



**FACULTY OF  
PAIN MEDICINE**  
of the Royal College of Anaesthetists

# **THE PROVISION OF HIGHER AND ADVANCED TRAINING IN PAIN MEDICINE**

**A Guide for Regional Advisors, Trainers and Trainees**

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## INTRODUCTION

This document provides guidance for pain management units or training programmes that wish to provide higher and advanced training of anaesthetists in Pain Medicine. These standards must be applied in accordance with the criteria for competency based training as published in the current version of *CCT in Anaesthetics* (<http://www.fpm.ac.uk/faculty-of-pain-medicine/training-examination-and-assessment>).

It is essential that the arrangements for those trainees seeking advanced training do not detract from the training in Pain Medicine that must be provided for all trainee anaesthetists at various times in their training. Interpretation of these recommendations should be supplemented by advice from the Regional Advisor in Pain Medicine (RAPM). The administrative department of the Faculty of Pain Medicine (FPM) will be happy to advise and clarify any circumstances not addressed by this document.

### General Principles:

- 1 The training programme must be accommodated within a School(s) of Anaesthesia.
- 2 A Higher training module in Pain Medicine must be completed before undertaking Advanced Pain Medicine training. This may occur in a centre offering the facilities required for Advanced training but other centres that currently only offer Intermediate pain training may also be suitable. The higher pain rotation can be between one to three months' duration but must be a minimum of twenty sessions. It is recommended that a substantially greater number of sessions are achieved when higher pain training is undertaken solely for the purpose of pursuing a Consultant Anaesthetist post with a special interest in Acute Pain Medicine (and the trainee does not wish to undergo advanced training in Pain Medicine).
- 3 Advanced Pain Medicine training programmes are competency based but it is recommended that the programme should provide twelve months of training. Ideally this period should be continuous but in special cases (for example in the event of illness or maternity leave) may be completed in separate modules with the minimum acceptable continuous period being six months. Special arrangements must be made for trainees in less than full time training posts, so that their equivalent training can be accomplished within an acceptable time-frame.
- 4 It is essential that trainees undergoing higher and advanced pain training spend the entirety of their day time training in Pain Medicine only. Where trainees are required to contribute to an anaesthetic on call rota this should be no more onerous than a one in eight (1:8), and it is recommended that the rota pattern is planned to allow maximum day time exposure to training in Pain Medicine. Trainees should not participate in any weekday daytime anaesthetic on call or elective anaesthetic commitments during their period of pain training, unless there are extenuating circumstances, for instance in the event of a major incident.
- 5 A Local Pain Medicine Educational Supervisor (LPMES) with an appointment and

appropriate experience in Pain Medicine must be assigned to the trainee for the duration of training. They must have sufficient recognised time in their job plan allocation of Supporting Professional Activities to allow them to provide such training.

- 6 Where advanced pain trainees rotate between several sites for their training, the RAPM must oversee their progress on at least a six monthly basis, but may delegate interim assessments to local supervisors (LPMES).
- 7 Each training post must have a well-defined training programme with clearly stated learning aims and objectives that cover the advanced training competencies throughout the whole training period.
- 8 The trainee is expected to have formative assessment of training at intervals, further details can be found at: <http://www.fpm.ac.uk/faculty-of-pain-medicine/training-examination-and-assessment/assessment>.

## 1 ORGANISATION OF PAIN SERVICES OFFERING PAIN MEDICINE TRAINING

- 1.1 Pain services running training programmes must provide a multidisciplinary based pain management service that meets the standards set in the *Core Standards for the Provision of Pain Management Services in the UK*.
- 1.2 Where more than one hospital or pain centre combines to create a comprehensive training programme, all the competencies outlined in the training curriculum must be achievable across the various sites within the allotted training time. On a triennial basis The Faculty of Pain Medicine (FPM) will ask RAPMs to review all centres in their region that provide APT and complete Hospital Review Forms for each site. The information collected shows prospective trainers, trainees and consultants the training opportunities that are available in each region and ensures that the training posts meet necessary standards. Advanced pain training summaries for each region can be found on the FPM website.
- 1.3 Where the training occurs in more than one hospital, the training centres together must offer a comprehensive training programme which meets all the requirements of the curriculum. The RAPM is responsible for ensuring that a comprehensive training programme is provided.
- 1.4 Advanced training programmes must provide the trainee with access to local or regional pain management programmes.
- 1.5 At least one of the training centres must provide training in cancer pain and have links to a palliative care service. As a minimum recommendation, trainees are expected to spend sixteen sessions in cancer pain management. Trainees are expected to acquire core knowledge, skills and attitudes to enable them to assess patients who may need specialist cancer pain management, make timely and appropriate referrals for this type of care and provide immediate management of patients with cancer pain whilst they are waiting for specialist pain management.
- 1.6 Local or regional sub-specialist modules, including paediatric medicine and implantation of spinal cord stimulators and intrathecal drug delivery systems, should be available to advanced Pain Medicine trainees at a level required to support their training needs. Up to three months of advanced training in Pain Medicine may be dedicated to a subspecialty in a tertiary centre. The training provided would be over and above the core competencies a trainee training in advanced Pain Medicine would be expected to achieve. (Curriculum ref: PM\_AK\_06, PM\_AK\_07, PM\_AK\_09, PM\_AK\_11). It is not expected that trainees will be independently competent in these sub-specialties within their twelve month training time – further post-CCT training will be necessary.
- 1.7 In each centre involved in the advanced Pain Medicine training programme there should be a well-defined weekly timetable in which the day to day training opportunities are clearly apparent.
- 1.8 There should be regular scheduled teaching sessions in addition to the interdisciplinary case conferences, morbidity and mortality sessions and clinical audit. These teaching

sessions may include journal clubs, topic review or guest lectures.

