



DEBATE PACK

Number CDP 2019/0003, 14 January 2019

Recognition of fibromyalgia as a disability

This pack has been prepared ahead of the debate to be held in Westminster Hall on Tuesday 15 January 2019 from 9.30-11am on the recognition of fibromyalgia as a disability. The debate will be opened by Toby Perkins MP.

By Dr Sarah Barber
Steven Kennedy
Roderick McInnes
Doug Pyper
Nikki Sutherland

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The House of Commons Library prepares a briefing in hard copy and/or online for most non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.

1. The recognition of Fibromyalgia as a disability

A debate will be held in Westminster Hall on Tuesday 15 January 2019 on the recognition of fibromyalgia as a disability. The debate will be opened by Toby Perkins MP.

In his submission to the Backbench Business Committee, Mr Perkins said that the debate followed a petition that called for the recognition of fibromyalgia as a disability and greater awareness of the condition amongst healthcare professionals, Government departments and employers:

The debate follows a petition on fibromyalgia, which I presented in Parliament. It was a physical petition signed by 1,379 people. It mirrored an online petition on the change.org website that was signed by 104,551 people, contending that fibromyalgia is a disability. The petition called for greater research into the causes and treatment of fibromyalgia, and for greater awareness of fibromyalgia among the medical profession, Government Departments and employers. Fibromyalgia is a condition that is hugely misdiagnosed and under reported. It is debilitating, it is draining and it reduces people who have worked hard for years to fatigued and listless lives of pain and discomfort. It features chronic pain, muscle stiffness and excessive fatigue. There is no known cure for it, and as many as 1.5 million to 2 million people in the UK may well be victims of it, including dozens of people in every single Member's constituency. The petition was started by Adrienne and Leann Lakin from Chesterfield, and at least 12 hon. Members have already indicated an interest in speaking in the debate. With the Committee's permission we would like to have a Westminster Hall debate so that it can be given greater awareness and profile."

1.1 Fibromyalgia

Fibromyalgia is long term condition that causes pain all over the body. The [NHS website](#) sets out that other symptoms that may be experienced by individuals with fibromyalgia include:

1. increased sensitivity to pain
2. fatigue (extreme tiredness)
3. muscle stiffness
4. difficulty sleeping
5. problems with mental processes (known as "fibro-fog") – such as problems with memory and concentration
6. [headaches](#)
7. [irritable bowel syndrome \(IBS\)](#) – a digestive condition that causes stomach pain and bloating

More information on the symptoms is provided by the [NHS](#), [Arthritis Research UK](#) and [Fibromyalgia Action UK](#).

Diagnosis and treatment

The number of people affected by fibromyalgia is not known but some estimates suggest that this could be up to 1 in 20 individuals. Women are 7 times more likely than men to be affected by this condition.¹

Fibromyalgia is difficult to diagnose, and symptoms can be similar to other conditions, there is no test for diagnosis.

The cause of fibromyalgia is unknown, some of the factors that are thought to contribute to the condition are:

- Abnormal processing of pain which may be due to changes of chemicals in the nervous system;
- Imbalances in chemicals in the brain such as dopamine, serotonin and noradrenaline;
- Disturbed sleep pattern;
- Genetics;
- Fibromyalgia may be triggered by a stressful event such as an injury, a bereavement or a viral infection;
- There are a number of (mainly rheumatic) conditions that are associated with fibromyalgia, such as osteoarthritis and lupus.²

More information about possible causes and factors that may contribute to the development of fibromyalgia are provided in the following sources:

- [NHS](#)
- [Versus](#)
- [Fibromyalgia Action UK](#)

Management

There is no cure for fibromyalgia, but physical therapies, psychological treatments and medicines, such as painkillers and anti-depressants may all be used to manage symptoms.³

[A June 2018 response to a Lords Parliamentary Question](#) about what steps the Government are taking to progress the diagnosis and treatment of fibromyalgia, provides information about difficulties in diagnosing fibromyalgia and guidelines on treatment of the condition:

Diagnosing fibromyalgia can be difficult as there is no specific diagnostic test that can be used, and the symptoms can vary from person to person. Diagnosis is usually made by taking a medical history, checking symptoms and carrying out a physical examination. Blood tests, x-rays and other scans may be used to rule out medical conditions with similar symptoms to fibromyalgia.

