SPRING 2025

TRANSMITTER

THE MEMBERSHIP MAGAZINE FOR THE FACULTY OF PAIN MEDICINE ISSUE 31

Virtual Reality for pain relief

RAPID ACCESS PAIN SERVICE

POST-CANCER PAIN IN YOUNG PEOPLE

FPM SPRING STUDY SYMPOSIUM

SPRING STUDY SYMPOSIUM

Monday 19—Tuesday 20 May 2025

Join us for two study days featuring a programme of talks and masterclasses!

Day 1: Monday 19 May 2025 — ACUTE PAIN

TIME	TALK	SPEAKER
09.30	Welcome and Introduction	Dr Dev Srivastave
10.00	Local anaesthesia adjuncts for peripheral regional anaesthesia including Dexamethasone	Dr Pawan Gupta
10.30	Peadiatric Pain	Dr Sachin Rastogi
11.00	Break	
11.30	Post operative pain trajectories	Prof. Patrice Forget
12.00	Neuroscience of virtual reality for pain relief [acute and chronic]	Dr Malo Louvigné
12.30	ARIRA-Augmented reality in Regional Anaesthesia	Dr Arul James
13.00	Lunch	
14.00	Pain after combat trauma	Jan Vollert
14.30	Motor sparing blocks for the knee	Dr Sanjeevan Shanmuganathan
15.00	Break	
15.30	Role of AI in medical education	Mr Shafi Ahmed,
16.00	Sublingual sufentanil for post operative pain	Dr Sandeep Kapur
16.30	CLOSE	

5 CPD Points per day

SPRING STUDY SYMPOSIUM

Location: Hallam Conference Suite, London

Clinical Leads: Dr Srivastava, Dr Montgomery, and Dr Baranidharan

Day 2: Tuesday 20 May 2025 — CHRONIC BACK PAIN

TIME	TALK	SPEAKER
09.15	Biomechanics of lower back pain	Mr Joshua Rutnagur
09.45	Assessment of chronic back pain	Jen Bridle
10.15	Imaging back pain	Dr Anastasia Gontsarova
10.45	Q and A/ Tea break	
11.30	Surgical management of back pain	Mr Gerard Cousins
12.00	Psychological treatment for low back pain	Prof Amanda Wiliams
12.30	Physical therapy for back pain	Selina Johnson
13.00	Q and A/Tea Break	
14.10	Injections for non radicular low back pain	Dr Ganesan Baranidharan
14.40	Injections for spinal radicular pain	Dr Dev Srivastava
15.10	Q and A / Tea Break	
15.50	Neuromodulation in radicular back pain –spinal cord stimulation	Dr Sarah Love-Jones
16.20	Neuromodulation in chronic mechanical low back pain – Multifidus [Reactiv8]/BVN [Intracept]	Dr Craig Montgomery
16.40	CLOSE	

Face to face

Please note that the programme and timings may be subject to change.

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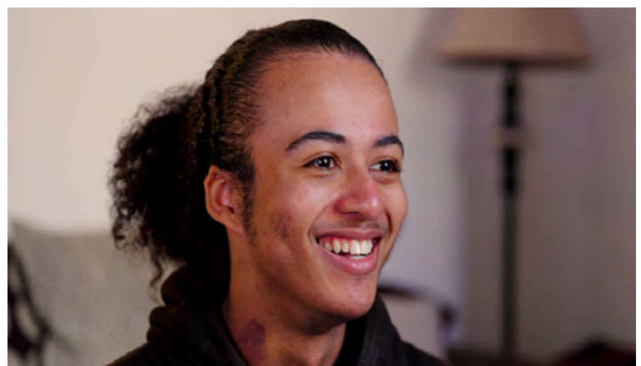

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Dr Shiva Tripathi
Clinical Editor

WELCOME

The landscape of Pain Medicine is changing: Credentialing is about to start, GIRFT pain is here and the first fellow of the Faculty to receive the Gold Medal of the RCoA has been announced.

Welcome to the Spring 2025 edition of *Transmitter*!

Earlier this year, the government announced to abolish the NHS England and incorporate its functions in the Department of Health and Social Care with a view to cut bureaucracy and duplication and improve funding for the front-line staff. Getting it right first time (GIRFT) for pain is a national NHS England programme and due to start in this financial year. The main purpose of the programme will be to standardize processes, share best practices, improve cost effectiveness, and reduce unnecessary treatment.

A number of our colleagues are leaving after having completed their roles including: our current dean Dr de Grey; Dr Mendis, Chair FPMTAC; Dr Baird, acute pain representative; and Dr Winter, trainee representative. On behalf of the members of the Faculty of Pain Medicine I would like to extend our sincere appreciation for their dedication and valuable contribution during their tenure while extending a warm welcome to our new members who will continue the important work.

Dr Barry Miller, has made history by being the first Fellow of the Faculty to receive the Gold Medal of the Royal College of Anaesthetists. He has been awarded this honor for his outstanding contribution to the faculty of Pain Medicine. This is a true recognition of the countless hours he has spent in various roles for the Faculty, inclduing serving as Dean, over the last eighteen years.

Continuing from the last editorial, I'm pleased to inform you that the National Academic Pain Strategy Group has been formed. Its members will meet in a hybrid manner at the annual conference of the British Pain Society in June 2025. The aim of the group will be to detail, and develop academic pain among anaesthetic trainees and anesthetists practicing Pain Medicine with a view to considering the mechanisms by which departments providing academia can be organised and funded.

Shiva Tripathi

Dr Lorraine de Gray
FPM Dean

MESSAGE FROM THE DEAN

2025 is well underway and the NHS continues to face the onslaught of a mismatch between personnel, resources and ever-growing demand. I am well aware that many of you are having to make difficult decisions in your clinical lives and I continue to encourage you to look after yourselves and watch out for each other.

GIRFT for Pain

I am delighted to report that NHS England has approved the budget for a GIRFT for Pain as of the forthcoming financial year in April 2025. The GIRFT will be led by an NHS Clinical Lead with two deputies and an expert reference group. The Getting it Right First Time (GIRFT) programme is a national NHS England programme which is designed to look into standards and delivery of care of patients by providing an in-depth review of services, using benchmarking, data collection and evidence bases to support change where needed.

