UK Career Framework for Pain Nurses
Level Four
Acknowledgements

Thank you to the RCN Pain and Palliative Care Forum for its support in developing this document and to the project team: Martin Galligan (Project Lead), Julie Gregory (Forum Chair), Karin Cannons, Sue Jenkins, Zoe Thomson, Siobhan Jones and Niamh Molloy.

Thanks also to those that took part in the consultation and review of the career framework – without their comments and insights we would not have been able to complete this project: Felicia Cox, Dr Donna Brown, Ofrah Muflahi, Adebukola Lawal, Laserina O’Connor, Emma Davies, Christine Waters, Geinor Bean and Dr Helen Makins.

We would also like to say a special thank you to Erica Gleeson and the New Zealand Pain Society, upon which the original Pain Knowledge and Skills framework was based. Thank you for your continued support in the design and development of this framework.
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Level Four

This document has been designed to be used in combination with the appropriate standards / competency assessment framework, for example, for England, Northern Ireland, Scotland or Wales.

This document should be used as evidence for your own practice development and can be used as part of a personal development plan or as part of professional body revalidation.

Those working at level 4 will have obtained the knowledge and skills as outlined in the previous levels and this is a natural progression in their development.

| Example role title: | Associate practitioner  
Nursing associate  
Third year nursing student |
|---------------------|------------------------------------------------------------------|
| Qualification:      | As per previous levels plus:                                      
Foundation degree, Higher National Diploma, NVQ 4 or SVQ 4 in relevant subject area as per your current area of practice. |
| Role descriptor:    | Those working at level 4 require factual and theoretical knowledge in broad contexts regarding pain assessment and management. They should be able to work within systems and protocols relating to pain management but still able to make judgements, plan activities of care and contribute to service and personal development. They may delegate and have supervisor responsibility to junior unregistered staff. |
Domain One: Recognition of pain

This aspect of care examines definitions of pain, its anatomy and physiology, psychological, emotional, spiritual and social aspects of pain.

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Describes the role of the nervous system in the transduction, transmission, perception and modulation of pain.</td>
<td>5. Identifies, with examples relevant to clinical practice, the potential adverse effects of acute, persistent and cancer-related pain from the perspective of: cardiovascular and respiratory systems, gastrointestinal system, musculoskeletal system, endocrine system, genitourinary system, neurological and central nervous system, development of chronic (persistent) pain.</td>
</tr>
<tr>
<td>2. Describes, with examples, fundamental knowledge of: - nociceptive pain - neuropathic pain - visceral pain - somatic pain.</td>
<td>6. Assesses the patient and family’s knowledge/understanding of their pain.</td>
</tr>
<tr>
<td>3. Describes the biopsychosocial model of pain.</td>
<td>7. Identifies examples of the psychosocial impact of pain.</td>
</tr>
<tr>
<td>4. Identifies the potential relationship of the following to the person’s experience of pain: - anxiety - depression - fear/avoidance - spirituality - quality of life.</td>
<td>8. Modifies approach to patients according to the characteristics of their pain when performing observations and assessments.</td>
</tr>
<tr>
<td>9. Accurately documents and communicates data/findings with relevant health personnel.</td>
<td>9.</td>
</tr>
</tbody>
</table>
## Domain Two: Assessment of pain

This aspect of care outlines how pain can be assessed, measured and communicated.

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Discusses the rationale for assessment of pain as a multi-dimensional experience and the barriers that can occur.</td>
<td>6. Performs a general physical assessment. Assesses the impact of interventions on pain and function.</td>
</tr>
<tr>
<td>2. Use of valid and reliable tools for assessing and measuring pain at rest and on movement.</td>
<td>7. Assesses the patient and family’s knowledge/understanding of their pain, its contributing factors, their goals, beliefs and expectations surrounding treatment and their preferences.</td>
</tr>
<tr>
<td>3. Identifies social populations with potential challenges to assessment and demonstrate fundamental knowledge of appropriate assessment frameworks/tools where relevant to practice.</td>
<td>8. Accurately documents and communicates data/findings with relevant health care professionals.</td>
</tr>
<tr>
<td>4. Demonstrates the ability to undertake a fundamental pain history.</td>
<td>9. Documents timeline for reassessment of pain and evaluation of pain management interventions.</td>
</tr>
<tr>
<td>5. Discusses clinical rationale for investigations in the assessment of the person with pain.</td>
<td>10. Accurately evaluates effectiveness of pain management plan with the person in pain and communicates amendments required to appropriate health care professional.</td>
</tr>
</tbody>
</table>
Domain Three: Treatment – physical strategies to manage pain

This aspect of care outlines the importance of physical strategies to improve and maintain function in acute and persistent pain.

