# GUIDANCE AND COMPETENCES FOR THE PROVISION OF SERVICES USING PRACTITIONERS WITH SPECIAL INTERESTS (PwSIs)

## PAIN MANAGEMENT


Royal Pharmaceutical Society of Great Britain

English Pharmacy Board


NHS

Primary Care Contracting

# FOREWORD

The White Paper *Our health, our care, our say: a new direction for community services* (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4127453), published in 2006, set out the vision for the future of care outside hospitals. It reinforced the importance of services provided by healthcare professionals working in community settings. The public involved in the consultation process that informed the White Paper made it clear that while convenient care was important, it must be of high quality and that a transparent process should underpin that quality.

In his interim review, Lord Darzi re-emphasised this need for quality, drawing on four overarching themes for the NHS over the next 10 years, where he describes the vision of a health and care system that is fair, personalised, effective and safe. Much of the vision continued in his main report, High Quality Care for All and in the primary and community care strategy] is underpinned by the movement of more complex care out of hospitals and into community settings – just the sort of services that PwSIs provide. *World Class Commissioning* (“*Adding years to life and life to years”)* will be the key vehicle for delivering a world leading NHS, equipped to tackle the challenges of the 21st Century. By developing a more strategic, long-term and community focused approach to commissioning and delivering services, where commissioners and health professionals work together to deliver improved local health outcomes, world class commissioning will enable the NHS to meet the changing needs of the population and deliver a service which is clinically driven, patient centred and responsive to local needs. PCT Commissioners will therefore be looking for PwSI commissioned services to link to the world class competencies which ensure the best value of service for patients
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080956

Many PwSIs in Pain Management have been established around the country and much has been learnt from examples of best practice. All those involved in the delivery of these services recognise the need to ensure that PwSIs are suitably qualified, with demonstrable competences, training and experience. These factors underpin the delivery of safe, high quality care. As we move steadily towards a regulated service, with registration of NHS organisations and increasing use of accreditation schemes, such as that currently being piloted by RCGP, there is increasing pertinence of the processes described in this document. Through implementation of this guidance, there will be a more vivid guarantee of quality.

This document, which should be read in conjunction with *Implementing care closer to home: Convenient quality care for patients* (http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH_074419), describes different models of care and provides information about the competences, training, accreditation and assessment processes to support the accreditation of PwSIs in Pain Management . For Commissioners, this should be read in conjunction with the World Class Commissioning Assurance Framework and associated competencies
http://www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioning/Assurance/index.htm

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# INTRODUCTION

Pain represents a major clinical, social and economic problem, with estimates of its prevalence ranging from 8 to over 60%. Chronic pain is probably one of the diseases with the greatest negative impact on quality of life. For example, the quality of life for those with migraine has been shown to be at best equal to that for people with arthritis, asthma, diabetes mellitus or depression (Phillips 2006). In addition to its patient impact, the impact on economies is also enormous, with the cost of back pain alone equivalent to more than a fifth of one country's total health expenditure and 1.5% of its annual gross domestic product while, in another, it represents three times the total cost of all types of cancer (Phillips 2006).

It is estimated that approximately one in five of all consultations with a general practitioner relate to pain in some form. Management of chronic pain patients in primary care within the UK accounts for 4.6 million appointments per year, equivalent of 793 full time general practitioners. (Belsey 2002).

A systematic review of qualitative studies illustrated that patients and primary care practitioners wanted clear communication within the pain consultation and to be respected but conflicts existed on nearly all other aspects of the consultation, some of which may be seen as insurmountable and may lead to difficulties in achieving positive outcomes (Parsons et al 2007). Parsons et al (2007) suggested that in order to tackle the challenges and conflicts, changes need to occur within patient and practitioner beliefs, at an organisational and system level and in terms of education. Many of the concepts outlined in the role of the PwSI in Pain Management would help to address many of the suggested changes.

Chronicity and disability are major problems associated with chronic non-malignant pain (Main and Spanswick 2003) and early assessment (Carroll et al 2006), targeted education (LeFort et al 1998), cognitive behavioural interventions (Linton & Andersson 2000) and anxiety and fear reduction (Morley et al 1999) are some of the strategies that can reduce these. By the time the patient presents to secondary care for pain management intervention or to a pain management programme, their beliefs, attitudes and behaviours are usually well entrenched leading to chronic disability (chronicity) (Main & Spanswick 2003). Early identification and management of the psychosocial factors involved in the development of chronic non-malignant pain (Kendall et al 1997) can help reduce disability and chronicity and the role of the PwSI in Pain Management is important in early identification and appropriate management. Early intervention using a biopsychosocial approach is also recommended for the management of time off work due to pain (Black 2008).

This guidance provides more detailed information to guide accreditors and practitioners towards the kind of evidence and competences that may be expected to be seen and tested during the nationally mandated accreditation process set out in *Implementing care closer to home: convenient quality care for patients,* Part 3: *The accreditation of GPs and Pharmacists with Special Interests* (http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH_074419).

