

THE BRITISH PAIN SOCIETY

ANNUAL REPORT 2009



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## INTRODUCTION

The British Pain Society is the largest multidisciplinary professional organisation in the field of pain within the UK.

Membership comprises medical pain specialists, nurses, physiotherapists, scientists, psychologists, occupational therapists and other healthcare professionals actively engaged in the diagnosis and treatment of pain and in pain research for the benefit of patients. There are over 1,550 members.

The British Pain Society is the British Chapter of the International Association for the Study of Pain (IASP) and is part of the European Federation of IASP Chapters (EFIC).

The Society promotes education, training, research and development in all fields of pain. It endeavours to increase both professional and public awareness of the prevalence of pain and the facilities that are available for its management. The Society is involved in all aspects of pain and its management through the work of the Council, Committees, Working Parties, Special Interest Groups and via its Annual Scientific Meeting, publications and guidelines. Reports from each of the Committee's and Special Interest Groups on their years activities (2009), are provided within this report, including their plans for the future.

The Annual Accounts 2009 of the British Pain Society, can be found as a separate document, available to download as a pdf from: [http://www.britishpainsociety.org/about\\_accounts.htm](http://www.britishpainsociety.org/about_accounts.htm)

OFFICERS, ELECTED COUNCIL MEMBERS,  
CO-OPTED MEMBERS OF COUNCIL & STAFF

YEAR END 2009

OFFICERS AND COUNCIL

PROF. SIR MICHAEL BOND, INTERIM PRESIDENT  
*Emeritus Professor*

DR JOAN B HESTER, IMMEDIATE PAST PRESIDENT  
*Consultant in Pain Medicine*

DR WILLIAM I CAMPBELL, HONORARY SECRETARY  
*Consultant in Anaesthesia & Pain  
Management*

DR PATRICIA SCHOFIELD,  
HONORARY SECRETARY ELECT  
*Director, Centre for Advanced Studies in  
Nursing*

DR PETER JD EVANS, HONORARY TREASURER  
*Consultant Anaesthetist*

DR JOHN GODDARD, HONORARY TREASURER ELECT  
*Consultant Paediatric Anaesthesia &  
Pain Medicine*

DR NICK ALLCOCK  
*Associate Professor, Nursing*

DR ELOISE CARR  
*Associate Dean Postgraduate Students*

DR DAVID J COUNSELL  
*Consultant Anaesthetist*

DR SAM ELDABE  
*Consultant Anaesthetist*

DR EDWARD LIN  
*Consultant in Anaesthetics & Pain  
Management*

DR MICK SERPELL  
*Consultant and Senior Lecturer, Anaesthesia*

DR THANTHULLU VASU  
*Consultant in Anaesthetics &  
Pain Management*

DR STEPHEN WARD  
*Consultant Anaesthetist*

CO-OPTED MEMBERS

PROF. SAM AHMEDZAI  
*Representative, Association for  
Palliative Medicine*

DR MIKE BASLER  
*Honorary Editor,  
British Pain Society Newsletter*

DR HEATHER CAMERON  
*Representative,  
Physiotherapy Pain Association*

DR BEVERLY COLLETT  
*Representative, International Association for  
the Study of Pain (IASP)*

MS FELICIA COX  
*Co-Editor, Reviews in Pain*

PROF. CHRIS ECCLESTON  
*Chair, Scientific Programme Committee*

PROF. MARIA FITZGERALD  
*Representative, Science*

DR ROGER KNAGGS,  
*Representative, Pharmacy*

DR ROGER LAISHLEY  
*Representative, Royal College of Anaesthetists*

MS CELIA MANSON  
*Representative, Royal College of Nursing*

DR MICHAEL PLATT  
*Co-Editor, Reviews in Pain*

MRS NIA TAYLOR  
*Chair, British Pain Society Patient Liaison  
Committee*

MS SUZY WILLIAMS  
*Representative, Occupational Therapy*

STAFF

JENNY NICHOLAS  
*Secretariat Manager*

RIKKE SUSGAARD-VIGON  
*Communications Officer*

KEN OBBARD  
*Events & Membership Officer*

CONTINUED

OFFICERS AND ELECTED MEMBERS OF COUNCIL



FROM LEFT TO RIGHT

*Back row:* DR NICK ALLCOCK, DR DAVID COUNSELL, DR EDWARD LIN, DR MICK SERPELL, DR THANTHULLU VASU

*Middle row:* DR JOHN GODDARD, DR PATRICIA SCHOFIELD, DR ELOISE CARR, DR SAM ELDABE

*Front row:* DR JOAN HESTER, DR PETER EVANS, PROF. SIR MICHAEL BOND, DR WILLIAM CAMPBELL

*Absent from photograph:* DR STEPHEN WARD

STAFF

JENNY NICHOLAS  
RIKKE SUSGAARD-VIGON  
KEN OBBARD



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OFFICERS, ELECTED COUNCIL MEMBERS AND CO-OPTED COUNCIL MEMBERS



FROM LEFT TO RIGHT

*Back Row:* DR MICHAEL BASLER, MR NEIL BERRY, DR NICK ALLCOCK, DR DAVID COUNSELL, DR EDWARD LIN, DR MICK SERPELL, DR THANTHULLU VASU, DR HEATHER CAMERON, PROF. SAM AHMEDZAI

*Middle Row:* MS NIA TAYLOR, MS SUZY WILLIAMS, DR JOHN GODDARD, DR PATRICIA SCHOFIELD, DR ELOISE CARR, DR SAM ELDABE, DR ROGER KNAGGS

