



EUROPEAN PAIN FEDERATION

# CORE CURRICULUM FOR THE EUROPEAN DIPLOMA IN PAIN PHYSIOTHERAPY

SEPTEMBER 2023  
Second Edition

Endorsed by



## **Dedication**

This curriculum is dedicated to the millions of people throughout Europe who suffer pain, and the physiotherapists who seek the best ways to help them.

## Foreword

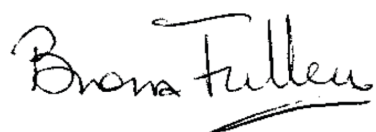
The European Pain Federation (EFIC®) decided to develop its own core curricula and Diplomas in order to better provide up to date pain science knowledge, clinical reasoning and management, as well as to facilitate the sharing of best practice amongst medical and other relevant healthcare practitioners.

This 2023 Pain Physiotherapy curriculum articulates the learning outcomes to be achieved through physiotherapists' self-directed learning, clinical experience, educational experiences delivered during their training and professional lives. It should be read in conjunction with the current recommended reading list which can be found on the European Pain Federation EFIC® website. Knowledge of the curriculum, pain assessment and treatment skills will be evaluated by a three-part examination – a multiple choice examination (MCQ) followed by a practical examination to test clinical skill performance and competence including communication, clinical examination and diagnosis, and a viva to test clinical reasoning.

The Diploma is for all physiotherapists across Europe (and beyond, for those interested) whose national organisation is a member of the World Physiotherapy (<https://world.physio/our-members>). Whilst some European countries have their own Diploma or Degree in pain, many do not at this time. The Diploma aims to show that the EFIC Fellow has a firm grounding in the basic skills and knowledge needed to assess and manage the many patients whose pain requires attention in all types of clinical scenarios, or that the Fellow teaches or performs relevant research in pain.

This curriculum is a dynamic instrument and has been updated from the original Pain Physiotherapy curriculum (2017) to reflect advances in physiotherapy research and education, along with feedback from examiners and Diplomates. We are forever grateful to the Faculty of Pain Medicine of Australia and New Zealand for allowing EFIC to use their current pain curriculum as a basis for ours. It has been modified to suit the diversity in pre-and postgraduate training in both Pain Medicine and now Physiotherapy across Europe and is in line with our desire to cover all factors of relevance to all physiotherapists involved in the assessment and treatment of those in pain. We also thank the reviewers (listed at the end) who contributed from their professional expertise and time to reviewing and adapting the curricula for use in Europe.

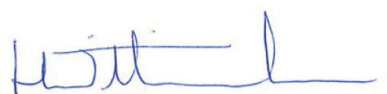
We are especially grateful to the steering committee (Catherine Blake, Catherine Doody, Morten Hogh, Keith Smart, and Joseph McVeigh).



Dr Brona Fullen

President, European Pain Federation EFIC

August 2023



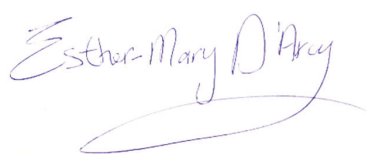
Professor Harriet Wittink,

Vice Chair

## Endorsement

Pain management is a central component of physiotherapy and physiotherapists are a core member of the multidisciplinary pain management team. Reflecting this strong connection, the European Region of World Physiotherapy and the European Pain Federation EFIC have forged closer links in recent years. We have worked to improve education on pain management for physiotherapists and to bring the physiotherapy perspective into other aspects of EFIC's work, where they strive to reflect a multidisciplinary and multimodal approach.

The Core Curriculum for the European Diploma in Pain Physiotherapy is a valuable addition to the range of tools available to physiotherapy educators and the Europe Region of World Physiotherapy is pleased to endorse this second edition. I hope it contributes to enhanced learning outcomes for the benefit of physiotherapists and ultimately improved outcomes for their patients.



Esther-Mary D'Arcy

Chairman, Europe Region of World Physiotherapy

August 2023



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## Introduction

Pain is a major unsolved healthcare problem worldwide. It is universal, with no age, race, social class, national or geographic boundaries. It has enormous associated costs – financial, as well as being a tremendous burden in terms of diminished quality of life for the sufferer, their family and immediate society. Estimates place the cost of pain, as a disease state, in the very substantial category of cardiovascular disease and cancer.