This guidance, developed by a stakeholder group, relates **only** to the specific training and accreditation needs of general practitioners and pharmacists seeking accreditation as PwSIs in Pain Management.

The competency framework is designed to help practitioners understand and develop the extended knowledge and skills they will require to provide services beyond the scope of their generalist roles. Such developments are expected to occur within a negotiated local framework. It is not intended that PwSIs in Pain Management have all the competences listed in this document. Commissioners will need to identify the specific competences (detailed in Chapter 3) required by the practitioner in order to meet the service specifications.

**Commissioners should note that the training and personal development of PwSIs will need to be ongoing and will require support from specialist practitioners and / or access to relevant peer support.**

This framework does not preclude commissioners from developing specialist services using other practitioners, eg, nurses or allied health professionals. Competences for NHS-employed staff providing specialist care in community settings may be assessed through the knowledge and skills framework.

Specialist practitioners are expected to operate within the local clinical governance framework and within their scope of professional practice. They must be able to demonstrate relevant expertise when moving into new areas and commissioners will need to take a more competence-based approach to reflect the current work on modernising healthcare careers.

**IMPORTANT NOTE FOR COMMISSIONERS IN RESPECT OF PAIN MANAGEMENT**

Many GPs and pharmacists who do not consider themselves to be special interest practitioners are currently providing specialist services or clinical leadership within their practice or locality.

This guidance does not intend to undermine these clinicians. It is provided for doctors and pharmacists whose objective is to extend their competences and skills within a formally accredited PwSI framework.

# 1. PwSI SERVICE PROVISION

## 1.1 DEFINITION OF A PwSI

**PwSI supplement their core generalist role by delivering an additional high quality service to meet the needs of patients. Working principally in the community, they deliver a clinical service beyond the scope of their core professional role or may undertake advanced interventions not normally undertaken by their peers. They will have demonstrated appropriate competences to deliver those services without direct supervision.**

## 1.2 LOCAL SERVICES THAT CAN BE PROVIDED BY A PwSI

The needs of the local population will inform the services to be provided. PwSIs will form one of a series of integrated options for the delivery of these services. The specific activities of the PwSI will depend on the service configuration, and will include raising awareness of the primary and community practitioners' role in the prevention, identification and care of people with persistent pain.

It is very important that all service providers and patients and carers are involved at every stage of service development.

The following points should be considered by commissioners when establishing a service, and by referring clinicians:

- Who will be referred to the service, including inclusion and exclusion criteria
- Type of service(s) being delivered
- Referral pathways
- Response time
- Communication pathways
- Consent
- Confidentiality and information sharing
- Multi-disciplinary working
- Caseload / frequency

## EXAMPLES FOR A PwSI SERVICE IN PAIN MANAGEMENT

The table below gives examples of different types of services that a PwSI could deliver:

**Clinical Services**

- Exclude remedial causes of pain and make a diagnosis of chronic, or persistent, pain
- Understand the neurophysiological mechanisms of chronic pain, be confident to make this diagnosis and able to explain it to the patient
- Formulate a care pathway based upon best practice
- Provide medicines management
- Work with the local consultant team under locally agreed protocols for the management of non-urgent / routine / ongoing care
- Work with specialist staff other than general practitioners or pharmacists who may be commissioned to provide relevant elements of pain management

**Leadership**

- Support / lead local implementation of national frameworks and guidelines, eg, British Pain Society recommendations for the use of opioids in the management of chronic non-cancer pain, pain management programme guidelines
- Develop participation in the monitoring of treatment outcomes
- Provide strategic leadership, direction, education and clinical support
- Act as pain management lead across primary care to bring together multi-professional groups across the primary and secondary care sectors
- Support the development of models of provision based on a locally agreed, whole system pathway

**Education**

- Provide education, training and support to primary care organisations and constituent practices and pharmacies to raise the general standard and consistency of pain management across primary care
- To facilitate and encourage the spread of good practice from within primary care across the whole continuum of pain care
- Educate carers on how best to help the person with persistent pain

**Liaison**

- Provide a link / liaison role to local practices and pharmacies to enable robust pain information management / understanding
- To signpost other services, eg, social care, healthy living centres, as appropriate
- To work with general practitioners, pharmacists, primary care nurses and other health care staff so that current best practice is implemented within the primary care environment for the management of all patients with pain
- To work with local secondary care services to ensure seamless patient care

## 1.3 PRINCIPLES OF SERVICE DELIVERY

Models of service delivery are expected to reflect the important principles outlined in the *Implementing care closer to home: convenient quality care for patients* documents (http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH_074419).

