



Australian Standards for Health Practitioner Pain Management Education

Draft standards as of Monday 16 June 2025

Below is the set of draft standards following the Delphi process and the meeting of the project's Governance Advisory Group on Tuesday 27 May.

A glossary also accompanies the set of draft standards with key words linked to their definitions.

Overarching Standard 1: Education and training on pain management for health practitioners promotes a person-centred approach to care.

To meet the overarching *Person-centred Care Standard*, the pain management education and training is in line with the following standards and criteria:

1.1 - Education and training on pain management promotes an understanding of a person-centred approach to care.

Criteria to meet this standard:

- Reinforces an understanding of the concept of person-centred care and why it is important.
- Incorporates the biophysical, psychological and social elements of a person's life (e.g. the [biopsychosocial model](#)) in understanding a person's experience of pain.
- Promotes an understanding of the influence of [diversity factors](#) on the person's experience of pain.
- Reinforces the importance of creating a safe environment for the person experiencing pain, including [cultural safety](#).
- Promotes [cultural responsiveness](#) when working with people experiencing pain.
- Promotes the concept of [self-management](#) and the importance of supporting self-management when working with people experiencing pain.
- Promotes an understanding of [strengths-based approaches](#) when working with people experiencing pain.
- Identifies potential challenges and solutions to adopting a person-centred care approach when working with people experiencing pain (e.g. structural and time limitations within some health settings, health practitioner attitudes).

1.2 - Education and training on pain management builds the skills and confidence integral for delivering a person-centred approach to care.

Criteria to meet this standard:

- Builds skills and confidence in use of relationship-building approaches (e.g. communication skills, active listening, [validation](#), establishing a positive [therapeutic alliance](#), [shared decision-making](#).) required to appropriately and effectively work with people experiencing pain.

- Builds skills and confidence in use of a person-centred care approach to pain management (e.g. application of the person's needs in the context of the biopsychosocial model to pain assessment, formulating an individualised management plan, incorporating culturally appropriate pain management strategies, supporting self-management, working within a collaborative approach).



Overarching Standard 2: Education and training on pain management for health practitioners is developed and delivered in alignment with best practice approaches to learning and teaching.

To meet the overarching *Learning and Teaching Standard*, the pain management education and training is in line with the following standards and criteria:

2.1 - Education and training on pain management is informed by the needs of people who experience pain.

Criteria to meet this standard:

- Is based on the identified needs of people who experience pain (e.g. based on a [needs assessment](#), identified care gaps).
- Employs co-design principles, i.e. involves people experiencing pain.
- Emphasises the importance and value of a person-centred approach in pain assessment and management.
- Integrates the diverse voices and experiences of people who experience pain (e.g. including but not limited to children and adolescents, people with disability, people of diverse cultural and linguistic backgrounds, people living in rural and remote areas).

2.2 - Education and training on pain management meets the needs and preferences of learners.

Criteria to meet this standard:

- Responds to the knowledge and skills required by health practitioners (e.g. based on a needs assessment).
- Is [learner-centred](#).
- Reflects adult learning principles and approaches.
- Defines specific, measurable, achievable and relevant (i.e. [SMART framework](#)) learning outcomes.
- Includes an assessment framework that aligns with the learning outcomes, content and is flexible to the needs of learners.
- Recognises diversity factors of health practitioners receiving education and training and supports diverse learners more effectively.
- Encourages self-guided learning and reflective practice.

2.3 - Education and training on pain management is consistent with best practice approaches to learning and teaching.

Criteria to meet this standard:

- Utilises a range of learning and teaching activities (including but not limited to interdisciplinary learning, experiential learning) to achieve desired learning outcomes.
- Uses current and emerging technologies to assist equitable access to learning.
- Actively engages learners.
- Where possible, provides opportunities for the learner to implement new knowledge and skills in a safe setting that reflects the genuine practice environment.
- When appropriate, includes a range of feedback and assessment strategies (including but not limited to the use of simulated practice environments) to enable learners to demonstrate acquisition of knowledge and skills.
- Is regularly reviewed and revised based on reflection, feedback and evaluation.

2.4 - Education and training on pain management is designed and delivered by appropriately skilled people.

Criteria to meet this standard:

- Is designed and delivered with input from appropriately skilled teachers/educators (e.g. subject matter experts, learning designers).
- Is designed and delivered with input from people with appropriate knowledge, skills and experience in pain management (e.g. practitioners from multidisciplinary backgrounds, people from diverse backgrounds and people experiencing pain).

Overarching Standard 3: Education and training on pain management for health practitioners is evidence-based.

To meet the overarching *Evidence-based Education Standard*, the pain management education and training is in line with the following standards and criteria:

3.1 - The content of education and training on pain and its management is based on the best available evidence.

