



# FACULTY OF PAIN MEDICINE

of the Royal College of Anaesthetists

## ROLES AND RESPONSIBILITIES for LOCAL PAIN MEDICINE EDUCATIONAL SUPERVISORS

### Introduction

1.1 The Faculty of Pain Medicine of the Royal College of Anaesthetists was formed in April 2007. One of the main objectives of the Faculty of Pain Medicine is “to educate medical practitioners to maintain the highest possible standards of professional competence in the practice of pain medicine for the protection and benefit of the public”.

1.2 The Royal College of Anaesthetists (RCoA) has a responsibility to ensure the quality of patient care through the maintenance of standards of training for anaesthesia, critical care and pain medicine. Training in pain medicine is a core component of the programme of training leading to the award of a Certificate of Completion of Training (CCT) in anaesthesia.

1.3 The RCoA has produced *Curriculum for a CCT in Anaesthetics 2<sup>nd</sup>* edition (2010); this document has been rewritten to align with *Standards for Curricula and Assessment* (GMC April 2010). The General Medical Council (GMC) guidance on Good Medical Practice (GMP) was used in the development of curriculum items and assessments at all stages of the programme. This document sets out the principles and syllabus for the whole training programme in anaesthesia and this includes all aspects of pain medicine. In summary:

- 1.3.1 All CT 1/2 need to undergo basic level training in pain medicine and where possible this should be in a single block as specified in the *CCT in Anaesthetics* document. The aim is for the trainee to competently assess and manage acute post-operative pain and acute non post-operative pain along with possessing sufficient knowledge to provide a basic understanding of the management of chronic pain in adults.
- 1.3.2 All ST 3/4 need to undergo a supervised period of 4-12 weeks intermediate training in pain medicine as specified within the *CCT in Anaesthetics* document. Ideally this should be in a single block. The aim is for the trainee to be an effective member of the acute pain team and competent in the assessment and management of acute surgical and non-surgical and acute or chronic pain in most patient groups. They should also have a knowledge of the assessment, management and wider treatment options for chronic and cancer pain in adults and be aware of the need for multi-professional input and to employ this in the management of chronic and cancer pain.
- 1.3.3 Higher training in pain medicine is essential for those wishing to progress to advanced training. Higher training is considered a minimum for trainees considering a consultant post with an interest in acute pain. It is optional for ST 5/6/7.
- 1.3.4 Some trainees may choose to undertake research in pain medicine.

- 1.3.5 There is provision for trainees to undertake 12 months Advanced Pain Medicine training within the *CCT in Anaesthetics* document. This is aimed at trainees who are considering a consultant post with an interest in chronic pain management or a managerial role in acute pain management.

1.4 In the *Curriculum for a CCT in Anaesthetics* the College has set out the knowledge, skills, attitudes and behaviours that together define the competencies of pain medicine. Since its inception the Board of the Faculty has specified how competence to practice pain medicine should be assessed. The Board has defined methods of categorising and assessing competency that should be used by trainees to guide their progress and to facilitate self-directed learning; these are specified in the *CCT in Anaesthetics* document. These guidelines should be used by trainers, College Tutors, Programme Directors and Regional Advisers in anaesthesia and pain medicine to consider how best to organise and evaluate training programmes and work experience.

The Local Pain Medicine Educational Supervisor (LPMES) should be familiar with overall training objectives: knowledge, experience, technical skills, communication skills, organisation, assessment skills, and research and audit methodology. The LPMES should understand and recognise the need to assess trainees against a programme based around competencies, time and experience. The LPMES may have responsibilities for training at any of the levels of the pain medicine curriculum, as determined by the Regional Advisor in Pain Medicine (RAPM).

#### **Appointment of Local Pain Medicine Educational Supervisors**

2 LPMESs are appointed by the relevant RAPM or, if there is a conflict of interest, by the RAPM from a different region. Before any appointment, the RAPM will consult with:

- The local hospital's consultants in Pain Medicine;
- Clinical Director/Lead Clinician for Pain Medicine;
- The local Pain Medicine Programme Director (if applicable);
- The chair of the local training committee in Pain Medicine (if applicable).

The Medical Director should endorse the appointment. In the event of any concerns about the appointment process, the applicant should approach the Faculty centrally.

The Person Specification is available in the appendix attached to this document.

#### **Terms of appointment**

3 The term of service is 3 years which can be extended, upon satisfactory completion of the first term, by the RAPM in liaison where necessary with the Faculty.

