



FACULTY OF
PAIN MEDICINE
of the Royal College of Anaesthetists

Curriculum for the Credential in Specialist Pain Medicine

Version 1
2023

Part II:
**Assessment
System**

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Introduction

Assessment and Guidance

This information and guidance on assessment within the Specialist Credential for Pain Medicine should be read in conjunction with Parts I (Handbook) and III (Syllabus) of this curriculum. The guidance has been written in detail to reflect the fact that the training for the Credential is open to doctors from different specialty back grounds. It also reflects that, doctors may pursue the Credential within or out with a CCT programme, either post-CCT or whilst holding an SAS grade post.

The assessment system acknowledges that each individual doctor will have a different rate of learning and that outside of a CCT programme the training period may be extended due to it being pursued on a part- time basis. Flexible training may also be pursued pre-CCT of the base specialty with training times being adjusted accordingly.

The indicative period of training anticipated to be required for training is one year of full-time training which as a minimum would reflect three full days of physically being present and participating in a Pain Service, with additional study time outside of these hours expected to be completed to attain the theoretical knowledge underpinning the practice of Pain Medicine.

The Faculty of Pain Medicine trainer format is described in detail in Part I of the Curriculum document, as is how **formative assessment and summative tools** have been integrated to ensure that doctors training in the Credential achieve the highest standard of practice possible; in the interests of avoiding repetition that information is not included here.

1. Assessments

1.1 Assessment principles

The Credential is divided into curriculum learning outcomes (CLOs) **which must ALL be completed:**

1. Four generic CLO
2. Eight specialist CLO
3. Six further specialist capabilities including cancer pain, paediatric pain, and neuromodulation/implantable technology

Within all are sub-domains of practice mapped to generic capabilities. Proformas for all the assessment tools are to be found further on in Part II.

Assessment uses a formative and summative approach:

- ▶ **Formative assessment tools** will be used to record *supervised learning events* (SLEs) to evidence sub-domains within the CLOs, [See Annex A for examples of these forms referred to herein].
- ▶ **Summative assessments** of performance will also inform on progress. A single assessment may capture many aspects of clinical performance across several sub-domains, cumulatively they will demonstrate satisfactory attainment of CLOs, which will be recorded on Holistic Assessment of Learning Outcome (HALO) forms. Each trainee is expected to meet with their Regional Advisor on a quarterly basis – the duration of the 'Quarter' being determined by the indicative period of training. Following each "quarterly" meeting, a **Quarterly Form** and **Triple C Form** should be completed.

1.2 Levels of Supervision

Doctors in training will need to demonstrate progression through the different levels of supervision for clinical activities. These levels of supervision are [as per the Royal College of Anaesthetists 2021 Curriculum for a CCT in Anaesthetics](#).

1	Direct supervisor involvement, physically present in same clinic or theatre throughout
2A	Supervisor in other clinic room or 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)
5	Independent practice

Table 1: Levels of supervision.

The trainer will identify the level of supervision that the doctor in training requires for that activity at the time the SLE is completed. This is the supervision level the doctor in training would require if they were to repeat that same activity again at that point in time.

1.3 Entrustable Professional Activities (EPAs)

Entrustable Professional Activities are “units of professional practice, defined as tasks or responsibilities to be entrusted to the unsupervised execution by a trainee once he or she has attained sufficient specific competence”¹. The EPA concept allows to make competency-based decisions on the level of supervision required by trainees.

EPAs are mapped against each outcome as indicative milestones in training as a guide for trainers and trainees. For ease of reference, we have divided the Credential Period of Training into four Quarters, the duration of which can then be translated into each trainee’s individual training programme. Satisfactory progression through the credential correlates with the global (average) change in the level of supervision as the candidate gains clinical confidence and moves towards independent practice and this will be monitored to ensure progress is being attained.

A Range of level of Entrustable Professional Activities is described against each sub-domain in the Higher Learning Outcomes. The trainee must reach the minimum EPA level in each sub-domain before the Higher Learning Outcome can be marked as achieved on the 12-month summary completion form. A minimum and maximum range is described to reflect that all trainees have different levels of attainment, with the lower EPA level being the minimum for sign off, and the higher being a goal for trainees to endeavour to achieve.

We have used the ten Cate model and Miller's pyramid with regards to assessment of competency as noted in the table below and have also mapped HALO forms to Entrustable Professional Activities. These are intended to guide training and the RAPM may review progress with these at each quarterly meeting. Incomplete forms can be used to target future learning opportunities and clinical placements. The EPA guidance Higher Learning Outcome documents should be used by the trainee and trainer to inform progress at Quarterly Assessments (see also Assessment Blueprints).

At the end of training as part of their sign-off, trainees would be expected to have completed and signed off the HALO form encompassing all the Generic Capabilities and the HALO form encompassing all the Specialist Capabilities.

Levels of Entrustment for EPAs (ten Cate) ¹	Miller's pyramid (Hierarchy of competence) ²	Level of supervision
1. Observation without execution, even with direct supervision	KNOWS	1
2. Execution with direct, proactive supervision	KNOWS HOW	2A
3. Execution with reactive supervision i.e., on request and quickly available	SHOWS HOW	2B
4. Supervision at a distance and discussed pre or post event	DOES	3, 4
5. Supervision provided by the trainee to more junior colleagues		4, 5

Table 2: Levels of entrustment and supervision for EPAs.

¹ Olle ten Cate: Nuts and Bolts of Entrustable Professional Activities [J Grad Med Educ](#). 2013 Mar; 5(1): 157–158

² Miller G E, The assessment of Clinical skills/Performance/Competence *Acad. Med* 1990 65 (9); 63 – 6

1.4 Supervised Learning Events (SLEs)

SLEs should be used by doctors in training and trainers to promote professional educational discussions and guide future learning, with the emphasis on feedback. Developmental conversations should enhance the improvement in performance that comes with repeated cycles of experience, reflection, conceptualisation, and application. Feedback should include both the specialty specific and generic professional aspects of performance.

Features that are key to making SLEs effective are that the conversation happens soon after the observed activity, that this dialogue is aided by a credible facilitator, and that the conversation is seen as part of a continual process of development, rather than an assessment of performance at a single point in time.

It is important to note that one SLE can provide evidence for more than one of the Key Capabilities and although there is an indicative minimum recommended number of supervised learning events, the type and number of SLE's is not set in stone. Rather it should be tailored to suit the trainee's needs, specialty background and previous experience.

1.4.1 Assessment tools

Each Higher Learning Outcome has been mapped to assessment tools which would allow a trainer and trainee to discuss and evidence achievement of each descriptor:

1. Supervised Learning Events (SLEs):

- **A-CEX:** Anaesthesia Clinical Evaluation Exercise
- **ALMAT:** Anaesthetic List Management Assessment Tool
- **A-QIPAT:** Anaesthesia Quality Improvement Project Assessment
- **CBD:** Case-based Discussion
- **DOPS:** Directly Observed Procedural Skills

2. **MSF:** Multi-Source Feedback/Team Feedback

3. **MTR:** Multiple Trainer Report (Consultants)

4. **Patient feedback**

5. **Professional Practice Review**

6. **FFPMRCA examination**

These assessment tools provide a **combined formative and summative assessment** approach with the aim to achieve the goals of lifelong learning. This approach will also allow trainers to meet the needs of the diverse trainee population that this Credential is intended to be aimed at. The formative assessment tools will guide trainees towards the development of their own learning skills as they reflect on their own practice and its consequences. Frequent trainee and trainer interaction and feedback is essential.

The Holistic Assessment and Learning outcomes as well as the FFPMRCA examination are the summative assessments at the end of training, allowing the trainers an objective measure of the theoretical and clinical knowledge achieved by all trainees.

Summative assessment

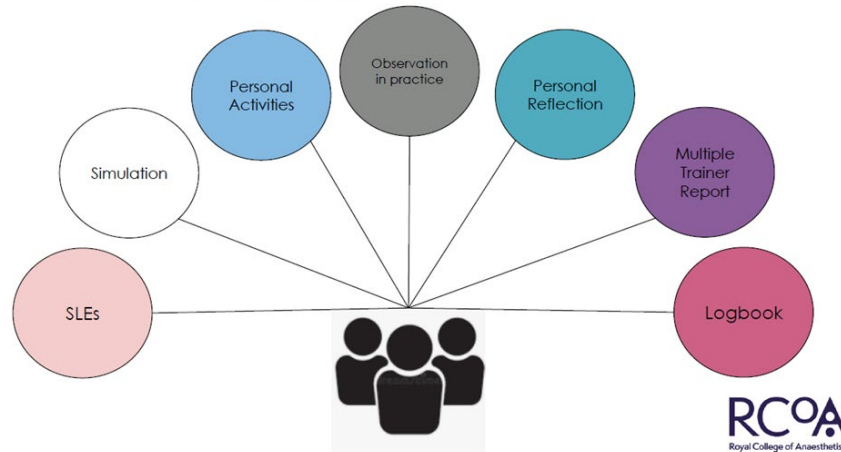


Figure 1: Summative Assessment (RCoA)

SLEs and other activities should be used to illustrate engagement in the training programme and the opportunity to gain and record structured feedback on performance. Ongoing engagement in the training programme is also reflected in the Key Capabilities within the generic professional domains.

- ▶ **Anaesthesia Clinical Evaluation Exercise (A-CEX):** a global assessment of performance of more than one task within a learning event, e.g., running an outpatient clinic or procedural list, where several domains are simultaneously assessed (time management, staff interaction, clinical decision making). The level of supervision will also be relevant for progression of training and should progress towards a Level 3 or 4 'average' over the training time.
- ▶ **Anaesthetic List Management Assessment Tool (ALMAT):** can be used to assess how a trainee plans a pain intervention list including booking relevant number of patients, providing appropriate direction to theatre staff, knowledge of IRMER regulations.
- ▶ **Anaesthesia Quality Improvement Project Assessment (A-QIPAT):** an assessment form for reviewing and giving feedback on quality improvement projects has been developed - the Anaesthesia Quality Improvement Project Assessment Tool.
- ▶ **Case based discussion (CBD):** a peer-led discussion around a clinical case or focused topic identified by the trainee as being of educational benefit. The complexity of case chosen will increase across the training period. This learning event is used to synthesis clinical experiential knowledge to established clinical evidence and best practice, engendering reflection, and challenging elements of practice to improve management and confidence when encountering the case in the future. It can also be a focused discussion around positive elements of the case to evidence skill attainment.
- ▶ **Direct Observation of Procedural Skill (DOPS):** assessing selected aspects of performance within interventions or general professional skills, for example written communications. The level of supervision will also be relevant for progression of training, such that the same procedure could be used so long as the level of supervision required has changed.
- ▶ **Multi-sourced feedback (MSF)/ Team Feedback:** A trainee is also assessed using a Multi-Source Feedback (MSF). Unlike the other work-place based assessment tools, the MSF looks at professional attitudes and behaviours, rather than the clinical skills and knowledge.
- ▶ **Reflective log entry:** a significant event analysis, morbidity or mortality case or holistic case review which can be used to formulate future learning needs. Discussion around complaints and compliments and communication (for instance a review of a summary letter from a consultation).

1.4.2 Recommended indicative frequency of assessments

SLE	Description	Indicative Minimum Frequency
A-CEX	Clinical evaluation exercise, e.g., watching a trainee conducting a consultation, examining a patient, triaging referrals	Two CEX per Quarter
ALMAT	Discussion of how an outpatient pain clinic is managed, pain intervention list booked, time management, administrative requirements	One A- LMAT per Quarter
A-QIPAT	Set up and undertake a quality improvement project, audit	One A-QIPAT during period of training for Credential
CBD	Review of a case, that the trainee was involved with, with focus on a particular area.	One CBD per Quarter
DOPS	Direct observation of a procedure being performed under fluoroscopic or ultrasound guidance. Understanding of IRMER.	Two per Quarter (Procedures should be listed under Key P in the Pain Interventions guidance (Part I)).
MSF	Multi-source feedback	Minimum of one during Credential training period

1.4.3 Clinical sessions

There are no fixed numerical targets for any of the competencies related to the generic or specialist capabilities, but rather the trainee should demonstrate attainment of high-level outcomes and have robust Consultant, MSF, and patient feedback to convey confidence in their clinical decision making and overall performance.

As a guideline however, it is expected that allowing for annual leave, study leave, administrative and professional development and on-call commitments, trainees are expected to achieve around 200 clinical sessions of Pain Medicine training within an indicative average 12-months of WTE training (4 to 6 clinical sessions per week on average), with an indicative range of 170-230 sessions.

We recommend that:

- ▶ For the average trainee, an indicative period of 20 sessions may be spent in **acute and in-patient pain** setting. Trainees who do not have an anaesthetic background, may require further exposure and training (depending on base speciality/previous experience).
- ▶ As a guide we would recommend an indicative number of 20 sessions to be undertaken in **cancer pain** in order to gain sufficient exposure to this aspect of Pain Medicine.
- ▶ 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, 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.

1.5 Logbook and Lifelong Learning

Candidates are expected to log their clinical activity and sessional work in an electronic format that can facilitate extraction and analysis of core data points.

The FPM encourages trainees for the Credential in Pain Medicine to use the [Royal College of Anaesthetists' Lifelong Learning Platform \(LLP\)](#) and electronic logbook. However, this is not mandatory, and trainees may choose to use their own electronic logbook of choice as long as this is fit for purpose. An [FPM Excel logbook currently exists for this purpose](#).

Electronic data collection will allow doctors training for a Credential in Pain Medicine to keep a real-time record of clinical assessments, Multi-Source Feedback, portfolio developments, CPD learning and logbook data. It is encouraged that the e-Portfolio which has been developed to support lifelong learning, will continue to be used by all doctors in Pain Medicine both pre- and post-credentialing as part of their yearly appraisal and revalidation process.

1.6 Multiple Trainer Reports

Multiple Trainer Reports reflect the emphasis on the professional judgement of the trainer as part of a programme of assessment. It is a mandatory requirement and reflects progress made at important milestones in a trainee's programme. It reflects progress made in all Higher learning outcomes for both generic and specialist capabilities.

The MTR will be triggered and collated by the Faculty Tutor or Educational Supervisor and the results discussed with the doctor in training and their educational supervisor. A satisfactory MTR is also an essential requirement for the attainment of the EPA process. Trainers will have the opportunity to report on the progress of the doctor in training, including areas of excellence and areas for further development. Such feedback should encompass both the specialty specific and generic professional aspects of the curriculum.