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Describes how the following physical strategies aid pain management such as:</td>
<td>5. Actively monitors the effectiveness of physical methods and strategies and integrates different aspects of practice to improve outcomes for patients.</td>
</tr>
<tr>
<td>• turning and positioning</td>
<td>6. Exhibits ways of engaging and empowering patients in the utilisation of physical strategies.</td>
</tr>
<tr>
<td>• wound support</td>
<td>7. Utilises policies that guide practice as a resource to guide own practice and advise patients.</td>
</tr>
<tr>
<td>• reach devices</td>
<td>8. Praises and supports other junior staff members.</td>
</tr>
<tr>
<td>• heat and cold</td>
<td></td>
</tr>
<tr>
<td>• massage</td>
<td></td>
</tr>
<tr>
<td>• mobilisation</td>
<td></td>
</tr>
<tr>
<td>• role of physiotherapy</td>
<td></td>
</tr>
<tr>
<td>• hydrotherapy</td>
<td></td>
</tr>
<tr>
<td>• TENS.</td>
<td></td>
</tr>
<tr>
<td>2. In the context of:</td>
<td></td>
</tr>
<tr>
<td>• range of movement, muscle strength and stamina</td>
<td></td>
</tr>
<tr>
<td>• cardiovascular activity</td>
<td></td>
</tr>
<tr>
<td>• pain relief</td>
<td></td>
</tr>
<tr>
<td>• weight, nutrition and appetite management</td>
<td></td>
</tr>
<tr>
<td>• activities of daily living</td>
<td></td>
</tr>
<tr>
<td>• sleep</td>
<td></td>
</tr>
<tr>
<td>• mood.</td>
<td></td>
</tr>
<tr>
<td>3. Identifies and works within sphere of own practice.</td>
<td></td>
</tr>
<tr>
<td>4. In-depth knowledge of safeguarding principals for patient and patient information and knows when to escalate to health care professional.</td>
<td></td>
</tr>
</tbody>
</table>
Domain Three: Treatment – self management strategies

This domain describes how the nursing team contribute to enabling patients to engage with self-management strategies for managing acute and chronic pain.

<table>
<thead>
<tr>
<th>Knowledge</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrates an understanding of how chronic differs from acute pain and discusses the rationale for the role self-management plays in helping improve the physical and psychological impact of pain.</td>
<td>5. Assesses the impact of the interventions on the physical and psychological wellbeing of the patient.</td>
</tr>
<tr>
<td>2. Identifies potential barriers to effective self-management.</td>
<td>6. Displays confidence in guiding the patient to self-management strategies by promoting movement, reducing anxiety, improving comfort, facilitating sleep, distraction and involving the family.</td>
</tr>
<tr>
<td>3. Assesses the impact of the interventions on the physical and psychological wellbeing of the patient.</td>
<td>7. Assesses patient’s level of ability to apply these strategies and facilitates knowledge and understanding of pain and related pain behaviour, beliefs, goals and expectations, highlighting how these may contribute to their pain.</td>
</tr>
<tr>
<td>4. Identifies the different ways in which acute and chronic pain can be managed and the role of self-management.</td>
<td>8. Active partakes and contributes to promoting self-management strategies as part of the interdisciplinary team.</td>
</tr>
<tr>
<td></td>
<td>9. Discusses clinical rationale for the self-management strategies chosen for the patient and how they have been applied.</td>
</tr>
<tr>
<td></td>
<td>10. Accurately documents and communicates with the relevant personnel any outcomes related to chosen strategies.</td>
</tr>
<tr>
<td></td>
<td>11. Recognises issues and applies agreed protocols to escalate problems in relation to self-management strategies that may occur as a result of their intervention(s).</td>
</tr>
</tbody>
</table>
Domain Three: Treatment – use of pharmacological strategies

This domain explores how nurses contribute to the safe, timely and appropriate use of pharmacological therapies.

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Aware of any potential signs and symptoms/ contra-indication of pharmacological strategies.</td>
<td>6. Takes histories to include drug ranges, efficacy, side-effects of medication and intolerance to analgesia.</td>
</tr>
<tr>
<td>2. Knows the therapeutic uses of the medication to be administered, its normal dosage, side-effects, precautions and contra-indication.</td>
<td>7. Evaluates and articulates a clear rationale for the choice of pharmacological strategies.</td>
</tr>
<tr>
<td>3. Develops the skills to give simple and clear instructions for patients in their care, and at discharge.</td>
<td>8. Manages adverse effects and completes and maintains accurate documentation.</td>
</tr>
<tr>
<td>4. Recognises that medicines may impact mental capacity.</td>
<td>9. Takes responsibility for day-to-day management of routine care using pharmacological strategies.</td>
</tr>
<tr>
<td>5. Aware of the roles of the regulatory agencies involved in medicine use, monitoring and licensing (for example the National Institute of Health and Clinical Excellence, the Committee on Safety of Medicines, and local formulary committees).</td>
<td>10. Considers the dosage, weight and, where appropriate, method of administration, route and timing.</td>
</tr>
</tbody>
</table>
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0345 772 6100

Published by the Royal College of Nursing
20 Cavendish Square
London
W1G 0RN

020 7409 3333
www.rcn.org.uk

August 2021
Review date: August 2024
Publication code: 009 754