

# RACGP submission to the Department of Health Victoria – Inquiry into Women's Pain

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RACGP

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## Introduction

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide a submission to the Inquiry into Women's Pain, led by Safer Care Victoria, the Victorian Women's Health Advisory Council and the Inquiry into Women's Pain sub-committee.

The RACGP is Australia's largest professional general practice organisation, representing over 40,000 members working in or toward a specialty career in general practice. With the return of College-led training in 2023, the RACGP now trains more than 90% of Australia's GPs including those in rural and remote areas.

The RACGP sets and maintains the standards for high-quality general practice care in Australia and advocates on behalf of the general practice discipline and our patients. As a national peak body, our core commitment is to support general practitioners (GPs) and their broader healthcare team to address the primary healthcare needs of the Australian population.

*The RACGP acknowledges language is constantly evolving. For the purpose of this submission, any references to a woman, women or girls are intended to include anyone who may experience similar health issues or gender-based discrepancies in care. This includes those assigned females at birth and anyone who identifies as a woman, though they may have a different sex at birth.*

## Executive Summary

Chronic pain profoundly affects women's lives in Australia, highlighting the critical need for a comprehensive understanding of its complexities and challenges in achieving effective management. Women's experience of chronic pain is often different from men's, facing higher prevalence rates and systemic challenges in receiving adequate treatment. These disparities are compounded by gender biases within healthcare systems, where women's pain is frequently minimised or misunderstood, leading to underdiagnosis and inadequate relief.

Barriers to effective pain management include time constraints during consultations, fragmentation of care, and socio-economic disparities. These obstacles hinder comprehensive assessment and personalised care planning by GPs, who play a pivotal role in coordinating multidisciplinary approaches to pain management.

A holistic approach to pain management is essential, integrating medical, psychological, and social interventions tailored to individual needs. GPs are specialist in managing and coordinating this care, ensuring continuity and facilitating access to specialised treatments and allied health services. However, systemic improvements are needed, including better recognition and support of the critical role GPs play in this care, increased rebates for all standard general practice consultations longer than 20 minutes which allow additional time to adequately manage this care, and enhanced education opportunities on pain management for healthcare providers.

Improving access to care requires fair and inclusive healthcare policies at the state and federal level, funding for education and awareness initiatives. Addressing cultural norms, promoting early intervention, and leveraging digital health solutions are crucial steps towards equitable healthcare delivery for women experiencing chronic pain.

The RACGP recommends:

- **Advocating for increased rebates for all standard general practice consultations longer than 20 minutes**
- **A peer reviewed clinical trail of the pharmacy prescribing pilot**
- **Continue to support access to GPs by promoting and support the General Practice profession**

- **Promoting Professional Development opportunities and Holistic Care for GPs**
- **Addressing Healthcare Systemic Biases and Inequities**
- **Funding Projects and Initiatives to Enhance Education and Awareness**
- **Establishing Comprehensive, Multidisciplinary Chronic Pain Management Guidelines**
- **Promoting Research and Data Collection on Women's Pain**

## Understanding Women's Pain:

Pain is a complex phenomenon influenced by biological, psychological, and social factors. Chronic pain, persisting for more than three months, profoundly impacts individuals' daily lives and overall well-being (1). Research consistently demonstrates that women's experience of pain is different from men's, both in terms of prevalence and response to treatments (2). Women often report higher rates of chronic pain conditions such as musculoskeletal, abdominal, and pelvic pain, yet they are less likely to receive adequate treatment compared with men.

Gender disparities in pain perception and treatment are exacerbated by systemic biases within healthcare settings. Women frequently encounter disbelief or minimisation of their pain symptoms, leading to underdiagnosis and inadequate pain relief. This phenomenon not only undermines women's health outcomes but also contributes to prolonged suffering and diminished quality of life. Moreover, chronic pain can adversely affect personal relationships, sexual health, and reproductive function, highlighting the need for tailored and compassionate care approaches (2).

Economically, chronic pain in women imposes substantial costs, both for women and society, including healthcare expenditures, lost productivity, and socioeconomic burdens (3). Addressing these challenges requires robust data collection and gender-specific research initiatives to inform evidence-based pain management strategies tailored to women's needs.

## Barriers to accessing care, treatment and services for pain:

Effective pain management for women in Australia is hindered by several barriers within the broader context of the healthcare system, cultural factors, and socioeconomic conditions (4).

### Time Constraints with Patients

GPs often face time constraints during consultations, a challenge exacerbated by funding limitations and high patient volumes. This can limit the thorough assessment and personalised care necessary for managing chronic pain effectively.

