

# Training in Pain Medicine in the UK

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## Pain medicine training

- Basic at undergraduate & Foundation level (postgraduate years 1&2)
- Certificate of Completion of Specialist Training (CCT) in Anaesthesia
  - Specialty Trainee years 1-2 (formerly Senior House Officers)
    - acute pain
  - Specialty Trainee year 3-4 (formerly Specialist Registrar year 1- 2)
    - introduction to pain medicine in broader sense
  - Examined at Primary and Final FRCA examinations
  - Higher pain training in Specialty Trainee years 5- 7 (SpR 3/4/5)
  - Advanced pain training in Specialty Trainee years 6/7 –‘Fellowship’

## Specialists in pain medicine

- Vast majority of pain medicine doctors from anaesthesia background
- Pain medicine training formerly the responsibility of the Royal College of Anaesthetists
- 22 Regional advisors
  - Responsible for pain medicine training within region
  - Provision of syllabus
  - Quality
  - Links with academic medicine and other specialties
  - Draw on training opportunities which may be out of region

## Faculty of pain medicine



- Became live on 2<sup>nd</sup> April 2007
- Set up by Royal College of Anaesthetists Council and a 'Founding Board'
- Regulates advanced pain training

[www.rcoa.ac.uk](http://www.rcoa.ac.uk)

## What comprises advanced pain training?

- 12 months training
- To allow the trainee to become more experienced
- Apply for a consultant post with a significant clinical commitment in pain medicine
- Fulfil stipulated requirements of
  - Royal College of Anaesthetists
  - Faculty of Pain Medicine
  - International Association for the Study of Pain core curriculum for professional education in pain

## Overall training objectives

- Trainee is not expected to be an 'expert'
- Greater proficiency is expected to be acquired during subsequent consultant practice
- No minimum case load

## Training objectives 1

- To be able to
  - assess patients with pain including, history taking, physical examination, and interpretation of investigations
  - be aware of the treatment options available
  - manage patients with acute, chronic and cancer-related pain
  - become technically proficient with a range of procedures

## Training objectives 2

- To be able to
  - communicate effectively with patients, relatives, colleagues, referring doctors and other staff
  - act as an effective member of a multidisciplinary pain team
  - act as an effective teacher of pain management topics
  - to critically assess evidence from research related to pain management

## Indicative clinical experience

- Experience should be gained in patients with
  - acute pain after surgery and non-surgical acute pain
  - different types of chronic pain
  - pain and other symptoms associated with cancer
  - pain management in special groups including
    - the elderly
    - children
    - the disabled
    - those with learning disabilities and those unable to communicate

## Professional qualities

- Enthusiasm for caring for patients with pain
- Ability to treat pain patients politely and considerately
- Awareness of
  - clinical boundaries of anaesthetist-led pain services
  - when to refer to another specialist or enlist help
- Ability to assess evidence concerning pain therapies whilst also understanding there may be little published evidence to guide therapy
- Commitment to
  - continuing education and professional development
  - auditing own practice and making changes to practice as a result

## Knowledge and understanding

- The causes, nature and clinical features of non-surgical acute pain, chronic pain and cancer-related pain
- Pharmacology of medication used for treating pain
- Mechanisms and side effects of other therapies
- Basic principles of psychological techniques including cognitive behavioural approaches and awareness of the doctor's contribution to a pain management programme
- Principles of pain management in
  - the special patient groups
  - patients with problem drug use, drug dependency and addiction
- Principles and practice of neural blockade for pain management

## Awareness of

- Principles for insertion and management of implantable drug delivery pumps
- Principles and indications for spinal cord stimulation
- Basic principles and indications for neurosurgical techniques (including percutaneous cordotomy)
- Basic principles of palliative care
- Medico-legal issues and of writing a medical report
- Social services and other support agencies

## Awareness of

- Factors influencing the assessment of incapacity and disability
- Rehabilitation techniques
- Socio-economic and cultural issues
- Ethical issues
- Research methods for pain management therapies
- Business management principles for pain services

## Recommendations

- Trainee should encounter new patients at most clinical sessions and have the opportunity to follow the progress of patients over an extended period
- During each week the trainee should be able to participate in
  - consultant led out-patient consultation sessions
  - ward rounds for in-patients with acute, chronic and cancer pain
  - consultant led treatment sessions
  - or observe, assessment or treatment sessions with other healthcare professionals including clinical psychologists and physiotherapists

## My advanced pain training

- Approved advanced training post
  - 6 months in each unit
  - National Hospital for Neurology and Neurosurgery (UCLH)
  - Royal National Orthopaedic Hospital, Stanmore
- Patient assessments
  - New – observed 50, primary practitioner 91
  - Review – observed 117, primary practitioner 129

## Examples of procedures

Procedure	Observed	Performed
Lidocaine infusion	2	23
Ketamine infusion	2	7
Lumbar facet injection	28	42
Root nerve block	22	26
Facet joint denervation	14	17
Stellate ganglion block	6	13
Spinal cord stimulator	2	
Intrathecal pump refill	2	8

## My advanced pain training continued

- Acupuncture clinic
- Weekly multidisciplinary team meeting
- Individual sessions with
  - physiotherapist
  - psychologist
  - nurse led TENS clinic
- Pain management programme & active back programme
  - inpatient and outpatient
- Qualitative audit
- Business meetings

## Secondments

- Palliative care
- Rheumatology
- Spinal Injury and peripheral nerve injury units
- Drug dependency unit
- Paediatric tertiary referral centre
- Neurology
- Psychiatric and psychoanalytical assessments

## Educational meetings and courses

- Weekly program
- British Medical Acupuncture Society acupuncture course
- Radiation protection training for medical practitioners
- British Pain Society study days and Annual Scientific Meeting

## Supervision and assessment

- Regular meeting with nominated educational supervisors
- Assessments to decide areas of concern/ areas to develop or gain more experience
- Written essays on four cases which illustrate key aspects of pain management with full literature review
- Assessments with regional advisor
  - to ensure training centres providing suitable training
  - to support my application for fellowship of faculty of pain medicine

## Some things I would like to have done

- Met with general practitioners
- Leadership qualities framework 360 degree appraisal
- Staff sensitivity group

## Conclusion

- Anaesthesia is main route to pain medicine training
- Advanced training comprises one year of a 7 or 8 year training program
- Further training is expected as a consultant
- New Faculty of Pain Medicine