FACULTY OF
PAIN MEDICINE
of the Royal College of Anaesthetists

ROLES AND RESPONSIBILTIES
for
REGIONAL LEADS FOR ESSENTIAL PAIN MANAGEMENT UK

1. Introduction

1.1 The Faculty of Pain Medicine of the Royal College of Anaesthetists was formed in April 2007. One of the main objectives of the Faculty of Pain Medicine is "to educate medical practitioners to maintain the highest possible standards of professional competence in the practice of pain medicine for the protection and benefit of the public".

1.2 The Essential Pain Management Programme (EPM) was originally developed in Australia and New Zealand by Roger Goucke and Wayne Morriss as an educational tool for health care workers in low- and middle-income countries. The first course was held in Papua New Guinea in April 2010. In 2013, the EPM UK Advisory Group (EPMAG) was established, with the purpose of running EPM courses across Africa.

1.3 EPM is based on a three-letter acronym, 'RAT' (Recognise, Assess, Treat). This is designed to allow rapid recall of a logical, stepwise system for pain management, akin to the Airway, Breathing, Circulation approach used in Advanced Life Support training. This structure provides the basis for an evidence-based, standardised and reproducible training session in pain medicine, with its own handbooks for both trainers and students, slide sets and references.

2. EPM in Medical Schools

2.1 EPM Lite was developed as a half-day course for medical students with the additional help of Linda Huggins, a UK pain medicine trained anaesthetist now working as a Palliative Medicine Specialist in New Zealand. The EPM UK course is an adapted version of EPM Lite specific to the UK. The UK Faculty of Pain Medicine took on introducing EPM UK as a project in 2014, and the first UK EPM UK course was held in Bristol in September that year.

2.2 The EPM UK course helps students understand classifications of pain, why pain should be treated, and an overview of different drug and non-drug treatments. The half day course is flexible as the content and timings can be amended to suit group size and level of teaching. Increasing experience has shown that the basic structure is very usefully enhanced by highlighting particular areas for deeper exploration. This has provided a great opportunity to facilitate discussions around areas such as the use of opioids in chronic pain, illustrated with challenging case discussions. Each course is adapted by the local teaching team, according to the experience and needs of the course attendees.

2.3 EPM has been endorsed by the new RCoA undergraduate curriculum, released in November 2017, recommending EPM UK as a framework for teaching medical students. In addition, the BMA publication "Chronic pain: supporting safer prescribing of analgesics", highlights EPM UK as an effective course for teaching medical undergraduates. Our programme continues to flourish and receive excellent feedback, with at least 14 medical schools incorporating the teaching so far. At a local level, anaesthetic enthusiasts are consolidating EPM effectively by teaching it within their own departments.

2.4 Colleagues in medical schools have now run EPM UK in a variety of guises; for groups of up to 240 students in a single session, as a mini version for hour-long weekly medical student seminars, for small group teaching in year 2 and 3, in the fourth year during the students' Anaesthesia Specialty Study Modules, and on a Final Year 'survival' course in preparation for taking up FY1 posts.

3. EPM for all healthcare staff

3.1 We recognise that the benefits of teaching medical students a new structure for approaching patients with pain will be short-lived unless other more senior clinicians and allied healthcare professionals are using the same approach. With this in mind, we have extended training to postgraduates and other healthcare workers.

4. How EPM UK is taught

4.1 EPM UK follows the dictum of the original EPM course, that local problems need local solutions, so although we still recommend the half day EPM UK course, we recognize that many approaches to teaching are appropriate and that any teaching that uses the Recognize Assess and Treat algorithm is essentially teaching EPM.

5. Feedback and Outcome Data

5.1 Currently, we evaluate EPM by collating a wide range of information, from details of previous pain training received by participants, to MCQ scores and free text feedback, using a spreadsheet, to tabulate the pertinent information. The data gathered has been invaluable in developing the course on an on-going basis. In particular we have shown the need for the course, with very few participants stating that they have received previous training, yet overwhelmingly feeling that this would be useful both personally and for their colleagues.

6. Training trainers

6.1 In order to gather momentum, we ran our inaugural UK Train the Trainers course in March 2017 and a second course in September 2017. These have been attended by a variety of professionals, including physiotherapists, nurses, anaesthetists (trainee and consultant) and psychologists from a variety of Trusts in the UK. The course includes familiarisation of course content, personal tips from previous experience and feedback, discussion of teaching techniques, and development of adaptations to ensure relevance for those attending courses. Following this, a variety of professionals have received EPM training around the country, including student nurses, qualified nurses, physiotherapists, recovery staff and GP trainees. In this way, we aspire to expand the number of healthcare professionals using the RAT approach, thereby standardising language with the aim of improving inter-professional communication and patient management. More Train the Trainers courses are anticipated in 2018.

7. Appointment of Regional Leads

7.1 Regional leads for EPM UK will be appointed by the EPM Advisory Group having consulted with the local Regional Adviser in Pain Medicine (RAPM). The role will be advertised through Transmitter. In the first instance regional boundaries will be pragmatic, depending on where EPM is being taught. In the long term it may be that we will align with the areas covered by Regional Advisers in Pain Medicine.

7.2 If there is more than one applicant from a single centre a decision will be made by EPMAG.

7.3 The appointment will be reviewed every 3 years by EPMAG in conjunction with the local RAPM.

8. Support for Regional Leads from the Faculty of Pain Medicine

8.1 The Board of the Faculty and the College generally will continue to support all Fellows undertaking educational roles but have no funds to place at the disposal of EPM UK Regional Leads and they rely upon the continuing good will of those appointed along with the support of their employers and local education providers. The Lead and Deputy Lead for EPM UK will provide a point of contact for questions, discussion and support.

9. General roles and responsibilities of Regional Leads for EPM

9.1 The Regional Lead for EPM UK should be a source of knowledge and point of contact for any health care staff wishing to use EPM and/or the RAT model for teaching.

9.2 The Regional Lead will encourage the use of EPM by all health care staff, recognizing that in most cases the Regional Lead has no formal authority but will lead by encouragement and example.

9.3 The Regional Lead will establish Training the Trainers courses in their region according to local need.

9.4 The Regional Lead will compile a brief annual report setting our activity in their area and any notable learning points.

9.5 The Regional Lead will report to EPMAG through the Lead and Deputy Lead for EPM UK.

9.6 It is not expected that the Regional Lead will be involved directly in any more teaching than they are currently undertaking or wish to do.