e)	75.75	65.26	-13.85
	Surgical Kit (kg CO2e)	125.00	103.29	-17.37
	Waste (kg CO2e)	1.26	0.66	-47.62
Anterior Cervical Discectomy and Fusion	Anaesthetics (kg CO2e)	79.24	79.24	0.00
	Surgical Kit (kg CO2e)	132.02	119.42	-9.54
	Waste (kg CO2e)	0.99	0.69	-30.30
Posterior Cervical Foraminotomy	Anaesthetics (kg CO2e)	67.96	67.96	0.00
	Surgical Kit (kg CO2e)	117.24	104.06	-11.24
	Waste (kg CO2e)	0.99	0.62	-37.37

Breakdown of the carbon footprint per procedure.

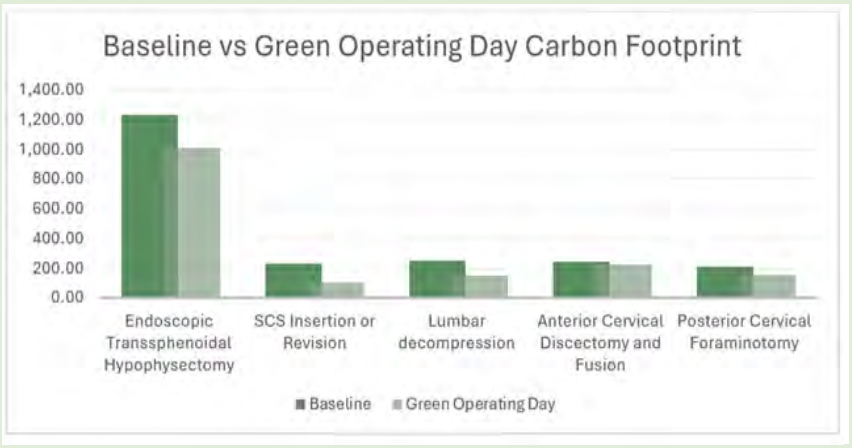
items, re-useable items were reduced from 53 to 13. The implications of reducing the size of surgical trays are that carbon footprint can be saved through the reduction in steam sterilisation requirements. Waste was also reduced by 32kg across the three theatres, including a 57% reduction in offensive waste produced.

There was minimal change in our anaesthetic carbon footprint due to our departmental use of Total Intravenous Anaesthesia (TIVA) for our casemix. Variations in anaesthetic medications were seen and were expected (due to variations in patient's baseline health and anaesthetic needs). Materials needed for delivering and monitoring safe general anaesthesia were also recorded on the day and included in our overall carbon footprint. Energy use was calculated over a 12-hour period for all three theatres by our energy consultants. In this instance, included were heating, cooling, lighting and laminar flow as well as small electrical items. Energy use declined from 197 kgCO_2e to 98kg CO_2e across all three theatres. Water usage was quantified as 5 minutes of continuous flow from a tap per person; this also declined from 19kg CO_2e to 0.23kg CO_2e. Our protocol for asepsis included a standard hand wash with water with either betadine or chlorhexidine for the first case of the day, followed by the use of alcohol-based hand gels for subsequent cases.

Offsetting of carbon emissions generated through the transportation of spinal cord stimulators were also considered. An average Abbott spinal cord stimulator is normally transported to Southmead Hospital, North Bristol Trust by a Class 3 diesel van across 224 miles once delivered to Dover from its main manufacturing site in Brussels. The UK carbon footprint for travel associated with a single spinal cord stimulator arriving at Southmead hospital was therefore calculated as 113.7 kg CO_2e. For the Green Operating Day, the spinal cord stimulators were transported by an electric car to Abbott offices in Maidenhead (113 miles) and then cycled to Southmead (111 miles) resulting in a carbon footprint of 13kg CO_2e and an overall reduction by 100kg CO_2e.

Qualitative analysis

There were 14 respondents (including surgeons, anaesthetists, and nursing staff) for our 10-point questionnaire issued on the day



Carbon emissions savings per procedure.

Theatre team's review of the Green Operating day	
Workload	Workload was felt to be reduced as fewer instruments needed accounting for during the perioperative checks. This also made the surgical trays easier to use and increased the efficiency of instrument handling
Adaptation	Some single use items were still needed (haemostatic agents, light handles) where there were no reusable alternatives. Not all reusable alternatives (heating and neck supports) were as good as single use alternatives and therefore should not be used in future green lists
Team building	The team felt that communication was clearer throughout the day with active encouragement between staff members to engage in sustainable behaviours

of our Green Operating Day. Sustainability was reported to be very important to the participants

Through face-to-face interviews conducted on the day, patients reported their concern over the negative impact of climate change on their health and found the experience a positive action towards change. There was general awareness of emissions related to travel and a desire to reduce this through remote consultations offered for spinal cord stimulator reprogramming by Abbott. Abbott reprogramming services were estimated to reduce carbon emissions by 241kg CO2e over a 12-month period through savings from patient travel (calculation based on an average patient distance and number of appointments in a year whereby it is assumed that the patient travelled in a diesel car).

