RCN Pain Knowledge & Skills Framework
for the Nursing Team

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1. Foreword

Assessing and managing pain are essential components of nursing practice. Pain is often categorised as acute or chronic, but it is a complex physical, psychological and social phenomenon that is uniquely subjective. Although a key fundamental of nursing care patients continue to report unrelieved pain during procedures, after surgery, during episodes of acute illness, in the community and in care homes. Pain traverses all clinical settings and the age spectrum, yet is often poorly assessed and managed by nurses. This results in short and long term adverse consequences. Article 3 of the International Association for the Study of Pain (IASP) Declaration of Montreal (IASP 2010) cites the right of all people with pain to have access to appropriate assessment and treatment of the pain by adequately trained health care professionals.

Poorly managed acute pain may result in the development of chronic pain which is known to have a strong association with anxiety, depression, quality of life and the ability to sleep, communicate and work. The key common findings of surveys of chronic pain inform us that one in five people of all ages have moderate to severe chronic pain and one-third of individuals of working age who have chronic pain have lost the ability to perform wage-earning or other work (IASP 2011).

The Royal College of Nursing has launched this document in all four countries simultaneously. The content has been endorsed by the British Pain Society and has been presented at the European Federation of IASP Chapters (EFIC) meeting. It is hoped that this framework document will enable a common understanding and terminology to develop, so that levels of competency can be understood across the nursing continuum in all four countries. Designed to be adapted for local use by individual staff members, this framework should be of great practical use for employers when it comes to writing role descriptions and conducting performance reviews; and for employees needing to evidence their competency, on-going development and assert their fitness to practice during professional revalidation.
2. Glossary:

**Interdisciplinary team (IDT)** – Team consisting of nursing, physiotherapy, pharmacy, psychology, occupational therapy and medical colleagues.

**Pain** – An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage (IASP 2012).

**Registered** – A Registered Nurse, Health Visitor or Midwife who has completed a qualification, is competent and on the Nursing & Midwifery Council Register.

**Unregistered** – A member of the nursing team (supervised by a Registered Nurse) providing health and social care to patients. Unregistered staff may be employed as a care assistant, healthcare support worker or Associate/Assistant Practitioner.
Rationale and approach

The Royal College of Nursing (RCN) is the major professional body for nursing in the United Kingdom (UK). The RCN Knowledge and innovation action plan for 2014-2018 (RCN 2014) aims to develop new knowledge and evaluate its impact. The action plan supports identifying and helping to fill gaps in standards, guidance and knowledge resources for nurses.

The publication of *Pain after surgery* (RCS 1990) spearheaded the need for the implementation and development of acute pain services in the UK. At that time, few hospitals had an acute pain service nor nurses specialising in pain management. Prof Kate Seers represented nursing on this working party and we are grateful that she contributed to a panel discussion in 2013 organised by the RCN Pain and Palliative Care Forum.

This event was chaired by Prof Nick Allcock and the panel consisted of expert pain educationalists, academics, researchers and specialist nurses. It was convened to develop a strategy to identify pain related learning needs of the nursing team. Contributors included nurse representatives of patients from vulnerable groups including older people, those in secure settings or diagnosed with a Learning Disability. The panel agreed that there was a need to produce supportive educational materials to facilitate an enhanced awareness of the importance of the assessment and management of pain.

The panel agreed two work streams. The first was to produce accessible information about pain in an EasyRead format for people with a Learning Disability. A separate working party convened to produce EasyRead information on pain; after surgery, epidural analgesia and patient controlled analgesia (PCA). These were launched in June 2015 at RCN Congress. The second work stream was to develop this framework.

Prior to the publication of this document, there were no nationally agreed standards, competencies or frameworks for pain management in the United Kingdom. This RCN funded project focused on developing a knowledge and skill framework (KSF) to improve the understanding and skill set of the wider nursing team - to promote excellence in practice thus improving patient care and outcomes. It is anticipated that this project and publication of this KSF will also help shape health policy by raising the profile of pain by political lobbying.

