Pain Medicine Competencies

2025
VERSION 2.0

Effective for residents who enter training on or after July 1, 2025.

DEFINITION

Pain Medicine is a medical subspecialty concerned with prevention of pain and the evaluation, diagnosis, treatment, and rehabilitation of patients with acute and chronic pain of any etiology.

PAIN MEDICINE PRACTICE

Pain Medicine specialists provide care for patients across the age spectrum with acute or chronic pain due to any etiology. The pain may be the patient's primary medical concern, a symptom or complication of an illness, or an adverse effect of treatment. Pain is often associated with prior surgery or other conditions such as addiction, cancer, disordered sleep, mental disorders, musculoskeletal disorders, and neurologic disorders.

Pain Medicine specialists apply a biopsychosocial approach to assess the patient, their pain and its etiology, the impact of pain on functional status and well-being, and any coexisting disorders. Pain Medicine specialists develop multimodal management plans using preventive, physical, psychological, and pharmacologic treatments and procedure-based interventions. They manage complex issues that arise in the prevention and treatment of pain, such as polypharmacy, opioid misuse, and addiction. Care is often longitudinal as chronic pain is more often managed than cured.

Pain Medicine specialists provide consultation services to primary care physicians and other specialists. They work within an interprofessional team that includes pharmacists, physiotherapists, psychologists, and occupational therapists in order to formulate a holistic understanding of the patient and deliver all available treatment options. They work with radiology technicians to perform interventional procedures.

Pain Medicine specialists are usually affiliated with large academic and tertiary care centres, working in inpatient units and outpatient clinics with access to multidisciplinary[1] teams.

[1] In this document, the term "multidisciplinary" refers to working with physicians from other disciplines as well as with other health care professionals in the care of patients with pain.

Increasingly, Pain Medicine specialists work in multidisciplinary community-based clinics and provide care for patients in rehabilitation settings, nursing homes, and via virtual care platforms.

ELIGIBILITY REQUIREMENTS TO BEGIN TRAINING

Entry from Internal Medicine

These eligibility requirements apply to those who began training in Internal Medicine prior to July 1, 2023:

Royal College certification in Internal Medicine

OR

Eligibility for the Royal College examination in Internal Medicine

OR

Registration in a Royal College accredited residency program in Internal Medicine (see requirements for these qualifications)

A maximum of one year of training may be undertaken during concurrent training for certification in Internal Medicine.

These eligibility requirements apply to those who began training in Internal Medicine on or after July 1, 2023:

Royal College certification in Internal Medicine

OR

Successful completion of the Core stage of training in a Royal College accredited residency program in Internal Medicine (see requirements for these qualifications)

Training in Pain Medicine may overlap with completion of requirements for certification in Internal Medicine (see requirements for the Overlap Training and Alternative Pathway to Internal Medicine Certification).

Entry from Pediatrics

Royal College certification in Pediatrics

OR

Successful completion of the Transition to Practice stage of training in a Royal College

accredited residency program in Pediatrics[2]

Entry from other clinical disciplines

Royal College certification in Anesthesiology, Emergency Medicine, Neurology, Physical Medicine and Rehabilitation, Psychiatry, or Rheumatology

OR

Eligibility for the Royal College examination in Anesthesiology, Emergency Medicine, Neurology, Physical Medicine and Rehabilitation, Psychiatry, or Rheumatology

OR

Registration in a Royal College-accredited residency program in Anesthesiology, Emergency Medicine, Neurology, Physical Medicine and Rehabilitation, Psychiatry, or Rheumatology (see requirements for these qualifications)

Entry from the following Royal College-accredited disciplines is possible in exceptional cases with the approval of the Specialty Committee in Pain Medicine: Medical Oncology, Neurosurgery, Orthopedic Surgery, or Palliative Medicine

A maximum of one year of training may be undertaken during concurrent training for certification in an entry discipline.

ELIGIBILITY REQUIREMENTS FOR EXAMINATION[3]

All candidates must be Royal College certified in their primary specialty in order to be eligible for the Royal College examination in Pain Medicine.

PAIN MEDICINE COMPETENCIES

Medical Expert

Definition:

As *Medical Experts*, Pain Medicine specialists integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional values in their provision of high-quality and safe patient-centred care. Medical Expert is the central physician Role in the CanMEDS

[2] Some programs in Quebec may permit eligible trainees to begin subspecialty training before completion of the Pediatrics Transition to Practice stage. However, as with all jurisdictions, trainees in Quebec must achieve all generalist competencies of the Pediatrics specialty prior to certification in Pediatrics. To learn more about the entrance requirements for a specific Pain Medicine program, speak to the relevant postgraduate medical education office.