Impact of the day

- Observed a 31% reduction in total carbon and 22% reduction in costs across three theatres and ten procedures
- Wide-ranging influence with editorials in two major journals, and presented at national conferences
- Ground-breaking partnership with industry (Abbott) to manufacture and deliver high-cost surgical devices sustainably
- Profound improvements to theatre efficiency and morale
- Important to our patients.

Sustained local change in theatres

NBT have performed 120 cases green cases since February with an estimated carbon reduction of 13,423kg CO_2e, equivalent to one commercial passenger flying from Bristol to Sydney 3 times. In addition, we have developed and implemented a Green Surgical Checklist, to sit alongside the daily WHO checklist.

The Future

- Adopt the strategies across all 32 of NBT theatres
- Encourage other hospitals to change
- Remote programming of spinal cord stimulators to avoid hospital visits.

References

1. Brighton & Sussex Medical School, Centre for Sustainable Healthcare, and UK Health Alliance on. Green surgery: Reducing the environmental impact of surgical care. 2023 [cited 2024 Apr 2];(v1.1). Available from https://ukhealthalliance.org/sustainable-healthcare/green-surgery-report/

2. Robb HD, Pegna V. The Intercollegiate Green Theatre Checklist. *Bull R Coll Surg Engl*. 2023 Mar;105(2):64–7.

3. Tennison I, Roschnik S, Ashby B, Boyd R, Hamilton I, Oreszczyn T, et al. Health care's response to climate change: a carbon footprint assessment of the NHS in England. *Lancet Planet Health*. 2021 Feb;5(2):e84–92.

4. NHS England. Delivering a 'Net Zero' National Health Service. 2022 Jul [cited 2024 May 14]. Report No. 1. Available from https://www.england.nhs.uk/greenernhs/wp-content/uploads/sites/51/2022/07/B1728-delivering-a-net-zero-nhs-july-2022.pdf

5. Department for Energy Security and Net Zero. Greenhouse gas reporting: conversion factors 2023 [Internet]. www.gov.uk; 2023 [cited 2024 Apr 19]. Available from https://www.gov.uk/government/publications/greenhouse-gas-reporting-conversion-factors-2023

6. Rizan C, Steinbach I, Nicholson R, Lillywhite R, Reed M, Bhutta MF. The Carbon Footprint of Surgical Operations: A Systematic Review. *Ann Surg*. 2020 Dec;272(6):986–95.

7. Rizan C, Bhutta MF, Reed M, Lillywhite R. The carbon footprint of waste streams in a UK hospital. *J Clean Prod*. 2021 Mar;286:125446.

Dr Manohar Sharma
FPMPSC Chair

PROFESSIONAL STANDARDS

The Professional Standards Committee (FPMPSC) welcomed three new members following a rigorous selection process. Dr David Pang, Dr John Titterington, and Dr Sibtain Anwar joined at the meeting in September 2024. We are now at a full complement of PSC members.

Planning has begun for the third edition of *Core Standards for Pain Management Services in the UK* (CSPMS UK). This major update and review is scheduled to start from January 2025. There was a mid-review of CSPMS in 2023.

OPCS-4 Classification of Interventions and Procedures as a guide and a booklet in a simplified format has been developed by Dr Shyam Balasubramanian and is currently undergoing further review by the FPMPSC and NHS England from National Consultant Information Programme colleagues to ensure content is accurate. This will provide relevant information for the FPM members to improve the coding process linked with our clinical activity and is likely to reflect and feed into the appraisal process as this is becoming a norm, especially in spine surgical practice.

Anticogulants

FPMPSC are intending to develop guidelines for patients who are on anticoagulants and are undergoing spinal interventions and SCS implants. The FPMPSC also plans to develop a patient information leaflet to inform our patients on the pros and cons of continuing or stopping anticoagulants for the proposed pain intervention in the context of their underlying reasons for anticoagulation and the bleeding risks of pain interventions.

Opioids Aware

FPM Opioids Aware guidance was sent to stakeholders for feedback. Thanks to FPM members for their feedback and that is now being considered. FPM hopes for the updated version of Opioids Aware to be made available on the FPM website soon. The Gap Analysis work led by Dr Devjit Srivastava has been completed and is due to be published.

Artificial intelligence

FPMPSC is aware of the issues around artificial intelligence and likely implications for pain management. Therefore, Professor Ashish Shetty has taken the lead on this; please get in touch with the Professional Standards Committee if you have any other suggestions or any ideas around the implications of artificial intelligence.

The Professional Standards Committee usually receives projects via the Board and also via PSC members. We are always happy to receive suggestions from fellow members on essential areas to focus on and improve. If any requests are made, we will be pleased to consider these for incorporation into our work.

OPCS CODES AND PAIN MEDICINE

Dr Saravana Kanakarajan
Vice-Chair, Professional Standards Committee

Dr Shyam Balasubramania
Member, Professional Standards Committee

Clinical coding is the translation of medical terminology that describes a patient's complaint, problem, diagnosis, treatment, or other reason for seeking medical attention, into codes that can then be easily tabulated, aggregated, and sorted for statistical analysis in an efficient and meaningful manner.