The Royal College of General Practitioners (RCGP) curriculum includes training in musculoskeletal conditions, and as such, GP training can include fibromyalgia. A key component of a trainee GP's final assessment, alongside the Clinical Skills Assessment and Workplace Based Assessment, is the applied knowledge test

¹ NHS, [Fibromyalgia: Overview](#), March 2016

² NHS, [Fibromyalgia: Causes](#), March 2016

³ NHS, [Fibromyalgia: Treatment](#), March 2016

(AKT). The AKT is a summative assessment of the knowledge base that underpins independent general practice in the United Kingdom within the context of the NHS. The content guide for the RCGP, which serves to prepare trainees for the test, includes a specific reference to a required knowledge of fibromyalgia. *The Applied Knowledge Test Content Guide* is attached.

A range of support exists to help GPs identify the signs and symptoms of fibromyalgia in primary care. This includes an e-learning course developed by the RCGP and Arthritis Research UK on musculoskeletal care, including fibromyalgia, and a medical guide on diagnosis and treatment developed by the Fibromyalgia Association UK (FMUK) for health professionals. Information for the public can be found on the NHS Choices website and is also available in an online patient information guide produced by FMUK. The *Fibromyalgia Guidance for Health Professionals* is attached.

Although there is no cure for fibromyalgia, some treatments can ease symptoms and support improved quality of life for patients. The treatments offered will depend on the severity of a patient's condition, but may include: pharmacological pain relief; physiotherapy; dietary and exercise advice; counselling or cognitive behavioural therapy; and self-management programmes which aim to give patients the skills and confidence to manage their conditions more effectively. There are also a number of National Health Service trusts that offer specialist fibromyalgia clinics, such as the Royal National Hospital for Rheumatic Diseases in Bath, which patients can access on referral from the clinician responsible for their care.

[Fibromyalgia Guidance for Health Professionals](#) (PDF Document, 1.09 MB)

[Applied Knowledge Test Content Guide](#) (PDF Document, 411.24 KB)

1.2 Research and raising awareness of fibromyalgia

The petition on fibromyalgia called for greater awareness of this condition and more research into this condition.

[A recent \(October 2018\) Parliamentary Question](#) asked about Government funding for research on fibromyalgia. The Minister of State at the Department of Health and Social Care, Caroline Dineage, set out the role of National Institute for Health Research and the support for fibromyalgia research in the last five years:

The Department's National Institute for Health Research (NIHR) welcomes funding applications for research into any aspect of human health, including fibromyalgia; it is not usual practice to ring-fence funds for particular topics or conditions. Applications are subject to peer review and judged in open competition, with awards being made on the basis of the importance of the topic to patients and health and care services, value for money and scientific quality. NIHR support for fibromyalgia research over the last five years includes £1.8 million funding for research projects; £0.6 million funding for clinical trials through the NIHR Clinical Research Network; and the NIHR has managed infrastructure supporting fibromyalgia research.

Information on individual projects funded by the NIHR can be found at the following link:

<https://www.journalslibrary.nihr.ac.uk/programmes/>

Another October 2018 [Parliamentary Question response](#) explains what tools and guidance are available for healthcare professionals to increase awareness and knowledge of fibromyalgia:

The Department is not directly responsible for developing or reviewing clinical guidance for identification and management of diseases and disorders. The National Institute for Health and Care Excellence was established by the Government to develop evidence based best practice for the National Health Service. Other organisations, such as the clinical Royal Colleges, and charitable organisations also convene expert groups to develop guidance for health professionals.

A range of support exists to help general practitioners (GPs) identify and manage fibromyalgia in primary care. This includes an e-learning course developed by the Royal College of GPs and Arthritis Research UK on musculoskeletal care, including fibromyalgia, and a medical guide developed by the Fibromyalgia Association UK (FMUK) for health professionals.

[...]