Pain is the most common reason for patients to see their healthcare professionals, and entry level education prepares healthcare professionals for this. Although clear guidelines exist for assessing and managing acute and cancer pain, these are not always applied, leading to unnecessary suffering. Treatment and management of chronic pain is a difficult task. Recent research suggests that the management of chronic pain using a biomedical model has significant limitations, and the biopsychosocial model is most appropriate for the optimum evidence-based management of chronic pain. Understanding and managing complex chronic pain presentations is challenging, and an in-depth understanding of the biopsychosocial model of assessment and treatment is essential.

In recent years “Pain Science” has emerged as a distinct academic discipline with delineated borders and aims. It focuses on management of common and complex pain problems, typically using a multidisciplinary and/ or interdisciplinary approach. The time has come to broaden the scope of pain specialisation to cover the whole of Europe using uniform, agreed-upon standards of training and certification for pain specialists.

Pan-European standards of training and certification, once in place, will ensure higher professional quality, uniformity and care. Such standards will also promote recognition among specialists and non-specialists alike, of the boundaries at which patients with complex chronic pain ought to be referred to a pain specialist for treatment. Finally, they will create a body of trained professionals, qualified to provide guidance and leadership in the areas of therapeutic modalities, resource allocation, research, ethical considerations, and public policy concerning chronic pain and its management.

The European Pain Federation EFIC® is a multidisciplinary professional organisation in the field of pain research and medicine, consisting of the 38 Chapters of the International Association for the Study of Pain (IASP®), which are the IASP approved official national Pain Societies in each country. Established in 1993, EFIC®’s constituent Chapters represent Pain Societies from 38 European countries and close to 20,000 physicians, basic researchers, nurses, physiotherapists, psychologists, and other healthcare professionals across Europe, who are involved in pain management and pain research.

As part of the process of establishing a framework for pan-European training and certification standards in Pain Physiotherapy, EFIC® has now developed a core curriculum and Diploma in relation to recognised professional certification in this field.

To support education EFIC® has developed resources: The Pain Academy, EFIC Pain Schools and Pain Fellowships. Further details can be found here <https://europeanpainfederation.eu/>



## Scope of Practice

Physiotherapy aims to promote and maximise patients' health and well-being using a person-centered perspective, within a biopsychosocial framework.

This incorporates the evaluation of the whole person and the understanding of all the aspects that can limit a patient's well-being. Pain is arguably the most frequent and distressing experience patients report, and every health professional should have a comprehensive understanding of biological mechanisms as well as of the pain experience, to allow an adequate treatment.

In addition, physiotherapists must utilise a broad base of skills including, but not limited to, effective communication styles, education, and reflective practice when treating and managing patients using best practice recommendations.

Clinically this incorporates the evaluation, and management of persons with pain. The field of Pain Physiotherapy spans three major clinical areas:

1. Acute pain
  - post-operative
  - post-trauma
  - acute episodes of pain in medical conditions.
2. Cancer-related pain
  - pain due to tumour invasion or compression;
  - pain related to diagnostic or therapeutic procedures;
  - pain due to cancer treatment.
3. Chronic non-cancer pain – including more than 200 conditions described in the IASP Taxonomy.

## Pain Physiotherapy Curriculum

The purpose of this curriculum is to describe the required learning and assessment which constitute the European Diploma in Pain Physiotherapy training programme for physiotherapists across Europe.

It comprises five sections. Each section describes the required competencies for the Physiotherapist, and in combination with the learning objectives provides an overview of the knowledge base underpinning the European Diploma in Pain Physiotherapy.

## Curriculum Aims

1. To define the scope of practice required of Physiotherapists to deliver evidence-based and high-value person-centered pain management.
2. To outline the breadth and depth of knowledge, range of skills and professional behaviours required to ensure effective person-centered pain management.
3. To provide consistency in educational and practice standards in pain management for physiotherapists across Europe by establishing a benchmark of professional competencies.

### European Diploma in Pain Physiotherapy

The Education Committee of EFIC® has developed an examination based upon this curriculum.

Physiotherapists/Physical Therapists whose national organisation is a member of World Physiotherapy (<https://world.physio/membership>), and who wish to achieve this qualification will be assessed by this examination.

Further details, and a recommended reading list to support knowledge of the curriculum are available on the European Pain Federation EFIC® website <http://www.efic.org>, under Education.

