



National Strategy for Health Practitioner Pain Management Education

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The Faculty.....who are we?

- established in 1998 – in response to high need
- sits within the Australian & New Zealand College of Anaesthetists
- provide training for specialist pain medicine physicians (FFPMANZCA) - acute and chronic pain
- promote a holistic, multi-disciplinary care approach
- set clinical standards & guidelines
- engage in research & fostering growth in pain research
- key professional advocacy & leadership body nationally & internationally
- inform government policy & regulation

FFPM

Faculty of
Pain Medicine
ANZCA



The problem of pain...



The problem of pain...

- acute pain management is inconsistent – not always evidence-based
- issues with the transition from acute to chronic pain
- persistent pain is a major cause of morbidity and disability worldwide
- pain is one of the most common reasons patients seek health care
- pain affects all areas of an individual's life



Pain prevalence differs by age and gender:

1 in 5 females
over 15 years old



1 in 7 males
over 15 years old



53.8%

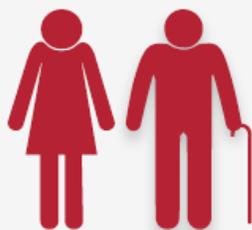
of those living with chronic
pain are female

16.9% of the total
female population



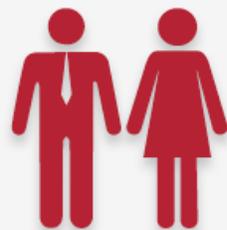
Almost one in five Australian
adults, estimated at
3.24 million in 2018, lives with
chronic pain

Expected to
increase to
5.23 million
by 2050



1.03m
older Australians
live with chronic pain

Chronic pain is more prevalent in people
over 65, than the working age population