- 1.9 The main centre must offer an active programme of teaching in Pain Medicine for undergraduate and postgraduate students (medical, nursing and allied healthcare professionals). Trainees should be encouraged to contribute to teaching and contributing and/or organising such programmes.
- 1.10 Formal teaching of higher and advanced pain trainees may be open to trainees in neighbouring regions. Trainees should also be encouraged to regularly review the FPM website and the trainee newsletter to keep up to date with any training issues and educational resources.
- 1.11 The main pain management facility should have permanent accommodation that includes designated office space for the secretarial, administrative and other support staff.
- 1.12 Appropriate rooms for consultation and treatment must be available.
- 1.13 In those centres undertaking more complex interventional Pain Medicine, in-patient beds should be available for patients who require admission under the care of the Pain Management Team. Normally such beds should be located on a ward where the nursing staff are familiar with the management of these patients. If designated inpatient beds for Pain Medicine are not needed then there must be a satisfactory arrangement for admitting patients into other beds when appropriate.
- 1.14 Adequate workstation/desk space and communications/IT provision should be provided to trainees. This is particularly important to allow access of patient records, results, imaging and investigations.
- 1.15 There should be library facilities.

## 2 CORE STANDARDS FOR TRAINING CENTRES

- 2.1 The pain service must be conducted in accordance with the General Medical Council's principles of good medical practice and the *Core Standards for the Provision of Pain Management Services in the UK*.
- 2.2 A service providing training in Pain Medicine must be multidisciplinary and multi-professional - Consultant Anaesthetist led, and include nurses, psychologists, physiotherapists, occupational therapists and ancillary staff, able to deliver pain management required in a timely and efficient manner.
- 2.3 The overall clinical workload of the pain management service would be expected to be large enough to provide a breadth and depth of clinical experience sufficient to meet the learning needs of the intermediate, higher and advanced pain trainees that it supervises.
- 2.4 The training centre(s) should cumulatively achieve a minimum of 300 new cases each year; there should be a minimum of five (5) outpatient consultant half day sessions per week within the pain service devoted to Pain Medicine consultations and treatments. Total therapeutic interventions should be at least 500 per year. It would be expected that for acute post-operative pain there would be a minimum of 200 new patients managed by the service per annum with daily nurse or doctor led acute pain in-patient rounds per week. Where a training centre has more than one advanced pain trainee per year there must be sufficient cumulative cases to fulfil the training requirements of each trainee and sufficient monitoring of clinic timetables and on call commitments to facilitate this.
- 2.5 There must be supervision and training available throughout the whole working week. Initially very close supervision will be needed and as competencies develop more independent working should be possible. However trainees must always be able to access support from their supervisors.
- 2.6 The majority of the consultant sessions should be provided by a minimum of two (2) different consultant anaesthetists who have a substantial sessional commitment to Pain Medicine.
- 2.7 Trainees are encouraged to attend Consultant sessions in other specialties such as, neurology, orthopaedics, rheumatology, rehabilitation medicine and psychiatry in recognition of the multi-disciplinary working essential in the management of patients with complex chronic pain. These sessions should however not exceed more than twenty percent of the overall numbers of training sessions. The LPMES and/or RAPM should ensure that these Consultants in other specialties are familiar with the aims and objectives of advanced training of anaesthetists in Pain Medicine.
- 2.8 If specialised procedures such as intrathecal drug delivery, complex spinal procedures and spinal cord stimulation are not performed in the institution, then there must be an opportunity for the trainee to gain core knowledge of these techniques in another institution.
- 2.9 Clinical input to the pain service from a psychologist with expertise in Pain Medicine is

essential; there should be an appropriate number of identified sessions for this input. This may vary if there are a number of hospitals providing training, but should be a significant aspect for at least 3 months of training. Each trainee is expected to participate in a Psychologist led pain management programme. If the service does not have a pain management programme, then there must be a guaranteed opportunity for the trainee to participate in a pain management programme in another institution.

- 2.10 Specialist nurses provide an integral part of both outpatient chronic pain services and acute in patient pain services.
- 2.11 Pain Management Services (and programmes) must have a rehabilitative focus and must include a Health and Care Professionals Council (HCPC) -registered Physiotherapist within the multidisciplinary team.
- 2.12 It is recommended that there should be an HCPC-registered occupational therapist with specialist experience in pain management employed within a pain management service.
- 2.13 Training centres should have collaborative pathways with various mental health teams, including liaison psychiatry, substance misuse teams, old age psychiatry and community mental health teams.
- 2.14 There must be provision of diagnostic services e.g. laboratory, radiology and neurophysiology.
- 2.15 There must be links with necessary clinical support services including social services, pharmacy, medical physics and orthotics.
- 2.16 There must be full time secretarial, administrative and clerical support staff. Adequate IT support is essential. Access to provision of up-to-date patient notes/records is imperative.
- 2.17 The configuration of existing services may well be variable and a reflection of differing local needs, support and infrastructure as well as variation in practice. However, there must be a well-defined management structure for the pain service.
- 2.18 Regular multidisciplinary case conferences and clinical review sessions must occur to formulate management plans and review the progress of individual patients.
- 2.19 The pain service should document and respond to critical incidents and must be able to demonstrate that risk management strategies are in place.
- 2.20 Audit must occur regularly and adequate records should be kept of audit meetings and outcomes.