

**ROLES AND RESPONSIBILITIES  
for  
REGIONAL ADVISORS IN PAIN MEDICINE**

**Introduction**

1.1 The Faculty of Pain Medicine of the Royal College of Anaesthetists was formed in April 2007. One of the main objectives of the Faculty of Pain Medicine is “to educate medical practitioners to maintain the highest possible standards of professional competence in the practice of pain medicine for the protection and benefit of the public”.

1.2 The Royal College of Anaesthetists (RCoA) has a responsibility to ensure the quality of patient care through the maintenance of standards of training for anaesthesia, critical care and pain medicine. Training in pain medicine is a core component of the programme of training leading to the award of a Certificate of Completion of Training (CCT) in anaesthesia.

1.3 The RCoA has produced *Curriculum for a CCT in Anaesthetics 2<sup>nd</sup>* edition (2010); this document has been rewritten to align with *Standards for Curricula and Assessment*, (GMC April 2010). The General Medical Council (GMC) guidance on Good Medical Practice (GMP) was used in the development of curriculum items and assessments at all stages of the programme. This document sets out the principles and syllabus for the whole training programme in anaesthesia and this includes all aspects of pain medicine. In summary:

- 1.3.1 All CT 1/2 need to undergo basic level training in pain medicine and where possible this should be in a single block as specified in the *CCT in Anaesthetics* document. The aim is for the trainee to competently assess and manage acute post-operative pain and acute non post-operative pain along with possessing sufficient knowledge to provide a basic understanding of the management of chronic pain in adults.
- 1.3.2 All ST 3/4 need to undergo a supervised period of 4-12 weeks intermediate training in pain medicine as specified within the *CCT in Anaesthetics* document. Ideally this should be in a single block. The aim is for the trainee to be an effective member of the acute pain team and competent in the assessment and management of acute surgical and non-surgical and acute or chronic pain in most patient groups. They should also have a knowledge of the assessment, management and wider treatment options for chronic and cancer pain in adults and be aware of the need for multi-professional input and to employ this in the management of chronic and cancer pain.
- 1.3.3 Higher training in pain medicine is essential for those wishing to progress to advanced training. Higher training is considered a minimum for trainees considering a consultant post with an interest in acute pain. It is optional for ST 5/6/7.
- 1.3.4 Some trainees may choose to undertake research in pain medicine.

- 1.3.5 There is provision for trainees to undertake 12 months Advanced Pain Medicine training within the *CCT in Anaesthetics* document. This is aimed at trainees who are considering a consultant post with an interest in chronic pain management or a managerial role in acute pain management.

1.4 In the *Curriculum for a CCT in Anaesthetics* the College has set out the knowledge, skills, attitudes and behaviours that together define the competencies of pain medicine. Since its inception the Board of the Faculty has specified how competence to practice pain medicine should be assessed. The Board has defined methods of categorising and assessing competency that should be used by trainees to guide their progress and to facilitate self-directed learning; these are specified in the *CCT in Anaesthetics* document. These guidelines should be used by trainers, College Tutors, Programme Directors and Regional Advisors in anaesthesia and pain medicine to consider how best to organise and evaluate training programmes and work experience.

## **Appointment of Regional Advisors**

2.1 Regional Advisors in Pain Medicine (RAPMs) are appointed by the Board of the Faculty of Pain Medicine. Generally there is one RAPM for each school of anaesthesia. The appointments process includes consultation with a constituency that includes:

- 2.1.1 Officers of the local School of Anaesthesia (including the Postgraduate Dean, the Programme Director(s), Local Pain Medicine Educational Supervisors (LPMES) and the senior trainee representative);

- 2.1.2 Regional and Deputy Regional Advisors in Anaesthesia and the outgoing RAPM

2.2 All of the above can nominate candidates having confirmed their willingness to serve; self-nomination is encouraged.

2.3 If there is more than one applicant a ballot will be held amongst the above regional constituents, coordinated by the FPM. A simple majority will suffice and in the event of equality of votes, the Dean of the Faculty, or Vice-Dean with responsibility for the appointment of RAPMs, will have a casting vote (which he or she can delegate).