68.3%

of those living with
chronic pain are of
working age

An estimated 2.10 million Australians

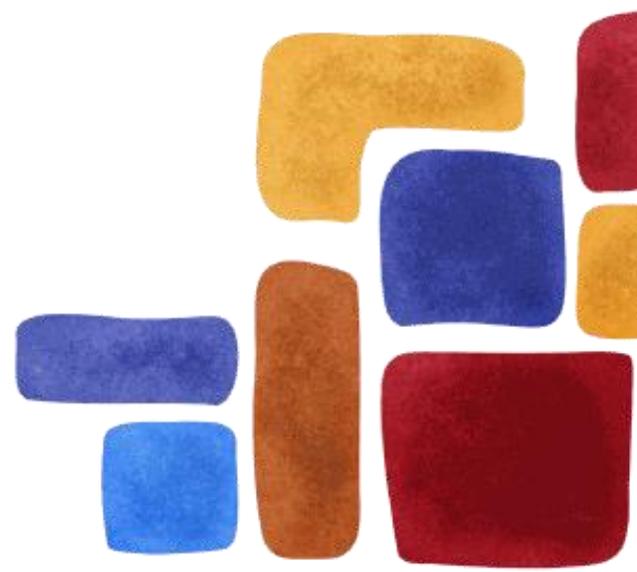


Figure 4: Prevalence of pain in the Australian population⁽²⁹⁾

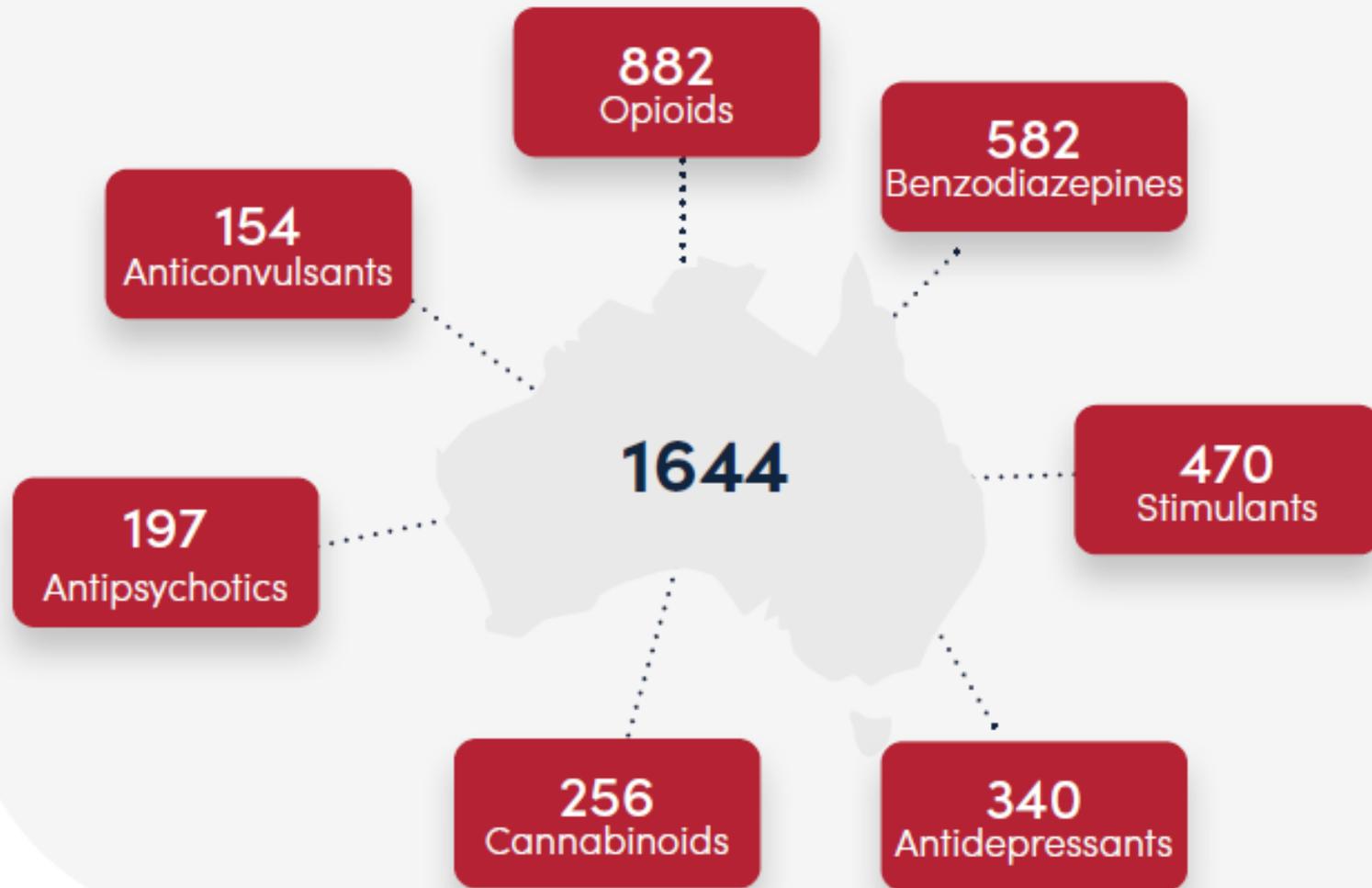
Current management...

- understanding & awareness of best-practice options is poor among many health practitioners
- often resulting in over reliance on medications such as opioids & inappropriate procedures



Unintentional drug-related deaths in Australia in 2019

Penington Institute 2021



The total financial cost of chronic pain in Australia in 2018 is estimated at

\$139.3 billion comprising:

\$12.2 billion	in health system costs
\$48.3 billion	in productivity losses;
\$12.7 billion	in other personal financial costs (informal care, aids, modifications and deadweight losses)
\$66.1 billion	valuation of reduction in their quality of life.

Expected to increase from \$139.3 billion
to \$215.6 billion by 2050 in real 2018 dollars

Figure 12: The cost of pain in Australia in 2018⁽³³⁾



National Strategic Action Plan for Pain Management...

