



ROLES AND RESPONSIBILITIES for REGIONAL ADVISORS IN PAIN MEDICINE (RAPMs)

1. Introduction

- 1.1 The Faculty of Pain Medicine (FPM) 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
- 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 training programme that leads to the award of a Certificate of Completion of Training (CCT) in anaesthesia.
- 1.3 The RCoA launched a new curriculum for Anaesthesia in August 2021. The curriculum meets the GMC "Standards of Excellence by design" requirements. These standards have patient safety, quality of care and fairness at their heart.

The 2021 Anaesthetic curriculum has three stages of training, which an anaesthetist in training must progress through to ultimately gain a CCT. These are:

- Stage 1 encompassing CT1, CT2, CT3
- Stage 2 encompassing ST4, ST5
- Stage 3 encompassing ST6, ST7

There are 7 generic professional and 7 specialty specific domains of learning with learning outcomes for each stage of training within the Anaesthetic curriculum. Pain medicine is one of the specialty specific domains with "Manages Pain" as the High-Level Learning Outcome.

Completion of the 3 stages of pain training is required before undertaking a Special Interest Area (SIA) module in either Pain Medicine or Acute Inpatient Pain. The SIA modules in Stage 3 should be undertaken as a complete uninterrupted block and replace advanced pain training in the 2010 curriculum in anaesthesia. Trainees will be eligible to apply for the [FFPMRCA Examination](#) during their SIA module. [Comprehensive guidance on Pain Training in the 2021 curriculum can be found here.](#)

Some trainees may choose to undertake research in Pain Medicine. There may be trainees in academic posts who will also wish to undertake SIA training.

- 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 Anaesthesia document.

These guidelines should be used by all educational and clinical supervisors including Heads of Schools of Anaesthesia, Programme Directors and Regional Advisers in Anaesthesia and Pain Medicine, College Tutors (Anaesthesia) and Faculty Tutors in Pain medicine to guide how to organise, evaluate and assess training.

¹ The Faculty of Pain Medicine. [Core Standards for Pain Management Services in the UK, Second Edition.](#)

Training in Pain Medicine for Stage 3 is required to be undertaken at hospitals recognised for such training – further information regarding recognition of training centres including [a comprehensive list of such centres can be obtained on the FPM website](#).

2. Appointment of Regional Advisers in Pain Medicine (RAPMs)

- 2.1 Regional Advisers 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:
 - Officers of the local School of Anaesthesia (including the Postgraduate Dean, the Training Programme Director(s), Faculty Tutors (Pain Medicine) and the senior trainee representative). Applicants for the post of RAPM are urged to be sure of the support of their employers before acceptance of the role;
 - Senior members of local Academic Department(s) of Anaesthesia;
 - Regional and Deputy Regional Advisers in Anaesthesia and the outgoing RAPM; and
 - The Dean of the Faculty, or Vice-Dean with responsibility for appointment of RAPMs.
- 2.2 All 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 The [Person Specification for the RAPM role can be found in the Appendix](#) of this document. Applicants must meet all the essential criteria are eligible to apply for the role.

3. Terms of Appointment

- 3.1 The term of service is ordinarily 3 years with most RAPMs serving two terms. It is recognised that it may be necessary for an individual to undertake a further 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 (or other title describing the overall lead anaesthetist). 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 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. A Chair elect is appointed at the start of the second year of Chairmanship. The Chair Elect will shadow and deputise for the Chair if required and then will seamlessly take up the Chair RAPM role at the end of the first year as Chair Elect.

4. Time to Discharge Duties

- 4.1 The Faculty recognises and records its appreciation that many employers allow time for the extraordinary efforts undertaken by RAPMs. These efforts align with advice from the Chief

Medical Officers and the General Medical Council. The RCoA endorses accountability to the employer for time allocated to Supporting Professional Activities and considers it unreasonable to expect RAPMs to spend a significant amount of their own time discharging their duties. Mechanisms for remuneration will vary among Trusts, but the Faculty recommends that RAPMs should receive up to 1 SPA per week for them to enable them to facilitate quality assurance of the training programme and effectively fulfil their duties.

5. Support for RAPMs 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 goodwill 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.