[3] These eligibility requirements do not apply to Subspecialty Examination Affiliate Program (SEAP) candidates. Please contact the Royal College for information about SEAP.

Framework and defines the physician's clinical scope of practice.

Key and Enabling Competencies: Pain Medicine specialists are able to…

1. Practise medicine within their defined scope of practice and expertise

1.1. Demonstrate a commitment to high-quality care of their patients

1.2. Integrate the CanMEDS Intrinsic Roles into their practice of Pain Medicine

1.3. Apply knowledge of the clinical and biomedical sciences relevant to Pain Medicine

1.3.1. Anatomy and neurophysiology of nociception

1.3.2. Pathophysiology of acute and chronic pain, including mechanisms, modulation, and associated physiologic consequences

1.3.3. Genetic influences on pain perception and pharmacotherapy for pain

1.3.3.1. The role of genomics in investigating pain

1.3.4. Biopsychosocial influences on pain perception and experience

1.3.4.1. Neuro-biologic predisposition

1.3.4.2. Childhood and early life experiences

1.3.4.3. Cultural and societal environments

1.3.5. Psychological mechanisms involved in pain and suffering, including catastrophization and kinesiophobia

1.3.6. Factors relevant to pain and pain modulation in patients with concurrent conditions, including mental and sleep disorders

1.3.7. The placebo and nocebo response and implications for patient assessment and treatment

1.3.8. World Health Organization Disability Assessment Schedule (WHODAS), including the concepts of impairment, ability, and participation

1.3.8.1. Application of these concepts to individuals with pain

1.3.9. Predictors of treatment outcome

1.3.10. Validated assessment tools, including their clinical utility, limitations, administration, scoring, and interpretation, for the measurement of response to treatment for pain and its impact on

1.3.10.1. Function and abilities

1.3.10.2. Health care utilization

1.3.10.3. Intensity and quality of pain

1.3.10.4. Mood

1.3.10.5. Quality of life

1.3.10.6. Sleep

Acute pain

1.3.11. Common acute pain syndromes and their epidemiology, pathophysiology, natural history, clinical features, investigation, diagnosis, management, and prognosis

1.3.12. Adverse physiological and psychological effects, both immediate and long-term, of inadequate pain management in the acute care setting

1.3.13. Elements of an acute pain assessment

1.3.14. Factors that affect perception of acute pain, such as culture, age, cognitive impairment, language barrier, and level of consciousness

1.3.15. Factors that complicate treatment of patients with acute pain, including previous chronic pain disorders, opioid tolerance, substance misuse, and psychosocial factors

1.3.16. Factors that put a patient at risk of transitioning to chronic pain

Chronic pain

1.3.17. Definition, taxonomy, and classification of chronic pain utilizing the International Association for the Study of Pain (IASP) Classification of Chronic Pain

1.3.18. Elements of a chronic pain assessment, including multidimensional and multidisciplinary pain assessments

1.3.19. Adverse physiological and psychological effects, both immediate and long-term, of inadequate management of chronic pain

1.3.20. Factors that complicate treatment of patients with chronic pain, including concurrent disorders, opioid tolerance, substance misuse, and psychosocial factors

Headache and craniofacial pain

1.3.21. Anatomy and physiology of craniofacial pain pathways

1.3.22. Classification of headache according to the International Classification of Headache Disorders (ICHD)

1.3.23. Epidemiology, pathophysiology, natural history, clinical features, investigation, diagnosis, management, and prognosis of primary and secondary headache and craniofacial pain disorders

1.3.24. Signs and symptoms of life-threatening headache

Pain due to musculoskeletal disorders and disorders of the spine

1.3.25. Epidemiology, pathophysiology, natural history, clinical features, investigation, diagnosis, management, and prognosis of

1.3.25.1. Diffuse body pain

1.3.25.2. Inflammatory and degenerative joint disease

1.3.25.3. Disorders of the spine

1.3.25.3.1. Intervertebral disc herniation with radiculopathy

1.3.25.3.2. Mechanical back pain

1.3.25.3.3. Spinal stenosis

1.3.25.3.4. Whiplash-associated disorders

1.3.25.4. Pain syndromes occurring following spinal cord injury or limb amputation

1.3.26. Diagnostic features and management of emergency conditions of the spine, including cauda equina syndrome, tumour, fracture, myelopathy, and infection