A single MTR can illustrate progress across all the HALOs of the curriculum. The MTR process is distinct from the Multi-Source Feedback (MSF).

An MTR should be completed at the following points:

- ▶ End of second quarter
- ▶ End of third quarter
- ▶ End of training

Completion of MTR at the end of second and third quarter will help to pick up any issues/gaps in trainings and allow sufficient time for these to be addressed.

Completion of an MTR at the end of training is essential as proof of completion of all Higher Learning Outcomes.

1.7 Quarterly Assessment of Progression Forms

As the name indicates, Quarterly Assessment Forms are required to be completed by the Faculty Tutor or RAPM mentoring the trainee at the end of each quarter of training. They will complement the MTR form and allow more bespoke advice to be given in writing to the trainee.

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 followed for guidance throughout the whole period of training as various outcomes are achieved.

Trainees will evidence appropriate attainment and progression through the curriculum. Daily interaction with Clinical Supervisors and regular interaction with their Educational Supervisor (Faculty Tutor) is expected. Moreover, the RAPM (Regional Advisor in Pain Medicine) will review progress at each quarterly meeting, by evaluating formative assessments, logbook, consultant feedback and portfolio progression. At the six-month and 12-month assessment, patient feedback will also be reviewed.

The duration of the 'quarter' will depend on the anticipated whole duration of training. Where flexible training is pursued for instance in a doctor training on a 50% WTE it may be appropriate to have additional reviews with the RAPM if the Faculty Tutor and/or trainee believe these are required if the gap is too long between the quarterly reviews.

The order and rate at which Holistic Assessment of Learning Outcomes (HALO) including levels of supervision/entrustable professional activities are achieved will vary according to the clinical attachments in the preceding quarter. These forms should be used to target future learning opportunities and clinical placements. Similarly, the order and number of Formative Assessment Tools completed will depend on clinical exposure in that quarter. One MSF (multisource feedback) must be completed in the indicative 12 months period. It is recommended this is completed between the sixth to the eight months so that remedial training and guidance can occur, if required, before the end of the training.

The final MTR and Quarterly Assessment Form need to be signed off by the RAPM.

High Level Learning Outcome (HLO) - Credential Pain Medicine		
Generic Capabilities Completion Record (12mths)		
Evidence	Comment	
Generic Capabilities	Entrustable Professional Activity Level	Achieved (Date)
1	Has the ability to function within Health care organisational and management systems	4
2	Has the ability to deal with ethical and legal issues related to clinical practice	4
3	Communicates effectively and can share decision making	4
4	Maintains patient safety within quality improvement	4
5	Can inform research and handle data appropriately	4
6	Can act as a clinical teacher and clinical supervisor	4
Signed Trainee		
Signed RAPM		
Date		

Figure 1: Generic Capabilities: HILO

High Level Learning Outcome (HLO) - Credential Pain Medicine			
Entire Specialist Capabilities Completion Record (12mths)			
Evidence	Comment		
Specialist Capabilities	Entrustable Professional Activity Level	Achieved	(Date)
1	Manages referrals/visits within pain service	4	
2	Manages an outpatient Pain Medicine clinic	4	
3	Manages pain procedural cases	3	
4	Participates effectively within a pain audit	4	
5	Manages inpatient pain and acute pain rounds	4	
6	Manages patients who are taking drugs of potential addiction – optimisation of medicines	4	
7	Understands the socioeconomic, occupational health and medicolegal aspects of pain medicine	3	
8	Understands the healthcare infrastructure and the pain service	3	
9	Managing pain in paediatric patients (chronic pain)	3	
10	Managing pain in paediatric patients (acute pain)	3	
11	Managing pain in cancer patients	3	
12	Performing interventions in cancer patients	3	
13	Assessing patients for Neuromodulation	3	
14	Performing neuromodulation techniques	3	
Signed Trainee			
Signed RAPM			
Date			

Figure 2: Specialist Capabilities HILO

1.8 Patient Feedback

All doctors are expected to seek feedback on a regular basis from those they work with and treat. Information from patients, relatives and friends is an important part of this process. The feedback will be reviewed and acted upon where appropriate and is an integral part of a doctor's appraisal and revalidation.

It is recommended that a trainee obtains Patient feedback at the following stages:

1. **During the second quarter:** indicative number 10 to 20 patients, mix of outpatient and procedures

2. **Before the end of the fourth quarter:** indicative number 20 patients, mix of outpatient new, follow-up and procedures.

1.9 Holistic Assessment of Learning Outcomes (HALOs)

HALOs provide a structured framework to reflect on progress that the doctor in training has made in that specific Domain of Learning.

The Holistic Assessment of Learning Outcome form (HALO) is the Summative Assessment for each domain of the Curriculum.

The HALO forms also refer to **Levels of Entrustment** which have been developed with consideration of the professional responsibilities of medical practitioners to patient safety.

As per the GMC, excellence by design guidance for curricula, the period of training for the Credential is an indicative period of one year which may be shorter or longer depending on whether a trainee is pre- or post-CCT, base specialty, SAS grade and/or previous experience as well as time spent in training per week. Each trainee will meet with their RAPM prior to commencing training to agree on an indicative period of training. The duration of this may need to be adjusted depending on progress made throughout the training.

Moreover, there is natural variation in the complexity of case-mix within uni- and multi-disciplinary clinics, ward rounds and pain intervention lists, which therefore does not allow clear cut-off as to when a trainee will attain a specific level in the training programme.

We have therefore listed **Entrustable Professional Activities** as indicative milestones in training as a guide for trainers and trainees. For ease of reference, we have divided the Credential Period of Training into four Quarters, the duration of which can then be translated into each trainee's individual training programme. Satisfactory progression through the credential correlates with the global (average) change in the level of supervision as the candidate gains clinical confidence and moves towards independent practice and this will be monitored to ensure progress is being attained.

A trainee must achieve the **EPA level** in each sub-domain before the Higher Learning Outcome can be marked as achieved on the 12mth summary completion form. The EPA guidance Higher Learning Outcome documents should be used by the trainee and trainer to inform progress at Quarterly Assessments. We do however recognise that trainees learn and progress at different rates and we encourage trainees and trainers to record higher EPA level if these are achieved. This we believe, will serve as an impetus for greater learning, and allows trainers to reflect on their trainees' achievements and how their own teaching methods can be modified to improve training outcomes.

1.10 Multi-Source Feedback

Multi-Source Feedback provides specific feedback on generic skills such as communication, leadership, team working, reliability, attitude, across the domains of Good Medical Practice from a wide range of individuals who have worked with the doctor in training. Unlike supervised learning events which only offer a snapshot in time covering a clinical episode, the MSF is used to measure the doctor's training's performance across a broader period and informs the assessment of achievement of learning outcomes.

We recommend that **a minimum of one MSF** is completed during the training period. If the trainee is training across more than one site, an MSF may be completed across two sites. A **minimum of 12 people** from a mixture of disciplines (e.g., nurse, physiotherapist, psychologist, secretarial staff, theatre staff, doctors) who have been working with the training doctor are sent an electronic request through the Lifelong learning platform or equivalent.

1.11 Completion of Capability Cluster (Triple C)

For doctors undertaking the Credential as part of their CCT training in Anaesthesia, they are required by the Royal College of Anaesthetists to complete a Triple C form which reflects:

- attainment of the specific Key Capabilities that relate to the discrete area of clinical practice
- appropriate clinical experience and logbook data
- successful completion of a Multiple Trainer Report

Professional Practice Review: The Faculty of Pain Medicine shares the same ethos as its parent college, the Royal College of Anaesthetists, that the competencies for learning do not relate to specific stages of training; they should be developed and followed throughout practice, both during training and post-CCT. Thus, the professional attitudes, behaviours and common competencies listed are those expected of all doctors throughout their professional practice and, as a result, there are no changes to the competencies over the years of training.

Doctors undertaking the Credential as part of a pre-CCT programme will undertake their Professional Practice Review as part of their ARCP. For doctors undertaking the Credential post-CCT or as a Specialty grade doctor, the Professional Practice Review is part of the Annual Appraisal process and Revalidation Process.

Evidence of completion of recommended training modules (mandated by many NHS Trusts), such as child protection, adults with incapacity consent, good clinical practice (GCP), simulation skills or cadaveric interventional labs, logbook evidence and letter summaries will all be supportive towards meeting educational goals. Engagement and output in teaching, audit, QI research or management activities can be used to evidence attainment of knowledge and skills within the CLOs.

1.12 Assessment Guidance Summary

In Summary, the following table depicts a timeline example of how formative and summative assessments will be typically used by trainees and trainers in an indicative period of 12 months:

Assessment type	Month of training													
	Pre	1	2	3	4	5	6	7	8	9	10	11	12	End
Meeting with Clinical supervisors		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Meeting with Faculty tutor	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	YES
Meeting with RAPM	Y			*			*			*				YES
Formative Supervised Learning events (CEX/DOPS/CbD/)			Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	E
Holistic Assessment of Learning Outcomes (HALO forms)			G	G	G	G	G	G	G	G	G	G	y	E
Quarterly review				Y			Y			Y			Y	E
Logbook		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	E
FFPMRCA exam MCQ				Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	E
FFPMRCA exam SOE							Y	Y	Y	Y	Y	Y	Y	E
MTR feedback							Y			Y			Y	E
MSF feedback											Y			E
Patient feedback					Y							Y		E
Professional practice review (appraisal)										Y				E
Final sign-off														YES

KEY: Y = YES; G = guidance; E = evidence; * if trainee is in difficulty and not progressing as expected

2. FPMRCA Examination

2.1 Introduction

The FPMRCA examination was introduced in 2012 and is the route to becoming a Fellow of the Faculty of Pain Medicine of the Royal College of Anaesthetists – hence the post-nominals FPMRCA.

The FPM firmly believes that the FPMRCA exam in its current format **has raised clinical standards** for practicing consultants working in Pain Medicine by having a suitably rigorous exam standard and process to which trainees in specialist pain medicine prepare for and aspire to. **This has a direct impact on patient safety.** Research has shown *“that postgraduate examinations measure important high-level knowledge, skills and attitudes, which underpin doctors’ real world behaviour”*³.

The FPMRCA examination is conducted in accordance with the highest quality assurance and further raises standards of Pain Medicine in the UK. A successful exam candidate demonstrates the breadth and depth of knowledge as well as skills in the clinical practice of Pain Medicine, that underpins this to a level expected of a consultant practising in Pain Medicine.

The exam is an essential part of the summative assessment required to complete training for the Credential for the Pain Medicine Specialist and is on a par with equivalent training pathways including exams in other countries including America (The Pain Medicine Board Examination or American Board of Anaesthesiology Certification in Pain Medicine), Australia and New Zealand (ANZCA FPM Exam), Republic of Ireland (Fellowship in Pain Management FPMCAI), Hong Kong (HKCA Fellowship in Pain Medicine) and the European Diploma in Pain Medicine (EDPM).

The FPMRCA exam is held in high standard internationally such that our examiners are frequently invited to act as external advisors to the above mentioned, international exams.

In line with a recent exam review held by the Royal College of Anaesthetists we are in the process of re-evaluating the style of the exam in particular working with renowned educationalists in the pursuit of a Clinical Performance Examination ensuring that our examination process is fit for purpose and remains current.

Although we recognise that other Credentials do not all have an exam as part of their assessment process, we believe that the level of knowledge required including ever evolving Pain Science and multiple interventional procedures which have a significant risk for potential harm and/or litigation, mandates having an exam. Research⁴ has shown that summative clinical assessments do not always reflect performance and “failure to fail” may be an issue in medical education.

Together with formative assessment tools including work-based assessments in the form of supervised learning events (SLE) and Holistic Assessment of Learning Outcomes, the exam is more likely to result in a holistic and safer evaluation of doctors training in the Credential.

2.2 FPMRCA and summative assessment

The FPMRCA examination is part of the summative assessment for attaining the Credential in Pain Medicine. Once a trainee has successfully sat for both parts of the examination, they will be invited to join the Faculty of Pain Medicine of the Royal College of Anaesthetists and will be able to use the post-nominals FPMRCA.

³ Wakeford, R, Ludka K, Woolf K, McManus I C Fitness to practise sanctions in UK doctors are predicted by poor performance at MRCGP and MRCP(UK) assessments: data linkage study. BMC Medicine 15, 230 (2018) <https://bmcmedicine.biomedcentral.com/articles/10.1186/s12916-018-1214-4>

⁴ Cleland J et al, Is it me or is it them? Factors that influence the passing of underperforming students. Medical Education July 2008 <https://doi.org/10.1111/j.1365-2923.2008.03113.x>

Trainees prepare for the exam using current [FPM resources](#) to guide their preparation, which includes up to date educational material (including amongst others access to e-Pain and FPM Learning online hub), an [FPM tutorial course](#) runs twice yearly as well as regional and national educational courses from a variety of sources. [Example questions](#) are also available.

On the FPM website [a trainee has written an article on how to prepare](#), which covers a good depth on the knowledge required to undertake this examination. This helps the candidates to spend appropriate time and preparation before appearing for their exams.

2.3 FPMRCA Court of Examiners

The Faculty of Pain Medicine has a Court of Examiners. The Chair of the Court of Examiners reports to the Training and Assessment Committee. A robust process is in place for the appointment of Examiners. On appointment, they have sufficient training to undertake the role of examiner.

Examiners are recruited subject to a probationary year. Examiners will be expected to actively contribute to the continuous development of examination content, procedure and processes and will give the highest priority to the examination above all other commitments.

FFPMRCA Examiners are expected to complete a term of 10 years Examinership and commit at least seven days per academic year or part time equivalent and on application have the approval from their Trust to achieve this.

FFPMRCA Question Writers are expected to complete a term of two years and commit at least six days per academic year or part time equivalent and on application have the approval from their Trust to achieve this.

2.4 FPMRCA question writing

New question writers are inducted into the Multiple-Choice Question (MCQ) writing group and are supported by group meetings with training and MCQ question writing across a range of formats including Multiple True/False (MTF), Single Best Answer (SBA) and Extended Matching Question (EMQ). They are also trained in the Angoff process and contribute as members of the Angoff group. This well-validated method utilises a group of experts to judge how difficult each question item is in a MCQ exam by consideration of what the just passing candidate will know to be the correct answer and is used to determine the pass mark. All Angoff group participant scores are discussed in a meeting set to determine the pass mark for the recent MCQ – as this is a nuanced skill which requires specific learning and experience, the new Angoff question writer's scores are not contributory to the scoring on their first exposure to the process.

