



TRANSMITTER ONLINE

Our strategic future

Updates from the Board Members

Examination development

Treatment and care towards the end of life:

Good practice in decision making

Consultations and publications

Committees, events and more

Welcome to the Faculty of Pain Medicine's second newsletter

It has been a busy six months for the Faculty since the first *Transmitter* was produced in April 2010. The newsletter was well received with many Fellows commenting that it gave them useful insights into the inception and workings of the Faculty. We hope that the articles within this issue give an indication of the variety of areas that the Faculty has lead on, contributed to and developed. We want to hear from you, especially if there are areas and issues of concern. *Transmitter* is for two way communication. For more information on *Transmitter*, including how to contribute, please visit the Communications page.

The Faculty is delighted to announce that Professor Dave Rowbotham has been elected unopposed as the new Dean of the FPM following his successful and productive year as Vice Dean. The Faculty members expressed their gratitude to Dr Douglas Justins at his final board meeting as Dean; his Deanship has steered the Faculty through the choppy waters of its conception and foundation. He will stay on the Board for 2011 to continue sharing his expertise and general wisdom. He is a hard act to follow but we are confident that the baton is safe in Dave's hands! Dr Kate Grady has been elected, again unopposed, as the Vice Dean following her successful Chairmanship of the FPM Training & Assessment Committee and her lead role in the FFPMRCA Examination Project. She has a wealth of experience and is committed to Pain Medicine.

We are sure that all our Fellows will all join us in thanking Doug Justins for his hard and diligent work for the Faculty and in welcoming Dave Rowbotham and Kate Grady to their new positions.

EDITORS

Dr Karen H Simpson
Mr Daniel Waeland

DEAN

Professor Dave Rowbotham

VICE-DEAN

Dr Kate Grady

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Dean's statement

Professor Dave Rowbotham, Dean

The Faculty of Pain Medicine (FPM) is now 3 years old. It is my privilege to serve as its new Dean as we enter our 4th year with a large, varied and challenging agenda.

I am sure that you will agree that we should start by acknowledging the massive contribution of the Founding Dean, Douglas Justins. Doug was not only Dean of the FPM for the first 3 years, he was also the driving force within the Royal College of Anaesthetists (RCoA) that led to the eventual establishment of the FPM. It is no exaggeration to say that, without Doug's determination and skill over many years, the FPM would not be so well established – it might even be still in utero or even a mere aspiration. We owe him an enormous debt of gratitude; on your behalf, let's thank him profoundly and wish him well for the future.

The training and assessment of our trainees in pain medicine has undergone nothing short of a revolution during the first years of the FPM. This will make a significant impact on the quality of services and doctors that we provide in the future. The new curriculum is in place and local assessments are working well. Admission to FPM Fellowship by local assessment alone will finish soon and be replaced by local assessment and examination. The FPM has appointed a strong team of examiners who are working hard at establishing a bank of robust examination materials. The examination will be similar in format to the Final FRCA and held twice yearly. The timetable for the introduction of the examination will be announced shortly; trainees and trainers will be given notice of at least 1 year before Fellowship by local assessment closes.

Fellows and trainees have raised an anomaly with respect to a minority of our trainees who are not Fellows of the RCoA but formally undertake the FPM's advanced pain training programme and assessments. Presently, these trainees are unable to take the examination, cannot be admitted as a Fellow of the FPM and gain no formal recognition of their pain training. The Board has recognised this anomaly and is working towards the establishment of the Diploma of the Faculty of Pain Medicine that will be awarded to these trainees if they complete the training, satisfy local assessments and pass the new examination.

The ongoing and future reforms of the NHS are well known. Many areas of medical practice, including pain medicine, face challenges that must be met to ensure the quality and accessibility of services. The drive to move more health care into the community is an example of this. More pain management delivered in the community should not lead to reduced activity of our Fellows and their services; however, it does mean that we need to work with our local partners to provide an equal or enhanced service in the community setting. No medical speciality other than our own has the training and experience to lead this. This is easier said than done, but we must meet this challenge if we are to maintain our progress in raising the standards of pain medicine in the UK. If this does not happen, the inevitable consequence will be a significantly increased burden to our patients, their family and carers, other NHS services, social services and benefit costs. The FPM is committed to supporting its Fellows as they respond to this challenge.

The FPM is moving towards a fully elected council and the first postal ballot is complete. The successful candidates were Dr Beverley Collett of Leicester and Dr Stephen Ward of Brighton and Hove. On behalf of the Board and the electorate, I congratulate them and look forward to their contribution to the Faculty. There were many excellent candidates and the voting was close. We hope that those who were unsuccessful on this occasion will not be disheartened, continue to contribute to the work of the Faculty and consider standing in the next round.

We can be proud of the birth and early development of our Faculty, much has been achieved and many lessons have been learned. However, we have only just started and must continue to work constructively with Fellows and partner organisations to respond to present opportunities and threats in order to serve our patients, many of whom are amongst the most vulnerable in our society.



Training and assessment

Dr Kate Grady, Vice Dean and Chair of the FPM Training & Assessment Committee

The Training and Assessment Committee continues to oversee, support and regulate all matters of training and assessment in pain medicine relevant to RCoA trainees. It maintains its links and representation on the RCoA Training Committee, the Quality Management of Training Working Party and the e-Portfolio Working Group and has a dedicated advisor who liaises on Out of Programme experience.