## Learning Objectives

Upon completion of this pain curriculum, the Physiotherapist should be able to:-

### Section One: Pain Science

- Discuss the complex, variable and multidimensional nature of pain, as defined by the International Association for the Study of Pain (IASP).
- Demonstrate knowledge and understanding of the underlying neuroscience of acute and chronic pain.

### Section Two: Principles of Assessment and Measurement

- Demonstrate knowledge and understanding of the biopsychosocial assessment of pain.
- Assess patient preferences to determine pain-related goals and priorities for treatment.
- Apply the World Health Organisation (WHO) International Classification of Functioning, Disability and Health (ICF) in the context of a biopsychosocial assessment of pain.
- Understand the effects of cultural, societal, economic, and institutional influences on the assessment of pain.
- Describe patient and healthcare provider factors that may influence the assessment of pain.
- Demonstrate an understanding of the specialist assessment by other healthcare professionals.
- Apply knowledge, diagnostic skills, and clinical reasoning to the patient's biopsychosocial assessment.

### Section Three: Principles of Treatment

- Develop and implement an individually tailored evidence-based pain treatment and management plan in collaboration with the patient.
- Critically discuss indications, efficacy, complications, management, and patient follow-up for treatment modalities related to pain Physiotherapy.
- Monitor the effects of treatment and recognise and respond to the uncertainty inherent in the practice of pain Physiotherapy.

### Section Four: Populations in Pain

- Describe the epidemiology, pathophysiology, etiology, and clinical features associated with specific pain conditions across the lifespan.
- Discuss pain assessment and management strategies for specific populations, including but not limited to, acute pain, chronic pain, inflammatory pain, cancer pain, musculoskeletal pain, fibromyalgia syndrome and chronic widespread pain, orofacial pain, and headache

- Apply knowledge, skills, and clinical reasoning to construct age and population appropriate assessment and treatment plans for patients presenting with a range of pain conditions.

#### **Section Five: Interprofessional working and learning**

- Consult and collaborate with colleagues and other healthcare professionals to optimise patient wellbeing and enhance patient outcomes.

## **Section One:- Pain Science**

## 1.1 Theories and Mechanisms of Pain

1.1.1	Understand contemporary and evolving theories of pain, their historical context, and their relative usefulness in clinical practice
1.1.2	Understand the philosophical aspects of pain theory, (such as mon-ism versus dualism; and reductionism versus holism; and embodied predictive processing)
1.1.3	Demonstrate knowledge and understanding of the transduction, transmission, perception and modulation of nociception and pain including: <ul style="list-style-type: none"> <li>• The characteristics of sensory neurons (e.g., C-fibres and A-fibres)</li> <li>• Relevant pathways, structures, receptors, ion-channels, and neurotransmitters</li> </ul>
1.1.4	Discuss the distinction between nociception and pain
1.1.5	<ul style="list-style-type: none"> <li>• Discuss mechanistic descriptors and classifications of pain (such as 'nociceptive', 'neuropathic' and 'nociplastic' pain) and their relevance to the assessment and management of patients' pain</li> </ul>
1.1.6	Understand the concepts and neurobiological mechanisms underlying peripheral and central sensitisation, and primary and secondary hyperalgesia, and the transition from acute to chronic pain.

## 1.2 The Language of Pain Science

1.2.1	Understand common pain and neuroscience-related phenomena as defined by the IASP terminology (e.g., hyperalgesia, allodynia, sensitisation) and the World Health Organisation (WHO) e.g., ICD-11, ICF
1.2.2	Understand other contemporary pain-related terminologies (e.g., lived experience of pain, stigmatisation, and person-centeredness, and diagnostic uncertainty)

## 1.3 The Complex, Variable and Multidimensional Nature of Pain

1.3.1	<p>Discuss the pain science underlying the complexity, variability, and multidimensionality of pain</p> <ul style="list-style-type: none"> <li>• Discuss the evolution, application, and limitations of the biopsychosocial model of pain</li> <li>• Discuss aspects of a lived-experience of pain and how the person in pain can be included in the process of assessment and management</li> <li>• Discuss the cognitive dimensions of pain, including but not limited to pain-related beliefs, experiences, self-stigmatisation, fear-avoidance, catastrophizing, operant and classical conditioning</li> <li>• Discuss the role of life-style factors on nociception and pain, including but not limited to physical (in)activity, obesity, sleep, substance misuse, stress, and trauma (including abuse, torture and other forms of violence)</li> <li>• Discuss modifiable and non-modifiable risk factors linked to the development of chronic pain including, but not limited to genetic, socioeconomic, occupational, and educational factors as well as multimorbidity, emotional wellbeing, health literacy and social stigmatisation</li> <li>• Discuss the role of contextual factors on pain, including but not limited to placebo, nocebo, the therapeutic alliance, and healthcare culture</li> </ul>
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## **Section Two:- Principles of Assessment and Measurement**

Critically discuss the concept of assessment and measurement of patients with acute and chronic pain across the life span (infants, children, adolescents, older adults, patients from linguistically or culturally diverse backgrounds, patients who are cognitively impaired, patients with behavioural issues).

