Newsletter of the Faculty of Pain Medicine

Spring 2010

TRANSMITTER

The first three years

Our strategic future

Meet the Board members

Fellow by examination

Committees, events and more

Consultations and publications

Welcome to the Faculty of Pain Medicine's first newsletter

April 2010 marks the Faculty's third birthday and, in celebration of the Faculty's achievements over the last 36 months, April 2010 also marks the first publication of *Transmitter*.

This newsletter has been conceived to share bi-annual updates with our Fellows and Members and Advanced Pain Medicine trainees and keep them informed of the Faculty's wide ranging activities, its achievements and its goals for the future.

The Faculty is closely involved with a number of key areas, including consultations on policy and guidelines, and pushing forward pain medicine within many national projects. Simultaneously it is developing its own strategic plans including an examination, study days and designs for its future governance.

Transmitter will be released twice a year, with future editions appearing online via the website at www.rcoa.ac.uk/fpm.

For more information on *Transmitter*, including submitting articles, please see our Communications page. We want this newsletter to be a forum forboth news and the views of our Fellows, Members and trainees.

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VICE-DEAN
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Available online at www.rcoa.ac.uk/fpm.

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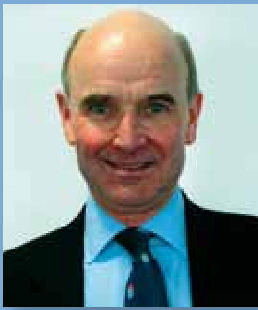


Our first three years

Dr Douglas Justins, Dean

"Wots in a name?" she sez...An' then she sighs,
An' clasps 'er little 'ands, an' rolls 'er eyes.
"A rose," she sez, "be any other name
Would smell the same.

The Songs of a Sentimental Bloke (CJ Dennis)

Pain medicine describes the work of specialist medical practitioners who undertake the comprehensive management of patients with acute, chronic and cancer pain using physical, pharmacological, interventional and psychological techniques in a multidisciplinary setting. The broader term, pain management, describes the whole package of care that is provided for patients by the multidisciplinary team.

The highest possible standards

The Faculty of Pain Medicine strives to improve the management of patients with pain and the prime way in which this will be achieved is through the delivery of education and training of the highest possible standard. Fellows of the Faculty will be expected to demonstrate that they have been trained in all aspects of pain medicine, that they understand the full range of therapeutic approaches for managing pain and that they are fully committed to multidisciplinary, team working. Essential requirements include such basic medical skills as history taking, clinical examination and the interpretation of the results of investigations.

The first major projects

In the three years since it was formed in April 2007 the Faculty, with generous support from the Royal College of Anaesthetists, has established a firm base upon which to build for the future. Training and assessment is now firmly embedded in the revised CCT in Anaesthesia curriculum. An entry examination for Fellowship of the Faculty is being created and this will provide a benchmark of good practice in pain medicine. The Faculty has provided guidance on professional standards for established pain medicine specialists. A major focus of this work has been preparation for revalidation.

Future challenges

The challenges facing the Faculty are numerous. For example, how can we cope with all the reforms of training? Should pain medicine always be linked to a parent specialty, e.g. anaesthesia? How can we ensure that pain medicine specialists are competent to deal with the vast range of clinical conditions that might confront them in a clinic, when, for example, in orthopaedics there are now specialists for each joint?

A wide evidence base

The Faculty is aware that in some spheres the acceptance of pain management services has been bedevilled by seemingly irreconcilable differences between various groups who sometimes hold their beliefs with religious-like fervour. The contradictions are readily apparent to purchasers and providers of health care. Pain medicine must demonstrate that patients are treated in a rational, cost-effective, evidence-based fashion. Evidence about pain management therapies has been made widely available in Cochrane Reviews, Bandolier and other publications but we need reliable evidence about the effectiveness and safety of the wide range of treatments and interventions. Research into the mechanisms and management of pain must be encouraged and funded so that we have the evidence upon which to build services. The collection of outcome data should be a major priority for every pain medicine specialist.

Influence and priorities

How to influence the policy makers who design and commission services is a major challenge. There has been some significant progress recently (see the accompanying article about Faculty consultations) but always there is the threat that the dead-hand of political necessity will slow progress if it is not politically advantageous. Pain needs to be a national clinical priority for the health service and the effectiveness of pain management services needs to be a key outcome measure. Pain management has made some significant advances over the last few years and patients have benefited. The creation of the Faculty of Pain Medicine three years ago was a major step forward and now we need to build on this progress with confidence for the future.

Fellowship by Examination

Professor Dave Rowbotham, Vice Dean

Presently, our trainees can apply for the Fellowship of the Faculty of Pain Medicine when they have completed the advanced pain training module and successfully undertaken a range of workplace assessments. Many Fellowships have been awarded under these regulations and the quality of applicants has been impressive. The Board of the Faculty has now embarked on a project that will take our admission process one stage further – Fellowship by Examination.

Pros and cons

This decision was taken after extensive consultation and careful consideration of the pros and cons. There were two principle arguments against an examination: (i) setting up and running a modern validated examination is a substantial task and (ii) it is another hurdle for our trainees who already have a multitude of local assessments to undertake as well as the FRCA examination. Also, this additional burden may turn off potential pain doctors.