1.3.27. Indications for and types of medical imaging relevant to musculoskeletal assessment

Neuropathic pain

1.3.28. Clinical features of neuropathic pain, including peripheral and central sensitization

1.3.28.1. Common symptoms and signs

1.3.28.2. Role in the persistence of pain

1.3.29. Epidemiology, pathophysiology, natural history, clinical features, investigation, diagnosis, management, and prognosis of

1.3.29.1. Peripheral nervous system disorders

1.3.29.1.1. Compression and entrapment syndromes

1.3.29.1.2. Diabetic neuropathy

1.3.29.1.3. Infections, including herpes zoster

1.3.29.1.4. Ischemic nerve injuries

1.3.29.2. Central nervous system disorders

1.3.29.2.1. Multiple sclerosis

1.3.29.2.2. Post-stroke pain

1.3.29.2.3. Spinal cord injury

1.3.30. Screening tools for neuropathic pain and their appropriate use

1.3.31. Indications for and limitations of medical imaging, nerve conduction studies, electromyography, and quantitative sensory testing in the assessment of neuropathic pain

1.3.32. Common validated tools used in the assessment of neuropathic pain, including their purpose, scoring, interpretation, and limitations

Nociplastic pain

1.3.33. Definition of nociplastic pain

1.3.34. Epidemiology, pathophysiology, natural history, clinical features, investigation, diagnosis, management, and prognosis of nociplastic pain syndromes

Visceral pain

1.3.35. Epidemiology, pathophysiology, natural history, clinical features, investigation, diagnosis, management, and prognosis of visceral pain syndromes

1.3.35.1. Abdominal

1.3.35.2. Pelvic

Pain due to cancer and its treatment

1.3.36. Epidemiology, pathophysiology, natural history, clinical features, investigation, diagnosis, management, and prognosis of common cancer-related pain syndromes

1.3.37. Pain-related complications of chemotherapy, radiotherapy, and surgery, and their management

1.3.38. Acute and life-threatening complications of cancer that present with pain, including raised intracranial pressure, spinal cord compression, and hypercalcemia

1.3.39. Effects of cyclic cancer recurrence and remission on pain assessment and treatment

1.3.40. Effects of life-threatening disease on pain assessment and treatment, including psychological, social, cultural, religious, and spiritual factors

1.3.41. Guidelines for the pharmacologic management of pain in patients with cancer, including the WHO analgesic ladder

Pain and mental disorders

1.3.42. Diagnostic criteria, principles of assessment (including appropriate screening questionnaires), treatment strategies, and indications for psychiatric or psychological assessment for the following disorders:

1.3.42.1. Anxiety

1.3.42.2. Attention-deficit/hyperactivity

1.3.42.3. Bipolar

1.3.42.4. Major depressive

1.3.42.5. Personality

1.3.42.6. Somatic symptom

1.3.42.7. Substance use

1.3.42.8. Trauma- and stressor-related

1.3.43. The potential effects of pain treatments on mental disorders

Pain and opioid use disorder

1.3.44. Definition of addiction, tolerance, physical dependence, and substance use disorder

1.3.45. Spectrum of opioid use, including abuse, misuse, and diversion

1.3.46. Health consequences of opioid misuse or abuse

1.3.47. Withdrawal schedules and management of withdrawal symptoms

1.3.48. Clinical features of patients with concurrent pain and addiction

1.3.49. Treatment strategies for pain management in patients with addiction, both active and in remission

Pain and sleep disorders

1.3.50. Classification of sleep disorders according to the International Classification of Sleep Disorders (ICSD)

1.3.51. Investigation of sleep disorders

1.3.52. Interactions between pain, sleep, medications, non-prescribed substances, anxiety, and mood disorders

1.3.53. Non-pharmacologic and pharmacologic treatment options for the common sleep problems that occur in association with chronic pain disorders

Therapeutics

1.3.54. Functional domains as outcome measures for pain

1.3.55. Physical treatments and management techniques, including the principles of, indications for, and limitations of

1.3.55.1. Exercise-based treatment and active and passive physical therapies

1.3.55.2. Occupational therapy

1.3.55.3. Complementary and alternative therapies

1.3.56. Psychological treatments and management techniques, including the indications, contraindications, benefits, risks, and evidence supporting

