Guide to Pain Medicine training in the 2021 Anaesthetics curriculum

FACULTY OF
PAIN MEDICINE
of the Royal College of Anaesthetists

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Introduction

The Anaesthetic curriculum identifies the aims, objectives, experiences, outcomes and processes of postgraduate specialist training leading to a CCT in Anaesthetics; of which Pain is a key domain of learning. Anaesthetic training is outcome-based rather than time-based. However, the indicative length of training is seven years from appointment to completion. This document is an adjunct to the new Anaesthetic curriculum and guidance documents. It is intended to help trainees, supervisors and training programme directors with the new curriculum for Pain Medicine. This guidance complements the RCoA curriculum documents and is not intended as a replacement document. The standards must be applied in accordance with the criteria for training, as published in the current version of CCT in Anaesthetics (https://fpm.ac.uk/training-careers-pain-medicine/training-and-curricula).

The domain of learning for Pain within the Anaesthetic curriculum is divided into 3 stages, with advancing complexity and sophistication. These 3 stages are essential for Anaesthetists in training. There are additional Special Interest Areas (SIA) in Acute Inpatient Pain and Pain Medicine.

It is essential that the arrangements for those trainees seeking Pain Medicine special interest training do not detract from the training in Pain Medicine that must be provided for all Anaesthetists in 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

- Training will occur in posts and programmes approved by the GMC, or in other posts and programmes for which prospective approval has been given. It is recognised that the majority of programmes will be accommodated within a School(s) of Anaesthesia.
- Regional advisors in Pain Medicine (RAPM), Faculty Tutors in Pain Medicine (FTP) and Anaesthetic Training Programme Directors (TPD) within Schools of Anaesthesia are available to support Pain Medicine training at all stages of the Anaesthetic curriculum.
- In accordance to RCoA curriculum guidance, a minimum of three supervised sessions per week (averaged over three to six months) are required to ensure sufficient workplace based learning to allow most trainees to progress to CCT within the seven year indicative length of the programme; this figure is based on many years of experience. For trainees during their Pain Medicine placements there is an expectation that supervised clinical sessions are in Pain Medicine. It is accepted that there may be variation from week to week depending on local work patterns and the structure of individual school programmes of training.
- To ensure patient safety, trainees new to Pain Medicine must be directly supervised until they complete all the required core clinical learning outcomes. Following this, the appropriate level of supervision for the trainee's level and competence should be provided.
- It is important to ensure that supervised sessions have relevance to the higher learning outcomes and stage of training for that particular trainee.
- Appropriate adjustments will be made for trainees in less than full time training posts with the training programme delivered on a pro rata basis.
- Out of hours commitments work for trainees largely involves providing services for emergency work in Anaesthesia. During SIA placements in Acute Inpatient Pain or Pain Medicine, the impact of out of hours work on Pain Medicine training must be kept to a minimum. It is essential that trainee spend entirety of their day time SIA training in Pain Medicine related activity. 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 SIA Pain Medicine training, unless there are extenuating circumstances, for instance in the event of a major incident.
- The training is outcome based rather than time based, there is no minimum or maximum number of clinical sessions. The periods of training are indicative; achieving the key capabilities will require evidence to be obtained through each stage of training.
- **A specialty specific designated trainer such as a FTP or RAPM must be identified to sign the HALO form for each Pain learning outcome stage.**

2 Domains and High-level Learning Outcomes

There are 7 generic professional and 7 specialty specific domains of learning with learning outcomes for each stage of training within Anaesthetic curriculum. The table below described the learning outcomes specific for Pain Medicine. The attainments required for each domain are mapped to the Generic Professional Capabilities and domains of Good Medical Practice. Trainees will need to achieve the learning outcomes at the end of each stage of training in order to progress to the next.

Completion of the 3 stages of Pain training is required before undertaking a Special Interest Area (SIA) in Acute Inpatient Pain or Pain Medicine.