Examiners write SOE exam questions mapped/ indexed to the curriculum, to ensure relevance to the exam candidates training needs and knowledge and skills acquisition.

2.5 Training of Examiners

All new Examiners are fully trained in exam processes and techniques. Prior attendance as an observer at the exam is a requirement, which also involves individual debrief on their experience. Most Examiners have prior experience in examining high stakes examinations including medical school finals, FRCA, FPMANZCA, or FIPP. Many FPM Examiners subsequently are requested to assist in high stakes examinations elsewhere including Hong Kong, and Ireland. Additional training delivered by senior members of the Examination Court in addition to RCoA Examinations department for successful candidates, includes a half day training session on question writing, peer review processes to quality assure questions against the curriculum, including understanding Angoff and Ebel methods for assisting in the assurance and validation of pass marks for both the MCQ and SOE parts of the examination.

The candidates also have training on the SOE examination processes, marking scheme, and develop understanding on scoring individual candidate performances against criterion of knowledge and understanding demonstrated to align scoring with examination expectations for a failure, borderline, or pass mark. In addition, there is observation and training on questioning styles in a mock examination to further align expectations.

All new Examiners are paired with experienced Examiners for their first 2-3 SOE examinations, to continue their learning and further improve Examiner skills in eliciting knowledge and scoring answers.

All new Examiners are appointed to a question writing group to further embed their understanding.

All examiners must undergo **Equality and Diversity training** as a mandatory component. This is set out by the RCoA is the standard currently for all RCoA examiners including FRCA, FICM and FPPMRCA.

Each Examiner must undergo Equality and Diversity training as a mandatory component. This includes:

- ▶ Part 1: The 'ACT' PSED and discrimination
- ▶ Part 2: Disability adjustment and bias
- ▶ Part 3: Legislation, differential attainment, and consolidation

2.6 FPPMRCA Exam Strategy

The FPPMRCA strategy is based on the [Royal College of Anaesthetist's Exam strategy](#), mirroring the process used for the FRCA and FFICM exams.

2.7 Exam structure

The FPPMRCA examination is currently made up of two sections:

- ▶ **Multiple Choice (MCQ):** Comprises 90 Multiple Choice Questions, including:
 - 40 Multiple True/False (MTF),
 - 25 Single Best Answer (SBA) Questions
 - 25 Extended Matching Questions (EMQ)
- ▶ **Structured Oral Examination (SOE):** Upon successful completion of the MCQ, candidates sit the SOE, which is comprised of two sections:
 - Clinical Pain Medicine (SOE1)
 - Clinical Science (SOE2).

The [Exam Regulations are available on the FPM website](#).

Following a 2023 independent review of the Royal College of Anaesthetists' examinations, in which the Faculty of Pain Medicine also participated, the format of the exam will be further developed in the forthcoming years – see below.

2.7.1 Clinical Pain Medicine (SOE1)

The Clinical Structured Oral Examination (SOE) of the FPPMRCA examination is 50 minutes in duration and comprises a long case followed by three short clinical questions (SCQs). The long case will have a 10-minute preparation time during which the candidate will be given the opportunity to read a case history and view relevant investigation results provided. During this time the candidate may make notes on paper provided for this purpose. Thereafter, during the next 20 minutes, the clinical long case will examine a candidate's in-depth knowledge of the assessment and management of a complex chronic pain patient.

Knowledge of clinical assessment tools and investigations relevant to clinical practice and available treatments will be required. The final 20 minutes of the Clinical SOE will be given to the three short clinical questions. The topics of these questions could be any aspect of clinical pain medicine. No patients or actors will be participating in the Clinical SOE of the FPPMRCA examination. There will be two examiners for the Clinical SOE. The exam is closely audited, and an auditor may be present, but they take no part in the assessment of the candidate.

2.7.2 Clinical Science (SOE2)

The Science Structure Oral Examination (SOE) of the FPPMRCA examination will comprise four sections, anatomy, physiology, pharmacology, and a section covering psychology, epidemiology, and clinical measurement. The total SOE will last 30 minutes. There will be two examiners for the Science SOE. The importance of the scientific basis of Pain Medicine for the FPPMRCA examination must be emphasised. The exam is closely audited, and an auditor may be present, but they take no part in the assessment of the candidate.

2.8 Standard setting and marking

2.8.1 For the Multiple-Choice Question exam

The pass mark for each MCQ exam is set using a modified Angoff method. This group, comprising examiners and independent Pain consultants (including junior consultants who have recently attained the Fellowship), grade each question in the paper according to difficulty using the proxy of the likelihood of borderline candidates knowing the answer.

A week following the exam, a meeting takes place in which the group spends several hours discussing the scores given, regarding the questions where there is disparity in the responses. Once an agreed score for each question has been reached a raw score for the paper can be calculated. The raw score is adjusted to allow for the potential for guessing the correct answers.

The pass mark is set as the adjusted raw score further reduced based upon the Standard Error of Measurement (SEM), a statistic relating to the reliability (Kuder-Richardson 20 score) of the exam. This resulting figure is then rounded down to the nearest whole number to give the pass mark.

2.9.2 For the Structured Oral Exam

At least two standard setting tools are employed in setting the pass mark for the oral component of the exam. Prior to the exam, examiners are asked to consider the exam questions using Ebel methodology (ascribing a level of difficulty and relevance and judging the likelihood that a just passing candidate would know the answer). We have data demonstrating stability of these components between exams over many years.

Two examiners are present for each part of the SOE. Each examiner marks every question independently. There are 10 questions. Pass = 2, Borderline performance = 1 and Fail = 0. The pass mark is set using assessment methods approved by the GMC.

During the exam, in addition to candidates being marked on each question, performance at the exam is graded by examiners on a global ratings scale. This global rating is then cross-referenced against performance in individual questions using a linear regression method. The suggested pass marks generated by these two methods (which, to date, have been the same figure) are then used as a basis for discussion between examiners.

The individual performance of all candidates whose scores are just above or just below the suggested pass mark are reviewed by the court of examiners in coming to a decision regarding whether they have demonstrated sufficient knowledge and understanding to be awarded the Fellowship. Discussion

of these borderline candidates' performances determines the final decision of where the pass mark should be set, informed also by routine use of Hofstee method to determine pass mark range.

There is an exam report normally published after each exam in the Faculty of Pain Medicine transmitter article. This is available online and sent to all the members of the FPM.

<https://fpm.ac.uk/search?search=exam+report>

In addition, since 2022, we have published a report of the SOE Exam questions considering against candidate performance, containing qualitative information of use to trainees and trainers, disseminated through the Regional Advisors in Pain [Medicine](#).

2.9 Results

The planned results release dates for each sitting of the FPMRCA are published in advance on the [Exams Calendar](#). This is usually around three weeks after the sitting. Results are emailed directly to candidates.

2.10 Supporting our trainees when they fail the exam

We have a robust system in place to support trainees who do not pass their exam, along with processes for Appeals, detailed in the [Exam Regulations](#).

Guidance interviews for the Faculty of Pain Medicine Examination are offered on request to any candidate who has successfully passed the MCQ part of the examination, but who fails at one or more attempts of the SOE. In addition, the offer of an interview will be sent automatically to all candidates who fail the SOE part of the examination twice.

It is anticipated that FPM candidates may wish to take up the offer of a guidance interview, as it is a process designed to assist candidates gain insight into reasons for examination failure, and to allow them to adopt whatever remedial action as recommended to increase their chances of passing on the next attempt. The interview will be conducted by an FPMRCA Examiner, a trainer known to the candidate, and the candidate.

The aim of the guidance interview is to give the candidate the opportunity to review their scores for individual questions, and with the assistance of an examiner and their own representative, to identify common themes such as deficits in knowledge, poor understanding, or specific performance issues such as lack of fluency, or excessive prompting and to allow the candidate to draw up remedial action to optimally prepare for and improve their performance in future SOE exam attempts.

The FPMRCA has a high pass percentage. If a candidate performs badly, we will communicate this to their Regional Advisor (RAPM). There is an RAPM in each region, who can then have a meeting with the trainee. This meeting will be focused on feedback from exams followed by a constructive plan towards preparing for the exams depending on individual trainee requirements. The FPM will help with this process as necessary.

2.12 FPMRCA Exam Review

In February 2023, the Faculty of Pain Medicine welcomed the [publication of the independent review of all examinations delivered by the Royal College of Anaesthetists](#), conducted by Professor John McLachlan in 2022. We are committed to delivering fair, robust, and high-quality examinations, and this report served to inform our developmental roadmap for the future.

We understand that postgraduate examinations are high stakes assessments that have a significant impact on candidates' personal and professional lives. We also recognise the hard work of candidates, trainers, examiners and the RCoA exam team in making the FPMRCA exam successful

as a measure of attainment against stringent standards of knowledge, skill, attitude, and critical thinking inherent to a high performing pain physician. The review sought to capture the experiences and opinions of all these stakeholders, and we are grateful to everyone who has participated in the review process, and to Professor McLachlan for conducting the review.

We will implement changes with care over the next few years, considering the needs of candidates. We will ensure exam candidates are given at least 12 months' notice of any significant changes to the exam to facilitate good preparation and support. Therefore, doctors in training and prospective candidates should not change the way they prepare for the current sets of exams until formally notified of such changes.

2.12.2 Our programme of improvement

We have published an [Executive Summary](#) and [proposed timetable for implementation of the changes resulting from the review](#).

The FPMRCA has been subject to a process of continued quality assurance, and while rightly proud of its performance to date, we recognise that this is a timely opportunity to develop and improve the exam. In considering the recommendations from the review and implementing any subsequent changes, we will:

- ▶ Invest additional resources in our examinations function to implement the recommendations of the review and strengthen our capacity to deliver exams.
- ▶ Work closely with the RCoA and the Faculty of Intensive Care Medicine in delivering relevant changes to the FPMRCA exam through a newly formed group, the Exam Development and Assurance Group. This group will lead the development, quality, and alignment of exam processes across all exams delivered by the RCoA – where appropriate – to ensure they are delivered in line with best practice in assessment for each medical specialty. We believe this group, tasked with implementing expertly informed recommendations, will help the FPMRCA exam develop and remain world class for the future.
- ▶ Give candidates and doctors in training a greater role in our assessment processes, including more representation on College and Faculty committees engaged in assessment. These representatives will also play a central role in supporting communication with candidates.
- ▶ Review the purpose of our assessments in accordance with the changes made in the curriculum and the changing nature of clinical practice in our specialties. We will consult with members and stakeholders to define this.
- ▶ As part of the Examinations Development and Assurance Group, we will contribute to the implementation of a unified approach to the use of, and training in, standard setting across all exams delivered by the RCoA.
- ▶ Use the findings of new research undertaken to inform our assessment design process. For example, in relation to validity and the impact of gender, ethnicity and educational background on exam performance.
- ▶ Move Multiple Choice Questions to being only Single Best Answer and Extended Matching Questions type.
- ▶ Develop current Structured Oral Examination; some sections will likely be replaced by an Objective Structured Clinical Examination (OSCE) or a Clinical Performance Examination.

3. Assessment Blueprints

3.1 Blueprint of workplace-based assessments mapped to training points

A timeline example is shown below to illustrate how each method of assessment will typically be used in practice in an indicative 12-month training period:

Assessment type	Month of training													End
	Pre	1	2	3	4	5	6	7	8	9	10	11	12	
Meeting with clinical supervisors*		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Formative Meeting with Faculty Tutor on a monthly basis	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	YES
Summative Meeting with RAPM on a quarterly basis	Y			**			**			**				YES
Formative Supervised Learning events (CEX/DOPS/CbD/)			Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	E
Holistic Assessment of Learning Outcomes (HALO forms)			G	G	G	G	G	G	G	G	G	G	y	E
Quarterly review				Y			Y			Y			Y	E
Logbook		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	E
FFPMRCA exam MCQ				Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	E
FFPMRCA exam SOE							Y	Y	Y	Y	Y	Y	Y	E
MTR feedback							Y			Y			Y	E
MSF feedback											Y			E
Patient feedback					Y							Y		E
Professional practice review (appraisal)										Y				E
Final sign-off														YES

Key: Y = YES; G = guidance; E = evidence.

*Meetings with clinical supervisor are expected to occur on a continual basis throughout the training period for the purposes of Supervised learning events (SLE)

**meeting for trainee in difficulty, otherwise RAPM will only review trainee portfolio at these intervals

3.2 Generic Professional Capabilities in Pain Medicine

It is expected that the majority of doctors in training will have attained the following Generic Professional Capabilities (GPC), [as defined by the GMC](#). These capabilities will have been achieved within earlier stages of medical training, at Foundation, core, and early specialist levels.

Communication and robust, empathetic consultation skills are the corner stone of effective pain management assessment, to ensure that the biological, psychological, and social aspects of the pain are identified and managed. Where a doctor undertakes the credential from a non-training or SAS route, there may be the need for additional time or assessment(s) to achieve some of these domains.

GPC Domains are:

- ▶ **Domain 1:** Professional values and behaviours
- ▶ **Domain 2:** Professional skills
- ▶ **Domain 3:** Professional knowledge
- ▶ **Domain 4:** Capabilities in Health Promotion and illness prevention
- ▶ **Domain 5:** Capabilities in Leadership and team working
- ▶ **Domain 6:** Capabilities in patient safety and quality improvement
- ▶ **Domain 7:** Capabilities in Safeguarding vulnerable groups
- ▶ **Domain 8:** Capabilities in Education and Training
- ▶ **Domain 9:** Capabilities in Research and Scholarship

These nine domains of Generic Professional Capabilities have been mapped out to the Practice of Pain Medicine. The capability descriptors are not exclusive but do mirror how a doctor practising in Pain Medicine would be expected to use and evidence these skills.