Curriculum and FAQs

The Committee has in the last 6 months, been heavily involved in the finalising of the new 'Curriculum for CCT in Anaesthetics'. There are pain medicine units at basic, intermediate, higher and advanced levels. Within the advanced pain medicine curriculum there are optional specialist modules of paediatric pain medicine, spinal cord stimulation and cancer pain medicine and one on intrathecal drug delivery to be added. Pain Medicine has had significant input to the 'generic competencies' of the curriculum as a whole. To complement the curriculum the Committee has developed a series of frequently asked questions covering the curriculum, pain medicine training in general, and the forthcoming examination in pain medicine. These are posted on the FPM website.

Assessment

The assessment system for Advanced Pain Medicine training is now very well established and has undergone some minor revision. The cross regional marking system for the case reports is working well. Tools and systems for assessment at the earlier levels of pain medicine training have been designed with input from the Committee and have been made suitable for assessment in pain medicine at those levels.

Logbook

The pain medicine logbook has been developed and is now live on the FPM website. It is primarily aimed at Higher and Advanced Pain Medicine Trainees but available to all in training and to those in Consultant and SAS grades.

Fellowship applications

The committee continues to promote and protect the standards of the College and the Faculty in that all applications

for fellowship and membership pass through the Chair. Fellowship applications are also assessed by a further two of four experienced assessors.

Regional Advisors in Pain Medicine

Strong links with the Regional Advisors in Pain Medicine (RAPMs) are vital to the work of both the Faculty and the Training and Assessment Committee; these are made through 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 both from and to the body of RAPMs. The RAPMs are tasked with the day to day management of pain medicine trainees, both directly, and through the Local Pain Medicine Educational Supervisors (LPMEs). The RAPMs and their teams will have a key role in the implementation of the new curriculum.

Careers Fairs

Dr Hughes, Mr Waeland and the outgoing trainees' representative Dr Lesley Green have had involvement in medical students' careers fairs throughout the country and in the production of student information leaflets on the specialty of pain medicine.

Trainees

Trainees' representation on the Training and Assessment Committee is invaluable. Dr Neeraj Saxena is the newly appointed representative and he will act as a conduit for the passage of information and views between trainees with an interest in pain medicine and the Faculty.

The wider picture

The committee is indebted to Daniel Waeland and Natalie Lowry for their dedication to us and for their contributions. We congratulate Daniel on his promotion to the role as Faculty Manager and wish Natalie well in her new role in Continuing Professional Development. We welcome James Goodwin, Andrea Rowe and Billie Barnes, and look forward to working with them. Thanks also go to the Training and Examinations and the Education Directorates of the RCoA for their invaluable support.



Professional Standards

Dr Karen H Simpson, Chair of the FPM Professional Standards Committee

The FPMPC has had a busy 6 months since my last contribution for *Transmitter*; Fellows may rest assured that we are active in promoting good practice in Pain Medicine. The FPMPC has been busy with issues such as clinical guidelines, standard setting, patient safety and revalidation. We are grateful to Andy Tomlinson (Senior Vice President and Revalidation Lead), Sharon Drake (Director of Education) and Don Liu (Revalidation Project Manager) for clear guidance on this evolving and complex area. The Faculty recently contributed to the RCoA response to the GMC consultation on revalidation. The latest feedback has indicated strong support for creating a single streamlined process: <http://www.rcoa.ac.uk/index.asp?PageID=64&NewsID=788>

Continuing Professional Development

The RCoA CPD Skills Matrix is being revised and refined in the light of the GMC consultation. Doctors will be expected to use CPD to support revalidation in the clinical area in which they practice. This is good news for those fellows who practice pain medicine full time. The matrix will act as guidance for the appraisal process. Jeremy Langton is leading work on mapping articles from the CEACCP Journal to the matrix; this will be invaluable in guiding individuals through their CPD. The RCoA supports *The ten principles for College/Faculty CPD schemes* approved by the Academy of Medical Royal Colleges in October 2007 and is preparing an updated document on CPD that will clarify many issues.

Events

I am pleased to report that under the able stewardship of Sanjeeva Gupta, our Educational Meetings Advisor, there have been some excellent meetings and more are planned – keep an eye on the webpage!

Safer Anaesthesia

I sit on the RCoA Safe Anaesthesia Liaison Group (SALG); in June 2010 the group released a summary of incidents reported via the anaesthetic eform (August 09 to February 10). 61 incidents and 23 near misses were reported. Encouragingly only a few involved acute or chronic pain, however it is important that we all use this reporting mechanism, as it will allow us to capture data early, which it may alert us to evolving issues. The SALG organised an excellent conference on patient

safety at the RCoA in July 2010; lectures on behavioural factors, ethics and the law were given and the Faculty was represented. Recently the NPSA raised an alert on 'Safer spinal (intrathecal), epidural and regional devices', which the Faculty cascaded via its Regional Advisors in Pain Medicine. Further information is available on the RCoA homepage (<http://www.rcoa.ac.uk/index.asp?PageID=64&NewsID=787>)

The Faculty and other organisations

It is also essential that Pain Medicine has an input to other organisations such as NICE and the Faculty is grateful to the representatives that undertake scoping meetings on its behalf (more on page 12). The FPM is vigilant for any issues that are relevant to pain medicine to ensure that we contribute wherever appropriate.