With respect to the first point, we all have great ambitions for the Faculty of Pain Medicine and the Board, Fellows and Faculty staff are committed to achieving these, no matter how much work is required. Introducing another burden for our trainees is a more difficult consideration. However, consultation with Faculty trainee representatives and with those attending our Advanced Pain Study events has convinced us that this is not a problem, despite the requirement for more stressful trips to Churchill House and the burning of additional midnight oil. 'It makes the Fellowship a real achievement', 'it is something to be proud of' and 'nobody who is serious about pain medicine would be put off by the exam' were typical comments.

Advantages

The advantages of an examination are obvious. For example, it is a requirement in other countries and we should be seen to be on a par with these. Our patient and public representatives are very supportive of an examination, they would be far more confident of a fellow's ability to manage their pain if they knew that passing a robust examination was a requirement. Furthermore, entry by examination will enhance the credibility of the fellowship in the eyes of other healthcare professionals and managers in the NHS and beyond.

Full steam ahead

Preparations for the examination are now well under way. The format of the exam and its regulations will be based broadly on the final FRCA, utilising written and viva-based assessments on clinical management and the science underpinning our practice. This work is highly specialised and we are grateful to a small group of present and past FRCA examiners with an interest in pain who are leading on this. We have advertised for new examiners in the ***Bulletin*** and the FPM website to join the team. A bank of questions that are fit for purpose in the modern educational age is being developed along with an examination curriculum, based on IASP recommendations.

When will it start?

A significant period of notice (probably one year) will be given before the examination starts and the present assessment process is modified. This will enable the first cohort of trainees to prepare and the examination process to be validated. A precise timetable, curriculum and guidance to trainees and trainers will be published shortly. Below is a list of our current question writers who will soon start to produce our question bank:

- Dr Adrian Dashfield
- Dr Anthony Davies
- Dr Graham Johnson
- Dr Andy Nicolaou
- Dr Mike O'Connor
- Dr Rhian Lewis
- Professor Andrew Rice
- Dr Mark Rockett
- Dr Mick Serpell
- Dr Karen Simpson
- Dr Richard Summerfield

The committee's first year

Dr Kate Grady, Chair of the Training and Assessment Committee

The Training and Assessment Committee has responsibility for all matters of training and assessment in pain medicine relevant to RCoA trainees, including acute, chronic and cancer pain medicine. It is accountable to the Board of the Faculty of Pain Medicine and links, reflects, supports and complements the activity of the Training Committee of the RCoA. It also has representation on the Curriculum Working Group, the Quality Management of Training Working Party and the e-portfolio group of the RCoA.

Assessment

The attention of the Training and Assessment Committee initially focussed on the creation of an assessment system for Advanced Pain Medicine training, which was introduced through the Regional Advisors in Pain Medicine (RAPMs) in February 2008.

Ongoing monitoring of the system has shown it to be well received and although Advanced Pain Medicine training has been perceived as an arduous period of training and assessment, the assessment system is reported as very workable and is well accepted as a high standard for pain medicine. Subsequently, a cross regional marking system for the case reports has been established to ensure national uniformity. A new pain medicine logbook has been developed which is currently being piloted in three NHS regions for a six week period. It will be widely available from June 2010.

Curriculum

More recently, the committee has concentrated on a full review of the whole anaesthetic curriculum and the creation of a new 'Curriculum for CCT in Anaesthetics' which is to be progressively implemented from August.

There are pain medicine units at basic, intermediate, higher and advanced levels and these are dovetailed to other parts of the curriculum. Within the advanced pain medicine curriculum there are optional specialist modules of paediatric pain medicine, spinal cord stimulation and cancer pain medicine.

In keeping with the new curriculum, assessment tools have been revised across anaesthesia and at all levels of training; the suitability and tailoring of these to pain medicine has been one of the responsibilities of the committee. Pain medicine has had significant input to the 'generic competencies' of the anaesthesia curriculum.

Regional Advisors in Pain medicine

Strong links to the RAPMs are vital to the work of both the Faculty and the committee. These are made though Dr John Hughes, who, in his role as representative of the RAPMs, organises their twice yearly meetings and is one of the main routes of communication.

All regions have RAPMs and teams of Local Pain Medicine Educational Supervisors (LPMESs). The RAPMs are tasked with the day to day management of Pain Medicine trainees, both directly, and through the LPMESs. The RAPMs and their teams will have a key role in the implementation of the new curriculum.

Trainees

Trainees' representation on the committee is invaluable. Dr Lesley Green and her predecessors have worked tirelessly to promote links and to provide effective contact between those training in, or with an interest in, pain medicine and the committee. We also link to the Examination Working Party and will take over the work of this group from March 2010.

Promoting and protecting standards

The committee promotes and protects the standards of the College and the Faculty, all applications for Fellowship and Membership pass through the Chair. Fellowship applications are also assessed by a further two of four experienced assessors.

The committee remains mindful of its role in the promotion of pain medicine, maintaining the highest standards of education and training, recruitment to the sub specialty and enrolment to the Faculty.

The committee's first year

Dr Karen Simpson, Chair of the Professional Standards Committee

Following the establishment of the Faculty in 2007, Board members of the new Faculty, ably supported by our administrative staff, spent the first year formulating priories and awarding Fellowships. It soon became clear that the natural division of tasks meant that subcommittees should be established to undertake some of the routine work and to allow the Board to focus on strategy. In 2009 two subcommittees were established, the Professional Standards Committee (FPMPSC) and Training and Assessment Committee. Their chairmen sit on and report to the Board of the Faculty of Pain Medicine (BFPM) and both committees liaise closely with appropriate RCoA committees.