Figure 1 - Specialty specific domain of learning

Domain	Pain
High-level Learning Outcome	Manages pain
Stage 1 Learning Outcome	Recognises, assesses and treats acute pain independently Differentiates between acute and chronic pain
Stage 2 Learning Outcome	Understands the aetiology and management of acute, acute on chronic and chronic pain
Stage 3 Learning	Able to initiate complex pain management for in-patients and to sign-post to appropriate pain management services
Special Interest Area in Acute Inpatient Pain	Managing pain in inpatients (acute pain, acute on chronic pain, chronic pain and cancer pain)
Special Interest Area in Pain Medicine	Provides comprehensive management of patients with acute, acute on chronic, chronic and cancer related pain using physical, pharmacological, interventional and psychological techniques in a multidisciplinary setting

Stage 1

The Anaesthetists in training will be exposed to a comprehensive introduction to Pain Medicine reflected in "generalist" anaesthetic practice. There are no minimum or maximum sessions and the HALO sign off will depend on the evidence gathered with SLEs supporting the achievement of the key capabilities and learning outcome.

Learning Outcome	Recognises, assesses and treats acute pain independently Differentiates between acute and chronic pain

A	Can recognise, examine, assess and manage acute pain in the surgical and non-surgical patient
B	Is able to safely and appropriately prescribe medication for pain management
C	Demonstrates effective communication skills regarding pain management with patients, relatives and carers
Examples of evidence	SLEs throughout stage of training across a range of surgical specialties including acute pain rounds Safe and appropriate prescribing of medication for pain management in the perioperative period
Supervision level	Minimum 2b
Cross links with other domains and capabilities	Professional behaviours and communication
D	Demonstrates the basic assessment and management of acute on chronic and chronic pain in adults
E	Describes the concept of biopsychosocial multi-disciplinary pain management
Examples of Evidence	SLEs throughout stage of training across a range of surgical specialties including acute pain rounds Personal activities such as teaching sessions, e-learning and attending pain clinics
Supervision Level	Minimum 2a
Cross links with other domains and capabilities	Professional behaviours and communication

F	Describes the special circumstances in assessing and managing perioperative pain in specific patient groups including children, pregnancy and breast feeding, the elderly and frail, those with learning and communication difficulties, autism, dementia, renal and hepatic impairment and substance abuse
Examples of Evidence	SLEs throughout the stage of training across a range of surgical specialties including those from obstetrics and paediatrics
Supervision Level	N/A
Cross links with other domains and capabilities	General anaesthesia, F, O, P, Q and R Intensive Care Medicine
G	Demonstrate the safe use of equipment used in pain management
Examples of Evidence	SLEs throughout stage of training across a range of surgical specialties eg setting up a PCA pump or epidural EPA 3
Supervision Level	Minimum 3
Cross links with other domains and capabilities	Safety and quality improvement General anaesthesia

Stage 2

This builds on the Pain Medicine experience at stage 1. It is recommended that this stage is delivered as a module with further experience of the multi-disciplinary approach to pain management in a variety of settings.

Learning Outcome	Understands the aetiology and management of acute, acute on chronic and chronic pain

Key Capabilities	
A	Utilises a multi-disciplinary approach to the management of complex pain within a biopsychosocial model of care
B	Can confidently manage acute pain in the whole perioperative pathway in a timely manner
Examples of Evidence	SLEs throughout stage of training across a range of surgical specialties, acute pain ward rounds and from specialist pain clinics Examples: Regional anaesthesia techniques for post-operative pain Management plans for the transition to oral analgesia from PCA, neuraxial or regional anaesthesia techniques Biopsychosocial approach in individual as well as multidisciplinary assessment, for example, assessment for Pain Management Programmes **Personal activities and reflections:** Leading a pain round Attendance at specialist pain clinics
Supervision Level	Minimum 3
Cross links with other domains and capabilities	General Anaesthesia Regional Anaesthesia Team Working Professional Behaviours and Communication