1.3.56.1. Biofeedback

1.3.56.2. Cognitive behavioural therapy (CBT)

1.3.56.3. Goal-setting

1.3.56.4. Hypnosis

1.3.56.5. Imagery training

1.3.56.6. Mindfulness-based cognitive therapy (MBCT)

1.3.56.7. Mindfulness-based stress reduction (MBSR)

1.3.56.8. Patient education programs

1.3.56.9. Patient self-management techniques

1.3.57. Pharmacologic treatments, including indications, contraindications, mechanisms of action, side effects, dosing, administration routes, benefits, risks, evidence supporting, complications, and monitoring

1.3.57.1. Acetaminophen

1.3.57.2. Gabapentinoids

1.3.57.3. Cannabinoids

1.3.57.4. N-methyl-D-aspartic acid (NMDA) receptor antagonists

1.3.57.5. Opioid receptor agonists, antagonists, and mixed agonist-antagonists

1.3.57.6. Prostaglandin inhibitors

1.3.57.7. Serotonin-norepinephrine reuptake inhibitors and tricyclic antidepressants

1.3.57.8. Sodium channel blockers

1.3.58. Safe prescribing of opioids

1.3.58.1. Standards, guidelines, and policies for opioid prescription for pain, including

1.3.58.1.1. The U.S. Centers for Disease Control and Prevention (CDC) guidelines

1.3.58.1.2. Canadian national practice guidelines

1.3.58.1.3. Canadian provincial/territorial medical regulatory authorities' policies, standards, and guidelines

1.3.58.2. Strategies to reduce opioid diversion, including

1.3.58.2.1. Abuse-resistant formulations

1.3.58.2.2. Government surveillance and regulation

1.3.58.2.3. Health provider education

1.3.58.2.4. Patient education regarding safe storage

1.3.59. Interventional treatments

1.3.59.1. Paravertebral and neuraxial anatomy, physiology, and pharmacology

1.3.59.2. Mechanism of pain relief from general, neuraxial, and regional anesthesia

1.3.59.3. Patient factors that influence selection for and response to interventions

1.3.59.4. Imaging modalities that facilitate interventions

1.3.59.4.1. Fluoroscopic techniques, including radiation safety

1.3.59.4.2. Ultrasound physics and the role of ultrasound in interventional treatments

1.3.59.5. Principles and practices of infection prevention and control

1.3.59.5.1. Safe injection practices

1.3.59.5.2. Sterile technique

1.3.59.5.3. Antibiotic prophylaxis

1.3.59.5.4. Cleaning, disinfection, and sterilization

1.3.59.6. Injection formulations and techniques used to treat painful soft tissue and joint disorders

1.3.59.7. Interventions used for acute pain management, including their indications, contraindications, benefits, risks, evidence supporting, side effects, sedation and monitoring, and complications

1.3.59.7.1. Intravenous infusion therapies

1.3.59.7.2. Neuraxial block

1.3.59.7.3. Peripheral nerve block

1.3.59.7.4. Plexus block

1.3.59.8. Interventions used for chronic pain management, including their indications, contraindications, benefits, risks, evidence supporting, side effects, sedation and monitoring, and complications

1.3.59.8.1. Epidural and intrathecal drug delivery

1.3.59.8.2. Intravenous infusions, including ketamine, lidocaine, and dexmedetomidine

1.3.59.8.3. Neuroablative procedures, including radiofrequency, cryotherapy, and chemical neurolysis

1.3.59.8.4. Neuraxial block

1.3.59.8.5. Neuromodulation procedures

1.3.59.8.6. Plexus, peripheral, sympathetic plexus, and myofascial injections

1.3.59.9. Prevention and management of complications of neuraxial interventions, including

1.3.59.9.1. Arachnoiditis

1.3.59.9.2. Discitis

1.3.59.9.3. Epidural hematoma

1.3.59.9.4. Meningitis

1.3.59.9.5. Post-dural puncture headache

1.3.60. Principles of functional restoration in individuals with pain and the evidence supporting different types of activation programs for chronic pain

1.3.61. Multimodal pain management strategies for highly opioid-tolerant patients experiencing an acute event such as surgery or trauma

1.3.62. Treatments to decrease the risk of developing chronic pain

Emergencies related to interventions and sedation

1.3.63. Diagnostic features and management of emergencies arising in a pain clinic related to interventions and sedation

1.3.63.1. Loss of airway

1.3.63.2. Partial or complete airway obstruction

1.3.63.3. Cardiovascular collapse

1.3.63.4. Acute spinal cord compression

1.3.63.5. Bradycardia and vasovagal reactions, including vasovagal syncope

1.3.63.6. Hyper- or hypotension

1.3.63.7. Seizure

1.3.63.8. Oversedation

1.3.63.9. Local anesthetic systemic toxicity

Pain in the pediatric population

1.3.64. Epidemiology, pathophysiology, natural history, clinical features, investigation, diagnosis, management, and prognosis of common acute and chronic pain syndromes

