Statement on Practice of Pain Medicine

Committee of Origin: Pain Medicine

(Approved by the ASA House of Delegates on December 13, 2020)

The complex nature of Pain Medicine requires a multidisciplinary approach and specialized skill to effectively diagnose the cause and develop safe and effective treatment plans. Extensive training in Pain Medicine is requisite to develop this skill to minimize harm and maximize patient recovery and relief. Pain Medicine is a subspecialty involving many areas of interest and different medical disciplines. The Accreditation Council for Graduate Medical Education (ACGME) defines specific educational requirements for Pain Medicine fellowship programs and also recognizes the importance of distinct clinical training in anesthesiology, neurology, physical medicine and rehabilitation and psychiatry.

Pain can be both a symptom of a primary disease or a disease in and of itself. Pain and pain treatment impact the patient psychosocially and biologically in multiple domains. This complexity creates significant challenges and risk in diagnosis and management and necessitates lifelong training and continuing education in medicine. Pain physicians prepare for this role through preclinical undergraduate study, medical school education resulting in an allopathic or osteopathic doctorate (MD or DO), a residency program of at least four or more years of training followed by an additional one-year ACGME Pain Medicine fellowship. Also requisite is completion of medical licensure examination, oral and written board examinations in the primary specialty and a subspecialty board examination in Pain Medicine. Lifelong continuing medical education in the original medical field as well as Pain Medicine is required to maintain certification. Only with this preparation can physicians be suited to learn the diagnostic, management and interventional skills necessary to effectively practice Pain Medicine.

Pain Medicine is the practice of Medicine. Nurse anesthesia training and licensure or other non-physician educational courses are insufficient to meet competencies for the independent practice of Pain Medicine. The licensure, training and clinical experience of non-physicians is insufficient to provide the medical expertise required for the evaluation, diagnosis and management of complex pain, especially, advanced invasive interventional procedures.

The ASA strongly opposes the independent practice of pain medicine by non-physician providers. Advanced practice nurses may work together with and under the supervision of Pain Medicine physicians. In preserving our patients’ best interests, the ASA maintains an ongoing commitment to the delivery of safe, multidisciplinary, physician-led pain care.