Training in Paediatric Pain Medicine

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As a trainee I would have never imagined that seven years after my appointment as a consultant I would be just completing my training in Pain Medicine. I undertook sub-specialty training in both Intensive Care Medicine and paediatric anaesthesia in East Anglia and later in London before returning to Cambridge as a paediatric anaesthetist in 2007. Pain Medicine was not on the horizon for me at that point, but like many things in life, a fortunate chain of events lead me to realise what I had been missing. Not long after I started we were delighted to welcome our first clinical nurse specialist in paediatric pain to the Trust. I volunteered to work with our new nurse, Meryl, to develop acute pain services for children in Cambridge and we have grown from there. Last year our pain service cared for 500 children.

What I was soon to discover was that I would be spending an ever increasing amount of time caring for children with complex pain problems. This was not completely unexpected. Many of these children were similar to those I had looked after in a children's hospital during my training. However, despite this two things troubled me. Firstly, some of these children had inadequately treated persistent pain with no clear service directing pain management. Secondly, was I the right clinician to be caring for them and if so could I deliver appropriate care given our limited resources?

We joined the Paediatric Pain Travelling Club (PPTC) early on. This is a group of mainly specialist nurses and consultant paediatric anaesthetists who have an interest in children's pain management. This has proved to be an invaluable support network from what is a relatively small paediatric pain community. There is a popular national meeting held in a different location each year, hosted by one of the member pain teams. Regular contact with experts in Paediatric Pain Medicine gave me a wider perspective on the national provision of services for children with complex pain. The number of centres offering a specialist Pain Medicine service is indeed relatively small. The specialists in these centres tended to be paediatric anaesthetists with expertise in Pain Medicine. Children are certainly seen in adult pain services in many areas of the UK; however, appropriate multidisciplinary pain management may not be available locally for many children. Hopefully with the advent of a separate service specification for paediatric chronic pain in 2013, specialist commissioning of these services will improve access for those who need it.

I enjoyed my paediatric pain work immensely and wanted to develop our service and my own skills. From a personal perspective I wanted to become a credible children's pain specialist. Although comfortable caring for children and their families I didn't have the benefit of advanced pain training. Having sought the advice of Faculty Board members, paediatric pain specialists and my Regional Advisor in Pain Medicine it was clear that I would need to achieve the competencies acquired during Advanced Pain Training and then apply for the FFPMRCA by assessment via the experience route. Although I wanted to gain specialist paediatric pain experience I did not want to limit my training to a purely paediatric focus.

I now realise I took the flexibility afforded by training, when I was a trainee, more for granted than I had realised. I was now in a consultant role with almost twelve programmed activities on my job plan, a wife with a career and two small children to consider. Training would need to be in my own time, at my expense and completed within a sensible timeframe. With the support of my Trust and colleagues I was able to reduce my hours so that I would be able to spend three days a week training in Pain Medicine. I was extremely fortunate to be able to fill a vacant position on the regional Advanced Pain Training program, working under the supervision of the Regional Advisor.

The Faculty of Pain Medicine produced guidance on the competencies for Paediatric Pain Medicine in

2010. An optional 3 month paediatric pain module has since been available for advanced pain trainees. The guidance from the Faculty for those wishing to pursue specialist Paediatric Pain Medicine training was produced after I started my period of training. The current recommendation is that 12 months advanced paediatric anaesthesia training as well as 12-15 months of Advanced Pain Training, including 3-6 months of Paediatric Pain Medicine are required.

Opportunities for substantial periods of paediatric pain training are limited in the UK, although a combined paediatric anaesthesia and pain fellowship is available at Great Ormond Street. I am extremely grateful that I was able to arrange focused paediatric pain training over 4 months with attachments at Sheffield Children's Hospital, Leeds Children's Hospital, Great Ormond Street Hospital and the Royal National Hospital for Rheumatic Diseases in Bath, where I attended an adolescent pain management programme.

This experience took 15 months to complete and I have enjoyed every opportunity to meet new people, learn new skills and expand my knowledge. I have no regrets about my experience. However, it was hard work and left me with very little spare time. I would definitely advise any consultant considering a similar journey to mine to immerse themselves completely into the experience and be prepared to devote the necessary time to do the training justice. Returning to a period of extended training, with supervised intervention lists and sitting in on consultant clinics was not the difficult transition you might expect. It was refreshing to spend more time than the occasional theatre list with consultant colleagues, learning new skills and watching their interactions with patients.

I agree completely that exposure to both Paediatric and Adult Pain Medicine is invaluable for those who wish to pursue an interest in specialist paediatric Pain Medicine. They are not completely separate entities; there are transferable skills to be learnt from each discipline. Rather like the sub-specialties of anaesthesia, the valuable experience is in learning how to use more general principles, skills and knowledge and apply them to a specific population.

Although paediatric pain practice is traditionally less interventional than its adult counterpart, some selected children do indeed benefit from the use of regional blocks. It would be difficult to achieve competence in procedural skills that are rarely performed in children if only trained in the paediatric environment and it would also be wrong to completely dismiss a technique which is geared towards adult practice that may be potentially very useful in the management of some children.

The one aspect of my paediatric experience that really stood out for me is that the management of complex pain in children is a true team sport and completely reliant on the strength of its constituent parts. I am grateful to all the therapists and psychologists who patiently mentored me. My experience has been all the richer for their knowledge and advice. Although too many to name individually I would like thank everyone that has given their time and energy in supporting me. In particular I must thank Dr John Goddard for his fantastic help with constructing the paediatric programme, and Dr Lorraine de Gray, my Regional Advisor. Without her tireless support and help my plans would never have taken off the ground.

This brings me to the end of one journey and to the start of another. The next one will be just as challenging and probably much longer but I will endeavour to develop a multidisciplinary pain service for the children of Cambridge and the Eastern region.

2014 Faculty Calendar

MEETING: Board of the FPM	8 May
MEETING: FPM Professional Standards Cmte	16 May
EVENT: FFPMRCA Exam Tutorial	**30 May**
EVENT: FPM/BRS Joint Study Day	**20 June**
MEETING: FPM Training & Assessment Cmte	11 July
MEETING: Board of the FPM	18 Sept
MEETING: FPM Professional Standards Cmte	19 Sept
MEETING: FPM Training & Assessment Cmte	24 Oct
EVENT: FPM Annual Meeting	**14 Nov**

Please note that all dates may be subject to change.