1.3.65. Effect of developmental, psychosocial, family,[4] and cultural factors on the assessment of pediatric patients and formulation of a treatment plan

1.3.66. Common validated tools to measure pain in neonates, children, and youth, including those with intellectual disability, including

1.3.66.1. Purpose and clinical utility

1.3.66.2. Techniques for administration

[4] Throughout this document, references to the patient's family are intended to include all those who are personally significant to the patient and are concerned with their care, including, according to the patient's circumstances, family members, partners, caregivers, legal guardians, and substitute decision-makers.

1.3.66.3. Scoring and interpretation

1.3.67. Adverse physiological and psychological effects of inadequate pain management in neonates and infants

1.3.68. Non-pharmacologic approaches to reduce procedural pain and to treat pain

1.3.69. Differences between adults and children with regard to the use of common analgesic pharmacotherapy

1.3.70. Strategies for safe prescribing and monitoring of off-label therapies

1.3.71. Assessment and management of a child or youth who experiences pain sensitization following repeated or prolonged exposure to acute pain episodes

Pain in pregnancy

1.3.72. Clinical features and management of pain due to pregnancy

1.3.73. Common pain conditions that may co-exist with pregnancy

1.3.74. Management considerations in pregnancy

Management of a pain service

1.3.75. Components of safe, effective, and efficient pain medicine services and their impact on health resource utilization

1.3.75.1. Acute pain service

1.3.75.2. Chronic pain service

1.3.75.3. Cancer pain and symptom management service, outpatient and inpatient

1.3.76. Health administration requirements to establish pain management services at secondary community-based facilities and tertiary university-affiliated clinics

1.4. Perform appropriately timed clinical assessments with recommendations that are presented in an organized manner

1.5. Carry out professional duties in the face of multiple competing demands

1.6. Recognize and respond to the complexity, uncertainty, and ambiguity inherent in Pain Medicine practice

2. Perform a patient-centred clinical assessment and establish a management plan

2.1. Prioritize issues to be addressed in a patient encounter

2.2. Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention, and health promotion

- 2.2.1. Perform an assessment of the presenting complaint and relevant co-morbidities using a biopsychosocial framework
- 2.2.2. Perform a directed history and physical examination specific to the patient presentation, including focused musculoskeletal and neurological examinations
- 2.2.3. Administer and interpret validated pain outcome questionnaires
- 2.2.4. Adapt the assessment to the patient's age, developmental stage, and cognition
- 2.2.5. Identify patient characteristics and biopsychosocial factors that may affect the assessment of pain and the formulation of a treatment plan
  - 2.2.5.1. Identify patients who would benefit from a formal psychological assessment
- 2.2.6. Interpret imaging investigations to correlate the findings with the patient's signs and symptoms
- 2.2.7. Generate a differential diagnosis
  - 2.2.7.1. Identify whether a given pain complaint arises from an inflammatory or degenerative musculoskeletal condition
  - 2.2.7.2. Differentiate nociplastic, nociceptive, and neuropathic pain
  - 2.2.7.3. Differentiate pain arising from a primary cancer or metastases, a complication from cancer or its treatment, or a pre-existing chronic pain condition
- 2.2.8. Identify the etiology of the acute or chronic pain condition
- 2.2.9. Perform a risk assessment when opioids or cannabinoids are being considered for treatment
  - 2.2.9.1. Use validated risk assessment tools and interviewing techniques
  - 2.2.9.2. Stratify patients into categories of low, moderate, or high risk for addiction
  - 2.2.9.3. Identify patients who may need addiction consultation prior to or during opioid therapy
  - 2.2.9.4. Generate a differential diagnosis for aberrant drug-taking behaviours in patients prescribed opioids, and identify those that are predictive of abuse, misuse, or diversion

2.3. Establish goals of care in collaboration with patients and their families, which may include slowing disease progression, treating symptoms, achieving cure, improving function, and palliation

2.3.1. Engage patients and their families in the development of a patient-centred end-of-life care plan

2.4. Establish a patient-centred management plan

2.4.1. Devise an integrative, multimodal management plan to provide maximal functional restoration based on the individual's specific pain, comorbidities, goals, and other relevant factors, making appropriate use of available treatment modalities