It ensures consistent and accurate data collection. The Office of Population Censuses and Surveys — Classification of Interventions and Procedures (OPCS) is an essential coding system used within the NHS to document and categorise medical procedures. It is a Fundamental Information Standard, developed and maintained by NHS Digital and is revised periodically. The current version OPCS 4.10 uses about 11,500 four character alpha numeric codes arranged in simple hierarchy — for example V48.5, radiofrequency controlled thermal denervation of spinal facet of lumbar vertebra. The OPCS codes are used in all devolved nations for recording of procedures, operations and interventions.

Understanding and applying correct OPCS codes is critical for both administrative and clinical purposes. OPCS coding serves multiple functions within the healthcare system:

- **Clinical Documentation:** Accurate coding is vital for the detailed documentation of patient care. In Pain Medicine, where treatments can vary widely from simple analgesic injections to complex neurostimulation procedures, precise coding helps ensure that the patient's medical history is thoroughly recorded.
- **Reimbursement:** OPCS codes are used to determine the costs associated with specific procedures. The National Payment System for NHS trusts rely on ICD-10 for diagnosis and OPCS codes for procedures to generate payment tariffs, ensuring that the provider is compensated appropriately for the services rendered.
- **Data Collection and Analysis:** The codes contribute to national

> The field of Pain Medicine is rapidly evolving ... OPCS codes must be updated to reflect these advancements, and we need to stay informed about changes to ensure accurate coding.

health databases, supporting operation, strategic planning and resource utilisation. This can include the prevalence of certain procedures, the effectiveness of treatments, and the allocation of resources within the NHS.

- **Research and epidemiology:** OPCS-coded data is often used in research studies and to inform healthcare policy decisions. It is valuable tool for our audits and quality improvement projects.

Structure of the OPCS codes

The basic structure of OPCS codes is an alphabet followed by 3 to 4 character codes. The alphabet refers to the chapters, which are anatomically based chapters, e.g. Chapter A covers the nervous system and Chapter V covers the bone and joints of skull and spine.

Each chapter is then tabulated from 01 to 99 to cover anatomical structures e.g. in Chapter A, the peripheral nerves are covered in A59-A71. And in Chapter V, the bones and joints of the spine are covered in V22–V70, with V48 dedicated to denervation of spinal facet joint of the vertebrae. The tabulated lists are further categorized to provide granular details e.g. v48.1 to indicate cervical vertebra and v48.5 to indicate lumbar vertebra.

The NHS classification browser (https://classbrowser.nhs.uk) allows us to browse and search for the OPCS-4 codes. Pain Medicine encompasses a wide range of procedures, each with its own specific OPCS code. It is not uncommon to use multiple codes a procedure, particularly side, site or a specific anatomical structure. The Professional Standards Committee of FPM is drafting a helpful guide for some of common OPCS codes used in Pain Medicine.

Challenges in Pain Medicine

While OPCS coding is an invaluable tool, it is not without its challenges:

- ***Dispersion:*** Due to the inherent nature of treating various anatomical structures throughout the body, the relevant OPCS-4 codes are dispersed across different chapters. Since the OPCS-4 chapters are organised anatomically, this presents a challenge for accurately coding and categorising pain procedures.
- ***Complexity of procedures:*** Our management often involves multidisciplinary approaches and combination therapies, making it difficult to fit procedures into a single OPCS code. This complexity can lead to coding inaccuracies, which may affect both clinical documentation and reimbursement.
- ***Keeping up with advances:*** The field of Pain Medicine is rapidly evolving, with new techniques and technologies being introduced regularly. OPCS codes must be updated to reflect these advancements, and we need to stay informed about changes to ensure accurate coding.
- ***Training and knowledge:*** Not all of us receive formal training in OPCS coding, leading to variations in how procedures are documented. Regular training and access to coding resources are necessary to maintain high standards in clinical documentation.
- ***Interdisciplinary variations:*** Our field often intersects with other specialties such as neurosurgery, orthopaedics, gynaecology, palliative care etc. This can lead to discrepancies in coding when similar procedures are performed by different specialists, necessitating clear guidelines and communication between departments.

In summary, OPCS coding is specific to UK and is a critical component of the practice of Pain Medicine, influencing everything from patient care and documentation to billing and research. For us, understanding and correctly applying these codes is essential to the effective and efficient delivery of care.

As the field continues to evolve, staying informed about updates to OPCS codes and their applications will be crucial in maintaining high standards in patient care and healthcare management.

Ismaa Aslam
Advanced Pain Trainee, Warwickshire School of Anaesthesia

PAIN-TRAIN: A TRAINEE-LED NATIONAL CONFERENCE

Pain-Train UK is a national group of trainees interested in pain and research. Coming together to develop and run research, audit and quality improvement projects.

In June 2024, with the support of Professor Fang Gao, I successfully organised, at the University of Birmingham, the first trainee-led continuing professional development conference with speakers and delegates from clinical, research and multidisciplinary backgrounds, interested in pain. The vision was to have a one-day event that encouraged collaborative discussion, celebrated the multidisciplinary approaches, and provide a networking opportunity. As an Advanced pain trainee involved in research, I wanted to create an opportunity for patient facing health care professionals and academics to consider key topics related to pain.