Credentialing

In December 2008 PMETB was invited by the Department of Health to lead exploratory work on credentialing of medical practice. Its conclusions were set out in a report in April 2010. I would recommend that Fellows read the complete report and related documents at the following link: <http://www.gmc-uk.org/education/postgraduate/7116.asp>

Provision of services

The FPMPC has updated the RCoA guidelines for provision of acute and chronic pain management. These will appear on the webpage shortly. I am particularly grateful to Dave Rowbotham, Cathy Stannard, Cathy Price and Paul Watson for their invaluable help with these documents. It is my view that we need to support the need for multidisciplinary team meetings where pain practitioners can exchange ideas about difficult clinical problems. In these days of waiting list priorities, MDT meetings are an easy target; we must preserve these at all costs. Our Fellows need time and support from colleagues to meet the challenges of modern pain medicine; we must ensure that this is factored into job planning.

The future

There is still much work to do for the FPMPC and lots yet to be achieved; as ever I rely completely on the support of our excellent administrative team without whom the FPMPC could not survive.



Regional Update

Dr John Hughes, Chair of the Regional Advisors in Pain Medicine

The regional advisers have been quietly active over the summer months with one or two new developments. As is always the case, there have been some changes and we thank Dr D Hartmann for his contribution to the East of Scotland as RAPM as well as his input centrally since his appointment as one of the first wave of RAPMs. He has now been succeeded by Dr G Gillespie who we welcome on board and look forward to working with.

Roles and Responsibilities

The roles and responsibilities document for RAPMs is under revision to take into account the new curriculum and general developments over recent years. The roles have not altered significantly and continue to encompass all anaesthetic pain training from the new starter to the advanced pain trainee. The RAPM can often provide guidance and support for both trainees and trainers. Although not part of the formal responsibilities, RAPMs are also a useful point of contact for information and advice with regard to training issues for anaesthetists who are in career grade positions, including that of established consultants wishing to develop their understanding of pain medicine and those wishing to apply for the fellowship but no longer in training posts.



General training

The new curriculum has been introduced and will be implemented in the various schools of anaesthesia over the next year or so. This has implications for pain training and trainees who are transferred into the new 2010 curriculum wishing to either have a role in the acute pain service as a consultant or those wishing to run an acute pain service or become pain medicine consultants should seek advice from the RAPM. The Higher pain training element becomes compulsory for those wishing to be consultants in pain medicine and an optional module for others. Trainees wishing to have a role in the acute pain service but not run it are suggested to do the higher training module. There is a new pain logbook available for download from the Faculty web site. It will certainly be of benefit for those considering a career in pain medicine and may be beneficial to those who are unsure (details below).

Advanced training

The new logbook is online (<http://www.rcoa.ac.uk/index.asp?PageID=1566>) following a trial in two regions and positive feedback from the advanced trainees involved. Thanks should be extended to Dr Roger Laishley and Dr Barry Miller who have developed this project and put in many hours of work. There have been modifications and it continues to be an ongoing project, further feedback is welcome. There has been discussion with regard to the EWTD and training. This is an area this is under observation with regard to completing the competencies and trainees should contact their RAPM early if they think there is a problem. This is not a unique issue for pain training.

Other developments

This year the faculty are attending the BMJ Careers fairs (London and Birmingham) in October. A trainee and consultant in pain medicine will be in attendance to answer questions and queries for part of the fair. There is also a Training in Pain Medicine leaflet developed by Dr Lesley Green and Daniel Waeland, which will be available for attendees. This being the first time the Faculty has attended, we will await the feedback. There are also representatives from anaesthesia and ICM present.



Meet our new Trainee Representative

Dr Neeraj Saxena

I grew up in Delhi (India) and completed my medical education and anaesthetic training (including an MD) there before moving to the UK about 7 years ago. It was during my anaesthetic training that I developed an interest in pain medicine and knew that it would only grow with time.

In the UK, I completed my SHO training in the Mersey, and Leicester and South Trent deaneries. I started my SpR training in South Wales and having expressed my interest to do pain training early and managed to get a good exposure to pain medicine as both basic and higher modules. During my advanced pain training I have experienced an excellent mix of clinical (pain and psychology) and interventional pain techniques which has reinforced and firmly established my belief in multidisciplinary management of complex chronic pain conditions. While undergoing pain training I was drawn towards the MSc course in Pain Management (Cardiff University). Although hard work, now two years into the old- styled three year course, I am happy to have taken that decision. I am presently leading a research project looking at long term outcomes in patients attending CBT based pain management programmes for my MSc dissertation.

I have recently detoured from full time clinical practice to do an academic degree (PhD) and am working as a clinical

lecturer. My research involves using multimodal neuroimaging tools to better understand the role of GABA in sedation/ anaesthesia. Though not directly related to pain medicine I hope to use my research/academic experience in my pain practice/research in future.

I am looking forward excitedly to establish links with new pain enthusiasts, maintain and strengthen those links with the existing ones and make a worthwhile contribution to the FPM as the trainee representative in the evolution of our specialty.



Dr Neeraj Saxena

2010 Trainee Publication Prize

Congratulations to Dr Anuj Bhatia, who was awarded the 2010 Trainee Publication Prize for his excellent work on the article *Development and Validation of a New Technique for Ultrasound-Guided Stellate Ganglion Block*. Dr Bhatia will present a short summary of the article and receive his certificate at the Annual Meeting for Fellows and Members on 24 November 2010, as well as having the opportunity to attend all the lectures on the day and meet many Fellows and Members of the Faculty.