The FPM will be working closely together with the British Pain Society and NHS England to ensure that a GIRFT for pain develops on the principles of holistic, multidisciplinary pain management. Keep an eye on the FPM and the GIRFT website in the forthcoming months for further updates and the impact that this will have on your own services.

Credential

Two years have passed since I announced that the GMC has approved our Credential and some of you may rightfully ask what has become of it. In the past two years, we have had multiple meetings with the NHS Statutory bodies to address the practicalities of rolling out the Credential, taking into account GDPR rules, recognition of doctors who are already in work and doctors who are currently in training.

The complexity also arises from the fact that the Credential will be open to other specialities and not just anaesthesia. I am pleased to advise that we have, I believe, just overcome all these difficult hurdles and this Spring the process will be well underway.

Gold Medal Award

It gives me immense pleasure to report that following an FPM Board nomination to the RCoA nominations Committee in September 2024, Dr Barry Miller has been awarded the Gold Medal of the Royal College of Anaesthetists in recognition of his outstanding work as a Fellow of the Faculty of Pain Medicine.

Dr Miller will be the first Fellow of the Faculty to ever receive this honour. He completed his term as a Board Member of the FPM in February 2025 and has spent the past 18 years in various roles within the FPM including Dean. His selfless contributions have undoubtedly shaped the Faculty. Dr Miller will be receiving his award at the RCoA Annual Diplomates Day in London on 5 September 2025.

Palliative Care Commission

A commission on Palliative Care and End of Life Care has been set up to identify current strengths and shortalls in provision of service. I am very pleased to announce that one of our Fellows Dr Matthew Brown, consultant in Pain Medicine at the Royal Marsden Hospital has been appointed as one of the commissioners.

Evidence collated by the commission will be analysed to compile a report which will be presented to the Secretary of State for Health and Social Care, and the House of Lords and the House of Commons. It will help to guide providers, clinicians and the public for the forthcoming ten years. Please refer to the website to keep updated.

The FPM will be working closely together with the British Pain Society and NHS England to ensure that a GIRFT for pain develops on the principles of holistic, multidisciplinary pain management.

Thank you to all

This will be my final Dean's Update in Transmitter, as by the Autumn edition a new Dean will have been elected and appointed. It has been a great privilege to serve as Dean, and I am indebted to the Vice Dean, Dr Baranidharan who has been a great pillar of strength, the whole Board, Associate Director of Faculties and secretariat and indeed all of you Fellows and Members for your support, feedback and trust. I would also like to thank my work colleagues and my family, especially my husband, for patiently supporting me over the past years.

I am immensely proud to be part of this Faculty and I urge you all to remain committed to our visions and dreams, even when the going is tough.

- Financial
- Mental health
- Returning to work
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- Bullying, harassment and discrimination
- Stress related to training and practice
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Dr Alex Hollis
FPM Trainee
Representative

THE IMPACT OF VIRTUAL REALITY ON THE PATIENT EXPERIENCE IN A PAIN SERVICE

We hypothesized that VR could serve as a low-risk, innovative tool to enhance patient experience by reducing anxiety and limiting the need for sedation during interventional procedures.

There has been great interest in the use of Virtual reality (VR) headsets in treating specific chronic pain conditions such as Chronic Regional Pain Syndrome[1] and Phantom limb pain[2]. As a result, their broader use in pain services is gaining interest. Research suggests VR can lower pain scores during medical procedures[3] and has proven effective for paediatric dressing changes[4]. Building on this evidence, the Pain Department at Hampshire Hospitals NHS Foundation Trust, Wessex Deanery launched a pilot program in our Acute and Chronic Pain services to explore VR's potential. The program was run in parallel across over two sites, Winchester and Basingstoke.

We hypothesised that VR could serve as a low-risk, innovative tool to enhance patient experience by reducing anxiety and limiting the need for sedation during interventional procedures.

Content choice was critical: one patient found while watching *Blue Planet* a bloom of jellyfish came onscreen when feeling the sting of a local anaesthetic injection!

Our experience

In our pilot, VR was introduced in two main settings:

Acute Pain Management: Using VR as an adjunct for procedural pain relief.

Interventional Pain Procedures: Offering VR as an alternative to sedation.

Patients were offered VR as an option alongside their planned local anaesthesia or sedation. Patients could trial the headset, and were told they could return to the standard approach if needed at any time (eprocedural pain relief or sedation).

Outcomes

The feedback was overwhelmingly positive, with patients reporting reduced anxiety, lower pain scores, and a strong willingness to use VR for future procedures.

Key Insights and Challenges

Headset availability

Our trust had previously invested in several VR headsets, enabling us to move forward with the pilot. Demonstrating benefits through initiatives like this can support future business cases for expanding VR usage.

Timing and introduction

Patients responded best when VR was introduced during the consent or pre-procedure discussion phase. Although some patients had been scheduled before, offering a spare headset to familiarize themselves while waiting significantly improved comfort and acceptance.

Content selection

Immersive VR environments were more engaging, but simpler 'cinema screen' options reduced unintended movements. Content choice was critical: one patient found while watching *Blue Planet* a bloom of jellyfish came onscreen when feeling the sting of a local anaesthetic injection. Casting content to a tablet allowed clinicians to control the patient's view, synchronising more engaging scenes with uncomfortable procedure stages.

Communication during procedures

Patients preferred a full procedural explanation beforehand with minimal instruction during the procedure, allowing them to immerse themselves in VR without distraction. While this differed from the usual step by step explanation of procedural stages, patients appreciated the ability to fully focus on the virtual environment.

Looking ahead

Trialling VR headsets in the pain service has been a fascinating and rewarding process. The feedback highlights significant benefits in reducing anxiety, improving the overall patient experience, and encouraging a shift in how care is delivered. This approach aligns with the biopsychosocial model of pain management, demonstrating that a low-risk, psychologically supportive intervention can have a meaningful impact.

