



International Association for the Study of Pain

MULTIDISCIPLINARY PAIN CENTER DEVELOPMENT MANUAL



Created by the IASP Multidisciplinary Pain Center Toolkit Advisory Group

www.iasp-pain.org/MPCManual

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MULTIDISCIPLINARY PAIN MANAGEMENT CENTER PERSONNEL

Introduction

Rather than simply specifying which professional disciplines are required, the expert advisory group recommends that it is more practical to describe the main roles, capabilities, and tasks required from the participating health professionals (see [Table 1](#)).

Broadly, at least one member of a pain center needs to be able to assess and guide appropriate treatments for biological pathologies, and another member needs to be able to assess and treat psychological contributors to pain presentations. Other staff should be able to provide advice on exercises and activity upgrading. All staff should be able to provide basic education about pain in ways that are appropriate and make sense to the patients being treated. In many instances, these roles may overlap, but they all require coordination and planning. This means that attention needs to be given to how this will be achieved and who will be responsible for its oversight. It is critical that all members of the team work together in an interdisciplinary manner.

In this section, we describe the most common professional composition of the Multidisciplinary Pain Center (MPC) but recognize that the actual personnel available will vary across centres and countries.

Personnel

Adequate staffing is a critical part of a successful MPC. The collaborative and united approach of diverse personnel go beyond what many Southeast Asian health facilities typically offer. Achieving the recommended mix of staff may take time and patience, and will require a willingness to be flexible and to be open to compromise.

Below is a recommended list of both required and optional staff to operate an MPC. Founders of an MPC can begin with core required staff and add to their resources as their Center grows. Core required staff are indicated by an asterisk (*). Examples of position descriptions for core required staff are available as [Appendix 3](#).

1. **A lead physician* in one of the disciplines listed below is essential.** The physician must be interested and trained in managing patients with pain. Apart from the lead physician, the center should ideally have at least one other physician from any of the listed disciplines and should also have access to expertise as needed in relevant disciplines.
 - a. Anesthesiology
 - b. Rehabilitation medicine
 - c. Psychiatry
 - d. Surgery
 - e. Primary care
 - f. Rheumatology
 - g. Neurology
 - h. Palliative care
2. **Access to other health professionals in the following skill areas is also essential:**
 - a. Physiotherapy or occupational therapy*
 - b. Clinical psychology*
 - c. Nursing *
 - d. Pharmacy
 - e. Social work
3. **Office support/clinical administration*:**

This may be a person with several responsibilities, and may be described as a secretary, receptionist, Center clerk.
4. **Research personnel**

Interested researchers or students from a local university may be available to participate in collaborative projects.

Roles, Skills, Clinical and Administrative Tasks

The main roles, tasks, and required skills for the Center staff are summarized in [Table 1](#). The table is intended as a guide rather than a prescription. Each Center will need to consider its priorities and the resources available in deciding which mix will suit it best.

Recommended Prerequisites for All Personnel

The main objectives in this section are to ensure staff competency in the biopsychosocial assessment and management of pain. It is anticipated that if all staff can achieve a reasonable degree of competency in the skills and characteristics outlined in this section it will greatly improve the effectiveness of the MPC.

Desirable characteristics for MPC personnel:

1. Understand the main objectives of the MPC and act accordingly.
2. Commit to working as a member of a multidisciplinary team
3. Understand the contribution of psychosocial issues to chronic pain.
4. Show empathy to all patients.
5. Possess and use effective communication skills.
6. Understand and respect cultural norms in their respective communities.
7. Participate in continuing professional development.
8. Commit to ethical clinical practice

Achieving the recommended mix of staff may take time and patience, and will require a willingness to be flexible and to be open to compromise.

Core competencies recommended for all clinical personnel

It is strongly recommended that all clinical personnel should feel competent in teaching patients pain self-management skills. Some personnel will have a high degree of competence, but all personnel should feel confident in their ability to augment their specialist skills with guidance and support for appropriate self-management practice by their patients, (See [Training section](#)).

The list in **Box 2.1** is a basic set of competencies that can be learned during the intermediate level training course (Devonshire, Nicholas, 2018).