The 2011 Trainee Publication Prize will go live in early summer next year, with preceding adverts on the FPM website, in the next edition of *Transmitter* and in the college *Bulletin*. Please forewarn anyone who may be interested. Publications for the 2011 prize must have been peer-reviewed, published during 2010, on a topic relevant to pain medicine and based on original research or a systematic review which includes meta-analysis. The submitter must have been a trainee when the article was published



The FPM shield and heraldic origins

The Faculty of Pain Medicine has adopted the shield (or escutcheon) from the crest of the Royal College of Anaesthetists as its formal logo. The shield is the principal constituent of an armorial achievement and is often used on its own, notably on the ties the College produces and now as the Faculty's symbol. The shield was designed to echo that of its forebears and also, via its distinctive red-white-blue colour scheme, represent its involvement across the whole of the United Kingdom.

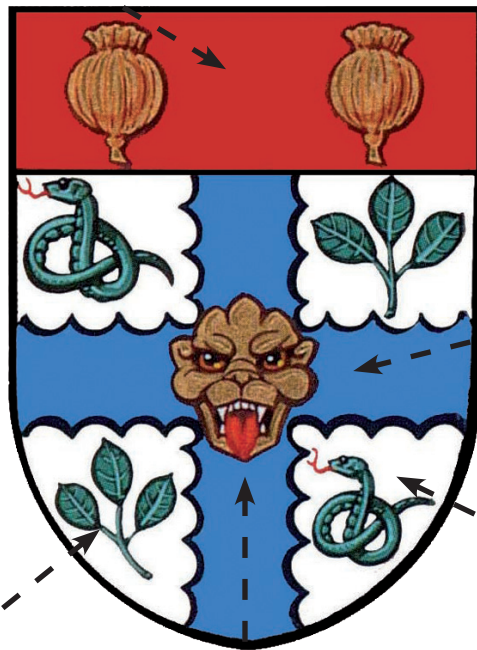
The red band 'in chief' was on the shield of the Royal College of Surgeons of England from which the Royal College of Anaesthetists originated as a Faculty. The charges in the red band are morphia poppy heads or seed boxes, which come from the arms of the Association of Anaesthetists of Great Britain and Ireland – they represent general anaesthesia and analgesia.

The crenulated cross featured on the shield comes from the Company of Surgeons, the predecessor of the Royal College of Surgeons of England. The bright blue colour coincidentally but appropriately, mirrors the 'French' or 'electric' blue currently used to distinguish British nitrous oxide cylinders.

The novel cocaine leaves in the second and third quadrant represent local anaesthesia.

The knotted serpents in the first and fourth quadrants are taken from the Surgeons' shield. Snakes are traditionally associated with the power of healing.

The lion's face at the centre (or 'fez' point) echoes the crouching lions representing vigilance which are a distinctive charge on the Surgeons' arms.





'Treatment and care towards the end of life: Good practice in decision making'

Dr Mike O'Connor, MCQ Group Lead

Well - at first glance this 88 page GMC booklet isn't the sort of thing you would be tempted to take away as a fun holiday read, nor is it something to snuggle down with under the duvet.

Who should read this, when and why?

This booklet replaces *Withholding and withdrawing life prolonging treatments* (2002) and expands on the guidance in *Consent, patients and doctors aiming decisions together*. At some risk of not quite toeing the party line, I don't think everyone needs to take this off to bed with a torch tonight. For some of us though it is required reading right now, particularly for those of us with any involvement in palliative care (although I imagine the palliative care physicians will have devoured it already from beginning to end). For anaesthetists generally, the more immediate relevance may be for anyone who covers Intensive Care (I still do, albeit for a relatively few hours of the month). For the rest of us, we need to be aware of this booklet for the occasions when we are involved in end of life decisions, remembering that the end of life is here given as 'those likely to die within the next 12 months'.

Ethical principles

What does the booklet contain? To give some context, it is one of the series of guidance booklets for doctors produced by the General Medical Council, and indeed the very first thing that greets you on the inside of the first page is a reminder of the duties of a doctor registered with the GMC. Once past the 'Contents' we are told very explicitly that this is guidance from our professional regulator, based on long-established ethical principles.

A problem with ethical principles is always turning these into ethics-in-practice. The great ethical frameworks are deontology (what are the relevant rights and duties?), consequentialism (what are the possible outcomes?), and virtue ethics (what is my personal ethical standing and training?). Using these frameworks to answer the question, "How do I manage this particular situation in front of me here and now?" is not always simple, although fortunately in practice the frameworks are more usually complementary than contradictory. The GMC approach is inevitably that of a regulator, resolutely deontological with a strong emphasis on

duties. Within that framework the booklet does indeed cover the broad sweep of duties but then admirably uses this to give guidance on some of the difficult situations one can be faced with.

The booklet covers the general principles of equality and human rights, the presumptions in favour of prolonging life, in favour of capacity, of maximising the capacity to make decisions and what to do if the patient does not have capacity.

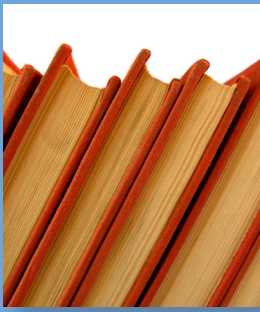
Ethics in practice

Fortunately it does not stop there but moves on to what one might call general practicalities; the roles of relatives, partners and those close to the patient, issues of working in teams, issues of uncertainty and emotional difficulty in the end of life decision-making.

There is then a lot of detailed advice on managing various difficult areas. Some of these cover quite specialist issues such as dealing with neonates, children and young people. Some of the areas addressed are common but can be very controversial; clinically assisted nutrition and hydration, advanced care planning, advanced requests and refusals of treatment. I was pleased that some of the areas I personally find very challenging are covered, such as what to do with those who do not want to be given information. I was also pleased that the issue of resource constraints is tackled head on ('often no simple solution' - true enough!).

