



**MINUTES**  
**ANNUAL GENERAL MEETING**  
Held on 11th May 2016 at 9am in Hall D  
HIC, Harrogate

**PRESENT**

Chair: President (Dr Campbell), Officers, Members of Council, Members of the British Pain Society.

**1. APOLOGIES FOR ABSENCE**

Dr Campbell welcomed everyone to the British Pain Society Annual General Meeting. Three apologies were received, and ten proxy votes.

**2. MINUTES OF PREVIOUS MEETING HELD ON 30 APRIL 2014**

The Minutes of the Annual General Meeting 2015 held at SECC on the 22nd April 2015 were approved with the following changes;  
- referring to “European Pain Federation” as European Federation of Pain  
- referring to our new trading arm as BPS Services - that should read “BPS Pain Business Ltd”.

**3. MATTERS ARISING FROM THE MINUTES**

There were no matters arising.

**4. PRESIDENT’S REPORT**

Dr Campbell gave the following report:

“My Annual Report of 2015 activities

This is my report of the key activities and changes within our organisation in the year ending 31<sup>st</sup> December 2015.

More details will be available within the BPS Annual Report, published a few months ago.

The 2015 Annual Scientific Meeting – Glasgow

The 2015 Annual Scientific Meeting was held in Glasgow, and supported by a subvention from Visit Scotland and the Glasgow Marketing Bureau. We had 504 delegates. The ASM had the usual format of sessions, to support multi-professional interests.

The Pat Wall lecture was delivered by Professor Andrew Rice, and The British Pain Society lecture was delivered by Professor Dame Carol Black.

BPS Efficiency Savings

Due to financial constraints, over the past year or two, we have had to restrict any new activity to that which has external funding. However, we are taking measures to address this, as well as increasing the national awareness of poor pain management within our nations.

The Society is capable of running on membership dues alone, but only so far as our quarterly publications, office costs, Council meetings and some basic charitable work.

Any activity above this “core activity” requires additional revenue.

In the past there was sufficient income from unrestricted industry grants, and surplus following the Annual Scientific Meetings, that we were able to run various projects, including the production of some well-respected publications - which gave the BPS a very high profile, over the past few decades.

So during the past year we have introduced efficiency savings, resulting in fewer face-to-face meetings and more teleconferences.

Our current and past Honorary Treasurer's, together with Council and the Secretariat have been working on ways of addressing this situation, following on from a couple of themes from our strategy day in 2013.

#### Secretariat Reorganisation

The BPS Executive team agreed that a restructure of Secretariat staff activities could improve efficiency. Jenny Nicholas was appointed CEO late in 2014, with a key objective of helping coordinate a fundraising campaign.

Interviews were then held early in January 2015 for the new:

- Secretariat Manager (Dina Almuli)
- Conference & Communications Officer (Rikke Susgaard-Vigon)
- Membership & Events Officer (Ken Obbard).

This restructuring was at minimal cost, and secretariat salaries were protected.

#### Membership Retention and Recruitment.

Following on from the results of the membership surveys carried out in 2015, we aim to increase membership with Professor Roger Knaggs leading on this task.

Thank you all for keeping your subscriptions up to date. It is only through your support, and that of industry that we are able to achieve our aims.

#### The National Awareness Campaign.

Hopefully most of you will have read about this within Pain News. This was Dr Andrew Baranowski's idea, and now led by Dr Paul Wilkinson, with Jenny Nicholas as Secretariat lead. We expect to see this project being fruitful in the near future.

#### The British Pain Society Website

Dr. John Goddard got our new website up and running in January last year, with the support of Mr Steve Walmsley as project manager.

Some material, such as current issues of Pain News, will now only be available to fully paid-up BPS members. Others, can access a "taster" of our professional publications.

With the establishment of the new website, the secretariat can now make changes to the site with almost immediate effect. However, we do need SIG Chairs and members to populate the site with material and I would ask you please to contact Dr Arun Bhaskar with any material that could be used for the benefit of all.

