The Faculty of Pain Medicine: past, present & future

Dr B Miller
Dean of the Faculty of Pain Medicine
Consultant in Pain Management & Anaesthesia.
Royal Bolton Hospital

The Past

History is not the event, but why before and after are different.

The Past – The beginning to the middle ages

- Pain Medicine is perhaps the oldest branch of medicine.
- Some of the earliest sensory neurological pathways are about recognition of noxious stimuli – when we are threatened with damage and when we have sustained it.
- The earliest medical texts deal with its management
  - Opium, Cannabis, Thermal cautery, acupuncture etc

- So why has it become a niche subject?
- How should we engage the medical world to understand it better ?

Birth Of Modern Medicine

- Modern Medicine came into being in about 100 years
- From the discovery of safe(ish) anaesthesia in 1848
  - the development of the germ theory
  - Asepsis
  - antibiotics (Salvarsan 1910, Penicillin 1942)
  - the antidepressants,antipsychotics, anticancer treatments in the 1950's)
- A whirlwind of activity
  - When my Great grandfather was born none of this had come into being

But something was lost

- The rise of treatments that could cure (or manage longterm) relegated symptoms to the lower position of diagnostic indicators
- Why treat pain, when could tell you what the problem really was, and you had a means to cure it.
- More than that, analgesia and its association with opioid medication had developed a bad reputation with the development of the International Opium Commission in 1909
- Indeed managing symptoms was seen as a backward step, and failure to diagnose and cure indications of poor medical practice or mad patients

Those who cannot remember the past are condemned to repeat it.

George Santayana

But then………………..

- Dr Sam Lipton established a Pain Clinic in Liverpool, 1953
- Dr John Bonica publishes: ‘Management of Pain’ 1953
- (Palliative Services by Cicely Saunders in the 1960s)
- Development of the understanding of the complexity of Pain (“Melzak and Wall”) 1965
- Intractable Pain society in 1967 (now the British Pain Society)
- International Association for the Study of Pain 1973
- Faculty of Pain Medicine 2007
- Worldwide Financial Collapse 2008

The Present

Faculty of Pain Medicine

- The Faculty came into being in 2007
  - It was predated by a 1999 RCoA report that around 12% Consultant Anaesthetic posts were looking for an interest in Pain
  - The creation of Regional Advisors in Pain Medicine to oversee training from 2003
- We were the first Faculty created by the RCoA
  - As a wholly anaesthetic body
  - ICM came later and is a very different creation

"So what does the College (Faculty) actually do?"
Judith Hulf President RCoA 2009

- This is a common question, and to be fair, until I joined its structures couldn't have told you.
- It has two basic functions – but the implications are greater than the simple sum of the parts
  - Training and Assessment Committee
    - Curriculum, Exam, Training, Advisors, Supervisors
  - Professional Standards Committee
    - Ethical and legal
- Within the Law, the GMC & the RCoA.
  - But also to create it

Light the blue touch paper and stand well back……

- This is not a static situation
  - We did not build the watch, windup and relax

- It is a dynamic, evolutionary situation
  - Proactive – create the frameworks
  - Reactive – recognise outside forces

Training & Assessment Committee

- Build a curriculum within Anaesthesia
  - It must be agreed within the Anaesthesia structures
- Use the resources and time we are given
  - It is approved by the GMC
    - This is not a forgone conclusion
- It must adapt to changes of professional standards and activity
  - e.g NICE, Shape of Training, Credentialing
- Although only binding on preCCT training
  - Effectively binds post-CCT/CESR expectations

Professional Standards

- What is the framework of 'good/best practice'
- What should we do, not do or be given freedom of clinical choice?
- What are the implications of a Faculty missive saying "yay" or "nay"
  - To the Patient ?
  - The Professional ?
  - The Faculty ?
  - The Law
- How do we react to public events that focus on our practice
  - Opioid prescribing
  - Low Back Pain injections
  - Cannabis

The Future?

It is better to debate a question without settling it than to settling a question without debating it.”
Joseph Joubert

Better treatment of pain

- More recognition
- More independence
- More Influence

Specialty Status

- We arrived as a Specialist Interest
- We aimed for subspecialty recognition
- What we have is something in-between
  - Royal College Faculty
  - Entrance by examination
    - GMC recognised curriculum
  - Standards for Professional conduct
    - revalidation and relicensing
  - GMC recognition of Pain as a subset of Practice
      - What?

- GMC placed a moratorium on subspecialty recognition in 2008
    - They have been working on the Credentialing model since then
        - Most prominent in the Shape of Training report
- The Faculty have been closely engaged with the GMC in developing a Pain Credential

Influence

- Pain is widely absent from training and professional education
  - What little is largely on Acute
  - Work with Curriculum developers
- The development of the "Opioids Aware" project has raised our profile in the opioid debate
    - forthcoming work on hospital discharge analgesia
- Work with the Medical Schools to introduce Essential Pain Medicine to the Undergraduate Curriculum
    - Supported by work the GMC to add questions on Pain to the final exams

Independence

- We are a small Faculty ~680 Fellows
  - Compare ICM (intercollegiate) ~3000
  - Compare RCoA ~17,700
- When created we were deliberately
  - Wholly within Anaesthesia
  - Any Pain Medicine specialist
    - Acute and Chronic
    - The new curriculum was intended to support greater acute training
    - It was envisaged that all who worked in the field (Acute/Chronic) would have completed Advanced level

To regain the 'Lost Tribe'

- Acute Pain was a qualification to join the nascent Faculty
  - But the curriculum and exam have effectively removed that route.
- We have developed a new Affiliate Fellowship for those practising without formal qualifications
  - This is important to us as we were founded to provide Training, Assessment and Professional guidance to all Pain Medicine, and cannot do this if they are excluded

…….. to the those we left behind

- Pain Medicine is an anaesthetic specialty by a quirk of history.
- Many specialists in the UK and elsewhere come from other medical backgrounds
  - e.g Neurology, Rheumatology, Rehabilitation Medicine, Psychiatry, even……… Surgery
- Anaesthetists constitute the largest group, but not the only one
- The Faculty was created as a wholly anaesthetic entity for…………….. diplomatic reasons

The next step

- The Faculty will open Fellowship to Palliative Medicine in the immediate future to those with a Pain interest, and those in Palliative training looking to develop an interest
- The aim is to broaden this
  - But give us a chance to work out the crinkles :)

Yesterday is not ours to recover, but tomorrow is ours to win or lose.

Lyndon B. Johnson