- published in 2019 - result of broad stakeholder input
- launched by federal government in May 2020 with jurisdictional 'sign-on'

Addresses a range of issues including:

- access to quality services;
- availability of research-based solutions; and
- delivery of best-practice multi-disciplinary management



National Strategic Action Plan for Pain Management...

Goal 3 – Better Care

Health practitioners are well informed and skilled in best-practice, evidence-based care, and are supported to deliver this care.

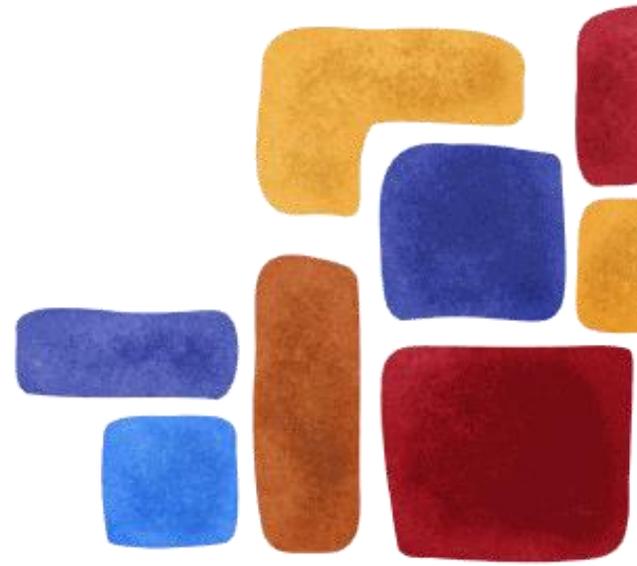




Developing a national education
strategy.....

Acknowledgement

This Pain Management Health Practitioner Education Strategy project has been funded through an Australian Government grant.



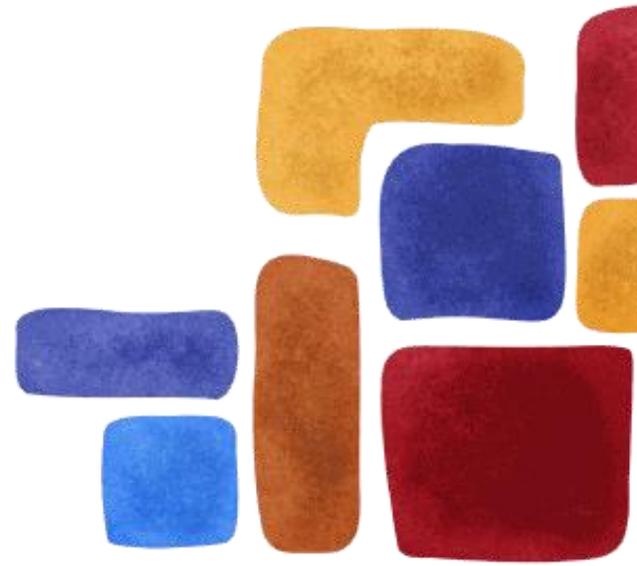
The project...

A multidisciplinary pain management education strategy for Australian health practitioners

Aim

To develop an overarching education strategy utilising current evidence-based information to guide and promote pain management education, at all levels, across health practitioner disciplines.

.....improving community outcomes!



Scope...