Finally, if things are getting really tough or if you want to take your reading further, there is a section of references and a legal annex.

For many of us working in chronic pain clinics, doing acute pain ward rounds and some anaesthesia, this may not feel like a booklet that is going to be of day-to-day relevance. However it does cover, and exceedingly well at that, the situations one can sometimes quite suddenly be faced with. So for all of us, one for the bookshelf or, perhaps in today's world, one to have bookmarked on one's web browser. And (an increasing problem this), one to be able to recall that the guidance exists and is easily retrievable.



Examination Development

Dr Kate Grady, Project Clinical Lead
Mr Daniel Waeland, Project Manager

The question writers first met on 23 April 2010 and after a very useful presentation from Dr Sue Hill, an MCQ advisor for the FRCA, who continued to support the writers throughout the day, the writers dived straight into writing the first Multiple Choice Questions.

The question writing leads

Following the meeting, the leads for the three sub-groups were agreed, with Dr Adrian Dashfield leading on the Clinical Structured Oral Examination, Dr Mike O'Connor on Multiple Choice Questions and Dr Mick Serpell on the Science Structured Oral Examination. The three sub-group leads will work closely with the Lead Question Writer, Dr Jeremy Cashman, to ensure the bank of questions is filled evenly, appropriately and at a steady pace. Drs Cashman, Dashfield, O'Connor and Serpell come to us with a wealth of experience from the FRCA.

Examiners

The writers are now in the process of working in their sub-groups to start to fill up the bank and develop their expertise. We are pleased to say that all the current question writers were successfully appointed as examiners, along with ten others. This leaves us with an initial cohort of 21 examiners, which the Executive and our FRCA advisors recommended as a reasonable number to balance question generation with exposure to examining experience. The examiners have now been allocated to the existing question writing sub-groups,

with their respective leads mentoring them. The examiners will meet, and be officially sworn in, during November. A full list of the appointed examiners is available on the last page of *Transmitter*.

Format and timelines

The Examination is gradually taking shape and is moving quickly towards its final format, which will be communicated in due course. The first examination looks set to take place during 2012, with the MCQ and oral examinations taking place around three months apart, twice a year.

Communications

A formal release from the Faculty, at least 12 months before the date of the first MCQ paper, will appear on the website. The release, among a number of other areas, will detail the closure of the Fellowship by Assessment routes that Fellowship by Examination will supersede.

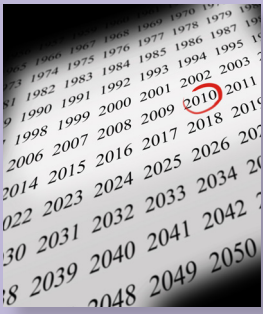
The future

In the meantime, there is still a large amount that needs to be done for the first stages of the Project, including formalising the governing regulations of the exam and developing the online systems to support the question bank. Finally we would like to thank all those who applied to be an examiner. It was heartening to see the large amount of interest in taking on this important position and we congratulate those who were successful during this first round of recruitment.

The First FFPMRCA Court of Examiners

Dr Jeremy Cashman, St George's Hospital
Dr Beverly Collett, Leicester Royal Infirmary
Dr Adrian Dashfield, Nobles Hospital
Dr Anthony Davies, Derriford Hospital
Dr John Goddard, Sheffield Children's Hospital
Dr Kate Grady, University Hospital of South Manchester
Dr Sanjeeva Gupta, Bradford Royal Infirmary
Dr Richard Howard, Great Ormond Street Hospital
Dr Graham Johnson, Blackpool Victoria Hospital
Dr Edward Lin, Glenfield Hospital
Dr Douglas Natusch, Torbay Hospital

Dr Andy Nicolaou, St George's Hospital
Dr Mike O'Connor, The Great Western Hospital
Dr Rhian Pennant-Lewis, Ysbyty Gwynedd
Dr Nick Plunkett, Royal Hallamshire Hospital
Professor Jon Raphael, Russell's Hall Hospital
Dr Mark Rockett, Derriford Hospital
Dr Mick Serpell, Gartnavel General Hospital
Dr Manohar Sharma, Walton Centre
Dr Karen Simpson, Seacroft Hospital
Dr Mark Taylor, Derriford Hospital



FACULTY UPDATE

Faculty calendar

2010 – committees and events

Professional Standards Committee	4 Nov
Study Day: Spinal Cord Stimulation	18 Nov
Regional Advisors in Pain Medicine meeting	24 Nov
Board Meeting	2 Dec
Training and Assessment Committee	3 Dec

2011 – committees and events (so far)

Introduction and Current Concepts in Pain Medicine	26–28 Jan
Professional Standards Committee	28 Jan
Training and Assessment Committee	4 Feb
Board Meeting	10 Feb
Professional Standards Committee	8 Apr
Board Meeting	5 May
Study Day: Cancer Pain Medicine	10 Jun
Professional Standards Committee	24 Jun
Board Meeting	15 Sep
Professional Standards Committee	14 Oct
Study Day: Acute Pain Medicine	11 Nov
Annual Meeting of Fellows and Members	30 Nov
Board Meeting	1 Dec

All dates are subject to change.

Please ensure you check dates on the FPM Website.

