

**Submission  
No 7**

**THE IMPLEMENTATION OF PORTFOLIO COMMITTEE No. 2  
RECOMMENDATIONS RELATING TO WORKFORCE ISSUES, WORKPLACE  
CULTURE AND FUNDING CONSIDERATIONS FOR REMOTE, RURAL AND  
REGIONAL HEALTH**

**Organisation:** Faculty of Pain Medicine (FPM), Australian and New Zealand College of Anaesthetists (ANZCA)

**Date Received:** 12 September 2023

5 July 2023

**Faculty of Pain Medicine response to PC2 Rural Regional and Remote Health Enquiry – 2-year follow-up**

FPM provided a comprehensive written submission to the enquiry in 2021 with a number of recommendations aimed at improving knowledge of epidemiology of pain patients in the subgroups of First Nations people, paediatric age group and low SES (socioeconomic status). Witness testimony was made in person by 2 senior Faculty Fellows.

At the 2-year mark from the handing down of findings of the committee, our organization reports no progress towards the recommendations of the PC2 enquiry as none of them concerned pain services or specifically addressed the needs of regional, rural and remote-dwelling people with chronic pain.

Although not included in the NSW Health response to the 44 recommendations<sup>1</sup>, FPM acknowledges NSW Health's 2022-23 reinvestment in seven region-based, rural-serving specialist pain management services (6 for adult clients; one for children and adolescents).

- This averted closure of those services, ensuring people with pain living in regional, rural and remote areas can continue to receive community-embedded services.
- However, progress toward translating those investments into real improvements in access and outcomes has been slow - hindered by slow recruitment processes and limited incentives for suitably trained personnel to relocate.
- Consequently, we recommend ongoing review of how to make region-based, rural-serving services attractive career posts for specialist doctors, nurses, physiotherapists and clinical psychologists working in the field of pain management.

As part of FPM and ANZCA's Reconciliation Action Plan, we are obliged to use our sphere of influence to improve opportunities for Aboriginal and/or Torres Strait Islander people. Accordingly, we provide this additional commentary on progress against RECOMMENDATION 33:

*That NSW Health and the Local Health Districts, particularly those located in rural, regional and remote areas, prioritise building their Indigenous workforce across all disciplines, job types and locations. This should include additional funding targeted at increasing the number of Aboriginal Care Navigators and Aboriginal Peer Workers.*

Whilst funding targeted at increasing numbers is important, review of the basic wages and career progression opportunities offered Aboriginal and Torres Strait Islander Health Workers and Practitioners is vital to improving recruitment and retention. This appears yet to be unaddressed by government. Many Aboriginal and Torres Strait Islander Health Workers are paid less than the starting wage of a NSW Health Administration Assistant.<sup>1</sup> This fails to value cultural knowledge and fails to adequately compensate workers for the racism and cultural load experienced in these important roles.

1. <https://www.parliament.nsw.gov.au/lcdocs/inquiries/2615/NSW%20Government%20Response%20-%20300822.pdf>
2. <https://www.health.nsw.gov.au/careers/conditions/Awards/he-profmed-salaries.pdf>

Yours sincerely,



Associate Professor Michael Vagg

DPA FPM Professional Affairs