#### **Time to discharge duties**

4 The Faculty of Pain Medicine recognises and records its appreciation to the LPMESs and to those employers who allow time for the extraordinary efforts that many LPMESs undertake. These efforts accord with advice from the Chief Medical Officers and the General Medical Council. The RCoA endorses accountability to the employer for time allocated to Supporting Professional Activities and urges employers to recognise that LPMESs ordinarily spend a great deal of their own time discharging their duties towards Higher and Advanced trainees. Applicants for the post of LPMES are urged to be sure of the support of their employers.

## **General roles and responsibilities of Local Pain Medicine Educational Supervisors in Pain Medicine**

5.1 The LPMES has a responsibility to provide a comprehensive training programme as detailed within *The CCT in Anaesthetics*, with the emphasis on education and clinical experience. The LPMES will therefore need to maintain close links with the trainee.

5.2 The LPMES will be responsible for maintaining close links with the RAPM and must be able to provide the RAPM with information about the progress of trainees in post.

5.3 The LPMES must ensure that regular formative assessment (educational and developmental assessment) takes place, and that there is a summative assessment when Intermediate, Higher or Advanced Pain Medicine modules are taking place in their establishment

5.4 For Higher and Advanced pain medicine training, the trainee will be expected to have drawn up objectives for training with the RAPM. It is the duty of the LPMES to ensure that whilst in their institutions the trainee is working towards these objectives.

5.6 The LPMES should monitor the degree of supervision, the experience and workload of the trainee, and ensure that the trainee's learning activities take place inside appropriate learning modules and service commitments.

5.7 The LPMES should co-ordinate the regular assessment, duties, on-call and study time of the trainee, ensuring that appropriate study leave is allocated.

5.8 The LPMES should ensure that the trainee's portfolio is accurately and contemporaneously completed, and that pain medicine training is supervised and properly documented.

5.9 The LPMES should provide guidance where appropriate for trainees and others preparing for the College and/or Faculty examinations. The current versions of the exam regulations, training manuals and exam calendars for these exams are available on the RCoA website and FPM webpage.

5.10 Trainees should be supervised in all their clinical activities; supervision should also extend to audit, research and record keeping. This can include providing, or asking others to provide, guidance for trainees professional development, advising trainees to prepare their portfolios and logbooks and to complete competency assessments. The level of supervision will vary depending on the experience of the trainee.

5.11 It is not expected that the LPMES will personally deliver all aspects of training and supervision that are listed below, but rather that they will ensure that training is properly organised, actually happens and is accessible to the trainees. The LPMES should gain assistance from all other consultant colleagues who will be involved directly with pain medicine training and who will be supervising the trainees. The LPMES should draw on other colleagues' expertise, knowledge and enthusiasm to provide training and assessment, including consultants and Staff and Associate Specialists. The LPMES should provide the organisational framework for educational activities and act as a role model.

5.12 The LPMES may wish to undertake additional training in aspects of medical education, especially in appraisal and assessment for which they have to carry particular responsibility in the competency-based training programme.

5.13 The LPMES should act to represent the Faculty, by dissemination of information to trainees, colleagues, and appropriate Trust senior management. The LPMES should also be the Faculty's link with the hospital; and should attend, and contribute to, meetings of the local Pain Training Advisory Group (PTAG).

5.14 The LPMES is expected to assist the RAPM in monitoring quality of training and training centres within the region. The LPMES should engage with the Faculty's Quality Assurance procedures, including completion of Hospital Review Forms and providing information as required for Bi-Annual Reports.

5.15 The LPMES should ensure they have no restrictions or warnings against practicing medicine within the UK (for example with the GMC).

## **Appendix: Person Specification**

Applicants for LPMES positions should be able to demonstrate:

- Enthusiasm to support trainees in the changing environment of healthcare delivery.
- Experience of teaching and training colleagues gained as a trainee or consultant.
- Support from their consultant colleagues.
- Support from their employer.
- A willingness to work with the local consultants, the Trust and the local training structure.
- A familiarity with the FPM training curriculum and the wider RCoA CCT in Anaesthetics and a willingness to apply it to developmental work in the local Trust.
- A familiarity with methods of assessment and willingness to participate in the ARCP process.
- An ability to supplement personal knowledge by using local support and guidance from colleagues to shoulder burdens and duties.

### ***Desirable***

- Fellowship (FFPMRCA), Diplomate Fellowship (DFPMRCA) or Associate Fellowship of the Faculty of Pain Medicine.