#### e-Learning for Pain

The e-Learning for Pain project is all but complete now, with a massive input from many contributors and disciplines.

The modules are available for training purposes to all NHS staff with a current NHS email address. Dr Doug Justins and I have stepped down as clinical leads now and Drs Douglas Natusch and Rhian Lewis are the current joint leads for any updates and additions.

#### Map of Medicine and the Pain Patient Pathways

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We have been in touch with Map of Medicine (MoM) staff over the past 6 months regards the ongoing high costs in hosting the MoM site, without any identifiable revenue. We had one response late last year but no responses to our contacts since, yet some of the pathways on the MoM site are now in need of updating.

#### Commissioning for Specialised Pain Services

Two years ago the BPS, along with other healthcare and patient representatives, had regular meetings and email contact for the NHS England Clinical Reference Group, on Specialised Pain Services (CRG – SPS).

Dr Andrew Baranowski was Chair of the group until recently, when Dr John Hughes superseded him.

Some specialised treatments were reviewed by the group with a view to them being delivered at centres with expertise in the particular therapy. These included Intrathecal Drug Delivery systems and deep brain stimulation. Details of this are within the published Annual Report and Pain News earlier this year. Dr Sarah Love-Jones represents the BPS as stakeholder for submissions on these topics.

Our main concern is that some of the treatments initiated for chronic long-term pain will have no ongoing funding.

#### Meeting at the House of Commons

The Chronic Pain Policy Coalition (CPPC) arranged a meeting at the House of Commons on 18<sup>th</sup> November 2016, to launch the “UK Pain Messages” to parliamentarians. Representatives from CPPC, BPS, the Faculty Pain Medicine, and the RCGP, all presented material. Speakers included: Lord Richard Luce, Mr Neil Betteridge, Dr Beverly Collett, Dr Cathy Stannard, Prof. Roger Knaggs and Mr Antony Chuter.

Documents & presentations were made on the following:

Core Standards for Pain Management Services in the UK,  
Opioid Aware,  
The UK Pain Messages  
Understanding and Managing Long Term Pain.

#### European Pain Federation, EFIC

The BPS is the UK chapter of the European Pain Federation EFIC. I have been the UK representative for EFIC for the past 3 years and when Pain Schools are arranged in Europe with the associated grant, I support applications, as appropriate.

Only EFIC Chapter members are eligible to apply i.e. members of the BPS. This is therefore one of the benefits of being a BPS member.

Only 2 applications per country can be made for each school though, but many BPS members have been successful in gaining places within these schools during 2015.

#### The Annual Patient seminar

The 2015 Annual Patient Seminar, entitled:

“Pain: the hidden epidemic”,

was attended by patients and healthcare professionals.

The opening lecture was the inaugural “Sir Michael Bond Lecture”, associated with rehabilitation and pain to be held each year. This was delivered by Professor Sir Michael Bond.

#### Epidemiology of Chronic Pain; work stream D;

The work stream D from the Pain Summit in 2011 has been a massive task, taken on and led by Professor Gary Macfarlane two years ago. The work was divided into 3 themes;

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Data sources,  
Terminology &  
Health measures

All but the terminology threads of this work have been completed. We are trying to make sure that the terminology used is in keeping with international and national plans, both now and for the future, so it is important to get this correct.

This piece of work is in the very capable hands of Dr Cathy Price. Council are most grateful to the three teams for their time and effort put into this daunting task.

#### Collaborative work with other organisations

Most of our activities are the result of team work, frequently with valued input from outside organisations, such as those within the Pain Consortium–  
the Chronic Pain Policy Coalition  
the Faculty of Pain Medicine  
the Clinical Lead for Pain, RCGP  
and the BPS .

The Pain Consortium started a few years ago, so that the 4 organisations could report on the development of their respective work streams (generated by the Pain Summit of 2011)

- Problematic / complex pain (FPM)
- Awareness campaign (CPPC)
- Commissioning guidance (RCGP)
- Epidemiology of chronic pain (BPS)

The Consortium is in a good position to challenge pain issues that have arisen nationally, since the Consortium represents a wide spectrum of healthcare professionals and patients within the UK.

