

22 August 2025

Mr Peter Breadon
Health Program Director, Grattan Institute
Via email: peter.breadon@grattaninstitute.edu.au

Dear Mr Breadon,

The Faculty of Pain Medicine (FPM) within the Australian and New Zealand College of Anaesthetists (ANZCA) welcomes the Grattan Institute's report *Special Treatment: Improving Australians' Access to Specialist Care*. We share the report's concerns regarding access, affordability, and the maldistribution of medical specialists. However, the report overlooks critical challenges facing smaller, high-complexity specialties such as pain medicine.

Workforce growth and misrepresentation

The report suggests rapid growth in the number of pain medicine specialists over the past two decades. While technically accurate, the growth stems from a very low starting point. In 2013, the faculty had just 252 active fellows in Australia, rising to only 406 by the end of 2023. The Northern Territory still lacks resident specialist pain medicine physicians, and access across rural and regional Australia is severely limited. Far from being in oversupply, pain medicine faces significant undersupply, with consequences for patient outcomes, equity, and system costs.

Funding inequities in the Medicare Benefits Schedule (MBS)

An omission in the report is the inequitable funding arrangements for specialist pain medicine physicians under the MBS. Specialist pain medicine physicians are disadvantaged in the Medicare system. Unlike consultant physicians (typically RACP fellows), most FPM fellows cannot access MBS item numbers 132 and 133, which are consultation items specifically designed for managing patients with chronic and complex conditions, who form the bulk of our clinical workload.

This results in Medicare rebates that are up to 75 per cent lower than those available for consultant physicians for consultations of equivalent or greater complexity. As a result, any parity in fees between pain specialists and other physicians disproportionately increases patient out-of-pocket costs.

While the report supports MBS reform, it also proposes sanctions based on current rebate levels. This would unfairly penalise pain specialists and their patients. MBS multiples serve as a blunt proxy for excess and risk, reinforcing structural inequities.

Training and workforce barriers

The report claims that medical colleges restrict specialist training numbers. This is not the case for FPM. Training places are determined by government funding, hospital service priorities, and workforce distribution, not college restrictions. In pain medicine, the demand for training consistently exceeds the number of funded positions. These systemic funding and workforce distribution issues, rather than college-imposed limits, are the real constraints on specialist supply.

FPM is committed to developing opportunities for training outside metropolitan areas.

However, there are crucial demographic constraints. In a super-specialty such as pain medicine that requires an additional two years of full-time training following qualification in another specialty, trainees will typically be in their mid-30s or older. Moving to a non-metropolitan environment places strains on families and is compounded by the fact that there is no additional weighting given to remuneration for trainees working outside a metropolitan area. Unless the social costs of training in rural areas are addressed, trainees will likely prefer to remain in larger metropolitan areas.

Access to rural and remote services: An urgent equity issue

Pain medicine's rural access challenges are acute, and FPM has advocated for several innovative models to address this gap, including:

- A "rural generalist" pain training pathway for GPs and primary care providers.
- Hybrid service models combining telehealth, outreach, and local support.
- Increased investment in public hospital pain services to enable community integration and training.

These proposals were formally submitted to the Federal Minister for Health and Aged Care earlier this year and align closely with the report's emphasis on more equitable access to specialist services.

Areas of alignment with the Grattan Institute

Despite these concerns, there is important common ground:

- Equity of access: both FPM and Grattan call for better access outside metropolitan centres.
- Training reform: both identify the need to expand training and support workforce distribution.
- MBS reform: both highlight distortions in current funding arrangements that perpetuate inequities.
- Team-based care: both recognise the importance of integrated care models for complex chronic conditions.

Conclusion and invitation

Pain medicine exemplifies many of the challenges the Grattan Institute seeks to address — but also offers evidence-informed solutions. We urge policymakers to recognise pain medicine as a priority for reform. We would welcome the opportunity to meet with you and your team to share insights and explore how our proposals could inform future Grattan work on specialist access, MBS reform, and rural care models.

Please do not hesitate to contact us should you be interested in a briefing or roundtable discussion.

Yours sincerely,



Dr Dilip Kapur
Dean, Faculty of Pain Medicine