2.4 Appointments are made subject to ratification by the Board of the Faculty. Interested parties will be informed of the outcome as soon as possible by the FPM.

2.5 More information on the appointment process, along with the Person Specification, can be found on the Regional Advisor in Pain Medicine Application Form.

## **Terms of appointment**

3.1 The term of service is ordinarily 3 years; RAPMs may be offered a second term although this will be at the discretion of the appointed chair RAPM and chair elect RAPM. It is recognised that it may be necessary for an individual to undertake a third term of office because of the relatively small number of pain medicine practitioners and the Board will judge each case separately.

3.2 To avoid any potential conflict of interest RAPMs should not concurrently hold offices with major responsibilities to hospital trusts, directly managed units or Deaneries. This would include posts such as Medical Director or Clinical Director<sup>1</sup>. It is recognised that within the small subspecialty of pain medicine it may be necessary for an individual to concurrently act as pain service lead clinician whilst undertaking the role of RAPM. The appropriateness of holding other posts in the wider NHS that may be perceived to cause

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<sup>1</sup> Or other title describing the overall lead anaesthetist.

conflict should be discussed with the Dean of the Faculty of Pain Medicine; many opportunities to serve the wider NHS are compatible with the RAPM role.

3.3 One RAPM will be elected by fellow RAPMs to be the chair RAPM (for a 2 year term of office). The chair RAPM is co-opted onto the Faculty Board and the FPM Training and Assessment Committee.

3.4 One RAPM will be elected by fellow RAPMs to be the chair elect RAPM for a one year term of office during the chair RAPM's second year of their 2 year term of office. The chair elect RAPM will then serve a 2 year term of office.

### **Time to discharge duties**

4.1 The Faculty recognises and records its appreciation that many employers allow time for the extraordinary efforts that RAPMs undertake. These efforts accord with advice from the Chief Medical Officers and the General Medical Council<sup>2</sup>. The RCoA endorses accountability to the employer for time allocated to Supporting Professional Activities and urges employers to recognise that RAPMs ordinarily spend a great deal of their own time discharging their duties. Applicants for the post of RAPM are urged to be sure of the support of their employers<sup>3</sup>.

### **Support for Regional Advisors from the Faculty of Pain Medicine**

5.1 The Board of the Faculty and the College have no funds to place at the disposal of RAPMs and they rely upon the continuing good will of those appointed along with the support of their employers and local deaneries. The College and the Faculty will continue to support RAPMs by discussion with Postgraduate Deans and appropriate managers within the host trust.

### **General roles and responsibilities of Regional Advisors in Pain Medicine**

6.1 The RAPM will represent the views of the Faculty in all relevant matters within their region. They will work with the RA in anaesthesia, Postgraduate Deans, Local Pain Medicine Educational Supervisors (LPMESs) and will serve on the appropriate Regional Committees and advise the Dean or Faculty Board on problems that arise with regard to the following:

- i. Adherence to the GMC criteria for training and approved CCT programme
- ii. Maintenance of standards of pain medicine in hospital practice.
- iii. Manpower deficiencies in relation to the above.
- iv. Observance of the College's criteria for Consultant, non-consultant and trainee appointments.

6.2 It is not expected that the RAPM will personally deliver all aspects of pain medicine training and supervision that are detailed below; responsibility for the delivery of most of the training needs to be delegated.

6.3 The RAPM is responsible for ensuring that training in pain medicine in their region is properly organised, fulfils the requirements of the *CCT in Anaesthetics* document and is accessible to all trainees. This is expected to be in close liaison with the Head of School of Anaesthesia and the RA in Anaesthesia.

6.4 The RAPM should appoint a consultant in pain medicine as a LPMES for each clinical unit that has responsibilities for training. The LPMES will act as a link within their own unit and be involved in lines of communication within the region. The RAPM should organise the LPMESs to facilitate the delivery of regional pain training and this may include establishing a regional Pain Training Advisory Group (PTAG),

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<sup>2</sup> *The Doctor as Teacher*, GMC September 1999.

