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**Hospital Review Form**

**Hospital Name:**

**Region:**

# *Please complete and return to the*

# *Regional Advisor in Pain Medicine by:*

**Version 3 April 2024**

**1 HOSPITAL DETAILS & TRAINING PROGRAMME**

**Hospital Name**

**Address**

**(including postcode)**

**Telephone Number**

**Telephone Number**

**(Pain Service)**

**Regional Advisor**

**Pain Medicine**

**School of**

**Anaesthesia**

**Regional Advisor**

**Anaesthesia**

(name & email)

**College Tutor**

(name & email)

**Is this the main hospital at which Advanced Pain Training would be based? Yes** **[ ]  No** **[ ]**

**If you’ve ticked no, please provide the name and address of the main hospital below:**

**If you are the main hospital, please provide the names of other hospitals involved in the training programme:**

**2 REGIONAL SPECIALITIES**

**Please indicate if any of the services below are available at your hospital:**

If they are available at other sites as part of your training programme, please provide details in the text box.

 **Musculoskeletal Yes** **[ ]  No** **[ ]**

 **PMP/Psychology Yes** **[ ]  No** **[ ]**

**Cancer pain Yes** **[ ]  No** **[ ]**

**Palliative Care Unit Yes** **[ ]  No** **[ ]**

**Neurosurgery/Neurology Yes [ ]  No** **[ ]**

**Paediatric Pain Yes [ ]  No [ ]**

**Rehabilitation Yes [ ]  No [ ]**

**Specialised Modules (if any) Yes [ ]  No [ ]**

**Please provide details:**

**Please indicate any other sites at which these services are available:**

**What stage of pain training is delivered at your hospital?** Please tick all that apply:

**Stage 1 [ ]**

**Stage 2 [ ]**

**Stage 3 [ ]**

**3 PAIN MEDICINE SERVICE: MEDICAL STAFFING**

**3.1 Consultant staff**

*Complete for all Consultants with some or all day-time PAs exclusively devoted to Pain Medicine.*

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| --- | --- | --- | --- |
| **NAME** | **PARENT SPECIALTY** | **QUALIFICATIONS** | **PAIN PAs/WEEK** |
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**3.2 Consultant PAs for pain medicine per week**

**3.3 What is the on-call commitment associated with the trainee post? Is it anaesthesia or pain medicine?**

**3.4 Are out patient services delivered (please tick those that apply):**

**Face-to-face only [ ]**

**Virtually / by telephone [ ]**

**Hybrid [ ]**

**3.5 SAS staff**

*Complete for all SAS staff with some or all day-time PAs exclusively devoted to Pain Medicine.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME** | **GRADE** | **PARENT SPECIALTY** | **QUALIFICATIONS** | **PAs/WEEK** |
|  |  |  |  |  |
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**3.6 SAS grade sessions for pain medicine per week**

**3.7 Other staff**

*Please complete giving numbers for all clinical non-medical staff of the pain medicine service not mentioned above e.g. Specialist Nurses, Psychologists, Physiotherapists, Pharmacists, Occupational Therapists, etc.)*

|  |  |  |  |
| --- | --- | --- | --- |
| **NUMBER OF STAFF e.g. Specialist Nurse, Physiotherapist etc.** | **PARENT SPECIALTY** | **QUALIFICATIONS** | **SESSIONS/WEEK** |
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**4 INFORMATION RELATED TO THE PAIN MEDICINE SERVICE**

**4.1 Clinical activity**

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| --- | --- |
| **ACTIVITIES** | **NUMBER** |
| Outpatient consultation sessions (consultant) |  |
| Treatment **(theatre sessions** ) sessions per week |  |
| Treatment **(Outpatient Clinic**) sessions per week |  |
| Number of treatment sessions with dedicated image intensifier and radiographer available |  |
| Number of treatment sessions with dedicated Ultrasound Guidance |  |
| Please list the procedures frequently carried out (attach separate sheet) |  |
| Inpatient beds - available solely for pain medicine |  |
| Inpatient Ward rounds per week medical |  |
| Inpatient Ward rounds per week nursing |  |

**4.2 Does the Pain Medicine Service have the following facilities?**

|  |  |
| --- | --- |
| **FACILITIES** | **‘Y’ OR ‘N’** |
| Separate office accommodation |  |
| Access to library with up-to-date pain therapy texts and journals |  |
| Trainee’s office with dedicated facilities for IT and internet access |  |
| Consultant and SAS doctor office(s) |  |
| Administration staff (state whole time equivalents) |  |
| Clerical staff (state whole time equivalents) |  |
| Secretarial support (state whole time equivalents) |  |
| Audit assistant/clerk (state whole time equivalents) |  |
| Research Department |  |