#### To Conclude

As mentioned earlier, the majority of the work carried out by Council is to raise the awareness of pain nationally, and improve the availability of educational material via the Annual Scientific Meetings, Study Days, Special Interest Groups of The Society, as well as through the British Journal of Pain.

Both Elected and co-opted Council carry out a huge amount of this work, but credit must be given to others within the BPS who quietly work away at matters of pain importance nationally, including those working within the CRG–Specialised Pain Services, the epidemiology of pain and pain training, to mention but a few.

Finally, I wish to acknowledge the outstanding contributions made by all of the BPS Council, including Neil Berry and Tim Johnson, whose 3 year terms of office come to an end this year. I would also like to express my thanks to the secretariat, led by our Chief Executive Officer – Jenny Nicholas, the Scientific Programme Committee led by Professor Kate Seers, for arranging this excellent meeting, our Honorary Secretary- Martin Johnson, Interim Honorary Treasurer – John Goddard and of course our incoming President – Andrew Baranowski in whom I have every confidence for the future wellbeing of the British Pain Society.

I will very shortly formally hand over to our new President, Andrew Baranowski and his Executives for the next three years: Roger Knaggs, Honorary Secretary and Heather Cameron, Honorary Treasurer, as well our new Vice President and Council.

I am very confident that the Society will continue to flourish with this excellent team.”

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## 5. HONORARY SECRETARY'S REPORT

**Dr Martin Johnson gave the following report:**

“A phone call from Richard Langford in October 2012 refocused my life for the next 3 ½ years and thus I took on the role of BPS Hon Secretary. My wonderful predecessor Pat Schofield had stepped down earlier than planned, though I will always be grateful for the tuition on the role that she had given me in the previous few months.

Thus began my term of office. Overall it has been a rewarding and enjoyable experience with one exception – writing reports, including this one! I suppose some people enjoy writing, others like me don't class it in their top ten fun activities! Anyway this is my last report.

### Publications

There have been several new publications in 2015, with the majority being collaborative publications.

1. *Intrathecal drug delivery for the management of pain and spasticity in adults; recommendations for best clinical practice (2015)* - This as far as I know, was the only specific BPS publication, with the update including the recent evidence base of ITDD use in pain and spasticity, and multiple other issues surrounding ITDD.
2. *Standards of good practice for spinal interventional procedures in pain medicine (2015)* – a joint publication between the BPS & the FPM
3. *Royal College of Nursing; Pain Knowledge and Skills Framework for the Nursing Team (2015)* - this important new skills framework for nurses working within pain management is published by the RCN, and endorsed by the BPS
4. *Opioids Aware: A resource for patients and healthcare professionals to support prescribing of opioid medicines for pain* – this excellent new web resource on multiple aspects of opioid and their use in practice, is funded by Public Health England and hosted by the FPM – there are multiple contributions from BPS members. The resource was launched, along with the publication below, at a Parliamentary event on the 18<sup>th</sup> November 2015.
5. *Core Standards for Pain Management Services in the UK (2015)* – this ground breaking document was developed by the FPM and is designed to provide a framework for standard setting in the provision of Pain Management Services for Healthcare professionals, commissioners and other stakeholders to optimise the care of our patients. Again there are multiple contributions from members of the BPS.

All of the above publications can be found on the BPS website at <https://www.britishpainsociety.org/british-pain-society-publications/>.

### SIG's, Committee's & Working Parties

As in previous years I will let you read the full details of the work of the various groups via their own reports contained in the recently published annual report.

To summarise, we have 14 SIG's – there have been no new applications for a new SIG this year. I do draw people's attention to my Pain News column in Summer last year. During the membership survey performed last year (more details later) we did collect a large amount of data about SIG membership. 283 members belong to 1 SIG, 168 members 2 SIG's, 100 members belong to 3 SIGs – these numbers extend all the way 4 people belonging to 14 SIGs! We also estimated that 43% of members were not affiliated to any SIG's.

