

# FPM Census 2022 Report



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## Introduction

The 2022 Faculty of Pain Medicine Census provides a rich source of workforce data, highlighting some of the challenges in pain services across the UK. We would like to thank you, the doctors working in Pain Medicine across the UK for taking the time to complete the survey. We also appreciate the efforts of the Clinical Directors in Anaesthesia, who supported our work by disseminating the census survey to ensure we captured responses from the breadth of the workforce. We also particularly wish to thank the Faculties team including Susan Hall, Emmy Kato-Clarke and Claire Driver-Edwards who have contributed an enormous amount of time and dedication to develop, disseminate and analyse the survey.

## Key Themes

- The proportion of female doctors in Pain Medicine has increased and the workforce is getting older;
- The vast majority of Pain Consultants list Anaesthesia as their base specialty. The forthcoming Credential in Specialist Pain Medicine will open the route of training to clinicians from a range of specialty backgrounds, ensuring a wider potential future workforce;
- The majority of the respondents' scope of pain practice was entirely in adult pain medicine, with 5% undertaking a role purely in paediatric pain medicine;
- The majority of doctors in Pain Medicine plan to reduce their working hours and/or retire earlier because of recent changes to the NHS Pension Scheme, Pension Tax Reforms or the McCloud Remedy;
- There are significant challenges in recruitment. 48% of Clinical Leads reported they had vacant consultant posts in their pain department.

## Census Report

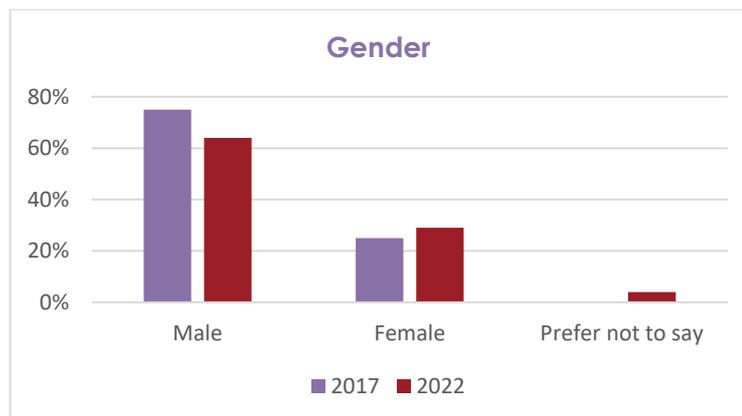
The third Faculty of Pain Medicine census was launched in Autumn/Winter 2022, to update and build on the information gathered in FPM's 2012<sup>1</sup> and 2017<sup>2</sup> censuses. Many of the same questions used in the 2017 census were repeated, some were modified and some new questions were added to look at the current demographics of the workforce. The questions introduced in 2017 to look at the impact of recent tax and pension changes were further developed and a new question relating to the GMC's Credential in Specialist Pain Medicine was added. The questions were reviewed by the FPM Board and the census was then circulated via a "Survey Monkey" link to all members on the FPM fellows and members' distribution list. To capture respondents not yet affiliated with the FPM, the link was also circulated to Clinical Directors in Anaesthesia, via the RCoA mailing list, with a request to forward it to all Pain Medicine specialists in their hospitals. Responses were anonymous, based on feedback from the 2017 census to maximise returns. The response rate was initially very low, so the survey deadline was extended beyond the initial 6 weeks and reminders were sent to all FPM fellows and members.

When the survey link closed in early 2023, the Faculty of Pain Medicine 2022 Census had received 283 responses, which is less than half of the 712 doctors currently registered with the FPM. The data presented in this report covers the breadth of the questions asked, but it is difficult to derive meaningful conclusions because of the low response rate.