### Gender Bias in Medical Care

Gender bias in medical care often leads to the underestimation of women's pain, with their symptoms frequently attributed to emotional or psychological factors rather than recognised as genuine medical conditions (2). This results in differential treatment, where women may receive less aggressive pain management compared to men, and their symptoms are sometimes dismissed or downplayed (6). Stigma and gender biases within healthcare settings further contribute to disparities in pain management (2). Women reporting pain symptoms are sometimes labelled as overly emotional or psychosomatically driven, leading to delays in diagnosis and treatment initiation (7). Addressing these

biases through education and cultural competence training is essential for promoting equitable and compassionate care for all patients.

### **Research and Medical Knowledge Disparities**

Research and medical knowledge disparities significantly affect women's pain management. Historically, there has been less research focused on conditions predominantly affecting women, leading to gaps in medical knowledge and treatment options. Conditions such as endometriosis and fibromyalgia, which disproportionately affect women, may be under-researched and underfunded, resulting in limited treatment options.

### **Psychosocial Factors**

Psychosocial factors also contribute to the complexity of pain management (8). Conditions such as anxiety and depression, prevalent among women with chronic pain, may not be adequately addressed, complicating the management of their pain (9). Additionally, women may feel that their pain is not taken seriously or that their concerns are not respected, deterring them from seeking further care. Women with limited social support may find it more challenging to seek and follow through with medical treatment.

### **Financial Barriers**

Socioeconomic barriers significantly hinder effective pain management. Out-of-pocket expenses for certain treatments, medications, and specialist consultations can be prohibitive, especially for women with lower incomes or without private health insurance. Financial challenges limit access to essential pain therapies, exacerbating disparities in healthcare access and outcomes. The extremely low Medicare rebates which were frozen for over a decade and seriously lag behind inflation, mean fewer practices can afford to bulk bill all their patients. GPs cannot afford to sustainably provide bulk billing but they also see that people who cannot afford to pay on the day, struggle to access appropriate multidisciplinary care. (6) The application of payroll tax to independent GP earnings that are not bulk billed will exacerbate this issue.

## **Impact of the current service delivery system on care for pain conditions**

### **Fragmentation of Care**

Establishing and maintaining continuity of care is crucial for optimising pain management outcomes. However, fragmented healthcare delivery models and episodic patient-clinician relationships are being encouraged through programs such as the pharmacy prescribing pilot and Priority Primary Care Centres. These models can fragment and duplicate care and result in mis-diagnosis or delayed diagnoses, inappropriate prescribing, duplication of tests, missed opportunities for preventive care activities, poorer patient outcomes and increased costs for the health system (5). Care with a trusted and known GP is often required for patients to feel comfortable discussing intimate details about their pain especially concerning sensitive issues such as pelvic or sexual pain. Fragmented care from a range of uncoordinated providers can potentially lead to incomplete information sharing and suboptimal care, or discourage patients from seeking care at all. GPs have told the RACGP that fragmentation of care is an issue they face in their practice. (10)

### **Regulatory Concerns**

Concerns about regulatory scrutiny and potential repercussions from the Medical and Poisons Regulation branch of the Department of Health can deter GPs from comprehensive pain management practices. The RACGP supports a cautious approach to prescribing controlled substances and supports real time prescription monitoring systems but difficult to access and navigate real time script checking systems and fear of disciplinary actions for prescribing controlled substances, even when necessary and appropriate, may lead to overly conservative prescribing practices potentially denying women effective pain relief and exacerbating disparities in access to care.

## Over-Reliance on Drug Prescriptions

While medicines are an important aspect of pain relief, over-reliance on drug prescriptions as a quick fix, without finding the root cause of the issue, can perpetuate dependency and fail to provide long-term relief. This highlights the need for longer consultations that enable holistic treatment approaches that address underlying causes rather than just symptoms.

## Healthcare Infrastructure

Healthcare infrastructure issues further exacerbate these challenges. Long waiting times for specialist appointments, such as with gynaecologists or pain specialists, are common, particularly in the public system. Women in rural and remote areas face significant challenges in accessing healthcare services due to fewer healthcare facilities and professionals in these regions.

## Pharmacy prescribing

The RACGP has particular concerns around the Pharmacy Prescribing Pilot and its impact on care for painful conditions. Pharmacists' lack of oversight and understanding of a patients' medical history can result in less effective management of pain and its causes and more than 80% of people accessing this type of treatment are women. (9) Often these women are experiencing pain symptoms which *might* be a UTI or pelvic pain for which the contraceptive pill is part of their treatment. The focus in pharmacies tends to be on dispensing medications rather than engaging in detailed consultations about underlying causes or exploring non-pharmacological treatment options. This type of treatment can inadvertently discourage patients from seeking comprehensive care.