*Front Row:* DR JOAN HESTER, DR PETER EVANS, PROF. SIR MICHAEL BOND, DR WILLIAM CAMPBELL

*Absent from photograph:* DR BEVERLY COLLETT, MS FELICIA COX, PROF. CHRIS ECCLESTON, PROF. MARIA FITZGERALD, DR ROGER LAISHLEY, MS CELIA MANSON, DR MICHAEL PLATT, DR STEPHEN WARD

## CANCER PAIN COMMITTEE REPORT

PROF. JON RAPHAEL, CHAIR

### Members Year End 2009

(\* denotes committee)

*Prof Jon Raphael\* (Chair)*  
*Prof Sam Ahmedzai\**  
*(Association of Palliative Medicine)*  
*Ms Janette Barrie\* (Nursing)*  
*Prof Michael Bennett\**  
*(Palliative Care)*  
*Prof Marie Fallon\**  
*(Palliative Medicine)*  
*Dr Paul Farquhar-Smith\**  
*(Pain Management)*  
*Ms Rebecca Haines\* (Psychology)*  
*Dr Joan Hester\* (BPS)*  
*Dr Martin Johnson\* (RCGP)*  
*Ms Karen Robb\* (Physiotherapy)*  
*Dr Katie Urch\**  
*(Palliative Medicine)*

*Ms Heather Wallace\**  
*(Patient representative)*  
*Dr John Williams\**  
*(Pain Management)*  
*Dr Arun Bhaskar*  
*(Pain Management in Cancer)*  
*Dr Sam Chong (Neurology)*  
*Dr Richard Cullen (General*  
*Practice)*  
*Mr Rui Duarte*  
*(Research Psychologist)*  
*Dr James DeCoursey*  
*(Pain Management)*  
*Ms Charlie Ewer-Smith*  
*(Occupational Therapy)*  
*Prof Peter Hoskins (Oncology)*

*Dr Christina Loissi*  
*(Paediatric Psychology)*  
*Dr Renee McCulloch*  
*(Paediatric Palliative Medicine)*  
*Dr Max Pittler*  
*(Complementary Therapy)*  
*Dr Dilini Rajapakse*  
*(Paediatric Palliative Medicine)*  
*Mr Brian Simpson (Neurosurgery)*  
*Ms Elizabeth Sparkes*  
*(Lecturer in Psychology)*  
*Dr Barbara Wider*  
*(Complimentary Therapy)*  
*Dr Ann Young (Pain Management)*

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The British Pain Society under the presidency of Dr Joan Hester charged Professor Jon Raphael (Council member BPS, 2006-2009) to set up a committee to focus on cancer pain. Commencing September 2006 a multidisciplinary group was drawn together with the aim of improving the management of cancer pain by drawing together the expertise in pain management, palliative medicine, oncology and primary care.

With the support of the relevant professional bodies in palliative medicine and general practice a series of meetings were held. It was clear that an approach to cancer pain management that differed from published guidelines was developing from this group, some examples being:

- the limitations of the WHO analgesic ladder were recognised;
- the interest in the basic science of pain provided an opportunity to draw applications from the evolving models of cancer pain;
- as cancer treatments improve longevity, issues of non-cancer acute and chronic pain in cancer survivors are becoming more frequent and require attention;
- with developments in oncology and radiotherapy, it was felt necessary to offer clinicians sufficient background knowledge and subsequent concise information to allow for the integration of this with traditional pain management.

- pain syndromes from oncological treatments
- cancer pain management in the community
- a more critical appraisal of anti-neuropathic medications in cancer pain
- advice on complex problems such as drug addicts, patients with dementia, mucositis, breakthrough pain etc

From these and other areas, the group have written a 115 page book supported by the Royal College of General Practitioners and the Association of Palliative Medicine on the subject of cancer pain. The group are grateful to the extensive peer review of this work from British Pain Society membership, Association of Palliative Medicine, Royal College of General Practitioners, from public presentations by Prof Ahmedzai, DR Urch, Dr Farquhar-Smith and Prof Raphael at the British Pain Society ASM and Palliative Care Congress and from other external reviewers. This is now with the Council of the BPS. On behalf of the BPS, Professor Raphael thanks the committee for their efforts and contributions.

## COMMUNICATIONS COMMITTEE REPORT

DR ELOISE CARR, CHAIR

### Members Year End 2009

*Dr Mike Basler*  
*Dr William Campbell*

*Dr Dave Counsell*  
*Ms Thelma Etim*

*Ms Mary Ray (PLC member)*  
*Ms Jenny Nicholas*

The Communications Committee (CC) oversees the content and production of written and electronic material produced on behalf of the Society. The aim is to facilitate communication to a wider audience through publication, media, internet and other information technology. The past year has continued to see further developments and changes within the Communications Committee (CC) as well as consolidation of new processes.

### PAIN NEWS

The British Pain Society newsletter, is published quarterly and edited by Dr Mike Basler. Members of the Society receive a copy and are encouraged to contribute to the content. Copy dates are published in the newsletter and are available online. *Pain News* continues to be one of the main vehicles for communication to the membership providing an opportunity for members to advertise events at reduced rates to a specialist audience. Now regularly 32 pages or more it is published in full colour and is joined by the peer reviewed publication *Reviews in Pain*. This publication has recently received new editorial leadership from Felicia Cox and Dr Michael Platt.

