



ANZCA  
FPM

# 2022 Australian Government Federal Election Priorities

Australian and New Zealand  
College of Anaesthetists  
& Faculty of Pain Medicine

# Introduction

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The Australian and New Zealand College of Anaesthetists (ANZCA), including the Faculty of Pain Medicine (FPM), is one of the largest medical colleges in Australia. Our college is responsible for the training, examination and specialist accreditation of anaesthetists and specialist pain medicine physicians and for setting the best standards of clinical practice that contribute to a high quality health system. We represent approximately 5600 anaesthetists and specialist pain medicine physicians and 1490 trainees in Australia.

The college and its members enjoy a privileged position of trust in society, and with this comes the responsibility to advocate on behalf of the healthcare needs of society more broadly. Our constitution tasks the college to “*advocate on any issue that affects the ability of members to meet their responsibilities to patients and to the community*”.

This document outlines priority advocacy areas for the college on which we invite political parties to outline their policy positions.

The priority issues are:

- Perioperative medicine.
- Improving health outcomes for Aboriginal and Torres Strait Islander peoples.
- Improving the management of chronic pain.
- Reducing costs to patients for chronic pain services.
- Improving access to health services for regional, rural and remote Australia.
- Climate change.

The college will share responses to these issues with our members and the public.

ANZCA values the strong and collaborative relationships it enjoys with relevant ministers, shadow ministers and Department of Health staff.

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1. Will your party's Health Minister commit to meeting with the college at least once a year to discuss issues of anaesthesia and pain medicine services?





## Perioperative medicine

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Perioperative medicine is an emerging area of patient care that involves a wide range of healthcare professionals working together to improve the patient experience, reduce postoperative complications, reduce inpatient hospital days and reduce early re-admissions following surgery.

ANZCA is leading a multi-disciplinary collaboration which has developed an integrated perioperative care model. Associated with this, a formal perioperative medicine qualification is being developed and will be launched in 2023.

Qualified perioperative specialists will help patients navigate the healthcare system and co-ordinate their care by a wide range of healthcare professionals through shared decision making to:

- Improve the patient experience.
- Reduce postoperative complications.
- Reduce inpatient hospital days.
- Reduce early re-admissions following surgery.

This will lead to:

- Better quality care for patients.
- Considerable costs savings for hospitals, and health systems more broadly.

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2. Will your party commit to consider health system reform to embed perioperative medicine specialists in the Australian health system?



## Improving health outcomes for Aboriginal and Torres Strait Islander peoples

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The health and wellbeing of Aboriginal and Torres Strait Islander peoples in Australia is an urgent health priority due to poorer health outcomes evident across a wide range of measures.

Compared to non-Indigenous Australians, Aboriginal and Torres Strait Islander people have an admission rate for emergency surgery almost twice as high, lower rates of elective admissions, experience longer median waiting times for elective surgery and are hospitalised at more than twice the rate.

A key component of addressing inequities in Aboriginal and Torres Strait Islander health is to improve representation in the health workforce. Medical workforces that are more representative of Aboriginal and Torres Strait Islander communities are more likely to understand and be responsive to the needs of these communities, and to deliver culturally appropriate care.

While opportunities are increasing, there are a number of barriers for Aboriginal and Torres Strait Islander peoples to entering the health workforce including financial hardship, reduced access to secondary and tertiary education, lack of access to information about higher education, and policies that focus on enrolment rather than graduation quotas.

Aboriginal and Torres Strait Islander medical practitioners may also face greater personal, social and cultural pressures than most of their peers and often face extra challenges in the workplace, such as discrimination.

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### 3. Will your party commit to meet with the college following the election to discuss proposals to work together to improve the number of Aboriginal and Torres Strait Islander specialist doctors?

# Improving the management of chronic pain

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Chronic pain has a profound impact on Australia, both in terms of the health and welfare of Australians and the associated economic burden. Around 1 in 5 people in Australia live with chronic pain and this prevalence doubles among people aged over 65 years.

A 2019 Deloitte Access Economics report into *The Cost of Pain in Australia* found that the social and financial burden to individuals affected by pain and to their family cost the Australian economy an estimated \$73.2 billion due to lost productivity and health and welfare expenditure. The report also found multidisciplinary pain management interventions were superior to standard treatment of pharmaceutical and invasive care for chronic pain management.

It is estimated that up to 80 per cent of Australians living with chronic pain do not receive appropriate treatment that could improve their health and quality of life due to a shortage of pain services and qualified health professionals. The benefits of investing in pain medicine services and the need to improve access and utilisation rates of these services to Australians is clear.

