



FACULTY OF
PAIN MEDICINE
of the Royal College of Anaesthetists

Curriculum for the Credential in Specialist Pain Medicine

Version 1
2023

Part I:
Handbook

Preface

This is the first edition of the curriculum for a Credential in Specialist Pain Medicine.

Practitioner registration

All practitioners undertaking the Specialist Pain Credential should register with the Faculty as soon as possible after starting their Credential training, via submission of a Training Registration Form to the Faculty via contact@fpm.ac.uk.

Advice

For information concerning Pain Medicine training or career planning please see the FPM website: www.fpm.ac.uk.

For further advice, practitioners should approach their ACCP Local Clinical Lead [LCL], the National Lead for ACCPs and their local Higher Education Institution.

Revision log

Version	Date	Revision
1	2023	Original edition.

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1. Purpose and scope of the Credential

1.1 Purpose Statement

The purpose of this Credential is to produce well trained Specialists in Pain Medicine, required to manage patients alongside other healthcare professionals who present with complex pain that have been triaged to specialist assessment or have failed to respond to input from other pain management interventions. Credentialed pain specialists will have the necessary specialist professional and clinical capabilities to manage complex pain including where pain is a condition in its own right. This includes patients with acute and chronic (long-term) pain disorders. Pain management is a **basic human right**, and it is the responsibility of any health care system to ensure that there is a **sufficient workforce** of doctors **specifically trained in holistic Pain Medicine** to **safely alleviate pain**.

The generic capabilities described in this document apply to all aspects of the scope of practice of a Pain Medicine specialist, while the specialist capabilities described can be focused to specific clinical environments. While the vast majority of pain specialists will work in a chronic pain outpatient service, some pain specialists will train to use their skills primarily in, a community-based service, inpatient (including perioperative and admissions with complex pain conditions) or cancer pain working in conjunction with palliative care services.

To date, consultants practising in Pain Medicine have had to complete Higher and Advanced (Specialist) Pain Training within the 2010 [Curriculum for a CCT in Anaesthetics](#). In line with the GMC launching new curricula in 2021, the new 2021 [Curriculum for a CCT in Anaesthetics](#) includes Level 3 SIA (Specialist Interest Area) training in Pain Medicine which has superseded the previous 'Higher' and 'Advanced' Pain Training in the 2010 curriculum. Level 3 SIA Chronic Pain Medicine training reflects the Generic and Specialist Capabilities within this curriculum, and it will be expected that trainers and trainees will use this curriculum (which sets out the syllabus in greater detail) to guide training.

Listing of Credentialed specialists on the GMC Medical Register will allow clear identification of such specialists by both patients and employers, and hence improve patient safety.

1.2 Specification for a doctor holding a Credential as a specialist in Pain Medicine

Specialists in Pain Medicine are doctors who undertake the comprehensive management of patients with acute, acute on chronic, chronic and cancer related pain using physical, pharmacological, interventional, and psychological techniques in multidisciplinary and multi-professional settings: in-patient, out-patient and community. A Specialist Pain Medicine Credential holder:

- ▶ has the necessary knowledge and skills to safely manage complex in-patient, outpatient, and community acute, acute on chronic, and chronic pain conditions
- ▶ has the ability to practise independently and within multidisciplinary teams
- ▶ delivers holistic, evidence-based practice based on a biopsychosocial model,
- ▶ can perform or advise/signpost regarding the need or complications of certain interventional pain management techniques appropriate to their training and area of clinical practice,
- ▶ can undertake posts where a minimum of 4PA of weekly DCC sessions are related to working in the field of Pain Medicine
- ▶ is a leader in Pain Medicine quality improvement processes,
- ▶ undertakes lifelong learning to fulfil revalidation in Pain Medicine to maintain the Credential
- ▶ participates in training and teaching strategies at local and national level
- ▶ is affiliated to the Faculty of Pain Medicine (FPM) and upholds FPM [Core Standards for Pain Management Services in the UK](#).

All Credential holders will be expected to have the theoretical knowledge to be able to assess, refer, and manage complications arising from interventions even though it is anticipated that procedural work will *not* be a significant focus for all specialists.

All Credential holders will be expected to achieve proficiency in a set number of core procedures as indicated in the section on interventional practice in Pain Medicine. Moreover, **all doctors** will be expected to have the necessary training in resuscitation skills required to manage rare but potential adverse events of interventional pain procedures, such as a total spinal, inadvertent intravascular injection of local anaesthetic or anaphylaxis.

For more specialist pain interventions, holders of a Credential in Pain Medicine with a base speciality of Palliative Care and Neurology may opt not to perform many of the interventions, whereas doctors with a base speciality of Rehabilitation medicine and Rheumatology may do more as there will be more overlap with their own speciality interventions. It is also recognised that there is flexibility within existing specialist training programs to tailor the amount of interventional exposure according to the career aspirations of the anaesthetist and **the same flexibility will apply regardless of base speciality**.

1.3 Pain management definitions

- ▶ **Acute pain** is common following all forms of tissue injury but will usually resolve within 3 months once the traumatic, infective, or inflammatory process that triggered the pain has been managed. A Pain Medicine specialist has the necessary knowledge and skills to lead an in-patient pain service, run an in-patient pain team session and contribute to patient care and service development for inpatient pain conditions occurring on surgical, medical, and high dependency ward settings. [SCP: 1, 4, 5, 6, 8] These may include patients who require perioperative pain management and patients on medical wards who are admitted due to acute exacerbation of chronic complex pain conditions.
- ▶ **Chronic pain** is defined as pain lasting for longer than three months or pain that extends beyond that expected of normal healing time. Chronic pain affects 20% of the population worldwide and is responsible for up to 20% of visits to primary care doctors. At any one point in time 8 million people in the UK suffer from chronic pain with 6 – 8% of the population suffering chronic pain severe enough to interfere with normal aspects of daily living. Chronic pain can arise from many conditions including back pain, arthritis, post-surgical treatments, fibromyalgia, headaches, neuropathies, and stroke. The healthcare costs of chronic pain patients are generally 2.6 times those of patients with mild or no pain.

There are significant social issues associated with long term poorly managed chronic pain, including consequences for the welfare system, family and work disruption, opioid consumption risks and worsening mental health. A Pain Medicine specialist has the necessary knowledge and skills to lead a community, secondary or tertiary chronic pain service, independently run an outpatient clinic, treatment or intervention session and contribute towards the wider education needs and service development for the multidisciplinary team. [SCP 1, 2, 3, 4, 6, 7, 8, optional capabilities in Neuromodulation or Paediatrics]. This may include training of other doctors towards achieving a Credential in Pain Medicine and also training of other health professionals in achieving an HEE (Health Education England) or other devolved nations Health Education *Credential in Pain Management*.

- ▶ **Cancer pain** arises directly from a cancer or as a consequence of the surgical, chemotherapy and radiotherapy techniques used to treat it. While palliative medicine specialists manage the burden of cancer pain, in complex cases not responding to palliative care measures, Pain Medicine assessment and management including interventional techniques, such as coeliac plexus blocks, intrathecal drug delivery and cordotomy, are recognised as being an important part of the cancer pain treatment pathway yet training in these techniques is within the domain of Pain Medicine. A pain specialist can perform interventions and work cooperatively with the palliative care service in a tertiary cancer centre or hospice setting to manage complex cancer pain. [SCP 1, 2, 3, 4, 6, 8 + specialist capabilities in cancer outcome 1&2]. Pain in 'survivors' of cancer, and its treatments, maybe a long-term complex multifaceted issue.

Epidemiological population studies anticipate the burden of chronic and cancer related pain will increase in the coming years, due to ageing and musculoskeletal frailty, increased surgical procedures, diabetic complications, and cancer survival improvements. Workforce planning has identified that the pain management workforce is already overstretched and insufficiently placed to meet these future demands. Almost 8 million people in the UK live with pain of at least moderate intensity. It is anticipated that approximately 5% of these people will require input by Credentialed Pain Medicine Specialists.

1.4 Increasing access to Training in Pain Medicine

This Credential allows access to training not only to holders or would-be holders of a CCT, CCST or CESR in **Anaesthesia**, but it will also allow access to training for doctors who are either in Training (by way of an OOPT or OOPE) or holders of a CCT/CCST/CESR in **Palliative Care, Neurology, Rehabilitation Medicine, and Rheumatology**. Cross-mapping of the curricula has indicated that doctors in the aforementioned specialities have the necessary core knowledge and clinical skills to allow them to embark on training safely and successfully for a Credential in Pain Medicine. Once the Credential is established, the Faculty of Pain Medicine is committed to opening training to doctors from other backgrounds including general practice. All doctors will be required to fulfil or work towards fulfilling pre-set criteria as indicated in this curriculum prior to embarking on training. Guidance will be given in individual cases where required by the FPM Training and Assessment Committee.

The Credential will also allow access to training **SAS doctors** in the above five specialities. To date it has not been possible to train SAS doctors and recognise them as independent practitioners, but the Credential will allow this opportunity and we hope that this will have a positive workforce impact. Once established, it may also be possible to open the Credential to other SAS doctors in other specialities, but this will require further cross-mapping of curricula.

The FPM is committed to maintaining quality and standards in the Credential whilst recognising that medical pathways are no longer straight roads. As such we will endeavour to promote flexibility of access to the Credential and recognise transferable skills. The FPM Training and Assessment Committee would be able to advise on additional training requirements for individual doctors prior to embarking on training by cross-mapping curricula where indicated.

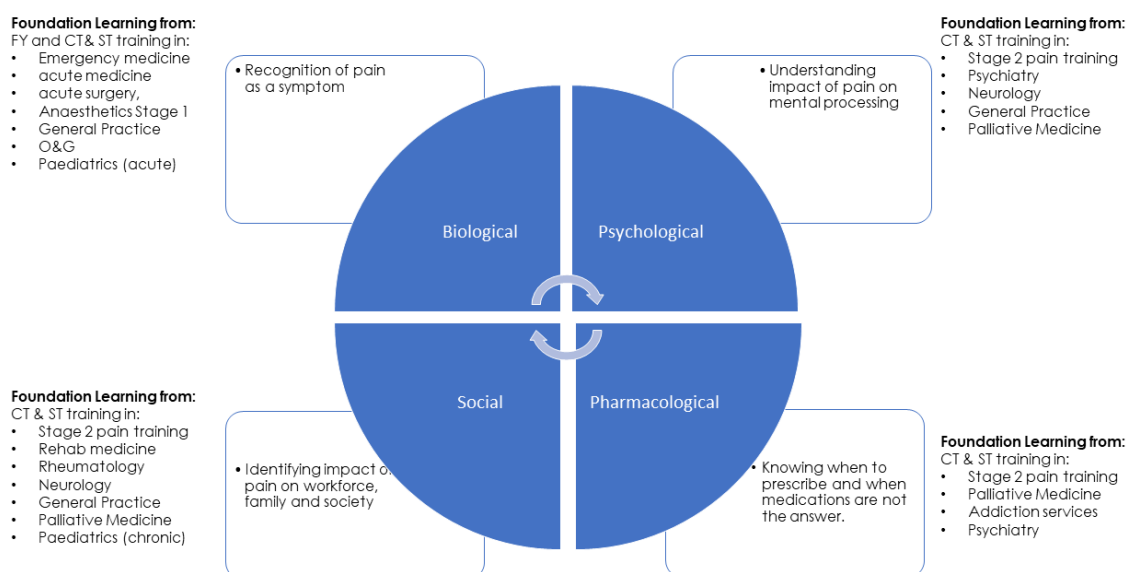


Figure 1: Transferable knowledge and skills from many specialist enables a range of practitioners to undertake the Credential.