<sup>3</sup> The exact method of establishing this will depend on local circumstances; candidates are advised to discuss the RAPM role with their Medical Director or his/her nominee before applying.

which meets regularly and includes a trainee representative. The RAPM should develop mechanisms to communicate/cascade information to trainers and trainees in their region. The LPMES should fulfil the regional standards of training as educational supervisors and be recognised as educational supervisors by the Deanery. The RAPM is required to ensure there are no restrictions or warnings against the LPMES practicing medicine within the UK (for example with the GMC).

6.5 The RAPM is required to complete and return all Quality Assurance documents required by the Faculty within the set deadlines. These include;

- i. Bi-annual Reports to be completed twice per annum
- ii. Hospital Review Forms to be completed once per three years

6.5 RAPMs should co-operate with specialist advisors undertaking GMC accreditation visits drawing attention to strengths, weakness and concerns of the Training Programme.

6.6 All RAPMs are expected to have familiarised themselves with equal opportunity policies and to have acquired skills in interviewing techniques.

6.7 RAPMs are encouraged by the Faculty to undertake pastoral visits in their own and other regions with or without other Board nominees. RAPMs need to discuss all pastoral visits with the Regional Advisors in Anaesthetics to ensure visits are co-ordinated.

## **Organisation of training and assessment in pain medicine**

7.1 The *CCT in Anaesthetics* sets out the range of experience that is required at the different stages of training in pain medicine. The RAPM should be familiar with current recommendations in the relevant RCoA publications pertaining to education, training and assessment.

7.2 RAPMS are expected to be active members of their Deanery Specialty Training Committee as outlined in *A Guide to Postgraduate Specialty Training in the UK* (The Gold Guide), June 2010. The RAPM will act as an organiser and co-ordinator of training in pain medicine working closely with the Regional Advisor in Anaesthesia, Head of School, Programme Directors, College Tutors, academic departments and the Postgraduate Dean. The RAPM will represent the speciality of pain medicine within the School of Anaesthesia and at the Regional Training Committee. The delivery of training should not rely solely on the RAPM and the LPMESs. It is important that all pain medicine specialists in the region are involved in the delivery of high quality training.

7.3 The roles of the Regional Advisor in Pain Medicine include:

- 7.3.1 Ensuring there is provision across the region of **basic and intermediate** training in pain medicine that is of an appropriate standard for all the grades of trainee as defined in the College's *CCT in Anaesthetics* document; this includes trainees in the first 4 years of training who are preparing for the Primary and Final FRCA examinations. This level of training should be available within most Trusts;
- 7.3.2 Ensuring that there is provision within the region of **higher** training in pain medicine that is of an appropriate standard for the grades of trainee as defined in the *CCT in Anaesthetics*.
- 7.3.3 Ensuring that there is provision within the region of **advanced** training in pain medicine that is of an appropriate standard for the grades of trainee as defined in *CCT in Anaesthetics*. This level of training may only be available in certain units and it may sometimes be necessary to create rotations that allow trainees to gain experience in different units. It is the responsibility of the RAPM to ensure that those units involved in advanced pain medicine training provide appropriate, balanced, clinical experience and supervision.