C	Is able to assess patients, interpret investigations and initiate management of chronic malignant and non-malignant pain in a timely manner under distant supervision
D	Can assess and manage acute on chronic and chronic in-patient pain in adults and recognise when referral to specialist pain services is appropriate
E	Identify barriers to effective pain management including those related to patient beliefs, society, culture, and healthcare provision
Examples of Evidence	SLEs throughout stage of training across a range of surgical specialties, acute pain ward rounds and from specialist pain clinics Personal activities and reflections: Attendance at specialist pain clinics and pain intervention lists
Supervision Level	Minimum 2b
Cross links with other domains and capabilities	Perioperative Medicine and Health Promotion
F	Explains the risk factors for persistent post-surgical pain including measures to minimise its occurrence
Examples of Evidence	SLEs throughout stage of training across a range of surgical specialties, acute pain ward rounds and from specialist pain clinics
Supervision Level	N/A
Cross links with other domains and capabilities	General anaesthesia Perioperative Medicine and Health Promotion Professional Behaviours and Communication

Stage 3

The delivery of Stage 3 training varies according to the ability of School programmes to deliver the essential Stage 3 high level outcomes to all its trainees, whilst also accommodating individual trainees' special interests. It is therefore feasible for a trainee to complete a special interest module of training in ST6 before completing all the high level outcomes of training at ST7. If the Pain special interest modules of training are over-subscribed, it will be left to the TPD and RAPM, in conjunction with the School Training Committee to determine how the opportunities will be allocated in a transparent and fair way.

The aim of Stage 3 training is to allow the trainees to become expert and therefore more independent in all areas of clinical practice, by requiring less consultant guidance and supervision. There are no minimum or maximum sessions and the HALO sign off will depend on the evidence gathered with SLEs supporting the achievement of the key capabilities and learning outcome.

Learning Outcome	Able to initiate complex pain management for in-patients and to sign-post to appropriate pain management services

Key capabilities	
A	Applies knowledge and understanding of assessment and management of pain in a multiprofessional context
B	Demonstrates safe effective pharmacological management of acute and procedure pain in all age groups
C	Acts as an effective member of the inpatient pain team
Examples of Evidence	SLEs throughout stage of training across a range of surgical specialties, acute pain ward rounds and from specialist pain clinics

Examples of Evidence	For example: Managing and planning analgesia for patients with chronic pain who present for surgery Leading an inpatient acute pain round Recognition of comorbidities and adjustment of pain medications accordingly Personal activities and reflections: Attendance at pain clinics and multidisciplinary pain meetings Development of an individual pain management care plan in pre-operative assessment clinic
Supervision Level	4
Cross links with other domains and capabilities	General anaesthesia Regional anaesthesia Team Working Perioperative Medicine and Health Promotion Intensive Care Medicine
D	Effectively engages with multi-disciplinary primary and secondary pain services and palliative care when necessary
E	Recognises the need for and complications of interventional pain procedures
Examples of Evidence	SLEs throughout stage of training across a range of surgical specialties, acute pain ward rounds and from specialist pain clinics For example: Recognition of end of life care and make adjustments to pain medication accordingly Managing and planning analgesia for patients with acute on chronic pain Assessing patients with chronic pain Assessing and managing the complications of interventional pain procedures including regional anaesthetic techniques Personal activities and reflections: Experience of pain management in the terminal care setting Attendance at a pain intervention list
Supervision Level	N/A
Cross links with other domains and capabilities	General anaesthesia Perioperative Medicine and Health Promotion Team Working
F	Prescribes appropriately in the perioperative period and recognises the long term implications of not reviewing patient analgesia in the post–operative period following discharge
Examples of Evidence	SLEs throughout stage of training across a range of surgical specialties acute pain ward rounds and from specialist pain clinics Examples: Opioid Stewardship (managing and planning analgesia for discharge) Personal activities and reflections: Identification and management of complications from patient controlled analgesia, neuraxial techniques and continuous regional techniques
Supervision Level	4