Information for the public can be found on the NHS website and is also available in a patient's information guide produced by FMUK. The medical guide, patient information booklet and NHS choice webpage on fibromyalgia can be found at the following links:

www.fmauk.org/dmdocuments/Medical%20Pack.pdf

www.fmauk.org/information-packs-mainmenu-58/booklet-mainmenu-135/490-patient-booklet

www.nhs.uk/conditions/fibromyalgia/

1.3 Disability

The *Equality Act 2010* defines disability in [section 6](#) as:

- (1) A person (P) has a disability if—
- (a) P has a physical or mental impairment, and
 - (b) the impairment has a substantial and long-term adverse effect on P's ability to carry out normal day-to-day activities.

The courts have recognised in several cases that fibromyalgia meets this definition.⁴ As such, public bodies, service providers and employers, among others, must not discriminate against persons with fibromyalgia. This includes a duty to make reasonable adjustments. Broadly, this duty requires those subject to it to:

- avoid putting disabled persons at a substantial disadvantage where a provision, criterion or practice (e.g. a generic sick pay

⁴ For example: *Griffiths v Secretary of State for Work and Pensions* [2014] 5 WLUK 530; *Ali v New College Manchester Ltd* [2017] 2 WLUK 687 (both disability discrimination in employment cases)

policy) would put them at that disadvantage compared with non-disabled persons

- remove, alter or provide means of avoiding physical features (e.g. stairs) where that feature puts a disabled person at a substantial disadvantage compared with non-disabled persons
- provide an auxiliary aid where a disabled person would, but for the provision of that aid, be put at a substantial disadvantage in comparison with persons who are not disabled.

Fibromyalgia and the benefits system

The Department for Work and Pensions recognises Fibromyalgia as a potentially disabling condition, as the following PQ indicates:

Fibromyalgia: Social Security Benefits: Written question - HL1545

Asked by [Lord Empey](#)

Asked on: 05 September 2016

To ask Her Majesty's Government whether applicants suffering from Fibromyalgia are refused benefits because the condition is not recognised as sufficiently serious to cause disability.

Answered by: [Lord Freud](#)

Answered on: 12 September 2016

The Department for Work and Pensions (DWP) recognises Fibromyalgia as a real and potentially significantly disabling condition. Where a clinical diagnosis of Fibromyalgia has been made full account will be taken of its functional effects when determining benefit entitlement.

As of October 2018, there were **70,413** claimants of **Personal Independence Payment (PIP)** whose main disabling condition was **fibromyalgia**. Fibromyalgia accounts for **3.5%** of all PIP claimants.

91% of PIP claimants with a main condition of **fibromyalgia** are **women**. Among the PIP caseload as a whole (irrespective of disabling condition), women account for 54% of claimants. The chart below provides further information about the number PIP claims for musculoskeletal disease, and specifically fibromyalgia.

Personal Independence Payment (PIP) claims in payment, by disability					
<i>October 2018</i>					
	Total	of whom:			
		Male		Female	
			% of		% of
	claimants	claimant	total in	claimants	total in
		group	disease	group	disease
			group		group
All claims in payment - all disabilities	1,989,808	920,645	46.3%	1,069,162	53.7%
<i>of which: main disability:</i>					
Musculoskeletal disease (general)	410,795	113,031	27.5%	297,767	72.5%
<i>of which:</i>					
Chronic pain syndromes	96,640	12,773	13.2%	83,864	86.8%
<i>of which:</i>					
Fibromyalgia	70,413	6,049	8.6%	64,370	91.4%
Chronic fatigue syndrome	15,487	3,169	20.5%	12,312	79.5%
Pain syndromes - Chronic - Other	10,740	3,557	33.1%	7,185	66.9%
Source DWP Stat-xplore					
Note Statistical disclosure control was applied to this table at source to avoid the release of confidential data. Components may not sum to totals due to the disclosure control applied.					

With the exception of certain industrial diseases people may develop as a result of working in a particular job or industry (for which Industrial Injuries Disablement Benefit may be payable), the general position is that particular disabilities or health conditions do not give a person automatic entitlement to benefit. Instead, entitlement to benefits depends on the **extent to which a person's condition affects them and what they can or cannot do**.