Election Update

The Board will be holding its first election for new members this summer. A notification was included in the last edition of *Transmitter* and a further notification will be in the upcoming September College Bulletin. On Monday 2 August, information was added to the website to indicate the timeline for the election with some further detail on the actual process. Letters requesting Fellows and Members to self-nominate followed on Monday 23 August with a deadline of 5pm on Friday 17 September. All Fellows and Members were invited to stand.

Eleven nominations were received by the Faculty. Ballot papers and the personal statements of the nominated candidates were circulated by post on Monday 4 October to the main address Fellows and Members had registered at the College. All Fellows, Members and Associate Fellows are invited to vote, with the deadline for ballots set as 5pm on Thursday 28 October.

The election will be held on Monday 1 November and we will communicate the results on the FPM website as soon as possible thereafter. The successful candidates were Dr Beverley Collett of Leicester and Dr Stephen Ward of Brighton and Hove. The two new Board members will formally join the Board in February 2011, and we will ask them to provide short biographies for the next edition of *Transmitter*, which will also include the final voting statistics from this election.

Faculties Department

The creation of the Faculty of Intensive Care Medicine (FICM) was announced by its seven parent colleges on 17 May 2010. On an administrative level, FICM and the Faculty of Pain Medicine will now be managed by a Faculties Department.

The new team consists of:

- **Daniel Waeland**, Manager (Strategy & Projects)
- **James Goodwin**, Senior Administrator (Operations & Boards)

- **Billie Barnes**, Administrator (Events, Communications & FPM Committees)
- **Andrea Rowe**, Administrator (Examinations, Training & FICM Committees)

Except for Billie and Andrea's responsibilities to specific Faculty Committees, the team will work across the board and both Faculties will benefit from the experience gained from these two important fields. The general email for the team is fpm@coa.ac.uk.



FPM EVENTS UPDATE

Dr Sanjeeva Gupta, Education Meeting Advisor

I hope you all had a good summer holiday. Just to update you all that there are two meetings organised in November 2010. The **Study Day on the 18th November 2010** will cover several aspects of **Spinal Cord Stimulation** and the **Annual Meeting for Fellows and Members on the 24th November** is on **Evidence Based Pain Medicine**. Both meetings have eminent speakers and will be very educational as indicated by the programme on the college website.

From **26th to 28th January 2011** we have organised a three day meeting on **Introduction and Current Concepts in Pain Medicine**. This will be a very educational event covering most topics in Pain Medicine, giving a flavour of pain medicine to the novice while being a refresher course to practicing pain specialists. Experts in the chosen field of Pain Medicine will discuss various topics including recent updates. Hope you will be able to join us for this educational event.

There will be a **Study Day on the Management of Cancer Pain on the 10th June 2011** and another **Study Day on Management of Acute Pain on the 11th November 2011**. The next **Annual Meeting** will be held on the **30th November 2011**.

Your attendance, contribution, and feedback are very essential to the success of all the current and future meetings. If you have any suggestions regarding current or future meetings please contact me and I will be glad to discuss (SGupta6502@aol.com).

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. We tailor the programmes to your needs.

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
- SAS and career grade specialists
- FPM Fellows and Members

Get involved

The next Faculty events will be the **Spinal Cord Stimulation Study Day on 18 November 2010** and the **Annual Meeting on 24 November 2010**. The programme and information about how to apply is available online at the URL below:
<http://www.rcoa.ac.uk/index.asp?PageID=40>

Comments from May Study Day

"Fantastic, varied and informative"

"Good Refresher"

"Diverse programme"

"It was very informative, relevant and was of great value"

"Well organised, very helpful, gained an overall insight of paediatric pain medicine in the UK"

"Excellent programme with experts in the field"

"Sharing and learning from experts in this area has been helpful in understanding grey areas"



Consultations

GMC Consultation on Revalidation

The introduction of revalidation has been delayed but we must assume that the question is how, rather than whether, it is achieved. The General Medical Council (GMC) produced a consultation document early this year and invited feedback from . The Faculty of Pain Medicine (FPM) and the Royal College of Anaesthetists (RCOA) submitted a joint 14-page response in June 2010

Many of the inspirational principles described by the GMC for revalidation were welcomed. However, we emphasised that their delivery is dependent on the provision of adequate time, funding and personnel. Furthermore employers must understand and support their doctors' need for continuous medical education. We also commented on the role of strengthened medical appraisal, pilots of which are currently ongoing. Most of the feedback was applicable to all our specialties i.e. anaesthesia, pain medicine and intensive care. Specific points pertinent to Fellows of the FPM included: no requirement for doctors to demonstrate competence in a sub-speciality that they no longer practise (e.g. full-time pain doctors and anaesthesia); the role of our Regional Advisors in Pain Medicine; and the input of the FPM in defining the standards for revalidation in pain medicine.

Dave Rowbotham

NICE scoping meeting on Incontinence in neurological disorders

Incontinence is a distressing problem which is common with neurological disorders and in the community. Some pain physicians with an interest in neuromodulation may be involved in managing pain in those with pelvic autonomic dysfunction. An initial scoping meeting was held by NICE in May 2010. Dr G Baranidharan represented the Faculty of Pain Medicine; there was a

good representation from the community nurses, rehabilitation medicine, neurologist/paediatric neurologist and neuro-surgeons. Initial discussion concerned both adult and paediatric incontinence. We felt that reversible causes should not be included in the guidelines. The role of neuromodulation in incontinence was discussed; previous neuromodulation for incontinence guidelines were accepted so there is no need for further representation from the Faculty on the GDG on this topic.

