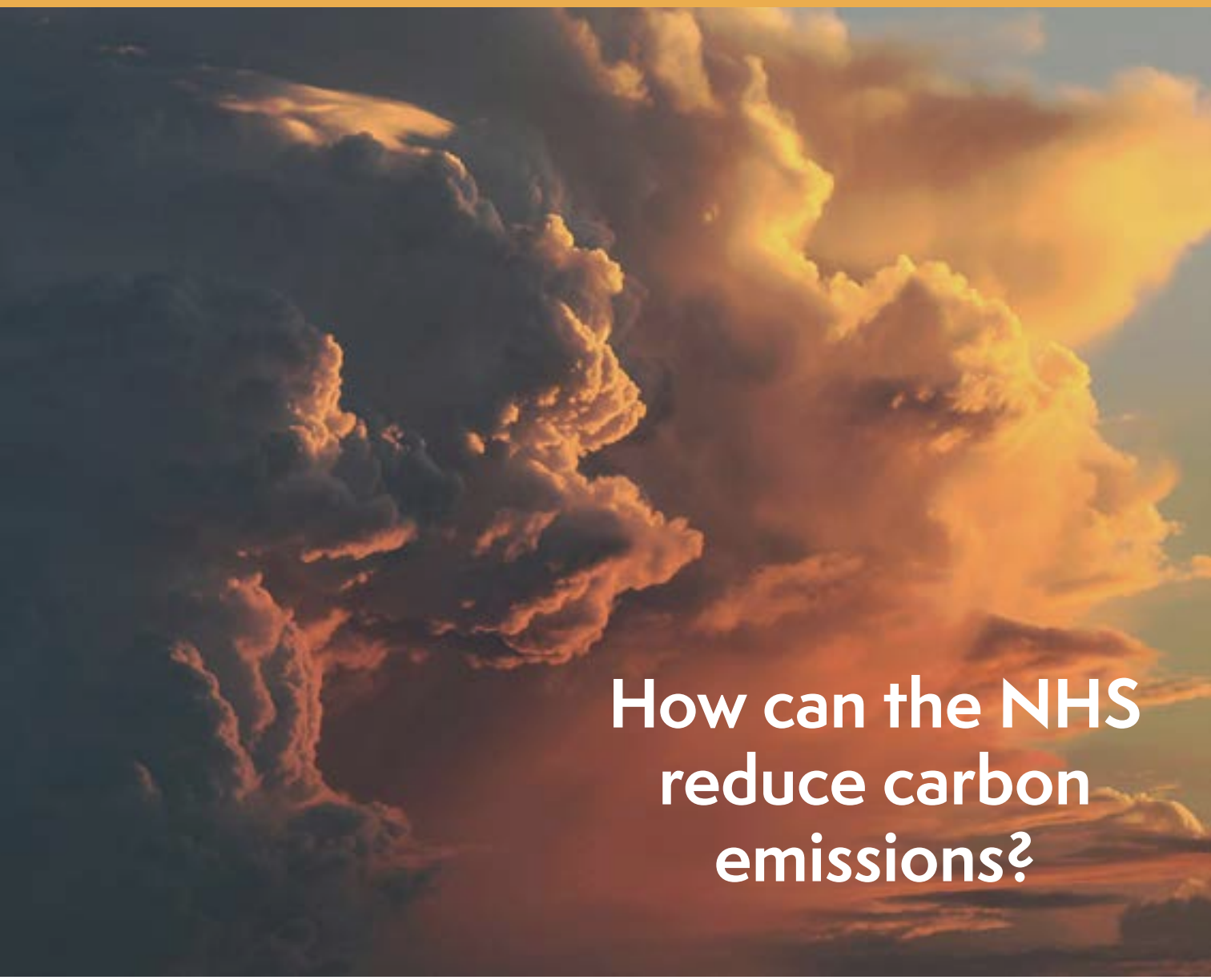
FACULTY OF PAIN MEDICINE
of the Royal College of Anaesthetists

SPRING 2024

TRANSMITTER

THE MEMBERSHIP MAGAZINE FOR THE FACULTY OF PAIN MEDICINE ISSUE 29



How can the NHS reduce carbon emissions?

GREEN OPERATING DAY

UK PAIN MESSAGES

COMMUNICATION SKILLS COURSE

e-PAIN

e-Learning for Pain Management

www.fpm.ac.uk/e-pain

e-PAIN is a free educational resource uniquely distilling leading professional expertise in UK Pain Management into 12 accessible modules

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Pain as a Long Term Condition
Treatments and Therapies
Pain Conditions Around the Body
Musculoskeletal
Neuropathic Pain
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Pain in Older People
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If you have any queries, please e-mail: ***contact@fpm.ac.uk***

Faculty of Pain Medicine Study Day

Neuropathic Pain

BOOKINGS NOW OPEN!

Friday 28 June 2024

Location: RCoA & Online

09:20	**Welcome**	Dr Dev Srivastava
09:30	Science of Neuropathic pain [Definition, classification and assessment] - *online*	Dr Jan Rosner *(Aarhus University)*
10:10	Population Burden of neuropathic pain in the UK	Dr Georgios Baskozos *(Nuffield Department of Clinical Neurosciences)*
10:50	QST and neurophysiological/brain imaging findings in neuropathic pain	Dr Andrew Marshall *(University of Liverpool)*
11:30	**Tea break**	
11:10	Clinical assessment and Medications Management of neuropathic pain	Prof David Bennett *(Nuffield Department of Clinical Neurosciences)*
11:50	Neurosurgical Management of Trigeminal Neuralgia	Mr Jibil Farah *(The Walton Centre)*
13:15	**Lunch break**	
14:00	Surgical management of peripheral nerve injuries	Dr Hunter Schone *(NationaL Institute of Mental Health, Bethesda, USA)*
14:40	Assessment and management of peripheral neuropathic pain	Dr Sumit Gulati *(The Walton Centre)*
15:20	**Tea break**	
15:35	Assessment and management of painful diabetic neuropathic pain	Dr Uazman Alam *(University of Liverpool)*
16:15	Efficacy of spinal cord stimulation in post spinal surgery neruopathic pain management - *online*	Dr Manohar Sharma *(The Walton Centre)*
16:55	**Discussion, feedback and closure**	

PRICES

Fellows & Members: £220 / £135 online
Trainees & Nurses: £165 / £105 online
Non Members: £275 / £175 online
Senior Fellows & Members: £110 / £70 online
Student & Foundation: £55 / £45 online

Face to face

5 CPD points

www.fpm.ac.uk/events

Please note that programme and timings may be subject to change.