This KSF aims to provide a framework that supports the development of competence in managing pain for the entire nursing team; from care assistants to Nurse Consultants. The framework contains eight aspects of care, such as pain assessment and interventions as well as seven dimensions, for example, personal responsibility. It has been designed to be used alongside local competency documents and illustrates Benner’s vision of individual nurse’s migration from novice to expert (Benner 1984). There is clear progression in the knowledge, practice and experience of nurses working within the framework. Firstly the career framework (Skills for Health 2010) is mapped against both Benner’s levels of performance (novice, advanced beginner, competent, proficient expert). These two in turn are mapped against levels of education across the spectrum from Care Certificate through to Doctoral studies.
Content has been split to meet the specific needs of unregistered and registered members of the nursing team. Each staff group has their own framework summary based on Benner’s 1982 novice to expert levels of practice (Table 1) mapped against Levels 1-8 (excluding executive Level) of the Skills for Health Career Framework (SFH 2010) illustrated in Figure 1. The framework summary for unregistered staff is shown in Figure 2 and for Registered Nurses in Figure 3.

### Table 1: From Novice to Expert Concept (Benner 1982)

<table>
<thead>
<tr>
<th>Skill and practice level</th>
<th>Explanatory notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Novice</td>
<td>A beginner with no experience. They are taught general rules to help perform tasks, and their rule-governed behaviour is limited and inflexible. They are told what to do and simply follow instruction.</td>
</tr>
<tr>
<td>Advanced beginner</td>
<td>Shows acceptable performance, and has gained prior experience in actual nursing situations. This helps the nurse recognise recurring meaningful components so that principles, based on those experiences, begin to formulate in order to guide actions.</td>
</tr>
<tr>
<td>Competent</td>
<td>Has two or three years’ experience in the same field. The experience may also be similar day-to-day situations. These nurses are more aware of long-term goals, and they gain perspective from planning their own actions, which helps them achieve greater efficiency and organization.</td>
</tr>
<tr>
<td>Proficient</td>
<td>Perceives and understands situations as whole parts. Has a more holistic understanding of nursing, which improves decision-making. These nurses learn from experiences what to expect in certain situations, as well as how to modify plans as needed.</td>
</tr>
<tr>
<td>Expert</td>
<td>No longer relies on principles, rules, or guidelines to connect situations and determine actions. They have a deeper background of experience and an intuitive grasp of clinical situations. Their performances are fluid, flexible, and highly-proficient.</td>
</tr>
</tbody>
</table>
Figure 1: Skills for Health Career Framework (SFH 2010)

Key Elements of the Career Framework

1. **Career Framework Level 1**
   - People at level 1 are at entry level, and require basic general knowledge. They undertake a limited number of straightforward tasks under direct supervision. They could be any new starter to work in the Health sector, and progress rapidly to Level 2. **Indicative or Reference Title: Cadet**

2. **Career Framework Level 2**
   - People at level 2 require basic factual knowledge of a field of work. They may carry out clinical, technical, scientific or administrative duties according to established protocols or procedures, or systems of work. **Indicative or Reference Title: Support Worker**

3. **Career Framework Level 3**
   - People at level 3 require knowledge of facts, principles, processes and general concepts in a field of work. They may carry out a wider range of duties than the person working at level 2, and will have more responsibility, with guidance and supervision available when needed. They will contribute to service development, and are responsible for self development. **Indicative or Reference Title: Senior Healthcare Assistants/Technicians**

4. **Career Framework Level 4**
   - People at level 4 require factual and theoretical knowledge in broad contexts within a field of work. Work is guided by standards, operating procedures, protocols or systems of work, but the worker makes judgements, plans activities, contributes to service development and demonstrates self development. They may have responsibility for supervision of some staff. **Indicative or Reference Title: Assistant/Associate Practitioner**