As yet, there has been no clinical review of outcomes from the Victorian Pharmacy Prescribing pilot. This is emblematic of the broader problem, where women experiencing pain are directed to lower cost, lower quality care and the impacts of this on their outcomes is not measured or where it is measured it is ignored. The risks associated with this approach to women's health were identified in a Queensland survey of more than 1,300 doctors who identified more than 240 cases of misdiagnosis associated with the North Queensland UTI Pharmacy Prescribing Trial. Most concerning was the fact that at least nine patients required hospitalisation with sepsis or kidney and bladder infections relating to ineffective or delayed treatment. (11)

## GP led model of care and service delivery

GPs play a pivotal role in the holistic management of chronic pain, serving as the central coordinators of patient care. They are uniquely positioned to oversee and integrate the efforts of various healthcare professionals, including other specialist medical services and primary care colleagues such as physiotherapists, psychologists, pharmacists, occupational therapists, and social workers. This collaborative approach is essential for addressing the multifaceted nature of chronic pain, which often requires a combination of medical, psychological, and social interventions to achieve optimal outcomes. All specialist GPs complete [units in pain management as part of their training](#).

GPs are often the first point of contact for patients experiencing pain and are responsible for conducting initial assessments, diagnosing underlying conditions, and developing comprehensive treatment plans. An estimated 20–40% of patient presentations involve chronic pain, which makes it one of the most prevalent conditions managed in general practice. (12,13) Reports also indicate the number of people seeing GPs for chronic pain is rising, with patient encounters increasing by 67% over the past 10 years. (14)

Pain Australia recommends people with chronic pain receive coordinated interdisciplinary assessment and management involving, at a minimum, physical, psychological, and social/environmental risk factors in each patient. (15) This type of assessment and management sits beyond the scope and training of other primary care workers and should sit with medical specialist-led multidisciplinary teams. (16, 17)

By maintaining a comprehensive view of a patient's medical history and treatment progress, GPs can make informed decisions about the most appropriate interventions and adjust treatment plans over time to meet evolving needs.

To illustrate the important role of a GP in holistic management of chronic pain, consider the management of chronic pelvic pain in women. A GP can coordinate a multidisciplinary team to address various aspects of the condition: a physiotherapist can assist with pelvic floor exercises, a psychologist can provide cognitive-behavioural therapy for pain management and emotional support, a pharmacist can dispense and advise on quality use of medicines, and a specialist, such as a gynaecologist, can offer advanced diagnostic and therapeutic options. This coordinated effort ensures that all aspects of the patient's health and well-being are addressed, promoting better outcomes and enhancing quality of life.

In addition to coordinating care, GPs also play a crucial role in patient education. They can provide valuable information about pain mechanisms, treatment options, and lifestyle modifications that can help manage pain. This educational component empowers patients to take an active role in their care, improving adherence to treatment plans and fostering a sense of control over their condition.

However, for GPs to effectively fulfill this role, certain systemic changes are necessary. Increased rebates for all standard general practice consultations longer than 20 minutes. Longer consultation times allow GPs to conduct thorough assessments, educate patients about pain mechanisms, and engage in shared decision-making regarding treatment options. This comprehensive approach is critical for addressing the complex and often chronic nature of pain conditions, which cannot be adequately managed in short, routine appointments.

Public health policy also needs to value and respect the critical role GPs play in our communities and in the coordination and treatment of chronic health conditions including pain. Policies that carve off elements of general practice or fragment care, undermine the role of GPs. Policies that value GPs and encourage more doctors to train as GPs, including the GP Trainee grant program, bolster general practice by both improving access to care and strengthening trust and value of GPs in the community.

Additionally, continued education and professional development in pain management are essential for healthcare providers. Improving understanding of pain neuroscience and evidence-based treatment methods enables GPs to deliver personalised, effective care while addressing cultural norms and stigma surrounding pain reporting and management in women.

Finally, to address cultural norms and stigma surrounding pain in women within the context of holistic pain management, GPs play a crucial role in advocacy and education. They can challenge misconceptions and biases that may lead to underreporting or dismissal of women's pain symptoms. By promoting open and non-judgmental discussions about pain, GPs help create a supportive environment where women feel empowered to seek help and receive appropriate care. This cultural sensitivity is essential for ensuring equitable access to pain management resources and improving health outcomes for all patients.