Local guidelines for the service should reflect and incorporate nationally agreed guidelines. Both the commissioner and PwSI should demonstrate awareness of relevant national advice issued by organisations such as:

- National Institute for Health and Clinical Excellence
  http://www.nice.org.uk/
- The Department of Health
  http://www.dh.gov.uk/en/index.htm

**In addition:**

The service model should take account of nationally agreed guidance, in particular:

- Management of drugs used outside their product licence in pain management
- Management of pain in the elderly
- Management of pain and substance misuse
- Pain management programmes
- Recommendations for the appropriate use of opioids for persistent non-cancer pain
  http://www.britishpainsociety.org/pub_professional.htm#opioids#opioids
- National service frameworks

The model should incorporate examples of nationally agreed good practice such as care closer to home demonstration sites:

www.dh.gov.uk/en/Policyandguidance/Organisationpolicy/Modernisation/Ourhealthourcareoursay/DH_4139717

# 2. INFRASTRUCTURE REQUIRED

## 2.1 SERVICE LEVEL AGREEMENTS

It is important that the commissioned service meets the agreed specifications as laid down by the employing authority.

This will include, for example:

- Type of service to be delivered
- Joint working arrangements (eg, with statutory or third sector agency)
- How referrals are received
- Waiting times
- Means of communication between referrer, PwSI and other specialist health care professionals
- Confidentiality / information sharing
- Number and composition of sessions to be worked by PwSI
- Supervision and mentorship arrangements
- Location of the service, suitability, accessibility and support, eg, Out of Hours service
- Contact with other health professionals
- Direct access to diagnostic provision (including reporting)
- Review / process for following-up patient
- Communication / updating medical records
- Reporting mechanism
- How the service links with the commissioners' requirements

## 2.2 SUPPORT AND FACILITIES

Facilities will vary according to the commissioned service. The basic requirements for a PwSI in Pain Management include the following:

- Access to support and supervision from pain management specialists
- Clinical and administrative support staff available as required for each service
- Adequate means of record keeping
- Education mentoring support and clinical network facilities
- Appropriate support to facilitate effective clinical audit and performance monitoring
- Access to educational material / clinical reference databases, events and conferences to ensure they are undertaking appropriate CPD

NB: Facilities must be kept up to date in keeping with national guidance. Such facilities are to be accredited and should take account of the Government's *Standards for Better Health*:

www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4086665&chk=jXDWU6

## 2.3 CLINICAL GOVERNANCE AND STANDARDS

PwSIs will operate within the local clinical governance framework and within their scope of professional practice.

Mechanisms of clinical governance need to be agreed as part of the service accreditation. This will ensure maintenance of local and nationally agreed standards in respect of patient care and patient safety. Nationally agreed standards for the provision of facilities exist, and are referred to in *Implementing care closer to home: convenient quality care for patients* (http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH_074419).

The commissioner should give consideration to the following aspects of the PwSI service:

- **Lines of responsibility:** Accountability for overall quality of clinical care.
- **Monitoring of clinical care:** Patients' and carers' experience to be included in patient surveys. Staff to be encouraged to participate in clinical governance programmes.
- **Workforce planning and development:** Continuing professional development, which may include peer review, support and mentoring, will be built into organisations' service planning. Succession and contingency plans will be in place and service users will be involved and their opinions taken into account.
- **Risk management programmes:** Included in clinical risk management and in protocols on good record keeping, patient safety, confidentiality and handling complaints.
- **Poor performance management:** All organisations should have systems in place for identifying and managing poor professional performance in line with professional organisations and national bodies, eg, NCAS.
- **Linked to this is reporting of critical incidents:** Such as medication errors, which should be mandatory for all settings, not just the NHS.
- **Adherence:** To the requirements set down by the Accountable Officer in relation to controlled drugs.

# 3. THE COMPETENCES REQUIRED

## 3.1 GENERALIST COMPETENCES

The PwSI will be required to demonstrate that he / she is a competent generalist.

Competent practitioners will be able to demonstrate:

- Good communication skills with patients, carers and colleagues
- The ability to explain risk and benefits of different treatment options
- Skill in involving patients and carers in the management of their condition(s)

### GENERAL PRACTITIONERS

Generalist skills can be assessed in a number of ways including:

- Meeting the competences set out in the new RCGP curriculum (www.rcgp-curriculum.org.uk) together with a holistic understanding of primary care practice
- Obtaining a pass in the examination of the Royal College of General Practitioners or equivalent and being a Member of Good Standing
- Evidence of critical appraisal skills
- Engaging in active clinical work

### PHARMACISTS

A generic PhwSI competence framework was published within the national framework for PhwSIs (http://www.primarycarecontracting.nhs.uk/246.php). It is recommended that this is used to assess generalist (practitioner-level) skills and experience. CPD records are expected to form a significant part of this evidence. This framework may also be used to identify skills and experience that go beyond the core role.

## 3.2 SPECIFIC COMPETENCES

The PwSI will demonstrate a knowledge and skills level higher than those acquired by non-specialist colleagues.