There are two main types of social security benefit for people with health conditions or disabilities:

“**income replacement**” benefits, which cover basic living costs for people unable to work because of their condition; and

“**extra costs**” benefits which are intended to help with the additional costs people face as a result of their condition.

Employment and Support Allowance (ESA) is an income replacement benefit which is intended to cover the basic living costs of people who have a “limited capability for work” because of illness or disability. This means that the person's capability for work is limited by their physical or mental condition, and the limitation is such that it is not reasonable to require them to work. This is determined by the Work Capability Assessment (WCA), which looks at both physical and mental activities. The activities for the physical assessment include, for

example, standing and sitting, reaching, and manual dexterity. The mean-tested version of Employment and Support Allowance (income-related ESA) is one of the benefits being replaced by **Universal Credit**. The Work Capability Assessment is also used to determine which, if any, work-related requirements UC claimants are subject to, and access to the additional Limited Capability for Work-Related Activity Element in UC.

As part of the WCA process, the evidence submitted by the claimant is considered by a Healthcare Professional (HP) employed by MAXIMUS, the contracted assessment provider. In most cases claimants will also be asked to attend a face to face meeting.

The HP should consider all the available evidence and exercise clinical judgement to reach an opinion on the nature and severity of the effects of the claimant's health condition. They should also take full account of factors such as pain, fatigue, stress and of the possible variability of the condition. For example, if the claimant can perform a particular activity only by incurring a considerable degree of pain, they will be classed as being incapable of performing that activity. The HP should also consider the effects of the condition on the claimant for the majority of the time – their opinion should not be based on a “snapshot” of the claimant's condition on the day of the assessment.

The HCP produces a report for the DWP recommending whether the claimant meets the conditions for ESA and, if so, which group they should be placed in, but the decision on whether to award benefit is ultimately one for a DWP Decision Maker.

Detailed information can be found in the DWP's [Work Capability Assessment handbook for healthcare professionals](#) (last updated 11 June 2018). A shorter overview is given in the Department's [A guide to Employment and Support Allowance – The Work Capability Assessment](#) (ESA214, 7 July 2016).

Personal Independence Payment (PIP) is the “extra costs” benefit for people of working age who have daily living and/or mobility needs as a result of a disability or health condition. As with ESA, eligibility for PIP does not depend upon the person being diagnosed as having a particular health condition or disability, but on how their health condition or disability affects what they can and cannot do, as determined by the PIP assessment. The assessment for PIP looks at an individual's ability to carry out a series of key everyday activities. The assessment considers the impact of a claimant's health condition or impairment on their functional ability rather than focusing on a particular diagnosis. For information on the activities considered in the assessment, and how the assessment is carried out, see the DWP's [PIP assessment guide](#) (updated 5 November 2018). Assessments are undertaken by Health Professionals employed by one of the contracted PIP assessment providers (Atos or Capita, depending on the region), but as with ESA decisions on entitlement to benefit are made by DWP Decision Makers (referred to as “Case Managers” where the decision is in relation to PIP).

The DWP guidance states that the Healthcare Professional should explore all the PIP activity areas for daily living and mobility, focusing on the activities most likely to be affected by the claimant's condition. The HP should invite the claimant to talk through all the activities they carry out on most days, and explore how long it takes the claimant to carry out a task and whether they experience any symptoms such as pain or fatigue. As with the WCA, PIP assessors should also consider how a person's condition fluctuates over time rather than taking a "snapshot" view of their condition on a particular day at a particular time.

Training for assessors on Fibromyalgia

In response to a Freedom of Information request ([DWP Ref: FOI 3631](#)), on 5 October 2018 the Department for Work and Pensions released a training module on [Fibromyalgia](#) (Version 11, 18 April 2018) produced as part of the wider training programme for MAXIMUS Healthcare Professionals conducting Work Capability Assessments on behalf of the Department. It gives the following summary of Fibromyalgia and of how assessors should approach assessing people suffering from it (section 8, p37):

Fibromyalgia is common, complex and chronic in nature. Variability and fluctuation in symptoms and effects on day to day function may be present and need to be carefully explored.