The College of Medicine and Health CPD lead and administrator at the University of Birmingham provided valuable support and guidance in gaining CPD accreditation. Background on the required speakers were required for accreditation, including the willingness to support the conference; I was pleasantly surprised with how down to earth speakers were, those contacted went above and beyond to attend and those that couldn't suggested alternatives in their field.

With speakers confirmed and the programme set, my focus turned to raising awareness of the conference. I found a

free-to-use online graphic design tool called Canva to design the poster.

At this stage I also recognised that the event would benefit from more trainee input, being a trainee-led event.

Networking further afield

An anaesthetic trainee based in Trent Deanery, and an academic intensive care trainee in Mersey Deanery expressed interest. As a group of trainees, supported by the CPD administrator we at this stage had all the essential skills and experience amongst us to deliver a high-quality event. We contacted sponsors, advertised the event, set up secure financial portal for delegates to pay and money to be delegated to catering or re-imbursement. There were regular meetings to discuss the logistics of the day and trouble-shoot issues as they occurred.

Financial considerations

It was important to ensure the conference was economically viable. Price for attending needed to consider some allied health professionals may not have allocated study budgets, those that do have study budgets would prefer not to wait for large amounts of money to be re-imbursed after conference. We had no personal financial gain to be made, the speakers were not expecting to be paid for their time and the University of Birmingham kindly allowed the use of conference room free of charge.

The nominal attendance fee and sponsorship, enabled us to pay for speakers travel expenses, provide lunch and refreshments for all; through negotiation with university catering department and external supplier we were able to provide not only an excellent spread over lunch of hot and cold food but also canapés and drinks post-event.

Challenges

Clash of events: The Faculty of Pain Medicine, unaware of our event, a national teaching event for Advanced Pain Trainees, unfortunately occurring on the same day as the conference. After great deliberation, we decided it was too late to change the conference date, due to the impact on speakers and delegates already signed up to attend.

Doctors Strike: Two weeks before the conference, a doctor's strike was scheduled for the same day as the conference. Clinical commitments for a couple of speakers led to the need to alter the order of the programme and we were very grateful to one speaker for agreeing at the eleventh hour to talk.

Maximum capacity: We had predicted number of people that would attend based on similar CPD conference held at University of Birmingham and booked rooms accordingly. We reached maximum capacity a month before the conference but despite offering a waiting list for those that could not be offered, this could not be authorised as non-attenders did not communicate, they would not be attending.

Success

The energy on the day was great, thanks to the delegates, speakers, and faculty. As per the feedback received the presentations were inspiring and thought-provoking. Professionals from many disciplines shared their experiences, passions about the future of Pain Medicine and associated research, frustrations due to shortages in resources and the complex nature of pain and variations of services. The environment was enriched by the presence of diverse professionals, including nurses, physiotherapists, clinical psychologists, PhD students, general practitioners, researchers, anaesthetists, palliative care consultants, trainees, and authors of fundamental books within the field of pain.

The attendees travelled from across the country. The feedback received was extremely positive and email exchanges have included job opportunities, setting up patient resources based on material presented and improvement in department and services.

Annual event

Based on the feedback and benefit of this conference, it has been decided this will be an annual conference. Similar talks and discussions are vital in ensuring continuous professional development and networking opportunities. If reading this, you are inspired to attend as a delegate or speaker, we welcome you.

Acknowledgements

I would like to offer my thanks to Professor Fang Gao and Dr Linda Lefievre for trusting me with this opportunity, Annabel Haylor-Giles for guiding me as the CPD administrator.

My thanks also extend to the other trainees/faculty members, Drs Maryam Umar, and Alicia Waite, who offered exceptional support leading up to and on the day of the conference. Lastly and most importantly, my thanks go to all our speakers and delegates without whom the day would not have been possible.

Dr Vivek Mehta
Chair FFPMRCA

FPM EXAMINATIONS

The FFPMRCA is a high stakes, medical examination undertaken in the final stages of training by candidates, currently of an anaesthetic background and pursuing a career in Pain Medicine.

The FFPMRCA is a high-stakes medical examination undertaken in the final stages of training by candidates, currently of an anaesthetic background, and pursuing a career in Pain Medicine. The independent review by Professor John McLachlan, published in 2023, provided recommendations for a future blueprint for all RCoA exams (FRCA, FFICM and FFPMRCA). Since publication, much work has been undertaken by the Faculty on the development of the FFPMRCA exam to ensure that it continues to remain the best tool for assessing the knowledge, skills, behaviours and attitudes of the modern pain specialist.

In line with the recommendations in this review and in accordance with General Medical Council guidance, the Faculty is proposing changes to both the Multiple Choice Question examination and the current Structured Oral Examination (SOE). In the MCQ examination, the application of knowledge requires integrated understanding, preferably learnt or repeatedly accessed by the learner in complex clinical contexts, where appropriate scientific principles are employed to address patient problems. Multiple True False (MTF) questions fall short in this respect and will therefore be phased out and replaced by Single Best Answer questions (SBAs) and Extended Matching Questions (EMQs).