## 2.1 Assessment

2.1.1	Demonstrate the ability to plan and undertake a comprehensive assessment of the person in pain across the lifespan using a biopsychosocial and person-centered perspective
2.1.2	Demonstrate an ability to link theory and evidence-based practice of pain assessment
2.1.3	Demonstrate an understanding of the role of cultural, societal, economic, and institutional influences on the assessment of pain
2.1.4	Demonstrate an ability to identify patient and healthcare provider factors that may influence treatment (of patients and healthcare providers' attitudes and beliefs, health literacy levels, patient and their family's / carer's response to the experience of pain and illness including affective, cognitive and behavioural response)
2.1.5	Demonstrate ability to clinically reason based on history and assessment including biological, functional, psychological, work-related and social factors
2.1.6	Demonstrate the ability to exclude (suspicion) of serious pathology, and where appropriate identify radiculopathies, painful neuropathies and specific musculoskeletal injuries (e.g., to ligaments)
2.1.7	Demonstrate an understanding of (modifiable and unmodifiable) prognostic factors and their influence on the assessment and treatment of pain
2.1.8	Demonstrate an understanding of the specialist assessment by other specialist medical and other relevant health professionals and when to refer appropriately
2.1.9	Understand the principles and practice of quantitative sensory testing (QST), and their bedside equivalents for testing phenomena such as temporal summation, hyperalgesia, allodynia of pain and conditioned pain modulation
2.1.10	Demonstrate an ability to differentiate those patients who require a multimodal approach from an individual practitioner, multidisciplinary and / or interdisciplinary approach from a team, and/or referral to medical specialists and/or other allied healthcare professionals

## 2.2 Outcome Measures

2.2.1	Demonstrate an ability to select and interpret valid and reliable pain specific biopsychosocial outcome measures across the International Classification of Functioning, Disability and Health (ICF) domains to assess, monitor and modify treatment
2.2.2	Demonstrate ability to undertake a physical assessment including, but not limited to, levels of physical activity, function in daily life (functional tests and capacity evaluations) and sleep in a person suffering from pain (acute or chronic)
2.2.3	Demonstrate the ability to provide the patient with a prognosis based on the assessment of individual, clinical and empirical risk factors



## **Section Three:- Principles of Treatment**

### 3.1 Foundations of Treatment

3.1.1	Demonstrate the professional responsibility of treating all patients with dignity and respect, irrespective of background and status
3.1.2	Develop, justify and negotiate with the patient an individual tailored treatment plan and options based on evidence, clinical reasoning and patient preferences
3.1.3	Understand and apply the principles of evidence-based practice and research when planning and implementing treatment
3.1.4	Discuss the importance of promoting a healthy lifestyle and self-management in the context of pain and how it may be implemented by means of motivational and behavioral change techniques
3.1.5	Explain the framework of risk for transition to chronic pain, including the flag system, medical, psychological and system associated risk and screening methods
3.1.6	Understand the difference between stepped, stratified and matched care and subgrouping/ phenotyping
3.1.7	Demonstrate the ability to manage a person with pain in the case of diagnostic uncertainty (e.g., providing a narrative of the pain as experienced by the patient in the absence of clear pathology, once serious and specific pathologies have been ruled out clinically)
3.1.8	Critically discuss indications, efficacy, complications, management and patient follow-up for treatment modalities related to pain management

### 3.2 Treatment Effects

3.2.1	Demonstrate ability to adapt and modify management based on treatment response, changes in patient preferences, context and new knowledge
3.2.2	Understand the role of contextual factors, placebo and nocebo in patients' responses to treatment