The following tables reflect assessment tools cross linked to each generic capability and how these can be achieved or evidenced in the practice of Pain Medicine:

Generic capabilities in practice		Assessments					
		Supervised Learning Events (SLE)	Team Feedback (MSF)	MTR (Consultants)	Patient Feedback (CARE)	Professional Practice Review	FFPMRCA Exam
Category 1: Professional behaviour and trust							
Has the ability to function within Health care organisational and management systems (GPC 1,3)	Adheres to good medical practice and professional expectations		✓	✓	✓		
	Participates in appraisal and revalidation processes					✓	
	Evidences team working and quality improvement					✓	
	Engages constructively with service changes					✓	

Has the ability to deal with ethical and legal issues related to clinical practice (GPC 3,4,7,8)	Safeguards vulnerable groups of patients	✓	✓	✓	✓		
	Demonstrates awareness of pertinent legal issues e.g. DVLA prescribing	✓					✓
	Practices informed consent	✓		✓			✓
	Manages complaints and compliments		✓	✓	✓	✓	
Category 2: Communication, teamworking and leadership							
Communicates effectively and is able to share decision making (GPC 2,5)	Communicates clearly with patients and carers in a variety of settings	✓			✓		
	Communicates effectively with clinical and other professional colleagues		✓	✓			
	Identifies and manages barriers to communication	✓	✓		✓		✓
	Demonstrates effective consultation skills including effective verbal and nonverbal interpersonal skills		✓	✓	✓		
	Shares decision making appropriately for case management		✓	✓			✓
	Applies team working skills within MDT environments		✓				
Category 3: Safety and quality		SLE	MSF	MTR	PF	PPR	EXAM
Maintains patient safety within quality improvement (GPC 1-6)	Participates with critical incident reporting systems	✓				✓	
	Shares good practice appropriately					✓	✓
	Contributes to and delivers quality improvement					✓	
	Understands the importance of non-technical skills		✓	✓	✓		✓
	Recognises and works within limits of personal competence	✓				✓	
Category 4: Wider professional practice							
Can inform research and handle data	Manages clinical information appropriately	✓		✓			
	Understands principles of research and academic writing					✓	✓

appropriately (GPC 3,4,9)	Demonstrates ability to carry out critical appraisal of the literature					✓	✓
	Understands and applies evidence-based medicine to clinical practice	✓					✓
	Follows guidelines on ethical conduct in research and consent	✓				✓	✓
	Understands public health epidemiology	✓					✓
	Participation in health promotion strategies					✓	
Can act as a clinical teacher and clinical supervisor (GPC 1,8)	Delivers formal and informal teaching appropriately	✓				✓	
	Acts as clinical supervisor		✓				
	Organises learning and education opportunities for team	✓				✓	
	Acts as a Trainer for HEE and /or other devolved nation Credential for Advanced Care Practitioners in Pain management	✓	✓			✓	

3.3 Specialist Capabilities in Pain Medicine

In line with the General Medical Council guidance: *Excellence by Design: Standards for Postgraduate Curricula*, the following tables list specialist capabilities specific to Pain Medicine and required for each doctor to achieve in order to practice safely and effectively in Pain Medicine.

Each specialist capability has been defined as learning outcomes with sub-domains that aim to be as detailed as possible but may not be completely exclusive. Each descriptor been cross mapped against a combination of formative and summative assessment tools to inform both trainers and trainees.

Specialist capabilities in practice		Assessments					
		*Refer to Section 4 for detailed explanation of assessment methodology					
		Supervised Learning Events (SLE)	Team Feedback (MSF)	MTR (Consultants)	Patient Feedback (CARE)	Professional Practice Review	FFPMRCA Exam
Curriculum learning outcome 1							
Manages referrals/triages within pain service	Demonstrates professional behaviour with regards to patients, carers, colleagues, and others (GPC 1, 2, 5)		✓	✓	✓	✓	
	Delivers personalised patient centred care including shared decision making (GPC 1, 2, 3, 5)		✓	✓	✓		
	Explains clinical reasoning (GPC 2, 3)	✓	✓	✓			✓
	Prioritises referrals appropriately (GPC 1, 2, 3, 4)	✓		✓			✓
	Appropriately requests and interprets relevant investigations (GPC 2, 3)	✓		✓			✓
	Liaises with specialty services and refers onward when necessary (GPC 1, 2, 3, 7)	✓		✓			
Curriculum Learning Outcome 2		SLE	MSF	MTR	PF	PPR	FFPMRCA EXAM
Manages an outpatient Pain Medicine clinic	Demonstrates comprehensive and focused assessment of patients with pain, including history taking and physical examination, (GPC 1, 2, 3)	✓		✓			✓
	Recognises indications for and interprets investigations (GPC 2, 3)	✓		✓			✓
	Demonstrates the ability to recognise patients with pain who have psychological problems and who require psychological evaluation, and the ability to apply established treatments for the management of psychological distress in those with pain (GPC 2,3,4,7)	✓		✓	✓		✓
	Demonstrates the ability to recognise patients with pain who require referral or support from other specialties (GPC 2, 3, 5)	✓		✓			✓
	Demonstrates the ability to accurately assess pain in complex scenarios, including those with cognitive impairment and limited verbal interaction. (GPC 2, 3, 5)	✓	✓	✓			✓

	Demonstrates professional behaviour with regards to patients, carers, colleagues, and others (GPC 1, 5,6,7)	✓	✓	✓	✓	✓	
	Delivers patient centred care including shared decision making (GPC 1, 2,5,6)	✓			✓		✓
	Demonstrates effective consultation skills (GPC 2,3)	✓			✓		✓
	Formulates an appropriate differential diagnosis (GPC 2, 3, 4)	✓		✓			✓
	Formulates an appropriate diagnostic and management plan (GPC 2, 3, 4)	✓		✓			✓
	Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues (GPC 2, 3)	✓		✓		✓	✓
	Prescribes safely within recommended guidelines (GPC 2, 3, 6)	✓		✓			✓
	Appropriately manages medical comorbidities (GPC 2, 3, 6)	✓		✓			✓
	Manages time effectively within clinical session (GPC 1, 2, 6)	✓	✓	✓	✓		
	Is proficient in running multidisciplinary clinics in conjunction with physiotherapist and/or occupational therapist and/or clinical psychologist (GPC 2,5)	✓	✓			✓	
	Can supervise AHP led clinic assessments and AHP led prescribing where applicable. (GPC 1,5)	✓	✓	✓		✓	
	Works collaboratively with other specialist services to manage addiction to pain related medication (GPC 2, 5)	✓	✓	✓			
	Works collaboratively with step down pain management services in the community (GPC 2, 5)	✓	✓	✓			
Curriculum Learning Outcome 3		SLE	MSF	MTR	PF	PPR	FFPMRCA Exam
Manages pain procedural cases	Lists patients for pain interventions appropriately GPC 2, 3		✓				
	Practices informed consent and communicates risk effectively GPC 1, 2,6	✓		✓			✓
	Practices within limits of knowledge and skills GPC 1,2, 3, 4	✓	✓	✓			
	Practices to national standards and guidelines GPC 1, 3, 5, 6			✓		✓	✓
	Demonstrates competence in a range of pain procedures (See Annex B for example procedures) GPC 2, 3	✓		✓			✓
	Demonstrates an understanding of the safe and effective use of a comprehensive number of neural blockade procedures for pain management including cancer pain and may train to have proficiency in these techniques if appropriate GPC 2, 3, 6	✓					✓
	Demonstrates an understanding of the techniques for insertion of tunnelled or implanted peripheral and central neuraxial drug delivery or neuromodulation systems and may train to have proficiency in this technique if appropriate GPC 2, 3, 6	✓					✓
	Demonstrates the basic practice of stimulation induced analgesia e.g., TENS (Transcutaneous electric nerve stimulation) GPC 2, 3, 6	✓					

	Understands risks and benefits and the technique but only trained to perform diagnostic and therapeutic interventions safely if appropriate GPC 1, 2, 6	✓		✓			✓
	Administers medications within UK guidelines GPC 1, 2, 3, 6	✓		✓			✓
	Demonstrates the safe and competent use of imaging techniques during Pain Medicine procedures (IRMER regulations) GPC 2, 3, 6	✓		✓			✓
	Minimises unnecessary radiation exposure to patients and staff during fluoroscopic procedures GPC 1,6	✓		✓			✓
	Recognises and manages procedural complications GPC 1, 2, 3, 6	✓	✓	✓		✓	✓
Curriculum Learning Outcome 4		SLE	MSF	MTR	PF	PPR	FFPMRCA EXAM
Participates effectively within a Pain MDT	Lists patients for Pain Medicine MDT discussion appropriately GPC 2, 3, 5		✓	✓			
	Summarises salient case points and prioritises key issues. GPC 2, 3		✓	✓			
	Applies effective team working strategies to ensure effective prioritisation, communication and shared decision making occurs GPC 2, 5, 6	✓	✓	✓			
	Takes ownership of cases and works towards constructive closure of biological, social and psychological issues. GPC 1, 2	✓	✓	✓	✓		
	Refers to appropriate internal care pathways or discharge planning GPC 1, 2, 5	✓	✓				✓
	Communicates effectively with primary and secondary care colleagues, ensuring a record of the MDT discussion is recorded and disseminated appropriately GPC 2, 5	✓	✓	✓			
	Understands the role of the physiotherapist in the multidisciplinary team GPC 3, 5	✓	✓	✓			✓
	Understands the role of the occupational therapist in the multidisciplinary team GPC 3, 5	✓	✓	✓			✓
	Understands the role of other disciplines within the multidisciplinary team GPC 3, 5	✓	✓	✓			✓
	Understands the role of pain management programmes GPC 3, 5	✓	✓				✓
Curriculum Learning Outcome 5		SLE	MSF	MTR	PF	PPR	FFPMRCA EXAM
Manages inpatient pain and acute pain rounds	Demonstrates safe and effective pharmacological management of acute, acute on chronic in patient and procedural pain in all age groups. GPC 1, 2,3, 6	✓		✓			✓
	Demonstrates professional behaviour with regards to patients, carers, colleagues and others GPC 1, 6	✓	✓	✓	✓		
	Delivers patient centred care including shared decision-making GPC 1, 4, 5, 6	✓			✓		
	Takes a relevant patient history including patient symptoms, concerns, priorities and preferences GPC 2, 3	✓		✓	✓		✓
	Performs accurate clinical examinations GPC 2	✓		✓			

	Shows appropriate clinical reasoning by analysing physical and psychological findings GPC 2, 3	✓					✓
	Formulates an appropriate differential diagnosis GPC 2, 3	✓		✓			✓
	Formulates an appropriate diagnostic and management plan GPC 2, 3, 6, 7	✓		✓			✓
	Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues GPC 2, 3	✓		✓	✓		
	Appropriately selects, manages and interprets investigations GPC 3, 5	✓		✓			✓
	Recognises need to liaise with specialty services and refers where appropriate GPC 2, 3	✓					✓
	Prescribes safely GPC 2, 3	✓					✓
	Manages infusion pumps, including PCAs, wound catheters and epidurals GPC 2, 3, 5	✓		✓			✓
	Can lead an acute pain round GPC 2, 3	✓	✓	✓			
	Can supervise acute pain nurses including nurse led prescribing GPC 2, 3	✓	✓	✓			
	Recognises and manages acute medical illnesses GPC 2, 3, 5	✓		✓		✓	✓
	Recognises comorbidities and adjusts pain related medications accordingly GPC 2, 3, 7	✓					✓
	Demonstrates appropriate and timely liaison with other medical specialty services when required GPC 2, 3	✓		✓			✓
	Identifies patients with limited reversibility of their medical condition and determines palliative and end of life care needs GPC 2, 3, 5	✓		✓			✓
	Identifies the dying patient and develops an individualised care plan, including anticipatory prescribing at end-of-life GPC 1, 3, 5	✓		✓			✓
	Facilitates referrals to specialist palliative care when needed GPC 1, 2, 3	✓		✓			✓
	Demonstrates effective consultation skills in challenging areas (e.g., ICM) GPC 2, 3, 5	✓	✓	✓	✓		
	Demonstrates compassionate professional behaviour and clinical judgement GPC 1, 2, 3, 5	✓	✓	✓	✓		
Curriculum Learning Outcome 6		SLE	MSF	MTR	PF	PPR	FFPMRCA EXAM
Manages patients who are taking drugs of potential addiction –	Demonstrates appropriate pharmacological knowledge for safe short and long-term prescribing of opioids and other drugs of potential addiction GPC 3,4	✓					✓
	Can explain the risks and benefits of prescribing opioids and drugs of potential addiction for chronic non-malignant pain GPC 3,4	✓		✓			✓
	Can explain the risks and benefits of prescribing opioids for patients who have malignant pain GPC 3,4	✓		✓			✓

optimisation of medicines	Demonstrates the use of opioid risk tools and assessments in vulnerable groups GPC 3,4,5,6	✓		✓			✓
	Understands the monitoring of opioids and drugs of potential addiction and withdrawal strategies within pain management services. GPC 3,6	✓					✓
	Demonstrates awareness of the legal implications of the use and prescribing of opioids and drug of potential addiction relating to driving, misuse, addiction and diversion GPC 2, 3, 4,6	✓					✓
	Understands the need to collaborate effectively with drug and alcohol addiction services at inpatient and outpatient/community levels GPC 2,3,4	✓					✓
Curriculum Learning Outcome 7		SLE	MSF	MTR	PF	PPR	FFPMRCA EXAM
Has an understanding of the socioeconomic, occupational health and medicolegal aspects of Pain Medicine	Has an understanding of the Personalised Care institute and the principles of delivering personalised care GPC 3, 4, 6	✓					✓
	Has an understanding of the basic concepts of welfare benefit for e.g., Universal credit, personal independent payment, employment support allowance GPC 3, 4, 6	✓					✓
	Has an understanding of the impact of pain on aspects of daily living, the role of the occupational therapist within the multidisciplinary team, the role of social services in supporting patients with disability GPC 3,4, 6	✓					✓
	Has a basic understanding of the Equality Act 2010 with regards to disability and safe-guarding vulnerable adults and children GPC 3, 4, 7	✓				✓	✓
	Has an understanding of the Mental Capacity Act and the potential impact of pain on mental capacity GPC 3, 4, 7	✓				✓	✓
	Has an understanding of the impact of pain on occupation, legal aspects of reasonable adjustments and the importance of promoting return to work GPC 3, 4, 7	✓					✓
	Has an understanding of the importance of supporting children and young adults, and mature students in education GPC 2, 3, 6, 7	✓					✓
	Is able to compose letters of support with regards to application for welfare and occupational support GPC 2, 3	✓		✓			✓
	Has a basic understanding of the law relating to personal injury, law of causation including the impact that this has on pain management GPC 3	✓					✓
	Has a basic understanding of the concepts of expert evidence and medico-legal reporting GPC 3	✓					✓
	Has a clear understanding of the law in relation to health, drugs and driving GPC 3	✓					✓

	Has a clear understanding of data protection (GDPR) principles and policy GPC 3, 7	✓				✓	✓
Curriculum Learning Outcome 8		SLE	MSF	MTR	PF	PPR	FFPMRCA EXAM
Understands the Healthcare infrastructure and the pain service	Has an understanding of the structure of UK Health systems and their remit GPC 2,3,4	✓		✓		✓	✓
	Has an understanding of the current clinical commissioning groups within the NHS, in both primary and secondary care GPC 2,3,4	✓		✓		✓	✓
	Understands specialist and highly specialist commissioning GPC 3,4	✓		✓		✓	✓
	Understands the basic infrastructure within an NHS Trust or other healthcare provider in terms of managing a pain service GPC 3,4,5,6	✓		✓		✓	✓
	Has an understanding of coding in relation to activity within the pain service and in relation to remuneration and funding GPC 1,3,4,5,6	✓		✓		✓	✓
	Understands the basics of writing a business plan GPC 2,4	✓		✓		✓	✓

3.4 Further specialist capabilities within Pain Medicine

In **addition** to the generic and specialist Pain Medicine capabilities already identified, **each doctor training for the Credential is expected to achieve competency in the following three further specialist capabilities:**

1. Paediatric Pain Medicine
2. Cancer Pain Medicine
3. Neuromodulation and Implantable Technology

The specialist capabilities: paediatric, cancer and neuromodulation/ implantable technology can be developed to a higher level beyond the scope of this credential, such that the practitioner can undertake highly specialised practice within these areas.

