

## Guidance for the Education of Anaesthesiologists in Chronic Pain Management

---

### Introduction

Chronic pain represents a major public health challenge, affecting a substantial proportion of the population and leading to considerable personal, social, and economic burden. Effective management requires a comprehensive and coordinated approach that integrates biological, psychological, and social aspects of pain. The modern understanding of chronic pain is therefore grounded in the **bio-psycho-social model**[1], which recognises that persistent pain cannot be adequately addressed through biomedical interventions alone.

Anaesthesiologists play a central role in the care of patients with acute and chronic pain. Their training in perioperative medicine, regional anaesthesia, and pain physiology uniquely positions them to contribute to the prevention and treatment of pain chronification, which is associated with an enormous socio-economic burden. In Switzerland, anaesthesiologists have historically been leaders in the development and organisation of pain medicine services.

The Swiss Society for Anaesthesiology and Perioperative Medicine (SSAPM) therefore provides this position paper to guide the education and training of anaesthesiologists in postgraduate training as well as those pursuing subspecialisation in chronic pain management. The aim is to ensure high-quality, patient-centred care through structured, interdisciplinary training grounded in the bio-psycho-social model of chronic pain.

---

### Chronic Pain Management: An Interdisciplinary Discipline

Contemporary chronic pain management is inherently **interdisciplinary**. Optimal patient outcomes require collaboration between multiple healthcare professionals, including physicians, psychologists, physiotherapists, nurses, occupational therapists, social workers and primary care providers[2]. This collaborative structure reflects the complexity of chronic pain, where biological mechanisms interact with psychological and social determinants.

The bio-psycho-social model emphasises that effective treatment strategies must address not only nociceptive or neuropathic mechanisms, but also behavioural, emotional, social and other contextual factors influencing pain perception and disability. Consequently, education in chronic pain management must expose trainees to interdisciplinary perspectives and collaborative care models.

The SSAPM strongly supports training structures that enable anaesthesiologists to work closely with specialists from other disciplines and to integrate multimodal therapeutic strategies.

---

## The Role of Anaesthesiologists in Chronic Pain Medicine

Anaesthesiologists are key contributors to the diagnosis, prevention, and treatment of chronic pain. Their clinical responsibilities and skill sets place them at the centre of many pain management services.

### Perioperative Pain Medicine and Prevention of Pain Chronification

Anaesthesiologists are deeply involved in perioperative pain medicine[3,4]. Through their management of acute postoperative pain and their understanding of nociceptive mechanisms, they are especially positioned to identify patients at risk of pain chronification and to implement preventive strategies. Early recognition and targeted interventions in the perioperative period may reduce the transition from acute to chronic pain. The SSAPM has recently published a concept paper on perioperative pain medicine detailing this topic[5].

### Leadership in Inpatient Pain Management

In many hospitals, anaesthesiology departments are responsible for inpatient pain services. These services include acute pain teams, consultation for complex pain conditions, and coordination of multimodal analgesic therapies. This role provides anaesthesiologists with extensive experience in pain assessment, pharmacological management, and interdisciplinary collaboration.

### Expertise in Regional Anaesthesia and Interventional Pain Procedures

Anaesthesiologists possess specialised expertise in regional anaesthesia techniques, particularly ultrasound-guided nerve blocks. These techniques are increasingly important in chronic pain management, both diagnostically and therapeutically. Advances in ultrasound technology have improved precision, safety, and efficacy, making these procedures integral components of modern pain medicine.

### Leadership in Pain Medicine

In Switzerland, many physicians specialising in chronic pain medicine have a background in anaesthesiology. Furthermore, most academic pain centres in the country are led by anaesthesiologists, reflecting the specialty's long-standing engagement in pain medicine. SSAPM recognises and supports that anaesthesiologists with interest in chronic pain be involved in research, development of evidence-based practice and teaching of students and fellows.

The central role of anaesthesiology in pain medicine is also reflected internationally. Major organisations such as the European Society of Regional Anaesthesia and Pain Therapy (ESRA) and the American Society of Regional Anesthesia and Pain Medicine (ASRA) are leading institutions in education, research, and clinical standards in chronic pain management.

