



# FACULTY OF PAIN MEDICINE

of the Royal College of Anaesthetists

## Hospital Review Form

**Hospital Name:**

**Region:**

**Version 3 May 2022**

*Terminology updated to Faculty Tutor (Pain) June 2020*

# 1 HOSPITAL DETAILS & TRAINING PROGRAMME

**Hospital Name**

**Address  
(including postcode)**

**Telephone Number**

**Telephone Number  
(Pain Service)**

**Regional Advisor  
Pain Medicine**

**School of  
Anaesthesia**

**Regional Advisor  
Anaesthesia  
(name & email)**

**College Tutor  
(name & email)**

**Is this the main hospital at which SIA in pain medicine would be based?**

**Yes**

**No**

**If you've ticked no, please provide the name and address of the main hospital below:**

**If you are the main hospital, please provide the names of other hospitals involved in the training programme:**

## 2 REGIONAL SPECIALITIES

Please indicate if any of the services below are available at your hospital:

If they are available at other sites as part of your training programme, please provide details in the text box.

Musculoskeletal                      Yes    ☐                      No    ☐

PMP/Psychology                      Yes    ☐                      No    ☐

Cancer pain                      Yes    ☐                      No    ☐

Palliative Care Unit                      Yes    ☐                      No    ☐

Neurosurgery/Neurology                      Yes    ☐                      No    ☐

Paediatric Pain                      Yes    ☐                      No    ☐

Rehabilitation                      Yes    ☐                      No    ☐

Specialised Modules (if any)                      Yes    ☐                      No    ☐  
please provide details:

Please indicate any other sites at which these services are available:

What stage of pain training is delivered at your hospital?

Stage 1                      ☐

Stage 2                      ☐

Stage 3                      ☐

SIA in acute inpatient pain

### 3 PAIN MEDICINE SERVICE: MEDICAL STAFFING

### 3.1 Consultant staff

Complete for all Consultants with some or all day-time PAs exclusively devoted to Pain Medicine.

NAME	PARENT SPECIALTY	QUALIFICATIONS	PAIN PAs/WEEK

3.2 Consultant PAs for pain medicine per week

3.3 What is the on-call commitment associated with the trainee post? Is it anaesthesia or pain medicine?

3.4 Are out patient services delivered (please tick those that apply):

Face-to-face only ☐

Virtually / by telephone ☐

Hybrid ☐

### 3.5 SAS staff

Complete for all SAS staff with some or all day-time PAs exclusively devoted to Pain Medicine.

NAME	GRADE	PARENT SPECIALTY	QUALIFICATIONS	PAs/WEEK

3.6 SAS grade sessions for pain medicine per week

### 3.7 Other staff

Please complete giving numbers for all clinical non-medical staff of the pain medicine service not mentioned above e.g. Specialist Nurses, Psychologists, Physiotherapists, Pharmacists, Occupational Therapists, etc.)

NUMBER OF STAFF e.g. Specialist Nurse, Physiotherapist etc.	PARENT SPECIALTY	QUALIFICATIONS	SESSIONS/WEEK

## 4 INFORMATION RELATED TO THE PAIN MEDICINE SERVICE

### 4.1 Clinical activity

ACTIVITIES	NUMBER
Outpatient consultation sessions (consultant)	
Treatment ( <b>theatre sessions</b> ) sessions per week	
Treatment ( <b>Outpatient Clinic</b> ) sessions per week	
Number of treatment sessions with dedicated image intensifier and radiographer available	
Number of treatment sessions with dedicated Ultrasound Guidance	
Please list the procedures frequently carried out (attach separate sheet)	
Inpatient beds - available solely for pain medicine	
Inpatient Ward rounds per week medical	
Inpatient Ward rounds per week nursing	

### 4.2 Does the Pain Medicine Service have the following facilities?

FACILITIES	'Y' OR 'N'
Separate office accommodation	
Access to library with up-to-date pain therapy texts and journals	
Trainee's office with dedicated facilities for IT and internet access	
Consultant and SAS doctor office(s)	
Administration staff (state whole time equivalents)	
Clerical staff (state whole time equivalents)	