Criteria to meet this standard:

- Underpins content with the [best available evidence](#) including clinical practice guidelines, primary research, clinical expertise and evidence derived from people experiencing pain (e.g. their values, needs and preferences).
- Cites the evidence underpinning education and training content and makes this available to the learner when possible.
- Encourages the learner to engage with reputable information sources (including but not limited to clinical practice guidelines, peer-reviewed journals, recognised/reputable organisations).

3.2 - Education and training on pain management is underpinned by the best evidence fundamental to understanding the pain experience.

Criteria to meet this standard:

- Promotes application of the International Association for the Study of Pain's definition of 'pain' and the Declaration of Montreal and their corresponding implications for practice appropriate to the health practitioner's role and scope of practice.
- Promotes an understanding and use of pain mechanisms and contemporary pain theories.
- Promotes an understanding and use of the psychological, social, cultural and other contextual factors contributing to a person's experience of pain.
- Promotes an understanding of different types of pain (including but not limited to duration, underlying processes, location, function) and the impact on the person's pain experience.

3.3 - Education and training on pain management is underpinned by the best available evidence on strategies and skills to manage the pain experienced by people.

Criteria to meet this standard (as appropriate to the learning outcomes):

- Includes evidence-based approaches to pain assessment.
- Incorporates evidence-based approaches to managing different types of pain.
- Includes evidence-based, non-pharmacological, physical strategies for management of pain, including promotion of clinical approaches when appropriate (e.g. including but not limited to exercise, physical therapies, behavioural approaches).
- Includes evidence-based, psychological strategies for management of pain (including but not limited to communication, Cognitive Behavioural Therapy, mindfulness therapy).
- Includes evidence-based information on topical and systemic pain medicines and clinical skills, including administration and procedural techniques, when necessary.
- Includes evidence-based surgical strategies for the management of pain.
- Includes the provision of education to people and their 'significant' / relevant others about pain, relevant to the person's needs and situation.
- Includes evidence-based interventions to promote social support for people experiencing pain.
- Develops critical thinking (including but not limited to case presentations, clinical scenarios) relevant to the management of people experiencing pain, and appropriate to the health practitioner's role and scope of practice.

3.4 - Education and training on pain management encourages health practitioners to develop skills in accessing, evaluating and generating evidence.

Criteria to meet this standard:

- Encourages health practitioners to regularly access and review evidence as a component of their clinical practice.
- Incorporates and/or promotes critical thinking when evaluating evidence sources.
- Encourages learners to reflect on the application of available evidence to different cultural settings, communities and diverse populations.
- Promotes awareness of the importance of continuing professional development to maintain evidence-based practice.

- Promotes awareness of strategies to implement evidence-based practice in the clinical setting (e.g. translational research, clinical audit, case reviews).
- Promotes awareness of emerging pain management research.



Overarching Standard 4: Education and training on pain management actively engages health practitioners in reflective practice and self-awareness.

To meet the overarching *Reflective Practice Standard*, the pain management education and training is consistent with the following standard and criteria:

4.1: Education and training on pain management actively engages learners in reflective practice and opportunities to promote increased self-awareness.

Criteria to meet this standard:

- Incorporates reflection as a fundamental component of working with people experiencing pain.
- Explains and critically examines the significance of reflection in professional practice to foster the development of self-awareness, particularly when supporting individuals experiencing pain.
- Actively engages learners in a range of reflective practice strategies appropriate to their knowledge, skills, experience and needs.
- Implements approaches and strategies to promote a reflective practice environment in which learners feel supported.
- Provides opportunities to enable learners to examine their personal values, attitudes, biases and preconceived notions regarding people experiencing pain.
- Facilitates reflection on [trauma-informed](#) care principles including safety, trust, choice, collaboration and empowerment.
- Facilitates reflection on cultural responsiveness, diversity and inclusion.



Overarching Standard 5: Education and training on pain management develops a health practitioner's understanding of, and effective skills in, communicating with people experiencing pain.

To meet the overarching *Communication Standard*, the pain management education and training is in line with the following standards and criteria:

5.1 – Education and training on pain management promotes understanding of factors that influence communication.

Criteria to meet this standard:

- Promotes understanding of the different ways in which people may express their pain (verbal, non-verbal, [paraverbal](#)).
- Promotes understanding of the different ways in which diverse groups of people may communicate their pain.

- Promotes understanding of the influence of unconscious bias, privilege and communication styles on the therapeutic relationship.
- Promotes understanding of different dynamics and approaches when communicating with a person experiencing pain's 'significant' / relevant others.
- Promotes understanding of culturally responsive communication strategies as they relate to Aboriginal and Torres Strait Islander people, including an awareness of the impact of colonisation, intergenerational trauma and racism.