It is not intended that a PwSI in Pain Management will necessarily have all the competences listed in this document. The commissioners need to ensure that the practitioner has the specific competences, drawn from the overall list in Appendix 1, to meet the requirements of their service specification.

This same principle applies to the differing clinical roles of GPwSIs and PhwSIs. While some competences may be relevant for both GP and pharmacist services, (eg, those that refer to

attitude and multi-professional collaborative working) there may be others which relate only to a GP or pharmacist role.

The competences for both roles can be drawn from the same overall list in Appendix 1.

*It is important for commissioners and practitioners to note that not all of these competences will need to be demonstrated before appointment. The specific competences that can be developed after appointment depend on the roles and responsibilities expected from the practitioner.*

The competences for a PwSI in Pain Management are summarised below:

- Comprehensive pain assessment
- Diagnosis and management of persistent pain
- Long-term condition management
- Rehabilitation and multi-disciplinary team working
- Management of drug therapy
- Management of delivery of pain services
- Mental health problems
- Complementary therapies
- Managing pain after trauma
- Welfare system and employment opportunities
- Support of research

The full guidance can be found in Appendix 1.

# 4. TEACHING AND LEARNING

## 4.1 TRAINING FOR PwSIs

PwSIs are expected to demonstrate that they have completed recognised training which may include acknowledgement of prior learning and expertise.

Training can be acquired in several ways and would be expected to include both practical and theoretical elements. For example:

- Experience (current or previous) of working in relevant departments
- Self-directed learning with evidence of the completion of individual tasks
- Attendance at recognised meetings / lectures / tutorials on specific relevant topics covered within the curriculum described in Appendix 1
- Participation in case conferences, in depth case reviews, and other special meetings, eg, at risk case conferences, eligibility for continuing NHS care
- As a trainee or other post under the supervision of a specialist or consultant in pain management in the secondary care service
- As part of a specialist training programme
- As a clinical placement agreed locally
- Working under direct supervision with a specialist clinician in relevant clinical areas. The number of sessions should be sufficient to ensure that the PwSI is able to meet the competences of the service requirements
- As part of a recognised university course, eg, a masters course in pain management
- As part of accredited training as a non-medical prescriber
- Attendance at certified courses on cognitive behavioural therapy for health problems, motivational interviewing
- Experience of delivering a full clinical medication review service for patients

### PHARMACISTS

The precise nature and duration of supervised practice will depend on the specific services requirements. Pharmacists with a special interest in pain management are expected to demonstrate a range of evidence in line with the generic PhwSI competence framework (http://www.primarycarecontracting.nhs.uk/uploads/pwsis/impcare_p3_accreditation.pdf) and,

in addition, a structured reference from an objective, relevant and independent clinician to confirm their competence to take on the new role.

It is anticipated that this evidence will include formal learning, supervised practice and relevant expertise in the special interest area. Pharmacists applying for accreditation as a PwSI in Pain Management will need to draw on support from specialist pain services and hospital pharmacy colleagues to develop this range of evidence, including periods of supervised practice.

For all PwSIs, the most suitable teaching and learning and assessment methods will vary according to individual circumstances and it is recommended that these are agreed with an educational supervisor and / or trainer in advance.

# 5. ASSESSMENT

The most suitable teaching / learning and assessment methods will vary according to individual circumstances and should be agreed between trainee and trainer in advance. The PwSI can be assessed across one or more of the competences listed in Appendix 1, and it is expected that this process will be tailored towards the service that the PwSI will deliver.

The assessment of individual competences can be undertaken by a combination of any of the following:

- Observed practice using modified mini clinical examination
- Case note review
- Reports from colleagues in the multi-disciplinary team using 360-degree appraisal tools
- Demonstration of skills under direct observation by a specialist clinician (DOPS)
- Simulated role-play objective structured clinical examination (OSCE)
- Reflective practice
- Logbook / portfolio of achievement
- Observed communication skills, attitudes and professional conduct
- Demonstration of knowledge by personal study supported by appraisal (+/- knowledge based assessment)
- Evidence of knowledge gained via attendance at accredited courses / conferences or from online / distance learning courses

Further information regarding the above assessment tools can be found in Appendix 2.

# 6. ACCREDITATION, MAINTENANCE OF COMPETENCE AND RE-ACCREDITATION

The mandatory processes for accreditation and re-accreditation are set out in *Implementing care closer to home: convenient quality care for patients,* Part 3 *The accreditation of GPs and Pharmacists with Special Interests*. During the accreditation process, the PwSI is expected to provide evidence of his or her acquisition and maintenance of appropriate competences in pain management.

A practitioner should only be employed to work as a PwSI once his or her competence for that service has been assessed and confirmed against the standards described in this document.

## 6.1 MAINTENANCE OF COMPETENCES

Practical arrangements for the maintenance of competences should be agreed by all key stakeholders as part of the service accreditation.

