FACULTY OF PAIN MEDICINE

of the Royal College of Anaesthetists

FPMTAC Response to Trainee Questions ***FPMTAC/001/Oct 2013***

We discussed your helpful comments at the most recent meeting of FPMTAC and Emma Baird and Daniel Waeland agreed to summarise a response to the points raised. We plan to make this a regular post-FPMTAC activity. Apologies for the delay of a few weeks getting this to you – as it was the first we wanted to make sure the tone was right and that all questions were answered.

All trainee comments naturally remain anonymous.

1 Case Reports & Plagiarism

The FPM uses the kind of standard plagiarism software used by journals such as the BJA. The meaning of plagiarism remains the same as when we were all school students: for example, quoted and referenced text is NOT plagiarism. Text copied from the literature and realigned to appear as new written text for the report IS plagiarism.

2 Exam Study Day

There were a number of very useful comments about the Study Day which has helped us to understand the low turnout. From the comments, it appears the original aim of the Tutorials is not meeting the expectation of those undertaking the days.

The Tutorials were originally designed to be revision prompts, rather than just SOE practice. The reasoning behind this was that, as a new exam, it would be more helpful to gather future examinees and informed consultants to discuss the syllabus (the curriculum in Pain Medicine) in a series of tutorials which would suggest the level of revision required for the exam. SOEs would also have been experienced from the FRCA (or equivalent). The Tutorials were therefore placed before the MCQ, rather than between the MCQ and the SOE.

They were kept to one day to ensure they remained as cheap as possible (the days break even on paper and lose money once overheads are included). Overnight stays would push the cost up.

As comments were not conclusively in support or either set up, we have a 2 question survey for you which will inform how we deliver these in future:

1) Would you prefer the course to be:
   a) Primarily oral practice held between the MCQ and the SOE sittings.
   b) Primarily general exam revision practice held before the MCQ sittings (as at present).

2) Would you prefer the course:
    a) To cost £95 for a single day
    b) To cost £220+ for two days

Specific comment responses:

- The 11th October tutorial fell on the date of the EFIC. Dates are 'so inflexible'.
    - We are sometimes unable to avoid all contentious dates and still get a room in the College (which for us is free and keeps the cost down). If we are told near to the day, we naturally cannot change it. We are always open to changing dates when there is sufficient notice and have done so before.
- The Tutorials are not well advertised.
    - We advertise in Transmitter, on the website (in the events section), through the RAPMs and, most importantly, through emails from Emma and the FPM Secretariat directly to trainees. It is unclear how we can advertise any wider. Do let us know if you have any suggestions. Please note if we have to pay for advertising space, the fee would need to rise accordingly.

3 FFPMRCA Examination

A number of the queries received have been raised and answered a number of times before so the FPM has crafted a formal Exam FAQ release, available here: <URL link>. This is an organic FAQ document which will be updated for questions that arise in the future.

Specific comment responses:

- Why was the exam pass lower this time for the MCQ?
    - The MCQ Core Group spent an entire day deliberating the pass mark for the most recent MCQ paper, for which the pass rate was 44%. Each question stem was individually analysed and a contentious question was removed from the overall marking. The Core Group also analysed questions which had been used throughout the previous papers. This demonstrated that the cohort for the most recent MCQ performed less well that at both of the previous MCQ sittings.
    - The reason why this cohort performed less well is open to debate, but it is worth noting that the first two examinations would have included a number of senior trainees (nearly at CCT) and junior consultants. The high pass rate of previous exams should not belie the difficulty of the MCQ and the need for in depth revision of the entire Pain Medicine curriculum prior to taking the first sitting.
    - It is also worth noting that the pass rate for the SOE following the MCQ was 77%.
- "I hear consultants say there is no way they could pass this exam."
    - It would be interesting to know how the consultants know the exam if they haven't sat it themselves! It is not advisable to listen to the rumour mill. What will be clear from the FAQs mentioned above is that the examinations are standard set using normal (non-examiner) consultants, including junior consultants. We also have consultants observing and auditing the exam and the response from them has been entirely positive with all saying the exam is set at the right standard. Specific comments from them below:
        - "Very pleased that we have a good exam. High standard and as broad as we can reasonably make it."
        - "Reassuring that candidates are tested fairly."
- Sittings were close together.

- This was caused by having to fit the FFPMRCA around a busy examining calendar, including the FRCA, the FFICM and the MCEM. From 2015, the MCQs will be at least 5 months apart.

4 Case Mix / Specialist Areas

A few trainees wrote in with regards to difficulties accessing specialist areas, most notably Cancer. The FPMTAC discussed this in detail at the meeting and the Vice Dean has written the following FAQ which will go on the website:

FAQ: How much cancer pain experience should an APT (Advanced Pain Trainee) have?

Answer: An understanding of cancer pain and its management is an essential part of the Advanced Pain Medicine curriculum. An APT must supplement their theoretical knowledge with adequate clinical exposure to fulfil the competencies in this area, and this will require a minimum of 16-20 sessions.

These sessions should usually be arranged locally in pain clinics, palliative care clinics, some oncology clinics and the local hospices. These may need to be at sites additional to the main training centres. Additionally, these sessions could be at an 'out of area' cancer centre pain clinic.

It is recognised that in contrast to 20 years ago, many pain clinics in the UK may not receive many direct cancer pain referrals. However many pain clinics work together with palliative medicine and oncology with joint clinics or MDT discussions, and receive referrals for complex pain and possible interventions, and it important that training reflects the broad needs of local Pain services.

Your LPMES or RAPM will be able to advise on training opportunities.

5 Other specific issues

- How should I stay skilled during the period between APT and the CCT?

The curriculum notes that all trainees should maintain experience in Acute Pain Skills (12.2.4.1) in ST5/6/7. Advanced training in Pain Medicine usually occurs for a period of one year in year 6, or into year 7. Trainees are then expected to complete 6-12 months of general duties prior to CCT / CESR(P) date. It is expected that such trainees should continue to maintain exposure and experience in Pain Medicine, consistent with the principle of 'spiral learning' (2.2.1). The FPMTAC suggest that it would be difficult for this to be achieved with less than one session per week, or in a unit without a Pain Medicine service. Trainees are advised to discuss this with the local RAPM and TPD early, to avoid rota and administrative issues.