What is a Pain Medicine Doctor?



Definition. Pain medicine describes the work of medical practitioners with specialist qualifications who undertake the comprehensive assessment and management of patients with acute, chronic and cancer pain using pharmacological, interventional, physical and psychological techniques in a multidisciplinary setting.

Training. Pain medicine specialists undertake specific training in all aspects of pain medicine. The vast majority of pain medicine specialists will undertake this training as a part of the seven-year programme leading to the award of FRCA (Fellowship of the Royal College of Anaesthetists) and a CCT (Certificate of Completion of Training) in Anaesthesia. In addition to the general pain medicine training received throughout the 7 years, trainee anaesthetists wishing to specialise in pain medicine must undertake 12 months or more of specific training in pain medicine always towards the end of their training Successful completion of this 12 month's training with continuous assessment and success in the Faculty examination leads to the award of Fellowship of the Faculty of Pain Medicine of the Royal College of Anaesthetists (FFPMRCA) or the Diploma (DFPMRCA) for trainees who have a qualification that is equivalent to FRCA. Some existing pain medicine specialists do not possess the Faculty qualifications but none the less they have acquired the equivalent competencies through experience.

Revalidation. Specialists in Pain Medicine will be revalidated against the standards defined by the Faculty of Pain Medicine of the Royal College of Anaesthetists and published as "The Good Pain Medicine Specialist".

Types of pain. Acute pain encompasses pain following surgery, trauma, burns, and a range of medical and surgical conditions. Chronic pain encompasses a wide array of conditions including musculo-skeletal spinal pain, post-traumatic pain (e.g. after amputation or surgery), pain involving the central or peripheral nervous system (e.g. post stroke pain, complex regional pain syndrome, diabetic neuropathy and post herpetic neuralgia) and pain associated with other chronic diseases such as angina, headache, endometriosis and pancreatitis. Cancer pain encompasses any pain in patients with cancer that is caused by the cancer or associated with the treatment.

Setting. Generally, pain medicine specialists work in secondary or tertiary care but some are employed in primary care. Increasingly pain medicine specialists deliver care in the community.

Multi-disciplinary. Pain medicine specialists work closely with a range of other healthcare professionals including nurses, clinical psychologists, physiotherapists, occupational therapists and pharmacists. This multidisciplinary working is a fundamental requirement for effective patient care. The pain medicine specialist will show leadership skills in this multidisciplinary team.

Interdisciplinary. Because of the wide range of conditions that they manage pain medicine specialists have to work closely with healthcare professionals from other medical and surgical specialties. Pain management is often provided concurrently with other treatments provided by teams from other specialties.

Functions. Pain medicine specialists undertake some or all of the following when managing a patient: comprehensive assessment of the patient (covering physical complaints, functional limitations, psychological status and the occupational and social impact of the pain), history, examination, review of investigations, ordering of new investigations, formulation of a management plan, communication with all relevant healthcare professionals and carers, onward referral to other healthcare professionals if appropriate, prescription of medication, performance of interventional procedures, referral for physical or psychological techniques, appropriate discharge and follow-up plans.

Communication. Pain medicine specialists have to possess good communication skills when working in the multidisciplinary and interdisciplinary settings. They aim to promote the understanding of pain mechanisms and evidence based treatments to patients, the public and to other healthcare professionals. Providing information for patients is an important element of successful pain management.

Techniques of pain management. Pain medicine specialists utilise a broad treatment armamentarium which includes, but is not limited to, the following:

- (a) Pharmacological: analgesics along with a range of other co-analgesic and adjuvant medication used for treating a wide variety of nociceptive, neuropathic, visceral and other long-term pain syndromes.
- (b) Interventional techniques: muscle, joint, spinal and neural injections (involving peripheral, central and visceral blockade), neuromodulation (including peripheral nerve stimulation, spinal cord stimulation and implanted spinal drug delivery systems). Most pain medicine specialists are trained as anaesthetists so have special expertise with neural blockade and other interventional therapies.
- (c) Physical: physiotherapy and occupational therapy.
- (d) Psychological: ranging from individual psychological approaches through to inpatient, cognitive-behavioural pain management programmes.

Special interests. Some pain medicine specialists concentrate upon specific areas such as paediatric pain, genitourinary pain, visceral pain, cancer pain or neuromodulation (which covers spinal cord stimulation).

Conclusion. Pain medicine specialists are doctors who are specially trained, qualified and revalidated so that they can offer integrated, co-ordinated, holistic assessment and management of pain using their own unique knowledge and skills within the context of a multidisciplinary team to deliver comprehensive, patient-centred care.



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