Key health practitioner disciplines

Registered

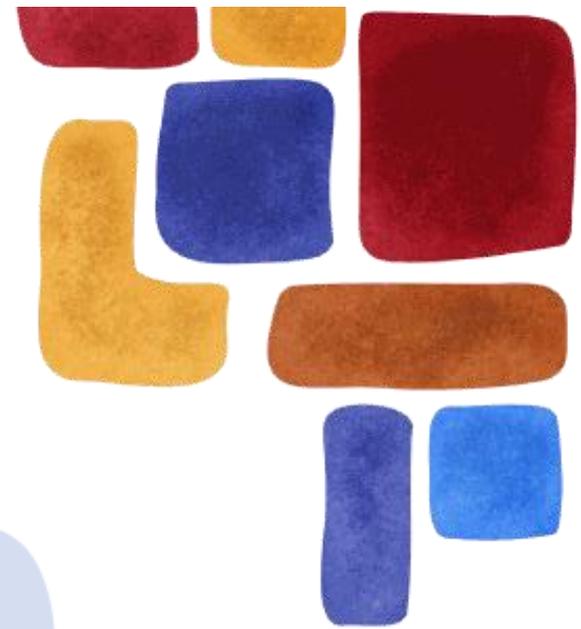
- doctors
- nurses
- physiotherapists
- occupational therapists
- pharmacists
- psychologists
- dentists
- Aboriginal health practitioners

Self-regulated

- aged care workers
- aboriginal health workers
- exercise physiologists
(accredited by Exercise & Sports Science Australia)



Scope...



*Entry-to-practice
(VET & HE)*

*Transition to clinical practice
(years 1 & 2)*

*Continuing
professional
development*

*Specialist medical
education*

*Postgraduate
study*

Project steps...

