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## **Response to the Care Pathways Australia 2026–2030 Consultation, A national plan for healthcare integration**

### **About the Faculty of Pain Medicine**

The Faculty of Pain Medicine (Faculty of FPM) within 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.

### **Overall position**

The Faculty welcomes the Care Pathways Australia consultation and strongly supports the proposed vision for a nationally coordinated, clinician-led, digitally integrated pathways system. The principles articulated in the paper align closely with FPM's commitment to improving access, quality, equity and sustainability in pain care across Australia.

While the Faculty supports the intent of a nationally coordinated, clinician-led pathways system, it is essential that care pathways are explicitly positioned as system-level implementation tools that sit beneath, and are formally linked to, specialist medical college governance. Specialist medical colleges remain the custodians of specialty standards, scope of practice, and training, and pathways must not be treated as substitutes for evidence-based professional guidance.

Pain care represents a high-impact use case for integrated care pathways, given its prevalence, complexity, cross-sector nature and significant burden on patients, clinicians and the health system.

### **Key points for consideration**

#### **1. Pain as a priority condition for integrated pathways**

Pain conditions span primary care, specialist services, hospitals, allied health, mental health and community settings. Fragmentation, variable capability and delayed escalation remain persistent challenges.

FPM supports the inclusion of pain as a priority domain within a national pathways framework, recognising its relevance to chronic disease management, workforce sustainability and health system productivity.

#### **2. Role of specialist medical colleges in governance and quality assurance**

FPM supports the proposed federated governance model and emphasises the importance of clearly defined roles for specialist medical colleges in:

- Clinical governance and quality assurance of pathway content
- Alignment with evidence-based guidelines, scope of practice and standards

- Ongoing review to ensure pathways support appropriate referral, escalation and specialist input rather than replacing it.

FPM notes potential risks if pathways are operationalised without formal linkage to college governance, including drift away from evidence-based specialty guidance, unintended expansion of scope of practice, and erosion of established professional accountability structures. These risks are particularly relevant in complex, multidisciplinary fields such as pain medicine.

In this context, specialist medical colleges should not be positioned solely as stakeholders, but as formal partners in national governance arrangements, with defined roles in oversight, pathway review processes and resolution of contested clinical content.

FPM also notes that specialist colleges hold substantial intellectual property in the form of evidence-based guidelines, curricula and standards, and that national pathway development must recognise, respect and formally integrate this body of work rather than dilute or replicate it.

### **3. Education, capability and workforce development**

FPM supports the use of care pathways as tools for education, supervision and workforce development, particularly for general practitioners and early-career clinicians and rural and remote practitioners.

Explicit alignment between pathways, [national pain education standards](#) and competency frameworks would strengthen consistency of care and support system-wide capability uplift.

Pathways should complement, and not replace, formal college-led training and accreditation systems, which remain central to ensuring safe and appropriate specialist practice.

### **4. Equity, access and person-centred care**

The Faculty supports the paper's emphasis on equity and person-centred design and encourages:

- Dedicated attention to culturally safe pain management pathways, including for Aboriginal and Torres Strait Islander peoples
- Recognition of gender and socioeconomic disparities in pain care
- Evaluation measures that extend beyond utilisation to include function, quality of life and patient-reported outcomes.

Equity-focused pathways must be supported by appropriate workforce capability and access to specialist services, particularly in rural and underserved communities.

### **5. Evaluation and safeguards for complexity**

FPM endorses the call for nationally supported evaluation and data capability. Given the complexity of many pain presentations, evaluation frameworks should:

- Avoid overly rigid application of pathways
- Support individualised, shared decision-making
- Include specialist input into defining meaningful outcome measures

The Faculty notes that the value of national evaluation infrastructure would be enhanced significantly if data governance arrangements enabled appropriate college access for

quality improvement and research purposes, and alignment with existing college registries and audit programs.

### **Closing comment**

The Faculty sees significant opportunity for Care Pathways Australia to strengthen integrated, equitable and high-quality pain care nationally.

FPM would welcome ongoing engagement as the strategy is refined, particularly to ensure that governance, scope of practice, education alignment and evaluation frameworks appropriately reflect the role of specialist colleges and safeguard evidence-based specialty care.

Feel free to contact [fpmdean@anzca.edu.au](mailto:fpmdean@anzca.edu.au) with any queries.



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