1.5 Interlinking with NHS England to upskill the workforce in pain management

The Faculty of Pain Medicine is committed to working with the GMC and other stakeholders within the four nations, to support the development of Credentialing in Pain Medicine for doctors working in primary, secondary, and tertiary care.

Trained health professionals will interlink services offering a step up and step-down pain service, providing patients with a seamless journey in their diagnosis, treatment, and long-term management of pain. Working effectively this would provide the population of patients living with pain, safe and timely effective access to Pain Medicine with multidisciplinary pain management, promoting personalised care and self-management, prevention of disability, promoting medicines optimisation and helping patients to remain or return to a functioning level commensurate with their age and full capabilities. This will in turn have a positive impact on reducing impact and dependence on the social welfare system, helping people with long term pain remain in work and education.

Holders of the Credential for Pain Medicine Specialists will be trainers for other doctors and health care professionals working in the field of Pain Medicine including Advanced Care Practitioners in Pain Management providing an integrated Pain Service. More detail on this can be found in the Faculty of Pain Medicine's [Four National Pain Strategy](#) (2022). In parallel to this Credential in Specialist Pain Medicine, the FPM is actively working with stakeholders to develop a multi-professional Credential in Pain Management.

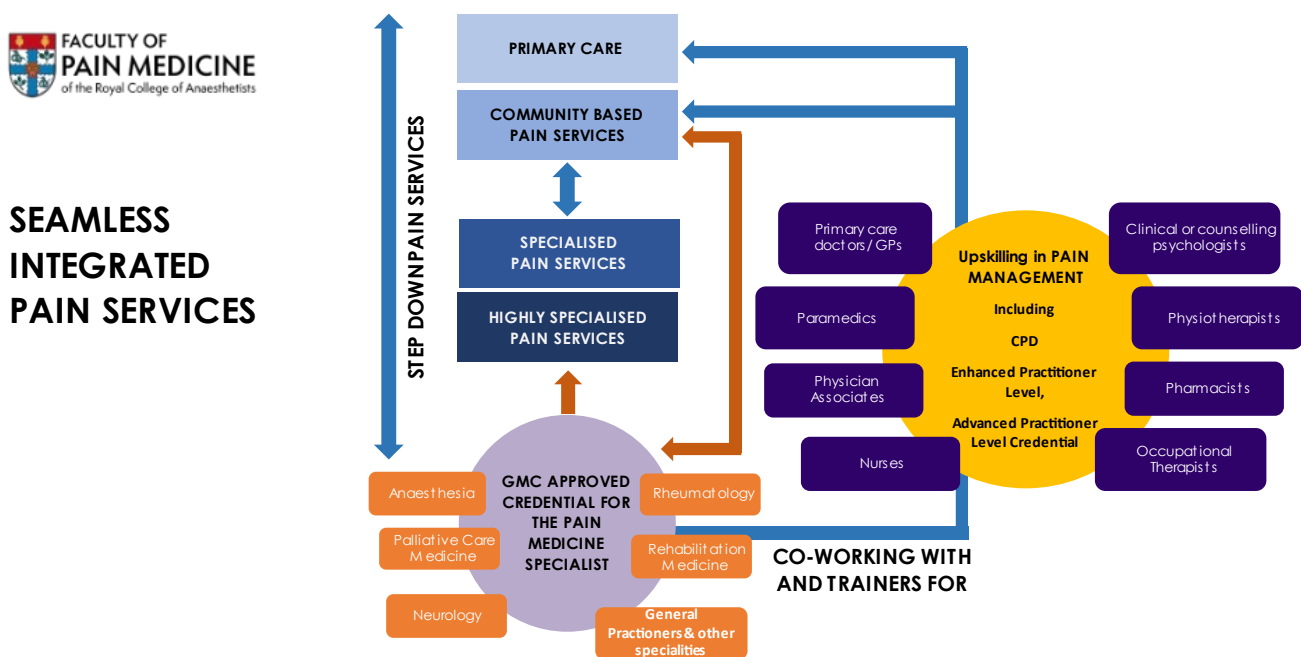


Figure 2: Interlinking of Specialist Pain Services and Non-Specialist Pain Management.

1.6 The Credential development body

Established in 2007, the Faculty of Pain Medicine (FPM) is the professional body responsible for the training, assessment, practice and continuing professional development of specialist medical practitioners in the management of pain in the UK. We support a multi-disciplinary approach to pain management informed by evidence-based practice and research. The Faculty's Board plans our strategic direction and leads our work. The Board comprises nine elected and appointed members including the Dean and the Vice-Dean alongside trainee representation. The Board also includes co-opted members representing patients, the devolved Nations, The British Pain Society, Acute Pain, and Regional Advisors in Pain Medicine.

The Board has developed efficient working partnerships and alliances on behalf of our Fellows and Members, to include very close relationships with the RCoA and the British Pain Society (BPS) and joint working with the Chronic Pain Policy Coalition (CPPC), providing good patient links. We continue to work with the Clinical Reference Group for Specialised Pain Services who are developing specifications and policies for the NHS Commissioning Board.

The FPM takes part in regular consultations with all major stakeholders in Pain Medicine, including the Department of Health, the General Medical Council and the National Institute for Health and Care Excellence. We view this as a key opportunity to influence strategy and enhance and protect Pain Medicine as a specialist area in the UK.

The FPM's work is delivered by our key committees, with short-term working groups appointed to deal with specific issues or projects.

- ▶ **The FPM Professional Standards Committee (FPMSPC)** is responsible for Pain Medicine matters relating to the standards, good practice documentation, revalidation and events, policies relating to patient safety, competencies, clinical audit, and doctors in difficulty.
- ▶ **The FPM Training & Assessment Committee (FPMTAC)** is responsible for Pain Medicine matters relating to the curriculum, assessment tools, the logbook, e-learning, examinations, specialty area training, recruitment, and selection, the EWTD and quality assurance.

1.7 Credential governance

The General Medical Council (GMC) has designated the Statutory Education Bodies (SEBs) as responsible for governance and delivery of Credentials. The SEBs are:

- ▶ Health Education England (HEE)
- ▶ NHS Education Scotland (NES)
- ▶ Health Education and Improvement Wales (HEIW)
- ▶ Northern Ireland Medical and Dental Training Agency (NIMDTA)

Credential development bodies (CDBs) such as the Faculty of Pain Medicine will maintain curricula, provide guidance, and support quality assurance processes.

2. The Credential within UK training

Successful completion of Pain Medicine Credential training will allow the clinician to apply to the GMC for a Credential in Pain Medicine. Success in the FPPMRCAs examination allows specialists to become a Fellow of the Faculty of Pain Medicine of the Royal College of Anaesthetists and use the post-nominals FPPMRCAs.

2.1 Eligibility

This Credential allows access to training not only to holders or would-be holders of a CCT, CCST or CESR in **Anaesthesia**, but it will also allow access to training for doctors who are either in Training (by way of an OOPT or OOPE) or holders of a CCT/CCST/CESR in **Palliative Care, Neurology, Rehabilitation Medicine, and Rheumatology**. Other specialities may be considered, and cross-mapping of curricula will be required to assess pre-training competencies and to ensure that the training programme fulfils the requirements of training. This will also apply to SAS Doctors who wish to embark on training leading to a Credential in Pain Medicine.

To embark on Credential training, **all doctors** will have to meet the equivalent training in Pain Medicine at Stage 1, Stage 2, and Stage 3A of the Curriculum for a CCT in Anaesthetics 2021 as well as other essential skills mandatory for safe practice in particular in the interventional arm of Pain Medicine (see below). For doctors in other specialities and those with a specialist pain interest in general practice, further cross-mapping of their curricula will occur over time to facilitate entry into the Credential.

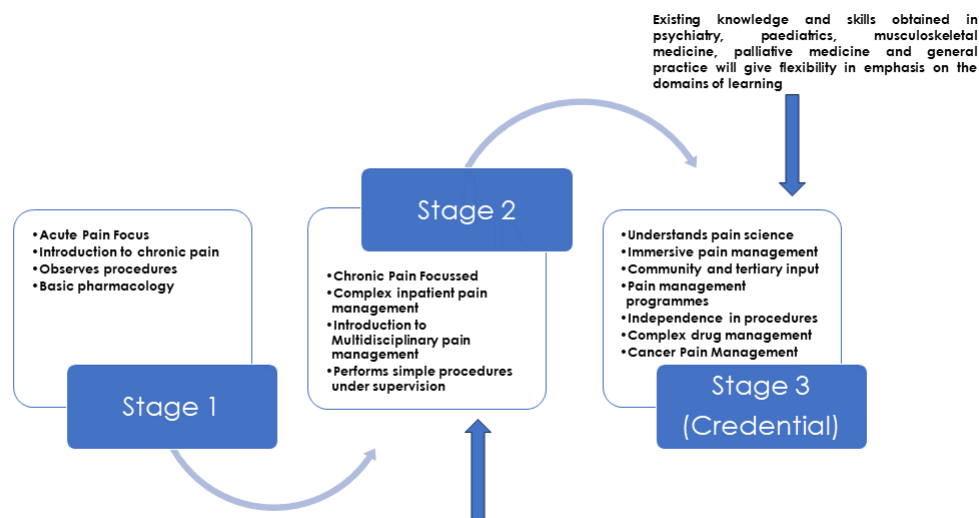


Figure 3: Summary of pain training through CT & ST to CCT or CCT + Credential or Credential (stand-alone)

The management of complex inpatient pain is likely to be the knowledge gap for most non-anaesthetists looking to enter the Credential and this can be addressed by a short extension to the credential duration with bespoke additional training to obtain missing Stage 2 knowledge.

In some cases, no extension will be needed if Stage 3 knowledge is already in place and can offset the need e.g. if cancer pain knowledge/skills are well achieved (palliative medicine entrant) then time spent in cancer pain management can be reduced in Stage 3 and given towards attainment of knowledge and skills in complex inpatient pain management instead.

2.1.1 Experience required before embarking on Credential training

The following is a guide for trainers and doctors regarding equivalent experience or level of training doctors will need to have before embarking on the Credential.

- ▶ Doctors who are pre-CCT or post-CCT in Anaesthetics would be expected to have achieved Basic, Intermediate and Higher as per the 2010 *Curriculum for a CCT in Anaesthetics* or Stage 1 and Stage 2 as per the 2021 *Curriculum for a CCT in Anaesthetics*. The High-Level Learning Outcomes for Stage 1 and Stage 2 of the 2021 curriculum are listed in Part II.
- ▶ Doctors who are pre- or post-CCT holders in Rehabilitation Medicine, Palliative Care Medicine, Rheumatology and Neurology, cross mapping of the curricula modules in Pain Medicine are compared in tabular form in Annex A (A.2). For post-CCT holders, practical experience gleaned post-CCT will also need to be taken into consideration by the Regional Advisor in Pain Medicine, when planning with the doctor the content and duration of the training programme. Therefore, meeting with the RAPM is mandatory prior to embarking on training.
- ▶ Doctors who are SAS grade will require a meeting with the Regional Advisor in Pain Medicine to plan a bespoke training programme which will also consider previous experience in the field of Pain Medicine.
- ▶ The Credential is not suitable for SAS grade doctors who have never worked in the field of Pain medicine. Such doctors would need to gain experience that would bring them up to the equivalent of an SAS grade doctor who has been working for a minimum of one year in a multidisciplinary pain service.