The proposal for the oral element of the FFPM exam is to transition to a circuit-based clinical performance examination that will enable the assessment of clinical reasoning and decision making in a context that closely replicates the workplace so bringing enhanced validity and authenticity to the exam. The circuit-based format of this exam will enable greater sampling of the curriculum overall and may include more discrete areas of practice such as the clinical use of equipment, measurement, and investigations. All proposed changes are scheduled for release from 2026, subject to a rigorous process of staged regulatory approvals. Further information will be available in 2025, including detailed guidance on the changes, advice on exam preparation and supporting resources.

How can you help?

We are currently seeking question writers to support the development of the MCQ exam. The role encompasses all areas of MCQ development from item writing and review to standard setting, the process by which we derive the pass mark for each exam. Please contact the Examinations Manager for further information at facultyexams@rcoa.ac.uk. Finally, these changes, although essential, do not distract us from continuing to deliver the exam in its current format until the regulatory approvals have been met.

Dr Victor Mendis
FPMTAC Chair

TRAINING & ASSESSMENT

The Faculty of Pain Medicine encourages trainees to register with the Faculty, which enable us to keep you up to date with training developments and events. Registration is open to Foundation, those in Stage 1 and 2, and Stage 3 trainees working in a Specialist Interest Area (SIA) in Pain.

Credentialing

The Faculty continue to meet with NHSE to set up the credentialling processes under both a recognition (grandparenting) route and for pain trainees who have successfully obtained ARCP outcome 6. These pathways need careful planning to clarify the roles of each body and panels to oversee implementation and delivery. The Lead Dean for anaesthesia, Dr Andy Whallett, is intrinsically involved in these discussions.

Paediatric pain

The paediatric pain training information on the Faculty website has now been updated and following on from the survey results on paediatric pain training among anaesthetic trainees, the Faculty hopes to organise an educational event to capitalise on the interest shown. Dr Sachin Rastogi has liaised with Anaesthesia Learning in North East (A-LiNE) to host a free webinar early next year.

Education

Continuous updates have been made to FPM and EPM resources. The Department of Health has recently confirmed that the EPM module will soon be available online.

Careers and workforce

Dr Sonia Pierce has been involved with the RCoA Workforce Committee, which is developing the next College census set for 2025 and working to finalise questions. The Faculty are looking at the possibility to include questions relevant to Pain Medicine to address potential training gaps.

FFPMRCA

The Faculty are making significant strides towards implementing the new exam structure following the independent review, ready for late 2026, working alongside the RCoA Exams Development & Assurance Group (EDAG) which covers the exams of the College, FPM and FICM.

FPM Clinical Leads Network

A proposal for a Pain Clinical Leads Network was discussed and following a survey conducted by the Faculty, a a lot of interest was expressed. Therefore the Faculty hosted the first meeting of this newtork, linked to the RAPMs' annual meeting. The aim is to encourage engagement and collaboration on workforce and service delivery issues and, once established, start looking at quality assurance in different services which will allow us to promote our core standards as a framework for quality assurance.

Finally, a very big thank you to all the Faculty staff who continue to support the work of the FPMTAC.

Dr Victoria Winter
Faculty Trainee Representative

TRAINEE UPDATE

Thank you to those of you who completed the Trainee Survey! Clinically, the impact of covering anaesthetic on calls on training time has been highlighted and some of you have commented that you are expected to cover daytime anaesthetic duties, against the advice of the FPM.

These are long-standing issues and I have raised them with the Board and the Training & Assessment Committee. The survey also highlights some of the personal difficulties of subspecialising in Pain Medicine within anaesthetic Training. The burdens of learning new skills, further examinations and the emotional burden of working in Pain Medicine, on a background of working anaesthetic on call rotas, can be stressful. The Faculty has appointed Wellbeing Lead, Dr Helen Makins, who is involved in setting up a formal pathway for Wellbeing support for Pain Doctors. The FPM Thrive mentoring scheme can also be accessed via the FPM website.

Teaching programme

The lack of formal teaching in Pain Medicine is a recurring concern amongst trainees. The FPM is working towards setting up a national teaching programme and Dr Andrew Whelan has recently been appointed as FPM National Teaching Champion. It is the hopehoped that the teaching programme will commence early next year.

FFPMRCA exam

The Trainee Survey has highlighted that candidates are finding preparation for the FFPMRCA difficult. Taking note of this feedback, I have written an article to help trainees prepare for the Examination, which is also published within this *Transmitter*. I hope future candidates find this guidance helpful. There are plans to change the format of the FFPMRCA examination, however these changes are not expected to take place until 2026. The examination pages on the FPM website will be kept up-to-date once the dates for these changes are confirmed.

Dates for your Diaries

The date is not yet confirmed for next year's FPM Trainee Day, however I will send it out once it is. Some of the talks from this year's Trainee Day are available to watch back via the following link: https://vimeo.com/video/988347773. Password: FPMTraineeDay24.

Get in touch

If you have any issues/concerns regarding pain training and want to reach out to me I'll try to do what I can to help. The best ways to contact me are via email victoriawinter@doctors.org.uk, or via WhatsApp.