Cross links with other domains and capabilities	General anaesthesia Regional anaesthesia Perioperative Medicine and Health Promotion
G	Plans the perioperative management of patients for surgery who are taking high dose opioids and other drugs of potential addiction
Examples of Evidence	SLEs throughout stage of training across a range of surgical specialties, acute pain ward rounds and from specialist pain clinics For example: Management of the intra-venous drug user who presents for surgery Managing and planning analgesia for patients with chronic pain who present for surgery
Supervision Level	4
Cross links with other domains and capabilities	General anaesthesia Regional anaesthesia Perioperative Medicine and Health Promotion

Special Interest Area in Acute Inpatient Pain

This training may occur in a centre offering the facilities required for SIA in Pain Medicine training or other centres that provide inpatient and outpatient pain services. It is anticipated that to achieve the key capabilities for this SIA, an indicative period of 6 months will be required. The focus of this SIA is on the management of pain in an inpatient setting. To achieve the key capabilities, experience will need to gained in managing acute, acute on chronic pain and chronic pain in the acute hospital setting; managing chronic pain in clinics, assessing patients for and performing pain intervention; assessing patients for and performing pain interventions as part of end of life care which may include the terminal care setting.

It is recommended that all those who are appointed as Lead for Acute Pain Services should have completed SIA training in Pain Medicine.

Learning Outcome	Managing pain in inpatients (acute pain, acute on chronic pain, chronic pain and cancer pain)

Key capabilities	
A	Can lead an acute in-patient pain team and use a biopsychosocial model of care
B	Delivers complex patient centred care emphasising shared decision making with the patient and other health professionals
C	Delivers evidence-based pain medicine
D	Provides safe and effective pharmacological management of acute and procedural pain in all age groups
E	Demonstrates an ability to perform necessary practical pain relieving procedures for safe, effective evidence-based practice
F	Demonstrates effective consultation skills in challenging areas (e.g. ventilated in ICM, non-verbal patient and those with learning difficulties)
G	Facilitates referrals to specialist palliative care and end of life care when needed
H	Recognises need to liaise with specialty services such as liaison psychiatry and addiction medicine services and refers where appropriate

Examples of Evidence	Experience of managing acute and acute on chronic pain in the acute hospital setting and in pain management clinics, pain intervention lists, pain interventions as part of end of life care which may include terminal care setting **Supervised Learning Events (SLEs) examples:** Prioritising referrals Pharmacological management of acute, acute on chronic, cancer and procedural pain in all groups Manage complications from interventional procedures and pharmacological management for pain Managing infusion pumps, including PCAs, wound catheters and epidurals Leads acute pain ward rounds Liaising with specialty services and refers onward when necessary Management of drugs of potential addiction in vulnerable groups **Supervised Learning Events (SLEs)** can also be used to demonstrate: Explanation of clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues Appropriate pharmacological knowledge for safe short and long term prescribing of opioids Appropriate clinical reasoning formulated from history, physical examination and basic assessment of mental state Appropriate and timely liaison with other medical specialty services when required Application of effective team working strategies to ensure that effective prioritisation, communication and shared decision making occurs Development of an individualised care plan, including planning for prescribing at end of life Appropriate application of evidence based treatments for pain management Practical procedural skills for management of acute inpatient pain **Personal Activities and Personal Reflections may include:** National and international courses or conferences related to Acute Inpatient Pain Presentation at relevant meeting Development of guidelines and policies related to Acute Inpatient Pain Leadership training and demonstration of ability to lead an inpatient acute pain service Attendance at multi-disciplinary pain meetings **Other evidence** Satisfactory MSF
Supervision level	4
Cross links with other domains and capabilities	Stage 3 Pain, General Anaesthesia with particular reference to capability E All Stage 3 GPCs

Special Interest Area in Pain Medicine

SIA in Pain Medicine training programmes are outcome based with an indicative period of training of 12 months to achieve the key capabilities. As a guidance, allowing for annual leave, study leave, administrative and professional development and on-call commitments, trainees are expected to achieve 4 to 6 supervised Pain Medicine clinical sessions per week within a WTE training post. This training whenever possible should be delivered 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 of six months. For SIA in Pain Medicine trainees who 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 FTPs.