It is anticipated that once the Credential is rolled out, should there be doctors from other specialties including general practitioners that would wish to be considered for training for the Credential, further cross-mapping exercises of relevant curricula would be required.

2.2 The Credential pre-CCT (Anaesthetics)

The credential will be taken in either ST6 or ST7 of the anaesthetic CCT training programme taking an indicative period of 12 months' WTE training for the average trainee. This mirrors the Stage 3 SIA module in Pain Medicine of the 2021 *Anaesthetics Curriculum*. It is expected that trainees will have achieved generic and specialist Pain Medicine competencies to Stage 3a training in Pain Medicine within the current anaesthetic programme before undertaking training leading to a Credential. (See RCoA HALO competencies in Part II of this curriculum).

Training is provided through Regional Schools of Anaesthetics and deanery funding is in place for pre-CCT training posts. Only specific hospitals are recognised for Pain training leading to a Credential in Pain Medicine. The local Regional Advisor in Pain Medicine (RAPM) ensures each centre can meet the requirements of the training programme (see section 5).

2.3 The Credential post-CCT (Anaesthetics)

An indicative period of training of 12 months' WTE for the average doctor undertaken after the completion of CCT in Anaesthetics. CCT or CCST or CESR holders in Anaesthesia will have achieved Core and Intermediate (2010 *Curriculum for a CCT in Anaesthetics*) or Stage 1, 2 and 3a (2021 *Curriculum for a CCT in Anaesthetics*) or equivalent. Training in Pain Medicine for the Credential will build on this pre-existing training.

Post-CCT Credential training posts will require funding by the parent Trust.

2.4 The Credential pre-CCT (non-Anaesthetic specialties)

On average an indicative 12 month period of pain training will be undertaken as an Out of Programme Experience (OOPE) or Out of Programme Training (OOPT), with approval of the Training Programme Director and Head of School/Dean supported by the Regional Advisor in Pain Medicine. It is expected that the trainee will be able to evidence competencies equivalent to those specified at Stage 3a

competencies in the Pain Medicine speciality capability module in the 2021 *Curriculum for a CCT in Anaesthesia*, before starting training leading to a Credential in Pain Medicine.

Cross-mapping of curricula for CCT in Rheumatology, Neurology, Palliative Care and Rehabilitation Medicine has shown that there is considerable overlap which are likely to meet most of the Stage 1 and 2 competencies in Pain Medicine. For all other specialities, further cross-mapping of the curriculum will be required to ensure that all the Credential requirements are met. If only Stage two level competencies in Pain Medicine, can be evidenced it may still be possible to work towards the credential, but additional time may be required to achieve the necessary higher competencies. See Figure 2.2.4 The Credential post-CCT (non-Anaesthetic specialities)

2.5 The Credential post-CCT (non-Anaesthetic specialities)

On average an indicative 12 months' WTE period of training undertaken after completion of the base CCT will be required. It is expected that the applicant will be able to evidence competencies equivalent to those specified at Stage 3A Pain training in the 2021 *Anaesthetics Curriculum*, before starting training leading to a Credential in Pain Medicine. The local trainer (Regional Advisor in Pain Medicine) will liaise with the Training Committee of the Faculty of Pain Medicine for advice on breadth and duration of training in situations where the evidenced pain competencies are markedly lower than those expected. As explained in 2.3, it is likely that for the specialities listed above there will be cross over competencies between curricula which will be taken into consideration. In post-CCT applications, for those from a non-anaesthetic background, including doctors in general practice with a specialist interest, in addition to cross mapping of curricula, consideration will also be given to previous experience in working in pain management and a bespoke training programme arranged as agreed by the Regional Advisor in Pain Medicine in liaison with the FPM Training and Assessment.

Post-CCT Credential training posts will require funding by the parent Trust.

2.6 The Credential for SAS Doctors

The training programme for SAS Doctors undertaking the Credential will depend on their base specialty or area of current medical practice. Each doctor will require to provide evidence of previous experience in Pain Medicine to their Regional Advisor in Pain Medicine and a bespoke training programme adapted accordingly. This will need to be approved by the FPM Training and Assessment Committee (FPMTAC). It is therefore *mandatory* that each SAS doctor will require to meet with their Regional Pain Advisor in Pain Medicine prior to embarking on training.

Pre-Credential training experience in Pain Medicine similar to that required of other doctors (in pre and post CCT training programs is required). We would anticipate that an SAS doctor who wishes to train for the Credential would have spent a minimum of one year working within a pain service prior to commencing Credential training. Historic time spent in practising aspects of Pain Medicine within other specialities, e.g., working within a palliative care medicine role or acute pain as an SAS doctor in anaesthesia, can also be considered when assessing pre-training experience. It is anticipated that SAS grade doctors will require an indicative *minimum period* of 12 months of training for the Credential most circumstances.

For SAS Doctors, a Credential in Pain Medicine would lead to independent practice in the field of Pain Medicine, but this *would not* translate to an equivalent of a CCT or CCST or CESR in an additional area of practice. For instance, an SAS doctor working in Anaesthesia who Credentials in Pain Medicine can practice independently within the field of Pain Medicine, but this does not provide equivalence to a CCT, CCST or CESR in Anaesthesia.

2.7 Training pathway

Trainees will apply to a UK Faculty of Pain Medicine-approved training post leading to a Credential in Pain Medicine. The Regional Advisor in Pain Medicine (RAPM) is responsible for the running of Pain

Training within deaneries and identifies Faculty Tutors (clinical supervisors) in each hospital where Pain Medicine training is undertaken.

The RAPM ensures that the trainee is adequately supported through the indicative 12-month training programme and meets with the trainee at a minimum once every three months to review progress and guide future training needs. The RAPM also ensures that the training pathway is requisite to the individual trainee considering previous experience and base speciality.

Faculty Tutors in Pain Medicine, based at each training site within the programme, will act as clinical supervisors during placements and sign-off formative assessments. HALO forms for Stage 1 and Stage 2 training in Pain Medicine indicate the capabilities in Pain Medicine which would be expected of a trainee in anaesthesia before they embark on specialist (level 3 SIA) training in Pain Medicine. These forms can be used as a guidance for trainers assessing requirements of a non-anaesthetic pre- or post-CCT doctor or SAS Doctor who may wish to undertake training for the Credential. See Part II for full information on assessment.

Trainees are required to successfully complete training on overall clinical assessment as indicated in detail in Section 3 of this document and will be required to successfully sit for both MCQ and SOE sections of the FPPMRCA examination.

FFPMRCA Examination regulations stipulate that, trainees can sit for the MCQ section of the FPPMRCA examination when they so wish. Candidates however are generally advised to have been in training for a minimum period of six months (or equivalent if part time or if indicative period of training shorter or longer than one year) before they sit for the SOE section. This however is not mandatory. The RAPM will be required to countersign the application to sit for the SOE exam. This is to ensure that trainees have had sufficient clinical exposure to allow them to have sufficient knowledge to pass the exam.

2.7.1 Completion of credential training

The RAPM will sign-off summative milestones of progress at the quarterly meetings and will identify when successful completion of training has occurred, and a recommendation can be made to the national sign-off panel for the award of the Credential. As part of their responsibility for the overall governance and delivery of GMC credentials, the Statutory Education Bodies (SEBs) will be responsible for decisions about the governance and operational management of signoff panels, mirroring the approach of annual review of competence progression (ARCP) panels where possible. The Faculty will work with the SEBs to set standards for the composition and delivery of the Pain Credential sign-off panel.

2.8 Remote and rural considerations

Where a specialist is based in a remote or rural part of the UK, for example, the Highlands and Islands of Scotland, and wishes to undertake the Credential, the RAPM will work with the FPM Training and Assessment Committee to balance the learning needs of the curriculum at secondary site locations alongside more local community sites.

There are existing models within the RCoA for this process, for example, the training of anaesthetists in Orkney and Shetland being supported by secondary care services on the mainland (Aberdeen). Similarly training opportunities are available in recognised centres for specialist pain training in rural parts of England and Wales. A bespoke approach will be taken to coordinate learning opportunities centrally and remotely whilst minimising travel.

With the enhanced delivery of video consultations [Attend Anywhere/Near-me] in the NHS post-covid, and huge leaps in the availability of video conferencing [MS Teams] it will be possible for consultation and MDT work to be undertaken remotely. Procedural work will require in person training, but this can also be developed remotely using online learning resources, and via the use of local anaesthetic resources (for example ultrasound equipment) at the remote site. It is likely that a more prolonged, less than full time Credential, may need to be undertaken if existing community service provision must be maintained during the training.

3. Programme of learning

The Credential has been mapped to the core learning outcomes taken from advanced (specialist) Pain Medicine training of the *2010 Curriculum for a CCT in Anaesthetics* and Stage 3 SIA Complex Pain Medicine section of the *2021 Anaesthetics Curriculum*. The knowledge and skills for specialist Pain Medicine training, and its areas of sub-specialty practice, form the granular detail from which formative assessments and examination questioning can be based.

However, the focus of the credential is the attainment of high-level outcomes, as recommended for the new style of curriculum, and these have been separated into generic and specialised capabilities in the following sections.

- ▶ **The detailed syllabus for these curriculum learning outcomes can be found in Section 6**
- ▶ **The detailed Assessment System and assessment blueprint for this curriculum can be found in Part II.**

3.1 Flexibility and core requirements

The duration of the Pain Medicine credential is typically expected to be an indicative 12 months' WTE (whole time equivalent) training, but it will be possible to adjust the training time according to previous clinical experience and, in an outcomes-based framework, this will depend on the individual doctor. Evidence of prior generic and speciality capabilities in Pain Medicine will be considered by the RAPM when planning the training year. For example, an anaesthetic trainee will require more focused training in cancer pain than acute pain, while a trainee in palliative care medicine will likely require the reverse.

All trainees will be expected to have and maintain skills of life support to enable them to manage potential rare but catastrophic complications of such procedures for e.g. a total spinal or major anaphylactic reaction.

All trainees will be expected to work in Treatment Room (outpatient/bedside) procedures and day-surgery (theatre) environments, and gain competencies not only in the procedural component but also in associated domains such as consenting for the procedure, aseptic technique, dexterity in ultrasound and the safe use of X-ray irradiation. This learning informs safe procedural work in Pain Medicine and provides the foundation for future independent practice/attainment of new procedural techniques post- Credential regardless of base speciality.

All trainees will be expected to train in paediatric pain, interventional cancer pain or implantable technology (including for example, spinal cord stimulation) to a level which would allow them to assess, manage and suitably signpost if more specialist intervention such as would be offered at tertiary level would be required. This guidance is reflected in the Higher Learning Outcomes below.