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### WEB PAGES

The BPS website has undergone a radical review and a range of new sections have been created. Key features include a members only area where draft versions of society publications can be available for review and comment by interested members. This will reduce the cost of publications by reducing the need for hard copy consultation drafts and will hopefully speed up the consultation process. Past and future finished documents will also be made available via the website either as hard or electronic copies.

### PUBLICATIONS

The BPS had nine publications in progress this year of which one was completed. Whilst this year may have felt a lean year for publications coming to fruition behind the scenes many documents were nearing completion and will appear early in 2010. The range of publications produced by the BPS refers not only to topic but also format. Late 2008 saw the joint publication, with the Royal College of General Practitioners, of a patient case study on neuropathic pain. Accompanied by a DVD these have provided valuable



information for general practitioners in primary care managing pain and more are planned for 2010. Similarly a new form of publication is due to be published in 2010 as the BPS has been working closely with the Pharmaceutical Association of Great Britain to produce an information leaflet for analgesics purchased 'over the counter'. Many of the publications are joint initiatives with other organisations and the British Pain Society was very much involved and endorsed the Royal College of Nursing's publication *The recognition and assessment of acute pain in Children (2009)*. Another successful publication was *Spinal Cord Stimulation (2009)* which provides evidence-based practice regarding this intervention for both the professional and patient.

The BPS welcomes proposals for new publications (available from the website). Following review by the CC the publication proceeds through a rigorous process to ensure that each document is developed by a working party with appropriate expertise and undergoes consultation with BPS members and important stakeholders. The NHS has recently set up new processes to 'accredit' organisations which produce health related documents. It is timely as the plethora of information available for health professionals and the public has always raised questions about the quality and mechanisms of endorsement. Preliminary scrutiny of the quality criteria being set nationally suggests the BPS is well placed already to meet many of them. The CC will be working hard to ensure its current process for publications reach these standards and permit the BPS to successfully apply for accreditation of its publications in the future.

#### PATIENT INFORMATION

Most professional publications have alongside an information booklet for patients. These are produced in close collaboration with patients or members of the public to ensure they meet the needs of individuals who experience pain or their families. The revised and updated version of *Understanding and Managing Pain; Information for patients* will be published in spring 2010. The patient webpages are in the process of being revised. It is hoped to include spoken format for the Frequently Asked Questions. In addition the Society provides provides a list of the 150 PCTs in England, a copy of the British Pain Society publication *Understanding and Managing Pain: Information for Patients* and a list of self-help groups and other useful addresses to for patients contacting the BPS. The CC continues to strengthen its consultation with voluntary sector groups.

## EDUCATION COMMITTEE REPORT

DR WILLIAM CAMPBELL, CHAIR

### Members Year End 2009

*Dr William Campbell*  
*Dr Nick Allcock*

*Dr Eloise Carr*  
*Dr Joan Hester*

*Dr Mick Serpell*  
*Dr Edward Lin*

The British Pain Society's educational study days "Learning in Pain Series" continued this year with a further 3 study days. When these study days started the intention was that the Society would over 3 years have provided sufficient seminars to cover the key topics within the Core Curriculum for Professional Education in Pain, published by the International Association for the Study of Pain (IASP Press, 3rd edition). Although the series was complete by 2008 and the study days very popular, the Educational Committee decided to continue with topical but themed study days for the foreseeable future.

The following study days were held during 2009 at the Royal College of Anaesthetists, Churchill House, Red Lion Square, London:

29st January 2009

Difficult Pain Problems

Chaired by Dr Joan Hester

8th June 2009

Back Pain

Chaired by Professor Paul Watson

2nd December 2009

Neuropathic Pain

Chaired by Dr William Campbell

Each of the above meetings adopted the format of a keynote address by an expert, at the start of the day and again after lunch. During the remainder of time 6 masterclasses were run by specialists with a particular interest in the topic to be covered, each accommodating a maximum of 15 participants. This enabled all participants to attend each masterclass, permitting maximum interaction with their multidisciplinary colleagues. Feedback on the content and presentation of each study day was excellent, some having considerably more applicants than places.

The educational committee have planned a further 4 study days for 2010. These include; The Problems of Long Term Opioid Use, Musculoskeletal Pain, Investigations for Pain Management and Pain in Special Groups/Circumstances.

Additional educational activities run by the Society include its Annual Scientific Meeting, Patient Liaison Committee seminars, Special Interest Group meetings and its publications.

# PATIENT LIAISON COMMITTEE (PLC) REPORT

MRS NIA TAYLOR, CHAIR

## Members Year End 2009

### Lay Members

*Mrs Christine Henson*

*Mrs Mary Ray*

*Mr David Richardson*

*Mr Ian Semmons*

### Professional Members

*Dr Nick Allcock*

*Prof Paul Watson*

Dr Joan Hester stood down in 2009 from the Patient Liaison Committee (PLC) when she finished her term as President. The Committee owes her an enormous debt of gratitude for her contribution over the last three years. Her willingness to serve on the Committee (and she hardly ever missed a meeting) signalled the importance she attached to the patient perspective within the Society. She encouraged us and was creative in exploring how the Committee could develop its work. We will miss her wise counsel.

The PLC reviewed the terms of reference this year; these had first been agreed at the formation of the committee in 2001 and not revised since then.