While all doctors undertaking the Credential will be expected to have an understanding of the science and clinical needs underpinning these specialist capabilities, it is expected that for future career opportunities or to support succession planning only a few will go on to practice in such highly specialised (usually tertiary) units. **This will require additional training opportunities outside of the Credential.** Such additional training can only occur once the RAPM is satisfied that the core formative and summative assessments within the credential are successfully achieved.

In line with GMC Good Doctor guidance, credentialed doctors must recognise and work within the limits of their competence and refer a patient to another practitioner where they cannot safely meet their needs; if additional training time beyond that already approved for the credential is required to achieve sufficient clinical exposure in one or more of these highly specialised areas of Pain Medicine, then this will need to be sought separately from the employer and the Deanery.

3.4.1 Paediatric Pain Medicine

The Curriculum Learning Outcomes for the practice of Acute and Chronic Paediatric Pain medicine are listed below, once again cross mapped against assessment tools. As indicated above these outcomes must be **achieved** as part of the training leading to a Credential in Pain Medicine, no matter what the base speciality of the training doctor.

It is recognised that the emphasis on different aspects of paediatric training will be commensurate with the amount of clinical paediatric work that is undertaken beyond the pain clinic environment. For instance, this aspect of training may focus more on acute paediatric pain or acute on chronic paediatric Pain Medicine for the anaesthetic trainee who envisages working within a job plan that is mainly confined to this aspect of pain management. On the other hand, a trainee with a base speciality of Rheumatology may opt to focus more on outpatient complex paediatric Pain Medicine.

It is recommended that the pain training credential be undertaken **in addition to** any paediatric training requirements for the pain specialist who intends to hold:

- ▶ A consultant post in paediatric Pain Medicine, **OR**

- ▶ Will be a consultant in Pain Medicine and will manage a significant number of children in their chronic pain service.
- ▶ It is recognised that this additional period of training requires to be done in tertiary specialist paediatric units and the Faculty of Pain Medicine website provides information with regards to units that can provide this highly specialised level of training. **This training is outside the remit of this Credential.**

The following Curriculum Learning Outcome objectives and specialist capabilities for Paediatric Pain Medicine are required as part of the training leading to a Credential in Pain Medicine:

Specialist capabilities in practice (Paediatric Pain Medicine)		Assessments					
		Supervised Learning Events	Team Feedback (MSF)	MTR (Consultants)	Patient Feedback (CARE)	Professional Practice Review	FFPMRCA Exam
Curriculum learning outcome 1							
Managing pain in paediatric patients (chronic pain)	Demonstrates accurate assessment of pain intensity in infants, children and adolescents including the premature neonate and child with neurodevelopmental delay GPC 2 ,3	✓		✓			✓
	Demonstrates safe and effective pharmacological management of acute and procedural pain in all ages including the premature neonate GPC 2, 3	✓		✓			✓
	Demonstrates an ability to lead multidisciplinary management of chronic and cancer pain in children GPC 2, 3, 5	✓	✓	✓			
	Demonstrates an ability to perform necessary practical procedures for safe, effective evidence-based practice GPC 2, 3,6	✓	✓	✓			
	Promotes non-pharmacological and non-interventional pain management strategies when appropriate to do so. GPC 2, 3	✓					✓
	Demonstrates an ability to manage transition from paediatric to adult health and social services where appropriate GPC 2, 3, 6	✓	✓	✓			✓
	Demonstrates an ability to initiate and take an appropriate [including leading] role in child protection processes GPC 2, 3, 6, 7	✓					✓
	Demonstrates effective communication with children and families GPC 1, 2, 3	✓	✓		✓		
	Demonstrates effective communication with other paediatric healthcare professionals GPC 1, 2, 5	✓	✓	✓			
	Demonstrates effective communication and liaison with social, educational and community paediatric services GPC 2, 3, 4	✓	✓	✓			✓
	Demonstrates an appreciation of appropriate skills mix for multidisciplinary pain management in children of different ages, abilities, and social educational needs GPC 2, 3, 5	✓					✓
	Demonstrates ability to take effective leadership role in children's pain management GPC 2, 5	✓	✓	✓		✓	

Curriculum learning outcome 2		SLE	MSF	MTR	PF	PPR	FFPMRCA EXAM
Managing pain in paediatric patients (acute pain)	Demonstrates professional behaviour with regards to patients, carers, colleagues, and others GPC 1		✓	✓	✓		
	Delivers patient centred care including shared decision-making GPC 1, 2	✓					✓
	Takes a relevant patient history including patient symptoms, concerns, priorities, and preferences GPC 1, 2, 3	✓	✓	✓	✓		✓
	Performs accurate clinical examinations GPC 2,3	✓		✓			
	Shows appropriate clinical reasoning by analysing physical and psychological findings GPC 2, 3	✓		✓			✓
	Formulates an appropriate differential diagnosis GPC 2, 3	✓					✓
	Formulates an appropriate diagnostic and management plan GPC 2, 3	✓		✓			✓
	Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues GPC 1, 2, 3	✓					✓
	Appropriately selects, manages, and interprets investigations GPC 2, 3	✓		✓			✓
	Recognises need to liaise with specialty services and refers where appropriate GPC 2, 3	✓	✓				✓
	Prescribes safely for age and weight GPC 3, 5	✓		✓			✓
	Manages infusion pumps, including PCAs, wound catheters and epidurals GPC 2, 3	✓					✓
	Can lead an acute pain team GPC 2, 5	✓	✓	✓			
	Recognises acute medical illness GPC 2, 3	✓		✓			✓
	Manages comorbidities and adjusts analgesia accordingly GPC 2, 3	✓		✓			✓
	Demonstrates appropriate and timely liaison with other medical specialty services when required GPC 2, 3, 5	✓	✓	✓			✓
	Identifies patients with limited reversibility of their medical condition and determines palliative and end of life care needs GPC 2, 3	✓					✓
	Identifies the dying patient and develops an individualised care plan, including anticipatory prescribing at end-of-life GPC 2, 3	✓		✓	✓		✓
	Facilitates referrals to specialist palliative care when needed GPC 2, 3, 5	✓	✓	✓			✓
	Demonstrates effective consultation skills in challenging areas (e.g., ventilated in ICM, non-verbal patient and those with learning difficulties) GPC 2, 3, 6, 7	✓	✓	✓	✓		
Demonstrates compassionate professional behaviour and clinical judgement GPC 1, 2	✓			✓			

3.3.2 Interventional Cancer Pain Techniques

Within the credential, the curriculum learning outcomes should allow a specialist in Pain Medicine to have the skills to deal with a patient who has pain arising primarily from cancer.

It is recognised that **the level of skills required will vary** depending on the complexity of patients suffering from cancer pain and cancer related problems that present in different NHS hospitals as cancer services tend to now be localised to specific centres. However, it is expected that a doctor who has a credential in Pain Medicine **can manage and institute multidisciplinary cancer related pain management** and **recognises the need to refer such patients to a specialist** cancer centre if further specialised interventions are required. There is no set number of procedures that convey interventional competence, and it is expected that training will continue beyond the period of formal pain training into the consultant appointment. However, as a guideline, an indicative minimum of twenty (namely out-patient and MDT) sessions purely dedicated to cancer pain should form part of the training leading to a credential in Pain Medicine.

A further period of full-time training in cancer pain, split between hospices and a tertiary cancer pain centre, is recommended for a specialist in Pain Medicine who wishes to work in a cancer pain multidisciplinary service. This would normally be expected to be an indicative 3 months in order to safely learn the skills required.

If the individual wishes to perform interventional cancer pain techniques further procedural training is recommended at a centre with procedural capacity is sufficient to provide supervision and practice. This period of training **would be in addition to** the indicative one-year training period leading to the Credential in Pain Medicine and falls outside the remit of this Credential

Lifelong learning will be required to attain independent practice for the most specialised interventional cancer pain techniques, e.g., cordotomy and intrathecal implantable devices. It will be important for the individual to work as part of a larger team or to have close links to other interventional cancer pain specialists to provide collaboration and support.

In **addition** to the generic and specialist capabilities for Pain Medicine already identified, the following specialist capabilities for cancer pain management **are also required for all doctors training for the Credential**. Once again, cross-mapping is done with relevant assessment tools:

Specialist capabilities in practice (Cancer Pain Medicine)		Assessments					
		Supervised Learning Events	Team Feedback (MSF)	MTR (Consultants)	Patient Feedback (CARE)	Professional Practice Review	FFPMRCA Exam
Curriculum learning outcome in Cancer Pain 1							
Managing pain in cancer patients	Demonstrates the ability to accurately assess pain in the cancer pain patient GPC 2, 3	✓		✓			✓
	Demonstrates compassionate professional behaviour and clinical judgement GPC 1, 2	✓	✓				✓
	Demonstrates the ability to work in a multidisciplinary team GPC 2, 3, 5	✓	✓	✓			

	Demonstrates the ability to set up and manage external and internal implantable drug delivery systems, both peripheral and central, for the management of cancer pain GPC 2, 3	✓					✓
	Demonstrates effective communication with patients and families/carers GPC 1, 2	✓			✓		
	Demonstrates effective communication with other healthcare professionals in primary and secondary care GPC 1, 2, 5	✓	✓	✓			
	Demonstrates appreciation of the need for multidisciplinary management in the cancer sufferer GPC 2, 3, 5	✓	✓	✓			✓
	Identifies patients with limited reversibility of their medical condition and determines palliative and end of life care needs, planning their pain management needs accordingly GPC 1,2, 3, 5	✓	✓				✓
	Identifies the dying patient and develops an individualised care plan, including anticipatory prescribing and pain management prescribing at end-of-life GPC 2, 3, 5	✓	✓				✓
	Facilitates referrals to specialist palliative care when needed GPC 2, 3, 5	✓	✓				✓
	Demonstrates an appreciation of appropriate skills mix for multidisciplinary pain management in Intrathecal drug delivery (IDD) service GPC 2, 3, 5	✓	✓				✓
	Demonstrates effective communication with other healthcare professionals in primary and secondary care, including but not limited to general practitioners, surgical specialties for assessment and treatment of urgent complications, neurologists and/or paediatricians for patients with spasticity and communication with other specialist teams offering IDD therapy. GPC 2, 3, 5	✓	✓	✓	✓		
Curriculum learning outcome in Cancer Pain 2		SLE	MSF	MTR	PF	PPR	FFPMRCA EXAM
Performing interventions in cancer patients	Demonstrates an understanding of and where appropriate the ability to perform neurolytic blockade (including autonomic, peripheral, and regional techniques) in the management of cancer pain GPC 2, 3	✓		✓			✓
	Demonstrates an understanding of and where appropriate the ability to deliver some of the highly specialised treatments for the management of cancer pain, including but not exclusively, percutaneous cordotomy GPC 2, 3	✓					✓
	Demonstrates ability to: <ul style="list-style-type: none"> • signpost/refer patients requiring interventional procedures for cancer pain to appropriate centres, • recognise complications arising from such procedures and refer back to/ seek advice of other appropriate teams/specialists when required GPC 2, 3 	✓		✓	✓		✓

3.3.3 Neuromodulation/Implantable technology

As part of the credential in Pain Medicine, one of the Curriculum Learning Outcomes that a trainee is **expected to achieve is an understanding of neuromodulation/implantable technology**. This will require, as a minimum, an understanding of the science underpinning this procedure and the ability to assess and refer patients who may benefit from neuromodulation techniques.

It is anticipated that this will require the trainee to attend some clinical and theatre sessions during which patients are assessed and/or implanted with such devices to understand the multidisciplinary approach that is essential for successful neuromodulation.

In addition to the time spent during the pain training leading to the Credential, an indicative period of 3-6 months of focused work in a centre performing spinal cord stimulation or equivalent neuromodulation techniques is recommended if the individual wishes to perform these procedures as part of their regular job plan as Consultant in Pain Medicine. **This period of additional training is outside the remit of this Credential.**

In addition to the generic and specialist capabilities already identified, the following specialist capabilities for neuromodulation are required for all doctors training for the Credential:

Specialist capabilities in practice (Neuromodulation/Implantable Technology)		Assessments					
		Supervised Learning Events	Team Feedback (MSF)	MTR (Consultants)	Patient Feedback (CARE)	Professional Practice Review	FFPMRCA Exam
Curriculum learning outcome in Neuromodulation 1:							
Assessing patients for Neuromodulation	Demonstrates the ability to assess pain including, location, nature and any relevant psychosocial factors, in the context of neuromodulation suitability and risk. GPC 2, 3	✓					✓
	Demonstrates ability to work in a multidisciplinary team GPC 1, 2, 3, 5	✓	✓	✓			
	Demonstrates an appreciation of appropriate skill mix for multidisciplinary management in neuromodulation GPC1, 2, 3, 5	✓	✓	✓			✓
	Demonstrates effective communication with other healthcare professionals in primary and secondary care e.g., surgical specialties for assessment and treatment of complications and	✓	✓	✓	✓		

	communication with specialist teams offering SCS therapy GPC 2, 3, 5, 6						
Curriculum learning outcome in Neuromodulation 2:		Supervised Learning Events	Team Feedback (MSF)	MTR (Consultants)	Patient Feedback (CARE)	Professional Practice Review	FFPMRCA Exam
Performing neuromodulation techniques	Demonstrates technical skills required for safe SCS and neuromodulation techniques GPC 2, 3	✓		✓			✓
	Demonstrates ability to recognise complications and refer to other appropriate teams/specialists when needed GPC 2, 3	✓		✓			✓

4. Frequently Asked Questions: Supervision and attainment of High-Level Learning Outcomes

Q1: What proportion of the HALO form need to be >3 or >4 to be signed off?