Should a trainee wish to train further in a more specialised Pain Medicine component (paediatrics, interventional cancer pain, implantable technology) to practise in highly specialised centres (usually at tertiary level) then an additional period of training and experience beyond the scope of the Credential will be required to gain specific clinical competencies for independent practice. **This is outside the scope of this Credential.**

3.1.1 Pain intervention procedures

Training in pain intervention procedures will be adjusted to reflect previous training and also the area of pain practice that the credentialing doctor is planning to work in (see Section 3). There are some procedures which all trainees are expected to become proficient in, and which procedures trainees are expected to have knowledge of and have seen, as well as procedures which are only performed in highly specialised centres, which trainees will need to know of and be able to signpost patients to without necessarily seeing these procedures performed during their period of training.

Table 1: Pain intervention procedures and levels of proficiency

KEY P	KEY S	KEY R
Superficial Procedures:		
<ul style="list-style-type: none"> • Trigger Point Injection • Scar Infiltration • TENS application • Infusion of drugs e.g., ketamine, magnesium 	<ul style="list-style-type: none"> • Botox for migraine 	<ul style="list-style-type: none"> • Cryotherapy
Regional Nerve Blockade:		
<ul style="list-style-type: none"> • Paravertebral/ESP • Suprascapular Nerve • Greater Occipital Nerve • Major peripheral N (ultrasound) • Intra-articular injection 	<ul style="list-style-type: none"> • Stellate Ganglion block • Ganglion Impar block 	<ul style="list-style-type: none"> • Greater Occipital Nerve stimulator • Ablative chemical blocks for cancer pain
Central/Neuroaxial Procedures:		
<ul style="list-style-type: none"> • Lumbar Epidural • Caudal epidural • Nerve Root Block (lumbar/sacral) • Facet joint injection • Medial Branch Block (MBB) • Radiofrequency ablation of facet joint • Pulsed Radio Frequency (PRF) 	<ul style="list-style-type: none"> • Cervical epidural • Thoracic epidural • Cervical nerve block • Lumbar Sympathectomy • Dorsal Column Stimulator • Coeliac Plexus block 	<ul style="list-style-type: none"> • Deep brain stimulation • Sacral Nerve Stimulator • DRG stimulator • Intrathecal implants

1. **P** = proficient in
2. **S** = procedure seen being done during training year, understands risks and benefits and indications, and may gain further experience in during post Credential or signpost to another doctor who is proficient in providing the procedure
3. **R** = procedure unlikely to have been seen during training year, but understands indications, risks and benefits and may signpost to a tertiary or other centre where the procedure is likely to be performed.

3.2 Generic Professional Capabilities in Pain Medicine

See Part II for details of curriculum learning outcomes and assessments.

It is expected that the majority of doctors in training will have attained the following generic professional capabilities (GPC). These capabilities will have been achieved within earlier stages of medical training, at Foundation, core, and early specialist levels.

Communication and robust, empathetic consultation skills are the cornerstones of effective pain management assessment, to ensure that the biological, psychological, and social aspects of the pain are identified and managed. Where a doctor undertakes the credential from a non-training or SAS route, there may be the need for additional time or assessment(s) to achieve some of these domains.

GPC Domains are:

- ▶ **Domain 1:** Professional values and behaviours
- ▶ **Domain 2:** Professional skills
- ▶ **Domain 3:** Professional knowledge
- ▶ **Domain 4:** Capabilities in Health Promotion and illness prevention
- ▶ **Domain 5:** Capabilities in Leadership and team working
- ▶ **Domain 6:** Capabilities in patient safety and quality improvement
- ▶ **Domain 7:** Capabilities in Safeguarding vulnerable groups
- ▶ **Domain 8:** Capabilities in Education and Training
- ▶ **Domain 9:** Capabilities in Research and Scholarship

These nine domains of Generic Professional Capabilities have been mapped out to the Practice of Pain Medicine. The capability descriptors are not exclusive but do mirror how a doctor practising in Pain Medicine would be expected to use and evidence these skills.

3.3 Specialist Capabilities in Pain Medicine

See Part II for details of curriculum learning outcomes and assessments.

In line with the General Medical Council guidance: *Excellence by Design: Standards for Postgraduate Curricula*, the Credential defines the capabilities specific to Pain Medicine and required for each doctor to achieve in order to practice safely and effectively. Once again, each specialist capability has been defined as learning outcomes with sub-domains that aim to be as detailed as possible but may not be completely exclusive. Each descriptor been cross mapped against a combination of formative and summative assessment tools to inform both trainers and trainees.

3.4 Further specialist capabilities within Pain Medicine

See Part II for details of curriculum learning outcomes and assessments.

In **addition** to the generic and specialist Pain Medicine capabilities already identified, **every doctor** training for the Credential is expected to achieve competency in the following three further specialist capabilities:

1. Paediatric Pain Medicine
2. Cancer Pain Medicine
3. Neuromodulation and Implantable Technology

The specialist capabilities – paediatric, cancer and neuromodulation/implantable technology can be developed to a higher level beyond the scope of this credential, such that the practitioner can undertake highly specialised practice within these areas.

While all doctors undertaking the Credential will be expected to have an understanding of the science and clinical needs underpinning these specialist capabilities, it is expected that for future career opportunities or to support succession planning only a few will go on to practice in such highly specialised (usually tertiary) units. **This will require additional training opportunities outside of the Credential.** Such additional training can only occur once the RAPM is satisfied that the core formative and summative assessments within the credential are successfully achieved.

In line with the GMC's *Good Medical Practice*, credentialed doctors must recognise and work within the limits of their competence and refer a patient to another practitioner where they cannot safely meet their needs; if additional training time beyond that already approved for the credential is required to achieve sufficient clinical exposure in one or more of these highly specialised areas of Pain Medicine, then this will need to be sought separately from the employer and the Deanery.

3.4.1 Paediatric Pain Medicine

The Curriculum Learning Outcomes for the practice of Acute and Chronic Paediatric Pain medicine are listed below, once again cross mapped against assessment tools. As indicated above these outcomes must be **achieved** as part of the training leading to a Credential in Pain Medicine, no matter what the base speciality of the training doctor.

It is recognised that the emphasis on different aspects of paediatric training will be commensurate with the amount of clinical paediatric work that is undertaken beyond the pain clinic environment. For instance, this aspect of training may focus more on acute paediatric pain or acute on chronic paediatric Pain Medicine for the anaesthetic trainee who envisages working within a job plan that is mainly confined to this aspect of pain management. On the other hand, a trainee with a base speciality of Rheumatology may opt to focus more on outpatient complex paediatric Pain Medicine.

It is recommended that the pain training credential be undertaken **in addition to** any paediatric training requirements for the pain specialist who intends to hold:

- ▶ A consultant post in paediatric Pain Medicine, **OR**
- ▶ Will be a consultant in Pain Medicine and will manage a significant number of children in their chronic pain service.
- ▶ It is recognised that this additional period of training requires to be done in tertiary specialist paediatric units and the Faculty of Pain Medicine website provides information with regards to units that can provide this highly specialised level of training. **This training is outside the remit of this Credential.**

3.3.2 Interventional Cancer Pain Techniques

Within the credential, the curriculum learning outcomes should allow a specialist in Pain Medicine to have the skills to deal with a patient who has pain arising primarily from cancer.

It is recognised that **the level of skills required will vary** depending on the complexity of patients suffering from cancer pain and cancer related problems that present in different NHS hospitals as cancer services tend to now be localised to specific centres. However, it is expected that a doctor who has a credential in Pain Medicine **can manage and institute multidisciplinary cancer related pain management** and **recognises the need to refer such patients to a specialist** cancer centre if further specialised interventions are required. There is no set number of procedures that convey interventional competence, and it is expected that training will continue beyond the period of formal pain training into the consultant appointment. However, as a guideline, an indicative minimum of twenty (namely out-patient and MDT) sessions purely dedicated to cancer pain should form part of the training leading to a credential in Pain Medicine.

A further period of full-time training in cancer pain, split between hospices and a tertiary cancer pain centre, is recommended for a specialist in Pain Medicine who wishes to work in a cancer pain multidisciplinary service. This would normally be expected to be an indicative 3 months in order to safely learn the skills required.

If the individual wishes to perform interventional cancer pain techniques further procedural training is recommended at a centre with procedural capacity is sufficient to provide supervision and practice. This period of training **would be in addition to** the indicative one-year training period leading to the Credential in Pain Medicine and falls outside the remit of this Credential

Life-long learning will be required to attain independent practice for the most specialised interventional cancer pain techniques, e.g., cordotomy and intrathecal implantable devices. It will be important for the individual to work as part of a larger team or to have close links to other interventional cancer pain specialists to provide collaboration and support.

In **addition** to the generic and specialist capabilities for Pain Medicine already identified, the following specialist capabilities for cancer pain management **are also required for all doctors training for the Credential.**

3.3.3 Neuromodulation/Implantable technology

As part of the credential in Pain Medicine, one of the Curriculum Learning Outcomes that a trainee is **expected to achieve is an understanding of neuromodulation/implantable technology.** This will require, as a minimum, an understanding of the science underpinning this procedure and the ability to assess and refer patients who may benefit from neuromodulation techniques. It is anticipated that this will require the trainee to attend some clinical and theatre sessions during which patients are assessed and/or implanted with such devices to understand the multidisciplinary approach that is essential for successful neuromodulation.

In addition to the time spent during the pain training leading to the Credential, an indicative period of 3-6 months of focused work in a centre performing spinal cord stimulation or equivalent neuromodulation techniques is recommended if the individual wishes to perform these procedures as part of their regular job plan as Consultant in Pain Medicine. **This period of additional training is outside the remit of this Credential.**

4. Learning and teaching

4.1 Training infrastructure

The FPM manages a network of **Regional Advisors in Pain Medicine (RAPM)** and **Faculty Tutors in Pain (FTPs)**. These local trainers advise upon, quality assure and sign off on Pain Medicine training. The Board of the Faculty of Pain Medicine is responsible for the appointment and re-appointment of RAPMS and FTPs. [More information on the RAPM and FTP roles can be found at the FPM website.](#)

4.1.1 Regional Advisors in Pain Medicine

RAPMs are responsible for ensuring that training and education in Pain Medicine in their region is properly delegated and organised, fulfils the requirements of the curriculum, is accessible to all trainees at all levels of training through suitable communication channels and is appropriately supervised. RAPMs are responsible to the Lead RAPM who is in turn answerable to the FPM Training and Assessment Committee (FPMTAC). FPMTAC meets four times a year and its Chair is a Board member of the FPM, reporting regularly to the Board, the Dean and Associate Director of Faculties.

The RAPM acts as coordinator between the Regional Advisor in Anaesthesia, the Postgraduate Dean, Programme Directors, College Tutors, academic departments, clinical managers, the Schools of Anaesthesia, and other specialties (such as palliative medicine and neurology) to enhance training in Pain Medicine and to ensure trainees are appropriately appraised, assessed and supported.

The RAPM is involved in the assessment and Annual Review of Competence Progression (ARCP) process for Specialist Pain Medicine Trainees. The RAPM also feeds back to the Faculty regarding any major problems or difficulties relating to Pain Medicine within their region. A Chairperson for the RAPM is elected on a triennial basis. All RAPM meet four times a year to discuss training issues and also run a biannual Faculty Tutor Pain Leadership conference for local pain tutors involving lectures, updates, and workshops to keep FTPs up to date with current training information and provide an opportunity for networking across regions.

