



College Submission  
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# Feedback on the Framework for Pain Management Education

## About the Australian College of Rural and Remote Medicine (ACRRM)

ACRRM's vision is *the right doctors, in the right places, with the right skills, providing rural and remote people with excellent health care*. It progresses this through providing quality Fellowship training; professional development education programs; setting and upholding practice standards; and through the provision of support and advocacy services for rural doctors and the communities they serve. ACRRM is accredited by the Australian Medical Council to set standards for the specialty of general practice. The College's programs are specifically designed to provide Fellows with the extended skills required to deliver the highest quality Rural Generalist model of care in rural and remote communities, which often experience a shortage of face-to-face specialist and allied health services.

## General Comments

Pain management represents a major aspect of the work of virtually all doctors and health professionals in rural and remote areas. Supporting these professionals to be trained and/or upskilled to provide the best possible care within the best possible models of care is an important undertaking. We welcome the Framework and see it as a valuable tool toward achieving this. The College commends the Framework designers particularly for the inclusion of the perspectives of people from rural and remote areas, and Aboriginal and Torres Strait Islander peoples (both patients and practitioners) throughout the document.

## Role of rural doctors

Rural general practitioners and rural generalists are not explicitly mentioned in the current Framework document which raises the concern that the education programs may not reflect the nature of what they need to learn to provide the best possible care. We see opportunity for the Framework to better articulate the role of General Practitioners and particularly Rural Generalist doctors in rural and remote areas in the delivery of pain care. These doctors are often the only medical practitioners in rural and remote communities and the only professionals able to prescribe pain medication, and typically responsible for the coordination and continuity of care.

There are important distinctions for these doctors practice:

- They often have to take on a range of clinical responsibilities that would normally be addressed by specialist referrals



- They need to work especially effectively in collaborative care networks with allied health specialists, pain specialists and other non-GP consultant specialists based in cities to ensure coordination and continuity of care
- They also work with their local healthcare team (fellow doctors, nurses, Aboriginal health workers and other allied health professionals) in models of care that are distinctive from what might represent best practice in an urban setting.

These distinctions have important implications for the Framework and education programs for these practitioners will need to reflect fit-for-purpose, well-connected delivery models for rural and remote contexts.

## Pain medication addiction

We support the Framework's recognition of the experience of patients with chronic pain of stigma and distrust from health practitioners and an excessive requirement to justify requests for pain care. This is important to ensure that all health professionals understand their responsibility to build respectful and trusting relationships with their patients. The Framework does not however appear to include guidance or instruction on the prevalence of addiction to pain medicine, the skills associated with identifying and managing these patients, and the professional responsibilities associated with prescribing to patients that may be suffering addiction. We consider this as an important inclusion for patient safety and wellbeing.

## Tailored professional education

We see opportunity for the final document to specify how a central multidisciplinary framework might effectively be customised to reflect the practice scope of our members and how this might be delivered through their education systems. It is noted that the Framework recommends a single educational resource for all healthcare disciplines and seems to promote a one size fits all approach to educational program design. Our College strongly supports the emphasis on multidisciplinary models of care. We do however see need for training to be customised to the professional scope of different professional groups and also to be able to be accessed through the education platforms with which professionals have established and ongoing interaction. We would welcome the opportunity to discuss how the College might work with the Framework designers to explore ways that programs could be tailored to our members' needs and deliverable within our members' educational platforms.

## College Details

<b>Organisation</b>	Australian College of Rural and Remote Medicine (ACRRM)
<b>Name</b>	Marita Cowie AM
<b>Position</b>	Chief Executive Officer
<b>Location</b>	Level 1, 324 Queen St, PO Box 2507 Brisbane Qld 4001
<b>Email</b>	<a href="mailto:m.cowie@acrmm.org.au">m.cowie@acrmm.org.au</a>
<b>Phone</b>	07 3105 8200

*ACRRM acknowledges Australian Aboriginal People and Torres Strait Islander People as the first inhabitants of the nation. We respect the Traditional Owners of lands across Australia in which our members and staff work and live, and pay respect to their Elders past present and future.*