6. General Roles and Responsibilities of RAPMs

- 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 and will serve on the appropriate Regional Committees and advise the Dean, or Faculty Board on problems that arise regarding the following:
- Adherence to the [GMC criteria for training and approved CCT programme](#)
 - Maintenance of standards of pain medicine in hospital practice.
 - Manpower deficiencies in relation to the above.
 - 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 Anaesthetics CCT Curriculum 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 Faculty Tutor (Pain) for each clinical unit that has responsibilities for training. The Faculty Tutor will act as a link within their own unit and be involved in lines of communication within the region. The RAPM should organise the Faculty Tutors to facilitate the delivery of regional pain training, and this may include establishing a regional Pain Training Advisory Group (PTAG), which meets regularly and includes a trainee representative.
- 6.5 The RAPM should develop mechanisms to communicate/cascade information to trainers and trainees in their region. The Faculty Tutors should fulfil the regional standards of training as educational supervisors and be recognised as educational supervisors by the Deanery. The exact method of establishing this will depend on local circumstances; candidates are advised to discuss the RAPM role with their Medical Director or nominee before applying.
- 6.6 RAPMs should cooperate with specialist advisers undertaking GMC accreditation visits drawing attention to strengths, weaknesses, and concerns of the Training Programme.
- 6.7 All RAPMs are expected to have familiarised themselves with equal opportunity policies and to have acquired skills in interviewing techniques.
- 6.8 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 Advisers in Anaesthetics to ensure visits are coordinated

- 6.9 RAPMs are expected to submit regularly, and as requested by the Faculty, [Hospital Review Forms \(HRFs\)](#), annual reports via the RAPM Survey, and appraisal forms.

7. Organisation of Training and Assessment in Pain Medicine

- 7.1 The Anaesthetics curriculum 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's Specialty Training Committee as outlined in [COPMED's Guide to Postgraduate Specialty Training in the UK \(The Gold Guide\)](#).

The RAPM will act as an organiser and coordinator of training in Pain Medicine working closely with the Regional Adviser in Anaesthesia, Head of School, Programme Directors, College Tutors, academic departments, and the Postgraduate Dean. The RAPM will represent the specialty 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 Faculty Tutors (pain). It is important that all Pain Medicine specialists in the region are involved in the delivery of high-quality training.

- 7.2.1 Ensuring there is provision across the region for pain training, providing annual and hospital review forms to the Faculty describing opportunities at different sites. Provision should include:

- Stage 1-3 training in Pain Medicine at an appropriate standard for all the grades of trainee as defined in the College's CCT in Anaesthesia document.
- Acute Inpatient Pain training at an appropriate standard for the grades of trainee as defined in CCT in Anaesthesia. This level of training is recommended for trainees who intend to take up a substantive Consultant post with a component of acute and acute on chronic inpatient pain. This will require training at specifically recognised 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 SIA Acute Inpatient Pain training provide appropriate, balanced, clinical experience and supervision.
- SIA Pain Medicine at an appropriate standard for the grades of trainee as defined in CCT in Anaesthesia. This level of training is recommended for trainees who intend to take up a substantive Consultant post with a part time or whole-time commitment of working within a Pain Management service managing patients with persistent complex pain. This will require training at specifically recognised 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 SIA Pain Medicine training provide appropriate, balanced, clinical experience and supervision.

- 7.2.2 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.

- 7.2.3 Ensuring that the appraisal and assessment of trainees undertaking pain medicine training occurs as defined in the CCT in Anaesthesia 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 Faculty Tutors (Pain) 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 assessments for the 2021 curriculum. The use of updated assessment tools (HALO forms) has been incorporated into the new curriculum.

- 7.2.4 Ensuring that all trainers understand the CCT recommendations for training, the assessment tools within the 2021 curriculum required to assess competency and the importance of their involvement in the Annual Review of Competence Progression (ARCP) process. Each trainee who undertakes SIA in acute inpatient pain or pain medicine should have an educational plan with clear learning objectives that consider the recommendations made by educational supervisors and the annual assessment process.
- 7.2.5 Ensuring that there is an appropriate level of supervision of trainees and a satisfactory induction programme for trainees who are new to pain medicine.
- 7.2.6 Ensuring that trainees keep a record of their pain medicine training using the Lifelong Learning platform, including logbooks; this task may be delegated to local trainers.
- 7.2.7 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.
- 7.2.8 Ensuring that trainees are given advice about, and participate in, appropriate courses and meetings.
- 7.2.9 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.
- 7.2.10 Ensuring that trainees who have completed training in pain medicine undergo appropriate assessments and that records are kept of the process and outcome. The RAPM should be involved in the ARCP process of trainees who are undertaking the SIA in pain medicine. 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 Ensuring that there is adequate provision for pain medicine trainees who require support for professional or personal issues.^{2,3} Support can also be found in the form of the Faculty's [mentoring and buddy scheme, FPM Thrive](#), which was set up to provide support for doctors within Pain Medicine.. 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 SIA training in pain medicine by using the [Hospital Review Forms](#) and providing a copy to the Faculty (currently 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 of established career grade anaesthetists such as SAS doctors and consultants who wish to retrain in Pain Medicine.