Each training post must have a well-defined training programme with clearly stated learning aims and objectives that cover the key capabilities throughout the whole training period. The bulk of training time must be spent in chronic pain work and related activity including multidisciplinary team working within a pain service including physiotherapy, occupational therapy, psychological therapy and Pain Management Programmes. Trainees who wish to develop specialist interests may also choose to spend additional time in specialist clinics for example clinics dealing with pelvic pain, headaches and facial pain.

Time spent understanding the concepts of interventional Pain Medicine should be spread across learning include peripheral nerve blocks, musculoskeletal blocks and neuraxial blocks, including exposure to radiofrequency, fluoroscopic and ultrasound guided techniques.

It is essential that the overall training experience reflects the multidisciplinary practice of holistic Pain Medicine and trainees and trainers should ensure that the sessions attended towards training reflect this.

Learning Outcomes	Provides comprehensive management of patients with acute, acute on chronic, chronic and cancer related pain using physical, pharmacological, interventional and psychological techniques in a multidisciplinary setting.

Key capabilities	
A	Manages referrals/triages within pain service
B	Manages an outpatient pain medicine clinic
C	Manages pain procedural cases
D	Participates effectively within a pain MDT
Examples of Evidence	Experience of multidisciplinary approaches to managing inpatient and outpatient pain in a variety of settings including inpatient ward rounds, outpatient clinics, advanced interventional techniques, pharmacological therapies and Pain Management Programmes. **Supervised Learning Events (SLEs) examples:** Prioritising referrals Requesting and interpreting relevant investigations Liaising with specialty services and refers onward when necessary Assessment of patients with pain in complex scenarios including psychological distress, cognitive impairment and limited verbal interaction, and formulation of an appropriate diagnostic and management plan Prescribes safely and administer within recommended guidelines Leading multidisciplinary clinics in conjunction with physiotherapist and/or occupational therapist and/or clinical psychologist Supervise AHP led clinic assessments and AHP led prescribing where applicable. Managing and planning interventional pain procedures Collaboratively work with step down pain management services in the community Communication with primary and secondary care colleagues, recording of the MDT discussion and dissemination of outcomes Wide range of pain interventional procedures using landmark, ultrasound and fluoroscopy techniques Management of procedural complications Use of imaging techniques during Pain Medicine procedures (IRMER regulations)

Examples of Evidence	Non-pharmacological and non-interventional pain management Assessment of pain in the context of neuromodulation **Supervised Learning Events (SLEs) can also be used to demonstrate:** Recognition of those who require psychological evaluation, and the ability to apply established treatments for the management of psychological distress in those with pain Patient centred care including shared decision making Appropriate management of medical comorbidities Effectively time management within clinical session Practices informed consent and communicates risk effectively Practices to national standards and guidelines Referral criteria and process for patients requiring assessment and treatment by specialised pain services, eg neuromodulation, paediatric chronic pain. Understanding of the techniques of neuromodulation such as spinal cord stimulation and intrathecal drug for drug delivery Understanding of the role of other specialty members within the multidisciplinary team Understanding of the role of pain management programmes **Personal activities and reflections:** National standards and guidelines Ability to lead multi-disciplinary pain meetings National and international courses or conferences related to Pain Medicine Development of guidelines and policies related to inpatient and outpatient pain Presentation at relevant meetings Quality improvement and research projects in Pain Medicine **Courses/e-learning/personal reading:** Role of pain management programmes, basic concepts of welfare benefits, Equality Act 2010, Mental Capacity Act, legal aspects of reasonable adjustments in context of occupation, role of social services in supporting patients with disability
Supervision Level	4
Cross links with other domains and capabilities	General anaesthesia Regional anaesthesia Perioperative Medicine and Health Promotion

F	Manages patients who are taking drugs of potential addiction
G	Has an understanding of the socioeconomic, occupational health and medicolegal aspects of pain medicine
H	Describes the healthcare infrastructure and the pain service

Examples of Evidence	SLEs throughout stage of training across range of surgical specialties acute pain ward rounds, specialist pain clinics, MDT meetings and service meetings.