This piece of work raises many questions:

- Can you truly engage with their activities if you are a member of a large number of SIG's?
- For all of the 43% non-members – doesn't the present diversity of SIG's appeal?
- How can we improve SIG membership? Etc.

Questions that are yet to be answered!

We have 6 Committees; Communications, Education, Exec & Finance, PLC, Science & Research and Scientific Programme Committee. I thank them for all of their hard work.

During the restructure of the Society we have aligned the Committees with the 'values' of the Society.

We have two active working parties - the Healthcare Resource Group, and also a group looking at a new publication on Acute Pain Management. We are in the process of disbanding the two working parties with the British Geriatric Society and also with the Association of Palliative Medicine - We have written to both organisations about disbanding the groups but so far have not had a response.

#### Study Days

There were only 2 study days last year; Cancer Pain in February (26 delegates) and Neuropathic Pain in October (26 delegates).

#### Membership

My greatest concern during my time as Hon Secretary has been our membership levels. Consider these figures for total membership (all taken from end of the calendar years):

1443 members - 2012

1400 members - 2013

1345 members - 2014

1268 members - 2015 - this year's figure

Therefore since 2012 we have lost 12% of our then membership – this loss appears to have started around 2012 because I note a comment in my predecessor's report that membership was still growing in 2012. Previously I have reported that there had been a gradual proportionate loss of members across all professions, but recently there has been a slight larger proportional larger loss in our two largest groups – anaesthetists (now 612 members) and nurses (171 members). I am sure that our losses equate to a number of factors – including retirement and reduction in some of the pain services across the country.

In Summer 2015, after long discussions and careful construction of the questions, two surveys were conducted regarding membership – surveys of our existing members and also our previous members. The project was headed by our Hon Secretary Elect, Professor Roger Knaggs. Roger produced a brief summary of the results of the surveys – this has been reproduced in both Pain News and the annual report. Just to say that there were 355 responses, around 28% of the Society's membership. Around two thirds of those who responded were either satisfied or very satisfied with their membership – we obviously need to look at the other third!

One of the immediate follow up responses to the surveys is to commission a consultant to do a full analysis of our membership issues and give some recommendations – initial contact has been made with a consultant and further work will commence very soon. One of the issues will be how to engage with membership – after 3.5 years of my various reports in Pain News, I have

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only ever had one response to the various comments and suggestions, or requests for feedback, that I have made.

For those that were at the AGM last year, you will remember the loud cheer that went up at my announcement of an increase of membership. I now apologise and say that I misled you all – all we have to offer in our defence is the usual one of computer error (the data from the new system was misinterpreted!). We actually had a 5% drop to 1229 (plus 43 at various stages of pending membership).

At present the total membership is now 1207.

It has been an honour to serve my term of office. However the work I have done has been made possible by the support of others, numerous BPS members, Members of Council, two separate Executive Groups including Presidents Richard & William, and also John & Andrew (in both of their respective roles) and also the people without whom, the BPS simply would not operate, all of the Secretariat under the leadership of Jenny. May I particularly note that as William steps down as President, he is the only person that has been Secretary, Treasurer, Vice-President and President – a phenomenal contribution.

May I wish the new Executive group, under the leadership of Andrew, much success in steering the ship and in particular may I wish my successor, Prof Roger Knaggs, many best wishes for the next 3 years.

Most of all I would like to thank all members for their continued support of the BPS – the best multi-disciplinary pain society in the world.”

## 6. INTERIM HONORARY TREASURER’S REPORT

Dr John Goddard gave the following report:

“This is my first and last report as the Interim Honorary Treasurer, since Dr Heather Cameron will be taking on the role of Honorary Treasurer from 2016 for a three-year term.

Assets remain healthy, with over £1million. Everyone should have received a copy of the Annual Report and Accounts. Dr Goddard asked if there were any questions regarding the accounts and there were none.