Moreover, VR's applications extend beyond pain services. Anecdotally, we also observed benefits in the anaesthetic setting, such as during regional blocks and arthroplasty under spinal anaesthesia. Building a business case around its broader departmental use could further solidify the value of integrating VR into patient care.

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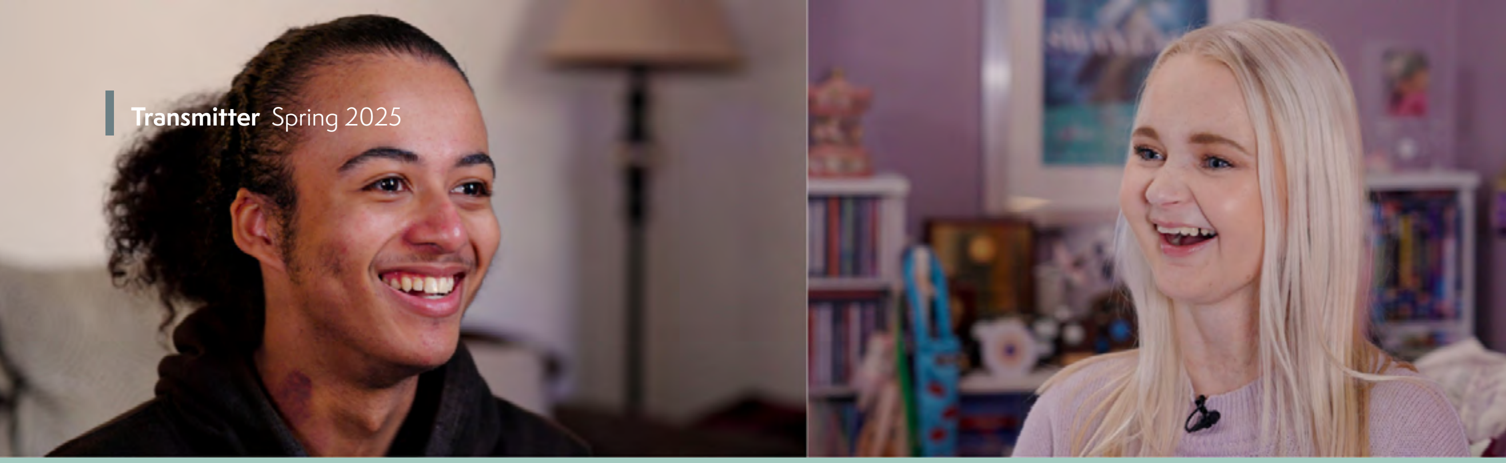

A DIGITAL TOOL TO RELIEVE SUFFERING IN YOUNG PEOPLE WITH POST-CANCER PAIN

Dr Lauren Heatcote
Senior Lecturer in Health Psycology, King's College London

Dr Matt Brown
Pain Medicine Consultant
The Royal Marsden

Dr Lauren Heathcote and Dr Matt Brown have secured three years of funding from the Medical Research Foundation to create, and trial **EMBody**—a digital intervention tool aimed at reshaping how young survivors perceive their bodies after cancer.

After enduring three years of gruelling treatment for leukaemia, Amy was eager to reclaim her life—returning to university and resuming her passion for athletics. Yet, almost two years later, she still struggles with persistent pain. For Amy, the pain is more than just physical; it is a constant reminder of her cancer journey and how her body turned against her, making it difficult to fully embrace survivorship.

To address this challenge, a team of researchers and clinicians has come together to develop a novel digital tool designed to help young cancer survivors like Amy manage post-treatment challenges. As leads for this project, we have secured three years of funding from the Medical Research Foundation to create, and trial EMBody—a digital intervention tool aimed at reshaping how young survivors perceive their bodies after cancer.

Mindsets

Building on Dr Heathcote's pioneering research, EMBody focuses on the role of 'mindsets' — core beliefs individuals hold about themselves and the world around them. In this research, Dr Heathcote and her team have focused on the mindsets young people hold about their bodies. Across quantitative and qualitative studies[1,2], they found that before cancer, young people often see their bodies as strong and reliable, or they may not think much about their bodies at all. However, after cancer, some survivors feel betrayed by their own bodies, as if they have become adversaries.

Interestingly, not all young survivors share this perspective. Dr Heathcote and her team found that some survivors developed a profoundly different outlook — one of appreciation and awe for their bodies' ability to recover and endure. Those who adopted these body mindsets tended to

manage pain more effectively and reported better mental health[2].

The reality of life after cancer is complex: while survivors may feel that their bodies have, in some ways, failed them, their bodies have also demonstrated remarkable resilience and strength[3]. This duality led the research team to a critical question: Can helping young survivors cultivate more helpful mindsets improve their ability to cope with pain and other post-cancer challenges, and enhance their overall well-being?

Storytelling

To explore this question, Dr Heathcote and her team collaborated with young cancer survivors, experienced oncologists, and documentary filmmakers to co-create *EMBody: Exploring Mindsets about the Body*. This digital intervention consists of a series of seven brief documentary-style films, ranging from 4-14 minutes each. The films feature real young people who share their survivorship journeys and insights about the functioning of their bodies after cancer. The EMBody digital tool was created based on a similar documentary film-based intervention called EMBRACE, which helped adults adopt more useful mindsets for going through active cancer treatment. A randomised controlled trial of EMBRACE[4] found that, compared to a treatment-as-usual control, recently diagnosed adult cancer patients who watched the short films reported significantly better health-related quality of life and significantly less symptom distress. The EMBRACE tool is now being tested in a larger trial with patients across the US.

The EMBody tool was designed to take this approach and apply it to young people aged 16-25 years who have completed cancer treatment. Through storytelling and the amplification of authentic patient voices, EMBody provides a framework for young survivors to reflect on their own experiences. The films highlight personal stories of resilience, illustrating how shifts in mindset can positively impact life after cancer, even in the presence of ongoing pain. In addition, oncologists and mindset scientists appear in the films, offering expert perspectives to help young viewers identify and adopt the most helpful mindsets for their own recovery and well-being. Each week, young survivors watch a couple of short films and complete online activities to reflect on their own mindsets and learn how they can adopt the most helpful mindsets for them.