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This and back issues available online at **www.fpm.ac.uk**

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Managing Editors: Mr James Goodwin, Ms Anna Ripley

Coordinated by: Ms Claudia Ott

Dean: Dr Lorraine de Gray

Vice Dean: Dr Ganesan Baranidharan

Dr Shiva Tripathi
Clinical Editor

WELCOME

I am deeply honored and excited to extend a warm welcome to you all, in my role as the new Clinical Editor of *Transmitter*.

I would like to thank Dr Manohar Sharma who was in this capacity for several years and has taken the role of the Chair of the Professional Standards Committee.

Since the last edition of *Transmitter*, the Royal College of Anaesthetists has published the inpatient pain chapter in the 2024 *Guidelines for the Provision of Anaesthetic Services* (GPAS) and the NHS England National Patient Safety Team has instructed all relevant NHS health providers to transition to NRFit™ connectors for all intrathecal and epidural procedures, and delivery of regional blocks by 31 January 2025. The Board of the Faculty under the guidance of Dr Lorraine De Gray and Dr HooKee Tsang is working hard to sort out the finer details of credential in specialist Pain Medicine. I would recommend the readers to have a look at the FPMLearning webpage: Case of the Month, Radiology Corner and the Recommended Reading section represent useful resources for pain clinicians and anyone interested in learning more about Pain Medicine.

The Faculty's Acute/In hospital Pain Study Day held under the supervision of Dr Dev Srivastava and Dr Sumit Gulati was a huge success. The team has decided to merge the acute and chronic pain study days to improve dialogue and collaboration within colleagues interested in pain management. Environmental sustainability, preserving air quality, safeguarding public health and reducing pollution-related illnesses, can be achieved by reducing greenhouse emission. A step taken in this direction by the North Bristol NHS Trust is described by Dr Sarah Love-Jones in the first of two articles. The first course on communication skills for pain management clinicians to foster behaviour change and reduce confrontation was organised earlier this year by Dr Helen Makins, Dr Alistair Dodds and Dr Sheila Black. The plan is to make this an annual event.

I invite you, our esteemed readership, to actively engage in the exchange of best practices, and clinical experiences of tackling complex challenges through *Transmitter* and the Faculty's webpage. Your perspectives, questions and insights are invaluable in shaping the discourse surrounding pain management and driving meaningful progress in our field. I would also like to express my gratitude to the dedicated team behind the scenes who work tirelessly to bring this magazine to life.

Shiva Tripathi

Dr Lorraine de Gray
FPM Dean

MESSAGE FROM THE DEAN

Being Dean of the Faculty of Pain Medicine is a great privilege and responsibility. Leadership requires the capacity to translate a vision into reality. It also requires the skill of working with other likeminded individuals to drive this vision and empower others.

Although the prime objective of the Faculty of Pain Medicine is the training, assessment, practice and continuing professional development of specialist medical practitioners in the management of pain in the UK, in the past months I have also been working closely with Professor Roger Knaggs, President of the British Pain Society to drive a shared vision: to upskill the entire NHS clinical work force in managing pain. We wish to see every single health professional that encounters anyone suffering from pain being able to recognise, acknowledge and signpost that person to appropriate help.

Four Nation Pain Strategy

The NHS is ill-equipped to deal with pain, be it acute or chronic. In 2022, the FPM published the *Four Nation Pain Strategy* (www.fpm.ac.uk/four-nation-strategy-pain-management) aimed at developing an overarching framework where pain management integrates across other stakeholder sectors of both health and social care. The framework aims to coordinate, deliver, and develop care using the resources and pathways already available whilst supporting future quality service developments. Key components of this strategy include collaborative multidisciplinary working encompassing community, primary, specialist, mental health, peer, and social care services with a common goal to

- Support and develop measures to prevent chronic pain
- Comprehensively manage pain wherever it presents
- Ensure equitable and early access

Our shared vision addresses these key components — it would lead to any person experiencing pain receiving prompt assessment and management of their pain, including a personalised care approach aimed at improving a person's ability to function and have a good quality of life despite their pain. This would occur in a seamless way across the health and social care infrastructure.

Training professionals

We need to train all health and social care professionals to recognise and assess pain. We need to train to different levels of expertise including mandatory basic pain management as a minimum to different tiers of training including enhanced practitioner, advanced practitioner, and specialist level. Each type of health professional should bring in their specific expertise, but also the ability to work in a multidisciplinary holistic manner. We are working closely with the NHS Statutory Bodies to drive this forward and have recently had a meeting with Professor Whitty, Chief Medical Officer, making a case for the need for the NHS to invest in pain management and for NHS England to appoint a National Clinical Director for Pain Management in line with NHS Scotland and NHS Wales. In months to come, I hope to be able to update you further on this important project.

I would like to end this update with a quote from Dr Benjamin Ellis, consultant rheumatologist and senior policy advisor for Arthritis UK: "Health professionals need to learn to have different kinds of conversations that create time for people with chronic pain to speak and be heard [...] Not all patients require a medical model and health professionals need to support people living with chronic pain to make the changes they need to live the life they want to lead [...] We need to care rather than provide care. And rather than trying to 'fix' people with chronic pain we can instead steadily swim alongside, giving people the support, they need."

FACULTY UPDATE

New Fellows by Examination and Assessment

Eireann Allen
Mohamed Attia
Thomas Bloomfield
Catherine Ann Cashell
Shirjeel Chaudhry
Thomas Craig
David Cronin
Harriet Daykin
Angela Deeley
Ram Dhotarkar
Aaron D'Sa
Alexandra Greene
Nicholas Fry Heseltine
Rhyall Hughes
Ramkumar Kalaiyarasan
Imran Khan
Seung Cheol (Paul) Kim
Yuvraj Kukreja
Hayun Lee
Kiran Nadiger
Robert Penders
Mehul Raithatha
Neil Roberts
Samina Shah
Harry Soar
Matthew Stubbs
Nishit Sud
Muhammad Tahseen Talib
Victoria Winter

New Affiliate Fellows

Chinmay Patvardhan
Ahmed Salama
Jane Elizabeth Sturgess
Supriya Antrolikar
Sara Margaret Catherine Kelly
Gary James Gutteridge

New Associate Fellow

Rahul Guru

New Affiliate

Kiran Nadiger
Jerry Joel
Matthew Day
Umar Farooq

FPMLearning

FPMLearning is an open resource for all learners in Pain Medicine. Updated every month, it provides a variety of teaching materials including Case of the Month, Recommended Reading and Radiology Corner.

www.fpm.ac.uk/fpmlearning

NORTH BRISTOL NHS TRUST GREEN OPERATING DAY— PART I

Dr Sarah Love-Jones
Consultant in Pain Medicine and Anaesthetist
North Bristol NHS Trust

This is the first of two articles describing how North Bristol NHS Trust's (NBT) Pain and Neurosurgery team at Southmead Hospital delivered a 'green' operating day to reduce carbon emissions, in what is believed to be a sustainability first for the NHS. This part will describe the conception and process of the day, the second part will calculate the costs and savings made.

