FACULTY OF
PAIN MEDICINE
of the Royal College of Anaesthetists

Standards for the members of the Faculty of Pain Medicine (FPM) for training and administration of pain interventions by non-medical practitioners

Patient safety is paramount and is at the heart of delivering NHS services. This document is a guideline developed by the Faculty of Pain Medicine, professional standards committee. The standards document is for the members of the FPM involved in training and delivering pain interventions by non-medical/non-doctor practitioners such as Extended Scope Practitioners (ESP).

Training

The ESP being trained should be an integral part of the pain service. They should be involved in multidisciplinary team meetings and care for the patients in an outpatient setting. They should be trained in the bio-psycho-social aspects of pain management. The potential impact on pain medicine training opportunities continues to raise concern and must remain under close scrutiny by the FPM and local departments.

The FPM has a comprehensive curriculum designed for the anaesthetic pain medicine trainees. The curriculum offers a foundation for any training delivered by members of the Faculty of Pain Medicine. The trainer should be actively involved in teaching and training with the FPM and be up to date with changes in the field of clinical and interventional pain practice. The training should focus on the principles, practice and evidence for the clinical decision to do an intervention and the technique of neural blockade to treat pain including;

- Selection of patients based on history and clinical examination
- Thorough knowledge of general and radiological anatomy
- Ability to discuss the benefits, complications and alternatives of the proposed interventions with patients and so obtain informed consent in line with the Montgomery ruling.
- Technical proficiency in performing pain interventions
- The ability to manage complication, including up to date resuscitation training
- Work in a pain MDT setting
- Continuous professional development (CPD)

These can be documented using standard teaching and assessment forms such as Clinical Evaluation Exercise (CEX), Direct Observation of Procedural Skills (DOPS), Anaesthesia List Management Tool (ALMAT) and Case Based Discussion (CBD)

Supervision

1. The Faculty of Pain Medicine acknowledges that development of ESP roles is taking place. The FPM would only support role enhancement when statutory regulation is in place. Responsibility where such role enhancement exists currently remains a local governance issue

2. Clinical governance is the responsibility of individual institutions and should follow the same principles as apply to medically qualified individuals, reporting through the clinical director in charge for pain medicine, and ensuring
   - training that is appropriately focused and resourced
   - supervision and support in keeping with practitioners' needs and practice responsibilities
   - practice-centered audit and review processes

3. Scope of Practice for a non-medical/non-doctor (ESP) remains the responsibility of those leading departments of Pain Medicine, together with their constituent consultants, to ensure that ESPs work under the supervision of a consultant in pain medicine at all times.

4. The ESP must work at all times within a pain team led by a consultant in pain medicine (FFPMRCA or equivalent pain training) whose name must be recorded in the individual patient's medical notes. Overall responsibility for the care of the patient rests with the named consultant at all times.

5. The consultant leading the pain team must undertake the duty of the supervising role, or may delegate responsibility for this duty to another consultant in pain medicine. Supervision must only be delegated to a consultant in pain medicine who is competent to provide care for the patient concerned and who is aware of the duties required of a supervisor.

6. The supervising consultant in pain medicine must check and take overall responsibility for preoperative patient assessment, suitability of the proposed interventional techniques and patient consent.

7. For every case the supervising consultant in pain medicine must be present in the theatre suite, must be easily contactable and must be available to attend within two minutes of being requested to attend by the ESP.

8. If the supervising consultant in pain medicine has to leave the theatre suite for any reason, deputising arrangements must be made. A formal handover of the list to the new supervising consultant in pain medicine must take place.

9. There must be a dedicated trained assistant, in every theatre in which care is being delivered, with facilities for resuscitation. If sedation is practiced, it should comply with the local hospital sedation policy

Important recommendations and guidelines

1. National Safety Standards for Invasive Procedures (NatSSIPs). 2015

2. Recommendations for good practice in the use of epidural injection for the management of pain of spinal origin in adults. 2011

3. Standards of good practice for medial branch block injections and radiofrequency denervation for low back pain. 2014

4. Standards of Good Practice for Spinal Interventional Procedures in Pain Medicine. 2015