5.2 - Education and training on pain management builds effective communication skills when working with people experiencing pain.

Criteria to meet this standard:

- Facilitates practice in the tailoring of communication skills, strategies and modes to meet the diverse needs of individuals within diverse population groups.
- Facilitates practice of empathic and respectful communication strategies (e.g. strategies to develop a positive therapeutic alliance, eliciting a person's pain story, validation of the person's experience and determining priorities and goals).
- Facilitates practice of culturally appropriate language and responsive communication approaches relevant to Aboriginal and Torres Strait Islanders and groups of culturally and linguistically diverse people (e.g. Clinical Yarning, working with interpreters, use of professionally translated information resources).
- Facilitates practice in communication within a trauma-informed approach to care.

5.3 – Education and training on pain management provides strategies to deliver meaningful education to people experiencing pain.

Criteria to meet this standard:

- Promotes the importance of providing information and education relevant to the needs and preferences of the person experiencing pain.
- Incorporates understanding of a person's level of health / pain literacy and the skills involved in tailoring communication approaches accordingly.
- Promotes the importance of consistent and constructive health and pain-related messaging and dialogue.
- Examines and facilitates practice of communication approaches designed to build a person's confidence and competence in managing their health and their pain over time.
- Incorporates strategies to address common myths and 'misinformed' expectations of people experiencing pain, (e.g. pain management options not supported by contemporary evidence or which maybe or are potentially harmful).



Overarching Standard 6: Education and training on pain management for health practitioners embeds a collaborative approach to pain management.

To meet the overarching *Collaborative Care Standard*, the pain management education and training is in line with the following standards and criteria:

6.1 – Education and training on pain management provides an understanding of collaborative care when working with people experiencing pain.

Criteria to meet this standard:

- Promotes the value and benefits of the collaborative care approach in managing people's pain within the scope of practice and across disciplines and settings.
- Promotes the recognition that the person experiencing pain is central to the collaborative care team.
- Addresses the roles, responsibilities, scopes of practice and treatment approaches of different health disciplines commonly involved in pain management.
- Incorporates the importance of establishing and /or using existing referral pathways (e.g. including but not limited to those coordinated by Primary Health Networks, Optimal Cancer Care Pathways) to promote the needs of the person experiencing pain.
- Incorporates a focus on collaborative care as a key and ongoing component of the education and training curriculum / program.

6.2 - Education and training on pain management incorporates the skills, behaviours and attitudes integral to effective collaborative care.

Criteria to meet this standard:

- Promotes opportunities for interdisciplinary group learning.
- Promotes opportunities for practical application of the interpersonal skills and behaviours involved in collaborative care (e.g. collaboration, communication, active listening, teamwork, team coordination, reflection on own role and the roles of others).
- Promotes discussion and understanding of the personal attitudes and values involved in collaborative care (e.g. mutual respect and humility, cooperation, openness to trust, ensuring the person experiencing pain and their support person are central to the collaborative team).
- Encourages health practitioners to recognise and/or build their collaborative, interdisciplinary networks.
- Promotes reflection on self and team performance to inform and improve team effectiveness.



Glossary (as of 28 May 2025)

Best available evidence: The most valid, reliable and clinically relevant research evidence available to answer a clinical question. Best available evidence usually refers to research evidence (e.g. synthesised research or empirical research) that is interpreted in the context of clinical expertise and/or preferences of the individual. Research evidence is usually assigned a level on a hierarchy based on the study design and an appraisal tool is used to determine whether the research is reliable and valid.

Biopsychosocial: A model reflecting the development of illness through the complex interaction of biological factors, psychological factors and social factors.

Collaborative care: The combining of expertise, skills and treatment modalities of various health disciplines working together and in partnership with the person experiencing pain to manage the person's condition and meet their identified goals and needs.

Cultural responsiveness: Cultural responsiveness is the ability to understand, communicate with and effectively interact with people across cultures. Cultural responsiveness is innately transformative and must incorporate knowledge (**knowing**), self-knowledge and behaviour (**being**) and action (**doing**). It is about the approaches we take in engaging with people and how we act to embed what we learn in practice. This requires genuine dialogue to improve practice and health outcomes. Cultural responsiveness is the means by which we achieve, maintain and govern cultural safety.

Cultural safety: Cultural safety is based on the experience of the recipient of care and involves the effective care of a person or family from another culture by a healthcare professional who has undertaken a process of reflection on their own cultural identity and recognises the impact their culture has on their own practice.