The NHS accounts for 4% of the UK's total carbon footprint and 50-70% of total hospital waste comes from operating theatres. With climate change being such a vitally important issue, and with the NHS nationally focused on delivering net zero carbon emissions, the team devised a one-day trial, run simultaneously across all neurosurgical/ Pain theatres to see how sustainably they could run their operating list.

Reducing carbon footprint

On 13th February 2024, after the culmination of months of planning and collaboration between the operating theatre staff Pain Team, Neurosurgery and NBT's Sustainability team – a group of roughly 30 of us ran a carbon neutral theatre day implanting patients with spinal cord stimulators and two spinal lists. In collaboration with Abbot Medical the SCS devices were transported to the UK in a carbon neutral manner.

Instead of air transport, the devices were transported from the depot in Belgium by electric car, a ferry to Dover, electric car to Maidenhead and then cycled to Bristol by a team of seven Abbot staff and reps.

On the day there were three lists including the SCS list and three other neurosurgical lists. Staff at NBT made a series of behavioural and operational changes to the way they work to reduce the department's total carbon footprint. Some of the measures they took were switching to reusable equipment, minimising unnecessary energy and water usage, and giving patients the option of remote follow-up after surgery.

The changes didn't just apply to the theatres — staff used sustainable transport to get to work such as car sharing, cycling, walking or taking the bus, and ate plant-based meals whilst onsite. Staff who participated say the changes led to greater efficiency on the day and are looking to make some of them more permanent.

NHS Greenhouse Gas Protocol

In 2008 the Climate Change Act set national targets for the reduction of carbon emissions in England, against a 1990 baseline. Since then, the NHS has been working to deliver on these targets, most closely approximated by the NHS Carbon Footprint. These targets do not, however, cover the full scope of emissions from the NHS. The Greenhouse Gas Protocol (GHGP) scopes cover wider set emissions, and support international comparison and transparency.

However, there are still some emissions that fall outside these scopes. As agreed with the NHS Net Zero Expert Panel, the NHS will also work towards net zero for a NHS Carbon Footprint. That includes all three of the scopes above, as well as the emissions from patient and visitor travel to and from NHS services and medicines used within the home (see Figure 1).

NHS Greenhouse Gas Protocol (GHGP) scopes

- **GHGP Scope 1:** Direct emissions from owned or directly controlled sources, on site
- **GHGP Scope 2:** Indirect emissions from the generation of purchased energy, mostly electricity
- **GHGP Scope 3:** All other indirect emissions that occur in producing and transporting goods and services, including the full supply chain.

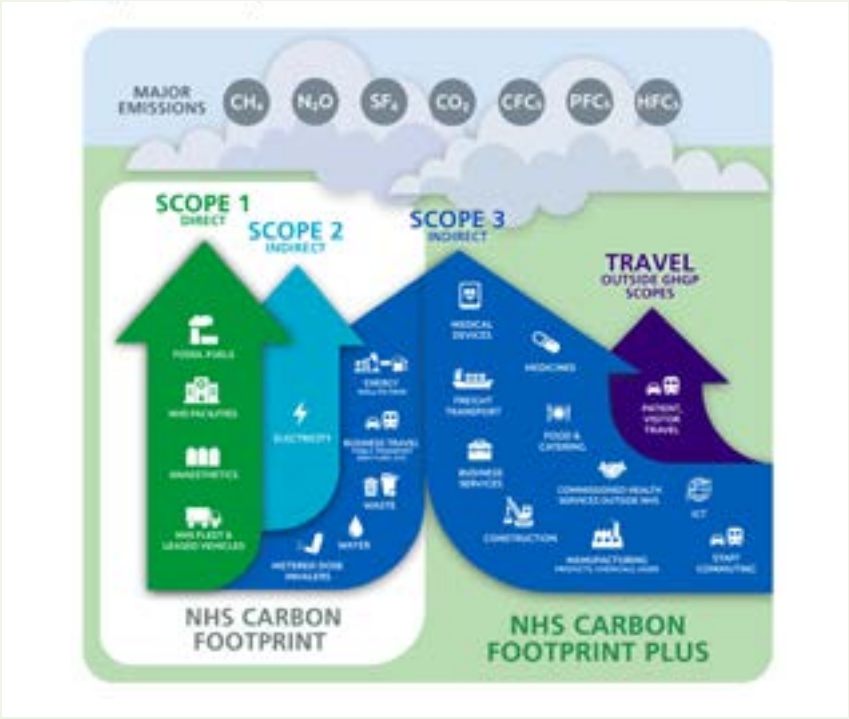


Figure 1: *NHS Greenhouse Gas Protocol*

The issue

Theatres are one of the most carbon intensive divisions in NBT due to the equipment, devices and consumables purchased, the use of anaesthesia, the waste produced, the energy consumed and the distance travelled by staff, patients and visitors for business and appointments. The pain and neurosurgery teams recognised their contribution to our carbon footprint and environmental impact and had a strong desire to take effective action to reduce it.

Up until this project no neurospinal/pain theatres have attempted to carry out a net zero carbon surgery. The lack of real-life examples and research into whether a net zero surgery is possible, led the NBT team to embark on an ambitious challenge to hold a 'Green Operating Day'.

The solution

The teams defined the scope of the carbon footprint and identified appropriate cases. The baseline carbon footprint was calculated for five procedures including SCS implants and an action plan was created, aligned to the Intercollegiate Green Theatre Checklist. In preparation for the day there were some practice runs of the green cases. Green kit lists were created to slim down instrument kits, reducing the overall number of instruments and sets used, reducing the need for sterilisation. Core instruments were sourced from redundant sets so nothing new was purchased. Disposable drapes, gowns and trolley covers were switched to reusable linen and most staff wore cloth theatre hats. Non-sterile glove use was kept to a minimum after

finding gloves were removed and changed too frequently on the same patient. Pre-assembled packs were replaced with minimal supplementary items such as swabs, blades, sutures etc. and fewer disposable sets were made available to minimise consumables. Where safe to do so, anaesthetists reduced cannulation to one per patient, fluids were warmed without a warming coil, temperature probes were not used and bear huggers were replaced with blankets.