---

## Educational Principles for Anaesthesiologists in Chronic Pain Management

Given the complexity of chronic pain, specialised training must extend beyond procedural expertise and pharmacological knowledge. The SSAPM emphasises the following educational principles for anaesthesiologists specialising in chronic pain management:

### 1. Interdisciplinary Training

Anaesthesiologists specialising in chronic pain management should receive structured training in interdisciplinary environments. Exposure to treatments administered by psychologists, physiotherapists, specialists in rehabilitation medicine, complementary medicine practitioners and to primary care perspectives is essential to fully understand and treat chronic pain conditions. Palliative care is another important aspect in training.

### 2. Integration of the Bio-Psycho-Social Model

Training curricula should be firmly grounded in the bio-psycho-social model of chronic pain. This includes education on pain neuroscience, behavioural medicine, psychosocial assessment, functional rehabilitation, social work and patient-centred communication.

### 3. Development of Interventional Skills within multimodal treatment strategies

Competence in ultrasound-guided regional techniques and x-ray guided interventional pain procedures should form an integral part of training. These skills must be taught alongside appropriate patient selection, risk–benefit evaluation, and integration within multimodal treatment strategies.

### 4. Collaboration Across Healthcare Settings

The SSAPM strongly endorses integrated care with collaboration between hospital-based pain clinics, office-based pain practices, and general practitioners. Effective management of chronic pain requires continuity of care across healthcare settings.

General practitioners play a central role in the prevention and the long-term care of patients with chronic pain, while specialised pain clinics provide advanced diagnostics and therapies. Close collaboration and communication between these providers are essential to ensure integrated care with coordinated treatment plans and avoid fragmentation of care.

Training programs for anaesthesiologists should therefore include exposure to different practice environments and encourage structured collaboration with primary care physicians and community providers.

---

## Curriculum Development and International Alignment

To ensure consistent educational standards, the SSAPM supports the development and implementation of structured curricula for chronic pain medicine. Such curricula should reflect the principles of interdisciplinary care and the bio-psycho-social model.

The society particularly endorses educational frameworks such as those developed by the European Board of Anaesthesiology (EBA)[6] or the European Pain Federation (EFIC)[7]. These curricula provide comprehensive guidance on competencies in pain physiology, clinical assessment, multimodal therapy, interventional techniques, and interdisciplinary collaboration.

Alignment with European standards ensures that training programs in Switzerland remain internationally comparable while maintaining high-quality educational and clinical practices.

**References:**

1. European Pain Federation EFIC. What is the biopsychosocial model of pain? [Internet]. [cited 2026 Mar 16]. Available from: <https://europeanpainfederation.eu/what-is-the-bio-psycho-social-model-of-pain/>
2. International Association for the Study of Pain (IASP) [Internet]. [cited 2026 Mar 16]. Pain Treatment Services. Available from: <https://www.iasp-pain.org/resources/guidelines/pain-treatment-services/>
3. de Barros GAM, Krachete DC, Lineburger EB, Mólolo NSP. Anesthesiology and pain medicine. *Braz J Anesthesiol.* 2022;72(5):549–52. doi:10.1016/j.bjane.2022.07.007 PubMed PMID: 35914623; PubMed Central PMCID: PMC9515681.
4. Owens WD, Abram SE. The Genesis of Pain Medicine as a Subspecialty in Anesthesiology. *J Anesth Hist.* 2020 Mar;6(1):13–6. doi:10.1016/j.janh.2019.02.003 PubMed PMID: 32473761.
5. SSAPM. Perioperative Pain Medicine : Recommendations of the Swiss Society for Anaesthesiology and Perioperative Medicine [Internet]. 2024 [cited 2026 Mar 16]. Available from: [https://www.ssapm.ch/fileadmin/user\\_upload/ssapm/public/Spezialgebiete/Schmerzmedizin/SSAPM\\_Periooperative\\_Pain\\_Medicine\\_english\\_1.0\\_final.pdf](https://www.ssapm.ch/fileadmin/user_upload/ssapm/public/Spezialgebiete/Schmerzmedizin/SSAPM_Periooperative_Pain_Medicine_english_1.0_final.pdf)
6. European board of Anaesthesiology. European Professional Development Module in Pain Medicine for Anaesthesiologists [Internet]. 2024 [cited 2026 Mar 16]. Available from: <https://eba-uems.eu/onewebmedia/PDM%20in%20Pain%20Medicine%20for%20Anaesthesiologists%202024.pdf>
7. European Pain Federation. Core Curriculum for the European Diploma in Pain Medicine 2nd edition [Internet]. 2023 [cited 2026 Mar 16]. Available from: <https://europeanpainfederation.eu/wp-content/uploads/2024/02/EFIC-EDPM-Curriculum-2024.pdf>