Individuals suffering from the condition complain of diffuse pain, fatigue and abnormal sleep pattern. They also frequently complain of impaired cognition and mental function effects.

The condition overlaps in its characteristics with a number of other conditions, including chronic fatigue syndrome and major depressive disorder.

The Healthcare Professional's approach should be accurate, consistent and pragmatic. It should include a clear factual description of the characteristics of the claimant's disorder, and the way in which the condition affects the claimant's functional abilities. Any inconsistencies that are not consistent with the characteristics of the condition should be clearly expressed and full justification of any advice given is essential.

2. News items

Derbyshire Times

Chesterfield woman's fibromyalgia petition sparks Westminster debate

10 January 2019

<https://www.derbyshiretimes.co.uk/news/chesterfield-woman-s-fibromyalgia-petition-sparks-westminster-debate-1-9529254>

iNews

First person in UK to get cannabis prescription was previously given opiates 50 times stronger than heroin for chronic pain

4 December 2018

<https://inews.co.uk/inews-lifestyle/first-woman-uk-cannabis-prescription-chronic-pain/>

The Conversation

Fibromyalgia: researchers trying to fathom the causes of this painful condition

14 September 2018

<https://theconversation.com/fibromyalgia-researchers-trying-to-fathom-the-causes-of-this-painful-condition-102946>

3. Parliamentary material

Petition

Fibromyalgia as a Disability

I rise to present a petition relating to the recognition of fibromyalgia as a disability, the need for greater research into the causes and treatment of fibromyalgia, and the need for greater awareness of fibromyalgia. The petition was started by my constituents Adrienne and Leann Lakin and has been signed by 1,379 people from across the United Kingdom. The petition should be seen alongside the Change.org petition of the same title that has been signed by 104,551 people—the number is going up all the time—which demonstrates vividly that this is an issue that reaches into every single Member’s constituency.

The petition states:

The petition of residents of the United Kingdom,

Declares that fibromyalgia should be considered a disability; further that individuals with the disease struggle daily and often do not receive the medical help or support that could and should be provided; and further that other nations such as the United States of America, are leading the way in fibromyalgia research, but the United Kingdom is not following suit.

The petitioners therefore request that the House of Commons urges the Government to recognise fibromyalgia as a disability at last.

HC Deb 25 April 2018 | Vol 639 c985

Observations from the Minister for Care, (Caroline Dinéage), received 18 May 2018:

Fibromyalgia is incurable and debilitating long-term condition that can have a serious impact on an individual’s quality of life.

The Equality Act 2010 defines disability as “a physical or mental impairment which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities”, and defines long term as “having lasted, or being likely to last for at least 12 months, or likely to last for the rest of a person’s life”. By this definition fibromyalgia would be considered a disability.

Although there is no cure for fibromyalgia, some treatments can ease symptoms and support improved quality of life for patients. The treatments offered will depend on the severity of a patient’s condition, but may include: pharmacological pain relief; physiotherapy; dietary and exercise advice; counselling or cognitive behavioural therapy; and self-management programmes which aim to give patients the skills and confidence to manage their conditions more effectively. There are also a number of NHS trusts that offer specialist fibromyalgia clinics, such as the Royal National Hospital for Rheumatic Diseases in Bath, which

patients can access on referral from the clinician responsible for their care.

Through the National Institute for Health Research (NIHR), we are investing over £1 billion a year in health research. The NIHR welcomes funding applications for research into any aspect of human health, including fibromyalgia. It is not usual practice to ring-fence funds for particular topics or conditions. Applications are subject to peer review and judged in open competition, with awards being made on the basis of the importance of the topic to patients and health and care services, value for money and scientific quality. NIHR support for fibromyalgia research over the last five years includes £1.8 million funding for research projects; £0.6 million funding for clinical trials through the NIHR clinical research network; and the NIHR has managed infrastructure supporting fibromyalgia research.

HC Deb 21 May 2018 | Vol 641 c4P

PQs

[*Fibromyalgia*](#)

Asked by: Hobhouse, Wera

To ask the Secretary of State for Health and Social Care, whether his Department has plans to place fibromyalgia in a distinct medical category of its own to facilitate research.