Water hand washes were reduced to one a day per staff with subsequent hand decontamination being undertaken with Sterillium. Hand wash taps were turned off in between rinsing.

The impact

The carbon footprint of the Green Operating Day is still being evaluated and will be presented in Part 2 of this article, to be published in the Autumn *Transmitter*. However it was estimated that replacing pre-assembled packs with minimal supplementary items reduced the opening of consumables by approximately 50%. The reusable staff gowns were found to be more comfortable and draping patients in linen was 2-3 minutes faster compared with disposable drapes.

Staff that participated in the day found the green changes streamlined their workflow, made their job easier and allowed operating lists to run more smoothly and efficiently. Staff felt communication and patience was better within the team compared to normal. This project boosted team morale and reinvigorated staff passion in their job roles.

Using technology

The carbon footprint of the green procedures in the three theatres is being calculated and will be compared with the baseline to estimate carbon reduced. The scope of this project will include Scope 1, 2 and some elements of Scope 3 (Figure 1) carbon emissions (manufacturing and freight transport of the spinal stimulator, staff commuting, food and catering).

Implanted Spinal Cord Stimulators need attention and reprogramming and part of this project is to use technology to support remote follow-up and programming of devices to minimise patient travel to the pain clinic.

Next time...

The calculations and actual savings made will be presented in the next edition of *Transmitter*.

Abbott team on bikes at North Bristol NHS Trust.

Dr Manohar Sharma
PSC Chair

PROFESSIONAL STANDARDS

I am honoured to take on the role of Chair of the Professional Standards Committee (PSC) and the reins from Dr Ganesan Baranidharan, who as Vice Dean is involved in several workstreams of the FPM Board and continues to support PSC.

Together with Dr Saravanakumar Kanakarajan, the new Deputy Chair of PSC, we will carry on with the work already initiated and pursue new means to help improve the quality and standards of Pain Medicine in the UK and Northern Ireland. I would like to welcome Professor Ashish Shetty, Dr Shyam Balasubramanian, and Dr Richard Sawyer to the PSC membership following a competitive appointment process.
The PSC is seeing a huge change in the membership as a further three members are scheduled to join in September 2024.

Wellbeing

Recent research published in the British Journal of Surgery has revealed the extent of reported sexual misconduct by colleagues within the UK surgical workforce. A national survey found that two-thirds of the female workforce (63.3%) reported having been the target of sexual harassment from colleagues at some point, and nearly a quarter of males (23.7%) reported the same. The FPM website has been updated to recognise this and we continue to focus on the wellbeing of our members and colleagues.

The Gap Analysis survey has been completed and a formal report is being prepared by Dr Devjit Srivastava, Chair for this group. We will be publishing more on this in due course.

Opioids Aware

The Opioids Aware's content is in the process of being updated following an extensive review of the literature. The FPM *Core Standards*' relevant chapters are being updated to reflect the changes in training since its publication, so that it remains relevant and fit for purpose.

Please consider submitting any areas of good practice and reflection to the FPM so that it can be shared with the membership to further benefit our members.

OPCS-4 codes

PSC is also considering compiling a short guide to help members understand various OPCS-4 Codes that are used in Pain Medicine to further improve our understanding and relevance of these codes. As mentioned, the PSC is there to improve the quality and governance of Pain Medicine. Our projects come via the Board and our committee members, but we are always happy to receive suggestions from fellows and members on essential areas to focus on and improve.

UK Pain Messages 2024

www.fpm.ac.uk/patients/uk-pain-key-messages

There are a large number of messages used for chronic pain by a variety of organisations. The aim of UK Pain Messages is to ensure consensus and consistency over the facts and figures used when highlighting the burden of chronic pain in the UK. These messages, separately in the public domain, have been approved by the below organisations/individuals.

1. The Global Burden of Disease Study highlighted **pain as one of the most prominent causes of disability worldwide.** Primary chronic pain is now deemed to be a specific condition in its own right.

2. Approximately **8 million adults** report **chronic pain** that is moderate to severely disabling. From the same report, it is estimated that **43%** of adults (just under 28 million people) currently live with a degree of chronic pain in the United Kingdom. Chronic pain may affect up to **30% of young adults of working age** (18-39 year olds).

3. The prevalence in **older age** groups is even higher, with up to **62%** of those aged **75 years** and over reporting chronic pain symptoms.

4. The provenance of chronic pain is similar in all ethnic groups (**34%**) but is **higher** in people in the **Black ethnic group** (**44%**). Severe chronic pain is associated with **increased risk of mortality**, independent of socio-demographic factors.

5. **Low back** and **neck pain** have consistently been the leading causes of disability internationally, with other chronic pain conditions featuring prominently in the **top 10** causes of disability.

6. **41%** of people who attended pain clinics report that their pain has **prevented** them from working, and **13%** have had to **reduce** their working hours.

7. Around **12.8 million (31%)** of working age people in the UK have a long-term health condition. **1 in 4** UK employees reported having a physical health condition, and **1 in 5** of those employees with physical health conditions also reported having a mental health condition. People with **one** health condition have an employment rate of **61%,** while those with **5 or more** have an employment rate of **23%.**

8. Those living in more **deprived areas** were more likely to report having **chronic pain (41%)** than those in the least deprived areas **(30%).**

9. Many of the conditions exhibiting the largest growth in absolute numbers, such as **chronic pain**, tend to be managed in **primary care** settings as they currently have no known cure. Subsequently there is likely to be **significant increasing pressure** on this element of the health care system.

10. It is predicted that **chronic pain,** as the leading condition in 2019 for impact upon healthcare use and mortality, will see an incidence **growth of 32% by 2040**, driven by an ageing population that will live longer but with multiple health challenges.

FACULTY OF PAIN MEDICINE of the Royal College of Anaesthetists

THE BRITISH PAIN SOCIETY

Dr Victor Mendis
FPMTAC Chair

TRAINING & ASSESSMENT

I would like to warmly welcome Dr Sachin Rastogi (Paediatric Representative), Dr Sailesh Mishra (MTI Representative) and Dr Victoria Winter (Trainee Representative) who have recently joined the committee.