The plan is to conduct a randomised controlled trial of EMBody. Over the next 9 months, they will be recruiting over 100 young people aged 16-25 years with and without ongoing pain, who completed cancer treatment within the last 7 years. This will include young people treated at The Royal Marsden as well as other hospitals and through charity and community networks.

This innovative digital tool represents a promising step forward in survivorship care — one that acknowledges the struggles of young cancer survivors while also celebrating the resilience of their bodies and minds. As a digital tool, EMBody could eventually be used by young people finishing cancer treatment and navigating survivorship across the UK, without placing additional burden on the mental health oncology workforce or requiring young patients to spend more time back in hospital or clinical settings to gain support. By leveraging the power of narrative, EMBody seeks to transform the way young survivors perceive and relate to their bodies, ultimately empowering them to navigate pain and post-cancer life with greater confidence and hope.

Interested in viewing a trailer of the EMBody film series and learning more about how young people can take part? Please visit https://www.kcl.ac.uk/research/embody.

NB: *Amy is a pseudonym and example case combining several patient experiences.*

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Dr Kaushal Mishra
Consultant in Anaesthetisia and Pain Medicine and Clinical Director for The Pain Management Service, Lancashire Teaching Hospital

Ms Lynne Clarke
Lead Nurse for Pain Management, Lancashire Teaching Hospital

RAPID ACCESS PAIN SERVICE:

DELIVERING URGENT CARE AND REDUCING ADMISSIONS AT LANCASHIRE TEACHING HOSPITALS TRUST

Persistent pain is a prevalent and often debilitating condition that significantly impacts an individual's quality of life. In the United Kingdom, persistent pain is estimated to affect up to one-third of the population at any given time.

This creates substantial strain on both healthcare resources and individual patients. Recognising the need for more efficient and patient-centered solutions, LTHT has introduced the Rapid Access Pain Service (RAPS). The core objective of this innovative service is to provide urgent care to persistent pain patients, significantly reduce emergency admissions, and ultimately save valuable hospital beds and financial resources.

Traditional pain management pathways often involve extended waiting periods for specialist referrals, during which many patients may experience acute exacerbations of their chronic conditions. Such flare-ups frequently result in unscheduled visits to the Emergency Department (ED) or hospital admissions, further burdening an already stretched healthcare system.

To address this LTHR conducted an in-depth review of local pain services, patient outcomes, and resource allocation. The review highlighted the need for a specialised, rapid-access solution that could offer immediate interventions, comprehensive assessments, and early management strategies for patients experiencing severe or escalating pain. The Rapid Access Pain Service was designed specifically to bridge this gap.

Service structure and approach

The Rapid Access Pain Service at LTHTR employs a multi-disciplinary team of pain specialists, including consultant pain physicians, clinical nurse specialists, physiotherapists and psychologists. This collaborative group ensures that patients receive holistic care tailored to their individual circumstances.

Key features

1. **Immediate Assessment:** Patients who are identified as needing urgent pain management— through the emergency department or the inpatient pain team —are referred directly to the RAPS service. This streamlined referral process aims to reduce the number of hospital admissions and prevent unnecessary ED visits.

2. **Comprehensive Evaluation:** Upon referral, patients are seen in under 72 hours and undergo a thorough assessment to identify the nature and drivers of their pain. This whole-person approach helps to develop a customised treatment plan.

3. **Targeted Interventions:** Depending on the patient's

By providing timely, holistic care and reducing reliance on emergency services, RAPS enhances both patient wellbeing and hospital efficiency.

condition, interventions may include medication optimisation, nerve blocks, epidural injections, physiotherapy regimens, psychological support, or a combination of these modalities. The focus is on immediate relief of pain exacerbations while setting in motion longer-term pain management strategies.

4. **Follow-up andongoing support:** After the acute phase of pain management is addressed, patients continue to receive coordinated follow-up care. This may involve planned outpatient visits, telemedicine appointments, pain management program (PMP) or community-based support services to ensure sustained improvement and prevent reoccurrences of severe pain episodes.

Benefits to patients and the healthcare system

1. **Reduced emergency admissions:** By offering timely and targeted interventions for persistent pain flare-ups, RAPS significantly decreases the likelihood that patients will require emergency admissions. This not only alleviates strain on the LTHTR's acute services but also ensures that resources are directed to patients with truly urgent needs.

2. **Cost and resource savings:** Fewer hospital admissions mean reduced utilisation of bed days and high-cost interventions. As emergency stays are among the most expensive forms of care, the cost savings realised by RAPS can be reinvested into improving other patient services, staff training, and enhanced pain management equipment.

3. **Improved patient experience and outcomes:** Persistent pain can profoundly affect a patient's quality of life, mental health, and ability to engage in daily activities. Rapid access to specialist care provides immediate relief, reassurance, and expert support. Additionally, the ongoing follow-up helps patients adopt long-term strategies for managing in, leading to better overall health outcomes.

4. **Enhanced Multi-disciplinary Collaboration:** RAPS fosters closer collaboration among clinicians from various disciplines. Shared knowledge and resources lead to more effective treatment protocols, streamlined care, and a culture of continuous improvement within the service.

Future directions

Building on the early success of the Rapid Access Pain Service, Royal Preston Hospital plans to expand the scope and capacity of RAPS by:

- Increasing the number of specialist clinicians dedicated to urgent pain management
- Implementing digital health technologies such as telemedicine and remote monitoring
- Strengthening partnerships with community-based organisations to offer comprehensive post-discharge support

By continually refining these pathways, the hospital can further reduce emergency admissions, optimise patient care, and serve as a leading example of innovative pain management in the NHS.

Conclusion

The Rapid Access Pain Service at LTHTR represents a significant advancement in the management of persistent pain. By providing timely, holistic care and reducing reliance on emergency services, RAPS enhances both patient wellbeing and hospital efficiency. As the service continues to evolve, it stands poised to make a lasting impact on how persistent pain is addressed in the region, ultimately ensuring that patients receive the urgent care they need while minimising the strain on vital healthcare resources.

Do you have an interesting case to share?