### 3.3 Communication

3.3.1	Establish and maintain a positive therapeutic alliance through respectful and sensitive verbal and non-verbal communication with the patient
3.3.2	Develop, justify and negotiate with the patient an individualised evidence-based management plan, based on clinical reasoning, the patient's lived experience of pain and their goals
3.3.3	Demonstrate shared decision making and a collaborative approach with patients when implementing a management plan, taking into account their preferences, values and level of health literacy

### 3.4 Education

3.4.1	Demonstrate an ability to use contemporary science-based explanations (e.g., neurophysiology) in the communication with patients and where applicable, their family / carers
3.4.2	Provide and discuss with patients and their significant others appropriate information about a range of pain management interventions
3.4.3	Demonstrate awareness of range of service delivery modes e.g., on-line, group education, face-to-face
3.4.4	Discuss and apply educational and communication strategies to promote active patient self-management, motivation and coaching
3.4.5	Identify potential barriers to self- management and the ability to modify them to enhance pain education and management
3.4.6	Discuss key variables that may impact on patient's knowledge of their condition e.g., health literacy, self-efficacy, beliefs, culture, co-morbidities
3.4.7	Understand the impact of health care providers' attitudes and beliefs on patient management
3.4.8	Demonstrate an ability to teach patients and their family / carers about pain mechanisms underpinning their specific pain condition
3.4.9	Understand the learning needs of other health professionals and set appropriate and realistic educational goals that aim to improve knowledge, attitudes and/ or skills

### 3.5 Behavioural Therapies

3.5.1	<p>Demonstrate an understanding of evidenced-based behavioural therapies including but not limited to</p> <ul style="list-style-type: none"> <li>• Cognitive and behavioural therapies</li> <li>• Mindfulness based Cognitive Therapy; Acceptance and Commitment Therapy; Mindfulness based Stress Reduction</li> <li>• Systemic (couple and family) therapy</li> <li>• Hypnosis/guided imagery</li> <li>• Biofeedback, relaxation techniques such as progressive muscle relaxation and Autogenic training</li> <li>• Graded exposure to feared movement and/or activities</li> </ul>
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### 3.6 Physical Activity and Exercise Prescription

3.6.1	Demonstrate and apply knowledge of evidence-based physical activity and exercise prescription in the management of chronic pain
3.6.2	Understand barriers to, and health benefits of, physical activity for people with chronic pain (i.e., being active is necessary but challenging)
3.6.3	Demonstrate an ability to modify physical activity as necessary, based on factors including pain state, age, co-morbidities, psychosocial factors, pregnancy, across the age span, dementia, mental health disorders, cognitive or neurodevelopmental impairment, and psychiatric conditions
3.6.4	Recognise the importance of identifying and addressing psychosocial factors regarding ability to comply with individualised exercise prescription and physical activity / activities of daily living (ADLs) e.g., fear avoidance, catastrophizing
3.6.5	Demonstrate ability to incorporate patient education in exercise prescription regarding goal setting, coping, pacing, motivation, graded activity, graded exposure
3.6.6	Discuss appropriate follow-up, management of flare-ups and long-term maintenance of gains in treatment

### 3.7 Digital Health Management

3.7.1	Discuss evidence-based approaches to implementing telemedicine, artificial intelligence, remote consultation in pain management including patient education and self-management through digital platforms
3.7.2	Describe the potential of using emerging technologies in the management of pain, such as e- and mHealth, virtual and augmented reality
3.7.3	Understand the benefits, limitations and use of appropriate digital health management tools (e.g., wearables) for pain assessment, monitoring, and treatment

### 3.8 Work

3.8.1	Demonstrate an understanding of the role of work, occupational factors, career, finances, housing, recreational and leisure activities in relation to the patients' pain
3.8.2	Demonstrate a knowledge of the factors associated with work loss and facilitate where possible early return to work strategies in collaboration with the pain team and employers
3.8.3	Demonstrate knowledge and application of work adaptation and removal of barriers that will facilitate return to work



### 3.9 Referral to Multidisciplinary Medical and other relevant Health Professional Colleagues

3.9.1	Understand the importance of consulting and collaborating with colleagues and other multidisciplinary teams (across health and social care) in the implementation of a pain management plan to optimise patient wellbeing and enhance patient outcomes, including return to work
3.9.2	Demonstrate an understanding of the indications, efficacy, complications, management for procedural treatment modalities related to pain medicine
3.9.3	Demonstrate an understanding of the categories of pharmacological options available for the management of neuropathic and nociceptive pain e.g., NSAIDS, opioids, antidepressants, anticonvulsants, capsaicin, cannabinoids, corticosteroids
3.9.4	Demonstrate an understanding of the limitations of medications and the importance of combining them with other multidisciplinary strategies that include active self-management approaches