I would also like to extend a big thank you to Dr Nicola Johnson, Dr Helen Laycock and Dr Ashish Gulve for their enormous contribution to TAC during their terms of office, and wish them well for the future.

Credentialing

The Faculty has been in dialogue with NHS England on the implementation of credentialing. The GMC have now stepped away from developing any further credentials, but Pain Medicine is part of the 'early adopter' group on which work is ongoing. The SEBs (Stauatory Eduation Bodies) in the four devolved nations have been put in charge of the credentialing process, with the expectation of a national panel to oversee all credentials with representation from relevant stakeholders, including the Faculty.

We have suggested that the Regional Advisors be involved in the final ARCP panels for SIA trainees, to ensure they meet credentialing requirements alongside CCT recommendations. The credential section on the Faculty website will be updated shortly.

Curriculum

Discussions are taking place regarding the time required to progress from Stage 1 to Stage 2 and regarding new SIAs approved by the GMC, their designation, and how we can incorporate credentialing into the documentation within the 2021 curriculum.

Education

Dr Sonia Pierce is the Deputy Chair of the newly established Education Sub-Committee (ESC), which was set up to coordinate educational aspects of the Faculty's work covering a wide range of online content and face to face courses. The ESC is looking at ways to share local teaching and best practice at a national level in order to benefit all trainees. We will keep you informed on how this work progresses.

Communication

The first Communication Skills Course was organised by the Faculty with a view to address complex scenarios in pain clinic consultations, empowering patients to self-manage their pain and to make conversations with clinicians more effective and easier to handle.

We had positive feedback from the participants and my sincere thanks to Dr Helen Makins and her team for organising this despite many challenges.

FFPMRCA

The Faculty is making significant strides towards implementing the new exam structure required by the GMC. The examiners have been very proactive in incorporating necessary changes in line with the McClodden report and GMC credentialling requirements. The goal is to have the new exam ready for October 2026 and at least a year's notice will be given for any new exam format to go live.

Careers

We hope to appoint a clinician to lead and provide articles for the website with the most up to date information for members interested in a career in Pain Medicine. Proposed resources for upload may include job plans, training entry guidance, credential guidance and career information in Pain.

Finally a big thank you to all the Faculty staff for the assistance and support provided to FPMTAC.

Dr Vivek Mehta
Chair FFPMRCA

FPM EXAMINATIONS

It is both an honour and a pleasure to write to you as the new Chair of the FPM Examinations. I would like to take this opportunity to thank Dr Nick Plunkett, the outgoing Chair of the FPM Examinations who has served the Board with the utmost diligence, ensuring that the high standards of the Faculty are met. He has been a role model, mentor and purveyor of sound advice for many.

New examiners

The next couple of years will see a period of transition with the majority of Foundation Examiners demitting their term. It is my duty to ensure that a smooth succession plan is in place, with new examiners not only maintaining the unparalleled quality the exam has had since its inception 10 years ago but exuding the same passion to deliver it. To this respect we have appointed six new examiners after a strenuous application process. I personally welcome Dr Sheila Black, Dr Sonia Pierce, Dr Kavita Poply, Dr Tacson Fernandez, Dr Arumugam Pitcahia and Prof Sam Eldabe to the group.

I am equally pleased to welcome Dr Jonathan Rajan as Vice Chair. Jonathan has already shown great enthusiasm and I very much look forward to working with him in ensuring the quality of the FPM Examinations. Dr Saravanakumar has taken over the MCQ lead from Dr Graham Johnson and Dr Jeremy Weinbrien has been appointed as the standard setting lead. The College has seen some changes with Ross Stonier as the new Faculties Examinations Manager and Imogen O'Brien as the Faculties Examinations Coordinator. Dr Karen Simpson, Dr Mike O Connor, Prof Mark Taylor and Dr Anthony Davies remain auditors for the examination process. Their reports and assessments have been highly relevant in maintaining standards over the years. I really value my team and am privileged to lead such an august group of examiners and staff.

Exam review

The next few years will see quite a few changes in how we plan to exam our candidates. The FFPMRCA is a high-stakes, medical examination undertaken in the final stages of training by candidates with an

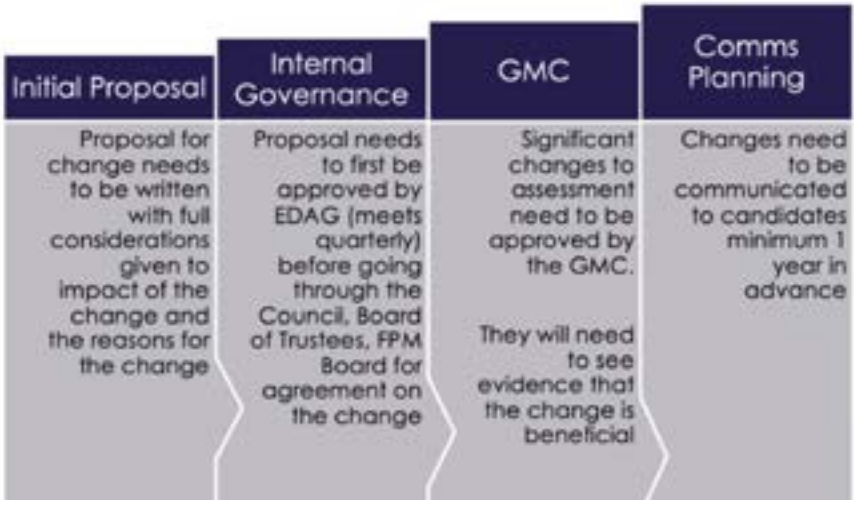


Figure 1: *Next steps in line with new FPM exam format*

anaesthetic background and pursuing a career in Pain Medicine. With the new GMC credential, there is a chance to open the exam, making it more multidisciplinary, so that it remains fit for purpose for future generations.

The Examinations Committee has considered the recent FRCA examinations report and the recent McLachlan report. It aims to cost-effectively use best practise in assessment to examine knowledge, understanding, skills, attitudes, behaviours and domains of good practice. To achieve this, we intend to transition the written Multiple True-False questions to Single Best Answer and Extended Matching questions and the SOE to a more OSCE-style examination.

We have a strict time frame and approval process, with a view to have a 'proof of concept' exam by autumn 2025, so that we can go live in autumn 2026. There will be more communications to follow, with updates posted on the Faculty website, and nothing will change without an extensive period of notice for candidates.