Or have you been to any new programmes or events in Pain Medicine recently?

FPMLearning is the Faculty of Pain Medicine's open resource for all learners in Pain Medicine.
We're looking for new contributors from all areas of the specialism.

→ The new **FPMLearning blog** will cover a wide range of topics, from reporting on pain events attended, to innovations, insights and developments within the Pain Medicine world.

→ In our **Case Reports** and **Radiology Corner** sections we look at different cases relating to some common and less common chronic pain presentations.

If you are unsure how to start, get in touch and we can provide guidance and advice.

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

If you have a case to share or something to say about Pain Medicine today, FPMLearning would love to hear from you!

email **contact@fpm.ac.uk**

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Dr Vivek Mehta
Chair FFPMRCA

FPM EXAMINATIONS

A new examination in Pain Medicine is being developed in accordance with recommendations from the Independent Review of exams, published in February 2023, and in line with GMC guidance on designing and maintaining postgraduate assessment programmes.

The proposed changes will bring both components of the FFPMRCA exam in line with modern assessment methods, increasing validity, authenticity and reliability. A new MCQ applied knowledge test (AKT) will comprise a greater number of Single Best Answer (SBA) and Extended Matching Questions (EMQs) in place of the current Multiple True False (MTF) questions, which will be removed from the exam. A new clinical performance exam (CPE) based on a circuit delivery for greater breadth of testing of the curriculum with replace the current Structured Oral Examination (SOE), with role players and clinical settings to bring greater authenticity to the assessment.

Development of high-stakes exams is a complex and time-consuming job and all the FFPM examiners have been putting in extra time, mostly out of hours, to support this work. The examinations team at the College have also been working hard to ensure the utility of the new exam and that the changes meet the appropriate regulatory standards and deadlines. I remain most grateful to all those involved in this process.

All changes at this point are subject to GMC approval. This process will start at the beginning of academic year 2025-26 and we aim to provide formal notification of these changes from approximately June 2026.

Pilot volunteers needed!

We will be running our first pilot for the new clinical performance exam on 16 September 2025. We are seeking volunteer candidates for this pilot from those who have recently passed the FFPMRCA or are in the process of sitting the current exam and are keen to contribute to this critical work. If you would like to join us on the 16 September, please email facutlyexams@rcoa.ac.uk.

Our current exam

The SOE examination in October 2024 had 13 candidates with a pass rate of 46.15%. In contrast, the MCQ examination in February 2025 was the largest exam for a number of years with 31 candidates and a pass rate of 74.19%. Our SOE exam in May was also unusually large with 23 candidates and a pass rate of 78.26%. This exam was delivered successfully at Conway Hall, Red Lion Square, in response to the temporary closure of Churchill House while essential works are being carried out.

We are recruiting!

A part of my role is to ensure there is a nurturing of colleagues and succession planning within the exam. Many of our foundation examiners will retire in the next few years, having contributed their time and energy to this exam for over a decade. We are therefore seeking applicants to examinership to start next academic year 25-26.

I am also keen to develop a mechanism for a seamless flow of new talent to the exam. In response, we have created a new Affiliate Examiner role. Affiliate Examiners are professional posts undertaken on a voluntary basis. Duties will comprise writing and reviewing questions and participation in panel meetings. Additional contribution is required in terms of responding to emails. Affiliate Examiners will gain close insight to the examination and it is hoped that this will encourage applications to full examinership when the opportunity arises. An application link will appear on the FPM website soon but in the meantime, please email facultyexams@rcoa.ac.uk for further information.

Dr Victor Mendis
FPMTAC Chair

TRAINING & ASSESSMENT

I would like to thank Dr Victoria Winter, our outgoing Trainee Representative, and thank her for contributions and hard work during her time on FPMTAC. A warm welcome also to her successor, Dr Alex Hollis.

Credentialing

The Pain Medicine credential has been approved by the GMC, and Statutory Education Bodies will be responsible for the governance and delivery of the credentials. For anaesthetists in training, the recommendation for a credential can be made by FPM, mapping to the Pain SIA.

Education

Dr Andy Whelan, the new National Teaching Champion Programme lead, is making progress, with teaching sessions planned in coordination with the London teaching programme.

We have now been informed that the sale of Churchill House has been completed but due to remedial work that has to be carried out, the College building will be out of action for two months or so from April 2025, which means that planned activities during this period will take place in external venues. The Spring Symposium will take place at the Hallam Conference Centre as a two-day in-person event. The FPMLearning web resource has been updated with new interventional videos, and the subcommittee has also recruited two trainee representatives.

Roles

The Faculty Tutors' roles, responsibilities, and person specification are under review, emphasising the need for dedicated SPA time. SPA allocation is becoming more structured, with a suggested model of 0.25 SPA per trainee under anaesthesia, which should also apply to pain.

A Quality Lead role in FPMTAC has been created and would involve taking more responsibility for training quality, focusing on better engagement in the RAPM and Trainee survey and to assess training across the four nations. Dr Sailesh Mishra has been appointed to lead on this.

The Clinical Leads Network will now fall under the remit of the Professional Standards Committee, though FPMTAC will remain involved in discussions at Board level.

Thank you

This will be my last update having served three terms on FPMTAC and I would like to express my gratitude to all the members and the Faculty staff, without whose support I could not have done my job. The role will now be Co-Chaired due to increasing demands. Dr Peter Cole and Dr Hookee Tsang have been appointed as Co-Chairs, with Dr Cole overseeing FPMTAC meetings and Dr Tsang, who has also been leading on the credentialing work-streams for the Faculty, providing updates to the Board. I wish FPMTAC all success.

Dr Jonathan Rajan
RAPM Chair

RAPM UPDATE

"Tell me and I forget, teach me and I may remember, involve me and I learn" — *Xun Kuang*

I am pleased to share that there have been numerous challenges, updates and initiatives to report on since the last update.

New RAPM Chair Elect

Dr Sheila Black has been re-appointed as RAPM for the Yorkshire and the Humber region. I am also pleased to announce that she has just been appointed as my successor and is the new RAPM Chair Elect who will take over from me as RAPM Chair at the end of this year.