NICE scoping meeting on peripheral arterial disease affecting lower limbs

NICE has been advised to offer guidance regarding diagnosis and management of peripheral arterial disease in lower limb in adults. Dr M Sharma attended an initial scoping meeting on behalf of Faculty of Pain Medicine. Key clinical questions to be covered by guidelines include patient information and education, pharmacological agents, supervised exercise programme vs. endovascular or surgical treatment, endovascular treatment vs. surgery for claudication or

critical ischemia, intermittent pneumatic compression, herbal remedies and surgical/chemical sympathectomy for ischemic rest pain. Pain seemed to be at the bottom of the list mentioned as "sympathectomy" (as a procedure). The scoping meeting suggested the inclusion of management of pain as one of the key clinical question and for NICE to co-opt a pain specialist for the relevant part of meeting on pain management in peripheral arterial disease. NICE have agreed with all recommendations made by the Faculty.

NICE scoping meeting on headaches

An initial scoping meeting was held earlier this year to produce a clinical guideline on the diagnosis and management of headaches in young people and adults. Dr P Nandi attended, representing the FPM. The initial scope document drew attention to this problem; its burden on society, and the frequency of inaccurate diagnosis. It then addressed issues of diagnosis, investigation and treatment (pharmacological and non-

pharmacological) in the commoner primary headache disorders, and important causes of secondary headache.

The subsequent workshop covered areas of difficulty and controversy in diagnosis, whether the guideline recommendations should be restricted to the range of treatments appropriate for scrutiny in non-specialist settings. It is important that the Faculty continues to be represented on the Guideline Development Group for such a major category of pain medicine.



Publications

Opioids for Persistent Pain: Good Practice

was a publication produced by the British Pain Society, the Faculty of Pain Medicine, the Royal College of General Practitioners and the Faculty of Addiction of the Royal College of Psychiatrists. The Faculty of Pain Medicine has now distributed by post a copy of this guidance to all its Fellows and Members. In order to further circulate the document's important messages, the RCGP included an article on it in their June newsletter (at the URL below on page 6).

http://www.rcgp.org.uk/PDF/RCGPNews_Jun10.pdf

In addition the British Pain Society has produced a one page summary of the document which the Faculty has asked its Regional Advisors to circulate to local Controlled Drugs Accountable Officers. The summary is available at the following URL. http://www.britishpainsociety.org/book_opioids_recommendations.pdf

Recommendations for clinical practice on using epidurals for chronic spinal pain

As Chairman of the PSCS I established a working group to produce clinical guidance on the use of epidurals for chronic spinal pain. The document is about the practice of epidural drug delivery and not about the evidence for its efficacy. This has been an important task that has taken many months; there have been varied and sometimes heated discussions and 15 drafts! We need recommendations that will improve patient care and as a Faculty we must set standards. The chronic spinal pain document may prove controversial – time will tell. However we must resist the temptation to dilute our recommendations; we will not be able to please everyone. The core issue is and must remain improving patient care. The document was approved by RCoA Council in June 2010. It was sent out to other groups for consultation. It has been produced as a practice recommendation for doctors in Pain Medicine. It should be seen in this context and used to guide good clinical care.

Karen H Simpson

Best practice in the management of epidural analgesia in the hospital setting

Pain relief provided by epidurals has been routine practice in hospitals for many years. In 2004, the Royal College of Anaesthetists (RCoA) and its partners published guidelines in the management of epidural analgesia in the hospital setting. These have passed their expiry date so a working party convened by the Faculty of Pain Medicine (FPM) have developed a revised version that will be published at our Annual Scientific Meeting in November. The guidelines are endorsed by the Association of Anaesthetists of Great Britain and Ireland, Association of Paediatric Anaesthetists of Great Britain and Ireland, British Pain Society, European Society of Regional Anaesthesia and Royal College of Nursing. Membership of the working group reflected this partnership. Patient and public involvement was provided by the Patient Liaison Group of the RCoA.

The original version of the guidelines was considered in detail and modified in accordance with the current evidence base and recent guidelines published by relevant professional bodies. The findings of the RCoA national audit project on major complications of central neuroaxial block were particularly influential. Where there was a paucity of evidence to inform changes, they were derived by obtaining the consensus opinion of group members. Many of the recommendations in the original version have remained unchanged or modified slightly; however, there are several new recommendations and a new section dedicated to epidurals in children.

The consultation process involved the governing bodies of the endorsing organisations and our Regional Advisors in Pain Medicine. The first version did not consider the use of epidurals in obstetric practice. The present working group decided that this remained appropriate; therefore, obstetric epidurals are not covered in the new guidelines.

Dave Rowbotham



Fellows and Members



Obituary for John Edmond Charlton (1942 – 2010)

Ed Charlton graduated from Durham University in 1965, did house jobs in Carlisle and then returned to his home town, Newcastle-upon-Tyne, to train in anaesthesia. He was appointed

as a Consultant Anaesthetist to the Royal Victoria Infirmary in 1973 and instructed to undertake two sessions in pain management. He went to Seattle to learn about pain from the world leader at that time, John Bonica. When he returned to Newcastle after 18 months he realised that the NHS was not yet prepared to accommodate pain management so he was lured back to Seattle for 3 more years.