PwSIs are expected to maintain a personal development portfolio to identify their education requirements matched against the competences required for the service and evidence of how these have been met and maintained.

This portfolio can act as an ongoing training record and logbook and should be countersigned as appropriate by an educational supervisor. The portfolio should also include evidence of audit and continuing professional development (CPD), reflective practice and for GPs would be expected to form part of the GP's annual appraisal. Pharmacists will be expected to include evidence relevant to their PwSI role in CPD records and in any regular appraisals.

To develop and maintain skills it is important to see sufficient numbers of patients in a clinical setting in accordance with the scope of the commissioned service.

It is recommended that PwSIs:

- Work regularly within the specialist area in order to obtain adequate exposure to a varied case mix to support CPD.
- Undertake a joint clinic or clinical supervision session on a regular basis commensurate with the number of sessions worked by the PwSI. These should be with a more specialist practitioner for the discussion of difficult cases and as an opportunity for CPD. In the absence of this there should be evidence of working and / or learning with peers.

It is also expected that practitioners will:

- Be actively involved in the local pain management specialist service(s)
- Contribute to local clinical audits

Active membership of an appropriate faculty, professional group and / or a primary care pain organisation will provide further opportunities for PwSIs to develop their knowledge and skills though attendance of educational and networking at update meetings.

### PwSI IN PAIN MANAGEMENT PORTFOLIO

The portfolio should provide a track record of providing high quality pain management in line with national guidelines. Examples of the sections that could be included in the portfolio include:

- Assessment of practical skills relevant to the service being commissioned (in adults and children)
- Evidence of high quality clinical audit, research, training and teamwork in pain management
- Personal development through analytical reflection on clinical events, appraisal of three significant events, case history analysis detailing the decision-making rationale
- Evidence of educational skills via video, records or learning aims and outcomes achieved, feedback from audiences at educational sessions

An outline portfolio to support the accreditation of pharmacists with a special interest has been developed and is available at http://www.primarycarecontracting.nhs.uk/246.php and can be supported by CPD. This provides a guide to the range and types of evidence that will need to be included.

## 6.2 MONITORING

Mechanisms of clinical governance need to be agreed as part of the service accreditation. This will ensure maintenance of local and nationally agreed standards in respect of patient care and patient safety.

PwSIs are expected to be involved in the monitoring of service delivery, which incorporates the following:

- Clinical outcomes and quality of care
- Access times to the PwSI service
- Patient and carer experience questionnaires
- Changes in the care pathway
- Prescribing / medicines management

## 6.3 RE-ACCREDITATION

PwSIs must maintain their specialist skills and competences on an ongoing basis as outlined in national PwSI accreditation guidance (http://www.primarycarecontracting.nhs.uk/173.php).

The recommendations for re-accreditation are set out in *Implementing care closer to home: convenient quality care for patients*, Part 3: *The accreditation of GPs and Pharmacists with Special Interests*.

# APPENDIX 1: COMPETENCES

It is not intended that PwSIs in Pain Management have all the competences listed in this document, rather that commissioners ensure that the practitioner has the specific competences, drawn from the overall list, to meet the requirements of the service specification. This same principle applies to the differing clinical roles of GPwSIs and PhwSIs; while some competences may be relevant for both GP and pharmacist roles, there may be others which relate only to GPwSIs or PhwSIs.

## 1. COMPREHENSIVE PAIN ASSESSMENT

| **Objective** | **Knowledge**<br>Can demonstrate understanding of | **Skills**<br>Is able to | **Attitude** |
|---|---|---|---|
| To perform a comprehensive pain assessment | The biopsychosocial factors that may contribute to persistent pain | Employ diagnostic skills | Understand concerns arising from the diagnosis and provide advice in a non-judgmental manner |
| | Measures employed in measuring health status and outcome | Assess degree of pain impact using psychological questionnaires to aid understanding<br><br>Understand the effect of social and cultural issues on attitudes to managing pain | Championing the value of a biopsychosocial model of pain amongst other professionals and service providers |

## 2. DIAGNOSIS AND MANAGEMENT OF PERSISTENT PAIN

| **Objective** | **Knowledge**<br>Can demonstrate understanding of | **Skills**<br>Is able to | **Attitude** |
|---|---|---|---|
| To diagnose persistent pain | Understand different types of pain: nociceptive, neuropathic, visceral, autonomic and mixed pain | Use simple diagnostic tests and pain scales | Recognise the difference between pain which has a definable cause and pain as a long term condition |

| | | | |
|---|---|---|---|
| To communicate the implications and consequences of the diagnosis in the longer term | The principles of life-style management | Give advice about management of flares, prevention of flares and optimal pain relief | Recognise the central role of the patient in managing their disease |
| | Describe the available pain medicines and define their use | Give advice about the appropriate use of pain medicines individually and in combination | |
| | Describe the range of available delivery systems for pain medicines, eg, transdermal | Give advice on the indication for different regimen options and dose adjustment | |
| To communicate the impact of psychosocial factors on the degree of pain experienced | Understand the psychosocial factors governing the level of pain symptoms | Advise about employment, driving, exercise<br><br>Use and interpret simple questionnaires where appropriate | |
| | | Detect complications of pain and their associated risk factors | |
| | | Personalise treatment goals based upon whilst recognising the individual patient's circumstances | |