2.4.1.1. Select appropriate therapeutic strategies for patients with concurrent mental disorders or coping difficulties

2.4.1.2. Develop and implement management and follow-up plans for patients who require opioids

2.4.2. Employ treatment and monitoring strategies for patients with emerging aberrant drug-taking behaviours

3. Plan and perform procedures and therapies for the purpose of assessment and/or management

3.1. Determine the most appropriate procedures or therapies

3.1.1. Pain management strategies for patients with

3.1.1.1. Post-surgical pain

3.1.1.2. Musculoskeletal pain

3.1.1.3. Neuropathic pain

3.1.1.4. Pain-related crises in cancer pain syndromes

3.1.1.5. Pain-related disabilities

3.1.1.6. Medication and substance use disorders

3.1.2. Therapeutic options for management of acute and chronic pain

3.1.2.1. Non-pharmacologic

3.1.2.2. Psychological

3.1.2.3. Pharmacologic

3.1.2.4. Interventional

3.2. Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure or therapy

3.3. Prioritize procedures or therapies, taking into account clinical urgency and available resources

3.4. Perform procedures in a skilful and safe manner, adapting to unanticipated findings or changing clinical circumstances

3.4.1. Insert intravenous vascular access

3.4.2. Administer sedation and provide appropriate monitoring

3.4.3. Apply knowledge of the prevention of infectious complications, including sterile technique, cleaning, disinfection, and sterilization of equipment and supplies, and indications for antibiotic prophylaxis

3.4.4. Perform image-guided procedures

3.4.4.1. Peripheral nerve block

3.4.4.2. Lumbosacral spine and sacroiliac joint block

3.4.4.3. Sympathetic chain block

3.4.4.4. Musculoskeletal and joint injections

3.4.5. Ensure adequate follow-up is arranged for procedures

4. Establish plans for ongoing care and, when appropriate, timely consultation

4.1. Implement a patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation

4.1.1. Arrange follow-up care for patients and their families

4.1.2. Determine the need and timing of referral to another health care provider or service for

4.1.2.1. Psychological assessment

4.1.2.2. Psychosocial intervention

4.1.2.3. Home care

4.1.2.4. Addiction consultation

4.1.2.5. Sleep assessment

4.1.2.6. Palliative care

4.1.3. Adapt the referral request to the patient's situation and request telephone or video consultation where appropriate

4.1.4. Manage complications of procedures

4.1.4.1. Perform advanced cardiac life support (ACLS)

4.1.4.2. Manage an obstructed airway with jaw thrust, oral airway, laryngeal mask airway, and orotracheal intubation

4.1.4.3. Manage moderate hypotension and hypertension, including vasovagal bradycardia and syncope

4.1.4.4. Manage oversedation and narcosis using reversal agents

5. Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety

5.1. Recognize and respond to harm from health care delivery, including patient safety incidents

5.2. Adopt strategies that promote patient safety and address human and system factors

Communicator

Definition:

As *Communicators*, Pain Medicine specialists form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care.

Key and Enabling Competencies: Pain Medicine specialists are able to…

1. Establish professional therapeutic relationships with patients and their families

1.1. Communicate using a patient-centred approach that encourages patient trust and autonomy and is characterized by empathy, respect, and compassion

1.1.1. Provide care in a manner that validates the patient's subjective experience of pain

1.2. Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety

1.3. Recognize when the perspectives, values, or biases of patients, patients' families, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly

1.4. Respond to a patient's non-verbal behaviours to enhance communication

1.5. Manage disagreements and emotionally charged conversations

1.6. Adapt to the unique needs and preferences of each patient and to the patient's clinical condition and circumstances

1.6.1. Engage pediatric patients in a manner appropriate to their developmental stage

2. Elicit and synthesize accurate and relevant information, incorporating the perspectives of patients and their families

2.1. Use patient-centred interviewing skills to effectively gather relevant biomedical and psychosocial information

2.2. Provide a clear structure for and manage the flow of an entire patient encounter

2.3. Seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent

3. Share health care information and plans with patients and their families

3.1. Share information and explanations that are clear, accurate, and timely, while assessing for patient and family understanding

3.2. Disclose harmful patient safety incidents to patients and their families

4. Engage patients and their families in developing plans that reflect the patient's health care needs and goals

4.1. Facilitate discussions with patients and their families in a way that is respectful, non-judgmental, and culturally safe

4.2. Assist patients and their families to identify, access, and make use of information and communication technologies to support their care and manage their health

4.2.1. Facilitate self-care and chronic disease management

4.3. Use communication skills and strategies that help patients and their families make informed decisions regarding their health

5. Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy

5.1. Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements

5.1.1. Document aberrant behaviours possibly associated with substance misuse, abuse, diversion, or substance use disorder, and strategies applied to address those risks

5.1.2. Document and disseminate information related to procedures performed and their outcomes

5.2. Communicate effectively using a written health record, electronic medical record, or other digital technology

5.3. Share information with patients and others in a manner that enhances understanding and that respects patient privacy and confidentiality

Collaborator

Definition:

As *Collaborators*, Pain Medicine specialists work effectively with other health care professionals to provide safe, high-quality, patient-centred care.