He returned finally to Newcastle in 1980 and embarked on 30 years of selfless, unrelenting devotion to the development of pain medicine locally, nationally and internationally. He was involved in the formative years of both the Intractable Pain Society (which metamorphosed into the British Pain Society) and the International Association for the Study of Pain. He served with distinction on the Councils of both organisations, becoming President of the BPS and Secretary of IASP. Notable

amongst his many editorial achievements were Section Editor of Clinical Notes in the journal Pain (1993-2010) and Editor of the Third Edition of the IASP Core Curriculum for Professional Education in Pain (2005) that now underpins the College's curriculum for advanced training in pain medicine. Throughout his career he worked tirelessly to promote good practice, to protect patients, to enhance the status of anaesthetists and pain specialists and to advance the cause of pain medicine. His contributions extended way beyond pain medicine and amongst many other duties he was Honorary Secretary of the Association of Anaesthetists of Great Britain and Ireland and an Examiner for the Royal College of Anaesthetists. He was hugely helpful to the College's Pain Management Committee (which predated the Faculty) and he was awarded the College Gold Medal in 2003.

Ed was a Foundation Fellow of the Faculty and he was inordinately proud to have seen the organisation created. With seemingly unlimited reserves of kindness, wit and wisdom, along with boundless supplies of energy and enthusiasm for promoting the highest standards in pain medicine, he played a major role in helping the speciality to advance in the way that it has done so successfully. A great man and a great friend – the world of pain medicine is much the poorer for his passing.

Douglas Justins

New Fellows and Members since February 2010

FELLOWS

February 2010: Dr Kerstin QUELLE, Dr Michael NEIL

March 2010: Dr Bhuwaneswari Sivakumarie YOGASAKARAN

May 2010: Dr Sameer GUPTA

June 2010: Dr Thottungal Raghavan ATHMAJA, Dr Sreekumar Appukuttan KUNNUMPURATH, Dr R REDDY, Dr Daniela TONUCCI, Dr Adam WOO

July 2010: Dr James OLSEN

ASSOCIATE FELLOWS

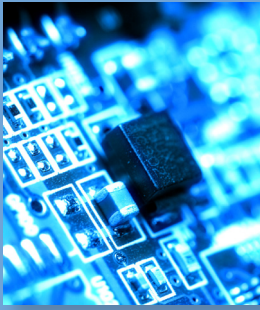
May 2010: Dr EL-RAKSHY

August 2010: Dr Yasin Said AL-MAKADMA

MEMBERS

May 2010: Dr Hans Cyril MATHEW

August 2010: Dr Irfan SABIH



Communications

Transmitter will now be released bi-annually, with the spring edition published on the FPM website and also distributed by post; the autumn edition published solely electronically and available on the web. An entirely online edition once a year will allow us to remove the lengthy printing and mailing processes and make important updates and changes right up until the online publishing date.

Editors

The Board has agreed on having two editors. The managerial editor will be Mr Daniel Waeland, the Faculties Manager. There will be a clinical editor and this position will rotate among the Board Members, with each year having a different editor. This will allow all the Board Members to take part in this important organ of the Faculty and ensure that ideas and involvement remains fresh. Dr Karen Simpson has kindly agreed to reprise her stewardship of the first *Transmitter* for some initial continuity.

Get in contact

Although *Transmitter* is primarily about Faculty business, we would be interested to hear from any Fellows, Members or Pain Medicine trainees about articles that they would like to contribute or areas they would like to see covered. The Editorial Board cannot promise that all areas will be judged as appropriate for inclusion, but we will consider all suggestions carefully. This edition of *Transmitter* already benefits from articles from some of our Fellows, such as Dr Mike O'Connor on ethics and our Faculty Representatives on NICE consultations. We hope to see more input from other members of the Faculty in future editions.

Website

Please look at the Faculty website regularly for updates and direct interested undergraduates and postgraduates to our website as a source of information about Pain Medicine as a career. And finally, please remember that if you have a question you want to ask the Faculty you can email us at fpm@rcoa.ac.uk.

Board and Committee membership

The Board of the Faculty of Pain Medicine

Prof Dave Rowbotham (Dean), Dr Kate Grady (Vice Dean), Dr Andrew Tomlinson (RCoA Vice President), Dr Kate Grady, Dr Joan Hester, Dr Douglas Justins, Dr Roger Laishley, Dr Pete MacKenzie, Prof Ian Power, Dr Karen H Simpson, Dr Mark Taylor, Dr John Hughes (Co-optee: Chair of the Regional Advisors in Pain Medicine), Dr Richard Langford (Co-optee: British Pain Society), Mrs Kate Rivett (Co-optee: Patient Liaison Group), Dr Neeraj Saxena (Co-optee: Trainee Representative), 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, Dr Cathy Price, Prof Dave Rowbotham, Dr Cathy Stannard, Dr Sanjeeva Gupta (Co-optee: Education Meeting Advisor), Mrs Kate Rivett (Co-optee: Patient Liaison Group), Ms Sharon Drake (RCoA Education Director), Mr Charlie McLaughlan (RCoA Professional Standards Director) and Dr Kate Grady (Ex-officio: Vice Dean)

The FPM Training & Assessment Committee

Dr Kate Grady (Chair), Dr Barry Miller, Dr Roger Okell, Dr Nick Plunkett, Prof Ian Power, Dr Mark Taylor, Dr Jeremy Cashman (Co-optee: Lead Question Writer), Dr Neeraj Saxena (Co-optee: Trainee Representative), Dr John Hughes (Co-optee: Chair of the Regional Advisors in Pain Medicine), Mr Richard Bryant (RCoA Training & Examinations Director) and Professor Dave Rowbotham (Ex-officio: Dean)

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