Working groups and members

The FPMPSC meets at least three times each year by audio-conference as we recognise how hard it is for members to take a whole day out of clinical practice. The PSC also establishes task specific working parties and co-opts to these, so I hope that we can involve more of our fellows in the work of the FPM. The FPMPSC recommends initiatives to the BFPM for implementation. It is vital to the work of the subcommittees harmonises with the work of the RCoA; this is achieved by having Senior RCoA staff as Faculty subcommittee members. I am most grateful to Sharon Drake (Education Director) and Charlie McLaughlan (Professional Standards Director) for the guidance and support that they give me and the committee.

The committee and its connections

The FPMPSC has clear terms of reference: it is about quality. It works to facilitate establishment, maintenance and improvement of good practice in pain medicine. The FPMPSC is involved with audit, clinical effectiveness, clinical guidelines and development of patient information systems. It is important that the FPMPSC works in cooperation with other national bodies and consults carefully in order not to produce mixed messages or conflicting information. It is especially important that we consult with patients' groups and so the FPMPSC will always have a lay representative as a member. The FPMPSC promotes and encourages meetings; in 2009 the FPM appointed Sanjeeva Gupta as its Educational Meetings Adviser; he is co-opted to the FPMPSC and he produced an excellent three day programme for an 'Introduction to Pain Medicine' meeting in January 2010.

Incident reporting

The Chairman of the FPMPSC sits on the RCoA Safe Anaesthesia Liaison Group. This is an important national development related to speciality specific incident reporting. It will use a web based electronic incident reporting system that will be the single port for reporting all anaesthesia related incidents in the UK. There are expected to be more than 3,000 incidents reported per annum. The multidisciplinary safe anaesthesia group will provide periodic response to incidents.

Guidelines and publications

The FPMPSC was involved in updating acute and chronic pain chapters in the RCoA *Guidelines for Provision of Pain Services*. One of the first tasks groups of the FPMPSC considered competencies in neuromodulation for Pain Medicine Specialists. A working group was established that included representation from the British Pain Society and the Society for British Neurosurgeons.

I am grateful to Paul Eldridge Consultant Neurosurgeon for his support. These guidelines are now in their final stages and after a short period of consultation they will be available on the Faculty website. Two other groups are now working on recommendations for practice in management of continuous epidural analgesia in hospitals and guidance for the administration of epidurals for chronic spinal pain.

Communication and the future

There is still much work to do for the FPMPSC and lots to be achieved (revalidation is an issue that continues to evolve) so no doubt there will be more to report to you all in our next newsletter. The FPM website is being updated regularly and we are considering ways to redesign it – so please do have a look at it and let us know what you think we really would like to get feedback and input from our Fellows.

Roles and responsibilities

Dr Mark Taylor, Chair of the Regional Advisers in Pain Medicine

I write this at the end of my term as Chair of the Regional Advisers in Pain Medicine (RAPM) and will shortly hand over to the very capable hands of John Hughes, who I congratulate on his election and appointment to the post. The role of the chair is to be a point of contact, and conduit for advice and communication, between the RAPM, the Dean and Faculty Board. Much of this is achieved by email but the chair is a co-opted member of the board and organises two annual meetings of the RAPM at the British Pain Society ASM and the annual November meeting of the anaesthetic regional advisers.

The beginnings

RAPMs were first appointed in 2003 and the current appointment process is detailed on the FPM website. They have the responsibility in their region, working with their School board, deanery and Anaesthetic RA, for ensuring that training in pain medicine is properly organised, fulfils the requirement of the CCT curriculum and is accessible to all trainees.

The first RAPM had much to do building these relationships and organising their regional structure of Advanced Pain training (APT), appointing and supporting a network of local pain medicine educational supervisors and helping in the development of competency based training and assessment.

Advanced pain training

Up to now, the efforts of RAPMs have often been disproportionally directed towards APT, reflecting the hectic pace of change within this area. The revised pain medicine CCT curriculum, with maturation of knowledge and skills, presents RAPM with challenges and opportunities at every level of training. Examples: all APT will have previously completed Higher PT; basic level training in pain medicine should occur within a dedicated block; and the module of intermediate training should contain a minimum of 20 half-day sessions. Jonathan McGhie's 2009 survey of all UK RAPMs showed the current average minimum number of acceptable sessions was 15.8, while the smallest was ten. As a member of the FPM Training and Assessment committee I am preparing a series of FAQs to help RAPMs with implementation of the curriculum within their schools of anaesthesia. In addition, *The Checklist and Guidelines for Schools of Anaesthesia and Hospitals* seeking to provide advanced pain training has been redeveloped and is now available online at the FPM website.

Why pain medicine?

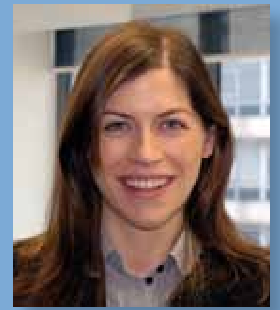
Little is known about why trainees are attracted to PM: are pain specialists intrinsically 'born or made'? Many have eclectic backgrounds, one of my colleagues progressed from a psychology degree to nursing before medical qualification: a multidisciplinary team in one person! My 2009 survey of anaesthetic trainees within the Severn and Southwest anaesthetic schools revealed many would not consider a career in PM because their fundamental interest was 'frontline' acute medicine.