RAPMs oversee training in the following regions:

- ▶ East of England
- ▶ East of Scotland
- ▶ Leicester & South Trent
- ▶ Mersey
- ▶ North of Scotland
- ▶ North Thames
- ▶ North-West
- ▶ Northern
- ▶ Northern Ireland
- ▶ Nottingham & Mid-Trent
- ▶ Oxford
- ▶ Sheffield & North Trent
- ▶ South-East Scotland
- ▶ South Thames
- ▶ South-West (Peninsula)
- ▶ South-West (Severn)
- ▶ Wales
- ▶ Wessex
- ▶ West Midlands
- ▶ West of Scotland
- ▶ Yorkshire & Humber

Regional Advisors meet with the Chair of Regional Advisors four times a year in a formal four nation meeting. They also correspond in real time through a support group maintained on a social platform.

4.1.2 Faculty Tutors (Pain)

Faculty Tutors in Pain Medicine are allocated to each hospital recognised for specialist pain training leading to a credential in Pain Medicine. They are lead educational supervisors and will support the

candidate locally, complete formative assessments and act as clinical supervisors. Faculty Tutors report regularly to their RAPM and are also expected to attend a biannual conference held by the FPM.

FTPs are responsible for ensuring the training site has a comprehensive pain training programme across all agreed areas of the Pain Medicine curriculum. FTPs will work with the RAPM to ensure cross-regional cohesion and with local trainers to ensure good quality training. Data is returned to the FPM annually through a report prepared by each RAPM, from the Trainee Survey and triennially via a Hospital Review Form (HRF). This information is combined and reviewed by our Training & Assessment Committee (TAC).

4.1.3 Standards for trainers

All FPM **Educational Supervisors** are expected to maintain mandatory training (HEE or Local) and be registered with the GMC as national trainers. Educational Supervisors in turn mentor and appoint **Clinical Supervisors**. All FPM Educational trainers are expected to comprehensively review their role as educational supervisors in their annual appraisal. Moreover, such evidence is also submitted to the GMC as part of the revalidation process of each trainer.

Regional Advisors, who are the educational supervisors ultimately signing off completion of training, work to the [Gold Guide Standard: A Reference Guide for Postgraduate Foundation and Specialty Training in the UK 9th edition 2022](#).

4.2 Trainer and trainee interaction

Each Trainee will have a meeting with their Faculty Tutor in Pain Medicine (FTP) and their Regional Advisor in Pain Medicine (RAPM) before they start their training. Every trainee has a nominated Faculty Tutor in Pain Medicine as their Educational Supervisor.

Trainees are regularly monitored by their Faculty Tutors and have fixed quarterly assessments where progress is reviewed, feedback is provided, and further development plan is made. Each trainee will have clinical supervisors apart from their educational supervisors and feedback with regards to assessments will come from different sources and members of the pain team, which allows for a fair assessment of competencies.

Trainees also have a support group maintained on a social platform which allows them to share experiences and highlight any concerns (please note that this group is neither administered nor monitored by the Faculty, though we pass on trainee's contact details, with consent, in order for them to be added to the group). A trainee representative sits on both the Training and Assessment Committee as well as the FPM Board. The FPM also uses social media to promote information, updates and new guidance to its trainers and trainees.

4.9.1 Supervision

The Regional Advisor in Pain Medicine (RAPM) will coordinate the training programme according to the needs of the trainee. For example, an anaesthetic trainee is likely to require more guidance in cancer and palliative medicine training, whereas a trainee in palliative medicine will need more focal acute pain exposure.

The RAPM will meet the candidate quarterly to guide and review progress. The RAPM is also responsible for signing-off the training as successfully completed once the trainee has satisfactorily achieved all the curriculum outcomes.

Levels of supervision for the Pain Medicine Credential are [as per the Royal College of Anaesthetists 2021 Curriculum for a CCT in Anaesthetics](#) and are defined in Part II of this curriculum.

4.9.2 Feedback

To allow attainment of generic and professional skills, Consultant feedback, multi-source feedback (MSF) and patient feedback are embedded within the assessment process. Consultant and MSF feedback is linked to the e-portfolio. Patient feedback will be measured using the CARE measure or any another validated tool, at least twice within the training year.

4.9.3 Guidance for annual review of competency progression (ARCP) [within the CCT]

The sign-off completed at the 12-month review will be submitted as evidence of successful training for the ARCP process and counts towards the period of training leading to the candidate's CCT within their own speciality (for example anaesthetics). The candidate can apply to the FPM to become a Fellow once the FPMRCA examination is completed. Application will also need to be made to the GMC for the Credential to be added against the doctor's name on the List of Registered Medical Practitioners. Award of a Credential prior to achieving CCT is not equivalent to CCT status and does not at present allow for appointment to a substantive NHS consultant post without additional CCT status.

4.9.4 Guidance for review of competency progression [post-CCT] or for SAS Doctors

The sign-off completed at the 12-month review can be used for appraisal and revalidation and to inform future employers at interview. The candidate can apply to the FPM for Fellowship status once all assessments are completed in the 12-month review and the examination has been successfully completed at both stages. The trainee will also need to apply to the GMC to have their Pain Medicine training for award of a Credential and for this to be recorded on the List of Registered Medical Practitioners.

For non-CCT holders, a Credential is not equivalent to CCT training and although it will allow for independent practice, it does not translate into the right to apply for a substantive NHS consultant post.

4.3 Learning and teaching methods

Pain training is a clinical apprenticeship model, involving inpatient and outpatient assessments and practical training in procedural work. Supervised learning events (SLEs) take place in clinical outpatient settings, in theatres for interventional work and within the multidisciplinary team environment. New specialist capabilities leading to curriculum learning outcomes will be taught in a process of progressively reduced supervision, from direct supervision through local and finally to remote supervision, of outpatient and where appropriate procedural cases. The aim is to allow attainment of clinical independence in all required learning outcomes by the end of the training period.

Every trainee is, at all times, responsible to a nominated consultant (Clinical Supervisor) when undertaking clinics, procedures, or ward rounds whether this is under direct or without direct consultant supervision. The Consultant must be available to advise and assist the trainee as appropriate. Sometimes this will require the consultant's immediate presence but, on many occasions, particularly in clinics and ward rounds, less direct involvement will be needed.

Supervision is a professional function of consultants, and they must be able to decide what is appropriate for each circumstance in consultation with the trainee. The safety of an individual hospital's supervision arrangements is the concern of the local department; it is necessary for them to agree local standards and protocols that take account of their particular circumstances. Further explanation of supervision levels is provided in the paragraphs below.

As an outpatient speciality, Pain Medicine training occurs Monday to Friday with no out-of-hours or weekend work generally. Trainees may still be required to provide on-call commitments in the evening or at weekends for their base speciality. Their Faculty Tutor in Pain Medicine should ensure that on-call

commitments do not directly impinge on access to daytime training. The Training and Assessment Committee of the FPM have supported RAPMs in the past where local service issues have impacted on training opportunities and will continue to be a point of support when issues cannot be resolved locally.

4.4 Assessment – formative review

Trainees will evidence appropriate attainment and progression through the curriculum. Daily interaction with Clinical Supervisors and regular (monthly as a minimum) interaction with their Educational Supervisor (Faculty Tutor) is expected. Moreover, the RAPM will meet each trainee embarking on the Credential before the starting point, to agree on the indicative period of training and aspects of training that may require more attention in particular for training doctors whose base speciality is not in Anaesthesia. The RAPM will review progress after each quarterly meeting by accessing the trainee's portfolio through the Lifelong Learning Platform (LLP).

For trainees who are not progressing satisfactorily, the RAPM may be required to meet the trainee at different intervals during training as required. The order in which the HALO are achieved will vary according to the clinical attachments in the preceding quarter and incomplete forms can be used to target future learning opportunities and clinical placements.

The assessment system for the Credential is in Part II of this curriculum.

4.5 Quarterly Assessment of progression – summative review

The RAPM will review progress and attainment of **formative** assessments, logbook breadth, consultant feedback and portfolio progression at each quarterly assessment. This will permit a **summative** assessment of progress to date and agree targets for the next quarter.

At the six-month and 12-month assessment, patient feedback will also be reviewed.

At least one MSF (Multi-Source Feedback) must be completed in the indicative 12-month period. It is recommended this is completed between the sixth to the tenth month so that remedial training and guidance can occur, if required, before the end of the training. RAPMs will use the logbook information at quarterly reviews to guide future clinical and procedural exposure so that sufficient clinical breadth of training is achieved to meet all curriculum learning outcomes. The RAPM will also review HALO forms as a summative assessment – these may be completed throughout the whole period of training as various outcomes are achieved if the trainer and or trainee so wishes. However, the Final HALO form for Generic and Specialist Capabilities requires to be completed as evidence of completion of training.

4.6 Lifelong Learning Platform

The FPM encourages trainees for the Credential in Pain Medicine to use the Royal College of Anaesthetists' Lifelong Learning Platform (LLP) and electronic logbook. However, this is not mandatory, and trainees may choose to use their own electronic logbook of choice as long as this is fit for purpose. Electronic data collection will allow doctors training for a Credential in Pain Medicine to keep a real-time record of clinical assessments, Multi-Source Feedback, portfolio developments, CPD learning and logbook data. It is encouraged that the e-Portfolio which has been developed to support lifelong learning, will continue to be used by all doctors in Pain Medicine both pre- and post-credentialing as part of their yearly appraisal and revalidation process.

4.10 FPMRCA Examination

The Faculty of Pain Medicine Fellowship Examination was introduced in 2012 and runs twice per year. It is an integral part of the summative assessment to attain the Credential. For the Pain Medicine

Specialist. Although passing an exam does not necessarily equate to clinical competency on a day-to-day basis, there is no doubt that a successful exam candidate demonstrates the breadth and depth of knowledge as well as some of the skills in the clinical practice of Pain Medicine, that underpins this to a level expected of a consultant practising in Pain Medicine. For further information regarding the FPPMRCA exam please see Part II of the Curriculum.

4.11 Academic training

It is possible to combine formal research activities alongside Pain Medicine training; however, the duration of Pain Medicine training may need to be extended pro rata if the research activity reduces the clinical Pain Medicine exposure to less than 80% per week. It is recommended that candidates undertake their research work in the same region as they are undertaking Pain Medicine training to avoid loss of clinical activity from excessive need to travel.

For trainees working in hospitals where academic research may not be readily accessible, the trainee research network [Pain Train](#), in collaboration with the Faculty of Pain Medicine, and RAFT (Research and Audit Federation of Trainees) allows access to participate in national audit and research projects.

5. Quality management of training

5.1 Ensuring quality in delivery and content

Training to achieve the Credential in Pain Medicine will take place in a UK Hospital that is recognised by the Faculty of Pain Medicine (FPM) as having met the [Core Standards in Pain Management](#), such that the centre has the necessary capacity, supervisors, and facilities to provide an environment conducive to supporting successful training.

The FPM assesses training centres formally every three years requesting information regarding services, including capacity, staffing levels, specialist clinics, procedures performed, and governance data all submitted in a [Hospital Review Form \(HRF\)](#). The Hospital Review Form is published on the FPM website [alongside other quality management materials](#) and is available for trainees to review and guide towards choosing their preferred region and/or hospital for training.