8. Regional and National Responsibilities

- 8.1 Informing Regional Advisers in Anaesthesia, Head of School and Postgraduate Deans about issues regarding training in Pain Medicine.

² Association of Anaesthetists. [The Association Mentoring Scheme](#).

³ The Royal College of Anaesthetists. [Chapter 1: Guidelines for the Provision of Anaesthetics Services: The Good Department](#).

- 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 Advisers organised by the College or Faculty.
- 8.6 Developing links with other specialties such as palliative medicine, neurology, rheumatology, spinal surgery, and rehabilitation medicine to enhance training in pain medicine. The RAPM and/or the Faculty Tutors in each unit should establish these links.
- 8.7 Fostering and developing links with academic departments of anaesthesia and other relevant specialties.
- 8.8 Providing information to the Faculty of Pain Medicine concerning training in pain medicine at both school and individual hospital level by completing [Hospital Review Forms](#) and the RAPM Annual Survey in a timely fashion.

9. 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 Adviser in Anaesthesia would be the first point of contact in such circumstances.
- 9.3 Assisting employers in the process of producing [job descriptions for SAS posts in Pain Medicine](#) and providing advice to Regional Advisers in Anaesthesia regarding the approval of job descriptions for an SAS 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, SAS, and hospital practitioner posts within their Region, the Regional Adviser should see, comment, and approve the job description for the proposed post. There is no obligation on Foundation Trusts to seek RAPMs advice. More information on this can be found on the [RCoA Advisory Appointments Committee](#) pages on the RCoA website.
- 9.4 RAPMs will on occasion be asked by the College to serve on Advisory Appointment Committees for consultant and SAS posts outside their own region or as an external Adviser outside their region for Deanery and hospital visits or ARCPs. 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 SAS posts outside their own Region.
- 9.5 The Faculty acknowledges the significant effort and time that RAPMs commit to when taking on this important role. This is a significant time commitment, and it is appreciated that RAPMs fulfil this role without remuneration and frequently without adequate time provided in their job plan. RAPMs should monitor their ability to fulfil this role and remit the post when they can no longer continue to commit to this role. Early contact should be made with the Faculty to enable the appointment of a successor and provide a seamless transfer of responsibilities.

Appendix - RAPM Person Specification

Essential criteria	Desirable criteria
Candidates must:	Candidates should:
Have the respect and confidence of their Regional constituency	Have enthusiasm to support Faculty Tutors (Pain) in the delivery of training in Pain Medicine
Have the support of the local Postgraduate Dean and School(s) of Anaesthesia	Have done previous work with the School of Anaesthesia
Have the support of the head of the local academic department(s) of anaesthesia	Have occupied previous educational roles with the RCoA or FPM
Hold a substantive Consultant post in the NHS or similar University appointment	Have a basic understanding of relevant issues relating to the appointment process and employment law
Have the support of their employer confirmed by the Medical Director	
Have gained Fellowship or Associate Fellowship of the Faculty of Pain Medicine of the Royal College of Anaesthetists and be in good standing with the RCoA and FPM	Have a basic understanding of relevant issues relating to mentoring and trainee support; including strategies to deal with the 'failing trainee' or the 'sick doctor'
Have undergone satisfactory appraisal within their own Trust or University or both	Experience at consultant level of training colleagues; GMC recognised trainer to at least Educational Supervisor level
Have gained experience of teaching and training in Pain Medicine	Awareness of strategies to deal with 'failing trainees' and other doctors in difficulty
Be familiar with the RCoA curriculum and be willing to apply it to development work in Pain Medicine in the local School(s)	
Be familiar with methods of assessment in Pain Medicine and be willing to participate in regional assessment processes for trainees	
Be able to supplement personal knowledge and experience by delegating roles to other colleagues in the region	
Training in equality, diversity and selection methods, to provide support in recruitment and interview. Awareness of RCoA's public sector equality duty.	