Improving pain medicine

My survey of UK RAPMs from the same year revealed 50 per cent of regions had no competition for or problems recruiting trainees into APT, which may partly reflect the size of the School. However, in many regions APT is popular with competitive entry and this may be related to the quality of training and organisation of basic and intermediate PT. I am currently asking existing AP trainees about their experiences in a survey with Lyn Margetts. The new curriculum gives an opportunity for RAPM to improve pain training in these areas, potentially increasing the pool of anaesthetic trainees who will consider a career in PM.

April update

Dr Lesley Green, Trainee Representative for the Faculty



The Faculty of Pain Medicine has well and truly taken shape now and with each passing month, new plans are afoot to improve the structure of its many facets. As the trainee representative over the past six months, I have watched some of the transformations with a mixture of excitement and apprehension.

Fellowships and Fellows

I recently undertook a one year Pain Fellowship and dutifully completed the various assessments, including the four painstaking case reports. This, together with my portfolio, formed the basis for the award of the Fellowship of the Faculty of Pain Medicine. However, times are changing, and the future of a budding Pain Physician who wishes to possess the FFPMRCA will eventually involve the undertaking of an exam.

Going forward

Arguments were considered for and against the introduction of an exam but it was the desire of the majority to raise the standards of assessment to ensure high quality Pain Medicine Specialists in the future.

More discussions followed regarding the style and timing of such an exam and eventually, it was decided that the proposed exam should consist of a written first part followed by an oral exam, possibly similar in style to the final FRCA exam. It will take approximately two years to generate and trial such an exam, so some of you reading this can breathe a sigh of relief! For those who envisage taking the exam then you can rest assured that you will be made aware of important exam information at the earliest opportunity.

Study days and contacts

On a different note, I enjoyed meeting some of you at the recent trainees' study day at the College in November. I have endeavoured to try and contact all Pain trainees in the UK but I suspect some are still missing from the email list. I have recently started a 'closed' Pain trainees' discussion forum based at www.doctors.net.uk, and I would be grateful if you could inform any trainee with an interest in Pain Medicine that they are encouraged to join this forum.

Elections to the Faculty Board

Transitional Board

The Initial Board of the Faculty of Pain Medicine was appointed for four years in April 2007 to develop the Faculty in its earliest stages, setting up its regulations and governing structure as well as formulating the entry routes for its Fellows and Members. The Transitional Board will come into existence in February 2011 with the first fully elected members of the Board.

The Transitional Board will see the appointed members (not including those positions which are and will continue to be appointed from RCoA Council) gradually replaced, two every two years, with elected members. When all elected positions have been filled, the Board will exit its transitional phase and become a final phase, fully elected Board.

Ballot papers

The first of these yearly elections will take place this autumn with further information appearing by August on the FPM website (www.rcoa.ac.uk/fpm) and in September's ***Bulletin***. The election is open to all fellows and members of the Faculty who are in good standing with both the Faculty and the College. By the end of August 2010, letters will be sent to all Fellows and Members asking for formal declarations from those intending to stand. Ballot papers will follow in early October with the final result confirmed by November. Election correspondence will be sent to the address you have registered with the College, so please ensure you update the Membership Team with any changes at subs@rcoa.ac.uk.

Welcome to the Board

Meet our new board members

Dr John Hughes, Middleborough

My pain interest started as a trainee in Chichester prior to developing it in Baltimore (University of Maryland) and as an SR in Newcastle. Regionally involved with the Northern School of Anaesthesia from 1995 and more latterly as Regional Adviser from 2003. Other educational involvement: Advanced Pain Training Assessment working group (07–08), faculty assessor for the FFPMRCA (from 08), formalising undergraduate pain teaching (University of Durham from 2001), Member IASP Educational working group (from 09). Other activity includes European Association of Urology Chronic Pelvic Pain Guidelines (from 06) and Chair elect (08–10) of Pain of Urogenital Origin (SIG of IASP).

Dr Mark Taylor, Plymouth

Following training at Barts and UCH, in 1986 I became a pain fellow at the Smythe Pain clinic, Toronto General Hospital. The fellowship was unusual for its time: full-time pain, biopsychosocial and truly multidisciplinary in approach, and with regular clinics at the Princess Margaret Cancer Centre. The Lead clinician was Ramon Evans, a founding member of IASP who worked with a team of an anaesthetist, psychiatrist and the academic neurologist Peter Watson who started my interest in facial pain and headache.

In 1988 I was appointed as consultant anaesthetist with an Interest in Pain Management to Plymouth Hospitals. I have had various anaesthetic department roles including Clinical Governance lead, Association Linkman and was pain management lead for many years during the clinic's expansion and the development with the PCT of pain referral and management pathways. My subspecialty interests include cancer pain with a weekly hospice session and joint palliative care pain clinic. I manage the cancer intrathecal service. I run, in cooperation with the neurosurgeons, a sub-regional management service for Trigeminal neuralgia and personally perform about 40 ganglion procedures annually. I started and organise the meetings of the Peninsula Pain Group and am a Trustee of St Lukes Hospice. Research and publications have included drug studies and spinal endoscopy.

Always interested in education, my joint application with Taunton for advanced training was in the first group to be recognised in 1999. I was appointed Southwest Regional Adviser in Pain Management in 2003 and have facilitated the expansion and development of Advanced Pain Training rotations in the Severn and Southwest anaesthetic schools. I was part of the RAPM group who developed and trialled the assessment methods used for advanced pain training and recently, as a member of the Training & Assessment committee, in the revision of the Higher and Advanced Pain curricula. I was appointed Chair of the Pain Regional Advisers in 2008 and joined the Faculty Board as a co-opted member. I was appointed a full member of the Board in 2009.