Answering member: Steve Brine | Department: Department of Health and Social Care

Classification of diseases and disorders is achieved through international clinical and scientific consensus.

The current version of the World Health Organization's International Classification of Diseases (ICD10) includes fibromyalgia under 'Diseases of the musculoskeletal system and connective tissue' in the category 'Other soft tissue disorders, not elsewhere classified'. ICD-11, which will be presented at the World Health Assembly in May 2019 for adoption by member states, includes fibromyalgia under 'General symptoms, signs or clinical findings' in the category of 'chronic widespread pain'.

The Department's National Institute for Health Research (NIHR) welcomes funding applications for research into any aspect of human health, including fibromyalgia. It is not usual practice to ring-fence funds for particular topics or conditions; applications are subject to peer review and judged in open competition, with awards being made on the basis of the importance of the topic to patients and health and care services, value for money and scientific quality. NIHR support for fibromyalgia research over the last five years includes £1.8 million funding for research projects and £0.6 million funding for clinical trials through the NIHR Clinical Research Network. The NIHR has also managed infrastructure supporting fibromyalgia research. Information

on individual projects funded by the NIHR can be found at the following link:

www.journalslibrary.nihr.ac.uk/programmes/

HC Deb 17 October 2018 | PQ 177780

Fibromyalgia

Asked by: Hobhouse, Wera

To ask the Secretary of State for Health and Social Care, what steps his Department will take to raise awareness of the condition of fibromyalgia syndrome.

Answering member: Steve Brine | Department: Department of Health and Social Care

The Department is not directly responsible for developing or reviewing clinical guidance for identification and management of diseases and disorders. The National Institute for Health and Care Excellence was established by the Government to develop evidence based best practice for the National Health Service. Other organisations, such as the clinical Royal Colleges, and charitable organisations also convene expert groups to develop guidance for health professionals.

A range of support exists to help general practitioners (GPs) identify and manage fibromyalgia in primary care. This includes an e-learning course developed by the Royal College of GPs and Arthritis Research UK on musculoskeletal care, including fibromyalgia, and a medical guide developed by the Fibromyalgia Association UK (FMUK) for health professionals.

People with fibromyalgia can usually be managed through routine access to primary or second care provide via a GP or consultant. Treatment will depend on the severity of a patient's condition, but may include pain relieving medication; physiotherapy; dietary and exercise advice; counselling or cognitive behavioural therapy. For patients whose pain cannot be adequately controlled by routine access to NHS services, a referral may be made to a specialist pain service or specialist fibromyalgia clinic, such the Royal National Hospital for Rheumatic Diseases in Bath, subject to their having met certain criteria.

Information for the public can be found on the NHS website and is also available in a patient's information guide produced by FMUK. The medical guide, patient information booklet and NHS choice webpage on fibromyalgia can be found at the following links:

www.fmauk.org/dmdocuments/Medical%20Pack.pdf

www.fmauk.org/information-packs-mainmenu-58/booklet-mainmenu-135/490-patient-booklet

www.nhs.uk/conditions/fibromyalgia/

HC Deb 15 October 2018 | PQ 177776

[Fibromyalgia](#)

Asked by: Hobhouse, Wera

To ask the Secretary of State for Health and Social Care, if he will take steps to ensure the maintenance of funding for research into the field of fibromyalgia syndrome and its symptoms.

**Answering member: Caroline Dinenage | Department:
Department of Health and Social Care**

The Department's National Institute for Health Research (NIHR) welcomes funding applications for research into any aspect of human health, including fibromyalgia; it is not usual practice to ring-fence funds for particular topics or conditions. Applications are subject to peer review and judged in open competition, with awards being made on the basis of the importance of the topic to patients and health and care services, value for money and scientific quality. NIHR support for fibromyalgia research over the last five years includes £1.8 million funding for research projects; £0.6 million funding for clinical trials through the NIHR Clinical Research Network; and the NIHR has managed infrastructure supporting fibromyalgia research.