Examples of Evidence	**Supervised Learning Events (SLEs) examples:** Pharmacological knowledge for safe short and long-term prescribing of opioids and other drugs of potential addiction Use of opioid risk tools and assessments in vulnerable groups Monitoring of opioids and drugs of potential addiction and withdrawal strategies within pain management services **Supervised Learning Events (SLEs) can also be used to demonstrate:** Awareness of the legal implications of the use and prescribing of opioids and drug of potential addiction relating to driving, misuse, addiction and diversion Explaining the risks and benefits of prescribing opioids and drugs of potential addiction for chronic non-malignant pain Collaboratively work with other specialist services to manage addiction to pain related medication Understanding of the current clinical commissioning groups within the NHS, in both primary and secondary care Understanding of specialist and highly specialist commissioning Understanding of the basic infrastructure within an NHS Trust or other healthcare provider in terms of managing a pain service **Personal activities and reflections:** Attend MDT meetings Attend substance misuse clinic Attend service meetings **Courses/e-learning/personal reading:** Opioid Addiction in e-PAIN Safe opioid prescribing courses Opioids aware- https://www.fpm.ac.uk/opioids-aware Misuse of Drugs Act 1971 and Misuse of Drugs Regulations 2001 The Controlled Drugs (Supervision of Management and Use) Regulations 2013 Guidance for healthcare professionals on drug driving
Supervision Level 4	4
Cross links with other domains and capabilities	Perioperative Medicine and Health Promotion

I	Manages pain in paediatric patients (chronic pain)
J	Manages pain in paediatric inpatients (acute pain)

Examples of Evidence	SLEs throughout stage of training across range of surgical specialties, ages and settings. **Supervised Learning Events (SLEs) examples:** Pain assessment and management formulation for infants, children and adolescents including the premature neonate and child with neurodevelopmental delay Multidisciplinary approach to acute, acute on chronic, chronic and cancer pain for children including the premature neonate Manage transition from paediatric to adult health and social services where appropriate **Supervised Learning Events (SLEs)** can also be used to demonstrate: Understanding of child protection processes Communication with children and families, other paediatric healthcare professionals, and community paediatric services

Examples of Evidence	**Personal activities and reflections:** Safeguarding updates Paediatric Pain Symposiums **Courses/e-learning/personal reading:** FPM learning FPM study days e-PAIN module - Pain in Children
Supervision Level	4
Cross links with other domains and capabilities	General anaesthesia Regional anaesthesia Perioperative Medicine and Health Promotion safeguarding
K	Manages pain in cancer patients
Examples of Evidence	**Experience & Logbook** Experience of multidisciplinary approaches to managing a cancer pain in a variety of settings including inpatient ward rounds, specialist pain clinics, MDT clinics **Supervised Learning Events (SLEs)** examples: Assess pain in the cancer pain patient Advanced interventional techniques for the management of cancer pain including but not exclusively, percutaneous cordotomy and management of complications Pharmacological management of cancer pain Management of external and internal implantable drug delivery systems, both peripheral and central, for the management of cancer pain **Supervised Learning Events (SLEs)** can also be used to demonstrate: Effective communication with patients, families/carers and health professionals Identifies patients with limited reversibility of their medical condition and determines palliative and end of life care needs, planning their pain management needs accordingly Identifies the dying patient and develops an individualised care plan, including planning, prescribing and pain management at the end-of-life Facilitates referrals to specialist palliative care when needed **Personal activities and reflections:** Palliative care ward rounds Joint Pain Medicine and Palliative care MDT Care of the dying pathways Legal implications of advanced care planning **Courses/e-learning/personal reading:** e-Pain module – Cancer Pain FPM learning Role of lasting power of attorney, social services, hospices, and end of life care in different settings

Supervision Level	4
Cross links with other domains and capabilities	General anaesthesia Regional anaesthesia Perioperative Medicine and Health Promotion

3 Evidence of progress

The requirements for each training year/level are stipulated in the ARCP decision guidance; checklists for anaesthetists in training and for educational supervisors can be found on the College website. The evidence through structured learning events (SLE) collected by trainees will support their progress through the stages of training and also included summative and formative assessments, Personal Development Plan, quality improvement project and logbook summaries.