Exam visitors

Lastly, we need more question writers and Angoff scorers who can help and maintain the standard setting aspect of the exams. Besides excellent CPD, this is also a great way to get acquainted with the Faculty and examination processes. I strongly encourage any interested parties to apply for these roles and to join us as observers to the FPM examinations, which is also a requirement for becoming an examiner.

Please contact me directly on vivek.mehta@nhs.net or our examinations team if you are interested in any of the roles and need more information.

I look forward to seeing as many as possible involved in delivering standards that make FFPMRCA one of the most prestigious pain examinations in the world.

FFPMRCA EXAMINATION CALENDAR

	FFPMRCA MCQ	FFPMRCA SOE
Application and fees not accepted before	Monday 20 May 2024	Tuesday 6 August 2024
Closing date for FFPMRCA exam applications	Thursday 4 July 2024	Friday 13 September 2024
Examination date	Wednesday 21 August 2024	Tuesday 15 October 2024
Examination fee	£630	£885

Visit www.fpm.ac.uk/training-examinations/ffpmrca-examinations for the latest news.

Dr Victoria Winter
Faculty Trainee Representative

TRAINEE UPDATE

In February I took over from Dr Nicola Johnson as Trainee Representative. I wanted to take this opportunity to thank Nicola for all she has done for us in the past year and wish her a great time off on maternity leave. I am keen to support Trainee wellbeing and facilitate inclusive access to learning opportunities for Trainees in Pain Medicine.

Wellbeing

The wellbeing of trainees is a priority for myself and for the Faculty. The 2023 GMC Training Survey[1] showed the proportion of trainees at risk of burnout to be the highest since they started tracking this in 2018. The Faculty and RCoA recognise the effect that the training and examinations in Anaesthesia and Pain Medicine have on trainees and the people who support them. Unfortunately bullying, discrimination and harassment are experienced by doctors across medical specialties. In small specialties, such as Pain Medicine, it can be difficult to access support from senior colleagues at challenging times.

The Faculty is in the process of setting up a pathway through which trainees will be able to give feedback to and seek support from consultants out of their area. In the meantime, pastoral care options available to us include each other (see contact details below), our RA, RCoA college tutors, the online RCoA Wellbeing Hub[2] and external organisations such as Doctors in Distress.[3]

FPM Trainee Day

The FPM Trainee Day took place on 10 May and offered Stage 3/SIA Trainees information relevant to Pain Trainees close to CCT, including sessions on medico-legal Pain Medicine, job planning and private practice.

PainTrainUK

Pain Medicine Trainee network PainTrainUK is working on a new national project, which has recently launched. This is an excellent opportunity to be part of a national survey and collaborators will be acknowledged in a subsequent publication. If you want to be involved, contact paintrainresearch@gmail.com or visit www.paintrainuk.com.

National teaching

It has been recognised that access to formal teaching in Pain Medicine is geographically variable across the country. The FPM is exploring how best to share local teaching and best practice at a national level to benefit pain trainees across the country. This is a work in progress.

Get in touch

If you have any issues/concerns regarding pain training and want to reach out to me, I'll try to do what I can to help. The best ways to contact me are via email victoriawinter@doctors.org.uk, or via WhatsApp. There is also the FPM Pain Trainee WhatsApp group, which can be joined via the QR code below.

References

1. https://www.gmc-uk.org/education/how-we-quality-assure-medical-education-and-training/evidence-data-and-intelligence/national-training-surveys
2. https://www.rcoa.ac.uk/membership/resources/wellbeing-hub
3. https://doctors-in-distress.org.uk

Dr Jonathan Rajan
RAPM Chair

RAPM UPDATE

To plant a garden is to believe in tomorrow. With spring now upon us, I hope that the work conducted on training this year will bear fruit for years to come.

"New" curriculum

The year has begun with many questions around the "new" curriculum. To summarise, the curriculum has three parts: Stage 1, Stage 2 and Stage 3. Stage 3 is comprised of three parts. There is an essential Stage 3 component and then further Specialist Interest Areas (SIAs). The SIA Inpatient Pain is to a certain extent equivalent to the former Higher Pain, but with an altered curriculum and a duration of over six months. Another SIA is Outpatient Pain, which would previously have been referred to as an Advanced Year. Stages 2 and 3 should be signed off by Faculty Tutors, but Stage 1 can be signed off by College Tutors. Stage 2 is the only component outside of the SIAs which needs to be delivered as a module.

All Stages are ultimately outcomes-based. There is no prescriptive number or type of workplace-based assessments that are required. It is advised that a range of assessments are completed, with assessors focusing on competency and levels of supervision across all Stages of the curriculum. Multiple trainer reports can be undertaken across different areas of practice. With respect to SIA components, daytime training should be spent in pain medicine with an on-call rota no more onerous than a 1:8. Daytime anaesthetic activity should not involve trainees unless there are extenuating circumstances, such as a major incident.

Faculty Tutor Day

In other updates, the recent Faculty Tutor Day was well received, with many questions on the consequences of the credential on training, the acquisition of Consultant posts and the impact on acute pain consultants. Presentations on the new curriculum, wellbeing, examinations and workings of the Faculty were delivered. Some of the issues around the credential will be clarified by the credential curriculum documents, whilst others will doubtless require further discussion and collaboration. I was also pleased to be able to deliver a talk on Pain Medicine and the specifics of the new curriculum to the Heads of Schools and Regional Advisors in Anaesthesia. I hope I raised awareness of Pain Medicine and the importance of how and when it is delivered within the wider anaesthetic curriculum.

Wellbeing

Wellbeing has been at the forefront of everyone's mind of late and some recent work with one of my trainees has now translated into a wider project, which we hope to present to the Faculty in the next few months.

Hospital Review Forms

The Faculty encourages any Faculty Tutors who wish to have their sites recognised for Specialist Interest Area training to apply via the Hospital Review Form[1], which the Faculty has recently simplified to help expedite the process.

Thank you and Welcome

Finally I would like to thank Dr Paul Rolfe and Dr Arasu Rayen for their hard work as RAPMs, and welcome the replacements in the form of Dr Meera Tewani and Dr Nofil Mulla.

