



FACULTY OF PAIN MEDICINE

of the Royal College of Anaesthetists

FPMTAC Response to Trainee Questions

FPMTAC/004/October 2016

On 7th October 2016 some pain medicine trainees met with the Faculty Training and Assessment Committee (FPMTAC). Below is a summary of the queries raised and the responses from FPMTAC.

All trainee comments naturally remain anonymous.

1 On-Call Commitments

Trainees raised the issue of on-call commitments significantly reducing pain medicine training days and advised trusts were not willing to release trainees from day theatre which has a negative impact on pain training opportunities.

FPMTAC advised that a draft for a supplementary piece of guidance to the curriculum was being submitted to the RCoA Training Committee in the hope that weekend on-calls were added to trainees' rotas instead of on-calls during the week which would not impact pain medicine training. The amendment outlines that trainee rotas should not include anything more onerous than 1-8 on-call sessions. FPMTAC reported they do not have influence over individual trust rotas however encouraged trainees to continue raising this issue with their RAPM. It was noted that this outcome was as a direct response to issues raised in the FPM Trainee Survey.

2 Minimum number of specialised training sessions

Trainees requested the Faculty outline how many minimum sessions are required in each component of training.

FPMTAC advised that only cancer pain had minimum sessions outlined as many trainees had difficulty obtaining exposure to cancer pain in the past. The Faculty would not outline minimum sessions as they are competency based and therefore the number of sessions in order to become skilled in these areas needs to be assessed individually by LPMESs and RAPMs; the quarterly assessment would be an opportune time to review logbook and clinical progress and adjust timetables to achieve training balance.

3 Logbook

Trainees had expressed mixed opinions of the logbook but felt some improvements would be useful such as the introduction of dropdown boxes.

FPMTAC advised that at present a large amount of detail was required however the logbook was currently under review and changes will be made shortly. The trainees and FPMTAC discussed components of the logbook and trainees felt some further detail could be requested such as events attended and explanation of unsupervised clinics as on many occasions consultants are nearby if guidance is required. It was agreed that the logbook should be reviewed by the LPMESs at the quarterly review as trainees can then be advised if enough information is being added. Trainees requested more options in the dropdown questions and a review of current dropdown options for procedural questions as some do not apply. FPMTAC advised the Faculty will publicise all changes that are made to the logbook.

4 Global Engagement

Trainees queried if engagement with worldwide organisations could be developed to achieve global standardisation of pain medicine training

FPMTAC advised there are currently overlaps in training requirements with some organisations worldwide and this may be something that is developed in future. There have been some cases where training received abroad has been recognised in the UK although this is assessed with each individual case.

5 Commencing Advanced Pain Training after CCT

Trainees queried if it would be possible to commence APT after achieving CCT.

FPMTAC advised it is possible to complete APT after achieving CCT. The successful completion of an advanced pain training post must include sign-off from a RAPM to ensure that all competencies have been meant. FPMTAC also noted that an APT post could be completed over a longer period than the set year, however this would still need to be approved prospectively by the RAPM. FPMTAC advised the RAPM should be the first point of contact for such queries. Guidance for consultants entering Pain Medicine is also available on the Faculty website.

6 Location of FPMRCA exam

Trainees queried if it would be possible to offer an alternative location (preferable in North of England) for trainees to sit the FPMRCA exam.

FPMTAC reported that unfortunately if it was offered at an alternative location then the price of the exam would need to increase to cover expenses such as venue hire and staff travel costs. They may be technological solutions to this in future years which the FPM will stay closely linked in with.

7 Exposure to pain medicine sessions without completing APT.

Trainees queried if it was possible for those trainees not wishing to pursue APT to receive exposure in specialised training areas such as acute pain.

FPMTAC noted that APT would ensure more exposure in such areas however recommended trainees discuss this with their LPMES and RAPM as they may be able to increase their exposure during HPT.

8 Formal Teaching across the UK

Trainees raised the lack of formal teaching available in locations other than London and advised only literature is provided

FPMTAC advised that a buddying programme was currently being developed and cross-regional teaching is also being discussed. FPMTAC encouraged trainees to ask their trainers to organise teaching as it will show that there is a demand there. The Faculty will also ask RAPMs to advertise any local training that can be attended by outer-region trainees too.