## 3. LONG-TERM CONDITION MANAGEMENT

| **Objective** | **Knowledge**<br>Can demonstrate understanding of | **Skills**<br>Is able to | **Attitude** |
|---|---|---|---|
| To promote self care | Health promotion theory | Provide assessment and offer appropriate interventions with appropriate signposting to other services | Actively engage patients in their own management, including health promotion and disease prevention measures |

| | | | |
|---|---|---|---|
| | Ethics and its application to the care of people with long term conditions | Support patient / carers and refer to appropriate services – health / social / voluntary | Recognition of the distress that long term pain causes and subsequent adjustment of management plans |
| | Understand the difference between supported self care and self management | Identify the level of intervention needed to promote self care<br><br>Refer to structured education programmes | Promote positive self care |
| | Motivational interviewing | Able to engage and motivate patients in self care | Able to manage high resistance to change |

## 4. REHABILITATION AND MULTI-DISCIPLINARY TEAM WORKING

| **Objective** | **Knowledge**<br>Can demonstrate understanding of | **Skills**<br>Is able to | **Attitude** |
|---|---|---|---|
| To provide rehabilitation to a person in pain and know when to refer for further specialist advice | Basic pain psychology | Manage patients with multiple medical problems and disabilities | Recognition that people with long term pain frequently require rehabilitation |
| | Principles of pain rehabilitation | Refer appropriately to the physical therapies to improve flexibility and endurance | |
| | Specialist pain rehabilitation services and the evidence base for its use | Select patients for rehabilitation | Promoting a rehabilitation ethos |
| | Goal setting in rehabilitation | Facilitate goal setting | |

## 5. MANAGEMENT OF DRUG THERAPY

| **Objective** | **Knowledge**<br>Can demonstrate understanding of | **Skills**<br>Is able to | **Attitude** |
|---|---|---|---|
| To manage and co-ordinate drug therapy for all patients with significant co-morbidity in collaboration with other health care professionals | Pharmacology, therapeutics and pharmacokinetics in relation to drug therapy all patients with significant co-morbidity | Initiate, prescribe or supply, monitor response and advise on all aspects of drug treatment | Appropriate approach to benefits and risks of medical therapy |
| | | Weigh up risks and benefits of prescribing specific therapies | |
| | | Provide specialist pharmaceutical input in multi-disciplinary teams and committees | |
| | | Act as a referral point for patients with complex needs for ongoing support to use their medicines | |
| | | Adjust doses in renal or hepatic impairment and recognise potential interactions between medicines and adverse effects | |
| To promote concordance and adherence to prescribed medicines | The principles of concordance and self management of prescribed medication | Able to conduct patient consultation in line with NPC competency framework[1] for shared decision-making with patient | Listens to patients and does not impose own views |

[1]Room for Review: A guide to medication review: NPC and Medicines Partnership
http://www.npc.co.uk/med_partnership/medication-review/room-for-review.html

| | | | |
|---|---|---|---|
| | The range of personnel, services or pathways available locally to deliver medicines support | Able to recommend the most appropriate option | Liaises with others to ensure delivery of care |
| Carries out specialist medication assessments and full clinical medication reviews | Appropriate assessment tools and how medicines use is incorporated in these | Make interventions that reduce the risk of adverse drug effects and other medicines related problems | Documents, reports and develops care plan as well as evaluate outcomes in consultation with the patient (and carer) |
| | | Apply a recognised assessment tool to identify the needs of individual patients, assess the risks in the context of the individual's situation and implement a care plan to meet those needs or refer on | |
| Understands problem drug use, tolerance, dependency and addiction | Knows how to screen for possible problem drug use | Refers to secondary care specialist pain services where opioid use is inappropriate | Negotiates an agreed plan with the patient who is using strong opioids |

## 6. MANAGEMENT OF DELIVERY OF PAIN SERVICES

| Objective | Knowledge | Skills | Attitudes |
|---|---|---|---|
| To understand different models of delivery of pain management | Describe different settings in which pain care can be delivered | Discuss different models of pain management delivery, eg, in primary care and secondary care | Recognise the importance of multi-disciplinary team working |
| | Understand the factors which influence commissioning pain services within the NHS | Describe the commissioning process for pain management and its relationship to other NHS initiatives | Recognise the value of working care and primary / secondary care interface in pain management |
| | Describe which aspects of clinical pain care can be delivered in different clinical settings | Select appropriate patient groups for management in different settings, eg, primary, secondary care and multi-disciplinary subspecialty clinics | |