The Hospital Review Form ensures all centres that provide Specialist Pain Training (APT) are able to meet the full requirements of the training programme. The FPM asks RAPMs to review the APT centres in their region on a triennial basis. The information collected should also show prospective trainees, trainers, and consultants the opportunities available in each region.

The process encompasses the documents below:

The Hospital Review Form is sent to the Faculty Tutor (Pain) in each hospital/centre providing pain training in each region. They then need to be returned to the RAPM for summarising. Hospital Review Forms provide in depth detail of staffing, patient cohorts, detailed delivery of services and facilities available to do so. FTs would be expected to involve their Clinical Director in providing this information.

- ▶ The [Approval Checklist](#) is for the RAPM to complete for each of the sites within their region.
- ▶ The [APT Post summary](#) is for the RAPM to complete for their region. This form will show prospective trainees what is available within each region.
- ▶ The Hospital Review Form process is also designed for centres wishing to be recognised as a Specialist (previously referred to as Advanced) Pain Training provider.
- ▶ The Approval Checklist is then completed by the RAPM in order to demonstrate if the centre is of the required standard for Specialist Pain Training.

Moreover, annual review forms are also submitted via the Regional Advisor in Pain Medicine to the FPM to allow reporting of any issues about individual trainees or specific training hospitals. Both forms also allow up to date collation of data about work force.

The FPM also runs annual trainee satisfaction surveys and provides the trainees with an annual opportunity for trainees to meet members of the Training and Assessment Committee to discuss their training and any ongoing issues. A trainee representative also attends the Training and Assessment Committee and sits as an appointed member on the Board of the Faculty of Pain Medicine.

5.2 Curriculum governance

The FPM has worked in parallel with the Royal College of Anaesthetists to all levels of post graduate training in Pain Medicine to meet the new generic professional capabilities framework.

This credential reflects Level 3C training in Pain Medicine within the Royal College of Anaesthetists' *2021 Curriculum for a CCT in Anaesthetics* and will become the minimum standard for training for future pain specialists within the UK.

5.3 Reviewing and updating the curriculum

The FPM recognises that the Credentialing process and its curriculum will require ongoing review, maintenance and updating as it becomes embedded in practice. As indicated above, the FPM works closely and listens to trainees and trainers and is pro-active in responding to any issues in training as they arise. Moreover, it is recognised that with the Credential being open to other specialties and SAS grade doctors, we will require to maintain regular co-working with all the specialties and their Colleges and training and assessment bodies.

It is envisaged that a representative from all the newly included specialties will be co-opted onto the Faculty of Pain Medicine Training and Assessment Committee to ensure that the Credential and its curriculum continues to be quality assured and improved as it evolves and rolls out.

The FPM will continue to have specific plans in place to monitor the assessment burden within the programme, alongside the experiences of those undertaking the credential from non-anaesthetic backgrounds to ensure that the curriculum provides appropriate support where backgrounds and prior experience may not align as expected.

5.4 Rural and remote settings

The Faculty of Pain Medicine is committed to training of doctors across the Four Nations of the United Kingdom. Training and practice in Pain Medicine is already embedded across the four countries including remote and rural areas. See Section 2.8 in this document for more detailed information.

5.5 Equality & Diversity

The Faculty of Pain Medicine together with its parent college, the Royal College of Anaesthetists, commits itself to complying fully with the requirements of the Equality Act 2010 in respect of Equality and Diversity. It will strive to ensure that its educational and clinical supervisors have all undergone the necessary training to comply with these requirements as set out by the General medical council. It will also ensure that trainees are provided with the necessary training, guidance, and support to ensure that they are fully supported in the true spirit of equality and diversity. The FPM actively promotes and supports the Widening Participation in Medicine Initiative.

Compliance will be assured through:

1. Monitoring of recruitment, assessments, and the FPMRCA examination
2. Quality assurance of all training processes for educational and clinical supervisors
3. Quality assurance of support processes for trainees, ensuring that they have a confidential and supportive mentor should they require one.

5.6 Managing the trainee in difficulty

Each individual trainee has a nominated Faculty Tutor in Pain Medicine who acts as an Educational Supervisor. This is separate to other medical and non-medical members of the multidisciplinary pain team, who act as Clinical Supervisors. Regional Advisors in Pain Medicine meet with Trainees at the beginning of their training and each trainee has regularly work based assessments with their Faculty Tutor as well as formal quarterly reviews with their RAPM which allow assessment of progress in real time.

The Faculty Tutor is answerable to a Regional Advisor in Pain medicine (RAPM) and there are 21 regions within the four nations of the UK. The RAPM also meets with the Trainee at the start of training to ensure that there is a complete programme in place to complete training. The RAPM can be called upon to

meet with the trainee at any point during training either by the trainee or his/her trainers if there are any concerns.

RAPM are also governed by a Chair and meet four times a year to discuss both general issues in training as well as any individual concerns. If there is significant concern the relevant Head of School of Anaesthesia is also involved. The RAPM Chair is part of the Training and Assessment Committee which oversees training and the committee in turn reports to the Board of the FPM. Serious concerns can be escalated up to and discussed at Board Level.

Governance and infrastructure are such that it is rare that we have trainees who face significant or unsurmountable problems during their training.

The FPM is also proactive in dealing with external issues that can affect training. During the COVID-19 pandemic, each individual trainee in a specialist Pain Medicine training post was offered an interview with the Training and Assessment Committee to mitigate as much as possible the impact of the pandemic on training. This was very much welcomed by our trainees and successfully implemented.

With regards to the FPMRCA exam we do have a high pass percentage. If a candidate performs badly, we will communicate this to their RAPM who can then have a meeting with the trainee. This meeting will be focused on feedback from exams followed by a constructive plan towards preparing for the exams depending on individual trainee requirements. The FPM will help with this process as necessary.

Together with our parent college we also provide support for trainees in need due to personal or other circumstances, appropriately signposting them to support services as needed.

The FPM also has a buddying system to mentor and support doctors who may be in training in post-CCT programmes.

Please refer to Part II for detailed Credential assessment guidance for both trainees and trainers.

6. High Level Learning Outcomes

6.1 Entrustable Professional Activities

The following High Level Learning Outcomes have been mapped against Entrustable Professional Activities per Quarter of Training, with the duration of the Quarter being dependant on the proposed indicative period of training as agreed by the trainee and the Regional Advisor in Pain medicine before the commencement of training.

These tables are meant as a guidance to trainers and trainees with regards to progress that is required to complete training. They **do not** need to be completed in entirety every quarter. They **should** be used as a tool for assessment where progress has been made and for targeted discussion when a trainee is not making as much progress as a trainer anticipates.

They should also be used by both trainee and trainer to optimise future learning opportunities and gain sufficient exposure to aspects of Pain Medicine to allow them to progress overall.

The Entrustable Professional Activity level listed against each domain per quarter is the minimum level expected to be achieved for the average trainee. For higher achieving trainees we would expect them to attain one activity level above per quarter.

High Level Learning Outcome 1	Credential Pain Medicine Manages referrals/triages within pain service EPA – entrustable professional activity* (See key for guide to levels)				
Experience & Logbook	<ul style="list-style-type: none"> • Structured learning events including case discussions • Logbook to reflect triage sessions attendance • MDT exposure 				
Formative Assessments:		EPA 1st quarter	EPA 2nd quarter	EPA 3rd quarter	EPA 4th quarter
1	Identify history, examination requests and need for further investigations in different age groups within referrals	1	2	3	4
2	Identifies which patients need to be seen in person and which patients can be managed remotely if required	2	3,	4	,5
3	Demonstrates the ability to triage and prioritise pain in complex scenarios, including those with cognitive impairment, limited verbal interaction and settings such as intensive care	1	2,	3	4
4	Formulation of an appropriate differential diagnosis and optimal pathway (medical or non-medical first contact within pain service).	1	2	3	4
5	Shared decision making, explanation of the clinical reasoning behind diagnostic and management plan	1	2	3	4
6	Professional behaviour with regards to colleagues	3	3	4	5
7	Appropriate prioritisation of referrals	1	2	3	4
8	Collaborative working with specialty services and refers onward when necessary, including the management of addiction to pain related medication	1	2	3	4
9	Recognition of patients with pain who have psychological problems and who require psychological evaluation, and the ability to apply established treatments for the management of psychological distress in those with pain	1	2	3	4
10	Effective use of the pain medicine MDT discussion with understanding of the roles of physiotherapy, occupational therapy, clinical psychology and nurse within the team	2	3	4	4
11	Effectively communication with primary and secondary care colleagues	2	3	4	5
Personal Activities and Personal Reflections may include:	<ul style="list-style-type: none"> • Multi-disciplinary pain meeting reflections • Correspondence (response letters (e.g., back to referrer) 				
Global Assessments	<ul style="list-style-type: none"> • Satisfactory MSF • MTR • FFPMRCA exam 				

* For example: number of sessions, number of patients seen, relates to specific SLE outcome or a specific case report

High Level Learning Outcome 2	Credential Pain Medicine Manages an outpatient Pain Medicine Clinic EPA – entrustable professional activity* (See key for guide to levels)				
Experience & Logbook	<ul style="list-style-type: none"> • Record of clinic session attendance and case mix • Demonstrate time management (clinical/admin) • Demonstrates ability to run clinics in person or remotely 				
Formative Assessments:		EPA 1st quarter	EPA 2nd quarter	EPA 3rd quarter	EPA 4th quarter
1	Comprehensive and focused assessment of patients with pain, including history taking, physical examination with appropriate requests and interpretation of investigations in different age groups	1	2,	3	4
2	The ability to accurately assess pain in complex scenarios, including those with cognitive impairment, limited verbal interaction and settings such as intensive care	1	2	3	4
3	Formulation of an appropriate differential diagnosis and management plan	2	3	4	5
4	Patient centred care including shared decision making, explanation of the clinical reasoning behind diagnostic and management plan	1	2	3	4
5	Professional behaviour with regards to patients, carers, guardians, colleagues and others	2	3	4	5
6	Appropriate prioritisation of referrals	1	3	4	,5
7	Collaborative working with specialty services and refers onward when necessary, including the management of addiction to pain related medication	1	2	3	4
8	Recognition of patients with pain who have psychological problems and who require psychological evaluation, and the ability to apply established treatments for the management of psychological distress in those with pain	1	2	3	4
9	Prescribes safely within recommended guidelines	2	3	4	5
10	Effective use of the pain medicine MDT discussion with understanding of the roles of physiotherapy, occupational therapy, clinical psychology and nurse within the team	1	2	4	5
11	Effective communication with primary and secondary care colleagues	2	3	4	5
12	Safe and effective pharmacological management of acute, acute on chronic, cancer and procedural pain in all age groups with different co-morbidities	1	2	3	4
13	Appropriate pharmacological knowledge for safe short- and long-term prescribing of opioids	1	3	4	5
14	Understanding of the role of pain management programmes	1	2	3	4

15	Demonstrates clear written and verbal communication	2	3	4	5
Personal Activities and Personal Reflections may include:	<ul style="list-style-type: none"> • Focused case review • Correspondence (letters and referrals) • Patient and colleague feedback 				
Global Assessments	<ul style="list-style-type: none"> • Satisfactory MSF • MTR • FFPMRCA exam 				