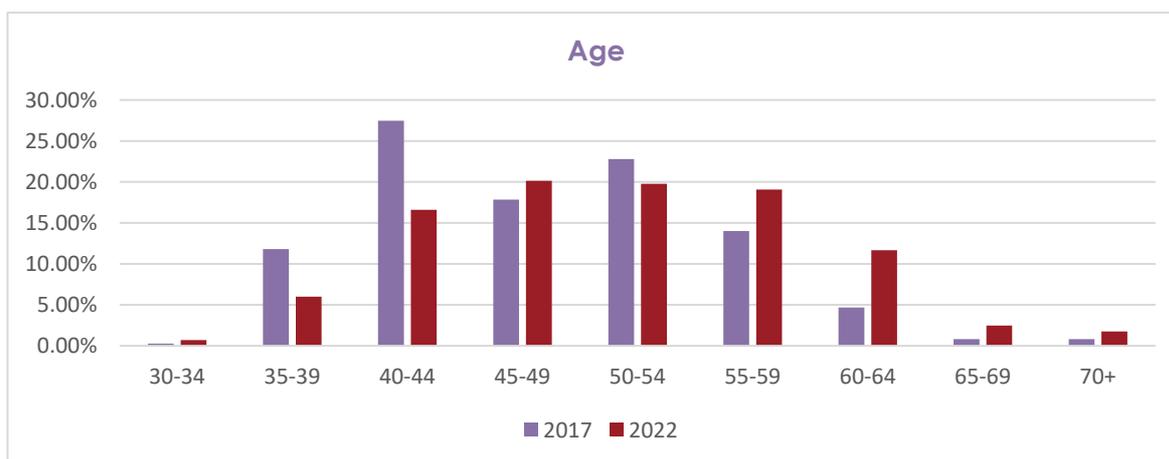
Of those respondents, 84% were affiliated with the Faculty of Pain Medicine in some way, and a large number were active in educational roles and Faculty positions, such as RAPMs and committee members. Where appropriate we have included comparative data from the previous FPM Workforce Census carried out in 2017<sup>2</sup>. There is also some data for comparison from the RCoA's Medical Workforce Census Report in 2015<sup>3</sup> and 2020<sup>4</sup>.

## What is the current Pain Medicine Specialist Workforce?

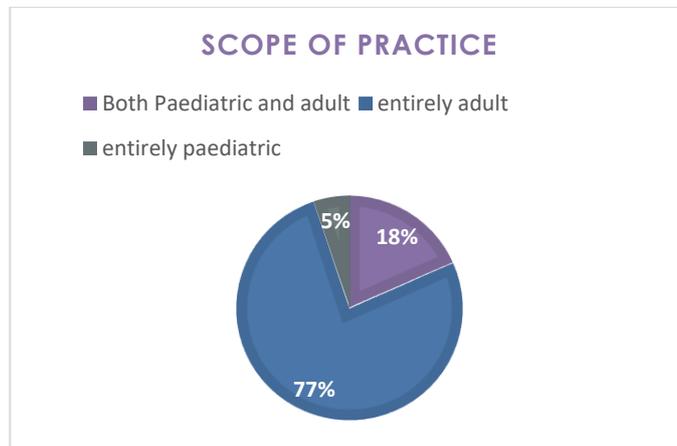
- The proportion of female doctors in Pain Medicine appears to have increased slightly since the 2017 census, with 28.6% of the respondents female, compared with 25% in 2017 and up from 22% in 2015.