Summative assessment relevant for Pain Medicine

- Fellowship of the Faculty of Pain Medicine Royal College of Anaesthetists (FFPMRCA): optional if undertaking the SIA in Pain Medicine
- Fellowship of the Royal College of Anaesthetists (FRCA) examinations: Primary and Final
- Initial Assessment of Competence (IAC)
- Initial Assessment of Competence in Obstetric Anaesthesia (IACOA)
- Holistic Assessment of Learning (HALO) form
- Multiple Consultant Reports (MCR)
- Educational supervisors structured report (ESSR)
- Entrustable Professional Activities (EPAs)

The formative assessments that can be used for Pain medicine are the SLEs:

- Anaesthetic Clinical Evaluation Exercise [A-CEX]
- Anaesthetic List/Clinic/Ward Management Assessment Tool [ALMAT]
- Direct Observation of Procedural Skills [DOPS]
- Case Based Discussion [CBD]
- Logbook
- Multi-Source Feedback [MSF]
- Multiple Consultant Report (MCR)

SLEs that are undertaken should contribute to evidence for key capabilities at each of the three stages of training. There are several key capabilities within each domain and stage of training and a single assessment may provide evidence to satisfy multiple key capabilities across a range of domains.

Feedback

Integral to the SLEs are reflection on the learning event by the trainee and feedback from the assessor. Consultant feedback, multi-source feedback (MSF) and patient feedback are embedded within the assessment process. Within the SIA Pain Medicine, patient feedback can be measured using the CARE measure or any another validated tool, with an expectation that this is completed at least twice within the training programme.

As part of the feedback, the assessor can indicate what level of supervision the trainee requires for that task or case and how they can improve in order to reach the level of supervision required. To facilitate this, the levels of supervision have been developed and a supervision/entrustment scale is included on some of the SLEs.

1	Direct supervisor involvement, physically present in theatre throughout
2A	Supervisor in theatre suite, available to guide aspects of activity through monitoring at regular intervals
2B	Supervisor within hospital for queries, able to provide prompt direction/assistance
3	Supervisor on call from home for queries able to provide directions via phone or non-immediate attendance
4	Should be able to manage independently with no supervisor involvement (although should inform consultant supervisor as appropriate to local protocols

HALO

A specialty specific designated trainer such as a FTP or RAPM must be identified to sign the HALO form for all Pain learning outcome stages. Each trainer should be familiar with the requirements for the stage learning outcome and be able to provide guidance for trainees who have not yet achieved the learning outcomes. It is anticipated that the HALOs for the generic professional capability based stage learning outcomes will be signed by the trainee's educational supervisor. The professional judgement of the supervisor will ultimately determine whether it is appropriate to sign the HALO form for a trainee.

More information and guidance for anaesthetists in training and trainers will be available in the 'Guide to Anaesthetics Training'.

For Special Interest Posts

Quarterly appraisal progression points

The RAPM (Regional advisor in Pain Medicine) will review formative assessments, logbook, consultant feedback and portfolio progression at each quarterly assessment. At the six-month and twelve-month assessment, patient feedback will also be reviewed. One MSF (multisource feedback) must be completed in the indicative 12 months period. It is recommended this is completed between the sixth to the tenth month so that remedial training and guidance can occur, if required, before the end of the training. RAPMs will use the logbook information at quarterly reviews to guide future clinical and procedural exposure so that sufficient clinical breadth of training is achieved to meet all curriculum learning outcomes. The RAPM will also review HALO forms as a summative assessment – these are completed throughout the whole period of training as various outcomes are achieved. It is expected that for the key capabilities a supervision level of 4 is achieved with practical procedures relevant to the SIA achieving a supervision level of at least 3.