Dr Ashish Gulve has come to the end of his second term as RAPM for the Northern Region. Dr Sailesh Mishra has been appointed as their successor. Dr Gaurav Chhabra came to the end of their second term as the RAPM for the Severn region and Dr Owen Bodycombe has been appointed as their successor.

Training

I hope many of you will welcome a recap of the process for signing off stages of training in Pain Medicine. Stage 1 can be signed off by the RCoA College Tutor, while Stages 2 and 3 should be signed off by the Faculty Tutor. The curriculum is now outcome-based, meaning there is no fixed number of sessions or SLEs required. Training in Stages 2 and 3 should ideally be undertaken as a module with a focus on both inpatient and outpatient pain medicine. Some schools that are unable to provide a dedicated pain module have had to adopt a more flexible approach. In these cases, resident doctors are encouraged to capture evidence for the inpatient pain component of the pain domain throughout their training. For example, a major complex surgical case can generate an SLE that encompasses perioperative medicine, complex major anaesthesia, regional anaesthesia, and Pain Medicine. Residents are also given protected time to attend chronic pain sessions during 'hot weeks' for each stage. The number of sessions required will depend on the resident's ability to achieve the learning outcomes. Sessions and SLEs can be obtained across multiple sites and mapped to the key capabilities.

SIAs in Pain Medicine fall under the remit of the RAPM. Feedback from residents continues to highlight the impact of on-call activity on pain training opportunities. On-call activity should be strictly limited to outside the hours of 08:00-17:00, except in the case of a major incident. The number of sessions required for the SIA is indicative, but to ensure that on-call activity does not negatively impact training opportunities, residents are expected to have an average of at least six sessions per week in pain medicine during their SIA placement. If fewer sessions are achieved, it may indicate that on-call commitments are hindering training opportunities, and this concern should be raised with the school.

Interviewing for SIA posts is not mandatory and remains at the discretion of the RAPM. However, a more formalised appraisal of potential SIA applicants, along with a briefing on what to expect from training and a career in pain medicine, is strongly encouraged.

In other news, the Faculty Tutor person specification is under review and a new specialist grade person specification has been completed to support recruitment to such roles. It will be published on the FPM website soon. Additionally, the Hospital Review Forms are being updated, with Dr Baird assisting in incorporating references to inpatient pain.

RAPM survey

The RAPM survey data reflected common themes seen in previous years. While there are several examples of excellent practice, challenges persist in accessing paediatric pain medicine and neuromodulation training, along with regional variability in the uptake of pain medicine posts. Faculty tutors may take heart from the availability of paediatric pain resources on the RCPCH website and FPM's new National Teaching Programme. Plans are also underway to create and update documents advocating for SPA time for FTs and RAPMs. If you need support from the Faculty, please do contact us (contact@fpm.ac.uk) and we can provide a letter advocating for dedicated time to fulfil these roles.

Clinical Leads Network

The first clinical leads network meeting took place alongside the November 2024 RAPM meeting. This new initiative aims to strengthen collaboration between the Faculty and NHS trusts/health boards to tackle key challenges such as the workforce crisis, job planning, and consultant recruitment. Attendees found the meeting valuable, and plans are in place for further discussions with the Professional Standards Committee and the RAPM group.

A Clinical Leads database has been set up, with the goal of developing a network akin to the CLAN (Clinical Leads in Anaesthesia Network), along with a dedicated WhatsApp group for communication.

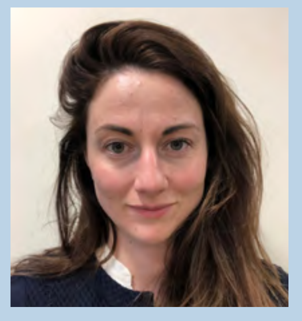
Faculty Tutor Day

The FT Day was twinned with the RAPM meeting on 4 November 2024. Talks were given on neurodivergence, recruiting trainees into a career in pain medicine and updates on the exam. Thank you to all who contributed.

Last but by no means least, I would like to thank Dr Gaurav Chhabra and Dr Ashish Gulve for their dedication and service as RAPMs for Severn and the Northern regions respectively. We warmly welcome Dr Owen Bodycombe as the new RAPM for Severn and Dr Sailesh Mishra for the Northern region. Finally, I extend my best wishes to the new Chair Elect for success in their role in the months ahead.

FFPMRCA EXAMINATION CALENDAR

	FFPMRCA SOE	FFPMRCA MCQ
Opening date for FFPMRCA exam applications	3 February 2025	19 May 2025
Closing date for FFPMRCA exam applications	26 March 2025	3 July 2025
Examination date	8 May 2025	30 August 2025
Examination fee	£885	TBC



Dr Victoria Winter
FPM Trainee
Representative

TRAINEE UPDATE

This is the last *Transmitter* trainee update I will write as my term as FPM Trainee Representative comes to an end. I'd like to thank the Faculty and trainees in supporting me to fulfill my role.

I've sought to provide support to trainees and make changes to improve Pain Trainees' experience. I have recently produced the FPM's Patient Feedback questionnaire, which can be found on the FPM Stage 3 SIA Pain Medicine Training website, and which I hope will make the task of collecting useful patient feedback more practical.

Get in touch

The FPM Pain Trainee Whatsapp group can be joined via the QR code below.

Dates for your Diaries

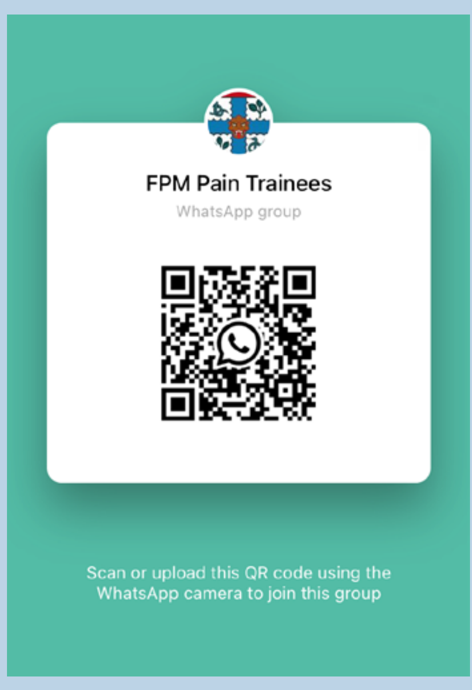
All pain trainees are encouraged to add the following dates to your diaries:

4 July 2025: PainTrainUK Pain and Research Conference: a day of talks on topics within Acute Pain, an opportunity to network and make connections, held at Birmingham University. More information available via the PainTrainUK website.