GPs are indispensable in the holistic management of chronic pain, serving as integral coordinators of comprehensive patient care. Their role extends beyond initial assessments and treatment planning to encompass the orchestration of multidisciplinary teams tailored to individual patient needs. By integrating diverse healthcare professionals and advocating for systemic improvements such as extended consultation times and ongoing education, GPs ensure that patients receive personalised, evidence-based care that addresses the complex interplay of medical, psychological, and social factors inherent in chronic pain. Moreover, through advocacy and education, GPs can contribute to dismantling cultural norms and stigma surrounding women's pain, fostering environments where all patients can confidently pursue effective pain management and improved quality of life.

## Improving Access to Care:

Improving access to healthcare services is critical for ensuring that women receive timely and comprehensive pain management. Addressing barriers to access, as discussed earlier in this submission, is foundational to achieving equitable healthcare outcomes for all individuals. These barriers include time constraints during consultations, privacy concerns, continuity of care issues, gender biases, research disparities, regulatory concerns, over-reliance on drug prescriptions, financial barriers, healthcare infrastructure limitations, cultural and social factors, and insufficient education and awareness. Advocating for inclusive healthcare policies that recognise and address the unique needs of women in pain is essential.

### **Prioritising General Practice Care**

GPs serve as the frontline providers for pain management and play a pivotal role in coordinating care efforts for women who experience pain. Prioritising general practice care involves supporting the profession through funding and regulatory settings. Programs such as the Victorian GP Trainee Grant program are helping more medical graduates to choose general practice as their specialisation, so we'll have the GP workforce we need. GP care can also be supported by ensuring systems and regulations respond to the needs of GPs so they can use more of their time caring for patients and less dealing with administrative paperwork.

**Increased rebates for all standard general practice consultations longer than 20 minutes:** Patient rebates are lower per minute for longer consultations, disadvantaging people who require more time with their GP including women with complex pain. Longer consultation times enable GPs to conduct thorough assessments and develop comprehensive treatment plans tailored to individual patient needs. By allowing sufficient time for in-depth discussions and shared decision-making, GPs can address the multifaceted nature of chronic pain, integrating medical, psychological, and social interventions effectively. This approach not only improves patient outcomes by ensuring personalised care but also supports continuity of care, fostering a supportive environment where patients, especially women, can receive comprehensive pain management that meets their specific health needs.

### **Advocating for Fair and Inclusive Healthcare Services for Women**

Advocacy efforts are essential in promoting fair and inclusive healthcare services that address the specific needs of women. This includes advocating for policies that eliminate gender biases, ensure equitable access to pain management resources, and support initiatives aimed at improving women's health outcomes. By challenging systemic inequalities and promoting evidence-based practices, healthcare providers can foster environments where women feel respected, heard, and empowered in managing their pain.

### **Funding and Support for Education and Training in Sexual and Reproductive Health**

Investing in education and training opportunities focused on sexual and reproductive health is crucial for enhancing healthcare delivery. By providing funding and support for healthcare professionals, including GPs, to receive additional training in specific areas of sexual and reproductive health, we can improve access for women experiencing pain related to gynaecological and reproductive health issues. For example, this could include expanding educational resources and workshops that address the complexities of pain management in these areas.

### **Innovative Approaches to Sexual Health Education and Testing**

Encouraging people to have an ongoing relationship with a GP or general practice is proven to be best for overall health outcomes. However, innovative approaches to sexual health education and testing are essential in hard to reach communities and underserved areas, where access to healthcare services may be limited. For example, implementing telehealth services, mobile clinics, and community outreach programs can increase accessibility to sexual health education, screening, and early detection of reproductive health issues.

### **Public Health Awareness Campaigns**

Public health awareness campaigns play a vital role in educating communities about pain management and the importance of early intervention. These campaigns can dispel myths, reduce stigma, and promote proactive healthcare-

seeking behaviours among women. By leveraging media, community events, and digital platforms, public health campaigns can raise awareness about available resources, encourage regular health screenings, and empower women to advocate for their pain management needs. Recommending people to have a regular GP or general practice should be part of this messaging.

## Recommendations:

As the leading professional body for general practice in Australia, the RACGP is committed to advancing equitable and effective healthcare for all Australians, particularly in the realm of chronic pain management. Recognising the unique challenges faced by women in accessing comprehensive pain care, the RACGP has developed a series of policy recommendations aimed at enhancing healthcare delivery, promoting evidence-based practices, and addressing systemic barriers. These recommendations advocate for better rebates, improved access to multidisciplinary care, increased funding for education and awareness initiatives, support for community-based programs, and professional development opportunities for GPs. By prioritising these measures, the RACGP seeks to improve health outcomes and quality of life for women experiencing chronic pain, fostering a healthcare system that is inclusive, responsive, and equitable for all.

