ANZCA
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14 July 2026

Linda Macpherson
Director
Health Workforce Taskforce
Via email: Linda.Macpherson@health.nsw.gov.au, HWTSecretariat@health.nsw.gov.a

Dear Linda,

Inclusion of pain medicine in medical workforce supply and demand modelling

Following our conversation in early June regarding the findings from the anaesthesia workforce supply and demand modelling, we are writing to express our strong interest that **pain medicine is included in the pipeline of the Commonwealth medical workforce supply and demand modelling work.**

There is currently no comprehensive, nationally endorsed pain medicine workforce model in Australia that quantifies the number specialist pain medicine physicians (SPMPs) required to meet population demand. This is contrasted against the high and growing demand for pain medicine services, lengthy wait times for patients with complex and persistent pain, and workforce shortages that are limiting timely access to care, particularly in regional and rural communities. The Faculty of Pain Medicine (FPM) remains concerned in how we're seeing this impact our Australian community:

- **Economic cost:** one in five Australians aged 45+ live with persistent, ongoing pain, costing $139 billion per year in reduced quality of life and productivity losses.
- **Access gap:** only one in 100 Australians can access multidisciplinary care, which is recognised as the gold standard in chronic pain management.
- **Productivity impact:** nearly 1.8 million Australians have had to stop working because of their pain.
- **Wait times:** Often >12 months, with some regions 2 to 3 years.

As demand for multidisciplinary pain management services continues to grow, there is an increasing need for robust workforce intelligence to support effective planning, service delivery and patient access.

While workforce modelling to date has focused on larger medical specialties, pain medicine represents a distinct specialist workforce with a unique fellowship training pathway, scope of practice and service delivery requirements. Failure to separately model the pain medicine workforce risks obscuring existing and emerging workforce shortages, limiting the ability of governments, health services and training providers to plan appropriately for future community needs and ensure equitable access to evidence-based pain care for all Australians.

FPM would welcome the opportunity to meet with you to discuss how pain medicine could be incorporated into future workforce modelling activities. We look forward to contributing to this work.

Yours sincerely,

Dr Lance Emerson
Chief Executive Officer

Dr Michael Veltman
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