Key and Enabling Competencies: Pain Medicine specialists are able to…

1. Work effectively with physicians and other colleagues in the health care professions

1.1. Establish and maintain positive relationships with physicians and other colleagues in the health care professions to support relationship-centred collaborative care

1.2. Negotiate overlapping and shared responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care

1.2.1. Apply knowledge of the expertise and scope of practice of the other health care professionals working in the pain clinic

1.2.2. Exchange information effectively with colleagues and other health care professionals to facilitate delivery of consistent messages to patients and their families

1.3. Engage in respectful shared decision-making with physicians and other colleagues in the health care professions

1.3.1. Consult with other health professionals, including occupational and physical therapists

1.3.2. Develop a care plan for the patient in collaboration with members of the interprofessional team

1.3.3. Work effectively with physicians in allied services such as cancer pain and symptom management, palliative care, and addiction medicine

1.3.4. Work effectively with other specialists for diagnostic or treatment-related interventional procedures

2. Work with physicians and other colleagues in the health care professions to promote understanding, manage differences, and resolve conflicts

2.1. Show respect toward collaborators

2.2. Implement strategies to promote understanding, manage differences, and resolve conflict in a manner that supports a collaborative culture

3. Hand over the care of a patient to another health care professional to facilitate continuity of safe patient care

3.1. Determine when care should be transferred to another physician or health care professional

3.2. Demonstrate safe handover of care, using both oral and written communication, during a patient transition to a different health care professional, setting, or stage of care

3.2.1. Facilitate transfer of care to a primary care physician or another specialist

3.2.2. Provide guidance for results of outstanding investigations and/or next steps for management

Leader

Definition:

As *Leaders*, Pain Medicine specialists engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers.

Key and Enabling Competencies: Pain Medicine specialists are able to…

1. **Contribute to the improvement of health care delivery in teams, organizations, and systems**
   - 1.1. Apply the science of quality improvement to systems of patient care
   - 1.2. Contribute to a culture that promotes patient safety
   - 1.3. Analyze patient safety incidents to enhance systems of care
   - 1.4. Use health informatics to improve the quality of patient care and optimize patient safety

2. **Engage in the stewardship of health care resources**
   - 2.1. Allocate health care resources for optimal patient care
   - 2.2. Apply evidence and management processes to achieve cost-appropriate care

3. **Demonstrate leadership in health care systems**
   - 3.1. Demonstrate leadership skills to enhance health care
     - 3.1.1. Lead the interprofessional pain management team, identifying and working with the roles and capabilities of individual team members to enable optimal team function and clinical service delivery
     - 3.1.2. Lead interprofessional team meetings
   - 3.2. Facilitate change in health care to enhance services and outcomes

4. **Manage career planning, finances, and health human resources in personal practice(s)**
   - 4.1. Set priorities and manage time to integrate practice and personal life
   - 4.2. Manage personal professional practice(s) and career
   - 4.3. Implement processes to ensure personal practice improvement

Health Advocate

Definition:

As *Health Advocates*, Pain Medicine specialists contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.

Key and Enabling Competencies: Pain Medicine specialists are able to…

1. Respond to an individual patient's health needs by advocating with the patient within and beyond the clinical environment

1.1. Work with patients to address determinants of health that affect them and their access to needed health services or resources

1.1.1. Identify the social and economic determinants that may affect a patient's access to care, wellness, and functioning

1.1.2. Facilitate timely access to diagnostic modalities and treatment

1.1.3. Facilitate access to health services and community resources, particularly for disadvantaged and vulnerable populations

1.2. Work with patients and their families to increase opportunities to adopt healthy behaviours

1.2.1. Empower patients to advocate for improved pain management, quality of life, and access to health-related resources

1.2.2. Provide patients with educational resources, including books, online information, and access to support groups and patient advocacy groups

1.3. Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients

2. Respond to the needs of the communities or populations they serve by advocating with them for system-level change in a socially accountable manner