### Impact of current service delivery

1. **Advocate for increased rebates for all standard general practice consultations longer than 20 minutes:** The RACGP strongly encourages the Victorian Government to advocate for the Federal Government to increase funding for all standard general practice consultations longer than 20 minutes. The RACGP has recommended a 20% increase to all Medicare rebates for Level C (20–40 minutes) and Level D (40-minutes plus) GP consultations with an additional increase applied to MMM3-7. These will encourage more longer consults which allow GPs to conduct thorough assessments, educate patients, and develop comprehensive, personalised treatment plans. By allowing sufficient time for in-depth discussions and shared decision-making, GPs can address the multifaceted nature of chronic pain, integrating medical, psychological, and social interventions effectively.
2. **Peer Reviewed Clinical Evaluation of the Victorian Community Pharmacist Statewide Pilot (Pharmacy Prescribing Pilot):** Women deserve evidence-based care. A full clinical evaluation is required to ensure understanding of the impact on health outcomes for women who experience pain and attend a pharmacist to prescribe medications in response. While the elements of convenience are reported on, the true health impacts of this pilot will remain unknown without clinical evaluation.

### Opportunities to improve care

3. **Continue to support access to GPs by promoting and support the General Practice profession:** Good access to General Practice care requires a strong workforce of GPs. The Victorian General Practice Trainee Grant recognises the financial barriers that exist for doctors to leave the hospital system and enter general practice training. The availability of the grant has impacted the number of applications to GP training in Victoria, encouraging more to choose general practice as their specialty training and increasing the number of registrars who will train in Victoria in 2025. With these grants now available in Queensland and likely to be implemented in other states, it's important the Victorian Government continues this investment beyond 2025.
4. **Promoting Professional Development opportunities and Holistic Care for GPs:** The RACGP advocates for initiatives that support GPs to gain additional skills in chronic pain care. This includes funding for continuing education opportunities on pain management, integrating pain assessment tools into primary care practice, and fostering collaborations with multidisciplinary healthcare teams. Promoting GP led team-based care will improve the quality and effectiveness of pain management services. The recent Pelvic Pain Symposium exemplifies

collaboration between the Victoria Department of Health and the RACGP, demonstrating a commitment to delivering targeted professional development that enhances GP expertise in managing chronic pain effectively.

5. **Addressing Healthcare Systemic Biases and Inequities:** The RACGP advocates for policies and initiatives that address systemic biases and inequities within the healthcare system affecting women's access to pain management. This includes implementing cultural competency training for healthcare providers, promoting diversity in healthcare leadership, and adopting policies that mitigate gender biases in pain assessment and treatment. By fostering a more inclusive and equitable healthcare environment, we can improve care delivery and outcomes for all patients.
6. **Funding Projects and Initiatives to Enhance Education and Awareness:** The RACGP calls for increased funding towards projects and initiatives aimed at enhancing education and awareness about chronic pain and reproductive health. This includes supporting educational programs for healthcare providers on evidence-based pain management strategies and public health campaigns to educate communities about early intervention and the importance of timely medical care for pain and sexual health issues. The RACGP already collaborates with the Victorian Department of Health on several education programs and would welcome the opportunity to work together to improve treatment for women experiencing pain.

### Appropriate models of care, frameworks, workforce skill mix

7. **Establishing Comprehensive, Multidisciplinary Chronic Pain Management Guidelines:** The RACGP advocates for the development and implementation of national guidelines that provide evidence-based advice on comprehensive, multidisciplinary approaches to chronic pain management. These guidelines should provide evidenced based guidance on integrating medical, psychological, and social interventions tailored to individual patient needs. Standardising best practices across healthcare settings will ensure consistent, high-quality care delivery and enhance patient outcomes.

### Translate research and evidence-based interventions

8. **Promoting Research and Data Collection on Women's Pain:** We call for increased funding and support for research focused on women's pain conditions. This includes funding epidemiological studies, clinical trials, and health services research that investigate gender differences in pain prevalence, treatment outcomes, and healthcare utilisation. We recommend a portion of this is dedicated to research in general practice to ensure it is relevant to the setting where most pain conditions are treated.

These policy recommendations aim to address systemic challenges, promote evidence-based practices, and expand healthcare access and equity for women experiencing chronic pain across Australia. By advocating for comprehensive guidelines, funding education opportunities, supporting community programs, and enhancing professional development for GPs, the RACGP aims to create an environment conducive to improved pain management outcomes and better quality of life for women throughout the country.

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