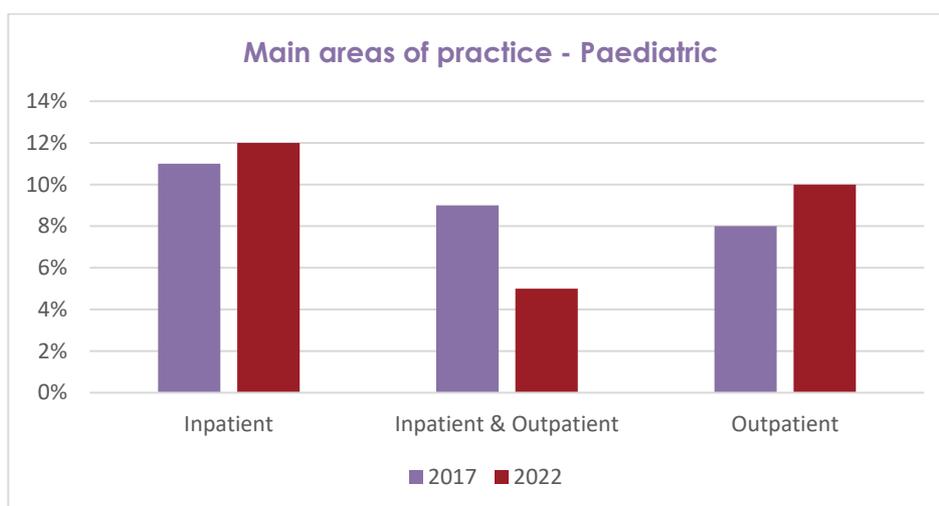
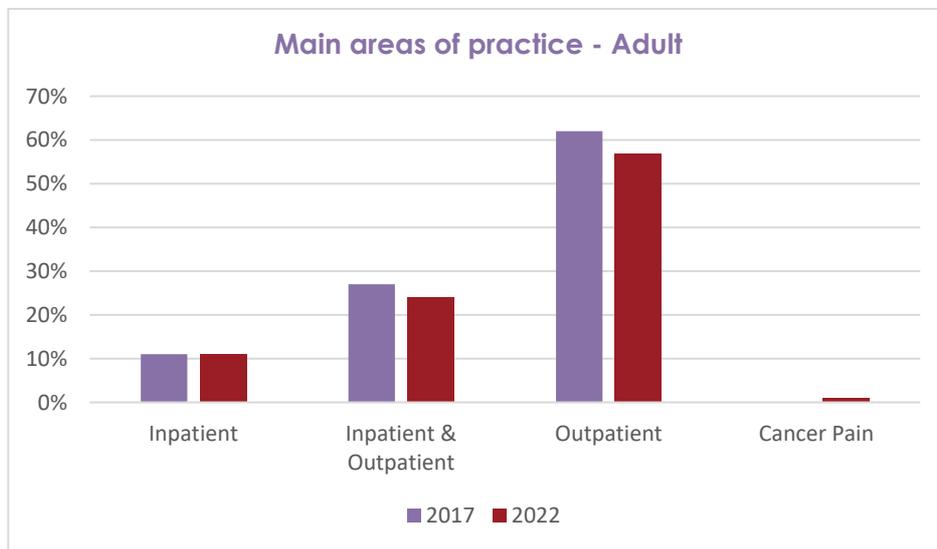
- The workforce appears to be getting older, with 73.1% of respondents in the 46–69 year age category, compared with 61% in 2017. There were fewer Pain Medicine Specialists in the 35-39 and 40-44 year age brackets, compared with five years earlier.



- The vast majority of Pain Consultants continue to list Anaesthesia as their base specialty (96%), but respondents in 2022 also listed General Practice, Palliative Care and Oral Medicine as base specialties. The forthcoming Credential in Specialist Pain Medicine will open the route of training to clinicians from a range of specialty backgrounds, ensuring a wider potential future workforce.
- It is worth noting that the 2020 RCoA Medical Workforce census<sup>4</sup> asked Clinical Directors about the numbers of colleagues with specific specialty areas in their job plans. There were 568 Consultants and 45 SAS Doctors with chronic pain PAs. This is significantly higher than the number of responses to FPM's 2022 pain census, especially as the number of doctors with inpatient pain DCCs were not mentioned in their report.
- The majority of the respondents' scope of pain practice was entirely in adult pain medicine, with 5% undertaking a role purely in paediatric pain medicine.



- Of those who worked in adult pain medicine, the majority (57%) worked in entirely outpatient-based settings and 11% practice Pain Medicine in inpatient settings only. Although the differences are small, there is a slight increasing trend for Pain Medicine specialists in paediatric practice to work solely in either outpatient or inpatient settings.



- The average (mean) number of Direct Clinical Care Programmed Activities (DCC-PAs) worked in Pain Medicine has increased from 4.24 in 2017 to 4.57 in 2022. The total DCCs per week has remained similar at 7.93 (compared to 8 in 2022), which means an increasing proportion of a

specialist's week is dedicated to clinical work in Pain Medicine, with the remainder in Anaesthetics or another speciality.