Under the new terms, the Patient Liaison Committee's role is:

1. To advise the British Pain Society Council
2. To provide a channel of communication between patients and the Council of the British Pain Society
3. To respond to requests for comments from Council and its committees including reviewing publications and contributing to internal and external consultations
4. To provide a forum for disseminating information and education on pain and pain services to patients, patient organisations and carers
5. To seek the concerns and views of patients, patient groups and carers regarding pain services and communicate these to Council
6. To facilitate improved communication about pain and pain services to enable patients to be better informed and involved in decisions about their care

7. To contribute to the wider debate on achieving consistent and equitable care for all
8. To improve liaison with patients for the development of services at both national and local level
9. To maintain working relationships with the Royal Colleges' Patient Liaison Groups
10. To review the Terms of Reference annually

The key changes to the terms were

1. To make the role of the committee clearer and more focused
2. To introduce a quorum for meetings of the committee, of 4;
3. To introduce a “probationary period” of one year for new committee members

During the year the committee has worked on the following major areas:

1. Organised an Art Exhibition at the Annual Scientific Meeting at Sandown Park in conjunction with Dr Stephen Ward whose parents very kindly acted as curators for the exhibition. Many people commented on how much they enjoyed spending time out of the main activity of the meeting to look at the many exhibits. Visitors were asked to vote for their favourite artwork and the winner was Adrian Cosma
2. Work on the revision of the important BPS booklet for patients, “Understanding & Managing Pain” has continued through the year with extensive consultation with patients and patient groups. The booklet looks at the mechanisms of persistent pain, treatments and self management. The new version is due to be published in 2010.
3. As part of its role in acting as a link between patients and health professionals, the PLC, in conjunction with Arthritis Care, organised a seminar on the theme of ‘Living well despite pain’. Speakers talked about work, exercise and relationships when one has persistent musculoskeletal pain from both the professional and the patient perspective. The afternoon sessions were used to elicit patient/lay views on what an ideal pain service would look like and what

the barriers were for patients wanting to access such services. The information collected was fed back to the HQIP-funded audit of pain services being undertaken by BPS in conjunction with Dr Foster.

4. Work on updating the patient pages of the website has continued, in particular David Richardson has done a lot of work on the 'Frequently asked questions' section, using people on a Pain management programme to give feedback.
5. Individual members of the PLC have taken part in a number of consultations, conferences and meetings.

## SCIENCE &amp; RESEARCH COMMITTEE REPORT

DR MICK SERPELL (CHAIR)

**Members Year End 2009***Dr Nick Alcock*  
*Prof Jose Closs**Prof Irene Tracy retired Oct 2009*  
*Prof Maria Fitzgerald*

The Science and Research Committee (SRC) is responsible for fostering research in the field of pain medicine to advance our knowledge in basic scientific, clinical and epidemiological aspects.

The biennial £50,000 Mildred B Clulow award was awarded in December to Prof Tara Renton, KCL Dental Institute, after very stiff competition from 3 other excellent submissions. Her project involves using specialised neuro-imaging (cASL) in order to map the central changes which occur in post surgical pain following third molar surgery before and after paracetamol infusion.

The previous award holder, Dr Laura Mitchell, Department of Psychology, Glasgow Caledonian University, is nearing completion of her study. She will be presenting her results on the differences in pain between cannabis users and matched controls at one of the workshops at this year's ASM.

The SRC continues to explore strategies to acquire funding for the British Pain Society Research Fund. However due to the hard economic times, and after our recent "strategy" day, we plan to facilitate this kind of activity in a number of ways.

By the time you read this report, we will have obtained the results of a survey of the BPS membership on the topics of their activity and interests in audit and research. We intend to generate a database which could be used to identify potential colleagues for audit/research collaboration.

Once we have an idea of membership priorities, it is our intention to pump prime several small projects. We would also be exploring ways in which we could collaborate with other organisations (such as the National Institute for Health Research Clinical Research Network), and take part in larger trials.

Our main strength is that we bring together over 1500 professionals from many different specialities with great expertise in pain. We are particularly strong in having access to a

large number of patients and a multitude of clinical therapies which are in dire need of a stronger evidence base. All of us must contribute in this endeavour.

So, please give generously!



## SCIENTIFIC PROGRAMME COMMITTEE REPORT

PROF. CHRISTOPHER ECCLESTON, CHAIR

PROF. SAM H AHMEDZAI, CHAIR

**Members Year End 2009***Dr. Bill McCrae**Prof. Maria Fitzgerald**Prof. Henry McQuay**Prof. Gary McFarlane**Dr. Amada Williams**Dr. Candy McCabe**Prof. Richard Langford**Prof. Marie Fallon**Prof. Mike Bennett**Dr. Bee Wee**Dr. Fiona Cramp***Ex-Officio Members***Dr. Joan Hester**Dr. Peter Evans**Rikke Susgaard-Vigon*

The Scientific Programme Committee worked hard this year to present a balanced programme of activities and programme content. I was pleased to read the positive feedback from delegates about both the experience of the conference and the intellectual content. In particular delegates seem to enjoy being challenged to think in new ways, and the reflective and critical tone adopted by many of the speakers. My thanks go to the SPC for the hard work they put into the programme development.

The 2009 meeting was unusual because again it gave us a major challenge. After much organization and planning we were tasked to find a new venue with the same dates. In the end Sandown presented a beautiful venue and was an excellent host. We even had the weather. I want to formally thank the delegates for being understanding and flexible about our solutions. I want also to thank the team, in particularly Rikke Susgaard-Vigon for always going the extra mile to make the experience a positive one for delegates.