5. **Career Framework Level 5**
   - People at level 5 will have a comprehensive, specialist, factual and theoretical knowledge within a field of work and an awareness of the boundaries of that knowledge. They are able to use knowledge to solve problems creatively, make judgements which require analysis and interpretation, and actively contribute to service and self development. They may have responsibility for supervision of staff or training. **Indicative or Reference Title: Specialist/Senior Practitioner**

6. **Career Framework Level 6**
   - People at level 6 require a critical understanding of detailed theoretical and practical knowledge, are specialist and/or have management and leadership responsibilities. They demonstrate initiative and are creative in finding solutions to problems. They have some responsibility for team performance and service development and they consistently undertake self development. **Indicative or Reference Title: Advanced Practitioner**

7. **Career Framework Level 7**
   - People at level 7 of the career framework have a critical awareness of knowledge issues in the field and at the interface between different fields. They are innovative, and have a responsibility for developing and changing practice and/or services in a complex and unpredictable environment. **Indicative or Reference Title: Consultant**

8. **Career Framework Level 8**
   - People at level 8 of the career framework require highly specialised knowledge, some of which is at the forefront of knowledge in a field of work, which they use as the basis for original thinking and/or research. They are leaders with considerable responsibility, and the ability to research and analyse complex processes. They have responsibility for service improvement or development. They may have considerable clinical and/or management responsibilities, be accountable for service delivery or have a leading education or commissioning role. **Indicative or Reference Title: Director**

9. **Career Framework Level 9**
   - People working at level 9 require knowledge at the most advanced frontier of the field of work and at the interface between fields. They will have responsibility for the development and delivery of a service to a population, at the highest level of the organisation. **Indicative or Reference Title: Director**
4. Framework summaries

In 2013 the Nurses’ Interest Group of the New Zealand Pain Society published a Pain Management Nursing KSF for Registered Nurses (NZPS 2013). This well-designed but lengthy document provided a starting point for the development of this document. Permission was given to adapt the pictorial representation of the KSF.

It was agreed by the working party that Competent would be the highest level of performance for unregistered staff, whilst Competent would also be the lowest level of performance for Registered Nurses. This is demonstrated by the use of the same term (Competent) and corresponding content of the eight aspects of care. See Figures 2 and 3.

Figure 2: Framework Summary Unregistered staff

![Framework Summary Unregistered Staff](image-url)
Figure 3: Framework Summary for Registered Nurses
5. Guide for Implementation

This document, which includes two aspects of care summaries, is designed to guide and support the demonstration of competence by the nursing team when caring for people with pain thus ensuring transferable excellence in pain management. The frameworks are not intended to be a didactic list of boxes to tick, but a signpost to:

- act as a development tool for graded clinical skills that can be used throughout nursing careers to structure and collate evidence for personal portfolio of knowledge and clinical skills
- provide evidence for local professional development and performance reviews
- provide a structure to develop education programmes
- to provide a framework by which pain nurses can not only measure educational and clinical skills but also their effectiveness
- place emphasis on self-directed learning
- facilitate critical reflection on clinical experiences
- promote self-directed learning strategies

No framework can be universally applicable. It is anticipated that each local area or practitioner will adapt the materials to their own needs and then review at a mutually agreed interval between the employing organisation and the staff member. Suggestions for implementation include that the staff member:

- has a supervisor, assessor or mentor that has already fulfilled their competencies
- works with that supervisor, assessor or mentor regularly
- identifies and agrees targeted level of practice with supervisor, assessor or mentor
- works within specified time lines for aspects of nursing care competencies
- gathers, collates and presents evidence to meet specific criteria or identified knowledge or skills requirement
- documents learning and skills for review by assessor with subsequent discussion of all relevant sections
- uses framework to guide leaning and development with assessor as part of their performance review/appraisal
6. Knowledge and skills framework for unregistered staff

(See Appendix A for unregistered staff novice to competent aspects of care 1-8)
7. Knowledge and skills framework for Registered Nurses
(See Appendix B for Registered Nurse competent to expert aspects of care 1-8)
8. References


Royal College of Nursing (2014) *Knowledge and innovation plan*. London, RCN