High Level Learning Outcome 3	Credential Pain Medicine					
	Manages pain procedural cases EPA – entrustable professional activity* (See key for guide to levels) (**Refer to procedures tables in Annex B)					
Experience & Logbook	<ul style="list-style-type: none"> • Record of treatment room and DSU session attendance and cases • Time management (clinical/admin) • Acute pain procedures 					
Formative Assessments:		EPA 1st quarter	EPA 2nd quarter	EPA 3rd quarter	EPA 4th quarter	
1	• Ability to perform core interventional pain procedures	1	2	3	3	
2	• Selection and referral of appropriate cases as per level of ability**	1	2	3	4	
3	• Ability to manage complications from interventional procedures and related pharmacological sequelae.	1	2	3	4	
4	• Ability to safely establish infusion pumps, including PCAs, wound catheters and epidurals in inpatient settings and establish TENS in outpatient settings	1	2	3	4	
5	• Knowledge of radiation safety	1	2	3	3	
6	• Appropriate informed consent	2	3	4	5	
7	• Good practice in sterile environments	2	3	4	5	
8	• Awareness of risk/benefits of more complex intermediate and advanced procedures**	1	2	3	4	
9	• Referral of neuromodulation, intrathecal drug delivery and cancer pain patients to tertiary services.	1	2	3	4	
Personal Activities and Personal Reflections may include:	<ul style="list-style-type: none"> • Focused case review • Clear understanding of information leaflets and consent law • Simulation and cadaveric study courses • Morbidity and mortality review • Patient and colleague feedback 					
Global Assessments	<ul style="list-style-type: none"> • Satisfactory MSF • MTR • CARE response (Patient Feedback) • FFPMRCA exam 					

High Level Learning Outcome 4	Credential Pain Medicine Participates effectively within a Pain MDT EPA – entrustable professional activity* (See key for guide to levels)				
Experience & Logbook	<ul style="list-style-type: none"> Record of Pain MDT and vetting session attendance Record of attendance at other related specialty MDT such as Spinal, Rheumatology, Palliative Care, Headache, Pelvic pain/Urogynae MDT 				
Formative Assessments:		EPA 1st quarter	EPA 2nd quarter	EPA 3rd quarter	EPA 4th quarter
1	Summaries of case history and salient points for discussion	1	2	3	4
2	Prioritisation of complex scenarios and referrals	1	2	3	4
3	Formulation of an appropriate differential diagnosis and optimal pathway (medical or non-medical first contact within pain service).	1	2	3	4
4	Shared decision making, explanation of the clinical reasoning behind diagnostic and management plan	1	2	3	4
5	Professional behaviour with regards to colleagues	3	4	4	4
6	Collaborative working with specialty services and refers onward when necessary, including the management of addiction to pain related medication	1	2,	3	4
7	Recognition of patients with pain who have psychological problems and who require psychological evaluation, and the ability to apply established treatments for the management of psychological distress in those with pain	1	2	3	4
8	Understanding of the roles of physiotherapy, occupational therapy, clinical psychology and nurse within the team	2	3	4	5
9	Effective communication with primary and secondary care colleagues	2	3	4	5
10	Understanding of the role of pain management programmes	1	2	3	4
Personal Activities and Personal Reflections may include:	<ul style="list-style-type: none"> Multi-disciplinary pain meeting reflections Colleague feedback 				
Global Assessments	<ul style="list-style-type: none"> Satisfactory MSF MTR CARE response (Patient Feedback) FFPMRCA exam 				

High Level Learning Outcome 5	Credential Pain Medicine Manages inpatient pain and acute pain rounds EPA – entrustable professional activity* (See key for guide to levels)									
Experience & Logbook	<ul style="list-style-type: none"> • Structured learning events including case discussions • Logbook to reflect management of both acute perioperative and trauma patients and complex patients with long term pain • MDT discussions • Understanding of perioperative care medicine 									
Formative Assessments:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%;">EPA 1st quarter</th> <th style="width: 10%;">EPA 2nd quarter</th> <th style="width: 10%;">EPA 3rd quarter</th> <th style="width: 10%;">EPA 4th quarter</th> </tr> </thead> </table>						EPA 1 st quarter	EPA 2 nd quarter	EPA 3 rd quarter	EPA 4 th quarter
	EPA 1 st quarter	EPA 2 nd quarter	EPA 3 rd quarter	EPA 4 th quarter						
1	Demonstrates safe and effective pharmacological management of acute, acute on chronic in patient and procedural pain in all age groups.	1	2	3	4					
2	Demonstrates professional behaviour with regards to patients, carers, colleagues, and others	2,	,3,	4	5					
3	Delivers patient centred care including shared decision-making	2	3	4	5					
4	Takes a relevant patient history including patient symptoms, concerns, priorities and preferences	2	3	4	,5					
5	Performs accurate clinical examinations	2	3	4	5					
6	Shows appropriate clinical reasoning by analysing physical and psychological findings	1	2	3	4					
7	Formulates an appropriate differential diagnosis	1	2	3	4					
8	Formulates an appropriate diagnostic and management plan	1	2	3	4					
9	Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues	1	2	3	5					
10	Appropriately selects, manages and interprets investigations	2	2	3	4					
11	Recognises need to liaise with specialty services and refers where appropriate	1	2	3	4					
12	Prescribes safely	2	3	4	5					
13	Manages infusion pumps, including PCAs, wound catheters and epidurals	2	,3	4	,5					
14	Can lead an acute pain round	1	2	3	5					
15	Can supervise acute pain nurses including nurse led prescribing	1	2	,3	4					

16	Recognises and manages acute medical illnesses	2	3	4	5
17	Recognises comorbidities and adjusts pain related medications accordingly	2	,3	4	5
18	Demonstrates appropriate and timely liaison with other medical specialty services when required	2	3	4	5
19	Identifies patients with limited reversibility of their medical condition and determines palliative and end of life care needs	,2	3	4	,5
20	Identifies the dying patient and develops an individualised care plan, including anticipatory prescribing at end-of-life	1	3,	4	5
21	Facilitates referrals to specialist palliative care when needed	2,	3	,4	,5
22	Demonstrates effective consultation skills in challenging areas (e.g., ICM)	2	3	3	4
23	Demonstrates compassionate professional behaviour and clinical judgement	3	,4	,5	5
Personal Activities and Personal Reflections may include:	<ul style="list-style-type: none"> Multi-disciplinary pain meeting reflections Patient feed back 				
Global Assessments	<ul style="list-style-type: none"> Satisfactory MSF MTR FFPMRCA exam 				

High Level Learning Outcome 6	<p>Credential Pain Medicine</p> <p>Manages patients who are taking drugs of potential addiction –optimisation of medicines</p> <p>EPA – entrustable professional activity* (See key for guide to levels)</p>				
Experience & Logbook	<ul style="list-style-type: none"> Structured learning events including case discussions Logbook of acute and acute on chronic pain in patients who have addiction issues MDT discussions 				
Formative Assessments:		EPA 1st quarter	EPA 2nd quarter	EPA 3rd quarter	EPA 4th quarter
1	Appropriate pharmacological knowledge for safe short and long-term prescribing of opioids and other drugs of potential addiction	2	3	3	4
2	Risks and benefits of prescribing opioids and drugs of potential addiction for chronic non-malignant pain	2	3	4	5
3	Risks and benefits of prescribing opioids for patients who have malignant pain	2	3	4	5

4	Demonstrates the use of opioid risk tools and assessments in vulnerable groups	1	2	3	4
5	Understands the monitoring of opioids and drugs of potential addiction and withdrawal strategies within pain management services.	1	2	3	4
6	Awareness of the legal implications of the use and prescribing of opioids and drug of potential addiction relating to driving, misuse, addiction and diversion	1	2	3	4
7	The need to collaborate effectively with drug and alcohol addiction services at inpatient and outpatient/community levels	1	2	3	4
Personal Activities and Personal Reflections may include:	<ul style="list-style-type: none"> Multi-disciplinary pain meeting reflections Patient feed back Co-working with drug addiction services, pharmacist, drug optimisation services 				
Global Assessment:	<ul style="list-style-type: none"> Satisfactory MSF MTR FFPMRCA exam 				

High Level Learning Outcome 7	Credential Pain Medicine Has an understanding of the socioeconomic, occupational health and medicolegal aspects of Pain Medicine EPA – entrustable professional activity* (See key for guide to levels)				
Experience & Logbook	<ul style="list-style-type: none"> Logbook to reflect working with occupational therapists, exposure to medicolegal practice within the hospital, writing letters of support Local Mandatory Training programmes on relevant areas e.g., GDPR 				
Formative Assessments:		EPA 1st quarter	EPA 2nd quarter	EPA 3rd quarter	EPA 4th quarter
1	An understanding of the Personalised Care institute and the principles of delivering personalised care	1	2	3	4
2	An understanding of the basic concepts of welfare benefit for e.g., Universal credit, personal independent payment, employment support allowance	1	2	3	4
3	An understanding of the impact of pain on aspects of daily living, the role of the occupational therapist within the multidisciplinary team, the role of social services in supporting patients with disability	1	2	3	4
4	An understanding of the Equality Act 2010 with regards to disability and safe-guarding vulnerable adults and children	1	2	3	4
5	An understanding of the Mental Capacity Act and the potential impact of pain on mental capacity	2	3	4	5

6	An understanding of the impact of pain on occupation, legal aspects of reasonable adjustments and the importance of promoting return to work	1	2	3	4
7	An understanding of the importance of supporting children and young adults, and mature students in education	1	2	3	4
8	Ability to compose letters of support with regards to application for welfare and occupational support	1	2	3	4
9	An understanding of the law relating to personal injury, law of causation including the impact that this has on pain management	1	2	3	4
10	A basic understanding of the concepts of expert evidence and medico-legal reporting	1	2	3	4
11	A clear understanding of the law in relation to health, drugs and driving	2	3	4	5
12	A clear understanding of data protection (GDPR) principles and policy	3	4	4	5
Personal Activities and Personal Reflections may include:	<ul style="list-style-type: none"> Multi-disciplinary pain meeting reflections Patient feedback MDT discussions Interaction with Social services, Special Educational Needs Co-ordinators Mandatory training regarding GDPR, Personalised care institute teaching modules 				
Global Assessments	<ul style="list-style-type: none"> Satisfactory MSF MTR FFPMRCA exam 				

High Level Learning Outcome 8	<p>Credential Pain Medicine</p> <p>Understands the Healthcare infrastructure and the pain service</p> <p>EPA – entrustable professional activity*</p> <p>(See key for guide to levels)</p>				
Experience & Logbook	<ul style="list-style-type: none"> Logbook to reflect experience of management, attending business meetings, shadowing Lead Clinician for the service. Background reading regarding the NHS infrastructure 				
Formative Assessments:		EPA 1st quarter	EPA 2nd quarter	EPA 3rd quarter	EPA 4th quarter
1	An understanding of the structure of UK Health systems and their remit	2	3	4	5
2	An understanding of the current clinical commissioning groups within the NHS, in both primary and secondary care	2	3	4	5