There is also the FPM Pain Trainee Whatsapp group, which can be joined via the QR code printed on this page.

Dr Jonathan Rajan
RAPM Chair

RAPM UPDATE

"The greater the difficulty, the more the glory in surmounting it." — Epicurus

As we move into the new academic year, numerous challenges and opportunities abound around pain training, recruitment and workforce planning.

RAPM meeting

The issue of pain trainees being asked to cover weekday daytime on-call was raised. Once again it has been reiterated to HoS and TPDs, that trainees should only be asked to cover daytime on call in serious circumstances such as a major incident. Out of hours activity should be limited to no more than a 1:8 rota. Some regions have had a large number of pain trainees applying for SIA posts. Recognising the fundamental differences between the requirements of Pain Medicine versus anaesthesia, it has been commonplace for some deaneries and RAPMs to hold interviews for SIA posts. This will be discussed at the next Training & Assessment Committee (TAC) meeting and feedback will be provided to RAPMS and FTs in due course.

In other developments, KSS and South London are splitting into two deaneries and hence a new RAPM post for South London will be created. Finally, the faculty is going to look at formalising PA allocations for RAPMs, in the RAPM roles and responsibilities document.

Job Specifications

Having been asked to review various job plans, it has become apparent that a template concerning the roles and responsibilities of a staff grade in Pain Medicine would be useful. As such Dr Mendis and I have prepared a template job specification which will be reviewed by TAC.

Faculty Tutors

The Faculty has become aware of a high turnover in FT posts. One possible solution is that speciality doctors are recruited into such posts and the thoughts of the readership are welcome. This will be taken to TAC for further discussion later this year. The FT day was twinned with the RAPM meeting on 4 November 2024, with talks on the neurodivergent trainee, recruiting trainees into a career in Pain Medicine and updates on the exam.

Clinical Leads Network

This is a new initiative introduced in the last *Transmitter*. It is hoped that this will provide a forum for closer work between the Faculty and NHS trusts. Issues such as the workforce crisis, job planning, and consultant recruitment were some of the key issues discussed. Having established strong support for the forum from clinical leads/directors, the first joint meeting was be held between CDs and RAPMs in November.

Dr Victoria Winter
Faculty Trainee Representative

PREPARATION FOR THE FFPMRCA EXAMINATION

Candidates taking the FFPMRCA will be familiar with the burden of professional exams. However in some ways the FFPMRCA can be an even greater challenge: trainees may not know any other FFPMRCA candidates, there are fewer resources available to aid revision and revision on top of other responsibilities can be difficult to manage.

Resources

The Faculty of Pain Medicine has produced the FPM Exam Handbook to guide revision, and a detailed knowledge of the exam format is of course essential[1].

Chronic Pain Management provides an easy to read basic overview of common topics[2]. The core textbook *Essential Notes in Pain Medicine* provides a framework for revision topics[3]. Further detail can be sought from relevant articles published in the *BJA Education*, *British Journal of Anaesthesia*, IASP updates[4]. The FPMLearning: Case of the Month and Radiology Corner resources are also essential reading, particularly useful in preparation for the SOE. Common definitions in Pain Medicine are provided in a succinct list on the IASP website[5].

The Pain Resources Google Drive contains links to useful resources, particularly useful are the Anatomy diagrams and the FPM and London/KSS Regional teaching videos, which provide an alternative teaching medium[6]. Some topics (e.g. Scheurmann's Disease, Hypermobility syndrome) are not covered elsewhere so the website statPearls is often useful to fill in gaps. Relevant clinical guidelines published by NICE, BPS, FPM, ANZCA (Acute Pain)[7], RCP (Complex Regional Pain syndrome) are essential reading. Cochrane reviews for assessment of efficacy of pain treatments are also useful.

Written exam

Example FFPMRCA questions are available on the FPM website, as are questions from the equivalent Irish exam[8]. Practice questions can also be found on ePain and MCQs from BJA Education articles can also be used.

SOE

For oral examinations, simulation of exam conditions is useful to prepare effectively. Forming a revision group can be extremely valuable (the FPM Whatsapp group can help with this), and arranging regular sessions either face-to-face or online in the run up to the exam can be useful. The SOE question bank published by the FPM can guide topics for VIVA practice, using a timer to simulate exam conditions and being both 'examiner' and 'candidate' are educationally valuable[8]. Having a structure can enable one to use the 10-minute preparation time in the Long Case effectively, one strategy involves producing a grid to organise thoughts and anticipate questions that may be asked. Using a strategy like this can be practiced in the run up to the exam, using the FPMLearning: Case of the Month resources as practice Long Cases. The FPM also runs an SOE Exam Tutorial regularly before each SOE sitting, this gives candidates access to pre-recorded lectures and live online sessions including VIVA practice.

The hope is that this article will help to make the daunting task of preparing for the FFPMRCA more manageable. However, the FPM is aware of the impact that exams can have on candidate Wellbeing, and information and support is available on the FPM website or through the FPM Trainee Whatsapp group[9]. Other useful papers are flagged below.[10, 11, 12]

Good luck!