Governance

- Australian Government
- FPM Board
- Governance advisory group

Background

- Literature review
- Environmental scan

Stakeholder engagement

- 9 co-design workshops

Data analysis

- Coding & thematic analysis
- Gap analysis

Gap management

- 3 roundtable consultations

Targeted consultations

- ATSI stakeholder groups
- CALD communities

Strategy development

- Draft Strategy document developed

Strategy delivery

- Draft out for consultation x 3
- Submitted to Government 2022

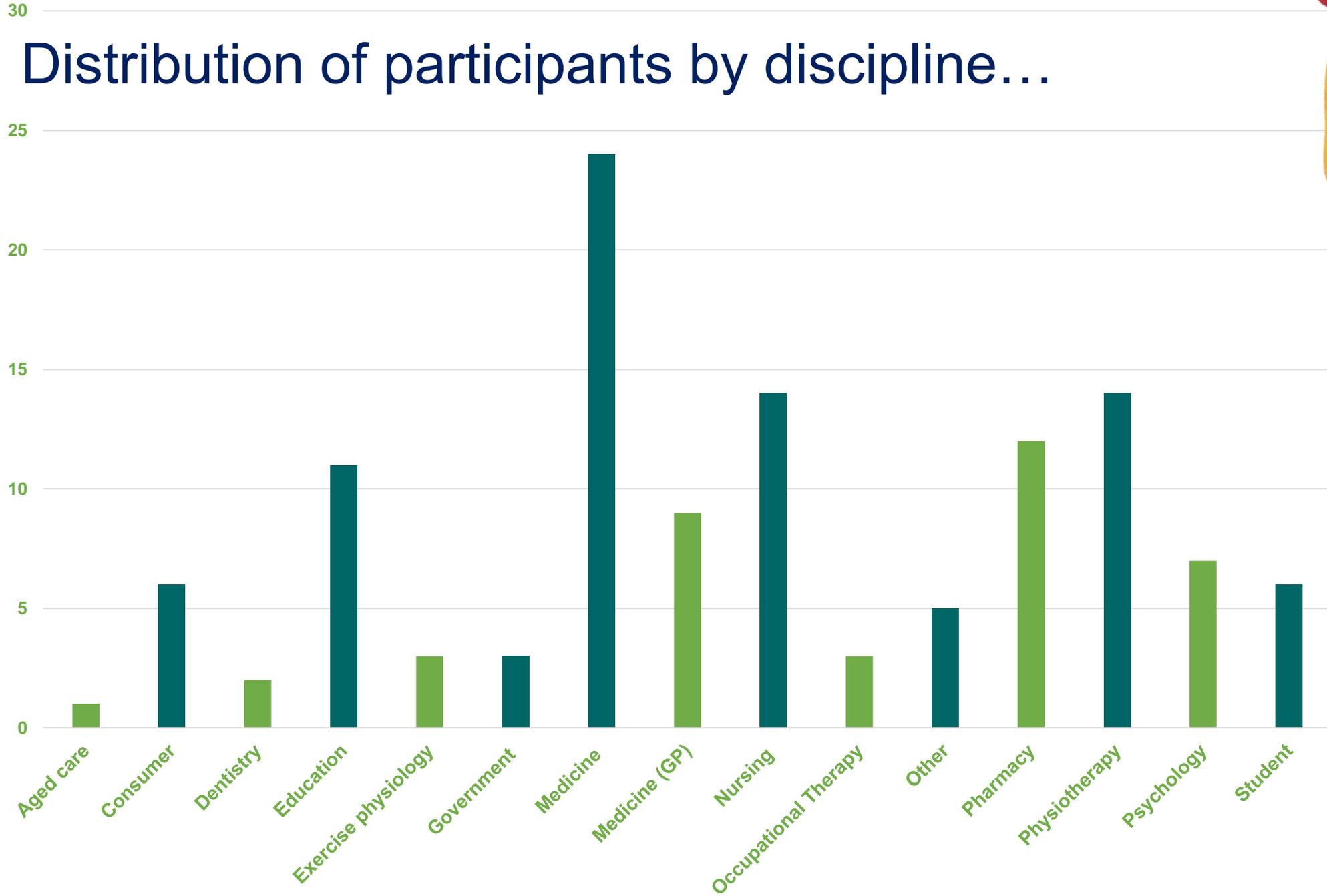


Stakeholder engagement...

- **9 workshops, 4 hours each**
 - 120 participants
 - metro, regional, rural & remote
 - F2f & zoom
 - validation workshop
 - Industry Reference Group
- **roundtable discussions, 2 ½ hours each**
 - regulators
 - tertiary education sector leaders
 - professional organisations
 - Aboriginal & Torres Strait Islander peoples
 - Culturally & Linguistically Diverse communities
- **multiple one-to-one meetings**



Distribution of participants by discipline...





The strategy.....

NATIONAL STRATEGY FOR HEALTH PRACTITIONER PAIN MANAGEMENT EDUCATION

A clear strategic roadmap to guide the upskilling of the Australian health workforce in contemporary, evidence-based pain care with the aim of improving the health outcomes of individuals living with pain.



Respect

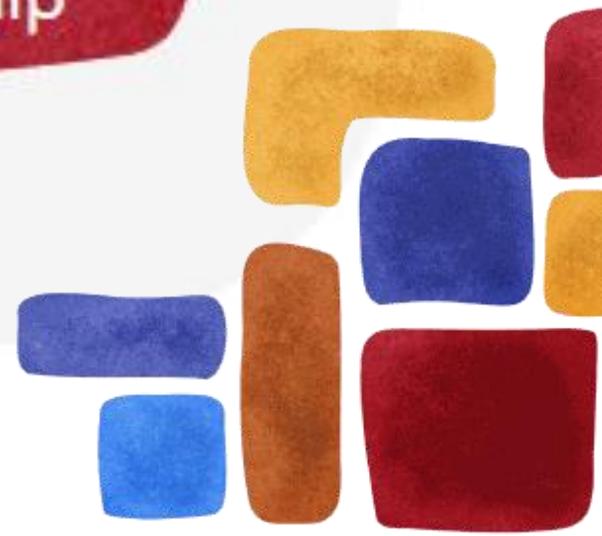
Diversity

VALUES

Equity

Excellence

Partnership



Diversity

Pain management education, content and delivery reflects the diversity of the community in which it is applied, individuals' experiences of pain and the unique needs of the learner.

Partnership

The development and delivery of sustainable pain management education is built through authentic, mutually beneficial education partnerships which are founded on a platform of trust and enduring long-term relationships.