<b>Pain DCC PAs/wk. inc. admin</b>	Average 2017	4.24
	<b>Average 2022</b>	<b>4.57</b>
<b>Total DCCs/wk.</b>	Average 2017	8
	<b>Average 2022</b>	<b>7.93</b>
<b>SPAs in Pain Medicine</b>	Average 2017	1.79
	<b>Average 2022</b>	<b>1.34</b>

- The data suggest that the average Supporting Professional Activities (SPA) sessions in Pain Medicine has decreased since 2017. However, it is worth noting that in 2022, 128 of the 283 respondents were unsure of their SPA allocation in Pain Medicine, and 42% stated their allocation was not sufficient.

### Multidisciplinary Team Working

We asked the workforce about multidisciplinary working for both outpatient and inpatient teams, with 66% of outpatient teams reporting they comprise 3 or more disciplines, 29% are made up of 4 or more and 7% reporting 5 or more disciplines. In comparison, 13% of inpatient pain medicine teams comprise 3 or more disciplines.

	A team of 3+ disciplines
Outpatient team	66%
Inpatient team	13%

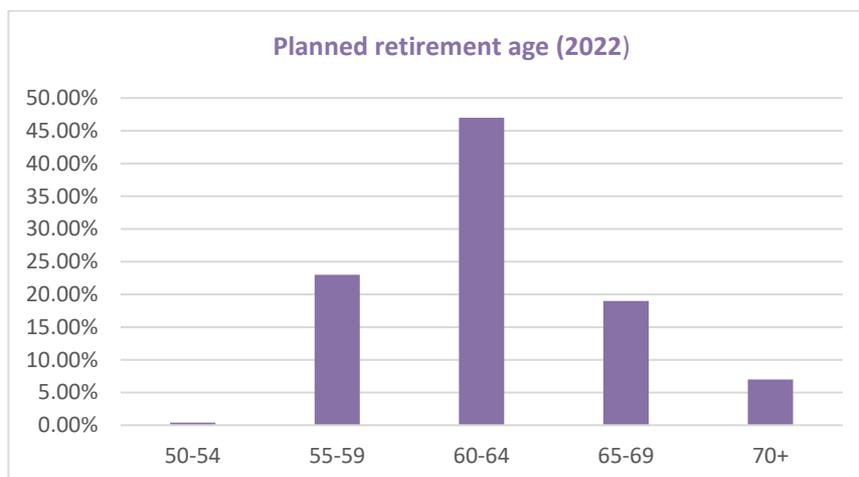
The following tables display the breakdown of the roles included within their multidisciplinary teams in 2022:

Outpatient Team Member	#
Nurse	221
Physio	194
Psychologist	196
Occupational Therapist	68
Pharmacist	57
Other	33

Inpatient Team Member	#
Nurse	233
Physio	38
Psychologist	43
Occupational Therapist	14
Pharmacist	62
Other	13

## Retirement plans

- Most of the Pain Medicine Specialists who responded plan to retire between the ages of 60 and 64. A notable 7% of respondents indicated they plan to retire from the age of 70 onwards, which perhaps reflects the favourable work life balance that a career in Pain Medicine offers.



- We asked recipients a series of questions surrounding their future plans. It is clear the changes to the NHS Pension Scheme, Tax Reforms to annual allowance and the McCloud Remedy have altered both plans for working hours and planned retirement age. 58% of respondents plan to decrease their hours and 53% plan to retire earlier. In the 2017 Census, the numbers planning to retire early were offset in some part by respondents who planned to retire later but this has not been seen in 2022, with only 4% planning to retire later.

## Service Leads

- The second half of the survey was dedicated to asking questions of the Clinical Leads for pain services. This was primarily to look at post vacancy data. It was assumed that only one person from each pain service would respond to avoid duplication of vacant post numbers. Some data will be missing because of the low response rate but also acknowledging that only 87% of respondents to the first part of the survey said they had a medically qualified service lead.