References

1. FPM *Exam Handbook*. https://fpm.ac.uk/documents/fpm-exam-handbook/purpose-exam.
2. Vasu T, Balasubramanian SS, Kodivalasa M, Ingle PM. *Chronic Pain*. 2020.
3. 3. Celedor E, Rudiger J, Tameem A. *Essential Notes in Pain Medicine*. 2022.
4. 4. IASP Pain Reports. https://journals.lww.com/painrpts/Pages/collectiondetails.aspx?TopicalCollectionId=2.
5. IASP Terminology. https://www.iasp-pain.org/resources/terminology/.
6. Pain Resources Google Drive, Shah S. https://drive.google.com/drive/ile//1bI8QhiAqxxBlln4Bjn9KWlZow1bjwJuC.
7. ANZCA Acute Pain Management: Scientific Evidence. https://airr.anzca.edu.au/anzcajspui/handle/11055/1071.
8. FPM Example Exam Questions. https://fpm.ac.uk/sites/fpm/files/documents/2022-06/Example%20exam%20questions%202022.pdf.
9. FPM Wellbeing. https://fpm.ac.uk/careers-workforce/wellbeing.
10. Chincholkar M. Gabapentinoids: pharmacokinetics, pharmacodynamics and considerations for clinical practice. *Br J Pain*. 2020;14(2).
11. Wilby MJ, Best A, Wood E, Burnside G, Bedson E, Short H, et al. Microdiscectomy compared with transforaminal epidural steroid injection for persistent radicular pain caused by prolapsed intervertebral disc: The NERVES RCT. Health Technol Assess (Rockv). 2021;25(24).
12. Finnerup NB, Attal N, Haroutounian S, McNicol E, Baron R, Dworkin RH, et al. Pharmacotherapy for neuropathic pain in adults: Systematic review, meta-analysis and updated NeuPSig recommendations. *Lancet Neurol*. 2015;14(2).

SAVE THE DATES!

- **10 March 2025: SOE Exam Tutorial**
  This online tutorial is aimed at anyone studying for the FFPMRCA SOE.
- **1 and 2 May 2025: FPM Study days**
  Our new study day format consists of two consequtive days themed around chronic and acute pain.

www.fpm.ac.uk/events

FFPMRCA EXAMINATION CALENDAR

	FFPMRCA MCQ	FFPMRCA SOE
Application and fees not accepted before	Monday 4 November 2024	Monday 3 February 2025
Closing date for FFPMRCA exam applications	Thursday 12 December 2024	Wednesday 26 March 2025
Examination date	Tuesday 4 February 2025	Thursday 8 May 2025
Examination fee	£630	£885

Visit www.fpm.ac.uk/training-examinations/ffpmrca-examinations for more.

Dr Devjit Srivastava
Chair Education Subcommittee

EDUCATION & EVENTS

The educational landscape continues to evolve post-Covid. It appears that learning online has an appeal whilst face-to-face learning programmes have to provide additional value such as content that has coal face value along with the benefits of peer to peer networking.

Events

With the above in mind, the Education Subcommittee (ESC) has taken a decision to consolidate the Acute Pain Study Day in February and a single day event in June into a consolidated two day FPM Study Days conference event. From 2025 onwards, this will be held early May. The first day will have learning related to acute and in-hospital pain with the second day devoted to a deep dive on a specific chronic pain topic. The objective of these study days are to equip FPM members with resources that are relevant to pain clinics and managing pain in the acute settings. For example the deep dive topics next year is likely to be an update on the role of RF in hip, knee, shoulder and back pain.

For 2025, we will look to again run the successful communication led by Dr Makins. The course is open to both trainees and consultants. The FFPMRCA course continues to run twice a year and Dr Craig Montgomery has taken on as its lead recently.

Education

Over the last year, the ESC heard suggestions from Advanced trainees in Pain Medicine about the need for a national teaching programme for pain trainees that would help prepare them for the FFPMRCA exams. The FPMESC and the Board agreed to this suggestion and the ESC recently advertised and appointed Dr Andrew Whelan as the National Teaching Champion. Dr Whelan now sits on the ESC and has been tasked with creating an accessible, equitable and sustainable education programme primarily for Advanced Pain Medicine trainees but also open to practising consultants. Teaching topics will conform to the FFPMRCA curriculum and will be co-designed taking into account trainees and regional advisors suggestions. The FPM will provide the infrastructure and quality assurance/governance for this programme that is envisaged to be devolved locally by Dr Whelan across the four home nations. The programme is envisaged to be for 2-4 hrs every other month online and rotated nationally across the deaneries.

The FPMLearning webpages will continue to be consolidated and Dr Nancy Cox and Dr Sonia Pierce are exploring whether 'Radiology Corner' and 'Case of the Month' could be added to the e-Pain resources.

If you have any suggestions, contact us at contact@fpm.ac.uk.

FPMLearning

Do you have an interesting case to share?

Every month, FPMLearning pubishes a 'Case of the Month'. Our cases pose some fascinating questions to aid learning and encourage a deeper look at Pain Medicine.

All our authors are credited on the website, and recieve an acknowledgement and thank you letter from the Faculty, which can be included in future work portfolios.

