



**FACULTY OF  
PAIN MEDICINE**  
of the Royal College of Anaesthetists

# Hospital Review Form

**Hospital Name:**

**Region:**

***Please complete and return to the Regional Advisor in Pain Medicine  
by:***

**Version 2 June 2016**

*Terminology updated to Faculty Tutor (Pain) June 2020*

# 1 HOSPITAL DETAILS & TRAINING PROGRAMME

Hospital Name

Address  
(including postcode)

Telephone Number

Telephone Number  
(Pain Service)

Regional Advisor  
Pain Medicine

School of  
Anaesthesia

Regional Advisor  
Anaesthesia  
(name & email)

College Tutor  
(name & email)

Is this the main hospital at which Advanced Pain Training would be based?

Yes

No

If you've ticked no, please provide the name and address of the main hospital below:

If you are the main hospital, please provide the names of other hospitals involved in the training programme:

## Essential

Please indicate if any of the services below are available at your hospital:

If they are available at other sites as part of your training programme, please provide details in the text box.

Musculoskeletal/spinal      Yes          No   

PMP/Psychology              Yes          No   

Cancer pain                    Yes          No   

Please indicate any other sites at which these services are available:

## Desirable

Please indicate if any of the services below are available at your hospital:

If they are available at other sites as part of your training programme, please provide details in the text box.

Palliative Care Unit        Yes          No   

Neurosurgery/Neurology    Yes          No   

Paediatric Pain              Yes          No   

Rehabilitation                Yes          No   

Specialised Modules (if any) Yes          No   

please provide details:

Please indicate any other sites at which these services are available:

### **3 PAIN MEDICINE SERVICE: MEDICAL STAFFING**

**3.1 Consultant staff**

Complete for all Consultants with some or all day-time PAs exclusively devoted to Pain Medicine.

NAME	PARENT SPECIALTY	QUALIFICATIONS	PAIN PAs/WEEK

**3.2 Consultant PAs for pain medicine per week**

**3.3 SAS staff**

Complete for all SAS staff with some or all day-time PAs exclusively devoted to Pain Medicine.

NAME	GRADE	PARENT SPECIALTY	QUALIFICATIONS	PAs/WEEK

**3.4 SAS grade sessions for pain medicine per week**

**3.5 Other staff**

Complete for all clinical non-medical staff of the pain medicine service not mentioned above e.g. Specialist Nurses, Psychologists, Physiotherapists, Pharmacists, Occupational Therapists, etc.)

NAME	PARENT SPECIALTY	QUALIFICATIONS	SESSIONS/WEEK

**4 INFORMATION RELATED TO THE PAIN MEDICINE SERVICE**

#### 4.1 Clinical activity

ACTIVITIES	NUMBER
Outpatient consultation sessions (consultant)	
Treatment ( <b>theatre sessions</b> ) sessions per week	
Number of treatment sessions with dedicated image intensifier and radiographer available	
Please list the procedures frequently carried out (attach separate sheet) Inpatient beds - available solely for pain medicine	
Ward rounds per week medical	
W\rd rounds per week nursing	

#### 4.2 Does the Pain Medicine Service have the following facilities?

FACILITIES	'Y' OR 'N'
Separate office accommodation	
Access to library with up-to-date pain therapy texts and journals	
Trainee's office with dedicated facilities for IT and internet access	
Consultant and SAS doctor office(s)	
Administration staff (state whole time equivalents)	
Clerical staff (state whole time equivalents)	
Secretarial support (state whole time equivalents)	
Audit assistant/clerk (state whole time equivalents)	

#### 4.3 Does the Pain Medicine Service have?

FACILITIES	N/A or DETAILS
Pain Management Programme (give details) No of sessions per year	
Patient Support or Education Groups (give details)	
Written protocols used in the Pain Medicine Service (give examples )	
Written protocols or guidelines for general practitioners (give examples )	
Patient information material (give examples)	

## 5 FACILITIES FOR TRAINING AND EDUCATION

Does the Unit have the following? (PLEASE NOTE: Additional questions in the table)

FACILITIES	Y/N	DETAILS (if applicable)
Nurses with higher qualification relevant to Pain Medicine (state qualification in each case)		
Access to radiation safety training		
Formal teaching sessions (state duration and number per week)		
Audit meetings (state frequency)		
Regular case discussion/MDT and/or journal review meetings (state frequency & type)		
Library facilities		
Internet Access		
A role in training of medical students		
A role in the training of nursing students & other healthcare professionals		
A role in the training of other healthcare professionals		

An on-going program of research into the mechanisms or management of pain (provide details)		
Joint clinics with other specialties (provide details)		

## 6 CURRENT PAIN TIMETABLE OF THE DEPARTMENT

Please attach as a separate sheet or expand this table if necessary

		MON	TUES	WED	THURS	FRI
Clinics/Lists/MDT's						
AM						
PM						

Are trainees guaranteed protected sessions in the pain medicine unit?

Yes

No

## 7 STATISTICAL INFORMATION FOR THE PAIN SERVICE

7.1 Is the Unit linked to the Hospital Information System?

Yes  No

7.2 Do you produce an annual report or report of statistical information?

Yes  No

*If yes, please attach a recent copy or the relevant part of your business plan.*

7.3 How many referrals to your service have there been in each of the last three years?

YEARS	ACUTE PAIN	CHRONIC PAIN	CANCER RELATED PAIN
20__			
20__			
20__			

7.4 Review of the last 12 months

IN THE LAST 12 MONTHS ...	
How many nerve blocks were performed for chronic pain or cancer related pain in your Unit?	
How many neuroablative procedures (e.g. chemical, cryotherapy or radio frequency) were performed in your Unit?	
How many neurosurgical procedures (e.g. percutaneous cordotomy) for pain were performed for patients from your Unit?	
How many spinal drug delivery systems were implanted for patients from your Unit?	
How many SCS systems were implanted for patients from your Unit?	
How many patients from your unit attended a pain management programme?	
How many patients had individual psychology from your unit?	



## 8 AVAILABILITY OF OTHER SERVICES

(PLEASE NOTE: THIS IS FOR INFORMATION ONLY AND WILL NOT EFFECT YOUR TRAINING PROGRAMME APPROVAL)

FACILITY	ON-SITE (Y or N)	ELSEWHERE (give location)	AVAILABILITY (immediate, 24hr etc.)
Pathology services			
Imaging services Isotope scans CT MRI Ultrasound PET scan			
Neurophysiology Nerve conduction studies/ electromyography Microneurography			
Pharmacy: Pain clinic pharmacist Pharmacist ward rounds			
Physiotherapy:			
Medical engineering			
Chaplaincy			
Occupational therapy			
Social work			
Medical appliances			
Prosthetics			
Chiropody/podiatry			
Dietetics			
Interpreter services			

## 9 MANAGEMENT OF PAIN SERVICES

4.1 Consultant responsible for acute pain service (name & email)

4.2 Consultant responsible for chronic pain service

4.3 Consultant responsible for audit in Pain Medicine Unit

## 10 DECLARATION

10.1 Name of Educational Supervisor

10.2 Signature of Faculty Tutor (Pain)

10.3 Date declaration signed

10.4 Email address