Diversity factors: Sociodemographic, cultural and personal factors which may influence a person's experience of pain and also their engagement and interactions with the health system (e.g. Aboriginality; mental and physical disability; neurodiversity; culturally and linguistically diversity; varying levels of health literacy and so on).

Education and training: Education and training are two distinct but interconnected concepts. Education refers to the process of acquiring knowledge, skills, and values. It focuses on developing a broad understanding of various subjects and fostering critical thinking and analytical skills. On the other hand, training is a more specific and practical approach aimed at acquiring specific skills or competencies required for a particular job or task. It is often provided in a more hands-on and experiential manner, focusing on practical application rather than theoretical knowledge. While education provides a foundation for learning, training helps individuals apply that knowledge in real-world scenarios. Both education and training are essential for personal and professional development.

Evidence-based practice: A systematic approach to making and implementing clinical decisions about healthcare. The evidence-based practice process includes asking questions, identifying the best evidence to answer the question (e.g., research, clinical expertise and/or preferences of the

individual), appraising the evidence, implementing the evidence and evaluating the outcome. These steps are often referred to as the 5 'A's: Ask, Acquire, Appraise, Apply and Assess.

Health practitioner: A worker involved in delivering care and services to individuals managing acute or chronic pain. This term includes both registered health professionals regulated by authoritative bodies such as the Australian Health Practitioner Regulation Agency (AHPRA), and health care workers who are self-regulated through their relevant professional organisations. It also includes health practitioners that are not currently regulated (e.g. aged care workers). Health practitioners may work within various settings including health, aged care, or disability services, and encompass a broad spectrum of practices and disciplines in the healthcare field.

Learner-centred: The learner-centred approach is an education strategy that prioritises the learner's needs, abilities, interests, and learning styles. It is an educational philosophy that places the learner at the centre of the learning process, empowering them to take charge of their own learning journey. Unlike traditional teaching methods, which often focus on the teacher's knowledge and the delivery of content, the learner-centred approach emphasises the learner's active participation and engagement in the learning process. It is a holistic approach that considers the learner's needs, interests and learning styles.

Manage (pain): This term encapsulates the assessment, prevention, treatment and evaluation of a person's pain.

Needs assessment: The identification of gaps in knowledge or skills within a workforce. A training needs assessment considers the training needs of relevant stakeholders.

Non-pharmacological: Healthcare approaches / interventions that are not primarily based on medication (e.g. social, psychological, physical, lifestyle approaches; self-management).

Pain: An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage.

Pain management: Pain management is an overall term to describe multiple types of healthcare approaches to assess, prevent and relieve pain. Pain management encompasses pharmacological, non-pharmacological and other approaches to prevent, reduce or stop pain sensations and improve quality of life.

Pain mechanisms: Factors potentially contributing to the development and experience of pain, e.g. specific pathobiology in pain processing (e.g. nociceptive, neuropathic and nociplastic mechanisms), psychosocial factors and movement system dysfunction.

Pain theories: Theoretical frameworks to explain aspects of pain perception (e.g. the biopsychosocial model).

Paraverbal: Paraverbal refers to aspects of verbal communication aside from the words being used. This includes the tone, pitch, volume, speed, and cadence of speech.

Person-centred care: An approach that “treats each person respectfully as an individual human being, and not just as a condition to be treated. It involves seeking out and understanding what is important to the patient, their families, carers and support people, fostering trust and establishing mutual respect. It also means working together to share decisions and plan care.”

Self-management: A set of approaches that helps people with long-term conditions to take control of their treatment. Self-management is a systematic process of learning and practising new skills, which enable individuals to manage their health condition/s on a day-to-day basis.

Shared decision-making: Shared decision making involves discussion and collaboration between a person experiencing pain and their healthcare provider. It is about bringing together the consumer's values, goals and preferences with the best available evidence about benefits, risks and uncertainties of treatment, in order to reach the most appropriate healthcare decisions for that person.

SMART framework: SMART goals are a framework for setting objectives that are clear, trackable and achievable. The acronym SMART stands for specific, measurable, achievable, relevant, time-bound.

Strengths-based approach: A strength-based approach is a way of working that focuses on a person's abilities, resilience, knowledge, capacities and positive qualities rather than deficits, or things that are lacking.

Therapeutic alliance: The connection, warmth, and sense of support created between clinician and patient that empowers the two to work collaboratively.

Trauma-informed approach: Trauma-informed care is based on the understanding that: a) a significant number of people have experienced trauma in their lives; b) trauma may be a factor for people in distress; c) the impact of trauma may be lifelong; d) trauma can impact the person, their emotions and relationships with others. Core trauma-informed principles include safety, trust, choice, collaboration, empowerment, respect for diversity.

Validation: A process in which a listener communicates that a person's thoughts and feelings are understandable and legitimate.