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<https://www.journalslibrary.nihr.ac.uk/programmes/>

HC Deb 15 October 2018 | PQ 177774

[Fibromyalgia](#)

Asked by: Lord Roberts of Llandudno

To ask Her Majesty's Government what steps they are taking to progress the diagnosis and treatment of fibromyalgia.

**Answering member: Lord O'Shaughnessy | Department:
Department of Health and Social Care**

Diagnosing fibromyalgia can be difficult as there is no specific diagnostic test that can be used, and the symptoms can vary from person to person. Diagnosis is usually made by taking a medical history, checking symptoms and carrying out a physical examination. Blood tests, x-rays and other scans may be used to rule out medical conditions with similar symptoms to fibromyalgia.

The Royal College of General Practitioners (RCGP) curriculum includes training in musculoskeletal conditions, and as such, GP training can include fibromyalgia. A key component of a trainee GP's final assessment, alongside the Clinical Skills Assessment and Workplace Based Assessment, is the applied knowledge test (AKT). The AKT is a summative assessment of the knowledge base that underpins independent general practice in the United Kingdom within the context of the NHS. The content guide for the RCGP, which serves to prepare trainees for the test, includes a specific reference to a required

knowledge of fibromyalgia. *The Applied Knowledge Test Content Guide* is attached.

A range of support exists to help GPs identify the signs and symptoms of fibromyalgia in primary care. This includes an e-learning course developed by the RCGP and Arthritis Research UK on musculoskeletal care, including fibromyalgia, and a medical guide on diagnosis and treatment developed by the Fibromyalgia Association UK (FMUK) for health professionals. Information for the public can be found on the NHS Choices website and is also available in an online patient information guide produced by FMUK. The *Fibromyalgia Guidance for Health Professionals* is attached.

Although there is no cure for fibromyalgia, some treatments can ease symptoms and support improved quality of life for patients. The treatments offered will depend on the severity of a patient's condition, but may include: pharmacological pain relief; physiotherapy; dietary and exercise advice; counselling or cognitive behavioural therapy; and self-management programmes which aim to give patients the skills and confidence to manage their conditions more effectively. There are also a number of National Health Service trusts that offer specialist fibromyalgia clinics, such as the Royal National Hospital for Rheumatic Diseases in Bath, which patients can access on referral from the clinician responsible for their care.

HC Deb 09 July 2018 | PQ HL8931

[*Fibromyalgia*](#)

Asked by: George, Ruth

To ask the Secretary of State for Health and Social Care, how many hours of training on Fibromyalgia are included in the syllabus for (a) a medical degree, (b) GP training (c) a nursing degree and (d) a physiotherapy degree.

Answering member: Stephen Barclay | Department: Department of Health and Social Care

The Department does not hold centrally information on the number of hours of training on specific conditions by profession.

Curricula for undergraduate medical education are set by individual medical schools, emphasising the skills and approaches that a doctor must develop in order to ensure accurate and timely diagnoses and treatment plans for their patients.

The curriculum for training as a general practitioner is set by the Royal College of General Practitioners and educates trainees in identifying and managing those conditions most common to primary care. This curriculum includes outcomes or objectives relating to the management of musculoskeletal problems and core competencies relating to pain management.

All medical education has to meet standards set by the General Medical Council (GMC), which is an independent statutory body. The GMC has the general function of promoting high standards of education and co-ordinating all stages of education to ensure that medical students and newly qualified doctors are equipped with the knowledge, skills and attitudes essential for professional practice.

Education providers that deliver courses such as nursing or physiotherapy must ensure the relevant regulator is satisfied that their proposed course will deliver graduates who possess the required knowledge and expertise of a newly qualified professional. For nursing, education providers must meet criteria set by the Nursing and Midwifery Council. The professional regulator for physiotherapists is the Health and Care Professions Council.

HC Deb 18 April 2018 | PQ 135426

[*Fibromyalgia*](#)

Asked by: Jenkyns, Andrea

To ask the Secretary of State for Health, whether his Department has made an assessment of the merits of defining fibromyalgia as a disability.

Answering member: Jackie Doyle-Price | Department: Department of Health

The Equality Act 2010 defines disability as a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities.