14 November 2025: The FPM Trainee Day (date changed due to work going on at Churchill House). This will be a hybrid meeting focusing on topics relevant to trainees coming to the end of their Pain training.

Introductions

I thought it would be useful in this update to make some introductions… I have now handed over to Alex Hollis, who will be the next FPM Trainee Representative. I'd also like to highlight that the FPM have recently appointed Trainee representatives for FPMLearning and the Education Subcommittee. Meet our new representatives on the next page!



Alex Hollis
FPM Trainee
Representative

I am an anaesthetic trainee currently undertaking my Special Interest Area (SIA) in Pain Medicine within the Wessex Deanery. My first exposure to Pain Medicine was during my Core Anaesthetic Training in Birmingham, and I have been fascinated by the specialty ever since.

My key interests include trainee wellbeing, the role of technology in Pain Medicine, and outcome measures in Chronic Pain. I am both excited and honoured to have the opportunity to represent this cohort of resident Pain Doctors. I look forward to meeting as many of you as possible at the next FPM Trainee Day on Friday 14 November 2025! Alex.Hollis@hhft.nhs.uk.

Rajeev Singh
FPMLearning Trainee
Representative

I'm an advanced pain trainee based in Bristol with a keen interest in neuromodulation and US guided MSK nerve blocks. I'm also passionate about research and enjoy collaborating on exciting projects. Outside of work, I stay active with tennis and have recently started picking up pickleball — a fun new skill!

We are starting to write the 'Blog' on the FPM website. I'd love to hear from anyone who has attended any interesting course, conference, simulation, or event related to chronic pain. Let's use this platform to showcase our experiences and inspire others. Feel free to reach out to me anytime via email! jiyacharan@gmail.com.

Suraj Shah
Education
Subcommittee Trainee
Representative

I am currently an ST7 trainee in North London and am halfway through my Pain SIA. I feel fortunate to represent trainees on the Education Subcommittee. I am passionate about improving access to high-quality educational content and training. My primary goal this year is to help roll out the National Teaching Programme with Dr Andrew Whelan (FPM National Teaching Champion). This programme will feature FFPMRCA curriculum-based content and interesting, relevant topics — so watch this space!

I'd also like to encourage submissions for Case of the Month topics — which are always informative and interesting to read. We are regularly looking for contributors so please do submit your cases. If anyone has suggestions, ideas, or feedback regarding education and training, please feel free to reach out. I'd love to hear from you and collaborate to bring new ideas to life. suraj.shah2@nhs.net.

Dr Manohar Sharma
FPMPSC Chair

PROFESSIONAL STANDARDS

The key work-stream areas for the PSC at the moment include organising the working group consisting of editors, sub-editors, and authors for the third edition of *Core Standards for Pain Management Services in the UK.*

OPCS-4 classification of pain codes booklet (for chronic pain activity) is being finalised for publication later this year. We are awaiting some further updates from the OPCS-4 publication from the NHS England to ensure the content is up to date.

Guidance

A guidance document and patient information leaflet for patients on anticoagulants and antiplatelet agents when undergoing interventional pain procedures is being developed.

PSC is also reviewing the framework of the CPD skills document from the Royal College of Anaesthetists. We aim to include relevant acute and chronic pain CPD skill sets to cover the range of skills for those in pain training as well as for our members in established chronic pain practice.

The PSC is also working to develop the Pain Clinical Lead's Network in close liaison with the FPMTAC. We hope to provide some further details in due course on this.

The Commission on Palliative and End-of-Life Care is developing a framework for palliative medicine services. Dr Matthew Brown will be representing FPMPSC on the Pain Medicine aspect of this framework.

All this work is only possible due to the commitment of PSC members and support from the FPM team.

Thank you

The FPM Professional Standards Committee would like to thank the recently demitted Dr Ganesan Baranidharan for his immense contribution to PSC since March 2015 (10 years). He has been of huge help to support the work-streams of the PSC including the National Neuromodulation Registry and Opioids Aware web resource.

We would also like to thank Dr Emma Baird for her contributions to her role as Faculty acute pain lead providing guidance and support with acute pain and pharmacology issues. Dr Baird will remain a corresponding member of the PSC.

Professional standards are there to improve the quality and governance of Pain Medicine. Work-streams are often delegated via the FPM Board or proposed by PSC members. We are always happy to receive suggestions from fellows and members on essential areas to focus on and improve.

CPD Update

The pain topics within the RCoA CPD framework have been updated to be more comprehensive and cover a wider breadth of practice. These new headings are now live on the Lifelong learning platform and for CPD event accreditation. Work continues with the College in updating guidance for CPD and revalidation and information on our CPD webpages continues to evolve.

Dr Devjit Srivastava
Chair, Education
Subcommittee

EDUCATION & EVENTS

Since the last time I wrote to you, I am pleased to report that Dr Andy Whelan has been appointed to the Education Subcommittee (ESC) with a specific role of 'National Teaching Champion'.

Five regions have responded so far to Andy's call to be a part of the FPM national teaching/learning network for pain trainees. The ESC has been also informed that other regions have also expressed interest. Overall, this should equate to 12-13 teaching sessions per year, with each local unit designing their own programme. The teaching sessions are accessible via the FPM website. I would like to congratulate Dr Whelan for his sterling efforts in rolling out this programme.