In 2015, we achieved a surplus of £587, compared a predicted deficit of £80,000. This was achieved by cost cutting. In 2015 we also signed a new contract with SAGE Publishing for Pain News and British Journal of Pain (BJP). The BJP, under the Editorship of Felicia Cox is a great success.

### 2015 Awards

In 2015, we awarded 22 ASM bursaries.

The Clulow research award was awarded to Dr Ilona Obara from the University of Durham to support a project on 'mTORC1 and the regulation of opioid analgesic efficacy in chronic pain: a translational approach'.

Due to recent changes to Charity law, this year we chose to undertake an Independent Examination instead of a full audit. The Council chose to carry out an Independent Examination this year, with a full audit to occur every 2-3 years. However, unfortunately the requirements of OSCR, haven't changed in line, and therefore we will have to have an audit going forwards.

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The Council did consider de-registering with OSCR, however as we continue to hold occasional meetings in Scotland it was agreed to remain registered.

With regards to Special Interest Group meetings, it was introduced in 2015, that non-members attending a SIG meeting would pay an increased rate. The balance between the member and non-member rate will come direct to the Society finances, rather than the SIG balances. This has been successful so far, and has increased membership numbers. Whilst initially this was an unpopular decision, it has proven to be a successful strategy in increasing membership at the recent PMP SIG and Headache SIG conferences, which also made a profit.

This year was the first full year of the trading arm, BPS Pain Business Ltd, and therefore whilst there is no previous comparison available, the trading arm did make a small surplus after paying the Society an office-cost contribution and awarding a donation to the Charity. BPS Pain Business Ltd. was left with a small surplus.

2016 Budgets; the Council have made all of the savings they can at present. The future needs to focus on income generation. We are proceeding with the Pain Less Campaign, and have signed a contract with a brand consultant to work with us.

Membership; work continues in driving up the membership and looking into recruitment. In response to feedback from members, the membership year has been changed from January – December to November – October. The new arrangements will come into effect in November, where DD payers will also be able to pay across 2 instalments. Other arrangements will have to pay for the full year.

Regarding membership fees for 2017, depending on the outcome of the membership recruitment and retention work, I propose a membership fee increase of no more than 3%. No vote is necessary.

I would like to thank to the BPS Secretariat, especially Jenny Nicholas and Independent Examiners, especially Viv Trump. I pass the baton to Dr Heather Cameron and wish her well in the role of Honorary Treasurer, with forward activities that will stabilise accounts - 2015 was a good year.”

## **7. ADOPTION OF 2015 ACCOUNTS**

Prof. Richard Langford proposed the adoption of the 2015 accounts. Dr Sarah Love-Jones seconded the action. The membership voted to formally adopt the accounts. All were in favour, and the accounts were adopted.

## **8. RE-APPOINTMENT OF AUDITORS**

Dr Zoey Malpus proposed that the Society reappoints Andrew Lang & Co (previously known as Sandison Lang & Company) for the following year. Dr Douglas Natusch seconded the action. The membership voted to re-appoint the auditors; all were in favour of reappointing the auditors.

## **9. SPECIAL RESOLUTION TO CHANGE THE MEMORANDUM AND ARTICLES OF ASSOCIATION**

The following Special Resolution to amend the Articles of Association was read out by Dr Martin Johnson:

To amend Article 12 as follows:



- 12.** A Member who is more than 60 days in arrears with any subscription due from him and who has been notified in writing by the Council shall cease to be a Member and his name shall be removed from the Register of Members after approval by Council.

To amend Article 19.3 as follows:

- 19.3 Vice President.** A Vice President shall hold office for the period during which there is no President Elect in office. More than one Vice President may be appointed when it is considered necessary by Council. A Vice President shall hold office for a period of one year (or such longer period as prescribed in Regulations) at the end of which he shall retire and not be eligible for re-election to that office. A Vice President shall not be eligible to stand for re-election to any office previously held by him but may be elected to another office unless the Regulations provide otherwise. In the event that a Vice President has had to resign or is no longer in office for some other reason the procedure set out in the Regulations will apply.