The Annual Scientific Meeting is a cornerstone of Society activities. It provides opportunities for all staff working in the interests of patients with pain to share knowledge, ideas, and experiences. I am committed to upholding a high quality programme, and to meeting the interests of all of the varied constituents of our multidisciplinary society. As I write we have finalised the programme for Manchester 2010 which promises much, and the planning has begun for the combined UK and Canadian Pain Society ASM in 2011.

If you have any comments or proposals for improving the ASM please do not hesitate to contact me. I look forward to welcoming you to Manchester.

## ACUTE PAIN SPECIAL INTEREST GROUP (SIG)

DR DAVE COUNSELL, CHAIR

Members of the SIG met twice this year, once at the British Pain Society Annual Scientific Meeting in Sandown in April and again at the National Acute Pain Symposium in Chester in September. A key issue at these meetings was the future of training for Acute (or Inpatient) pain practitioners and thus their future inclusion as Fellows of the new Faculty of Pain Medicine. A letter was sent on behalf of the SIG to Dr Douglas Justins (Faculty Dean) outlining our concerns that practitioners interested in Acute Pain might be put off by the extensive training programme proposed by the Faculty, which the SIG thought to be appropriate for chronic pain practice but needed tailoring to accommodate the needs of acute pain. Dr Justins was receptive to exploring our suggestions but the subsequent introduction of a new training syllabus to include acute pain training by the Royal College of Anaesthetists has 'muddied the waters' somewhat and the situation regarding future Faculty Fellowship of specialist acute pain practitioners remains unresolved.

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Members of the SIG have engaged in several activities over the year, most importantly the first steps in the development of a national benchmarking tool for acute (or inpatient) pain practice across the UK similar to that used by Critical Care (ICNARC). The National In-Patient Pain Survey (NIPPS) will provide feedback on several key indicators based upon a simple standard dataset compiled on every patient treated, the data collection being facilitated by hand held devices. Each hospital will receive feedback of their performance on each indicator compared to the national average performance of all participants. NIPPS will also continue to track the national incidence of major critical incidents, now that the Royal College of Anaesthetists 3rd National Audit Project is finished (NAP 3). NIPPS is currently being piloted in 20 UK hospitals and the results of this pilot will be presented at the Acute Pain SIG Workshop at the BPS ASM in Manchester 2010. This, it is hoped, will coincide with the launch of a dedicated NIPPS website using (with the permission of the RCoA) components from the NCAPCIA website developed by SIG members to support the NAP 3 project. Among these components is a questionnaire allowing a description of each hospital's acute pain service in terms of existing resources and current practice. We hope that all acute hospitals in the UK will participate in this survey. Passwords for access to the new website will be issued immediately prior to its launch in the Spring. The website will also contain information on how to participate in NIPPS.

As a follow up to NAP 3 the Faculty of Pain Medicine, on behalf of the RCoA, is leading a review of the 2004 guideline, “Good Practice in the Management of Continuous Epidural Analgesia in the Hospital Setting”. Much of the early work on the development of this document was done in consultation with the Acute Pain SIG and it is appropriate therefore that members of the SIG have been invited to represent the BPS in this review process.

## CLINICAL INFORMATION SPECIAL INTEREST GROUP (SIG)

DR BARBARA HOGGART, CHAIR

Members Year End 2009

*Dr Ola Olukoga, Treasurer*

*Dr Mike Bailey, Secretary*

The CISIG has been very active this year. The officers of the SIG Dr Ola Olukoga (Treasurer) Dr Mike Bailey (Secretary) and Dr Barbara Hoggart (Chairman) have been on the board of the National Pain Audit. We have contributed to the formation of the document that will generate the national data base. The National Audit of Pain Services has been initiated to collect detailed data on pain services. The three year study aims to improve NHS services for people affected by chronic pain and will establish a national data collection system which will enable services to monitor performance, share data, feedback and consensus of interested parties. Areas of data collection will include, patient case mix, demographics, diagnosis, treatments, assessment of condition severity and patient outcomes. The aim is to improve the quality and effectiveness of care by measuring services against established national standards. Other aims are to improve access to specialist pain services for patients and services users and to improve awareness of specialist pain services within the NHS amongst patients, commissioners and clinicians. The collection of this data should help establish new standards relating to the delivery of a high quality pain service.

The board for the national database have had three meetings in London and the CISIG hosted the initial meeting with subsequent meetings funded by Dr Foster's team. This large undertaking has also required weekly telephone conferences.

The CISIG will be holding a workshop at the British Pain Society ASM to improve the members understanding of the National Pain Audit. At the workshop a representative from Dr Fosters will be presenting how they will help the Society formulate its objectives, Dr Cathy Price will present how we arrived at this point. The audience will have ample time to discuss points of interest or concern.

To increase awareness I have circulated a document to all British Pain Society members explaining the aims and process of the audit.

Finally we are planning to have a stand at the ASM where members of the board will be available to explain to interested members about the National Pain Audit.

## INTERVENTIONAL PAIN MEDICINE SPECIAL INTEREST GROUP (SIG))

DR SANJEEVA GUPTA, CHAIR

### Members Year End 2009

*Dr Stephen ward, Secretary*

*Dr Manohar Sharma, Treasurer*

The IPM SIG committee was formed in April 2009 and the committee members are Dr J Richardson, Dr C Wells, Dr A Hammond, Dr S Thomson, Dr R Munglani, Dr A Lawson, Dr S Balasubramanian, Dr AR Cooper, Dr A Bhaskar, Dr A Erdmann.

Current Membership of the IPM SIG: 132

The IPM SIG parallel session at the 2009 ASM was on “Medico Legal aspects in Pain Medicine”. This session was attended by a large number of delegates and the feedback was excellent.