Decisions about what meets this definition are not generally made on the basis of whether or not a person has a specific condition, but on the impact of that condition. The Equality Act 2010 specifies that only a very small number of health conditions (cancer, HIV infection and multiple sclerosis) are always considered to be disabilities.

HC Deb 12 December 2017 | PQ 117240

[*Fibromyalgia: Health Education*](#)

Asked by: Walker, Thelma

To ask the Secretary of State for Health, what steps the Government is taking to raise awareness of fibromyalgia among (a) healthcare professionals and (b) members of the public.

To ask the Secretary of State for Health, what support his Department provides to healthcare professionals for the diagnosis of fibromyalgia.

To ask the Secretary of State for Health, what plans his Department has to classify fibromyalgia as a long-term condition.

Answering member: Steve Brine | Department: Department of Health

A long-term health condition (LTC) can be defined as a condition that cannot be cured but can be managed through the use of medication and/or therapy, and by that definition fibromyalgia is an LTC.

Diagnosing fibromyalgia can be difficult as there is no specific diagnostic test that can be used, and the symptoms can vary from person to person. Diagnosis is usually made by taking a medical history, checking symptoms and carrying out a physical examination. Blood tests, x-rays and other scans may be used to rule out medical conditions with similar symptoms to fibromyalgia.

The Royal College of General Practitioners (RCGP) curriculum includes training in musculoskeletal conditions, and as such, general practitioner (GP) training can include fibromyalgia. A key component of a trainee GP's final assessment, alongside the Clinical Skills Assessment and Workplace Based Assessment, is the applied knowledge test (AKT). The AKT is a summative assessment of the knowledge base that underpins independent general practice in the United Kingdom within the context of the National Health Service. The content guide for the RCGP, which serves to prepare trainees for the test, includes a specific reference to a required knowledge of fibromyalgia. The AKT content guide can be found at the following link:

www.rcgp.org.uk/training-exams/mrcgp-exams-overview/~/_media/D96EB4E0188E4355BCC9221B55859B08.ashx

A range of support exists to help GPs identify the signs and symptoms of fibromyalgia in primary care. This includes the Map of Medicine, an online evidence-based guide and clinical decision support tool for clinicians which has a fibromyalgia and chronic pain pathway to support diagnosis and referral, an e-learning course developed by the Royal College of GPs and Arthritis Research UK on musculoskeletal care, including fibromyalgia, and a medical guide developed by the Fibromyalgia Association UK (FMUK) for health professionals. Information for the public can be found on the NHS Choices website and is also available in a patient's information guide produced by FMUK. The medical guide, patient information booklet and NHS choice webpage on fibromyalgia can be found at the following links:

www.fmauk.org/dmdocuments/Medical%20Pack.pdf

www.fmauk.org/information-packs-mainmenu-58/booklet-mainmenu-135/490-patient-booklet

www.nhs.uk/conditions/fibromyalgia/

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[Fibromyalgia: Research](#)

Asked by: Walker, Thelma

To ask the Secretary of State for Health, what steps his Department is taking to support research into fibromyalgia.

Answering member: Jackie Doyle-Price | Department: Department of Health

The Department's National Institute for Health Research (NIHR) welcomes funding applications for research into any aspect of human health, including fibromyalgia; it is not usual practice to ring-fence funds for particular topics or conditions. Applications are subject to peer review and judged in open competition, with awards being made on the basis of the importance of the topic to patients and health and care services, value for money and scientific quality. NIHR support for fibromyalgia research over the last five years includes £1.8 million funding for research projects; £0.6 million funding for clinical trials through the NIHR Clinical Research Network; and the NIHR has managed infrastructure supporting fibromyalgia research.

Information on individual projects funded by the NIHR can be found at:

<https://www.journalslibrary.nihr.ac.uk/programmes/>

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4. Useful links

Fibromyalgia Action UK

<http://www.fmauk.org/>

Versus Arthritis Fibromyalgia

<https://www.versusarthritis.org/about-arthritis/conditions/fibromyalgia/>

NHS *Fibromyalgia*

<https://www.nhs.uk/conditions/fibromyalgia/>

[Fibromyalgia - Arthritis Research UK](#)

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