Dr Pete Mackenzie, Glasgow

I have worked as a Consultant in Anaesthesia and Pain Medicine in Glasgow for over 10 years. I trained in General Practice before training in Anaesthesia and spent a year in the Flinders Medical

Centre Multidisciplinary Pain Unit in Adelaide towards the end of my specialist training. I was the first Regional Adviser in Pain Medicine (RAPM) for the West of Scotland School of Anaesthesia from 2003-2008. During this time I represented the Scottish RAPM on the Scottish Board of the Royal College of Anaesthetists and wrote elements of the Advanced Training in Pain Medicine programme.

I have been Chairman of the North British Pain Association since 2007 and worked with NHS Quality Improvement Scotland towards publication of this organisation's ***Getting Relevant Information on Pain Services*** (GRIPS) report. This report received strong support from the Scottish Government Cabinet Secretary for Health and Wellbeing – her foreword appears in the 2008 reprint. In May 2009, I was appointed Scottish Government Lead Clinician for Chronic Pain with responsibility for implementing the GRIPS Report's priority actions.

The process of developing a strategic improvement programme in Scotland has reinforced the importance of recognising chronic pain as a condition in its own right. People with chronic pain will benefit if their condition is recognised in healthcare training, planning and research.
The Faculty of Pain Medicine is in a key position to collaborate on action resulting from the CMO's 2008 annual report and drive recognition of pain and pain medicine to new heights in the UK.

I am delighted to have to opportunity to work with the Faculty of Pain Medicine at this exciting time.

Lay representation

Ms Kate Rivett, Patient Liaison Group Representative

The Royal College of Anaesthetists has supported lay representation since the formation of the Patient Liaison Group (PLG) in 1981. Having been a lay member of the RCOA PLG since 2005, I was invited to join the FPM Board in 2007. The role of the lay member could best be described as providing another dimension to discussions, whether they are of a clinical or strategic nature, to ensure that the best interests of the patient body are upheld.

As lay member to the FPM Board, and FPM Professional Standards Committee, I am able to witness the Faculty's ongoing commitment to providing the highest standards of training and service delivery for all those practising pain medicine. In addition, a lay viewpoint is also considered for a number of the working parties where particular elements of clinical standards are reviewed.

It is clear, from a lay perspective, that the Board of the Faculty of Pain Medicine continues to strive, through excellent training, and maintenance of high quality care standards, to provide the best possible treatment for patients whether they have acute, chronic or cancer pain needs.

The lay representative is nominated by the Chair of the PLG following a request from the Dean and, as the roles are coterminous, continues to be an active member of the group.

FPM events

The Education Meeting Advisor for the Faculty

The Faculty appointed an Education Meeting Advisor in October 2009 to assist in the development of its three main events: the Annual Meetings for Fellows and Members, the bi-annual Study Days and the Introduction to Pain Medicine course. From a wealth of qualified candidates, Dr Sanjeeva Gupta was selected. Dr Gupta is now a co-opted member of the FPM Professional Standards Committee.

Dr Sanjeeva Gupta

Dr Sanjeeva Gupta has been a Consultant Anaesthetist and a Specialist in Pain Management at the Bradford Teaching Hospitals NHS Foundation Trust since 1999. He is a Regional Adviser in Pain Medicine for the Yorkshire region and organised a meeting on 'Work-Based Assessment' for Local Pain Education Supervisers in partnership with the Yorkshire Deanery. He has a special interest in managing pain of spinal origin, chronic postoperative pain, CRPS, neuropathic pain and neuromodulation. He is an editor of the Oxford Hand Book of Pain Interventions (in press).

Sanjeeva developed a course on 'Imaging and Fluoroscopy for Pain Specialists' which is endorsed by the Interventional Pain Medicine (IPM) SIG of the British Pain Society (BPS). He also developed a 'Hands-On Basic Surgical Skills for Pain Specialists' course which is the first of its kind enabling delegates to learn the basic principles of surgery to improve their techniques of placing surgical implants. Sanjeeva along with two colleagues from the Yorkshire region developed the Leeds Cadaver Course of which he is the Co-director.

Sanjeeva is the Chairman of the IPM SIG of the BPS and has organised annual meetings. He has chaired, presented and organised parallel sessions at the Annual Meetings of the BPS. He is the Founder Chairman of the North England Pain Medicine Group which promotes education and networking among pain specialists.

Sanjeeva is also a demonstrator at the European Cadaver courses of the International Spinal Intervention Society, USA and an International Co-ordinator of the "Global Update in Pain" which is an international meeting organised every three years in Mumbai, India, to raise standards in pain medicine in developing countries.

Faculty of Pain Medicine events for 2010

FPM events provide essential updates and important advances on current pain related issues that are relevant for busy hospital doctors.

Why attend our events?

» Network with peers and experts
» Get your questions answered
» Receive information and advice from leading professionals in the industry
» For important educational contribution to CPD

Who can attend?

» Advanced pain medicine trainees
» Pain medicine consultants
» Career grade specialists
» FPM Fellows and Members

Study days

The Faculty of Pain Medicine runs bi-annual study days, which have previously covered issues as wide ranging as cancer and neuropathic pain to medico legal issues and applying for consultant posts.