To amend Article 37 as follows:

- 37.** The President, or in his absence, a member of Council nominated by the President, shall chair all meetings of the Council at which he shall be present, but if at any meeting neither the President nor such nominee is willing to preside or neither is present within five minutes after the time appointed for holding the meeting, the Council present shall elect one of their number to chair the meeting.

To amend Article 55 as follows:

- 55.** The President, if any, or in his absence, one of the other Officers present shall preside as the chairman at Annual General Meetings and Extraordinary General Meetings, but if neither the President nor any other Officer be present within fifteen minutes after the time appointed for holding the meeting and willing to act, the members of Council present shall elect one of their number to be chairman but if there is no member of Council present and willing to act, the Ordinary Members and Honorary Members present shall elect one of their number to be chairman.

The motion was passed with a show of hands. Dr Johnson advised that he had received 10 proxy votes to agree with the proposed changes and adoption of the Special Resolutions.

## **10. RESULT OF BALLOT FOR ELECTION TO VICE PRESIDENT**

There were two applicants for the position of Honorary Vice President. The position is a Council appointment.

Following the adoption of the special resolution to change the Memorandum & Articles of Association above – we now have to consider the second line of what has just been agreed for Section 19.3 – ‘More than one Vice President may be appointed when it is considered necessary by Council’

Dr Baranowski, as the incoming President, has suggested he would like the support of two VP’s – one aligned to the reorganisation process and one to membership. Thus, after taking advice, the announcement of the results of the VP will be delayed until after the Council meeting tomorrow. I would inform members that Council have been voting on two candidates. The results will be conveyed to membership after the Council meeting.

Dr Baranowski opened the floor to any questions. There were none.

## 11. RESULT OF BALLOT FOR ELECTION TO COUNCIL

There were four applicants for the two vacancies for Council Member. Following the opening of voting on the 15<sup>th</sup> March 2016, membership has been voting for Council positions from 4 nominees. Dr Johnson announced the results, with the top two being voted to Council:

Tim Johnson **116 Votes (33.1%)**

Zoey Gail Malpus **101 Votes (28.9%)**

Runners up:

David Glyn Williams 80 Votes (22.9%)

Chee-Wee Tan **53 Votes (15.1%)**

Dr Johnson congratulated Dr Tim Johnson and Dr Zoey Malpus on being appointed the two new Council members, however there may be a possible third, Dr David Glyn Williams, should we appoint a second VP (because of VP nominees being Council members) – again we will let people know following the Council meeting.

Only 116 members voted in the Council Elections and Dr Johnson invited more members to vote in the future with a view of improving the process. Dr Johnson advised the membership that Council will be investigating the potential of appointing an independent moderator for future elections, and thus strengthen governance arrangements.

## 12. HONORARY MEMBERSHIP

The highest award granted by the Society on an annual basis is Honorary Membership, which this year was awarded to: Dr John Goddard and Mr Pete Moore.

### ***Dr William Campbell gave this citation for Dr John Goddard:***

“It is with great pleasure that I provide this citation to support the award of honorary membership of the British Pain Society for Dr John Goddard.

Following his graduation in medicine from St Bartholomew’s Hospital in 1977, John moved to Bromley Hospital in Kent where he started his training in anaesthesia. Within two years he attained Membership of the Royal College of Physicians and after a further two years his Fellowship of the Faculty of Anaesthetics, Royal College of Surgeons, England, no mean task. Immediately after this, John moved to Alder Hey & the Royal Liverpool Children’s Hospital, where he commenced training in paediatric anaesthesia. During this 2 year attachment he attained a 6 month Fellowship as Clinical Fellow in Paediatric Anaesthesia at Izaak Walton Killam Children’s Hospital, Halifax Canada and completed his anaesthetic training in 1989, within the Sheffield & North Trent region. At this point he accepted a Consultant post in Paediatric Anaesthesia and Pain Management, at the Sheffield Children’s Hospital, where he continues to work.