2.1. Work with a community or population to identify the determinants of health that affect them

2.1.1. Demonstrate awareness of regional, national, and international advocacy groups for persons living with pain

2.2. Improve clinical practice by applying a process of continuous quality improvement to disease prevention, health promotion, and health surveillance activities

2.3. Contribute to a process to improve health in the community or population they serve

2.3.1. Advocate for improvements in service for acute pain, chronic pain, and cancer pain within institutions, communities, populations, and provincial/territorial jurisdictions

Scholar

Definition:

As *Scholars*, Pain Medicine specialists demonstrate a lifelong commitment to excellence in practice through continuous learning, and by teaching others, evaluating evidence, and contributing to scholarship.

Key and Enabling Competencies: Pain Medicine specialists are able to…

1. Engage in the continuous enhancement of their professional activities through ongoing learning

1.1. Develop, implement, monitor, and revise a personal learning plan to enhance professional practice

1.2. Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources

1.3. Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice

2. Teach students, residents, the public, and other health care professionals

2.1. Recognize the influence of role modelling and the impact of the formal, informal, and hidden curriculum on learners

2.2. Promote a safe and respectful learning environment

2.3. Ensure patient safety is maintained when learners are involved

2.4. Plan and deliver learning activities

2.5. Provide feedback to enhance learning and performance

2.6. Assess and evaluate learners, teachers, and programs in an educationally appropriate manner

3. Integrate best available evidence into practice

3.1. Recognize practice uncertainty and knowledge gaps in clinical and other professional encounters and generate focused questions that can address them

3.2. Identify, select, and navigate pre-appraised resources

3.3. Critically evaluate the integrity, reliability, and applicability of health-related research and literature

3.4. Integrate evidence into decision-making in their practice

4. Contribute to the creation and dissemination of knowledge and practices applicable to health

4.1. Demonstrate an understanding of the scientific principles of research and scholarly inquiry and the role of research evidence in health care

4.2. Identify ethical principles for research and incorporate them into obtaining informed consent, considering potential harms and benefits, and vulnerable populations

4.3. Contribute to the work of a research program

4.4. Pose questions amenable to scholarly investigation and select appropriate methods to address them

4.5. Summarize and communicate to professional and lay audiences, including patients and their families, the findings of relevant research and scholarly inquiry

Professional

Definition:

As *Professionals*, Pain Medicine specialists are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.

Key and Enabling Competencies: Pain Medicine specialists are able to…

1. Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards

1.1. Exhibit appropriate professional behaviours and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality

1.2. Demonstrate a commitment to excellence in all aspects of practice

1.3. Recognize and respond to ethical issues encountered in practice

1.4. Recognize and manage conflicts of interest

1.5. Exhibit professional behaviours in the use of technology-enabled communication

2. Demonstrate a commitment to society by recognizing and responding to societal expectations in health care

2.1. Demonstrate accountability to patients, society, and the profession by responding to societal expectations of physicians

2.2. Demonstrate a commitment to patient safety and quality improvement

3. Demonstrate a commitment to the profession by adhering to standards and participating in physician-led regulation

3.1. Fulfil and adhere to professional and ethical codes, standards of practice, and laws governing practice

3.1.1. Adhere to regulations governing the prescribing of controlled substances

3.1.1.1. Opioids, including methadone and buprenorphine

3.1.1.2. Cannabis

3.1.2. Adhere to requirements for mandatory reporting, including driving restrictions and opioid diversion

3.2. Recognize and respond to unprofessional and unethical behaviours in physicians and other colleagues in the health care professions

3.3. Participate in peer assessment and standard setting

4. Demonstrate a commitment to physician health and well-being to foster optimal patient care

4.1. Exhibit self-awareness and manage influences on personal well-being and professional performance

4.1.1. Recognize and reflect on the personal impact of providing care for patients for whom treatment may be inadequate or futile

4.1.2. Recognize compassion fatigue and develop strategies to mitigate its effect on personal well-being and professional performance

4.2. Manage personal and professional demands for a sustainable practice throughout the physician life cycle

4.3. Promote a culture that recognizes, supports, and responds effectively to colleagues in need

4.3.1. Identify individuals at risk for or demonstrating compassion fatigue, and strategies and resources to assist them

This document is to be reviewed by the Specialty Committee in Pain Medicine by December 2027.

APPROVED – Specialty Standards Review Committee – July 2022
REVISED (eligibility criteria updates) – Specialty Committee in Pain Medicine and the Office of Standards and Assessment – July 2024
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