Service Lead	
Doctor	87%
Nurse	4%
Occupational Therapist	0.40%
Physiotherapist	3%
Psychologist	1%
The remaining respondents either missed this question or added a free text comment to say they did not know	

- Of the 92 Clinical Leads who responded, a significant 48% reported they had vacant consultant posts in their department. Of these, 69% responded that they had tried to recruit to these posts, which highlights the current challenges in the workforce. Despite the current vacancies, there are relatively healthy rates of recruitment, with 84% of respondents reporting they have recruited to a consultant post in the past year and 25% recruiting to SAS posts. 31% have hired locum staff in the past year to manage workforce pressures.

Do you currently have vacant posts?	Responses
Yes	48%
No	50%
If Yes, have you tried to recruit to them?	
Yes	69%
No	29%
Do you have team members absent?	
Yes	34%
No	65%
Have you recruited a consultant in the past year?	
Yes	84%
No	15%
Have you hired locum staff in past year?	
Yes	31%
No	69%
Have you recruited a specialty grade doctor in past year?	
Yes	25%
No	75%
Have any medical staff in your pain service retired within the past year?	
Yes	38%
No	60%
Please note some questions were not answered, hence not 100% response rate	

## Credential in Specialist Pain Medicine

- The 2022 Census explored views on the forthcoming GMC Credential in Specialist Pain Medicine. 64% of respondents answered they would wish to be considered for retrospective credentialing. However, the remainder responded they were either unsure, did not wish to be considered for the credential or did not answer the question.
- This perhaps highlights the lack of clarity amongst doctors currently working in Pain Medicine of the forthcoming GMC credentialing process. This work has been ongoing since 2018, with the curriculum for the Credential in Specialist Pain Medicine being finally approved in August 2023. The FPM is currently working with the GMC and the four Statutory Education Bodies of the UK to implement the credential that will be open to pre- and post-CCT, and SAS doctors. It will provide depth and stability to the workforce of doctors who work as Pain Medicine Specialists within the UK, whilst raising standards in the practice of Pain Medicine. Credential holders will be listed as Pain Medicine Specialists in the GMC List of Registered Practitioners. This importantly improves patient safety as it allows recognition of specialist training in Pain Medicine by patients and employers. Further information on the credential can be found here: [Autumn 2022 Bulletin reference<sup>5</sup>](#).

## Survey limitations and future suggestions

The number of responses to the previous census carried out in 2017 was significantly higher, with 484 individual responses. A different strategy was employed then, using a hub and spoke model, with the RAPMs and the local Educational Supervisors in Pain Medicine tasked with disseminating and chasing responses. Feedback from the 2017 census identified confidentiality concerns, hence in 2022 we elected to disseminate and collate responses anonymously, via the FPM. It is disappointing that the number of responses has dropped but is likely to reflect the current workforce pressures and clinical workloads, as well as probable 'survey fatigue'. In future years, reverting to the model of RAPMs and/or Faculty Tutor (Pain) collating responses or perhaps developing an incentive for completing the survey could be considered. If you have any suggestions for future questions that you think would be helpful to include, please contact us via [contact@fpm.co.uk](mailto:contact@fpm.co.uk)

## Acknowledgements

Survey authors: Sonia Pierce, Lorraine de Gray, Susan Hall, Claire Driver-Edwards, Emmy Kato-Clarke.

## References

- 1) FPM 2012 Census
- 2) FPM 2017 Census <https://fpm.ac.uk/careers-workforce/workforce-planning>
- 3) RCoA Medical Workforce Census Report 2015  
<https://www.rcoa.ac.uk/sites/default/files/documents/2019-09/CENSUS-REPORT-2015.pdf>
- 4) RCoA Medical Workforce Census Report 2020  
<https://www.rcoa.ac.uk/sites/default/files/documents/2020-11/Medical-Workforce-Census-Report-2020.pdf>
- 5) Message from the Dean, Dr Lorraine de Gray Transmitter August 2022  
[https://fpm.ac.uk/sites/fpm/files/documents/2022-12/TRANSMITTER\\_Autumn\\_2022\\_0.pdf](https://fpm.ac.uk/sites/fpm/files/documents/2022-12/TRANSMITTER_Autumn_2022_0.pdf)