John has been lead in paediatric pain services at Sheffield for many years. He developed a strong and cohesive multidisciplinary paediatric pain team for acute, procedural and chronic pain, currently a team of 20 members. His determination in having paediatric pain recognised nationally as a specialised service paid off – there are now being 5 such centres in England, Sheffield being one of them.

Having been elected to Council of the British Pain Society in 2007, John went from strength to strength, establishing strong liaisons with NICE and completing a huge number of feedback reports on behalf of the BPS, for their proposed clinical guidelines. John was our Honorary

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Treasurer from 2010 until 2013, keeping our finances in order over an unsettling period. He didn't say more than what was essential at Council meetings, but what he did say was very thoughtful, concise and valuable. As Vice President of The Society from 2013 until 2015, John did what he kept telling others to do – “stop talking, just do it!” He carried out the key and final work in the establishment of our new BPS interactive website.

John probably thought he had completed enough work on Council BPS at the last AGM, but with our need for an Interim Honorary Treasurer he took on a 9<sup>th</sup> consecutive year on Council, his 7<sup>th</sup> on the Executive Team. He did all of this in addition to being an active Board member of the Faculty of Pain Medicine, Royal College of Anaesthetists.

His long suffering wife Sue must hardly ever see him, between his Territorial Army activities over the past 28 years and his work for the British Pain Society. Now it is time to relax John, more racket-ball an occasional wee drink and lots more time with Sue.

Considering his major contribution to best management of adult and paediatric pain, in addition to his major contribution to this Society, John Goddard is richly deserving of Honorary Membership of the British Pain Society.”

***Dr Martin Johnson gave this citation for Mr Pete Moore:***

“Members of the British Pain Society, it is my pleasure and honour to deliver this citation for Honorary Membership of the British Pain Society to Pete Moore.

I am indebted to the numerous people that have sent me contributions for this citation but in particular I would like to thank Frances Cole and Meherzin Daz. One colleague I spoke to said that Pete's award was not only well-deserved but truly outstanding.

Several ASM's ago I spotted this chap in an Arsenal cap holding an audience captivated with his common sense messages about chronic pain – I had met Pete for the first time and I have admired his work ever since.

Despite his apparent confidence in front of huge audiences, Pete is a shy and humble man. Originating from Woolwich, the original home of Arsenal, he learnt some of his communication skills by selling on a local market – an upbringing, that he once told me, that has disturbed his sleep pattern forever – it is quite common to get emails from Pete at 4am.

With a long history of back pain, including an exacerbation whilst up a ladder painting and decorating outside Windsor Castle as the Queen was doing a walk past at the time of her jubilee in 1992, Pete made the common journey of trying to search for the elusive cure to his problem. Due to severity of pain, he developed depression, indeed to the extent of suicidal thoughts. July 1996 was his turning point – he attended an INPUT Pain Management Programme, which gave him the skills to turn his disability and desperation into confidence, resilience and increasing activities. In the early part of the millennium Pete worked for Back Care – where he ran a self-management programme, which he had previously developed, called the 'Think-Back' Programme. The embryonic Pain Toolkit had been conceived.

Pete's talents were spotted by the Expert Patient Programme in 2002, where he became a Senior Health Trainer and subsequently Business Development Manager. He remained with the EPP until 2011. During his time at the EPP he started to write, in his own time, more self-management programmes, eventually developing into a dedicated 6 week course for people with persistent pain. These early versions of the Pain Tool Kit were developed further with

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additional co- authorship with Frances Cole and support from the “Living with Pain” team at Bradford. Support and encouragement from Angela Hawley, DOH Long Term Health Condition Lead, led to the distribution of 250,000 copies nationally. In 2011, with a desire to reach and help as many people as possible, the Pain Toolkit website was created – a few years later the app was also created.

Today Pain Tool Kits are in 21 languages, including Arabic. Over half a million copies have been printed, with reach into multiple countries. Looking at the Pain Tool Kit website today showed that there had been over 700,000 visitors since December 2014. The tool kit has been adapted for secure units and also for teenagers and young people. Pete’s unique ability to create memorable and most importantly, understandable, messages can be used not only for pain education but in other long term conditions – so for example we now have ‘My Asthma Toolkit’.