Take a look at a taster from one of our most recent cases, and if you are interested in contributing a case study, FPMLearning would love to hear from you!
Email contact@fpm.ac.uk.

www.fpm.ac.uk/fpmlearning

CASE #42: Persistent pain in older adults

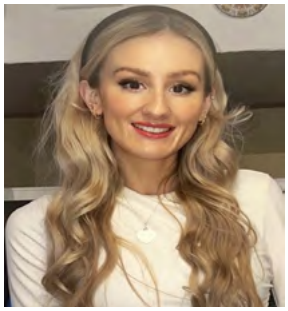
Mrs D is an 88-year-old female who was referred by her GP to the chronic pain service with persistent pain affecting multiple sites throughout her body.

She has experienced lower back and joint pain for many years and put it down initially to a busy working life in her career as a shop assistant, as well as raising a family. In recent years, her pain has gradually become more of a problem for her and is impacting on her physical abilities, confidence, mood and independence. She was referred by her GP for specialist pain management.

Consider the following questions:

- **If you were the pain clinican seeing her for her first consultation, what questions would you like to ask?**
- **What would you like to explore in her psychosocial history?**
- **What might you look for on examination of the patient?**

Head to the FPMLearning page to read the full case report!



Charlotte Willis
ACCS Anaesthetics CT2
Thames Valley Deanery

ESSENTIAL PAIN MANAGEMENT: THAMES VALLEY COURSE

The prevalence of pain in the population is enormous, with chronic pain representing the leading cause of disability worldwide[1]. Pain represents a significant public health burden and must be addressed in both undergraduate and postgraduate medical training.

However, the provision of pain education varies throughout medical schools in the United Kingdom, with one study estimating that pain education represents less than 1% of the curriculum across undergraduate healthcare courses[2]. Foundation doctors are often the first responders to episodes of pain occurring within the acute setting, particularly out of hours. However, many Foundation doctors have received little to no formal training on pain management. This results in patients with pain being poorly understood by clinicians and inappropriate prescribing decisions, which may result in patient harm.

The Essential Pain Management (EPM) course, endorsed by the Faculty of Pain Medicine, has been implemented across the UK to supplement training in pain management and bridge this curriculum gap[3]. The course focuses on using the RAT structure (Recognise, Assess and Treat) and applies this to all aspects of acute, chronic and complex pain. The EPM course was delivered to the Acute Care Common Stem (ACCS) trainees in the Thames Valley Deanery in October 2023 by Dr Venkat Hariharan. The course feedback was excellent and has encouraged me personally to adapt the RAT framework in my future practice. Having attended the course, I am confident that implementing structured pain management education, at both undergraduate and postgraduate level, would provide clinicians with a firm basis for safe prescribing and have overall significant patient benefits.

References

1. Cohen SP, Vase L and Hooten WM. Chronic pain: an update on burden, best practices, and new advances. *Lancet* 2021; 397: 2082-2097. 2021/06/02. DOI: 10.1016/S0140-6736(21)00393-7.

2. Briggs EV, Battelli D, Gordon D, *et al.* Current pain education within undergraduate medical studies across Europe: Advancing the Provision of Pain Education and Learning (APPEAL) study *BMJ Open* 2015;**5:**e006984. doi: 10.1136/bmjopen-2014-006984

3. Faculty of Pain Medicine. Essential Pain Management. https://fpm.ac.uk/epm-uk.

Essential Pain Management®

EPM was developed by Roger Gouke and Wayne Morriss (ANZCA) & adapted for medical student use by Linda Huggins

EPM has been used in the UK since 2014 for training medical students, postgraduate doctors & other healthcare professionals in pain management

EPM is freely available on the FPM website

Modules include:

> Introduction

> EPM for medical students

> EPM for Foundation doctors

> EPM for trainees

EPM — a simple structure to teach a complex subject

Recognise - Assess - Treat

Essential Pain Management (EPM) UK is centred around this simple acronym, which provides a memorable structure and standardises the approach to teaching.

For more information and to get free access, please visit:
www.fpm.ac.uk/epm-uk

If you have any queries, please email contact@fpm.ac.uk

e-PAIN

e-Learning for Pain Management

www.fpm.ac.uk/e-pain

e-PAIN is a free educational resource uniquely distilling leading professional expertise in UK Pain Management into 12 accessible modules

e-PAIN is free for all NHS staff, OpenAthens account holders & students

e-PAIN includes a library with BJA education articles & hosts Essential Pain Management (EPM)

Modules include:

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Acute Pain
Pain as a Long Term Condition
Treatments and Therapies
Pain Conditions Around the Body
Musculoskeletal
Neuropathic Pain
Pain in Children
Pain in Older People
Special Populations
Cancer Pain
Basic Science

e-PAIN is the place to begin learning about pain management

Learning is structured into interactive 30 minute sessions and assessments

Each module has on average 5 sessions & can be completed as stand-alone

CPD certificates available upon completion which can be used for appraisal and revalidation

For more information and to register for free access, please visit:
www.fpm.ac.uk/e-pain

If you have any queries, please e-mail: ***contact@fpm.ac.uk***

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