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|---|---|---|---|
| | | | |
| | Understand the role of local initiatives in delivering integrated pain care | Describe the processes required to develop local initiatives, eg, pain databases, managed clinical networks and advisory groups | |

## 7. MENTAL HEALTH PROBLEMS

| **Objective** | **Knowledge**<br>Can demonstrate understanding of | **Skills**<br>Is able to | **Attitude** |
|---|---|---|---|
| To recognise, diagnose and manage a common mental health problems related to pain | Diagnostic criteria for depression | Recognise the principal features of pain related depression | To take a positive approach to the management of depression and to seek and deal with remediable causes as quickly as possible |
| | Relationship of depression / anxiety / other common mental health problems related to persistent pain | Be competent in the use of the standardised measures of assessing mental health status for people in pain | To work collaboratively with other professions to manage pain and mental health problems effectively |
| | Severity indices in delirium | Recognise risk factors and causes and observe main outcomes | |
| To know how to assess and manage patients presenting with the | Major psychiatric conditions: depression, anxiety, substance misuse, personality disorders | Cognitive and mood assessment | To develop a positive approach to the investigation and management of psychiatric conditions in people in pain |

| | | | |
|---|---|---|---|
| common psychiatric conditions, and to know when to seek specialist advice | Pharmacology | Drug and non-drug interventions | To work collaboratively with other specialists, particularly liaison psychiatrists, clinical psychologists and other members of the specialist pain team,<br>and other agencies to manage the person in pain with mental ill health |
| | | | To take account of a patient's family, cultural and religious background to better enable the management of the individual patient |

## 8. COMPLEMENTARY THERAPIES

| **Objective** | **Knowledge**<br>Can demonstrate understanding of | **Skills**<br>Is able to | **Attitude** |
|---|---|---|---|
| To assess suitability treatment with common complementary therapies | Common complementary therapies, eg, acupuncture, chiropractic | Ascertain when a person is suitable and importantly not suitable for complementary therapies | Collaborative working with recognised complementary medicine practitioners |
| | | Liaise with specialist information services around evidence and use of complementary therapies. | |

## 9. MANAGING PAIN AFTER TRAUMA

| **Objective** | **Knowledge**<br>Can demonstrate understanding of | **Skills**<br>Is able to | **Attitude** |
|---|---|---|---|
| To successfully manage patients experiencing pain as a result of trauma | The Rehabilitation Code of Practice with regards to the litigation and rehabilitation of patients whose pain results from trauma | Explain the underlying neurophysiological and psychological processes that give rise to ongoing pain after trauma | Non judgemental |

## 10. WELFARE SYSTEM AND EMPLOYMENT OPPORTUNITIES

| **Objective** | **Knowledge**<br>Can demonstrate understanding of | **Skills**<br>Is able to | **Attitude** |
|---|---|---|---|
| To maximise financial support for those in pain as appropriate | Benefits and welfare system for those in pain | Complete disability forms | Non judgemental and objective; collaborative |
| To deal with the occupational factors that may affect the management of long term pain | Vocational rehabilitation agencies that support employment opportunities for those with long term pain | Liaise with vocational services | |

## 11. SUPPORT OF RESEARCH

| **Objective** | **Knowledge**<br>Can demonstrate understanding of | **Skills**<br>Is able to | **Attitude** |
|---|---|---|---|
| To positively promote research into persistent pain | Research methods, recruitment | Liaise with researchers and invite patients to partake in research and audit projects | |

# APPENDIX 2: ASSESSMENT TOOLS

It is expected that, as part of the accreditation process, the assessment of individual competences will include observation of clinical practice.

**The following notes are intended to support the effective use of these assessment tools as applied to the field of pain management:**

- It is strongly recommended that a series of clinical assessments takes place four times during the period of training prior to the PwSI becoming accredited.
- Each clinical assessment is expected to take the equivalent of one session and should be performed by a specialist clinician, consultant or clinical pharmacy lead, ideally an alternative to the educational supervisor.
- The assessor is expected to be present throughout the session and to make assessments, covering different clinical domains, from a number of patient interactions.
- Several assessments covering different areas are expected to be performed during each of the clinical assessment sessions.
- The subject / areas covered will depend on the type of service the PwSI is going to offer. This will be agreed at the start of the training.
- The assessment outcome will be ‘satisfactory’ or ‘unsatisfactory’. Time will be allocated for feedback and opportunity to review and gain ‘satisfactory’ outcomes in a re-assessment.
- It is expected that one of the assessments should include a review of case notes.
- It is expected that PwSIs will need training in the recognition and management of conditions normally seen / managed in secondary care and that this knowledge will be acquired via continuing education.
- Logbooks – there will be other competences that are not included but desirable; these can be documented in the PwSI logbook and signed off by the trainer. This will probably differ for the individual PwSI and the detail will need to be agreed with the trainer at the beginning of training.
- For PwSIs who have not completed a specialist qualification, it is envisaged that a formal test of knowledge should be included and submitted as evidence to the accreditation panel.
- Practitioners will be expected to demonstrate evidence of 360-degree review.

