



FACULTY OF PAIN MEDICINE

of the Royal College of Anaesthetists

FPM guidelines on provision of core and intermediate training in pain medicine in light of the COVID-19 pandemic

7 May 2020

Introduction

Since the statement from the Faculty on the impact of COVID-19 pandemic on the training and wellbeing of our trainees¹ in March 2020, it has become increasingly clear that the impact of COVID-19 on the provision of pain services, and therefore on training in pain medicine, remains an evolving situation and is likely continue to have a significant impact for many months to come.

Hence, we acknowledge the fact that trainers and trainees alike need to adapt to this changing world in order to continue to train and be trained to deliver high quality pain services based on the Core Standards for Pain Management Services in the UK.²

Generic Guidelines

The Royal College of Anaesthetists issued generic guidance for all anaesthetic trainees on 16 April 2020.³ Together with our parent College, it remains the FPM's firmly held view that nobody should be penalised by the changes to their working patterns. In line with GMC guidance, the RCoA will allow schools to defer essential Units of Training and postgraduate examinations by a period of up to 12 months.

"If mandatory elements of training have not been completed due to the impact of the COVID-19 pandemic an ARCP outcome 10 (COVID) should be used with an action plan outlining the areas that need to be completed in the next year of training".³

We recommend that our Local Pain Medicine Educational Supervisors and Regional Advisors in Pain Medicine follow the aforementioned recommendations and FPM guidelines in assessing and signing off trainees at intermediate level in pain medicine. We recommend that College Tutors similarly follow the FPM guidelines in assessing and signing off trainees in pain medicine at core level training.

FPM Training Guidelines

The FPM recognises that pain services where training would be delivered may continue to be disrupted. These services are also likely to be using novel ways of delivery, including remote consultations, and face ongoing restrictions with regards to delivery of some if not all pain intervention procedures, pain management programmes and other multidisciplinary services. As Units of Training are deferred across the board, there may be further challenges in access to training with the likelihood of multiple trainees at various levels of training being assigned to pain services when services resume.

Complementary modalities of training

Completion of these essential Units of Training in Pain Medicine will be supported by Faculty. Although we continue to encourage our trainers and trainees to aim to complete the Units of Training using conventional training modalities as far as possible, we also would ask them to consider other options of training to complement them. For instance, this may involve:

- Trainees to engage in training for remote consultations
- Trainees to sit in on triaging for telephone or video linked consultations
- Trainees conducting remote consultations by telephone or video link
- Reading specific modules in e-PAIN⁴ and discussing content
- Listening to podcasts or viewing webinars of pain medicine related material
- Encourage trainees to engage in case based discussions and simulated clinical activities

We anticipate that such activity could help to augment but not completely replace more conventional modalities of training.

We envisage that with the help of Training Programme Directors in each School of Anaesthesia, Local Pain Medicine Educational Supervisors will be able to sign off completed Units of intermediate pain training for all trainees by the end of the next training year. We do however encourage LPMEs and Trainees alike to seek further advice from their Regional Advisor in Pain Medicine if any difficulties are encountered in completing these mandatory Units of Training.

Wellbeing

We would like to take this opportunity to once again acknowledge the significant challenges experienced by all anaesthetists, trainers and trainees alike. We recognise the incredible effort made and the toll that this can have on morale, wellbeing and ongoing training.

We encourage all to access resources that may be of use both on the Faculty of Pain Medicine website⁵ and the Royal College of Anaesthetists website.⁶ Please do seek help if you are experiencing difficulties, either through your local department or through the Faculty or College if you require our support. We are always ready to listen.

Please watch out for further updates as the situation continues to evolve.

1. FPM. FPM statement on the impact of COVID-19 pandemic on training and wellbeing of our trainees. 25 March 2020. <https://fpm.ac.uk/media/2256>
2. FPM. Core Standards for Pain Management Services in the UK. 2015. <https://fpm.ac.uk/standards-publications-workforce/core-standards>
3. RCoA. Anaesthetic Training Update – 16th April 2020. <https://rcoa.ac.uk/media/13271>
4. FPM, eLH. e-PAIN: e-Learning for Pain Management. <https://fpm.ac.uk/faculty-of-pain-medicine/e-pain>
5. FPM, FICM, RCoA. Practical steps to team wellbeing during COVID-19. 14 April 2020. <https://fpm.ac.uk/media/2271>
6. Joint ICM Anaesthesia COVID-19 Hub. COVID-19 impact on training, morale and wellbeing. 30 March 2020. <https://icmanaesthesiacovid-19.org/news/covid19-impact-on-training-morale-and-wellbeing>