Attendees:
Sunil Arora (SIG Committee member)
Natasha Ascott
Tamar Beck
Emma Briggs (Chair)
Michelle Briggs (SIG Committee member)
David Graham
Lorraine de Gray
Sarah Henderson (SIG Committee member)
John Hughes
Sue Jenkins (Treasurer)
Ed Keogh
Chris Main
Helen Makins
Barry Miller
Sailesh Mishra
Celia Manson
Doug Natusha
Joanna Quinlan
Robyn Quinn
Deepak Ravindran
Paul Rees
Marcia Schofield
Gail Sowden
Meriel Swann
Amelia Swift (SIG Committee member)
Johanna Theron
Alison Twycross (Secretary)
Alison Wickham

1. Welcome and minutes of 2016 AGM

Emma Briggs (EB; Chair) opened the meeting and thanked everyone for attending. Committee members listed above introduced themselves (AT, SJ, MB, SB, SM, SH, SA). Minutes of 2016 AGM reviewed for accuracy and accepted as correct.

2. Apologies – list for apologies was circulated but none were noted.

3. Chair’s report: Celebrating 2016/17 Achievements (Emma Briggs)

SIG Committee: Pat Roche and Steve Gilbert have left the committee and our sincerest thanks were expressed for their work and enthusiasm for pain education. New committee members were welcomed; Sunil Arora, Joanne Etherton, Gerbrand Groen, Kate Thompson. Numbers were increased because of new work ahead.

• ASM workshops and study day series - for the second year running the SIG has run two workshops in collaboration with other SIGS. This year with the Acute Pain SIG and Developing Countries SIG. Michelle Briggs (MB) led on these and informed the group of the aims of these sessions.
BPS Pain Education SIG  
AGM Notes    Wed 3rd May 2017    1700-1800

• Educational research activities - Amelia Swift (AS), Alison Twycross (AT), and MB led a seminar at the RCN International Research Conference on setting the agenda for pain education research. AS gave a brief overview of the papers presented and notes be circulated to SIG members. AS and AT are hosting a Twitter chat which AT will storify afterwards.

• Patient education skills for professionals - the focus is to support professionals. At present the activity of this group is quiet and will be reviewed when the SIG committee meets in June.

• Communication strategy - this has been developed over the past 3 to 4 years. See below for report.

• Network with other SIGs and other pain education SIGs across IASP - next year is the Year of Excellence in Pain Education. This BPS SIG is one of the strongest and most active SIGs amongst the IASP chapter SIGs. It is important that we contribute next year at an international level. EB and SIG member John Hughes are also members of the IASP Education Initiatives Working Group. AT - chairs the nurse education curriculum group of the IASP; the new version will contain subject areas and competencies. AS and EB are going to help review this. Other members are invited to contact AT if they wish to support this development. IASP will be reviewing all curricula and this work needs to be completed by October.

All the committee members were thanked for their support and continued work whilst EB was on maternity leave and in particular, AT and MB for their leadership of the SIG.

4. Secretary’s report (AT)

Alison formally thanked Emma for all the work that she has done and we are delighted that the membership has increased by 49 members since 2016.

Anaesthesia    76  
Nursing        55  
Physiotherapy  38  
Psychology     31  

Other professions 53 (some professions are difficult to categorise in the groups above and therefore some of these will be included)

Total           253

5. Treasurer’s report (Sue Jenkins; SJ)

No income or spending during 2016. Opening and closing balance GBP4594.30. Next year’s spending will be focused on attendance on the June meeting and UG working group.

Potential income generation could include study days if we run it as a SIG. There is no income if it is part of the BPS Study Day Series.

6. Update and consultation with members

b) Undergraduate curriculum document (UG Working Group)

Sailesh Mishra (SM) introduced the UG curriculum document: A Practical Guide to Implementing a Pain Curriculum into Health Education in the UK. SM is keen that EPM is included. Questions remain around the format, where to pitch the document and the stakeholders.
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Discussion from the floor:

AS expressed doubts about the purpose of the document, assistance is needed to help people make use the IASP curricula and focus our efforts on translation of knowledge and assessment.

MB: can we discuss the document with the wider membership and seek their opinion about updating and how best to use it. EB highlighted that feedback is often difficult to obtain on large documents but a survey on key questions may prompt a higher response rate.

Marcia Schofield highlighted that the purpose of education if to change practice and work needs to focus on changing practice.

SM suggested about a wider study day and consultation. There are currently 8 different ways to teach pain recommended in the document. Ultimately, the SIG want the document and the work of its authors to be effective.

MB: UG curriculum is the focus, and there are so many barriers in practice, we also need clinical education focus not just HEI focus. This document does cover this area.

EB: we have no student users on our group at the moment. Agreed that the working group will review this further and propose a plan that it can present to members for consultation.

c) Communication

  a. Newsletter and Pain News (Sarah Henderson; SH)

Education Matters newsletter - next issue coming soon. Commenced as a way for people to keep in touch and for members to receive information about SIG activities. Feedback always welcome.

Pain News – SIGs asked to contribute one a year and Pain News editorial team would like an education section every issue for 2018 for the IASP Year of Excellence in Pain Education.

  b. BPS website and Pain Education Community site (SJ) link here

Please can members look at the BPS website SIG page and comment back to Sue their thoughts

Sue showed the attendees the Knowledge Hub site (link above). There are currently 35 members. Discussion forums need attention to get going and keep going. It has been slow and has not really taken off.

AS: Why Facebook wasn’t used as a forum. EB replied -BPS has a long term strategy to have a discussion forum and document repository and one platform (such as Knowledge Hub); will be chosen for all SIGs to use. Acute Pain SIG also uses KnowledgeHub.

Reminder email to be sent to members and SJ will liaise with Ruth Day (Acute Pain SIG) regarding their usage.

d) Further discussion and ideas for 2017/18 and IASP Global Year (EB)

A study day on pain curriculum/knowledge translation of pain was suggested.
7. Any other business

MB: Public awareness campaign - perhaps through Twitter – similar to 'we are research' - is there something we can trend that focuses on education for pain. How can we connect up with the IASP. Could include photographs of people holding card saying why pain education is important to them.

MB/AT: consultation document for NMC new standards is coming out in June and will contain skills. We need to coordinate a response to the new standards. It should be part of the communication strategy that we always respond to documents from professional regulators on standards.

GMC has just asked what should be included in the new medical curriculum. Members have suggested the EPM and take this beyond doctors. There are train the trainers courses being run to help snowball EPM. EPM is freely available.

MB; PhD opportunists - fully funded 3 years. We should advertise via the BPS.

6. Date and time of next AGM: TBC, 1-2 May 2018, Brighton