



The Royal College of
Chiropractors

Core Competencies of the Pain Faculty Chiropractor [MRCC (Pain)]

The Royal College of Chiropractors

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Introduction

This document defines the core competencies required of a chiropractor whose practice has a special focus on evaluating and managing pain, i.e. a 'Pain Faculty Chiropractor'. These competencies apply in addition to the requirements of the General Chiropractic Council's Code and associated guidance, and the Outcomes for Chiropractic Graduates¹ defined by the Royal College of Chiropractors' Forum of Deans.

Chiropractors who are full Members - MRCC (Pain) - or Fellows - FRCC (Pain) - of the Royal College of Chiropractors Pain Faculty (RCCPF) will have, by definition, demonstrated achievement of these core competencies.

The core competencies defined here do not limit the scope of practice of Pain Faculty Chiropractors. Individuals may acquire additional competencies through formal study and continuing professional development activities.

1) Royal College of Chiropractors (2022) Outcomes for Chiropractic Graduates. https://rcc-uk.org/wp-content/uploads/2022/05/Outcomes-for-Chiropractic-Graduates_FCD_May-2022.pdf

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Clinical evaluation of patients in pain



1.1 Underlying mechanisms of pain and the pathways involved

Pain Faculty Chiropractors must understand pain as an unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage. They must be able to:

- a) understand how pathways and mechanisms of pain modulate a patient's experience of pain,
- b) appreciate that there may be no known identifiable cause for the patient's pain,
- c) understand how non-physical psychosocial factors, such as a patient's beliefs, emotions and cultural beliefs, can impact how a patient experiences pain,
- d) understand that every patient will experience pain as their own personal experience and avoid actions that may invalidate the patient's experience,
- e) identify signs and symptoms of central sensitisation.

1.2 Classification of pain

Pain Faculty Chiropractors must be able to distinguish between and classify types of pain. They must be able to:

- a) understand the differences between acute pain (onset less than 6-weeks) and chronic pain (onset more than 3-months or beyond the expected time of recovery),

- b) understand that chronic primary pain has no clear underlying condition or the pain (or its impact) appears to be out of proportion to any observable injury or disease,
- c) understand that chronic secondary pain is caused by an underlying condition,
- d) identify and distinguish pain that is nociceptive or neurogenic in nature,
- e) identify pain that is radicular in nature,
- f) understand that pain can arise from neurological dysfunction and may not strictly meet the classification of nociceptive or neurogenic pain.

1.3 Impact of pain on people's lives

Pain Faculty Chiropractors must understand and appreciate that pain, especially chronic pain, can have a significant impact on a patient's life. Pain Faculty Chiropractors must be able to recognise that:

- a) pain can affect a person's ability to work and maintain an income,
- b) pain can affect a person's home and social life,
- c) a person's mental health can be significantly affected by pain,
- d) pain not only has effect on the person who experiences it, but also those with whom they interact.

1.4 Assessment tools and outcome measures

Pain Faculty Chiropractors must be able to use validated tools to assess patients and monitor their outcomes. Pain Faculty Chiropractors must be able to:

- a) record and use valid outcome measures when managing patients,
- b) continually use patient reported outcome measures (PROMs) to monitor patients' outcome measures and alter a plan of management as necessary.

1.5 Prognosis of a patient's pain

Pain Faculty Chiropractors must understand:

- a) that factors such as a patient's beliefs, access to care and personal circumstances can affect their prognosis,
- b) the utility of using prognosis screening tools such as the *STartBack tool*
- c) that patients with a poorer prognosis can require joint management with, or further treatment from, other healthcare professionals,
- d) that inappropriate management of a patient can negatively impact their prognosis,
- e) the risk factors and consequences of patient dependency.

1.6 Psychological assessment for the risk of persisting pain-related disability

Pain Faculty Chiropractors must be able to recognise and identify patients that may require psychological assessment and additional management, and make appropriate referrals in this regard.

1.7 Psychosocial barriers to recovery

Pain Faculty Chiropractors must have an understanding of the psychosocial barriers that can impact recovery from musculoskeletal injuries or conditions, and factor this into a patient's management. They must be able to:

- a) identify indicators that may present obstacles to recovery and address these with patients,
- b) recognise when referral to, or co-management with, another other healthcare professional is indicated.

1.8 Mental health

Pain Faculty Chiropractors must understand that pain, especially chronic pain, can have a significant effect on a patient's mental health. They must be able to engage in discussions with patients and other healthcare professionals regarding mental health, and refer to other healthcare professionals as appropriate.

