

3 June 2025

The Hon. Mark Butler MP
Minister for Health and Ageing
Parliament House
Canberra ACT 2600

Email: minister.butler@health.gov.au

Dear Minister Butler,

Improving pain care to strengthen Medicare and support Australians living with chronic pain

Firstly, please accept my warm congratulations on your reappointment as Federal Minister for Health and Ageing.

The Faculty of Pain Medicine (FPM) of the Australian and New Zealand College of Anaesthetists (ANZCA) is the professional body dedicated to the training and education of specialist pain medicine physicians. Our role is to reduce the burden of pain on society through education, advocacy, training, and research. Based on this expertise, I write to reaffirm our support for your ongoing commitment to strengthening Australia's healthcare system and to draw your attention to five recommendations relating to urgent and long-standing gaps in pain management care that require reform to deliver measurable improvements in equity, safety and value in pain care.

Implementation of MBS Review recommendations

Chronic pain affects over 3.4 million Australians and is one of the nation's most disabling, prevalent and costly health issues. A 2019 Deloitte Access Economics report, [The Cost of Pain in Australia](#), conservatively estimated the annual cost of chronic pain at \$139 billion, including \$12 billion in direct healthcare costs and \$48 billion in lost productivity. This burden will continue to rise with an ageing population and growing demand for health services.

The Australian Government's 2019 [National Strategic Action Plan for Pain Management \(NSAPPM\)](#) provided a nationally agreed blueprint for improving access, quality and equity in pain care. The same year, the Pain Management Clinical Committee of the MBS Review Taskforce submitted targeted recommendations to modernise Medicare funding to support evidence-based, multidisciplinary care in pain management.

Section 7 of the [2019 Final Report on the Review of Pain Management MBS Items](#) recommended the creation of new items for chronic pain management plans, multidisciplinary case conferencing, group pain programs and expanded referral rights to allied health professionals by specialist pain medicine physicians.

While some procedural and safety-related item revisions have been adopted, core multidisciplinary reforms remain unaddressed, specifically those enabling access to coordinate, non-pharmacological pain services. Implementing these reforms would modernise Medicare, reduce system inefficiencies, ease pressure on primary and tertiary care and importantly provide patients with more effective, sustainable relief from chronic pain.

Recommendation 1: Implementation of Recommendations 26–27 of the 2019 Report on the Review of Pain Management MBS Items to support chronic pain care planning, multidisciplinary case conferencing and allied health referrals by specialist pain medicine physicians.

Recommendation 2: Incorporate chronic pain into the broader Strengthening Medicare and Primary Health Care 10-Year Plan, ensuring it is recognised and resourced as a chronic condition under the Chronic Disease Management Framework.

Addressing gaps in access, equity and safety

Inadequate access to pain care has contributed to a rise in opioid-related harms, with deaths now exceeding the national road toll. It has also fuelled poorly regulated treatment pathways, including inappropriate reliance on medicinal cannabis in the absence of evidence-based alternatives.

Moreover, the burden of pain is disproportionately high in rural, regional and Aboriginal and Torres Strait Islander communities, yet specialist services remain concentrated in major cities.

There are currently over 430 specialist pain medicine physicians practising in Australia. As an example of the lack of access, none of these physicians are located in the Northern Territory. In general, Territorians are largely reliant on visiting medical officers and physicians travelling interstate to provide specialist pain services.

Multidisciplinary pain management is “low-tech” by nature and readily adaptable to hybrid and telehealth delivery models for these communities. Expanding access to specialist-led programs in these areas would improve equity, strengthen primary care capacity, enable culturally appropriate care and reduce demand on urban tertiary hospitals.

Recommendation 3: Invest in sustainable public hospital pain services, which anchor clinical expertise, support primary care and extend services through education and outreach. This includes expansion of medically led pain care in rural, regional and First Nations communities, via hybrid models of care and targeted workforce support.

Precedents for Team-Based Care

Data from the Electronic Persistent Pain Outcomes Collaboration (ePPOC) shows that medically led, team-based care significantly improves patient function, reduces pain interference and lowers medication use. These improvements are sustained over time, reduce downstream health costs and support patients to return to work and community life.

Pain medicine is a multi-disciplinary specialty where all specialist pain medicine physicians have a primary specialty - this could be anaesthesia, psychiatry, surgery, rehabilitation medicine or general practice, among others. Pain clinics or centres use the expertise of a range of medical and allied health professionals to assess the multidimensional aspects of pain and formulate appropriate programs of treatment.

Similar models in other sectors, such as the *Better Access* mental health initiative, multidisciplinary diabetes clinics and coordinated oncology care, have shown the immense value of structured, team-based interventions in improving outcomes and reducing cost.

Recommendation 4: Chronic pain, which affects one in five Australians, is a condition every bit as complex and deserving of a structured and multidisciplinary approach supported by Australian Governments.

Pain medicine rural general practitioner training

Increasing the rural health workforce presence has increasingly become a priority focus area and pressure for governments and medical colleges alike. In these areas in particular, the importance of “dual” training requirements of specialists and the broad scope of clinical practice plus extra skills required of rural practice are recognised.

To build on this, FPM is keen to develop an innovative model to streamline the training pathway for pain medicine for rural general practitioners. Anecdotal evidence is that around 50 per cent of general practitioner consultations are related to chronic pain, indicating the extent of need for pain medicine expertise.

This training pathway or program would build on the recent Federal Government Budget’s focus on increasing general practitioner numbers as well as cross-college collaboration on shared competencies in specialties and sub-specialties.

ANZCA, along with the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM) have successfully implemented the 12-month [Rural Generalist Anaesthesia training program](#), providing a strong foundation of learnings that can be readily leveraged.

It is envisaged that the benefits of such a program would be to:

- Improve the capacity, quality and distribution of the health workforce to better meet the needs of the Australian community.
- Increase the number of health workers delivering specialised services in rural, regional and remote Australia.
- Improve the efficiency of specialist training, benefitting trainees, colleges, the healthcare system and the Australian community.
- Support the work under the National Medical Workforce Strategy to reform training pathways and build the generalist capability of the medical workforce.

Recommendation 5: FPM would like to work together with you and your department, and the GP colleges to support and develop a training program or pathway to accredit pain medicine rural generalist practitioners, who will provide vital pain management services to patients in many rural and remote communities across Australia.

FPM stands ready to support your department in implementing these long-standing, evidence-backed reforms. We believe this work is essential to achieving national goals of improved equity, safety and value in healthcare – delivering better outcomes for people living with pain and reducing the broader burden on the health system. Without further investment, the pain sector will remain fragmented, reactive and costly.

Thank you for your continued leadership. I would welcome the opportunity to meet with you and your staff to discuss these priorities further.

Yours sincerely,



Dr Dilip Kapur
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Australian and New Zealand College of Anaesthetists