References

1. https://fpm.ac.uk/training-examinations/quality-management-training

Dr Sheila Black
Consultant in Anaesthesia and Pain Medicine, Leeds Foundation Trust

Dr Helen Makins
Consultant in Anaesthesia and Pain Medicine, Gloucestershire

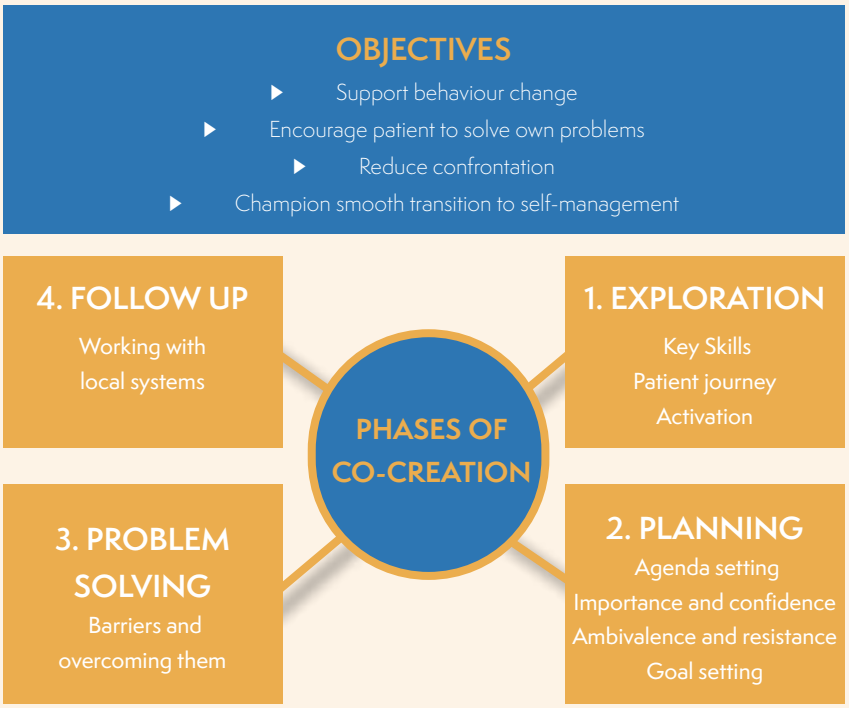
FPM COMMUNICATION SKILLS COURSE

In January we ran the first course on communication skills for pain management clinicians. Communication skills have been on the agenda of the Training and Assessment Committee for a few years, aiming to organise a course tailored specifically to pain trainees and established doctors.

Difficult conversations

The original idea was to outsource the training to specialists in motivational interviewing and coaching for pain doctors, however financial restraints did not allow this. Our vision was to produce a course which helps pain clinicians with the most difficult conversations they are likely to encounter on a regular basis, accepting that there is no single valid approach and that it is not possible to resolve all communication challenges.

Left: *Course facilitators Dr Helen Makins, Dr Allistair Dodds and Dr Sheila Black*



We then identified Dr Dimple Vyas, pain consultant and previously a Clinical Teaching Fellow with the Health Foundation, who had developed a course aimed at empowering patients to self-manage long-term symptoms. She had adapted generic content to be more suitable for pain management, and it covered many of the objectives desired for our communication skills training.

Empowering patients

The main goals of the course are to address complex scenarios in pain clinic consultations, such as reducing medication use and empowering patients to self-manage their pain, making conversations more effective for patients and easier for clinicians. We developed Dimple's content further as a team and the resulting course covers the entire consultation process, from when the patient walks into the room until they leave, and even beyond that, with a clinic letter.

The course content follows a consultation framework which is designed to be memorable for clinicians in the clinical environment but also optimises consistency between course facilitators and supports training of trainers in the future. Some techniques have a basis in health coaching and motivational interviewing, chosen as the most relevant skills in this context. As it can't cover every aspect of the consultation, the course does not focus on diagnosing or explaining the pain problem to the patient but on collaboration, empowering patients to take control of their health.

A participant manual is provided to attendees as a reference during the course, containing timelines, content, and questions related to their background in communication skills and their motivation for attending the course.

Feedback and future

Unfortunately, our experienced facilitator Dr Dimple Vyas, could not attend due to illness, but despite this, the course was an overall success and covered the majority of the goals identified by attendees at the start of the day. The feedback from most participants was very positive, with comments that the content and structure are particularly valuable for advanced pain trainees and consultants at the beginning of their careers as they build their skills.

Given the success of this pilot course, the Faculty is now considering running this as annual event.

Dr Devjit Srivastava
Lead Educational Meetings Advisor

EVENTS UPDATE

The Faculty of Pain Medicine Acute/In hospital Pain Study Day was held at the Royal College of Anaesthetists, London on 28 and 29 February. The meeting kicked off with a talk on 'ICU Pain- the learning from the NICE Dutch registry' by Nicolette de Keizer who is a Professor of Data Informatics at Amsterdam UMC.

Professor de Keizer has worked on this registry for nearly two decades. She informed us that pain was introduced as an actionable indicator in the registry in 2018. More specifically the quality standards for pain included measurement of pain during each shift, classification of pain scores as acceptable/unacceptable, repeating pain measurements in unacceptable pain scores within one hour and unacceptable pain scores normalised within one hour. This data is compared with peer ICU units and past performance. Prof de Keizer touched upon the issues that bedevil the maintenance of high-quality performance. The discussion included whether we should have similar databases for acute pain and how to maintain high performance within teams.

Prof Shiva Tripathi leads the research working group at the FPM Board. He highlighted the fact that today's research will decide what kind of pain practice we will have in the future. His talk highlighted the key challenges a practising clinician is likely to face whilst leading a research project.

Research studies

Next Prof Tonny Veenith from Wolverhampton spoke about the ERASER trial, which plans to evaluate the efficacy of serratus anterior nerve block with catheter local anaesthetic infusion versus usual care for rib fracture patients. The outcome measure is the incidence of pneumonia in these patients.

Dr Mark Edwards from Southampton talked about the CAMELOT Study and the LOLLIPOP studies. The CAMELOT study is a multi-centre, randomised sham-controlled trial of rectus sheath catheter (RSC)-delivered local anaesthetic infusion compared with usual care in patients undergoing emergency bowel surgery. The primary aim of this trial is to test whether using RSCs alongside PCAs (Patient Controlled Analgesia) provides better pain relief, fewer-side effects and complications, and greater satisfaction for patients undergoing emergency laparotomy. The LOLLIPOP study hypothesises that an infusion of systemic lidocaine during surgery, and up to 24 hours postoperatively, will reduce the incidence of Moderate/Severe Chronic Post Surgical Pain in patients undergoing elective breast cancer surgery.