Excellence

Within pain management education there is a focus on maintaining high standards and implementing continuous quality improvement.

Equity

Pain management education is accessible to all health practitioners. It supports the right to self-determination and empowers health practitioner communities through partnering in the creation of education solutions.

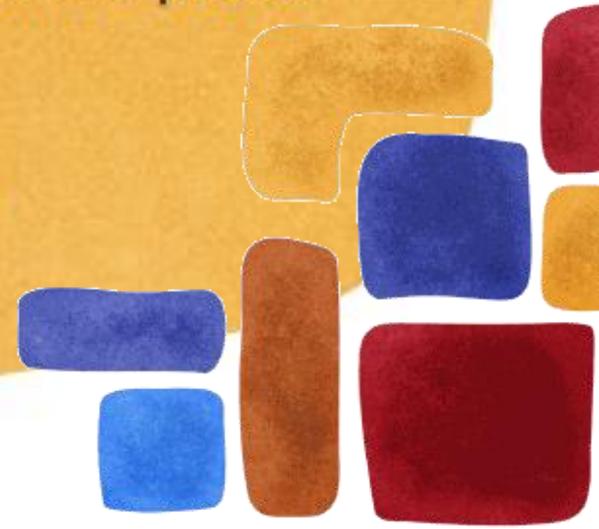
Respect

The development and delivery of pain management education respects the importance of 'place' and 'community' and takes place in a culturally safe space with mutual respect for all involved regardless of perceived 'status', health discipline, or educational background.



PRINCIPLES

- 1 There is culturally safe collaboration and partnership in the design and delivery of pain management education.
- 2 Pain management education methodology and content are evidence-based.
- 3 Pain management education is learner-centred, relevant to place and context, and translated into practice.
- 4 Pain management education is accessible to all health practitioners.



Principle 1

There is culturally safe collaboration and partnership in the design and delivery of pain management education.

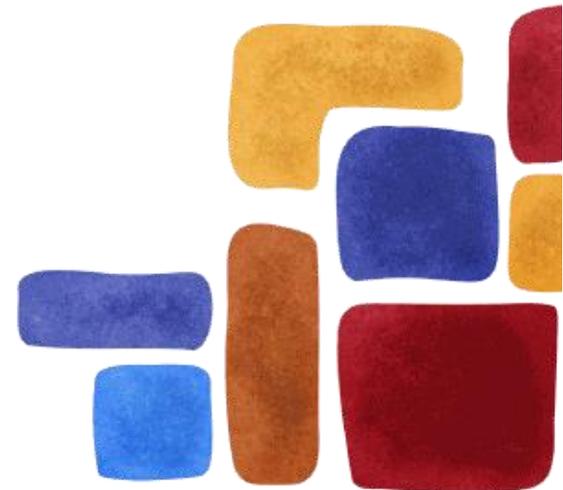
- aimed at meaningful outcomes for consumers – direct consumer input
- understand the community in which it is applied
- ‘learning from each other’
- involve all key health disciplines
- a multidisciplinary pain management education strategy for Australian health practitioners
- foster interprofessional education
- founded on a ‘common understanding’



Principle 2

Pain management education methodology and content are evidence-based.

- reflects contemporary knowledge & practice
- regularly updated through CPD
- urgent need for more pain research to support evidence-based care
- teaching methods should be contemporary, evidence-based, fit-for-purpose, & cater to learner diversity



Principle 3

Pain management education is learner-centred, relevant to place and context, and translated into practice.

- build in mechanisms for feedback from clinical coalface
- deep understanding about the community context in which it is being delivered
- ‘how’ you teach is just as important as ‘what’ you teach to ensure translation to practice



Principle 4

Pain management education is accessible to all health practitioners.