BOX 2.1: Core Competences List
Brief patient assessment and presentation of case formulation
Preparation of patients for pain self-management training
Helping a patient identify and set their own goals for the treatment program
Explaining chronic pain to a patient
Introduction to an exercise circuit and development of regular exercise program
Introduction of activity pacing to patients
Introduce activity planning, upgrading and implementation in daily life
Introduce relaxation training and applications in pain management
Introduce basic problem-solving strategies
Provide guidance in the application of problem-solving skills to pain flare-ups, stress, sleep disturbance, communication difficulties, improving nutrition, and relapse prevention.

* Core required staff

TABLE 1. Staffing, capacity/skills required, competencies or skills needed (clinical and administrative)

ROLE	CAPACITY/SKILLS REQUIRED	CLINICAL TASKS	ADMINISTRATIVE TASKS
<p>Center Director (Physician)</p>	<ul style="list-style-type: none"> Specialist training in pain medicine. Can be from any of the following backgrounds – Anesthesiology, Palliative Medicine, Rehabilitation Medicine, Psychiatry, Neurology, Surgery, Rheumatology, Primary Care. Training in pain management ideally for one year in another MPC. Ability to work collaboratively with other members of a team to deliver coordinated treatment plans. 	<ul style="list-style-type: none"> Comprehensive pain assessment and diagnosis, including additional investigations if indicated Identification and management of complex co-morbidities. Multimodal management of acute and chronic pain. Pharmacological management of pain, including familiarity with the use of non-opioid analgesics, opioids and adjuvants. Perform pain interventions (e.g. nerve blocks) where appropriate Work with a multidisciplinary team to deliver medical rehabilitation services. Discuss the role of all therapies (and their application and integration) Provide effective follow-up services to promote maintenance of treatment gains Liaise with other treatment providers co-managing the same patients 	<ul style="list-style-type: none"> Leadership, organization and support for the multidisciplinary team Management of delivery of pain services Support/initiate research Evaluation and reporting outcomes to relevant parties Source funding for the MPC
<p>Medical management (Physician)</p>	<ul style="list-style-type: none"> Specialist training in pain medicine. Can be from any of the following backgrounds – Anesthesiology, Palliative Medicine, Rehabilitation Medicine, Psychiatry, Neurology, Surgery, Rheumatology, Primary Care. Training in pain management for at least 3-6 months Ability to work in an interdisciplinary manner to deliver coordinated treatment plans. 	<ul style="list-style-type: none"> Comprehensive pain assessment and diagnosis, including additional investigations if indicated. Identification and management of complex co-morbidities Multimodal management of acute and chronic pain Pharmacological management of pain, including familiarity with the use of non-opioid analgesics, opioids and adjuvants. Perform pain interventions (e.g. nerve blocks) where appropriate Work with a multidisciplinary team to deliver medical rehabilitation services. Discussion of the role of all therapies (and their application and integration) Provide effective follow-up services to promote maintenance of treatment gains Liaise with other treatment providers co-managing the same patients 	<ul style="list-style-type: none"> Participate in the multidisciplinary team discussions on patient management Support/initiate research Evaluation and reporting of outcomes to relevant parties

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TABLE 1. Staffing, capacity/skills required, competencies or skills needed (clinical and administrative), *continued*