A1: The HALO forms list the recommended Entrustable Professional Activities that we would expect trainees to work towards and achieve at each milestone in training. We recognise however that there is a diversity in trainees, trainers and training and would therefore recommend that for patient safety reasons, *these are the minimum acceptable levels of Entrustable Professional Activity that we would expect by the end of training for each and every trainee:*

Specialty specific domains:

1. Manages referrals/triages within pain service – Entrustable Professional Activity Level 4
2. Manages an outpatient Pain Medicine clinic – Entrustable Professional Activity Level 4
3. Manages pain procedural cases – Entrustable Professional Activity Level 3
4. Participates effectively within a Pain MDT – Entrustable Professional Activity Level 4
5. Manages inpatient pain and acute pain rounds – Entrustable Professional Activity Level 4
6. Manages patients who are taking drugs of potential addiction – optimisation of medicines – Entrustable Professional Activity Level 4
7. Understands the socioeconomic, occupational health and medicolegal aspects of Pain Medicine – Entrustable Professional Activity Level 3
8. Understands the Healthcare infrastructure and the pain service – Entrustable Professional Activity Level 3

Specialist capabilities in practice (Paediatric Pain Medicine)

1. Managing pain in paediatric patients (chronic pain) – Entrustable Professional Activity Level 3
2. Managing pain in paediatric patients (acute pain) – Entrustable Professional Activity Level 3

Specialist capabilities in practice (Cancer Pain Medicine) domains

1. Managing pain in cancer patients – Entrustable Professional Activity Level 3
2. Performing interventions in cancer patients – Entrustable Professional Activity Level 3

Specialist capabilities in practice (Neuromodulation/Implantable Technology) domains

1. Assessing patients for Neuromodulation – Entrustable Professional Activity Level 3
2. Performing neuromodulation techniques – Entrustable Professional Activity Level 1

Q2: Is there a minimum EPA level for which a trainee needs to meet across some/all domains of a HALO to be signed off?

A2: Supervision level 1/Entrustable Professional Activity Level 1 is expected throughout the Credential should any trainee perform any procedures of implantable technology e.g., intrathecal pumps or dorsal column stimulators. Procedures which have a higher risk of potential to do harm, e.g., radiofrequency denervation, major sympathetic blocks require a high level of supervision until the trainer and trainee are confident that significant level of expertise (and hence safety margin) has been reached.

Q3: Are there critical domains that must achieve a minimum level for reasons of patient safety?

A3: Except for neuromodulation, Entrustable Professional Activity Level 3 should be the minimum for chronic paediatric pain management.

Q4: There is clearly a progression from EPA 1 or 2 to EPA 3 to 5 across all the domains. What level of progression would we expect to see on average between each RAPM assessment and how will we manage a trainee who fails to show progression each quarter or worse is still EPA 2 at the third or fourth quarter in the core domains?

A4: At Quarterly reviews: (duration of the “quarter” will depend on indicative period of training for each trainee:

- ▶ 3 months: Entrustable Professional Activity Levels 1 and 2
- ▶ 6 months: Entrustable Professional Activity Levels 2 and 3
- ▶ 9 months: Entrustable Professional Activity Level 3
- ▶ 12 months: Entrustable Professional Activity Level 4 only for those domains that require it (see Part I)

Q5: If trainees fail to progress beyond Entrustable Professional Activity level 2 at the third quarter on a domain that requires a Entrustable Professional Activity Level 4 and the other domains are progressing, is there time to focus on that domain in the remaining training period? If trainees are failing to achieve their expected progression is their scope to extend training?

A5: Focusing on areas of weakness would be advised as part of an educational plan agreed with the Regional Advisor in Pain Medicine, Faculty Tutor in Pain Medicine, and the Training Programme Director if the trainee is in a pre-CCT programme. This will require more interaction/meetings with training further individually tailored to allow greater exposure to achieve the required recommended end points. If feasible and required, extension of the indicative training period may also be required. Our trainers are trained to help “trainees in difficulty” and will use their skills to ensure that each trainee achieves their maximum potential. For more information regarding ‘Managing the trainee in difficulty’ in Part I, Section 5.6 of this curriculum.

Appendix: Assessment Forms

These assessment forms are included in the curriculum manual in the interests of completeness and for trainee's ease of reference.

There may be formatting, or other updates made to the assessment forms from time to time. These forms will also be available via the FPM website, www.fpm.ac.uk.

Trainees may also refer to the electronic versions of these assessment forms which are built into the RCoA [Lifelong Learning Platform \(LLP\)](#).

Anaesthesia. Clinical Evaluation Exercise (A-CEX) Assessment Form



Anaesthesia Clinical Evaluation Exercise (A-CEX)

Doctor in training: _____

GMC number (must be completed): _____

Observed by: _____

GMC number (must be completed): _____

Date (DD/MM/YYYY) / /

Stage of training (please circle): **1** **2** **3**

Description of activity (case, complexity & context)	
Summary of reflective discussion between doctor in training and trainerS To be completed by doctor in training and trainer	

Level of supervision		
Based on this encounter, what is the level of supervision the anaesthetist in training would require if they were to repeat this activity 'right here, right now'?		Please indicate level of supervision:
1	Direct supervisor involvement, physically present in same clinic/theatre throughout	
2A	Supervisor in other clinic room or 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)	
N/A	Supervision level not applicable for this SLE	

Suggestions for future development
<p>To be completed by doctor in training and trainer</p> <p><i>You may wish to consider: GPCs, targeted clinical experience, key learning resources, progression to next level of supervision</i></p>

Anaesthetic List Management Assessment Tool (ALMAT)



Anaesthetic List Management Assessment Tool (ALMAT)

Doctor in training: _____

GMC number (must be completed): _____

Observed by: _____

GMC number (must be completed): _____

Date (DD/MM/YYYY) / /

Stage of training (please circle): 1 2 3

<p>Description of activity</p> <p>(cases, complexity & context)</p>	
<p>Summary of reflective discussion between anaesthetist in training and trainer about the management of this list</p> <p>To be completed by doctor in training and trainer</p> <p><i>You may wish to discuss:</i></p> <ul style="list-style-type: none">• List preparation• Patient interaction• Team interaction• Risk minimisation• Non-technical skills• Efficiency in management of list	

Level of supervision		
Based on this encounter, what is the level of supervision the anaesthetist in training would require if they were to repeat this activity 'right here, right now'?		Please indicate level of supervision:
1	Direct supervisor involvement, physically present in same/ clinic/theatre throughout	
2A	Supervisor in other clinic room or 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)	
N/A	Supervision level not applicable for this SLE	

<p>Suggestions for future development</p> <p>To be completed by doctor in training and trainer</p> <p><i>You may wish to consider: GPCs, targeted clinical experience, key learning resources, progression to next level of supervision</i></p>	
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Anaesthesia Quality Improvement Project Assessment Tool (A-QIPAT)



Anaesthesia Quality Improvement Project Assessment Tool (A- QIPAT)

Doctor in training: _____

GMC number (must be completed): _____

Observed by: _____

GMC number (must be completed): _____

Date (DD/MM/YYYY) / /

Stage of training (please circle): **1** **2** **3**

Project aim

Quality improvement measures identified

Describe outcome and process measures selected for QI project

Quality Improvement Methodology

Describe QI methodology and tools used during project.

Anaesthetists in training may have contributed to part of a larger project and may wish to describe the aspect of QI methodology studied & their role in the team.

Evaluation of Project

Analysis of data (compared to predictions), learning points from project and evaluation of own role as part of the project. Include the next steps for the project and possible future tests of change.

What elements of the QI project were done well?

Suggested areas for improvement for future QI projects

Points you may wish to comment on: *Professional attitudes (commitment, compassion, honesty, personal integrity, respect for others), team working, leadership and management, innovation, safety in practice, medical ethics and confidentiality, relationship with patients, legal framework, use of information technology and data.*

Case-Based Discussion (CPD) Assessment Form



Case-Based Discussion (CBD)

Doctor in training: _____

GMC number (must be completed): _____

Observed by: _____

GMC number (must be completed): _____

Date (DD/MM/YYYY) / /

Stage of training (please circle): **1** **2** **3**

Description of activity (case, complexity & context)	
Summary of reflective discussion between doctor in training and trainer	
To be completed by doctor in training and trainer	

Level of supervision		
Based on this encounter, what is the level of supervision the anaesthetist in training would require if they were to repeat this activity 'right here, right now'?		Please indicate level of supervision:
1	Direct supervisor involvement, physically present in same clinic/theatre throughout	
2A	Supervisor in other clinic room or 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)	
N/A	Supervision level not applicable for this SLE	

Suggestions for future development
<p>To be completed by doctor in training and trainer</p> <p><i>You may wish to consider: GPCs, targeted clinical experience, key learning resources, progression to next level of supervision</i></p>

Direct Observation of Procedural Skill (DOPS) Assessment Form



Direct Observation of Procedural Skill (DOPS)

Doctor in training: _____

GMC number (must be completed): _____

Observed by: _____

GMC number (must be completed): _____

Date (DD/MM/YYYY) / /

Stage of training (please circle): **1** **2** **3**

Description of activity (case, complexity & context)	
--	--

Summary of reflective discussion between doctor in training and trainer To be completed by doctor in training and trainer	
---	--

Level of supervision		
Based on this encounter, what is the level of supervision the anaesthetist in training would require if they were to repeat this activity 'right here, right now'?		Please indicate level of supervision:
1	Direct supervisor involvement, physically present in clinic/ theatre throughout	
2A	Supervisor in other clinic room or 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)	
N/A	Supervision level not applicable for this SLE	

Suggestions for future development
<p>To be completed by doctor in training and trainer</p> <p><i>You may wish to consider: GPCs, targeted clinical experience, key learning resources, progression to next level of supervision</i></p>

Multiple Trainer Report (MTR) Assessment Form



Multiple Trainer Report (MTR)

Doctor in Training surname:

Doctor in Training name:

GMC number:

Assessor Name:

Assessor designation:

GMC number:

Date:

Stage of Training: ____ Quarter

Is the doctor in training making satisfactory progress for their stage of training?

Yes

No

If no, comment must be provided on areas of the curriculum that require development on the following pages.



Assessment of doctor in training's performance in curriculum domains

Generic Professional Capability Domains

1. **Professional behaviours and communication:**
 - Excellent or outstanding practice
 - Satisfactory
 - Area for development
 - Unable to comment
2. **Management and professional and regulatory requirements:**
 - Excellent or outstanding practice
 - Satisfactory
 - Area for development
 - Unable to comment
3. **Team working:**
 - Excellent or outstanding practice
 - Satisfactory
 - Area for development
 - Unable to comment
4. **Safety and Quality Improvement:**
 - Excellent or outstanding practice
 - Satisfactory
 - Area for development
 - Unable to comment
5. **Safeguarding:**
 - Excellent or outstanding practice
 - Satisfactory
 - Area for development
 - Unable to comment
6. **Education and training:**
 - Excellent or outstanding practice
 - Satisfactory
 - Area for development
 - Unable to comment
7. **Research and managing data:**
 - Excellent or outstanding practice
 - Satisfactory
 - Area for development
 - Unable to comment



Assessment of doctor's performance in specialist learning outcomes

1. **Manages an outpatient Pain Medicine Clinic:**
 - Excellent or outstanding practice
 - Satisfactory
 - Area for development
 - Unable to comment

2. **Manages referrals/triages within the pain service:**
 - Excellent or outstanding practice
 - Satisfactory
 - Area for development
 - Unable to comment

3. **Manages pain procedural cases:**
 - Excellent or outstanding practice
 - Satisfactory
 - Area for development
 - Unable to comment

4. **Participates effectively with a Pain MDT:**
 - Excellent or outstanding practice
 - Satisfactory
 - Area for development
 - Unable to comment

5. **Understands the Healthcare infrastructure and the pain service:**
 - Excellent or outstanding practice
 - Satisfactory
 - Area for development
 - Unable to comment

6. **Has an understanding of the socioeconomic, occupational health and medicolegal aspects of Pain Medicine:**
 - Excellent or outstanding practice
 - Satisfactory
 - Area for development
 - Unable to comment

7. **Manages patients who are taking drugs of potential addiction – optimisation of medicines:**

- Excellent or outstanding practice
- Satisfactory
- Area for development
- Unable to comment

8. Manages in-patient pain and acute pain rounds:

- Excellent or outstanding practice
- Satisfactory
- Area for development
- Unable to comment

9. Managing acute paediatric pain:

- Excellent or outstanding practice
- Satisfactory
- Area for development
- Unable to comment

10. Managing chronic paediatric pain:

- Excellent or outstanding practice
- Satisfactory
- Area for development
- Unable to comment

11. Managing pain in cancer patients:

- Excellent or outstanding practice
- Satisfactory
- Area for development
- Unable to comment

12. Performing interventions in cancer patients:

- Excellent or outstanding practice
- Satisfactory
- Area for development
- Unable to comment

13. Assessing patients for neuromodulation and implantable technology:

- Excellent or outstanding practice
- Satisfactory
- Area for development
- Unable to comment

14. Performing neuromodulation and implantable technology:

- Excellent or outstanding practice
- Satisfactory
- Area for development
- Unable to comment

Patient feedback form



For Dr _____

All doctors are expected to seek feedback on a regular basis from those they work with and treat. Information from patients, relatives and friends is an important part of this process. The feedback will be reviewed and acted upon where appropriate.

In responding to each question please tick the box that most represents your situation or viewpoint. You also have the opportunity to state what your Pain Medicine Doctor did particularly well, or anything he or she could improve on. The answers you give should only be about today's consultation with your anaesthetist.

Please do NOT write your name on this questionnaire. You will not be identified when your answers are given back to your Anaesthetist.

Please enter today's date (dd/mm/yyyy) / /

1. Are you filling in this questionnaire for:

Yourself Your child A relative, spouse, partner or friend

If you are filling this in for someone else, please answer the following questions from the patient's point of view.