On an international scale, Pete has pioneered the crucial role for the self-care of pain in several other countries and he works with IASP, EFIC and Societal Impact of Pain.

Pete has multiple different skills, including being a driving instructor, painter/decorator, EPP senior trainer, website & app developer and arguably the biggest ‘tweeter’ of pain issues on the planet!

There is only one time I have seen Pete completely lost for words; at the 2014 ASM Meherzin managed to arrange to surprise Pete with a personal written citation from the manager of his beloved Arsenal. All who witnessed the surprise presentation shed a few tears.

At the end of the 2013, Pete was nominated by Pain UK, CPPC & BPS as the Patient Pain Champion for 2014 for his outstanding contributions to the field of pain. In his usual unassuming way, he accepted the award, not just for himself, but for all who work in pain management, and the many who do un-paid hours to support patients and colleagues.

In his response to the award, he mentioned that he was reflecting on an email that he had received from a patient who felt imprisoned with their pain. Pete said it reminded him of a line from a book that he had read many years ago which said. “when you look out of the window, do you see the bars or the stars.” He stated that he wished to dedicate the remainder of his working life to help others to look at the stars. Pete, there is no doubt that thanks to you, many people can now see the whole Galaxy.

Ladies and Gentlemen, may I commend Pete Moore, communicator extraordinaire, to you for the extremely well deserved award of Honorary Membership of the British Pain Society.”

### **13. ANY OTHER BUSINESS**

Those attending were given the opportunity to ask questions during ‘Any Other Business’;

Q1: Dr Piers Lesser asked a question regarding the gender aspect of referral to ‘him’ in the Special Resolutions in relation to the VP clause. Dr Frances Cole backed this.

Dr Martin Jones responded that there is a statement at the front of the M&A that explains that where ‘Him’ is stated it should also be read as ‘Her’.

Q2: Dr Piers Lesser asked a question about how the membership year changes will affect payment by direct debit, and Dr John Goddard answered that it will automatically default to two debits per annum in October and April.

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The British Pain Society is the British Chapter of the International Association for the Study of Pain

Q3: Mrs Karin Cannons queried the recent BPS statement published on the website regarding the junior doctors' industrial action. She queried whether as an MDT Society, BPS should seek members' views prior to issuing responses to industrial action. She observed that BPS is not a political organisation.

Dr William Campbell responded that a rapid response was needed and prompted by concerns over impact on training. He added that such a statement would be issued for any other healthcare profession represented by the Society.

Dr Andrew Baranowski added that the Elected Council is elected to represent members and respond on their behalf, though it will not always get it right. If membership were consulted on this occasion, it would have been a big task to collate all the responses within the timeframe. He acknowledged the need to think of a process for responses, e.g. Elected Council will respond if a response is needed in 24 hours; if there is a 1-week deadline, there is time to consult the membership.

Dr Dee Burrows commented that when the statement was put out it wasn't clear how it was linked to the Society. She added that it would be helpful to provide the membership with some commentary on what the process will be going forwards with regards to how we engage/work with members on BPS formal statements.

Dr John Goddard commented that the Society is a conservative organisation in a modern world that is changing with regards to media and getting timely feedback from members can be difficult. He acknowledged that the Society maybe didn't get it quite right this time, however we are moving forward with social media, including Twitter, Facebook and push email, facilitating more efficient engagement of the membership.

Dr Ruth Day thanked the Officers for the opportunity for discussion and observed that the AGM is useful for answering member questions.

Q4: Dr Martin Johnson asked a question on behalf of Dr Cathy Price, who sent her apologies, expressing her concern over the numbers of retirements in medical colleagues. He commented that this is reflected in our membership and raises questions regarding wider workplace issues. The item will go on the Council agenda for further discussion.

#### **14. DATE AND TIME OF NEXT ANNUAL GENERAL MEETING**

The next meeting will take place at the 2017 ASM in Birmingham.