ROLE	CAPACITY/SKILLS REQUIRED	CLINICAL TASKS	ADMINISTRATIVE TASKS
Clinical Psychologist or Psychiatrist	<ul style="list-style-type: none"> • Psychiatrist or Clinical Psychologist with at least 3 months of training/experience in managing patients with pain • Ability to work in an interdisciplinary manner to deliver coordinated treatment plans. • (Note: Some of the roles may be provided by a trained social worker, occupational therapist, physical therapist, or nurse with experience in managing patients with pain) 	<ul style="list-style-type: none"> • Assess pain and psychological contributors to patients’ presenting problems • Assess patients’ psychological co-morbidities and need for referral to a mental health service where appropriate • Teach self-management strategies for pain, including relaxation techniques • Deliver psychological therapy to individual patients and their family members • Deliver cognitive behavioral therapy group programs including patients and their families 	<ul style="list-style-type: none"> • Participate in the multidisciplinary team discussions on patient management • Evaluation and reporting of outcomes to the primary team and external agencies • Research planning, implementation, and reporting
Physiotherapist or Occupational Therapist	<ul style="list-style-type: none"> • Qualified Physiotherapist or Occupational therapist with at least 3-months of training/experience in managing patients with pain. • (If both a physiotherapist and an occupational therapist are on staff, the physiotherapist focuses on the physical aspects and the occupational therapist focuses on the functional / work related aspects of management) 	<ul style="list-style-type: none"> • Assess pain and its impact on physical function and tolerances • Diagnose and plan treatment for self-management of pain • Deliver rehabilitation program (including exercises) and physical therapy in partnership with the multidisciplinary team • Workplace assessment and recommendations for return to work where appropriate 	<ul style="list-style-type: none"> • Participate in the multidisciplinary team discussions on patient management • Evaluation and reporting outcomes in relation to physical tolerances and disabilities • Research participation
Nurse/Assistant Nurse	<ul style="list-style-type: none"> • Registered / assistant nurse with experience in working with patients with chronic pain 	<ul style="list-style-type: none"> • Triage patients in pain • Manage appointments for new assessments and follow up • Pain assessment and monitoring progress during and after treatment • Educate patients on medication issues and assist in planning medication changes • Contribute to training of patients in pain self-management, including group and individual sessions • Liaise between patients and other MPC team members. • Coordinate group pain management program as part of the multidisciplinary team 	<ul style="list-style-type: none"> • Participate in the multidisciplinary team discussions on patient management • Evaluation and reporting outcomes • Research participation

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TABLE 1. Staffing, capacity/skills required, competencies or skills needed (clinical and administrative), <i>continued</i>			
ROLE	CAPACITY/SKILLS REQUIRED	CLINICAL TASKS	ADMINISTRATIVE TASKS
Administrative Support/Clerical	<ul style="list-style-type: none"> • Clerical staff / Senior Nurse with experience in administration • (this role can be combined with the role above) 	<ul style="list-style-type: none"> • Manage appointments for new assessments and follow up • Prepare reports on clinic activities • Answer enquires by patients and referring doctors about the pain service, including provision of information about the service 	<ul style="list-style-type: none"> • Maintain records and administrative duties, including appointment-making, database management • Liaise with other hospital departments
Pharmacist	<ul style="list-style-type: none"> • Qualified pharmacist with experience in working with patients with chronic pain • Knowledge of the pharmacology and side effects of medications used in managing chronic pain • Awareness of patients’ complex co-morbidities and provision of advice on possible drug interactions 	<ul style="list-style-type: none"> • Counsel/educate patients in medication use to improve adherence to regimen • Partner with the team to manage pain in an interdisciplinary manner • Dispense pain medications prescribed by the doctor. 	<ul style="list-style-type: none"> • Participate in the multidisciplinary team discussions on patient management • Evaluation and reporting outcomes • Ensure availability of necessary pain medications • Research participation
Medical Social Worker	<ul style="list-style-type: none"> • Ability to provide guidance on social / health system support, and financial help for patients as needed 	<ul style="list-style-type: none"> • Assess and advise multidisciplinary team on patients’ family issues and social circumstances that may affect the management of their pain • Coordinate home health care, medical equipment, transportation, and related activities to support the successful maintenance of pain service outcomes • Advocate for patients’ access to health and social services 	<ul style="list-style-type: none"> • Evaluation and reporting outcomes • Research participation
Research Assistant	<ul style="list-style-type: none"> • Provide support for research and evaluation activities at Center 	<ul style="list-style-type: none"> • Coordinate with multidisciplinary team in evaluating progress of patients in clinical research/evaluation activities 	<ul style="list-style-type: none"> • Collect and enter Center data into an established database, ensuring protection of patient confidentiality • Basic statistical evaluation of data relevant to research/evaluation projects

The first task for each center is to identify which health care professionals to train in pain management and at which level to start.

Training for MPC Staff

Training in interdisciplinary pain management should take a layered approach, starting with entry level (basic pain management concepts and skills), intermediate level (sufficient for active participation in an MPC) and advanced level skills (required for development and supervision of training for other health professionals). Intermediate-level training is mandatory for those working in an MPC as part of preparation for establishing a Center.

The first task for each center is to identify which health care professionals to train in pain management and at which level to start. Ideally, all those who deal with patients in pain in a hospital should have at least basic level knowledge and skills in this work. In the first instance, in the absence of formal training, the MPC personnel should act as models for other hospital staff.