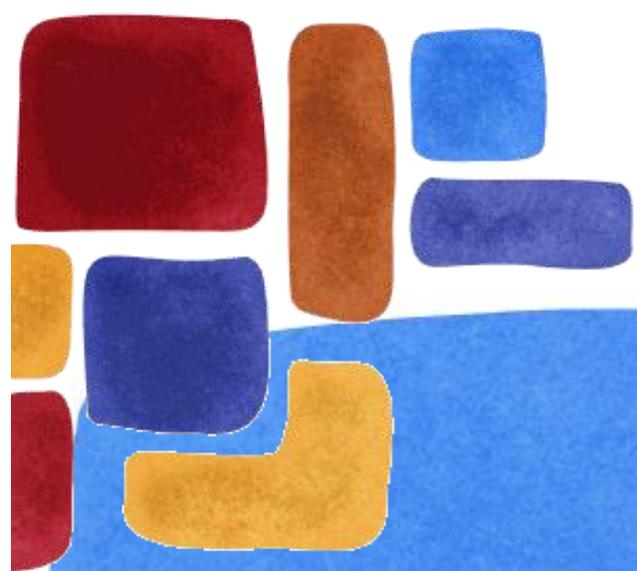
- flexible, adaptable & affordable for communities of greatest need
- geographical location should not be a barrier to accessing high quality pain management education
- available across a broad range of education levels, VET, HE, continuing education through institutions, colleges, networks & associations
- language should not be a barrier



GOALS

- 1 Develop national standards for health practitioner pain management education.
- 2 Create a national pain management education competency/ capability/practice framework.
- 3 Develop educational resources that align with the standards and competency framework.
- 4 Embed pain management education into entry-to-practice curricula.
- 5 Equip educators to deliver pain management education.





IMPLEMENTATION PLAN

The Implementation Plan is a comprehensive roadmap to guide application of the National Strategy for Health Practitioner Pain Management Education.



To access the full document...





Next steps...

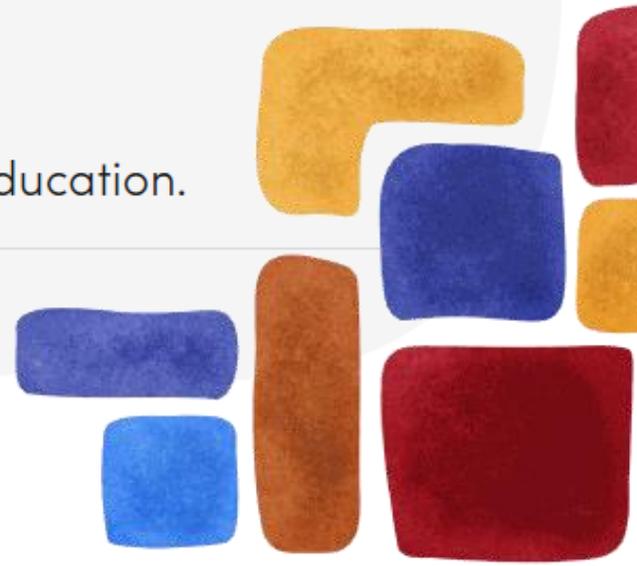
Goal 1: Develop national standards for health practitioner pain management education.

Timeframe: 2023 - 2024

Objectives

There is a nationally consistent set of aspirational standards for health practitioner pain management education that:

- is relevant across multiple disciplines and levels of education;
 - is underpinned by the values and principles of the National Strategy for Health Practitioner Pain Management Education;
 - sets the minimum level of quality; and
 - provides guidance for the development and delivery of pain management education.
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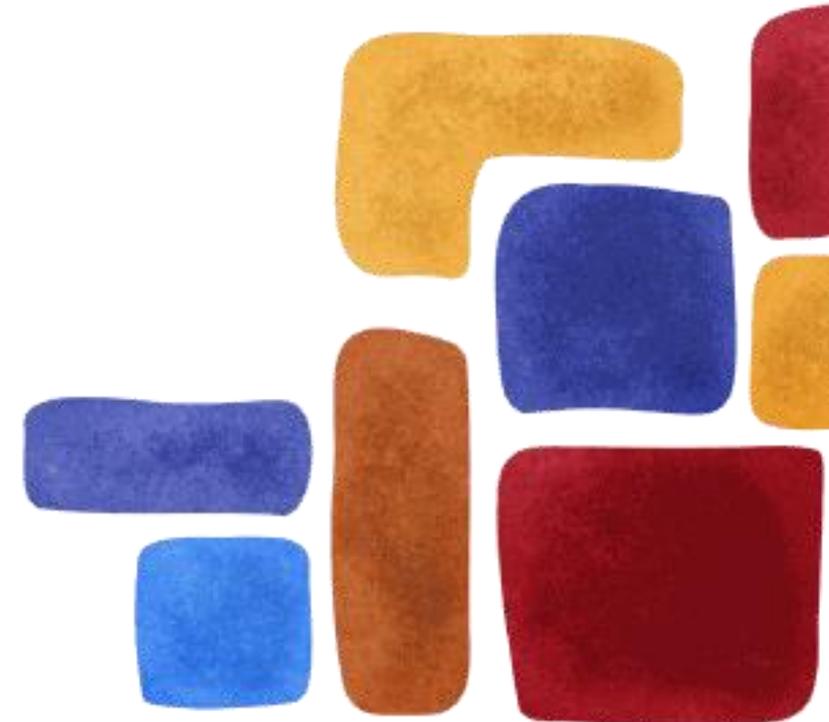
GOAL 1: Develop national standards for pain management education.

Timeframe: 2023 – 2024

Objectives / outcome measures	Recommended actions	Important considerations
<p>There is a nationally consistent set of aspirational standards for health practitioner pain management education that:</p> <ul style="list-style-type: none">are relevant across multiple disciplines and levels of education;are underpinned by the values and principles of the National Strategy for Health Practitioner Pain Management Education;set the minimum level of quality; andprovide guidance in the development and delivery of pain management education.	<ul style="list-style-type: none">Review a range of national and international standards and draw on these to inform the development of pain management education standards.Establish governance and collaborative partnerships to lead extensive stakeholder engagement and co-design. <i>(Must include consumers at the highest levels).</i>Incorporate an iterative consultation process in the development of the standards. High levels of engagement with the right stakeholders will ensure that the standards developed will be relevant in the Australian context of pain care and support their translation into education. Early engagement will also build consensus.Obtain high-level government and regulatory endorsement of the standards.Develop and implement a 'communication strategy' to accompany the release of the standards.	<ul style="list-style-type: none">There are currently a number of national and international standards that could be drawn from to inform the development of Australian pain management education standards. Ensure alignment with other existing national standards where relevant, e.g: National Safety and Quality Health Service Standards.Collaborative partnerships with Aboriginal and Torres Strait Islander groups should be formed at the highest level and support their right to self-determination with genuine shared decision making and supporting the key elements of the <i>National Aboriginal and Torres Strait Islander Health Plan 2021–2031</i> (Commonwealth Government, 2021).Stakeholder engagement should be broad and include:<ul style="list-style-type: none">health care consumers from across all sectors (aged care, Aboriginal and Torres Strait Islander health; disability; culturally and linguistically diverse (CALD) communities; and young people (12–24 years);representation of health disciplines engaged in the management of individuals experiencing pain, including those working with Aboriginal and Torres Strait Islander and CALD communities, paediatric and emerging adults sector, aged care and the disability sector; andeducators and students from vocational education and training, higher education and specialist medical colleges as well as professional and clinical organisations (across entry-to-practice, postgraduate and continuing education).The content of the standards should be underpinned by educational best practice and provide a high-level framework to guide organisations in the application of pain management education.

Implementation plan for GOAL 1

Seeking expressions of interest in stakeholder consultation...





Thank you...