**4.3 Does the Pain Medicine Service have?**

|  |  |
| --- | --- |
| **FACILITIES** | **N/A or DETAILS** |
| Pain Management Programme (give details)No of sessions per year |  |
| Patient Support or Education Groups (give details) |  |
| Written protocols used in the Pain Medicine Service (give examples ) |  |
| Written protocols or guidelines for general practitioners (give examples ) |  |
| Patient information material (give examples) |  |

**5 FACILITIES FOR TRAINING AND EDUCATION**

*Does the Unit have the following? PLEASE NOTE the additional questions in the table*

|  |  |  |
| --- | --- | --- |
| **FACILITIES** | **Y/N** | **DETAILS (if applicable)** |
| Nurses with higher qualification relevant to Pain Medicine (state qualification in each case) |  |  |
| Access to radiation safety training |  |  |
| Formal teaching sessions (state duration and number per week) |  |  |
| Audit meetings (state frequency) |  |  |
| Regular case discussion/MDT and/or journal review meetings (state frequency & type) |  |  |
| Library facilities |  |  |
| Internet Access |  |  |
| A role in training of medical students |  |  |
| A role in the training of nursing students & other healthcare professionals |  |  |
| A role in the training of other healthcare professionals |  |  |
| An on-going programme of research into the mechanisms or management of pain (provide details) |  |  |
| Joint clinics with other specialties(provide details) |  |  |

**6 CURRENT PAIN TIMETABLE OF THE DEPARTMENT**

*Please attach as a separate sheet or expand this table if necessary*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **MON** | **TUES** | **WED** | **THURS** | **FRI** |
| **Clinics/Lists/MDT’s** |  |  |  |  |  |
| **AM** |  |  |  |  |  |  |
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| **PM** |  |  |  |  |  |  |
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**Are trainees guaranteed protected sessions in the pain medicine unit?** **[ ]  YES** **[ ]  NO**

**7 STATISTICAL INFORMATION FOR THE PAIN SERVICE**

**7.1 Is the Unit linked to the Hospital Information System? [ ]  YES [ ]  NO**

**7.2 Do you produce an annual report or report of statistical information? [ ]  YES [ ]  NO**

*If yes, please attach a recent copy or the relevant part of your business plan.*

**7.3 How many referrals to your service have there been in each of the last three years?**

|  |  |  |  |
| --- | --- | --- | --- |
| **YEARS** | **ACUTE PAIN** | **CHRONIC PAIN** | **CANCER RELATED PAIN** |
| **20\_\_** |  |  |  |
| **20\_\_** |  |  |  |
| **20\_\_** |  |  |  |

**7.4 Review of the last 12 months**

|  |
| --- |
| **IN THE LAST 12 MONTHS …** |
| How many nerve blocks were performed for chronic pain or cancer related pain in your Unit? |  |
| How many neuroablative procedures (e.g. chemical, cryotherapy or radio frequency) were performed in your Unit? |  |
| How many neurosurgical procedures (e.g. percutaneous cordotomy) for pain were performed for patients from your Unit? |  |
| How many spinal drug delivery systems were implanted for patients from your Unit? |  |
| How many SCS systems were implanted for patients from your Unit? |  |
| How many patients from your unit attended a pain management programme? |  |
| How many patients had individual psychology from your unit? |  |

**8 AVAILABILITY OF OTHER SERVICES**

 (PLEASE NOTE: THIS IS FOR INFORMATION ONLY AND WILL NOT EFFECT YOUR TRAINING PROGRAMME APPROVAL)

|  |  |  |  |
| --- | --- | --- | --- |
| **FACILITY** | **ON-SITE****(Y or N)** | **ELSEWHERE****(give location)** | **AVAILABILITY (immediate, 24hr etc.)** |
| Pathology services |  |  |  |
| Imaging services:* Isotope scans
* CT
* MRI
* Ultrasound
* PET scan
 |  |  |  |
| NeurophysiologyNerve conduction studies/ electromyographyMicroneurography |  |  |  |
| Pharmacy:* Pain clinic pharmacist
* Pharmacist ward rounds
 |  |  |  |
| Physiotherapy |  |  |  |
| Medical engineering |  |  |  |
| Chaplaincy |  |  |  |
| Occupational therapy |  |  |  |
| Social work |  |  |  |
| Medical appliances |  |  |  |
| Prosthetics |  |  |  |
| Chiropody/podiatry |  |  |  |
| Dietetics |  |  |  |
| Interpreter services |  |  |  |

**9 MANAGEMENT OF PAIN SERVICES**

**9.1 Lead Consultant responsible for inpatient pain service (name & email)**

**9.2 Lead Consultant responsible for chronic pain service**

**9.3 Lead Consultant responsible for audit in Pain Medicine Unit**

**10 DECLARATION**

**10.1 Name of Faculty Tutor (Pain) 10.2 Signature of Faculty Tutor (Pain)**

**10.3 Date declaration signed 10.4 Email address**