## **Section Four:- Populations In Pain**

## 4.1 Epidemiology

4.1.1	Demonstrate knowledge of the epidemiology of chronic pain, including its incidence, prevalence and impact
4.1.2	Understand the influence of socio-demographic factors, such as age, gender, ethnicity, and socio-economic status on health inequalities and the lived experience and management of pain
4.1.3	Understand risk, prognostic, and predictive factors relevant to the development, assessment and management of chronic pain

## 4.2 Pain Assessment and Management for Specific Populations

4.2.1	<p>Demonstrate an understanding of the need and the ability to adapt the assessment and management of pain to accommodate the unique biopsychosocial characteristics of specific populations, including but not limited to:</p> <ul style="list-style-type: none"> <li>• Infants, children and adolescents</li> <li>• Older adults</li> <li>• Pregnant women</li> <li>• People living with cognitive impairments and intellectual disability</li> <li>• People living with mental health and psychiatric conditions</li> <li>• People living with physical disabilities</li> <li>• People living with neurodiversity</li> <li>• People participating in sports</li> <li>• People from linguistically and culturally diverse backgrounds</li> <li>• Victims of torture and war</li> <li>• People who are homeless or displaced</li> </ul>
4.2.2	<p>Demonstrate an understanding of the need and the ability to adapt the assessment and management of pain to accommodate the characteristics of specific clinical populations, including those living with:</p> <ul style="list-style-type: none"> <li>• Obesity</li> <li>• Cancer</li> <li>• Neurological disorders</li> <li>• Long-term conditions and multimorbidity</li> <li>• Life-limiting conditions</li> </ul>
4.2.3	Demonstrate awareness and understanding of pain-related clinical guidelines for the assessment and management of pain in general (e.g., chronic pain) and specific populations (e.g., Complex Regional Pain Syndrome), and their relevance to physiotherapy theory and practice

4.2.4	<p>Demonstrate knowledge of and the ability to assess and manage pain in people living with common and rarer specific conditions, including but not limited to:</p> <ul style="list-style-type: none"> <li>• Musculoskeletal pain (e.g., peripheral and spinal joint pain, tendinopathies, myofascial pain)</li> <li>• Osteoarthritis</li> <li>• Inflammatory and autoimmune-mediated arthropathies, myopathies and syndromes</li> <li>• Chronic widespread pain</li> <li>• Chronic post-surgical pain</li> <li>• Complex regional pain syndrome</li> <li>• Pelvic pain conditions</li> <li>• Headache/Migraine</li> <li>• Peripheral and central neuropathic pain conditions</li> <li>• Cancer pain</li> </ul>
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## **Section Five:- Interprofessional Working and Learning**

## 5.1 Interprofessional Working and Learning

5.1.1	Discuss the importance of interprofessional working in pain management along with potential barriers and facilitators to team-based care
5.1.2	Demonstrate an ability to work respectfully and in partnership with patients, families/ carers, healthcare team members and agencies, to improve patient outcomes
5.1.3	Engage in and create regular opportunities for interprofessional education and supervision understanding the importance and benefits of interprofessional learning
5.1.4	Critically reflect on own contribution to the interprofessional team and continually strive to improve interpersonal and team skills, e. g. communication, negotiation, problem solving, decision-making
5.1.5	Demonstrate understanding of professional perspectives, skills, goals and priorities of all team members
5.1.6	Negotiate overlapping and shared responsibilities with interprofessional colleagues for episodic or ongoing care of patients with pain
5.1.7	Respect professional differences, acknowledge misunderstandings and limitations in oneself and other healthcare professionals that may contribute to interprofessional tension(s)
5.1.8	Reflect, negotiate and collaborate with others to minimise and resolve conflict when it arises and maximise patient outcomes
5.1.9	Participate in team discussions and implement strategies to improve team-based care and interprofessional working



## Acknowledgements

The European Pain Federation EFIC® is grateful to the Faculty of Pain Medicine of Australia and New Zealand for allowing us to originally use their 2014 curriculum as a basis for our Pain Medicine curriculum. This has now been adapted for our updated Pain Physiotherapy curriculum.

We thank the teams who worked on both European Pain Federation Curricula for their time and professional expertise.

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