- 7.3.4 Ensuring that trainees who have opted to spend some of their training in **research** related to pain have research facilities available as appropriate to their projects. It is important to ensure that trainees engaged in research have planned their research in advance and have accessed appropriate Good Clinical Practice research training. The provision of a research supervisor is essential. It is not expected that the RAPM will take personal responsibility for trainees' research but rather that they will ensure that supervision is accessible in the region. This will usually require liaison with academic departments.
- 7.3.5 Ensuring that the appraisal and assessment of trainees undertaking pain medicine training occurs as defined in the *CCT in Anaesthetics* and relevant RCoA training guides. The Board of the Faculty has defined the criteria for assessment of competency in pain medicine. The assessments can be delegated to appropriately trained LPMESs and other pain medicine specialists. It is the role of the RAPM to ensure that those trainers involved in assessment have received appropriate training in assessment.
- 7.3.6 Ensuring that all trainers understand the CCT recommendations for training, the assessment tools required to assess competency and the importance of their involvement in the Annual Review of Competence Progression (ARCP) process. Each trainee who undertakes higher and or advanced training in pain medicine should have an educational plan with clear learning objectives that take into account the recommendations made by educational supervisors and the annual assessment process.
- 7.3.7 Ensuring that there is an appropriate level of supervision of trainees and a satisfactory induction programme for trainees who are new to pain medicine.
- 7.3.8 Ensuring that trainees keep a record of their pain medicine training using the correct tools, including log books; this task may be delegated to local trainers.
- 7.3.9 Ensuring that responsibility is taken by a designated person for the organisation of regular education in pain medicine e.g. clinical teaching, lectures, seminars, journal clubs and audit meetings relevant to pain medicine.
- 7.3.10 Ensuring that trainees are given advice about, and participate in, appropriate courses and meetings.
- 7.3.11 Ensuring that clinical managers are aware of the College and Faculty recommendations regarding the provision of appropriate facilities for teaching and training in all levels of pain medicine;
- 7.3.12 Ensuring that trainees who have completed advanced training in pain medicine undergo the appropriate assessments and that records are kept of the process and outcome. The RAPM should be involved in the ARCP process of advanced pain medicine trainees. **Signing off the satisfactory completion of training is a major responsibility for the RAPM that may carry significant professional and even legal implications.**
- 7.3.13 Ensuring that there is adequate provision for pain medicine trainees who require support for professional or personal issues; liaison with RAs in Anaesthesia, Head of School, College Tutors, Programme Directors and the Postgraduate Deanery may be required;

7.4 Maintaining a record of centres delivering higher and advanced training in pain medicine by using the checklist for advanced pain training and passing a copy to the Faculty (reviewed every 3 years).

7.5 In addition to the roles relating directly to trainees in anaesthesia and pain medicine, the RAPM may be asked to advise on the training of non-anaesthetists (including medical students, pre-registration doctors, trainees in other specialties and general practitioners) in matters relating to pain and also of

established career grade anaesthetists such as SAS doctors and consultants who wish to re-train in pain medicine.

## **Regional and national responsibilities**

8.1 Informing Regional Advisors in Anaesthesia, Head of School and Postgraduate Deans about issues regarding training in pain medicine.

8.2 Ensuring that the Postgraduate Dean is aware of College and Faculty recommendations regarding training in pain medicine.

8.3 Attending Regional Specialty Training Committee meetings.

8.4 Arranging and attending meetings of the regional Pain Training Advisory Group.

8.5 Attending national meetings for Regional Advisors organised by the College or Faculty.

8.6 Developing links with other specialities such as palliative medicine, neurology, rheumatology, spinal surgery and rehabilitation medicine to enhance training in pain medicine. The RAPM and/or the LPMESs in each unit should establish these links.

8.7 Fostering and developing links with academic departments of anaesthesia and other relevant specialities.

8.8 Providing information to the Faculty of Pain Medicine concerning training in pain medicine at both school and individual hospital level.

## **Representing the Faculty of Pain Medicine**

9.1 Acting as a link between the Schools of Anaesthesia, the Board of the Faculty of Pain Medicine and the Royal College of Anaesthetists to allow two-way transfer of information.

9.2 Informing the Board of the Faculty of Pain Medicine of any major problems or difficulties related to pain medicine in their School of Anaesthesia. This may involve educational or clinical issues. It is expected that the Regional Advisor in Anaesthesia would be the first point of contact in such circumstances.

9.3 Assisting employers in the process of producing job descriptions for career grade posts in pain medicine and providing advice to Regional Advisors in Anaesthesia regarding the approval of job descriptions for a career grade post with a professional commitment to pain medicine. This is to ensure that posts provide the scope and facilities that are necessary for the maintenance of standards of practice, training and patient care. When appointments are to be made to consultant, staff grade, and hospital practitioner posts within their Region, the Regional Advisor should see, comment and approve the job description for the proposed post. There is no obligation on Foundation Trusts to seek RAPMs advice.

9.4 RAPMs will on occasions be asked by the College to serve on Advisory Appointment Committees for consultant and non-consultant career grade posts outside their own region or as an external Advisor outside their region for Deanery and hospital visits or ARCP. Nominations for College representation on Advisory Appointments Committees must be sought directly from the College. RAPMs may not nominate, nor may they represent the College in such a way *within* their own Region but may be asked to serve on an Advisory Appointments Committee for consultant and non consultant career grade posts outside their own Region.