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Clinical management of patients in pain



2.1 Working and differential diagnosis with a prognosis

Pain Faculty Chiropractors must be able to create a working diagnosis and differential diagnosis that incorporates the aetiology and classification of the pain component of a patient's presentation, including a prognosis based on current evidence.

2.2 Patient-centred management and shared decision making

Pain Faculty Chiropractors must understand that patients need to be involved in developing their plan of management including what interventions are used, objectives of care and goal setting. Pain Faculty Chiropractors must be able to discuss the risks of benefits of all interventions and allow patients to make informed choices.

2.3 Package of care

Pain Faculty Chiropractors must understand that pain, especially chronic pain, should be managed using a package of care. They must be able to identify and apply relevant management modalities which may include:

- a) Manual therapy,
- b) Graded exposure therapy,
- c) Promoting self-management,
- d) Patient education,
- e) Psychological-informed care,

- f) Tailored exercise approaches,
- g) Promoting relevant cardiovascular exercise.

2.4 Continuing activities of daily living

Pain Faculty Chiropractors must understand that patients in pain can become isolated and withdrawn. They must be able to:

- a) encourage patients, if appropriate, to continue with their activities of daily living,
- b) facilitate early, structured return to work,
- c) identify barriers, and formulate and agree solutions.

2.5 Patient education

Pain Faculty Chiropractors must understand the importance of education to help patients accept and reconceptualise pain. They must be able to:

- a) provide patients with information and resources relevant to their condition,
- b) communicate to the patient using language, terminologies and concepts that the patient can understand,
- c) ascertain and confirm if patients understand and accurately comprehend the information provided to them.

2.6 Verbal communication

Pain Faculty Chiropractors must understand that verbal communication can have a significant effect on how a patient conceptualises their complaint. They must be able to:

- a) communicate a diagnosis and care plan to patients,
- b) understand that the language used when communicating to patients can have positive or negative effects on their complaint,
- c) understand that patients can misinterpret information provided to them, potentially leading to incorrect beliefs.

2.7 Non-verbal communication

Pain Faculty Chiropractors must understand that non-verbal communication such as body language, tone of voice and attention towards a patient can have a significant effect on how a patient perceives their complaint is being managed, engages with a plan of care and responds to interventions.

2.8 Self-management

Pain Faculty Chiropractors must understand the importance of actively supporting patients to self-manage their complaints. They must be able to:

- a) increase a patient's skills and confidence in managing their complaint,
- b) set attainable, specific, measurable goals,

- c) motivate and reassure patients,
- d) facilitate helpful coping strategies to build resilience,
- e) address fear avoidance behaviours and catastrophising.

2.9 Intolerable pain

Pain Faculty Chiropractors must be able to recognise and assess the severity of a patient's symptoms as either tolerable or non-tolerable and factor this into the management of the patient. They must be able to recognise when a patient requires urgent referral and additional management.

2.10 Diagnostic tests or imaging

Pain Faculty Chiropractors must understand that referral for imaging must be justified and that improper referral can be related to poorer patient outcomes. They must be able to interpret the outcomes of diagnostic tests in relation to a patient's presentation.

2.11 Identifying and challenging inappropriate pain beliefs

Pain Faculty Chiropractors must have the confidence and skills to identify inappropriate pain beliefs and challenge these in a non-confrontational and constructive manner.

3

Professional conduct and behaviours



3.1 Manage patients following national pain guidelines and local/regional clinical pain care pathways

Pain Faculty Chiropractors must have an ongoing, up to date knowledge and understanding of relevant national guidelines and standards, and must be able to follow and observe local and regional clinical pain pathways.

3.2 Maintaining and developing professional skills and knowledge

Pain Faculty Chiropractors must constantly develop their professional skills and understand the study and management of the pain dynamic discipline in which clinical recommendations and guidelines can frequently be modified. They must be able to:

- a) keep up to date with the current evidence and their area of professional interest,
- b) reflect on their clinical practice,
- c) challenge their own views and beliefs.

3.3 Leadership and multidisciplinary practice

Pain Faculty Chiropractors must be able to work constructively within a multidisciplinary team and be able to:

- a) understand their limits and areas of practice where other professionals are better suited to managing patient,
- b) manage a team or follow instruction/direction,
- c) follow procedures and protocols,
- d) communicate clearly with other professionals,
- e) respect the opinions, expertise and advice of other professionals.



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