Secretarial support (state whole time equivalents)	
Audit assistant/clerk (state whole time equivalents)	
Research Department	

### 4.3 Does the Pain Medicine Service have?

FACILITIES	N/A or DETAILS
Pain Management Programme (give details) No of sessions per year	
Patient Support or Education Groups (give details)	
Written protocols used in the Pain Medicine Service (give examples )	
Written protocols or guidelines for general practitioners (give examples )	
Patient information material (give examples)	

## 5 FACILITIES FOR TRAINING AND EDUCATION

Does the Unit have the following? (PLEASE NOTE: Additional questions in the table)

FACILITIES	Y/N	DETAILS (if applicable)
Nurses with higher qualification relevant to Pain Medicine (state qualification in each case)		
Access to radiation safety training		
Formal teaching sessions (state duration and number per week)		
Audit meetings (state frequency)		
Regular case discussion/MDT and/or journal review meetings (state frequency & type)		
Library facilities		

Internet Access		
A role in training of medical students		
A role in the training of nursing students & other healthcare professionals		
A role in the training of other healthcare professionals		
An on-going program of research into the mechanisms or management of pain (provide details)		
Joint clinics with other specialties (provide details)		

## 6 CURRENT PAIN TIMETABLE OF THE DEPARTMENT

Please attach as a separate sheet or expand this table if necessary

		MON	TUES	WED	THURS	FRI
Clinics/Lists/MDT's						
AM						

PM						

Are trainees guaranteed protected sessions in the pain medicine unit?

Yes

No

## 7 STATISTICAL INFORMATION FOR THE PAIN SERVICE

7.1 Is the Unit linked to the Hospital Information System?

Yes

No

7.2 Do you produce an annual report or report of statistical information?

*If yes, please attach a recent copy or the relevant part of your business plan.*

☐ Yes

☐ No

7.3 How many referrals to your service have there been in each of the last three years?

YEARS	ACUTE PAIN	CHRONIC PAIN	CANCER RELATED PAIN

7.4 Review of the last 12 months

IN THE LAST 12 MONTHS ...	
How many nerve blocks were performed for chronic pain or cancer related pain in your Unit?	
How many neuroablative procedures (e.g. chemical, cryotherapy or radio frequency) were performed in your Unit?	



How many neurosurgical procedures (e.g. percutaneous cordotomy) for pain were performed for patients from your Unit?	
How many spinal drug delivery systems were implanted for patients from your Unit?	
How many SCS systems were implanted for patients from your Unit?	
How many patients from your unit attended a pain management programme?	
How many patients had individual psychology from your unit?	

## 8 AVAILABILITY OF OTHER SERVICES

(PLEASE NOTE: THIS IS FOR INFORMATION ONLY AND WILL NOT EFFECT YOUR TRAINING PROGRAMME APPROVAL)

FACILITY	ON-SITE (Y or N)	ELSEWHERE (give location)	AVAILABILITY (immediate, 24hr etc.)
Pathology services			
Imaging services Isotope scans CT MRI Ultrasound PET scan			
Neurophysiology Nerve conduction studies/ electromyography Microneurography			
Pharmacy: Pain clinic pharmacist Pharmacist ward rounds			
Physiotherapy:			
Medical engineering			
Chaplaincy			
Occupational therapy			
Social work			
Medical appliances			
Prosthetics			
Chiropody/podiatry			
Dietetics			

Interpreter services			
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## 9 MANAGEMENT OF PAIN SERVICES

9.1 Lead Consultant responsible for inpatient pain service (name & email)

9.2 Lead Consultant responsible for chronic pain service

9.3 Lead Consultant responsible for audit in Pain Medicine Unit

## 10 DECLARATION

10.1 Name of Faculty Tutor (Pain)

10.2 Signature of Faculty Tutor (Pain)

10.3 Date declaration signed

10.4 Email address