UEMS MULTIDISCIPLINARY JOINT COMMITTEE IN PAIN MEDICINE

Report on the 3rd Meeting of the MJC Pain Medicine

The 3rd meeting of the MJC PM was held in Paris, at the Marriott Hotel Rive Gauche (Room “La Seine”), following the UEMS Council Meeting. The JC Meeting took place on Saturday October 19th from 18:30 hrs onwards, with the following agenda:

1. Introduction by Temporary Presidium and definition of aims and objectives
2. Information on UEMS Statutes and RoPs and election of MJC Executive
3. Discussion on how to advance the work of the MJCPM
4. Provisional ideas on Curriculum and domains
5. Cooperation with Scientific Societies
6. Future meetings
7. Any other business

Participated in the Meeting

- Dr Mauro Zampolini representing the UEMS (mzampolini@gmail.com)
- Dr Daniel Wever, from the S&B of Physical and Rehabilitation Medicine (drwever@home.nl)
- Dr Trevor Duffy, representing the S&B of Rheumatology (trevorduffy@rcsi.ie)
- Dr Alexandre Bisdorff, S&B of Neurology (alexbis@pt.lu)
- Dr Jean-Christophe Mercier, S&B of Paediatrics (jean‐christophe.mercier@sfr.fr)
- Dr Margarita M Puig, member of the S&B of Anaesthesiology and Temporary President of the MJC PM who lead the meeting

Also present as observers were

- Dr George Chakhava, President of the Georgian Association for Medical Specialities (geroge.chakhava@gmail.com)
- Dr Lennart Christiansson, President of the S&B of Anaesthesiology (lennart.christiansson@surgsci.uu.se)
- Dr Elisabeth van Gessel, Vice-President of the S&B of Anaesthesiology (evgessel@bluewin.ch)
- Dr Carmel Abela, Secretary/Treasurer, S&B of Anaesthesiology (cjabela@gmail.com)
- A representative from the Acupuncture group

INTERIM PRESIDENT: PROF. MARGARITA M. PUIG
After the introductions, MM Puig (MMP), circulated a hand out with eleven printed slides containing a succinct description of the agenda and objectives of the meeting (enclosed). The general and specific aims of the JC were briefly stated: To improve the multidisciplinary management and outcomes of patients with acute chronic and cancer pain, to define homogenous standards for PGT in Pain Medicine and harmonize its practice in all member states of the EU, and to prompt the recognition of Pain Medicine as a Particular Medical Competence or Qualification.

The need for pain education at two levels of Post Graduate Training (PGT) was discussed according to the following proposal:

i. Develop PGT Programs for each specialty involved in the management of patients with pain. For this purpose, it was proposed that each relevant specialty (S&B), would be requested to compile a competence-based syllabus (module) containing the aspects of pain management that distinctively relate to their area of expertise.

ii. Post graduate education for specialists who want to attain a Particular Competence or Qualification in Pain Medicine (Pain Physicians). The assembly of the specialty syllabus (modules) could constitute the core for the development of a competence-based European Pain Curriculum (EPC) and European Pain Boards (EPB), in close collaboration with the multidisciplinary European Pain Societies such EFIC. Preliminary exchanges with EFIC have already been established by MMP, who informed that EFIC has expressed their willingness to closely collaborate with the JC in the development of the European Pain Curriculum and Boards.

The option that Pain Medicine could become an independent specialty was actively rejected by the majority of participants.

The structure and RoP of the UEMS MJC was examined. In brief: ”….. MJC must follow the same UEMS rules of procedure as though they were a section and refer all decisions to the Council”. It was confirmed that each UEMS S&B can propose 1-2 representatives to participate in the MJC; also that the term or time of involvement of the members of the Executive Board in the JC is of four years.
Elections of the Executive Board were uneventful. The Temporary President (MMP) informed of her decision to step down from the JC due to her retirement in a year’s time. She requested and was granted the support of all participants, for the S&B of Anaesthesiology to run the JC for the first term (next four years). Accordingly, Dr Carmel Abela (S&B of Anaesthesiology) and Dr D Wever (S&B of Physical and Rehabilitation Medicine) were elected President and Secretary/Treasurer of the MJC in Pain Medicine for the next four years.

The third meeting of the MJCPM came to an end approximately at 19:30 hrs.

Margarita M Puig, MD, PhD
Past-Temporary President
UEMS MJC Pain Medicine
Member of UEMS S&B of Anaesthesiology

October 23rd, 2013
UEMS MULTIDISCIPLINARY JOINT COMMITTEE IN PAIN MEDICINE

Meeting of the MJC Pain Medicine
Paris, 19th October 2013
18.00 – 19.00

Draft Agenda

1. Introduction by Temporary Presidium and definition of aims and objectives
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INTRODUCTION

- Pain has a high *prevalence*, is under-recognised and undertreated. The burden on patients and health care systems is high.