The Annual IPM SIG meeting was on the 9th October 2009 in Manchester and 65 delegates attended the meeting with speakers from the UK and Europe. As 2009 was the year against cancer pain the first session was dedicated to cancer pain management. Other presentations included neuromodulation for pelvic pain, medico-legal report writing and audit presentations. The afternoon session was dedicated to “Good Practice in Interventional Pain Medicine”. With help from the membership a Research Group and a Good Practice Guidelines development group were formed. Dr Neil Collighan and Dr Sanjeeva Gupta lead the good practice guidelines group. Dr Simon Thomson and Dr Tony Hammond lead the research group. The research group has been very active and on the 23rd March 2010 a small group of research interested national interventional pain medicine experts will meet to look at the feasibility of creating a research programme to support the evidence base for minimally invasive interventional pain practice in spinal pain. The group will be supported by an expert in study design (Professor Rod Taylor from Peninsula medical school), a University department who have made grant applications to NIHR successfully (Prof Richard Langford and Dr Vivek Metha of St Barts and Royal London), a health economist (Dr Andrea Manca from York), International interventional pain experts (Drs Sherdil Nath from Sweden and Michael Hess from Munich). The aim is to critically appraise the evidence in the literature and plan future research looking at clinical efficacy and also clinical and cost effectiveness.

We can imagine a series of parallel projects at multiple research approved sites spreading over the next 5 years. This sort of collaboration would present UK Pain medicine set within the NHS as a leading contributor to the world research base for interventional spinal pain medicine.

2009 brought some unusual challenges and we are very grateful to the IPM SIG committee and the SIG membership for their guidance and support.

At the 2010 ASM in Manchester the IPM SIG parallel session is on “Lumbar Facet Joint Pain”. Precision diagnosis and Management of pain originating from the lumbar facet joints will be discussed and I would request you all to attend this session.

I would encourage you all to become a member of the IPM SIG if you are not already one as the SIG tries to promote good practice in the continuously evolving world of Interventional Pain Medicine. To this effect I would encourage you to read an article titled “A Narrative Review of Lumbar Medial Branch Neurotomy for the Treatment of Back Pain” published in Pain Medicine (N Bogduk, et al. Pain Medicine 2009; 10 (6): 1035 – 1049). Our understanding of the neuroanatomy of the spine and better technology will improve the outcome of interventional pain procedures thus providing better service to our patients.

Hope to see you at the 2010 ASM.

## NEUROPATHIC PAIN SPECIAL INTEREST GROUP (SIG)

DR MICK SERPELL, CHAIR (SINCE APRIL 2004)

**Members Year End 2009***Dr Barbara Hoggart, Treasurer  
(April 2004-10)**Dr Chris Well, Secretary  
(since April 2009)***Elected Committee Members:***Dr Jayne Gallagher (since April  
2005)**Dr Deji Okubadejo  
(since April 2007)*

The NeuP SIG ran another successful workshop at the ASM in Sandown, themed on Clinical Research and how “everyday” clinicians and healthcare workers can get involved in answering their own clinical questions.

We were also involved with the NICE Guideline on “Neuropathic pain: the pharmacological management of neuropathic pain in adults in non-specialist settings”. I myself applied for a position on the Guideline Development Group, but was unsuccessful. However, I am confident that the people who were appointed will deliver a sensible piece of work. We gave feedback on the draft version which was distributed late last year. We expect the final document to be finished in March, just in time for discussion at our next workshop at the ASM in Manchester. Paul Farquhar-Smith will be speaking on how cost-effectiveness of drug treatments is calculated, and I will be summarizing the final Guideline and discussing how it fits within the global scheme of things.

We were involved in a very successful and oversubscribed Neuropathic Pain Study Day at Red Lion Square in December, as part of the “Learning in Pain Series”.

The SIG relies on active membership to achieve its aims. Our AGM will be held during the Wednesday lunchtime at the ASM, and I encourage as many of you as possible to attend. We are keen to attract new members to the SIG and especially to the Council. You may have noticed, some members of Council are a bit long in the tooth, and indeed we have some retirements coming up, so please think about the role you could have in your SIG.

## PAIN IN CHILDREN SPECIAL INTEREST GROUP (SIG)

DR JOHN GODDARD, CHAIR

Members Year End 2009

*Dr Christina Liossi, Secretary*

*Dr Gwen Porter*

The SIG has been active on a number of fronts throughout the year. Several of these initiatives were proposed at the annual business meeting, which is held during the BPS ASM. We would like to encourage you to attend this annual meeting and bring your own ideas and views.

Linda Buchanan noted that there was no mention of children in the draft BPS Cancer guidelines; she suggested that some mention would be appropriate. This suggestion was welcomed by Jon Raphael, chair of the working party. Christina Liossi, on behalf of the SIG, consulted widely and contributed a section which has been included in the soon to be published guidelines.

At the business meeting, it was decided to form a research sub-group of the SIG. Richard Howard agreed to chair the PICSIG Clinical Study Group. This sub-group will provide advice and ideas to enable input into the Anaesthesia, Cardiology, Intensive Care and Pain CSG of the Medicines for Children Research Network. The PICSIG CSG met in December to scope ideas for a multicentre study in children's pain.

The National Specialist Commissioning Group has revised Definition 23; specialised services for children. The SIG, through representations to the Association of Paediatric Anaesthetists, has been successful in getting some procedures and services for acute and chronic pain included in section 1, paediatric anaesthesia. Indeed the section has been renamed; specialised paediatric anaesthesia and pain management services. It is hoped this will assist services in securing funding with specialised commissioning groups. This document has been endorsed by the BPS PICSIG.