FFPMRCA examination

The FFPMRCA exam has been established since 2011 and runs twice per year. The first part of the examination is an MCQ (multiple choice questions) paper which can be taken after completion of stage 3 pain training. The second part, SOE (Structured Oral Examination) is recommended to be taken after a completing a minimum of six months of training in the SIA in Pain Medicine. The second part or SOE can be taken up to three years following a successful sitting of the MCQ paper. Further information can be found on the FPM website (https://fpm.ac.uk/training-examinations/ffpmrca-examinations).

Supervision

The Regional Advisor in Pain Medicine (RAPM) will coordinate the training programme according to the needs of the candidate — for example; a trainee is likely to require more guidance in cancer and palliative medicine training if they have a specialist interest, whereas a trainee whose career goal is within inpatient pain medicine will need more focal acute pain exposure.

The RAPM will meet the candidate quarterly to guide and review progress. The RAPM is also responsible for signing-off the training as successfully completed once the trainee has satisfactorily achieved all the curriculum outcomes. The roles and responsibilities of RAPMs can be found on the FPM site.(https://fpm.ac.uk/training-examinations-quality-management-training/regional-network-rapms-and-faculty-tutors-pain)

Faculty Tutors in Pain Medicine (FTP) are allocated to each hospital recognised for post graduate training in Pain Medicine. They will support the candidate locally, complete formative assessments and act as clinical supervisors. More information on their role can be found at the FPM site. (https://fpm.ac.uk/training-examinations-quality-management-training/regional-network-rapms-and-faculty-tutors-pain)

4 Organisation of Pain Services offering Pain Medicine training

- 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.
- Where more than one hospital or pain centre combines to create a comprehensive training programme, all the key capabilities 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 SIA Pain Medicine and SIA Acute Inpatient Pain 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. SIA pain training summaries for each region can be found on the FPM website.

- 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.
- SIA training programmes must provide the trainee with access to local or regional pain management programmes.
- At least one of the training centres must provide training in cancer pain and have links to a palliative care service. Trainees are expected to complete 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.
- Local or regional sub-specialist modules, including paediatric medicine and implantation of spinal cord stimulators and intrathecal drug delivery systems, should be available to SIA Pain Medicine trainees at a level required to support their training needs. Up to three months of SIA training in Pain Medicine may be dedicated to a subspecialty in a tertiary centre. It is not expected that trainees will be independently competent in these sub-specialties within their SIA training time – further post-CCT training will be necessary.
- SIA Pain Medicine training programme should have a well-defined weekly timetable in which the day-to-day training opportunities are clearly apparent.
- 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 reviews or guest lectures.
- 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/or organising such programmes.
- Formal SIA Pain Medicine training positions 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.
- The main pain management facility should have permanent accommodation that includes designated office space for the secretarial, administrative and other support staff.
- Appropriate rooms for consultation and treatment must be available.
- 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.
- 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.
- There should be library facilities.

5 Core Standards For Training Centres

- 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.
- A service providing training in Pain Medicine must be multidisciplinary and multi-professional - consultant led, and including nurses, psychologists, physiotherapists, occupational therapists and ancillary staff, able to deliver pain management required in a timely and efficient manner.
- 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.
- 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.
- 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.

- The majority of the consultant sessions should be provided by a minimum of two (2) different consultants who have a substantial sessional commitment to Pain Medicine.
- 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 not exceed more than twenty percent of the overall numbers of training sessions. The FTP 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.
- 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.
- 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 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.
- Specialist nurses provide an integral part of both outpatient chronic pain services and acute inpatient pain services.
- 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.
- It is recommended that there should be an HCPC-registered occupational therapist with specialist experience in pain management employed within a pain management service.
- 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.
- There must be provision of diagnostic services e.g. laboratory, radiology and neurophysiology.
- There must be links with necessary clinical support services including social services, pharmacy, medical physics and orthotics.
- 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.
- 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.
- Regular multidisciplinary case conferences and clinical review sessions must occur to formulate management plans and review the progress of individual patients.
- The pain service should document and respond to critical incidents and must be able to demonstrate that risk management strategies are in place.
- Audit must occur regularly and adequate records should be kept of audit meetings and outcomes.

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