- Pain Medicine is the domain of a number of clinical specialties, *(transversal)* each approaching its treatment from the perspective of their area of expertise.

- Persistent pain often requires *multidisciplinary* treatment in specialised settings (Pain Units), with the active involvement of pain physicians.

**Pain education needed at two levels: PGT speciality programs and a specific program for Pain Physicians**
• Pain education in **PGT speciality programs** is often deficient, and varies within disciplines and countries, contributing to the high prevalence of pain.

• There are no consistent, specific educational standards in the EU for training *Pain Physicians*.

• Comprehensive standardized and harmonized education in Pain Medicine is essential to improve patient outcomes.
GENERAL AIMS

- Improve the multidisciplinary management and outcomes of patients with acute, chronic and cancer pain in the EU

- Define homogeneous standards for PGT in Pain Medicine, and harmonize its practice in all Member States of the EU

- To prompt the recognition of *Pain Medicine as a Particular Competence or Qualification in the EU*
SPECIFIC AIMS

• Propose Pain Medicine *PGT programs for each relevant speciality* involved in the management of patients with pain

• Develop a competence-based *European Pain Curriculum*, intended for specialists who want to attain a Particular Competence or Qualification in Pain Medicine (Pain Physicians)

• Design and implement *European Boards* and a Certification or Diploma in Pain Medicine

• Other aims: Propose standards of care in the multidisciplinary management of patients with pain, recommend European minimal standards for Pain Clinics
UEMS MULTIDISCIPLINARY JOINT COMMITTEE IN PAIN MEDICINE

Suggested Configuration for the European Pain Curriculum

Structured in Modules, identifies and differentiates the aspects of Pain Medicine relevant to each speciality. All interested UEMS S&B will be invited to produce a competence-based *speciality* Pain CV (syllabus), on the topics that distinctively relate to their area of expertise, according to the current pain practice requirements of each speciality. The modules could be utilized to harmonise PGT in Pain Medicine for the different specialities.

After consensus, a combination of modules could be the basis to conform the European Pain Curriculum for Pain Physicians.
European Pain Curriculum: Suggested Topics (modules)

- Pain Neurobiology and Pharmacology
- Musculoskeletal pain
- Neuropathic Pain and Headaches
- Cancer Pain
- Acute Pain / Regional analgesia
- Pain in Paediatrics
- Pain in Geriatrics
- Visceral Pain
- Interventional Pain Management
- Non-pharmacological pain management:
  - Physical Medicine and Rehabilitation
  - Cognitive / behavioural management
  - Acupuncture
  - Complementary medicine approaches
- Fundamentals of Basic, Clinical & Epidemiological Pain Research
Suggested Levels of Competence

I. Certification in Pain Medicine (expert). Intended for physicians that after finishing specialised training, choose to commit their career to Pain Medicine. Should undertake further specific training and pass the European Boards.

II. Diploma in one area of Pain Medicine. Intended for Physicians of relevant specialities that provide medical care to patients with pain. Pain Education (syllabus) would be integrated in their PGT. After completion of one or more modules could obtain a diploma of proficiency (i.e. neuropatic pain, musculoskeletal, other)
How to Advance the Work of the MJCPM

Needed:

• A comprehensive assessment of the current training in pain medicine in the relevant specialities across Europe (survey)

• The support of the Multidisciplinary European Pain Societies

Where to start:

• Request each speciality to propose a competence-based Pain syllabus for PGT in their area of expertise
UEMS MULTIDISCIPLINARY JOINT COMMITTEE IN PAIN MEDICINE

Temporary Presidium and Proposed Structure
(April 2012 - present)

President: Margarita M Puig, S&B Anaesthesiology

Secretary/Treasurer: Prof N Christodoulou, S&B Physical and Rehabilitation Medicine

Members: One-two representatives from each relevant UEMS S&B

Advisors: One delegate from each Multidisciplinary European Pain Scientific Society such as EFIC

Election of the MJC Executive Committee must take place during the meeting

EFIC= European Federation IASP Chapters. IASP= International Association for the Study of Pain
VI.10. Multidisciplinary Joint Committee
The Council can, on the request of a Section or on its own initiative, ask one or more Sections to create a Multidisciplinary Joint Committee (MJC) for competences or spheres of activity belonging to several disciplines.

Such a joint committee must be open to members of any Section wishing to participate.

The daily management will be entrusted either to one of the Sections or to representatives of several Sections working in a collegiate way. Although not a Section in its own right, such MJC must follow the same UEMS rules of procedure as though they were a Section and refer all decisions to the Council.
“We cannot do everything at once, but we must do something at once”

Author unknown

Thank-you!