The Summer Study Day, which is being held on Friday 21 May 2010, marks the beginning of a new era of programmes themed around specific single areas of pain medicine. The study day will focus on Paediatric Pain Medicine including talks on the provision of paediatric pain services and the roles of

specialist in paediatric pain management. The programme is currently being finalised by a dedicated team and will be added to the Faculty website soon.

The Winter Study Day will take place on 18 November 2010 and will focus on Spinal Cord Stimulation and related areas.

Annual Meetings

The Annual Meeting serves as an important general update for our Fellows and Members, focusing on the current headlines in Pain Medicine such as guideline development and Acute Pain Services as well as the Patrick Wall Lecture, which last year was presented by Professor Clifford Woolf of the Harvard Medical School.

The Third Annual Meeting will take place on Wednesday 24 November 2010, with evidence-based medicine at its core. Please check the FPM website for further details.

Introduction to Pain Medicine meetings

In January the FPM held its first Introduction to Pain Medicine three day course. The talks covered important general training areas and major curriculum topics for trainees as well as providing educational updates for those consultants and career grade specialists requiring a refresher on pain medicine topics and for Continuing Professional Development. The three days provided an overview to pain medicine tackling such important and diverse areas as pharmacology, opioids for chronic pain, visceral pain and precision diagnosis and management of low back, neck and limb radicular pain.

The team, assisted with the constructive and helpful feedback gathered from attendees, will create an enhanced and redeveloped second course in next year, running from Wednesday 26 to Friday 28 January 2011.

Get involved

The next Faculty event will be the FPM Study Day on 21 May 2010. The programme and information about how to apply is available online at http://www.rcoa.ac.uk/index.asp?PageID=40&MeetingID=407

Feedback from previous delegates on FPM events

'Inspiring speeches'

'Educational and useful for my day to day practice'

'Good value for money'

'Broad spectrum'

Faculty calendar

2010 – committees and events	
Training and Assessment Committee	21 May
Board Meeting	20 May
Summer Study Day	21 May
Professional Standards Committee	18 June
Training and Assessment Committee	24 Sept
Board Meeting	29 Sept
Professional Standards Committee	4 Nov
Winter Study Day	18 Nov
Annual Meeting of Fellows and Members	24 Nov
Board Meeting	2 Dec
Training and Assessment Committee	3 Dec
2011 – events only	
Introduction to Pain Medicine Course	26–28 Jan
Summer Study Day	20 May
Annual Meeting of Fellows and Members	3 Nov
Training and Assessment Committee	18 Nov

All dates are subject to change. Please ensure you check dates on the FPM Website.

Consultations and publications

Consultations

The Faculty has contributed to a large number of consultations, submissions and publications. The list below gives an indication of the range of issues that have been considered over the last couple of years. It is heartening to see the Faculty being involved in this way and sincere thanks is offered to everyone who has assisted in the consultations.

- Department of Health, National Quality Board. *Clinical prioritisation for quality improvement.* Jointly with British Pain Society.
- Department of Health. *The framework for Quality Accounts – a consultation on the proposals.*
- Department of Health. *Statutory regulation of practitioners of acupuncture, herbal medicine, traditional Chinese medicine and other traditional medicine systems practised in the UK*.
- NHS. *Connecting for Health Consultation on the ePrescribing programme at NHS Connecting for Health – draft dose range checking guidance.*
- NHS. *Specialised Services National Definition Set 3rd Edition: Specialised Pain Management Services (Adult) – Definition No. 31*.
- NHS. *Specialised Services National Definition Set 3rd Edition: Specialised Services for Children: Specialised Paediatric Anaesthesia and Pain Management Services – Definition No. 23.*
- Department of Health. *Prime Minister's Commission on the Future of Nursing and Midwifery.*
- House of Lords Select Committee on European Union. *Call for evidence on the application of patients rights in cross-border healthcare.*
- General Medical Council. *Tomorrow's Doctors.*
- Department of Health and Department of Work and Pensions. *Working for Health – Call for evidence.*
- Royal College of Nursing. *Recognition and assessment of acute pain in children*.
- Royal College of General Practitioners. *A review of GP specialty training in the UK.*
- *Opioids for Persistent Pain: Good Practice.* Jointly with British Pain Society, Royal College of General Practitioners and Faculty of Addictions of the Royal College of Psychiatrists.
- Australian and New Zealand College of Anaesthetists. *Acute Pain Management: Scientific Evidence 3rd Edition.*
- *Good practice in the management of continuous epidural analgesia in the hospital setting (November 2004).* Currently being revised.
- *Recommendations on the use of epidural injections for the treatment of back pain and leg pain of spinal origin (March 2002).* Currently being revised.
- Royal College of Anaesthetists. *Guidelines on the Provision of Anaesthetic Services 2009. Acute Pain Management.*
- Royal College of Anaesthetists. *Guidelines on the Provision of Anaesthetic Services 2009. Chronic Pain Management.*
- NICE consultations. Non specific low back pain; Endoscopic division of epidural adhesions; Spinal cord stimulation; Neuropathic pain; Diabetic foot problems; Headaches; Incontinence in neural disorders; Peripheral Arterial Disease; NICE Topic selection process; NICE methods of technology appraisal.

Guidance and safe practice

Guidance on Epidurals for Chronic Spinal Pain

The FPM was prompted to consider the use of epidurals injections for chronic spinal pain following queries from a Private Health Care Policy team. The current guidance on epidurals for chronic back and leg pain was created in 2002 by the RCoA and BPS in consultation with other professional bodies and the Board felt that an update was timely. Dr Simpson has formed a fixed term working party for the FPM Professional Standards Committee that it will produce new guidance in this important area.