Prof Matthew Wilson from Sheffield spoke about the PRAISE Trial that evaluates the relative efficacy of three approaches to post-operative pain relief after elective posterior lumbar instrumented spinal surgery: usual care, intrathecal opioids (plus usual care) or Erector Spinae plane Block (plus usual care). Dr Caroline Thomas from Leeds spoke about the AEGIS (Analgesic Efficacy for major Gastro Intestinal Surgery) trial. AEGIS is a feasibility trial that aims to assess the viability of using Ibuprofen to treat pain after a major gut surgery. Currently, the use of Ibuprofen after bowel surgery is limited to one in five patients due to concerns about potential side effects.

Prof Christopher Deery from Sheffield discussed the results of the MAGIC trial, which found that melatonin is less effective than midazolam at reducing preoperative anxiety in children.

Pain relief methods

Non-pharmacological methods of pain relief are becoming popular and Prof

Rebecca Pillai Riddell from Toronto talked about the 'Nonpharmacological management of infant and young child procedural pain'. She highlighted the fact that in a typical neonatal unit there could be 12-17 skin-breaking procedures per day, and that parents have the power to moderate pain in neonates. Prof Pillai Riddell also emphasised the role of nonpharmacological methods in pain relief such as nonnutritive sucking, swaddling, facilitated tucking, touch/massage, sound addition/reduction, smell addition, light reduction, multi-sensory intervention, skin to skin contact.

Continuing on the theme of non-medications-based pain relief, I gave a presentation about the VROOM Trial. The randomised controlled trial (pilot) evaluates the efficacy of virtual reality immersive therapy on PROMS (Patient Reported Outcome Measures) and biological stress markers after joint replacement surgery. This study will be the first to analyse whether the benefits of virtual reality immersive therapy on decreasing anxiety, pain and stress (psychological factors) is translatable to improvements in hard surgical outcomes.

Acute Pain Dr Alia Darweish Medniuk from Bristol provided practical insights on how to manage acute pain in those using opioids illicitly, whilst Dr Nicolas Levy from West Suffolk Hospital highlighted the importance of not using modified release opioids postoperatively.

Prof Graeme MacLeod from Dundee spoke about the role of 'mastery learning' when performing regional anaesthesia and acute pain procedures. Prof McLeod's lab utilises Thiel cadavers, augmented reality eye-tracking, 3D reconstruction from CT scans along with the latest psychometrics in educational training theories to help novices and experts learn and evaluate their performance. There was audience interest in developing a mastery performance training lab for chronic pain skills.

Finally, Dr Faye Rim from New York shared her experience on providing a perioperative pain service to support complex surgical patients. She underlined the key role of having a robust database to chart performance and quality improvement, and highlighted some nuanced differences from UK practice which were discussed with the audience after the talk.

Education Sub-Committee

I am honoured to take the chair of the newly formed Education Sub-Committee (ESC), which aims to streamline education delivery of the Faculty. ESC reports to TAC (Training & Assessment Committee) and to the Board, with FPM Events having been moved into the remit of the committee. The members of the ESC are:

- **Dr Dev Srivastava**, Chair and Educational Meetings Advisor
- **Dr Sonia Pierce**, Deputy Chair and FPMLearning Lead
- **Dr Sibtain Anwar**, Essential Pain Management Lead
- **Dr Nancy Cox**, Clinical Lead for e-PAIN
- **Dr Sumit Gulati**, Deputy Educational Meetings Advisor
- **Dr Nofil Mulla**, FFPMRCA Prep course former lead
- **Dr Craig Montgomery**, FFPMRCA Prep course lead

After evaluating attendance, staffing resource and other factors, ESC is planning to merge the February and June Study Days into a combined acute/chronic pain meeting. From 2025, this event will take place in the spring or summer months in London.

The ESC is also aiming to recruit a lead for championing and broadening the reach of national teaching for trainees — watch this space for more.

Any suggestions?

If you have any feedback or suggestions for the FPM Education Sub-Committee or events, please get in touch via contact@fpm.ac.uk.

SAVE THE DATES

- **28 June: Study Day**
  Take a deep dive into Neuropathic Pain with talks by international and national speakers, with delegates invited to join online or in London.
- **11 September: SOE Exam Tutorial**
  This online tutorial is aimed at anyone studying for the FFPMRCA SOE examination.
- **26 November: Annual Meeting**
  This event provides a great opportunity to get up to date on the Faculty's activities and current research. The programme will soon be available via the FPM website.

www.fpm.ac.uk/events

BPS ASM 2024

Experience the forefront of pain research and management at the **57th Annual Scientific Meeting of the British Pain Society** - BPS ASM 2024!

Join us for an immersive and dynamic event designed to **showcase the latest advancements, foster collaboration, and drive innovation in the field of pain science.**

Don't miss out this chance, visit **bpsasm.org** to explore our high-quality Scientific Programme, learn about our esteemed Plenary Speakers, and complete your registration today.

SCIENTIFIC PROGRAMME | **PLENARY SPEAKERS** | **REGISTRATION**

Pre BPS ASM 2024 Study Day

Join us for a special **Study Day** hosted by the Nottinghamshire Community Pain Pathway Service, in collaboration with the Primary and Community Care SIG and Pain Management Programme SIG of the British Pain Society.

This exclusive event precedes the British Pain Society ASM 2024 and aims to **provide valuable educational updates to practitioners in pain management and rehabilitation.**

Visit **bpsasm.org/pre-bps-asm-2024-study-day** and learn more about the Study Day Programme and registration details.

PRE BPS ASM 2024 STUDY DAY

Essential Pain Management®

www.fpm.ac.uk/epm-uk

EPM was developed by Roger Gouke and Wayne Morriss (ANZCA) & adapted for medical student use by Linda Huggins

EPM has been used in the UK since 2014 for training medical students, postgraduate doctors & other healthcare professionals in pain management

EPM is freely available on the FPM website

Modules include:

> Introduction

> EPM for medical students

> EPM for Foundation doctors

> EPM for trainees

EPM - a simple structure to teach a complex subject

Recognise - Assess - Treat

Essential Pain Management (EPM) UK is centred around this simple acronym, which provides a memorable structure and standardises the approach to teaching.

For more information and to get free access, please visit:
www.fpm.ac.uk/epm-uk

If you have any queries, please e-mail: **contact@fpm.ac.uk**

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