2. Why did you see the Pain medicine doctor today?

It was my first appointment in clinic today I was attending for a follow up appointment today

I was seen together with other members of the pain team I was attending for a pain-relieving procedure

I was attending for acupuncture treatment Other, please specify below:

Other reason (please specify) _____

3 How would you rate your doctor at each of the following?

Please tick the relevant box

	Very poor	Less than satisfactory	Satisfactory	Good	Very good	Does not apply/do not know
Introducing themselves to you						
Being polite						
Putting you at ease						
Listening to you						
Assessing your problem						
Explaining to you about your condition						
Involving you in decisions about your treatment						
Answering your questions						

4. Please decide how strongly you agree or disagree with the following statements about your Pain Medicine Doctor:

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree	Does not apply/do not know
The Doctor seems approachable						
I have confidence in the ability of the Doctor to provide me with safe care						
I was satisfied with this Doctor and would be happy to see him/her again						
The Doctor treated me with dignity and respect						
I was given enough privacy by the Doctor						

5. Was there anything else that this doctor did particularly well, or anything that he or she could improve on?

6 Are you:

Male Female

7 Your age group:

Under 15 15-20 21-40 41-60 60 or over

8 Is English (in Wales, Welsh or English) a main language for you?

Yes No

9 What is your ethnic group? Please choose one section from A to E, and then tick the appropriate box to indicate your cultural background.

A White ethnic group	B Mixed	C Asian or Asian British	D Black or Black British	E Chinese or other
<input type="checkbox"/> British Caribbean	<input type="checkbox"/> White and Black	<input type="checkbox"/> Indian	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Chinese
<input type="checkbox"/> Irish	<input type="checkbox"/> White and Black African	<input type="checkbox"/> Pakistani	<input type="checkbox"/> African	<input type="checkbox"/> Any other
<input type="checkbox"/> Any other White Background	<input type="checkbox"/> White and Asian	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Any Other Black Background	
	<input type="checkbox"/> Any other Mixed Background	<input type="checkbox"/> Any other Asian Background		

Final HiLO Assessment Forms: Pain Credential

High Level Learning Outcome (HiLO) - Credential Pain Medicine			
Generic Capabilities Completion Record (12mths)			
Evidence		comment	
Generic Capabilities			Entrustable Professional Activity Level
			Achieved (Date)
1	Has the ability to function within Health care organisational and management systems		4
2	Has the ability to deal with ethical and legal issues related to clinical practice		4
3	Communicates effectively and can share decision making		4
4	Maintains patient safety within quality improvement		4
5	Can inform research and handle data appropriately		4
6	Can act as a clinical teacher and clinical supervisor		4
Signed Trainee			
Signed RAPM			
Date			

High Level Learning Outcome (HiLO) - Credential Pain Medicine

Entire Specialist Capabilities Completion Record (12mths)

Evidence	comment		
Specialist Capabilities		Entrustable Professional Activity Level	Achieved (Date)
1	Manages referrals/triages within pain service	4	
2	Manages an outpatient Pain Medicine clinic	4	
3	Manages pain procedural cases	3	
4	Participates effectively within a Pain MDT	4	
5	Manages inpatient pain and acute pain rounds	4	
6	Manages patients who are taking drugs of potential addiction – optimisation of medicines	4	
7	Understands the socioeconomic, occupational health and medicolegal aspects of Pain Medicine	3	
8	Understands the Healthcare infrastructure and the pain service	3	
9	Managing pain in paediatric patients (chronic pain)	3	
10	Managing pain in paediatric patients (acute pain)	3	
11	Managing pain in cancer patients	3	
12	Performing interventions in cancer patients	2	
13	Assessing patients for Neuromodulation	3	
14	Performing neuromodulation techniques	1	
Signed Trainee			
Signed RAPM			
Date			

High Level Learning Outcome - Credential Pain Medicine

Manages referrals/triages within pain service

1	Formative Domains:	EPA (minimum level)
1	Identify history, examination requests and need for further investigations in different age groups within referrals	4
2	Identifies which patients need to be seen in person and which patients can be managed remotely if required	5
3	Demonstrates the ability to triage and prioritise pain in complex scenarios, including those with cognitive impairment, limited verbal interaction and settings such as intensive care	4
4	Formulation of an appropriate differential diagnosis and optimal pathway (medical or non-medical first contact within pain service).	4
5	Shared decision making, explanation of the clinical reasoning behind diagnostic and management plan	4
6	Professional behaviour with regards to colleagues	5
7	Appropriate prioritisation of referrals	4
8	Collaborative working with specialty services and refers onward when necessary, including the management of addiction to pain related medication	4
9	Recognition of patients with pain who have psychological problems and who require psychological evaluation, and the ability to apply established treatments for the management of psychological distress in those with pain	4
10	Effective use of the pain medicine MDT discussion with understanding of the roles of physiotherapy, occupational therapy, clinical psychology and nurse within the team	4
11	Effectively communication with primary and secondary care colleagues	5
Evidence sources may include:	<ul style="list-style-type: none"> • Multi-disciplinary pain meeting reflections • Structured learning events including case discussions • Correspondence (response letters (e.g., back to referrer) • Log book to reflect triage sessions attendance • MDT exposure • Satisfactory MSF • MTR • FFPMRCA exam 	
Trainee (signature)		
RAPM (signature)		
Date:		

High Level Learning Outcome - Credential Pain Medicine

Manages an outpatient Pain Medicine Clinic

2

EPA
(minimum level)

Formative Domains:

1	Comprehensive and focused assessment of patients with pain, including history taking, physical examination with appropriate requests and interpretation of investigations in different age groups	4
2	The ability to accurately assess pain in complex scenarios, including those with cognitive impairment, limited verbal interaction and settings such as intensive care	4
3	Formulation of an appropriate differential diagnosis and management plan	5
4	Patient centred care including shared decision making, explanation of the clinical reasoning behind diagnostic and management plan	4
5	Professional behaviour with regards to patients, carers, guardians, colleagues and others	5
6	Appropriate prioritisation of referrals	,5
7	Collaborative working with specialty services and refers onward when necessary, including the management of addiction to pain related medication	4
8	Recognition of patients with pain who have psychological problems and who require psychological evaluation, and the ability to apply established treatments for the management of psychological distress in those with pain	4
9	Prescribes safely within recommended guidelines	5
10	Effective use of the pain medicine MDT discussion with understanding of the roles of physiotherapy, occupational therapy, clinical psychology and nurse within the team	5
11	Effective communication with primary and secondary care colleagues	5
12	Safe and effective pharmacological management of acute, acute on chronic, cancer and procedural pain in all age groups with different co-morbidities	4
13	Appropriate pharmacological knowledge for safe short- and long-term prescribing of opioids	5
14	Understanding of the role of pain management programmes	4
15	Demonstrates clear written and verbal communication	5
Evidence sources may include:	<ul style="list-style-type: none"> • Focused case review • Correspondence (letters and referrals) • Patient and colleague feedback • Satisfactory MSF • MTR • FFPMRCA exam 	
Trainee (signature)		
RAPM (signature)		
Date:		

High Level Learning Outcome - Credential Pain Medicine

Manages procedural cases

3	<i>Formative Domains:</i> (**Refer to procedures tables in Annex C)	EPA (minimum level)
1	Ability to perform core interventional pain procedures	3
2	Selection and referral of appropriate cases as per level of ability**	4
3	Ability to manage complications from interventional procedures and related pharmacological sequelae.	4
4	Ability to safely establish infusion pumps, including PCAs, wound catheters and epidurals in inpatient settings and establish TENS in outpatient settings	4
5	Knowledge of radiation safety	3
6	Appropriate informed consent	5
7	Good practice in sterile environments	5
8	Awareness of risk/benefits of more complex intermediate and advanced procedures**	4
9	Referral of neuromodulation, intrathecal drug delivery and cancer pain patients to tertiary services.	4
Evidence sources may include:	<ul style="list-style-type: none"> • Satisfactory MSF • MTR • FPPMRCA exam • Record of treatment room and DSU session attendance and cases • Time management (clinical/admin) • Acute pain procedures • CARE response (Patient Feedback) 	
Trainee (signature)		
RAPM (signature)		
Date:		

High Level Learning Outcome - Credential Pain Medicine

Participates effectively within a Pain MDT

4	Formative Domains:	EPA (minimum level)
1	Summaries of case history and salient points for discussion	4
2	Prioritisation of complex scenarios and referrals	4
3	Formulation of an appropriate differential diagnosis and optimal pathway (medical or non-medical first contact within pain service).	4
4	Shared decision making, explanation of the clinical reasoning behind diagnostic and management plan	4
5	Professional behaviour with regards to colleagues	4
6	Collaborative working with specialty services and refers onward when necessary, including the management of addiction to pain related medication	4
7	Recognition of patients with pain who have psychological problems and who require psychological evaluation, and the ability to apply established treatments for the management of psychological distress in those with pain	4
8	Understanding of the roles of physiotherapy, occupational therapy, clinical psychology, and nurse within the team	5
9	Effective communication with primary and secondary care colleagues	5
10	Understanding of the role of pain management programmes	4
Evidence sources may include:	<ul style="list-style-type: none"> Multi-disciplinary pain meeting reflections Colleague feedback Satisfactory MSF MTR CARE response (Patient Feedback) FFPMRCA exam 	
Trainee (signature)		
RAPM (signature)		
Date:		
Trainee (signature)		
RAPM (signature)		
Date:		

High Level Learning Outcome - Credential Pain Medicine

Manages inpatient pain and acute pain rounds

5

EPA
(minimum level)

Formative Domains:

1	Demonstrates safe and effective pharmacological management of acute, acute on chronic in patient and procedural pain in all age groups.	4
2	Demonstrates professional behaviour with regards to patients, carers, colleagues and others	5
3	Delivers patient centred care including shared decision-making	5
4	Takes a relevant patient history including patient symptoms, concerns, priorities and preferences	,5
5	Performs accurate clinical examinations	5
6	Shows appropriate clinical reasoning by analysing physical and psychological findings	4
7	Formulates an appropriate differential diagnosis	4
8	Formulates an appropriate diagnostic and management plan	4
9	Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues	5
10	Appropriately selects, manages and interprets investigations	4
11	Recognises need to liaise with specialty services and refers where appropriate	4
12	Prescribes safely	5
13	Manages infusion pumps, including PCAs, wound catheters and epidurals	,5
14	Can lead an acute pain round	5
15	Can supervise acute pain nurses including nurse led prescribing	4
16	Recognises and manages acute medical illnesses	5
17	Recognises comorbidities and adjusts pain related medications accordingly	5
18	Demonstrates appropriate and timely liaison with other medical specialty services when required	5
19	Identifies patients with limited reversibility of their medical condition and determines palliative and end of life care needs	,5
20	Identifies the dying patient and develops an individualised care plan, including anticipatory prescribing at end-of-life	5
21	Facilitates referrals to specialist palliative care when needed	,5
22	Demonstrates effective consultation skills in challenging areas (e.g., ICM)	4
23	Demonstrates compassionate professional behaviour and clinical judgement	5
Evidence sources may include:	<ul style="list-style-type: none"> • Multi-disciplinary pain meeting reflections • Patient feed back • Satisfactory MSF • MTR • FFPMRCA exam 	
Trainee (signature)		
RAPM (signature)		
Date:		

High Level Learning Outcome - Credential Pain Medicine

**Manages patients who are taking drugs of potential addiction –
optimisation of medicines**

6

Formative Domains:

**EPA
(minimum
level)**

1	Appropriate pharmacological knowledge for safe short and long-term prescribing of opioids and other drugs of potential addiction	4
2	Risks and benefits of prescribing opioids and drugs of potential addiction for chronic non-malignant pain	5
3	Risks and benefits of prescribing opioids for patients who have malignant pain	5
4	Demonstrates the use of opioid risk tools and assessments in vulnerable groups	4
5	Understands the monitoring of opioids and drugs of potential addiction and withdrawal strategies within pain management services.	4
6	Awareness of the legal implications of the use and prescribing of opioids and drug of potential addiction relating to driving, misuse, addiction and diversion	4
7	The need to collaborate effectively with drug and alcohol addiction services at inpatient and outpatient/community levels	4
Evidence sources may include:	<ul style="list-style-type: none"> • Multi-disciplinary pain meeting reflections • Patient feed back • Co-working with drug addiction services, pharmacist, drug optimisation services • Satisfactory MSF • MTR • FFPMRCA exam 	
Trainee (signature)		
RAPM (signature)		
Date:		

High Level Learning Outcome - Credential Pain Medicine

Has an understanding of the socioeconomic, occupational health and medicolegal aspects of Pain Medicine

7

**EPA
(minimum level)**

Formative Domains:

1	An understanding of the Personalised Care institute and the principles of delivering personalised care	4
2	An understanding of the basic concepts of welfare benefit for e.g., Universal credit, personal independent payment, employment support allowance	4
3	An understanding of the impact of pain on aspects of daily living, the role of the occupational therapist within the multidisciplinary team, the role of social services in supporting patients with disability	4
4	An understanding of the Equality Act 2010 with regards to disability and safe-guarding vulnerable adults and children	4
5	An understanding of the Mental Capacity Act and the potential impact of pain on mental capacity	5
6	An understanding of the impact of pain on occupation, legal aspects of reasonable adjustments and the importance of promoting return to work	4
7	An understanding of the importance of supporting children and young adults, and mature students in education	4
8	Ability to compose letters of support with regards to application for welfare and occupational support	4
9	An understanding of the law relating to personal injury, law of causation including the impact that this has on pain management	4
10	A basic understanding of the concepts of expert evidence and medico-legal reporting	4
11	A clear understanding of the law in relation to health, drugs and driving	5
12	A clear understanding of data protection (GDPR) principles and policy	5

Evidence sources may include:

- Multi-disciplinary pain meeting reflections
- Patient feedback
- MDT discussions
- Interaction with Social services, Special Educational Needs Co-ordinators
- Mandatory training regarding GDPR, Personalised care institute teaching modules
- Satisfactory MSF
- MTR
- FFPMRCA exam

Trainee (signature)

RAPM (signature)

Date:

High Level Learning Outcome - Credential Pain Medicine

Understands the Healthcare infrastructure and the pain service

8

Formative Domains:

