

1. General – I am a GP so was in a minority on this course. I have, however, found the course extremely interesting and informative, especially the medical management, opioid detox and neuropathic pain aspects.

I think this would be a good course for other GPS to attend, although obviously targeted to anaesthetists and pain specialists. Some areas were very technical eg manikin hands on, but I found it very informative to see the multiple treatment options and technology available. I found the clinics probably the most useful, especially being able to ask lots of questions! I would have liked to attend the pain management programme session as well but unfortunately there were no spaces available.

I would find it useful to have a list of various pain assessment questionnaires, patient information leaflets and help to motivate patients to prepare for attending a pain management programme.

An excellent course, highly informative lots of practical advice involving patients in the presentations was especially interesting.

2. General – It would be useful if there were patients with failed therapies and analgesics as to why they failed and how to manage them further.

A Lecture and a workshop on medical legal issues and prevention of complications would be desirable.

3. Relevant and useful for advanced pain training.

4. Thank you I learned a lot. Excellent course.

5. Botox talk in capsaicin & botox workshop too academic and too long. Technical issues at Anfield Stadium meant I couldn't hear the talk.

6. General – The quality of the lectures is great and the theatres are actual.

I've learned a lot about the interventions they are doing today, you really go home with something.

Bringing the patients to the course is a very good idea. I would like to see more advanced practice nurse interventions. I would like to see a live interactive patient session with the pain nurses.

As a nurse I found the course very interesting and I've learned a lot, however it is very "medical-confined" as you all talked, MDT is the best practice so I think it would be

interesting to bring physiotherapists, OT, Nurses to the discussion as a lecture. I found the quality of the presentation great and the lectures too. I may return next year. Thank you.

7. I felt there should have been more physios and GPs on this course and a greater emphasis on care surrounding Walton interventions (whatever it may be).

However an absolutely fantastic course in its present format. Cannot thank you enough for your honest exposure of real practice and expert clinical judgement in such a modest and compassionate culture. You are a credit to how medicine should be practiced and it has been a real pleasure to meet you and learn from you, thank you.

8. A lot of practical work, useful course for pain specialists about multi-disciplinary work with pain patients, useful practical sessions.

Dr Barry Miller – we on the back didn't hear well the lecture and the slides were too small it was impossible to read them.

9. THE BEST COURSE EVER! I would highly recommend it to everyone as I learnt a lot. This course enabled me to develop my knowledge and skills of assessing and treating complex patients with chronic pain. I also gained deeper understanding about assessment, examination, formulation of diagnoses and pain management plain. I found this course extremely helpful, exciting, interesting and I learnt a lot for which I am very grateful. I really liked the live patient interactive presentation sessions – very valuable for my future development. Great organisation – well done and thank you ever so much for having me. Excellent and highly relevant presentations.

10. General - Suitable for trainees rather than consultants. It should be advertised accordingly.

This is a very good course but not for consultants, I think you should remove the word consultants from your brochure as it is not really suitable.

It is very good for beginners and fellows and other healthcare alike and should be reflected to them.

Many thanks for your efforts and this is not by any means belittling this course or the huge efforts behind its organisation. Regards.

The Prof lecture was:-

- Too much information in short time
- Did not cover any of the so many topics within the lecture satisfactory
- Monotonic – sleep inducing – hypnotic style
- Being a Prof doesn't actually mean able to present well.

11. The Manikin workshop is not suitable for consultants. It is good for trainees and non-medical but shouldn't be considered for consultants

12. Very useful for anyone interested in pain.

The workshops split up into 2 hour sessions out of a total of 4 hours – so we could attend 4 workshops over 2 days.

13. Clinics – Enthusiastic and knowledgeable gynaecologist and pain physician. Good to see MDT set up in clinics.

14. The live interactive patient sessions were excellent.

15. Highly valuable course for medical professionals.

16. Neurosurgeons who are interest in pain work. I think clinics and procedures should be allocated according to the speciality of the attendee – I as a neurosurgeon was not interest in pelvic pain – albeit it was still informative and useful.

17. I Love:

- PT interactive session
- Attending the clinics on the first day.
- Ground round.

Thank you for all the staff. I can see the energy of the team. Patient session was great.
Love the lecture of Dr Chris Wells

18. I think this a perfectly prepared course for chronic pain management. It covers various areas of chronic pain with something for every background and experience. It is logically very well organised as well and to see the number of international delegates attending, this is enough indication about quality of the course.

I think one of the things that needed extra coverage is physiotherapy which wasn't addressed enough on the course.
A session on chronic opioid use presenting for surgery would be helpful as well specially for APT candidates preparing to take the exam.

Coverage of facial pain & headaches in more depth would have been helpful as well.

19. Neurosurgical Management – More focus on a few procedures would be more useful. Felt there was possibly too much overlap with other talks (SCS). More info/discussion re : brachial plexus injury and indications for DRE2.

SCS – Felt that cherry picking a patient with an incredible response was not hugely helpful.
In fact management strategies needed om a patient with a good but not perfect response

would have been better. I think more discussion regarding selection, work up and journey to implant would better.

Elements important in history and examination would be good to concentrate on. Most of us are aware of elements of central sensitisation. Good talk thank you.

Sam Lipton Lecture - Unable to hear due to feedback & technical difficulties.

20. The pelvic pain lecture – the talk given by Gynae Consultant – Quality wise will need attention. I found that too much information in little time and I found her rushing all her talk. I did not get anything in that talk.

General - Overall good course.

21. Clinics – Really good input from physiotherapy especially with desensitization.
Limited demonstration of CRPS

General – Quite basic with not much new/recent info, a couple of the presentations had not been updated, some excellent sessions though.