Annual meeting

The FPM Annual Meeting was held in the College on 11 December. There were exceptional talks and the overall feedback was very positive. Dr Matthew Castle, a Consultant Psychiatrist provided a fascinating talk on 'Psychiatry and Pain'. He highlighted that there is remarkable similarities between psychiatry and pain in that both have high comorbidity, a shared ethology in ACE (Adverse Childhood Experiences), similar treatments, and both specialties present with symptoms disproportionate to physical pathology. He stressed the importance of treating comorbid depression and other common psychiatric diagnoses in chronic pain patients as they translated to a greater clinical benefit in pain reduction. Dr M Chincholkar covered the topic of suicidality in pain patients. He highlighted the importance of assessing and responding to risks of suicidality during consultations and that our service provisions should cater for responding to suicide risks at all stages of the pathway.

Dr Roxanah Zarnegar spoke about her experience of setting up a virtual pain management programme during the COVID19 pandemic. Prof Katy Vincent from Oxford spoke on endometriosis related pain and brought the audience up to date with recent advances and stressed the importance of focusing on endometriosis pain rather than lesions. Dr Matt Brown highlighted that the survival rates from cancer have improved across the spectrum but there has emerged an unmet need for pain relief in these cancer survivors. He also highlighted the FPM framework document for provision of pain services for cancer services. Lastly, we had the privilege of Prof Ilora, Baroness Finlay of Llandaff, highlighting the issues surrounding the 'Assisted Dying bill'. She highlighted how assisted dying has been implemented elsewhere in Europe and for doctors to be aware of 'coercive pressures' in assisted dying and highlighted the pertinent issues for doctors who might be called upon to adjudicate on assisted dying.

Spring Study Symposium

The next FPM educational event is the rebranded 'FPM Spring Study Symposium' on 19-20 May. As mentioned in my earlier communication, the first day will focus on acute pain topics and the second day will take a deep dive into a chronic pain topic. The topic for deep dive in 2025 is 'Low Back Pain'. The day has speakers from across medical disciplines including orthopedics, radiology, physiotherapy and Pain Medicine. The acute pain day will cover various facets of paediatric pain, virtual reality, post operative pain trajectories, Local anaesthetic adjuncts and motor sparing blocks of the knee amongst others. You can book your place here. The FFPMRCA prep course and e-Pain continue to run well.

Finally, if you have any suggestions for FPM events or educational content, please email us at contact@fpm.ac.uk.

Prof Sailesh Mishra
Clinical Lead
EPMAG UK

ESSENTIAL PAIN MANAGEMENT (EPM)

The Essential Pain Management Programme was facilitates pain education for healthcare workers in low and middle-income countries.

The EPM Advisory Group in the UK consist of members who are clinicians, keen educators and are involved in spreading education in pain management at undergraduate and postgraduate level, working with medical universities and various NHS trusts to empower healthcare professionals including doctors, nurses, physiotherapists and pharmacists with knowledge and understanding for better pain management.

Framework

Over last few years, Essential Pain Management has been recognised as a robust framework of delivering formal pain education to medical students. The framework of Recognise, Assess and Treat (RAT) works well for medical student who find it useful in their day-to-day clinical practice after graduating and managing clinical care of patients as Foundation Year doctors. There are now e-learning modules of Essential Pain Management available in e-learning for life web portal for medical students and foundation year doctors to complete online at their convenience and be awarded a certificate of completion. The model of Essential Pain Management has also been used in core anaesthetic trainees and specialist anaesthetic trainee education days to facilitate better understanding and rational prescribing of pain medications.

In recent times, there has been expression of interest from other specialities of medicine including orthopaedic, rheumatology, neurology for facilitating pain education through EPM framework. Beyond doctors, there has been expression of interest from nursing and pharmacology colleagues for delivering pain education through this framework. Members of EPMAG UK coordinate with UK medical universities and NHS trusts to facilitate delivery of this recognised standardised education programme to more and more healthcare professionals.

Educators

We are in the process of updating our Terms of Reference of Essential Pain Management UK to include other medical specialities and other healthcare professionals into the EPM teaching community. We are looking for keen educators to be UK regional leads and be a part of the EPMAG UK. We will also be advertising soon for trainee representatives to join the EPM Advisory Group. Please get in touch with the Faculty of Pain Medicine through email contact@fpm.ac.uk for your expression of interest or any queries.

And finally on a personal note, it's been my privilege to be a part of this amazing education team since 2015, learning from my predecessors like Dr Mike O'Connor, Dr Helen Makins and the current team of clinicians and FPM admin colleagues who share the common passion and dedication to influence today & tomorrow's clinicians to understand and deliver pain management more effectively to the people they serve.

Links

- EPM Global | Faculty of Pain Medicine
- EPM UK | Faculty of Pain Medicine
- Essential Pain Management - why and how to be a part of this growing initiative
- EPM for medical students: NHSE elfh Hub

Essential Pain Management®

A simple structure to teach a complex subject

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

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

EPM is freely available on the FPM website **www.fpm.ac.uk/epm-uk**

Modules include:

> Introduction
> EPM for medical students
> EPM for Foundation doctors
> EPM for trainees

Recognise — Assess — Treat

EPM is centred around this simple acronym, which provides a memorable structure and standardises the approach to teaching.

Essential Pain Management needs YOU!

Essential Pain Management UK Advisory Group (EPMAG) is currently advertising for Lead roles in Manchester and Northern Ireland region. We are looking for keen educators would be responsible for liaising with local universities and NHS trusts to propagate pain education through the recognised framework of Essential Pain Management among MBBS undergraduates, Foundation Year 1, 2 doctors and Anesthetic core and specialist trainees. The overall national activity of Essential Pain Management UK is coordinated through EPMAG which meets online three times a year and reviews progress through these meetings and background email communications. The appointment would be for a period of three years, which can be extended for a period of another three years as needed.

Please get in touch via contact @fpm.ac.uk for expression of interest or any queries.

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

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 and students

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

Modules include:

Introducing Pain Management
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 and 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**

BRITISH PAIN SOCIETY

58TH ANNUAL SCIENTIFIC MEETING

3 - 5 June 2025
ICC Wales
Newport, UK

bpsasm.org

www.fpm.ac.uk
@FacultyPainMed
contact@fpm.ac.uk
0207 092 1682

Churchill House
35 Red Lion Square
London WC1R 4SG