**EPA
(minimum
level)**

1	An understanding of the structure of UK Health systems and their remit	5
2	An understanding of the current clinical commissioning groups within the NHS, in both primary and secondary care	5
3	Knowledge of specialist and highly specialist commissioning	4
4	Knowledge of infrastructure within an NHS Trust or other healthcare provider in terms of managing a pain service	4
5	Information coding in relation to activity within the pain service and in relation to remuneration and funding	4
6	How to write a business plan	3
Evidence sources may include:	<ul style="list-style-type: none"> • Multi-disciplinary pain meeting reflections • Quality Improvement work and audit. • Participation in service design and commissioning • Satisfactory MSF • MTR • FPPMRCA exam 	
Trainee (signature)		
RAPM (signature)		
Date:		

High Level Learning Outcome - Credential Pain Medicine

Managing pain in paediatric patients (acute)

1P

Formative Domains:

**EPA
(minimum
level)**

1	Demonstrates professional behaviour with regards to patients, carers, colleagues and others	4
2	Demonstrates compassionate professional behaviour and clinical judgement	4
3	Delivers patient centred care including shared decision-making	4
4	Takes a relevant patient history including patient symptoms, concerns, priorities and preferences	4
5	Performs accurate clinical examinations	5
6	Shows appropriate clinical reasoning by analysing physical and psychological findings	4
7	Formulates an appropriate differential diagnosis	4
8	Formulates an appropriate diagnostic and management plan	3
9	Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues	3
10	Appropriately selects, manages and interprets investigations	4
11	Recognises need to liaise with specialty services and refers where appropriate	4
12	Prescribes safely for age and weight	5
13	Manages infusion pumps, including PCAs, wound catheters and epidurals	3
14	Can lead an acute pain team	3
15	Recognises acute medical illness	4
16	Manages comorbidities and adjusts analgesia accordingly	3
17	Demonstrates appropriate and timely liaison with other medical specialty services when required	4
18	Identifies patients with limited reversibility of their medical condition and determines palliative and end of life care needs	3
19	Identifies the dying patient and develops an individualised care plan, including anticipatory prescribing at end-of-life	3
20	Facilitates referrals to specialist palliative care when needed	4
21	Demonstrates effective consultation skills in challenging areas (e.g., ventilated in ICM, non-verbal patient and those with learning difficulties)	3
Evidence sources may include:	<ul style="list-style-type: none"> • Multi-disciplinary pain meeting reflections • Patient and parent/guardian feed back • Satisfactory MSF • MTR • FFPMRCA exam 	
Trainee (signature)		
RAPM (signature)		
Date:		

High Level Learning Outcome - Credential Pain Medicine

Managing pain in paediatric patients (chronic pain)

2P

Formative Domains:

**EPA
(minimum
level)**

1	Demonstrates accurate assessment of pain intensity in infants, children and adolescents including the premature neonate and child with neurodevelopmental delay	4
2	Demonstrates safe and effective pharmacological management of acute and procedural pain in all ages including the premature neonate	4,
3	Demonstrates an ability to lead multidisciplinary management of chronic and cancer pain in children	3
4	Demonstrates an ability to perform necessary practical procedures for safe, effective evidence-based practice	3
5	Promotes non-pharmacological and non-interventional pain management strategies when appropriate to do so.	3
6	Demonstrates an ability to manage transition from paediatric to adult health and social services where appropriate	3
7	Demonstrates an ability to initiate and take an appropriate [including leading] role in child protection processes	,4
8	Demonstrates effective communication with children and families	5
9	Demonstrates effective communication with other paediatric healthcare professionals	5
10	Demonstrates effective communication and liaison with social, educational and community paediatric services	4
11	Demonstrates an appreciation of appropriate skills mix for multidisciplinary pain management in children of different ages, abilities and social educational needs	4
12	Demonstrates ability to take effective leadership role in children's pain management	3
Evidence sources may include:	<ul style="list-style-type: none"> • Multi-disciplinary pain meeting reflections • Patient and parent/guardian feedback • Satisfactory MSF • MTR • FPPMRCA exam 	
Trainee (signature)		
RAPM (signature)		
Date:		

High Level Learning Outcome - Credential Pain Medicine

Managing pain in cancer patients

1C

Formative Domains:

**EPA
(minimum level)**

1	Demonstrates the ability to accurately assess pain in the cancer pain patient	4
2	Demonstrates compassionate professional behaviour and clinical judgement	4
3	Demonstrates the ability to work in a multidisciplinary team	4
4	Demonstrates the knowledge and/or ability to set up and manage external and internal implantable drug delivery systems, both peripheral and central, for the management of cancer pain	2,
5	Demonstrates effective communication with patients and families/carers	4,
6	Demonstrates effective communication with other healthcare professionals in primary and secondary care	4
7	Demonstrates appreciation of the need for multidisciplinary management in the cancer sufferer	5
8	Identifies patients with limited reversibility of their medical condition and determines palliative and end of life care needs, planning their pain management needs accordingly	4
9	Identifies the dying patient and develops an individualised care plan, including anticipatory prescribing and pain management prescribing at end-of-life	4
10	Facilitates referrals to specialist palliative care when needed	5
11	Demonstrates an appreciation of appropriate skills mix for multidisciplinary pain management in Intrathecal drug delivery (IDD) service	3
12	Demonstrates effective communication with other healthcare professionals in primary and secondary care, including but not limited to general practitioners, surgical specialties for assessment and treatment of urgent complications, neurologists and/or paediatricians for patients with spasticity and communication with other specialist teams offering IDD therapy.	4
Evidence sources may include:	<ul style="list-style-type: none"> • Multi-disciplinary pain meeting reflections • Patient and relative feedback • Satisfactory MSF • MTR • FPPMRCA exam 	
Trainee (signature)		
RAPM (signature)		
Date:		

High Level Learning Outcome - Credential Pain Medicine

Performing interventions in cancer patients

2P

Formative Domains:

**EPA
(minimum
level)**

1	Demonstrates an understanding of and where appropriate the ability to perform neurolytic blockade (including autonomic, peripheral and regional techniques) in the management of cancer pain	3
2	Demonstrates an understanding of and where appropriate the ability to deliver some of the highly specialised treatments for the management of cancer pain, including but not exclusively, percutaneous cordotomy	2
3	Demonstrates ability to signpost/refer patients requiring interventional procedures for cancer pain to appropriate centres	4
4	Demonstrates ability to recognise complications arising from such procedures and refer back to/ seek advice of other appropriate teams/specialists when required	3
Evidence sources may include:	<ul style="list-style-type: none"> • Multi-disciplinary pain meeting reflections • Patient/relative feedback • Satisfactory MSF • MTR • FFPMRCA exam 	
Trainee (signature)		
RAPM (signature)		
Date:		

High Level Learning Outcome - Credential Pain Medicine

**Assessing patients for Neuromodulation
& Implantable Technology**

1N

Formative Domains:

EPA
(minimum
level)

1	Demonstrates the ability to assess pain including, location, nature and any relevant psychosocial factors, in the context of neuromodulation suitability and risk.	3
2	Demonstrates ability to work in a multidisciplinary team	4
3	Demonstrates an appreciation of appropriate skill mix for multidisciplinary management in neuromodulation and implantable technology	4
4	Demonstrates effective communication with other healthcare professionals in primary and secondary care e.g., surgical specialties for assessment and treatment of complications and communication with specialist teams offering neuromodulation and Implantable technology	4
Evidence sources may include:	<ul style="list-style-type: none"> • Multi-disciplinary pain meeting reflections • Patient/relative feedback • Satisfactory MSF • MTR • FPPMRCA exam 	
Trainee (signature)		
RAPM (signature)		
Date:		

High Level Learning Outcome - Credential Pain Medicine		
Performing Neuromodulation & Implantable Technology		
2N	Formative Domains:	EPA (minimum level)
1	Demonstrates an understanding of the technical skills required for safe SCS and neuromodulation techniques	2
2	Demonstrates ability to recognise complications and refer to other appropriate teams/specialists when needed	2
Evidence sources may include:	<ul style="list-style-type: none"> • Multi-disciplinary pain meeting reflections • Patient/relative feedback • Satisfactory MSF • MTR • FFPMRCA exam 	
Trainee (signature)		
RAPM (signature)		
Date:		

Quarterly Assessment Form (FPM)

Date: _____	Quarter 3mth <input type="checkbox"/> 6mth <input type="checkbox"/> 9mth <input type="checkbox"/> 12mth <input type="checkbox"/>
Trainee: _____	
Supervisor _____	

PROGRESS SINCE LAST ASSESSMENT:

Clinical Progress & Logbook

- Is able to assess a wide variety of patients with pain using a biopsychosocial model
- Is aware of the treatment options available to effectively manage patients with acute, chronic and cancer pain

Progress with SLEs

- **Formative assessments:** (comment on CbD, ACEX, DOPS)
- **Global assessments:** (comment on MTR (MSF at 6mths), MSF or CARE)
- **Level of Supervision progress**
- **Trainers/Trainees may use Generic and Specialist Capabilities HALO form guides if they wish as part of their assessment**

Involvement with Teaching & Education:

- Acts as an effective teacher of Pain Medicine topics

Involvement with Admin & Management:

- Has a comprehensive knowledge of Pain Medicine service delivery
- Provides clinical leadership in the development of comprehensive pain medicine services.

Involvement with Audit & Research:

- Is able to assess evidence from research related to Pain Medicine

Trainee comments:

HiLO Progress

(Circle current position based on average performance of formative domains in each Higher Learning Outcome)

Generic Capabilities		Working at EPA level				
1	Has the ability to function within Health care organisational and management systems	1	2	3	4	5
2	Has the ability to deal with ethical and legal issues related to clinical practice	1	2	3	4	5
3	Communicates effectively and can share decision making	1	2	3	4	5
4	Maintains patient safety within quality improvement	1	2	3	4	5
5	Can inform research and handle data appropriately	1	2	3	4	5
6	Can act as a clinical teacher and clinical supervisor	1	2	3	4	5

Specialist Capabilities		Working at EPA level				
1	Manages referrals/triages within pain service	1	2	3	4	5
2	Manages an outpatient Pain Medicine clinic	1	2	3	4	5
3	Manages pain procedural cases	1	2	3	4	5
4	Participates effectively within a Pain MDT	1	2	3	4	5
5	Manages inpatient pain and acute pain rounds	1	2	3	4	5
6	Manages patients who are taking drugs of potential addiction – optimisation of medicines	1	2	3	4	5
7	Understands the socioeconomic, occupational health and medicolegal aspects of Pain Medicine	1	2	3	4	5
8	Understands the Healthcare infrastructure and the pain service	1	2	3	4	5
9	Managing pain in paediatric patients (chronic pain)	1	2	3	4	5
10	Managing pain in paediatric patients (acute pain)	1	2	3	4	5
11	Managing pain in cancer patients	1	2	3	4	5
12	Performing interventions in cancer patients	1	2	3	4	5
13	Assessing patients for Neuromodulation	1	2	3	4	5
14	Performing neuromodulation techniques	1	2	3	4	5

Agreed areas for development:

Signed Trainee:

Signed Supervisor:

Name: _____

Name: _____

Date: _____

Date: _____

*Signed Regional Advisor in Pain Medicine:
(Required for the final quarterly assessment form to confirm satisfactory completion of Specialist Pain Training)*

Name: _____

Date: _____

Multi-Source Feedback (MSF) form

Multi-Source Feedback (MSF)

Please note!

Please return the completed form to the trainees Educational Supervisor stated below to collate responses; please don't send it to the anaesthetist in training!

Anaesthetist in training's surname: **Click or tap here to enter text.**

Anaesthetist in training's forename(s): **Click or tap here to enter text.**

GMC number (GMC NUMBER MUST BE COMPLETED): **Click or tap here to enter text.**

Stage of training: **Choose an item.**

Date: **Click or tap to enter a date.**

Participant name: **Click or tap here to enter text.**

Participant job role: **Click or tap here to enter text.**

GMC number (GMC NUMBER MUST BE COMPLETED): **Click or tap here to enter text.**

Educational Supervisor name: **Click or tap here to enter text.**

In what setting have you observed/worked with the doctor? Choose an item.
(drop down on LLP- Good, Satisfactory, Needs to Improve, Unacceptable, Unable to Comment)

Knowledge Skills and performance

Ability to diagnose patient problems
Choose an item.

Ability to plan patient care
Choose an item.

Awareness of their own limitations
Choose an item.

Ability to keep up to date with knowledge and skills
Choose an item.

Responds to pain and distress in patients appropriately
Choose an item.

Technical skills (appropriate to grade)

Choose an item.

Ability to multitask and work effectively in a complex environment

Choose an item.

Ability to manage time effectively/prioritise

Choose an item.

Able to cope under stress

Choose an item.

Willingness and effectiveness when teaching/training colleagues

Choose an item.

Ability to take leadership role when circumstances required

Choose an item.

Keeps clear accurate legible records contemporaneously

Choose an item.

Safety and Quality

Contributes effectively to audit, appraisal and clinical governance

Choose an item.

Safeguards and protects patient's wellbeing

Choose an item.

Responds promptly to risks posed by patients

Choose an item.

Communication, control and teamwork

Communication with patients

Choose an item.

Communication with carers and/or family

Choose an item.

Verbal communication with colleagues

Choose an item.

Written communication with colleagues

Choose an item.

Ability to recognise and value the contribution of others

Choose an item.

Accessibility/Reliability

Choose an item.

Maintaining trust

Respect for patient's privacy, right for confidentiality

Choose an item.

Polite, considerate and honest to patient

Choose an item.

Treats patient fairly and without discrimination

Choose an item.

Treats colleagues fairly and without discrimination

Choose an item.

Honest and objective when appraising and assessing colleagues

Choose an item.

Probity and Health

Do you have any concerns about this doctor's probity or health?

Choose an item.

Concerns raised

Please explain any concerns

You must complete this question if you have stated that there is a need for a trainee to improve or that they were unacceptable.

Click or tap here to enter text.

Additional Comments

Please add comments that you wish to make

Click or tap here to enter text.

Completion of Capability Cluster (Triple C) Form



Triple C

Royal College of Anaesthetists, Faculty of Pain Medicine Lifelong Learning

Name of trainee:

Date:

College Reference Number:

GMC number:

Stage of training:

Curriculum Competencies:

Key Capabilities:

List of capabilities reached: (drop down menu on LLP)

Free Style Comments:

Evidence presented and observations of anaesthetist in training in the workplace has demonstrated achievement of the capabilities in the cluster? Yes No

Attach supporting
documents Edit Learners
Entry

Agreement: You agree this is an accurate record of the Capability Cluster Completion and that the appropriate information and evidence of reflection has been provided by the learner. A read only version will be saved that the learner can access and reflect on, but you will still have access to it in your previous assessment section.

I agree this SLE



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