# APPENDIX 3: LINKS TO OTHER RESOURCES

## USEFUL DOCUMENTS


Belsey J (2002). Primary care workload in the management of chronic pain: a retrospective cohort study using a GP database to identify resource implications for UK primary care. *J Med Economics* 5: 39-52.

Black C Working for a healthier tomorrow 2008. TSO The Health and well being programme http://www.workingforhealth.gov.uk/documents/working-for-a-healthier-tomorrow-tagged.pdf

Department of Health. (2002). *Statistical Reports* http://www.doh.gov.uk/stats/pca2002.pdf

Department of Health and Royal College of General Practitioners. (2007). *Implementing Care Closer to Home: convenient Quality Care for Patients*. London: DoH Publication.

International Association for Pain (2006). *Desirable characteristics for a pain clinic* http://www.iasp-pain.org (accessed January 2007)

Kendall NAS, Linton SJ, Main CJ (1997). *Guide to Assessing Psychosocial Yellow Flags in Acute Low Back Pain, Risk factors for Long Term Disability and Workloss.* Accident and Rehabilitation and Compensation Insurance Corporation of New Zealand and the National Health Committee. New Zealand

LeFort SM, Gray-Donald K, Rowat KM, Jeans ME (1998). Randomised controlled trial of a community base psychoeducation programme for the self management of chronic pain. *Pain* 74: 296-306

Linton SJ, Andersson T (2000). Can chronic disability be prevented? A randomised trial of a cognitive behaviour intervention and two forms of information for patients with spinal pain. *Spine* 25: 2825-31

Main CJ, Spanswick C, Watson P (2003). The nature of disability. In: Main CJ, Spanswick C, eds. *Pain Management: an Interdisciplinary Approach.* Edinburgh: Churchill Livingstone

Merskey HM, Bogduk N (1994). *Classification of Chronic Pain* (2nd ed). Seattle: IASP Press

Meyer-Rosberg K, KvarnstromA, Kinnman E, et al. (2001). Peripheral neuropathic pain – a multi-dimensional burden of patients. *J Pain* 5: 379-89

Moore A, Edwards J, Barden J, McQuay H. (2003). *Bandolier's Little Book of Pain.* Oxford: Oxford University Press

Morley S, Eccleston C, Williams A (1999). Systematic review and meta-analysis of randomised controlled trials of cognitive behavioural therapy and behaviour therapy for chronic pain in adults, excluding headaches. *Pain* 80: 1-13

Parsons S, Harding G, Breen A, et al (2007). The influence of patients' and primary care practitioners' beliefs and expectations about chronic musculoskeletal pain on the process of care: A systematic review of qualitative studies. *Clin J* Pain 23: 91-8

Phillips C (2006). Economic burden of chronic pain. *Expert Rev Pharmaeconom Outcome Res* 6: 591-601

Recommended guidelines for Pain Management Programmes in adults (2007)
http://www.britishpainsociety.org/book_pmp_patients.pdf

The assessment of Pain in Older Persons; National Guidelines (2007)
http://www.bgs.org.uk/Publications/PublicationDownloads/Sep2007PainAssessment.pdf

Pain and Substance misuse improving the patient experience (2007)
http://www.britishpainsociety.org/book_drug_misuse_main.pdf

The use of drugs beyond licence in palliative care and pain management (2005)
http://www.britishpainsociety.org/book_usingdrugs_patient.pdf

Recommendations for the appropriate use of opioids for persistent non-cancer pain (2005)
http://www.britishpainsociety.org/pub_professional.htm#opioids

UK Medicines Information
http://www.ukmi.nhs.uk

Royal Pharmaceutical Society of Great Britain
http://www.rpsgb.org

UK Clinical Pharmacists Association
http://www.ukcpa.org

Primary Care Pharmacists Association
http://www.pcpa.org.uk

# APPENDIX 4: MEMBERSHIP OF PAIN MANAGEMENT PwSI STAKEHOLDER GROUP

**We appreciate and are grateful for feedback from the following people and organisations that have commented or contributed to the development of this document:**

**Clinical Lead**

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| Mrs Ann Taylor | Welsh Assembly Government Pain Strategy Group and the Royal College of Nursing |
| Mrs Nia Taylor | Patient Liaison Group, British Pain Society |

**Royal College of General Practitioners**

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| Dr Clare Gerada | RCGP Vice Chair |
| Colette Marshall | RCGP Head of Clinical and Research |
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RCGP Professional Development Board

**Pharmacy**

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| Beth Taylor | National Development Lead, Pharmacists with Special Interests, NHS Primary Care Contracting Team |