In September, the Royal College of Nursing guideline on *The Recognition and Assessment of Acute Pain in Children* was published. John Goddard, representing the BPS, was a member of the guideline development group. The guideline has been endorsed by the BPS; also by the Association of Paediatric Anaesthetists and the Royal College of Paediatrics and Child Health.



Led by Diabetes UK, a consortium of medical children's charities is campaigning for statutory provision of support in schools for children with chronic health conditions. The SIG, represented by Bernie Carter, is a member of this consortium. A high profile "question time" event occurred in Westminster on October 27th with a panel of shadow ministers and Sheila Shribman, National Clinical Director for Children. A patient and parent represented the BPS SIG at this event. The SIG will also be contributing views on this matter to Sir Ian Kennedy's review of NHS services for children.

Other news: the working party on Recommendations for the management of complex non-cancer pain in children and young people has been active throughout the year. The SIG has also been successful in obtaining an unrestricted educational grant from Grunenthal to support a clinical nurse specialist in capturing national data on the paediatric use of Lidocaine medicated plasters. The National pain audit, sponsored by HQIP and jointly run by Dr Foster and the BPS has been launched; this data collection of chronic pain services includes paediatric patients. More to follow on these initiatives in 2010.

There is lots happening and lots to do; the SIG welcomes new members and new ideas.

## PAIN EDUCATION SPECIAL INTEREST GROUP (SIG)

DR ELOISE CARR

### SIG Officers:

*Dr Emma Briggs*

*Ann Taylor*

*Maggie Whittaker*

*Dr Marcia Schofield*

*Dr Paul Wilkinson*

*Zena Desbottes*

The third year of the SIG Pain Education has been a great success with several key developments including a workshop and AGM at the Annual Scientific Meeting in Sandown, completion of a national survey on undergraduate pain education, submission of a joint proposal for e-learning to the Department of Health and a very successful second Seminar day in December 2009. Membership of the SIG continues to grow and currently stands at over 50.

The SIG organised a successful workshop at the ASM at Sandown. This well attended workshop explored the issue of problem based learning (PBL) as a method of delivering pain education. As a result of the meeting, an article was submitted and published in 'Pain News' which provided reflections on the day, some resources that people could draw upon and further information about PBL. Dr Paul Wilkinson and Ann Taylor are currently working on a top 10 tips for commissioners which aims to help them understand the importance of education in pain and the need to seek the appropriate evidence base to ensure patients get the right treatment, at the right time, etc. This is now out for consultation. Paul Wilkinson and Ann Taylor hope to be facilitating a workshop 'assessing interprofessional learning' at the first IASP Education Satellite meeting 25th – 26th August 2010 in Toronto, Canada. This is co-Chaired by Professor Judy Watt-Watson and Dr Eloise Carr.

The results of our first research project investigating undergraduate pain education in the UK were successfully launched on 21st October 2009 at the Maughan Library, King's College London. The launch was attended by key stake holders including Department of Health members, educators, patient groups and professional regulators. The data from 74 pre-qualification programmes across 19 universities revealed a limited amount and type of pain education healthcare professionals receive with the average contact time of 12 hours, usually lectures. A foreword for the short report was written by the Chief Medical and Nursing Officers of all four UK countries supporting the recommendations. The report is available from the SIG's website at [www.britishpainsociety.org/members\\_sigs\\_education.htm](http://www.britishpainsociety.org/members_sigs_education.htm)

Further work is being undertaken to disseminate the results, engage the professional regulators, influence policy and develop undergraduate resources. It is also hoped to convene a small working group, building on the IASP curriculum, to develop a core interprofessional pain curriculum for all undergraduates. This would also include the practicalities of implementation.

Educational initiatives continue with the submission of an e-learning bid to the Department of Health. This is a joint proposal from the BPS and Faculty of Pain Medicine (FPM) and we will know if we have been successful early in 2010. Within this document, it was made clear that the foundation work and consultancy process would be undertaken through the Pain Education SIG. Work has started in preparation for a successful outcome or if not successful, to get the ball rolling. Ann Taylor will be taking a lead on the curriculum development, on behalf of Pain Education SIG with Dr Paul Wilkinson liaising with the Faculty of Pain Medicine.

The year closed with a very successful second Seminar in December. Speakers included; Dr Ollie Hart who gave a fascinating overview of an innovative website in Sheffield for low back pain. Dr Jenny Moon conducted a workshop focussing on how to develop critical thinking and Karl Luke, an learning technologists took us on a galactic tour of the internet and all the wonderful tools and sites available for educators.

Reflecting on 2009 where we felt many of the planets came into alignment and gave those championing for more pain education some excellent opportunities. Our challenge will be to carry the momentum and energy into the next decade and ensure that we build on these successes in a tangible and sustainable way.

## PAIN IN OLDER PEOPLE SPECIAL INTEREST GROUP (SIG)

DR PATRICIA SCHOFIELD, CHAIR

We are now approaching our third year as a special interest group and whilst we have been fairly quiet as a group. There is still a lot of work ongoing around older people.

In terms of our workshops and study days, we have facilitated another successful workshop at the ASM and one planned again for 2010. We have not undertaken another study day and feel that we are better to focus upon a workshop at the ASM. This year is particularly exciting as we have a plenary speaker on pain in older people.