The proposed title is ***Recommendations for Safe Practice in the use of Epidurals for the Management of Chronic Spinal Pain in Adults***. The document will be about safe clinical practice and not about the evidence for efficacy of epidurals. An introduction will explain the scope of the guidelines and the expectation that practitioners will have reviewed and considered the evidence.

The document will differ from the 2002 recommendations in that it will involve all levels of the spine. It will cover issues such as consent, patient preparation, monitoring, environment, facilities, assistance and discharge planning. It is hoped that this work will be completed by this summer.

The Working Party members for this publication are:
Dr Karen Simpson (Chair), Dr Beverly Collett, Dr Sanjeeva Gupta, Dr Joan Hester, Dr Roger Okell, Dr Cathy Stannard and Ms Kate Rivett (Patient Representative).

Good practice in the management of continuous epidural analgesia in the hospital setting

Good practice in the management of continuous epidural analgesia in the hospital setting is a concise clinical guideline published by the RCoA in 2004. The document was developed jointly with the Association of Anaesthetists of Great Britain and Ireland, Royal College of Nursing, British Pain Society and European Society of Regional Anaesthesia and Pain Therapy.

They are registered on the NHS Evidence – National Library of Guidelines as valid until January this year, therefore, the Faculty of Pain Medicine is leading on the production of an updated version.

The guidelines have been widely quoted and influenced significantly the efficacy and safety of epidural analgesia in hospitals. They apply to epidural infusions administered to adults and children in the acute hospital setting and are not concerned with palliative care or management of persistent non-cancer pain.

Most of the recommendations are still valid but there are some areas where changes may be needed to reflect practice and experience in the last six years. We aim to launch the new version at the Faculty of Pain Medicine annual meeting in November this year.

The present guidelines are still available on the RCoA website. The working party is now operational; if you have any suggestions or comments that may inform the new version, please don't hesitate to contact the Faculty.

The Working Party members for this publication are:
Professor Dave Rowbotham (Chair), Dr Jeremy Cashman, Dr Dave Counsell, Ms Felicity Cox, Dr Paulah Crawford, Dr John Goddard, Dr Simon Higgs, Dr Roger Laishley, Dr Barry Nicholls, Dr Felicity Plaat, Professor Ian Power, and Ms Kate Rivett (Patient Representative).

Strategy 2010–2012

At the December 2009 meeting of the Board of the Faculty of Pain Medicine, the members approved a three year strategy running until December 2012, marking the Faculty's maturation into a truly strategic phase. The strategy, which the Board, its committees and its working parties will seek to implement over the next three years, is far-reaching in its aims and wide-ranging in its content.

Already underway

In some areas the work has already begun, with the development of new routes of membership and fellowship to expand our base and to increase the Faculty's reach and assistance (see page 15). The FFPMRCA will undergo a radical overhaul from Fellow by Assessment to Fellow by Examination with the introduction of the FPM examination as detailed above by the Vice-Dean, Professor Rowbotham. The examination project is an important and complex area of strategy for the Faculty and the processes for question writing, standard setting, the regulatory framework and examinership recruitment is already underway. The examination will be mapped closely to the newly approved curriculum.

Curriculum and competencies

The Faculty has been involved in the creation of the Pain Medicine sections of the Anaesthesia curriculum from its first year and the FPM Training and Assessment Committee will continue to monitor the curriculum and develop competency documents for further specialisation. The Faculty has already produced guidelines for Spinal Cord Stimulation and intrathecal drug delivery and is the process of liaising with other relevant professional bodies to seek comments and endorsement. Events development will also play a major part of the strategy and of the Faculty's commitment to education, and will ally closely to these new competency and curriculum areas. For more information on the developments of the Faculty's three main events, please see page 10 for more information.

Publications and guidelines

The Faculty's current publications and guidelines will undergo a process of systematic review. The work on two major documents is detailed in the sections immediately above on epidural injections for chronic pain and post-operative epidural analgesia.

Wider projects

Working with the RCoA Directorates, the Faculty will continue to represent Pain Medicine in relation to the e-Portfolio, revalidation, Continuing Professional Development, e-Learning, research, quality assurance and training. Externally, the Faculty will develop its role in important national projects such as the National Quality Board, the National Pain Audit and the Patient Outcomes project. More information to follow on all of these areas.

Communications

Last, but by no means least, the FPM Professional Standards Committee is currently formulating a communications policy with its fellows and members and with Pain Medicine trainees. This has already led to an initial overhaul of the FPM website and a review of the way the Faculty communicates with other medical bodies. As part of this area, the Faculty will also have a specific role in the BMJ careers fair and will produce reading materials for other career-related events.

Finally, *Transmitter* itself has been developed in line with the strategy and will hopefully fulfil its role in keeping all interested parties up to date on the Faculty and its activities.

Fellows and Members

Applications to the Faculty

The Faculty operates a number of Fellowship and Membership routes for all those interested in being part of the its activities. The beginning of 2010 saw some major changes in this area with the creation of some new routes to Fellowship and Membership and a complete redesign of the application process, which is now entirely online. Each route is laid out below with a brief description of those eligible to follow it. Detailed regulations are available on the FPM website. The more Fellows and Members the Faculty has, the better it can represent the pain medicine community so please pass the word around.

Fellowship by Assessment: For RCoA Fellows who have completed Advanced Pain Medicine Training either through a UK training scheme or through experience and are practicing pain medicine.

