

The Role of the Specialist in Pain Medicine



Key Pain Specialist roles not provided by other healthcare workers

- The only healthcare workers with specialist knowledge, skills and training as defined by the FPM across all pain management issues from acute in hospital pain through to chronic pain in primary or secondary care settings
- Specialist prescribing knowledge enabling the safe, effective and efficient use of pain medicines (such as strong opioids)
- The skills to provide pain interventional techniques where appropriate
- Specialised training in techniques to manage complex pain not responsive to initial management
- Specialised skills in the management of cancer pain, working collaboratively with palliative care teams
- Providing key leadership and education across professions involved in pain management, including guideline or pathway development
- Multiprofessional working as part of Multidisciplinary Teams (managing conditions such as pelvic pain or palliative care).

INTRODUCTION

Despite many advances in modern medical and surgical practice, pain remains a significant burden to individuals and society. Managing acute pain is an important part of facilitating surgical and medical treatments, and for some, pain becomes a chronic condition in its own right. The prevalence of this is so high, the burden of chronic pain has been highlighted by the Chief Medical Officer as a public health issue.

There is clear societal need for healthcare professionals to improve the health, social and economic impact of both acute pain, and pain which persists, and while a multi-professional approach to managing this problem has become the accepted focus of care, medically qualified specialists in pain medicine are uniquely positioned to provide a vital role.

“The pain is there day and night and disrupts everything that I do. It is unpredictable and I am always uncertain about what I can and can’t do. I am dependent on my family and feel hopeless because I can do nothing in return. I am no longer able to have an intimate relationship with my partner. My role in the family and at work has changed and this can make me angry and short-tempered.”

The impact of chronic pain¹

SPECIALIST PAIN TRAINING

Pain represents a spectrum of disorders which includes pain after an acute injury, chronic pain that persists after an injury has healed, pain related to cancer, or sometimes pain as a primary problem without an obvious cause. As a greater understanding of the science of pain unravels the complexities of pain physiology, the need for physicians with the specialised knowledge and skills to evaluate and manage these conditions has increased.

The majority of Pain Specialists choose to undertake specialised Pain Medicine training as a subspecialty of anaesthesia, overseen by the Faculty of Pain Medicine. This robust training scheme includes basic, intermediate, higher and advanced training periods (the latter normally comprising a 12 month clinical training placement). Trainees are expected to achieve a number of clinical competencies and sufficient knowledge to pass a specialty examination in order to achieve Fellowship of the Faculty of Pain Medicine. This training uniquely equips them with the knowledge and skills to evaluate, diagnose and manage all types of pain.

In particular, Pain Specialists are trained to:

- Understand the complex biology of pain
- Evaluate and manage patients with complex acute and chronic pain problems
- Understand the role of specialised tests for diagnosing pain conditions
- Provide specific interventions for some pain conditions (such as injections or other interventional techniques)
- Understand the pharmacology and best practice of prescribing pain medications
- Provide leadership and develop specialist pain services

SPECIALIST TREATMENT SKILLS

Whilst initial assessment and management of some pain conditions (such as musculoskeletal pain) may be performed by allied healthcare professionals, by virtue of their general medical and specialised pain training, Pain Specialists are well placed to make specific diagnoses that may otherwise be missed if a failure of initial management is not escalated appropriately.

Pain Specialists also play an essential role in the management of complex pain for those patients that do not fit easily within the constraints of national guidelines or where existing evidence based pathways do not reflect complex pain situations.

Without Specialists in Pain Medicine, these patients may be offered inappropriate treatment or no treatment at all, to the significant detriment of individuals and the wider healthcare economy. Pain Specialists have the skills to provide specialist interventional pain treatments to those patients that have not been helped by other pain management techniques (such as medications or physiotherapy).

As treatment for cancer improves, many patients experience chronic pain as a result of their disease or cancer therapy. Specialists in Pain Medicine play a leading role in the rehabilitation of these cancer survivors.

“I can’t sleep and have no energy; I am in pain; my mood is low at times; I can’t do things; I can’t think straight; I don’t look the same; I have respiratory symptoms; my menopause came early and intimacy is no longer the same.”

Experiences of a cancer survivor¹

MULTI-PROFESSIONAL LEADERSHIP

Pain Specialists have an important role to play wherever pain is diagnosed and managed, whether that is within the community, secondary or tertiary care, or in palliative care settings. Moreover, Pain Specialists can provide common oversight of the management of pain as individuals pass through these care settings, ensuring continuity of treatment and co-ordination with other medical and surgical specialties and general practice.

Pain Specialists are increasingly valued members of medical and surgical multidisciplinary teams dealing with complex conditions, co-ordinating the biomedical and psychosocial models of symptom management.

"I focus on the biomedical (chronic back pain) and lack confidence in my ability to use the biopsychosocial model. I don't like treating 'difficult patients' and am not confident in my skills, or outcomes from treatments. It is not my job to assess psychosocial factors."

Experience of a healthcare professional¹

The range and complexity of pain treatments is rapidly expanding and Pain Specialists are trained to evaluate the effectiveness of new therapies and provide an overview of all available treatment options to safely and effectively help patients. As such they are well poised to co-ordinate care with other professionals involved in the management of pain such as physiotherapists and psychologists, in order to offer patients a comprehensive pain management plan. Pain Specialists are an essential part of inter-professional teams managing pain, often providing both leadership and strategic oversight.

Through the work of the Faculty of Pain Medicine, Pain Specialists have been at the forefront of developing multi-professional standards for pain services, information for patients and prescribers, and wider professional resources.

EDUCATION AND RESEARCH

Pain Specialists play a vital role in both pain research and education. This includes the education of medical students, nurses, allied healthcare professionals and other doctors in the up to date management of pain through both local and national initiatives (such as the ePain educational platform).

Specialists in pain medicine provide the important link between basic science research and the translation of this into clinical care.

GUIDELINE AND PATHWAY DEVELOPMENT

Full knowledge of the breadth and depth of pain evaluation and treatment options means pain specialists are ideally suited to help develop pathways of care with local authorities, ensuring that care is appropriate, follows best practice and is economically sound. Pain specialists are ideally positioned to guide the rational use of pain medications, which are commonly among the most prescribed drugs in primary care.

“In order to design and implement clinical pathway changes, commissioners rely on clinicians to lead and support them. Our CCG implemented a new pathway for people with low back pain. This had been a long-standing aim for the local healthcare system and was accomplished through the collaborative efforts of commissioners and clinical leads. The local NHS Trust’s pain consultants had approached the CCG some months beforehand to highlight an opportunity to improve the pathway for low back pain patients that would benefit not only the patients but also the pain clinic and commissioners. The pain consultants, allied health professionals, CCG clinical lead and local spine surgeons, supported by Radiology and the local Referral Management Service, worked together as a team with a commissioning lead to develop a case for change that led to approved funding to design and implement the components of the new pathway. These clinical leads then worked to develop the new GP referral guidelines, to support the introduction of clinical referral sifting of low back pain referrals and to establish a county wide Spinal MDT to be hosted by the local Trust’s pain clinic.”

Clinical commissioning group project manager¹

REFERENCES

1. Toye, F. et al, Including Qualitative Research in Pain Education, International Association for the Study of Pain (IASP), 2018. http://ebooks.iasp-pain.org/pain_education/

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