The Faculty of Pain Medicine played a critical role in developing the National Strategic Action Plan for Pain Management (NSAPPM) which was initiated by Painaustralia and launched in June 2019. The NSAPPM recognises that:

- More specialist pain medicine training positions are urgently needed to address the ageing pain medicine workforce.
- More needs to be done to for highly disadvantaged regional pain patients who have far less access to appropriate pain management centres than those in metropolitan areas
- Innovative methods to upskill other healthcare professionals such as GPs with evidence-based safe and high quality pain management approaches are needed.

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4. Will your party commit to supporting and funding the National Strategic Action Plan for Pain and improving the availability of specialist pain medicine services, especially in regional areas?

# Reducing costs to patients for chronic pain services

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During 2021, the Pain Management Clinical Committee made recommendations to the Medicare Benefits Schedule (MBS) Taskforce for changes to pain management item numbers.

These changes were recommended to resolve anomalies that were identified as inhibitory of the provision of multidisciplinary team care outside hospital pain clinics. The recommendations for patients to access complex consultations were cost neutral for the federal budget, with the \$40 million cost recovered through other identified savings.

The 2021-22 federal budget included the anticipated savings of \$40 million over three years from the recommended changes to MBS pain management item numbers, however did not implement the other recommendations of the Pain Management Clinical Committee.

The decision to implement the changes in this way represents a cut of \$40 million to much-needed pain services in Australia and will have a significant impact on some of the most marginalised patients in our community.

The lack of access for all pain specialists to an equivalent of the 132 MBS item number, (in addition to not supporting *Chronic Disease Management* (CDM) access for pain specialists, and not implementing the recommended item numbers to address multidisciplinary group access), means that community practice for pain specialists in the private sector will remain financially non-viable.

One in five Australians suffer the effects of chronic pain and many are waiting two to four years to see a specialist pain medicine physician. The public system, already overburdened by the COVID-19 pandemic, will inevitably become further strained due to this decision.

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5. Will your party commit to fully implementing the recommended MBS changes as intended by the taskforce to address a major barrier to equitable access to quality pain care?



# Access to health services for regional, rural and remote Australians

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In Australia 84 per cent of anaesthetists and 90 per cent of specialist pain medicine physicians work in major cities where 72 per cent of the population lives. The college recognises the geographic maldistribution of anaesthetists and specialist pain medicine physicians and addressing this is a key goal of the college's current strategic plan. Rebalancing the supply and distribution of the workforce is a key priority of the Department of Health's National Medical Workforce Strategy 2021-2031.

The college recently launched a regional and rural workforce strategy that reflects our commitment to improving both health outcomes for rural, regional and remote communities and the health and wellbeing of our fellows, trainees and specialist international medical graduates living and working in these areas.

Under the Australian government's Specialist Training Program - Integrated Rural Training Pipeline (IRTP) initiative, specialist trainees must show a commitment to working in a rural area and must complete at least two-thirds of their fellowship training in a rural area. While challenging to implement, ANZCA believes IRTP training posts deliver holistic and high quality training experiences in regional and rural settings with trainees who are committed to working in rural communities upon completion of their training.

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6. Will your party commit to engage in discussions to increase the number of Integrated Rural Training Pipeline posts available in Australia which ensure at least 66 per cent of a specialist registrar's training occurs in regional and rural Australia?

# Climate change

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The health of the environment is a public health issue. The college recognises the predicted severity of adverse health effects related to climate change, particularly in vulnerable populations.<sup>8,9,10,11</sup> The ferocity and devastation of recent Australian bushfires and floods have been particularly harrowing.

As a specialist medical college charged with overseeing safety and quality in health care delivery, we believe the evolving situation now constitutes a public health emergency, being one that warrants urgent and decisive adaptive changes.

Anaesthetists and pain medicine physicians have a role to play in mitigating climate change and environmental degradation as daily work practices have the potential to influence environmental pollution and greenhouse gas emissions.

In developing climate change adaptation and resilience plans, we must learn from First Peoples who have built up thousands of years of accumulated knowledge on how to live sustainably in the unique Australian landscape.

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## 7. Will your party commit to:

- Creating and funding a National Climate Change and Health Strategy that will enable our healthcare system to build climate resilience?
- Investing in a national Climate Change and Health Resilience Research Fund to identify resilience strategies suited to our
- Establishing a Climate Friendly Health System Innovation Fund to provide grants to local health services for emissions reduction and sustainability initiatives?



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