3	Knowledge of specialist and highly specialist commissioning	1	2	3	4
4	Knowledge of infrastructure within an NHS Trust or other healthcare provider in terms of managing a pain service	1	2	3	4
5	Information coding in relation to activity within the pain service and in relation to remuneration and funding	1	2	3	4
6	How to write a business plan	1	1	2	3
Personal Activities and Personal Reflections may include:	<ul style="list-style-type: none"> Multi-disciplinary pain meeting reflections Quality Improvement work and audit. Participation in service design and commissioning 				
Global Assessments	<ul style="list-style-type: none"> Satisfactory MSF MTR FFPMRCA exam 				

High Level Learning Outcome 1P	Paediatric Pain Medicine Managing pain in paediatric patients (acute) EPA – entrustable professional activity* (See key for guide to levels)				
Experience & Logbook	<ul style="list-style-type: none"> Structured learning events including case discussions Logbook to reflect level of MDT and individual patient exposure 				
Formative Assessments:		EPA 1st quarter	EPA 2nd quarter	EPA 3rd quarter	EPA 4th quarter
1	Demonstrates professional behaviour with regards to patients, carers, colleagues, and others	2,	,3	4	4
2	Demonstrates compassionate professional behaviour and clinical judgement	2	3	4	4
3	Delivers patient centred care including shared decision-making	2	3	4	4
4	Takes a relevant patient history including patient symptoms, concerns, priorities and preferences	1	2	3	4
5	Performs accurate clinical examinations	2	3	4	5
6	Shows appropriate clinical reasoning by analysing physical and psychological findings	1	2	3	4
7	Formulates an appropriate differential diagnosis	1	2	3	4

8	Formulates an appropriate diagnostic and management plan	1	2	3	3
9	Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues	1	2	3	3
10	Appropriately selects, manages, and interprets investigations	1	2	3	4
11	Recognises need to liaise with specialty services and refers where appropriate		2	3	4
12	Prescribes safely for age and weight	2	3	4	5
13	Manages infusion pumps, including PCAs, wound catheters and epidurals	2	2	3	3
14	Can lead an acute pain team	1	2	3	3
15	Recognises acute medical illness	1	2	3	4
16	Manages comorbidities and adjusts analgesia accordingly	1	2	3	3
17	Demonstrates appropriate and timely liaison with other medical specialty services when required	1	2	3	4
18	Identifies patients with limited reversibility of their medical condition and determines palliative and end of life care needs	1	2	3	3
19	Identifies the dying patient and develops an individualised care plan, including anticipatory prescribing at end-of-life	1	1	2	3
20	Facilitates referrals to specialist palliative care when needed	1	2	3	4
21	Demonstrates effective consultation skills in challenging areas (e.g., ventilated in ICM, non-verbal patient and those with learning difficulties)	1	2	3	3
Personal Activities and Personal Reflections may include:	<ul style="list-style-type: none"> Multi-disciplinary pain meeting reflections Patient and parent/guardian feedback 				
Global Assessments	<p>Satisfactory MSF</p> <ul style="list-style-type: none"> MTR FFPMRCA exam 				

High Level Learning Outcome 2P	Paediatric Pain Medicine Managing pain in paediatric patients (chronic pain) EPA – entrustable professional activity* (See key for guide to levels)				
Experience & Logbook	<ul style="list-style-type: none"> • Structured learning events including case discussions, • Logbook to reflect level of exposure to individual patients • MDT exposure 				
Formative Assessments:		EPA 1 st quarter	EPA 2 nd quarter	EPA 3 rd quarter	EPA 4 th quarter
1	Demonstrates accurate assessment of pain intensity in infants, children and adolescents including the premature neonate and child with neurodevelopmental delay	1	2	3	4
2	Demonstrates safe and effective pharmacological management of acute and procedural pain in all ages including the premature neonate	1	2	3	4,
3	Demonstrates an ability to lead multidisciplinary management of chronic and cancer pain in children	1	2	3	3
4	Demonstrates an ability to perform necessary practical procedures for safe, effective evidence-based practice	1	2	3	3
5	Promotes non-pharmacological and non-interventional pain management strategies when appropriate to do so.	1	2	3	3
6	Demonstrates an ability to manage transition from paediatric to adult health and social services where appropriate	1	2	3	3
7	Demonstrates an ability to initiate and take an appropriate [including leading] role in child protection processes	1	2	3	,4
8	Demonstrates effective communication with children and families	2	3	4	5
9	Demonstrates effective communication with other paediatric healthcare professionals	,2	3	4	5
10	Demonstrates effective communication and liaison with social, educational and community paediatric services	1	2	3	4
11	Demonstrates an appreciation of appropriate skills mix for multidisciplinary pain management in children of different ages, abilities, and social educational needs	1	2	3	4
12	Demonstrates ability to take effective leadership role in children's pain management	1	2	3	3
Personal Activities and Personal Reflections may include:	<ul style="list-style-type: none"> • Multi-disciplinary pain meeting reflections • Patient and parent/guardian feedback 				
Global Assessments	<ul style="list-style-type: none"> • Satisfactory MSF • MTR • FPPMRCA exam 				

High Level Learning Outcome 1C	Cancer Pain Medicine Managing pain in cancer patients EPA – entrustable professional activity* (See key for guide to levels)				
Experience & Logbook	<ul style="list-style-type: none"> • Structured learning events including case discussions • Logbook to reflect in and outpatient exposure • MDT including oncology and palliative care 				
Formative Assessments:					
		EPA 1 st quarter	EPA 2 nd quarter	EPA 3 rd quarter	EPA 4 th quarter
1	Demonstrates the ability to accurately assess pain in the cancer pain patient	1	2	3	4
2	Demonstrates compassionate professional behaviour and clinical judgement	1	2	3	4
3	Demonstrates the ability to work in a multidisciplinary team	1	2	3	4
4	Demonstrates the knowledge and/or ability to set up and manage external and internal implantable drug delivery systems, both peripheral and central, for the management of cancer pain	1	1	2	2,
5	Demonstrates effective communication with patients and families/carers	2	3	3	4,
6	Demonstrates effective communication with other healthcare professionals in primary and secondary care	2	3	3	4
7	Demonstrates appreciation of the need for multidisciplinary management in the cancer sufferer	2	3	4	5
8	Identifies patients with limited reversibility of their medical condition and determines palliative and end of life care needs, planning their pain management needs accordingly	2	3	4	4
9	Identifies the dying patient and develops an individualised care plan, including anticipatory prescribing and pain management prescribing at end-of-life	1	2	3	4
10	Facilitates referrals to specialist palliative care when needed	2	3	4	5
11	Demonstrates an appreciation of appropriate skills mix for multidisciplinary pain management in Intrathecal drug delivery (IDD) service	1	1	2	3

12	Demonstrates effective communication with other healthcare professionals in primary and secondary care, including but not limited to general practitioners, surgical specialties for assessment and treatment of urgent complications, neurologists and/or paediatricians for patients with spasticity and communication with other specialist teams offering IDD therapy.	2	3	3	4
Personal Activities and Personal Reflections may include:	<ul style="list-style-type: none"> Multi-disciplinary pain meeting reflections Patient feedback 				
Global Assessments	<ul style="list-style-type: none"> Satisfactory MSF MTR FFPMRCA exam 				

High Level Learning Outcome 2C	<p>Cancer Pain Medicine</p> <p>Performing interventions in cancer patients</p> <p>EPA – entrustable professional activity*</p> <p>(See key for guide to levels)</p>				
Experience & Logbook	<ul style="list-style-type: none"> Structured learning events including case discussions Logbook to reflect exposure Logbook to reflect an understanding of risks and benefits. <p>All trainees are expected to achieve the minimum EPA as indicated below. Proficiency beyond this level would require further specialist training and would be outside the scope of this Credential</p>				
Formative Assessments:		EPA 1st quarter	EPA 2nd quarter	EPA 3rd quarter	EPA 4th quarter
1	Demonstrates an understanding of and where appropriate the ability to perform neurolytic blockade (including autonomic, peripheral, and regional techniques) in the management of cancer pain	1	1	2	3
2	Demonstrates an understanding of and where appropriate the ability to deliver some of the highly specialised treatments for the management of cancer pain, including but not exclusively, percutaneous cordotomy	1	1	2	2
3	Demonstrates ability to signpost/refer patients requiring interventional procedures for cancer pain to appropriate centres	1	2	3	4
4	Demonstrates ability to recognise complications arising from such procedures and refer back to/ seek advice of other appropriate teams/specialists when required	1	2	3	3

Personal Activities and Personal Reflections may include:	<ul style="list-style-type: none"> Multi-disciplinary pain meeting reflections Patient feedback 				
Global Assessments	<ul style="list-style-type: none"> Satisfactory MSF MTR FFPMRCA exam 				

High Level Learning Outcome 1N	Neuromodulation & Implantable Technology Assessing patients for Neuromodulation & Implantable Technology EPA – entrustable professional activity* (See key for guide to levels)				
Experience & Logbook	<ul style="list-style-type: none"> Structured learning events including case discussions Logbook to reflect exposure Logbook to reflect discussion of risks and benefits 				
Formative Assessments:		EPA 1st quarter	EPA 2nd quarter	EPA 3rd quarter	EPA 4th quarter
1	Demonstrates the ability to assess pain including, location, nature and any relevant psychosocial factors, in the context of neuromodulation suitability and risk.	1	1	2	3
2	Demonstrates ability to work in a multidisciplinary team	2	3	4	4
3	Demonstrates an appreciation of appropriate skill mix for multidisciplinary management in neuromodulation and implantable technology	1	2	3	4
4	Demonstrates effective communication with other healthcare professionals in primary and secondary care e.g., surgical specialties for assessment and treatment of complications and communication with specialist teams offering neuromodulation and implantable technology	1	2	3	4
Personal Activities and Personal Reflections may include:	<ul style="list-style-type: none"> Multi-disciplinary pain meeting reflections Patient feedback 				
Global Assessments	<ul style="list-style-type: none"> Satisfactory MSF MTR FFPMRCA exam 				

High Level Learning Outcome 2N	Neuromodulation & Implantable Technology Performing Neuromodulation & Implantable Technology EPA – entrustable professional activity* (See key for guide to levels)				
Experience & Logbook	<ul style="list-style-type: none"> • Structured learning events including case discussions • Logbook to reflect exposure to having seen these procedures being performed • Logbook to reflect an understanding of risks and benefits. • All trainees are expected to achieve the minimum EPA as indicated below. Proficiency beyond this level would require further specialist training and would be outside the scope of this Credential 				
Formative Assessments:		EPA 1 st quarter	EPA 2 nd quarter	EPA 3 rd quarter	EPA 4 th quarter
1	Demonstrates an understanding of the technical skills required for safe SCS and neuromodulation techniques	1	1	2	2
2	Demonstrates ability to recognise complications and refer to other appropriate teams/specialists when needed	1	1	2	2
Personal Activities and Personal Reflections may include:	<ul style="list-style-type: none"> • Multi-disciplinary pain meeting reflections • Patient feedback 				
Global Assessments	<ul style="list-style-type: none"> • Satisfactory MSF • MTR • FFPMRCA exam 				

Appendix: Curriculum development group

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The GMC Credentialing Framework is new and although we have attempted to produce as complete a curriculum with guidance and assessment herein, we recognise that as the Credential is rolled out in practice, we will learn of inadequacies in this document, for which we ask for your forbearance.

The Curriculum for the Credential for the Pain Medicine Specialist is intended to be a 'living' document that will grow and adjust to the needs of its holders and the population they serve.



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