Entry-level Training

Foundational entry-level training should be mandatory for all those intending to work in an MPC. It is also desirable for those interested in referring patients to the Center, as well as for relevant hospital administrators. Ideally, all frontline hospital staff should participate in entry-level training over time.

This training may be delivered by a local leader who has been trained by the IASP Multidisciplinary Pain Center Toolkit team. It is also recommended that a member of the IASP team should be present, at least initially, to assist in the implementation stages.

Recommended training for this level should include:

1. Essential Pain Management (EPM) /EPM-lite: *4 to 8 hours* (See [Appendix 4](#) for more information)
2. Model of care: A description of multidisciplinary care working in an interdisciplinary style: *1 hour*

Intermediate-level Training

Intermediate-level training is mandatory for those working in an MPC. The personnel must have successfully completed all the relevant courses described below, as conducted by members of the IASP Multidisciplinary Pain Management Center Toolkit team.

Centers should support training for all personnel to achieve competence in the following tasks:

1. **Clinical assessment of pain:** generic and discipline-specific, *2 to 4 hours*
2. **Case formulation** (included in number 4 below)
3. **Pain management-pharmacological** (prescribers need to have more in-depth knowledge of drugs, side effects, indications / contraindications, dosages and how to titrate to effect, while non-prescribers only need a superficial knowledge of this): *4 to 8 hours*
4. **Pain management-non-pharmacological:** Training in ways of teaching pain self-management. Competency evaluation via two options:
 - a. **Face-to-face workshops** (*30 to 40 hours over four to five days*) with observer-rated assessment of skills in role-playing at the end of the workshop, followed by *20+ hours* of clinic-based practice with online follow-up with members of the IASP team as arranged.
 - b. **Online interactive webinar training** (*9 hours of weekly 90-minute sessions with a total of 20 to 30 hours of clinic-based practice between sessions*)
5. **Follow up consolidation and support** – online options, mentoring, supervision – by local experts with advanced level training and/ or external experts including workshop faculty. This can also be provided online. Examples include Project ECHO [1] and Continuing Online Professional Education, University of Sydney [2]

Advanced-level Training

Advanced-level training is mandatory for Center personnel working in leadership roles within their professional disciplines in an MPC.

Consistent with the proposed “hub and spokes” model for developing country-wide multidisciplinary pain services, IASP expects that these individuals will take on training roles within their country. Leaders would build capacity by developing other MPCs within their country, and the original IASP MPC Toolkit team would no longer be required for this role. However, an extended mentorship could be offered to the local leaders by members of the IASP team, possibly by a series of online sessions to minimize costs and disruptions.

All trainers must have successfully completed the relevant courses outlined below, as conducted by members of the IASP Toolkit team. Recommended participants in the training include the following:

- **Mandatory:** Train-the-Trainer course delivered either face-to-face or via a series of interactive webinars. The face-to-face workshop would be *20 to 30 hours over three to four days* while online webinar training would be *9 hours over six weekly or fortnightly sessions*. Both would require clinic-based practice between sessions (for the webinars) or following the face-to-face workshop: *20+ hours over six to twelve weeks*).
- **Desirable:** In addition to the mandatory training, participants should complete an observation period at an existing MPC. The period should last *at least one week* but preferably longer.
- **Desirable:** In addition to mandatory training, if feasible, it is recommended that participants experience further specialist training in pain management consistent with their professional discipline (*3 to 12 months*). If the lead physician already has a Masters-level pain management degree this can be reduced to 1-3 months.

Cost Issues

Face-to-face training is more expensive than online training due to travel and accommodation costs. Face-to-face training would require local fundraising to cover these costs.

Webinar training would require access to the internet and a computer with audiovisual capabilities. A small fee may be associated with the cost of the trainer and assisting technician, to be negotiated later, and no travel or accommodation costs would be incurred.

References

[1] Shelley MB, Katzman JG, Comerci GD, Duhigg DJ, Olivas C, Kalishman S, Monette R, Britt M, Flatow-Trujillo L, Arora S. ECHO Pain Curriculum: Balancing Mandated Continuing Education With the Needs of Rural Health Care Practitioners. *J Contin Ed Hlth Professions* 2017; 37(3): 190-4. DOI: 10.1097/CEH.000000000000165.

[2] Devonshire E, Nicholas MK. Continuing education in pain management: using a competency framework to guide professional development. *Pain Reports*, 2018; e688.



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