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We are still quite disappointed in the uptake of the pain assessment guidelines produced in 2007. However, work continues on the pain management guidelines. Although, these are taking longer than anticipated, this is largely due to the increasing literature available on pain in older adults. We anticipate that the management guidelines should be ready towards the end of 2010 or early in 2011.

Our membership is showing a steady increase again this year with the last count of numbers showing 41. This year may see a further increase and I hope to see more members involved in the steering group and so will be asking people who attend the SIG meeting to volunteer to take more active roles.

In terms of finances we still have no income, which is largely due to our decision not to offer study days.

## PAIN MANAGEMENT PROGRAMME SPECIAL INTEREST GROUP (SIG)

DR FRANCES COLE, CHAIR

### PMP SIG Committee Members 2009/10

#### Medical:

*Main member: Frances Cole (Chair)*  
*Alternate member: Paul Wilkinson*

#### Psychology:

*Main member: Sue Peacock*  
*(Secretary)*  
*Alternate member: David Craig*

#### Nursing:

*Main member: Sara Brookes*  
*(Treasurer)*  
*Alternate member: vacant at present*

#### Occupational Therapy:

*Main member: Emma Wheatley*  
*Alternate member: Louise Haynes*

#### Physiotherapy

*Main member: Eve Jenner*  
*Alternate member: Leila Heelas*

The past year has been of much interest and change with PMP SIG and membership stands at 93 members as of September 2009.

There were three key events during the year; a well attended, over 90 participants, at the ASM symposium March 2009 which focused on the very long term outcome for patients; from both the patient and clinician perspective. A very informative account from the patient and valuable input Lance McCracken from Bath Pain Management Unit.

The second education event was the PMP SIG "Clearing the fog ...on the Tyne" held at Northumbria University in September 2009 hosted by valued local PMP team. There was an excellent range of topics and speakers, including Professor Michael Sullivan, McGill University, Canada, and the conference was rated highly in content and presentation, some very memorable!

The conference delegates also elected new PMP SIG officers as the previous officers had completed their term of office. The new team started work together in January 2010. They have decided to offer a workshop or seminar in the non-conference year following suggestions from a survey of the SIG membership in February 2010. Further details to come in April/May 2010 from the SIG.

BPS Guidelines for Pain Management Programmes are due for review, April 2010. The committee with Paul Wilkinson as lead have started on this important work.

## PHILOSOPHY & ETHICS SPECIAL INTEREST GROUP (SIG)

DR WILLY NOTCUTT, CHAIR

Members Year End 2009

*Dr Peter Wemyss-Gorman, Secretary*

The group held two successful meetings last year. At the ASM at Sandown Park a well supported workshop heard two excellent speakers on the subject of our relationships with the pharmaceutical industry: Nick Broughton, an independent advisor to the industry, broadly defended it while admitting many of its faults and bad practice, and Ben Goldacre ( of the Guardian's "Bad Science" column) described examples of the worse excesses of the industry and of the medical profession in the promotion of their work and products.

The 34 participants at our annual meeting at the end of June last year enjoyed the tranquillity of Rydal Hall in the lake District. The main theme was that of Consent and Deceit in pain medicine. The session moderator was Paul Dieppe, Professor of medical education at the Peninsular Medical School. Daniel Sokol, lecturer in Medical Ethics at London University, gave a provocative defence of the concept of acceptable deception in medicine, arguing that although trust between doctors and patients was paramount, there were many situations where the humane lie was justifiable and sometimes unavoidable; Jayne Molodynski from the Medical Protection Society reminded us that the GMC had become much more authoritarian since the Shipman affair, and of the dangers of departing from their guidelines regarding consent.

Jeremy Swayne, GP, homeopath and C of E priest, in a fascinating presentation, introduced doubt into our minds as to whether the absence of a scientific explanation for a phenomenon necessarily meant it could not be real, and maintained that while truthfulness was indispensable in a clinician, truth itself was an elusive concept. The long and lively discussion covered, among many other implications of these presentations, the difficulty of total honesty and objectivity in obtaining consent to pain interventions when their context effects could be enhanced by positive presentation. It also emerged that the whole edifice of evidence based medicine seemed to be built on very shaky foundations.

The remainder of the meeting covered a diverse list of topics including the lessons to be learnt from hypnotherapy about the placebo response, the need for imagery and art and

music for both expressing and addressing suffering, the loss of the ethos of care in the NHS and a reflection on the reasons for our frequent failure to relieve pain.

The meeting made a comfortable surplus which should cover the printing costs of the transcript of the proceedings which is in preparation. I would repeat my previous contention, however, that as this is for the potential benefit of all members of the Society some subsidy would be justifiable if necessary.

Future activities include a parallel session at the 2010 ASM where the issue of consent and deceit will again be discussed by the first two of the above speakers, and our annual meeting on Culture and Suffering will again be at Rydal Hall from 28th June to 1st July.

A book of essays by previous speakers is creeping towards publication and two papers on aspects of ethics and pain are in production. The National Acute Pain Meeting in Chester in September invited Willy Notcutt, the SIG Chair, to present on ethical issues.

As a relatively detached observer of the pain scene since retirement, I have become increasingly despondent about the potential for biomedical science ever to provide complete answers for the increasing preponderance of complex problems faced by today's clinicians. The recent sad events in the Society reveal a polarity of opinion on what to do about this which seems to be growing rather than narrowing. The need for a forum for calm reflection on issues such as these seems to be ever greater, as is, I hope, the value of the P & E SIG to the Society.



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