Fellowship by Special Application: For non-anaesthetic Royal College or Faculty Fellows practicing pain medicine.

Associate Fellowship: For medical practitioners who are practicing pain medicine but who are not RCoA Fellows.

Membership: For medical practitioners in non-consultant career grade posts or equivalent with a contracted clinical commitment to pain medicine who have passed one of an agreed list of examinations as detailed in the application form and regulations.

Associate Membership: For medical practitioners in non-consultant career grade posts or equivalent with a contracted clinical commitment to pain medicine who have completed two years of Continuing Professional Development.

In addition, Fellowship Ad Eundem, for Fellows who have significantly furthered the interest of the Faculty or Pain Medicine, has been temporarily suspended whilst the route is revisited by College Council. We expect it to be open again later this year.

New Fellows and Members since March 2009

Fellows

May 2009
Dr Jeremy Mark ALEXANDER-WILLIAMS, Professor Michael Ian BENNETT, Dr Iain Stuart Richardson JONES, Dr Subodha Rathnasiri THANTHULAGE

August 2009
Dr Rajiv CHAWLA

September 2009
Dr Richard Charles Patrick KENNEDY

October 2009
Dr Jonathan Paul ANNS, Dr Ajoy Suresh PANDIT

November 2009
Dr Carsten BANTEL, Dr Revindran DEEPAK, Dr Naren Chakravarthy KOTEMANE RAJASEKARAPPA, Dr Lyn MARGETTS, Dr Mayavaty NAGARATNAM

December 2009
Dr Anuj BHATIA

January 2010
Dr Ananthapadmanaban BALASUBRAMANIAM, Dr Lesley GREEN, Dr Manish KAKKAR, Dr Subhash KANDIKATTU, Dr Madhusudhan MALI

February 2009
Dr Simon DOLIN, Dr Debajit Kumar PHUKAN

Associate Fellows

March 2009
Dr Grant James HALDANE

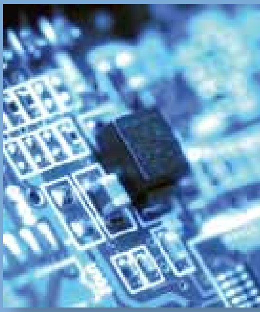
April 2009
Dr Thomas Patrick BLOSSFELDT

September 2009
Dr Swaroop NIMMAKAYALU SAMPU, Dr Jonathan Patrick TRING

Members

September 2009
Dr Dawn Samantha HARRINGTON

December 2009
Dr Richard Gibson POTTER



Communications

Transmitter

The next edition of Transmitter will follow in the autumn. Transmitter welcomes submissions for articles related to the work of the Faculty and Pain Medicine in general from all Fellows and Members. All submissions will be reviewed by the Editorial Board which will hold final editorial rights on all articles.

Get in contact

Remember Transmitter is only one of the ways that the Faculty keeps in contact with its fellows and members and Advanced Pain Medicine trainees. The FPM website (www.rcoa.ac.uk/fpm) has recently been significantly updated and is the first port of call for all those seeking the most up to date news from the Faculty. The Dean of the Faculty, Dr Douglas Justins, will continue to write his detailed summaries of Faculty business for the Bulletin. The Study Days and the Annual Meetings of Fellows and Members will also be an important way for the Faculty to present and discuss national issues and strategic developments. In addition, the Faculty cascades information to interested parties through the Board's Trainee Representative and the Regional Advisers in Pain Medicine.

If you have a question you want to ask the Faculty, please email us at fpm@rcoa.ac.uk.

Faculty Team

The new Faculty administrative team consists of Daniel Waeland (Senior Administrator) and Natalie Lowry (Administrator). Both can be contacted through the general FPM email address above.

Board and Committee Membership

The Board of the Faculty of Pain Medicine

Dr Douglas Justins (Dean), Professor Dave Rowbotham (Vice-Dean), Dr Andrew Tomlinson (RCoA Vice-President), Dr Kate Grady, Dr Joan Hester, Dr Roger Laishley, Dr Pete MacKenzie, Professor Ian Power, Dr Karen H Simpson, Dr Mark Taylor, Dr Lesley Green (Co-optee: Trainee Representative), Dr John Hughes (Co-optee: Chair of the Regional Advisors in Pain Medicine), Ms Kate Rivett (Co-optee: Patient Liaison Group) and Ms Sharon Drake (RCoA Education Director).

The FPM Professional Standards Committee

Dr Karen H Simpson (Chair), Dr Lesley Colvin, Dr John Goddard, Dr Roger Laishley, Professor Dave Rowbotham, Dr Cathy Stannard, Dr Sanjeeva Gupta (Co-optee: Education Meeting Advisor), Ms Kate Rivett (Co-optee: Patient Liaison Group), Ms Sharon Drake (RCoA Education Director), Mr Charlie McLaughlan (RCoA Professional Standards Director) and Dr Douglas Justins (Ex-officio: Dean)

The FPM Training and Assessment Committee

Dr Kate Grady (Chair), Dr Barry Miller, Dr Nick Plunkett, Professor Ian Power, Dr Mark Taylor, Dr Jeremy Cashman (Co-optee: Lead Question Writer), Dr Lesley Green (Co-optee: Trainee Representative), Dr John Hughes (Co-optee: Chair of the Regional Advisors in Pain Medicine), Mr Richard Bryant (RCoA Training and Examinations Director) and Dr Douglas Justins (Ex-officio: Dean).

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