



SHPA Victorian Branch Committee Response to the Inquiry into Women's Pain – Department of Health (VIC), July 2024

Introduction

The Society of Hospital Pharmacists of Australia (SHPA) is the national, professional organisation for the 6,100+ Hospital Pharmacists, and their Hospital Pharmacist Intern and Hospital Pharmacy Technician colleagues working across Australia's health system, advocating for their pivotal role improving the safety and quality of medicines use. Embedded in multidisciplinary medical teams and equipped with exceptional medicines management expertise, SHPA members are progressive advocates for clinical excellence, committed to evidence-informed practice and passionate about person-centred care.

SHPA Victorian Branch Committee welcomes the opportunity to provide a submission to the Inquiry into Women's pain by the Department of Health Victoria which is led by Safer Care Victoria, the Victorian Women's Health Advisory Council and the Inquiry into Women's Pain sub-committee. Women face continual challenges when seeking care and support for pain conditions and SHPA commends the Inquiry into Women's pain as it provides the opportunity to provide insight into the barriers and highlight the need for urgent reform and action.

On behalf of the SHPA Victorian Branch Committee, SHPA have consulted with their leadership committee members in varying speciality practice groups including Women's and Newborn's health, Emergency Medicine, Pain Management, Surgery and Peri-operative Management seeking their expert opinion and advice regarding the terms of reference of the Inquiry into Women's Pain. These speciality practice members work in clinical areas that are involved in managing women's pain and have provided their experiences into the care and management provided in these health settings.

The disparities between the care provided to men and women for the treatment of pain echoes medical gender biases and must be called out and acted upon. The National Pain Report 2024 reveals majority of women are stigmatised in society when expressing their concerns of pain, experience longer diagnosis times compared to men and are more likely to have reduced independence of completing daily activities than men.¹ These gender differences breed inequality and women's pain must be prioritised in health care settings in Victoria.

SHPA believes greater utilisation of multidisciplinary team-based approaches can maximise and increase access to pain services by adopting a holistic approach to person-centred care. Additionally, non-medical health workforces, such as pharmacists, must be supported and continually invested in to advance their scope of practice and undertake nationally recognised training programs to broaden their skillset in managing women's pain. This improves accessibility of services for women and facilitates timely care. Moreover, societal acceptance and awareness of women's pain is imperative to ensure women are not stigmatised for their pain experiences and receive tailored, informed, quality and safe care.

If you have any queries or would like to discuss our submission further, please do not hesitate to contact Jerry Yik, Head of Policy and Advocacy on jjik@shpa.org.au.



The Society of Hospital Pharmacists of Australia

PO Box 1774 Collingwood Victoria 3066 Australia

(03) 9486 0177 | shpa.org.au | shpa@shpa.org.au | ABN: 54 004 553 806

Terms of Reference – Inquiry into Women’s Pain

SHPA will address the following terms of reference and provide relevant recommendations throughout this submission:

- Listen to the experience of girls, women and clinicians to identify the barriers and enablers when accessing care, treatment and services for pain conditions.
- Describe the impact of the current service delivery system on care for pain conditions.
- Identify opportunities to improve the care, treatment and services for pain conditions.
- Consider appropriate models of care, service delivery frameworks, workforce skill mix, and other areas requiring change.

List of recommendations to the Inquiry into Women’s Pain:

Recommendation 1: Support pharmacists to undertake SHPA Registrar Training Programs in Women’s and Newborn Health, and Pain Management to increase access to specialised care.

Recommendation 2: Improve awareness, understanding and appropriate management of women’s pain amongst the health professional workforce by developing and implementing comprehensive undergraduate curricula which identify biological variabilities and its impact when managing pain.

Recommendation 3: Invest in multidisciplinary team-based approaches to manage women’s pain to deliver holistic, effective and person-centred care that achieves optimal health outcomes and supports the wellbeing of women.

Recommendation 4: Fund innovative models of care that support pharmacists to work to their full scope of practice to ensure women’s pain is appropriately managed by a sustainable and expert workforce.



Term of reference: *Listen to the experience of girls, women and clinicians to identify the barriers and enablers when accessing care, treatment and services for pain conditions.*

Barriers

▪ Lack of understanding, health literacy, education and awareness

Women experience different types of pain, each unique in its characteristics and symptoms which are often overlooked, misinterpreted and dismissed. The lack of understanding and awareness of the varying types of pain and symptoms experienced by women translates to poor management, inadequate care and poor health outcomes.

Without recognising the inherent differences of women's pain, women receive sub-optimal care and suffer from chronic pain without access to supportive, tailored and preventative care services. SHPA received feedback that women are often told "it is normal" to experience certain types of pain when they seek care and are not provided with further management options. Non-pharmacological measures to manage women's pain is not well utilised in acute and primary care settings due to poor health literacy amongst community members and lack of expert knowledge and understanding by clinicians and practitioners when managing, treating and caring for women's pain.

Women's pain is not well understood, researched and educated amongst clinicians, patients, their families and carers. This lack of understanding and awareness catalyses significant challenges for women when accessing care given those involved in women's pain management are not aware themselves of how, why and what to treat.

▪ Cost of seeking specialist care and accessing medicines

All women must have equitable access to care, treatment and pain services regardless of the diverse social determinants of health including, socio-economic status, geographical residence, cultural beliefs and education. Amidst rising cost of living, women carry a greater financial burden as some contraceptive and pain medications used to treat pain are not listed on the Pharmaceutical Benefits Scheme (PBS). These women are forced to pay higher costs for medicines to achieve a certain degree of pain control, thus, cost of managing pain hinders their access to optimal care. Furthermore, seeing a private specialist for an expert opinion involves complex referral pathways and added costs which further augments the financial burdens women carry to access quality care for their pain conditions.

▪ Long wait times to receive specialist care

Women face disparities when it comes to wait times for receiving a diagnosis. The most recent National Pain Report in 2024 from Chronic Pain Australia gives insight that majority of women wait for more than three years to get a diagnosis for chronic pain.¹ These disparities are significant barriers for women and has rippling effects on their personal lives and careers which breeds the gender pain gap. These long wait times force women to resort to other means for pain control including recreational drugs and alcohol which will ultimately increase demand for acute healthcare systems. Chronic disease management programs and clinics have long wait times and lack a sustainable, multidisciplinary workforce which collectively impedes timely access to care.



▪ Women's pain is stigmatised

Women's pain is weighted with immense stigma in the community, silencing women from being vulnerable and voicing their concerns. Many women report that voicing their concerns is difficult, but when they build the courage to do so, these experiences and symptoms are dismissed leaving women helpless. The care they receive lacks empathy, is saturated with stigma and treated no differently to other types of pain experienced by both women and men.

From the National Pain Report 2024, from those who responded in the survey, 40% feel stigmatised by their GP's and one in five respondents felt stigmatised from their employees and colleagues.¹ Women's pain needs attention and should not be regarded as normal. The stigma diffused in the community requires an urgent socio-cultural shift if women's pain is to be believed and relieved.

Pain is known to be a subjective experience; however, women's pain needs to be treated cautiously by respecting and listening to individual unique experiences. These societal views and misogyny are likely driven by literature and evidence for pain management being derived from male-dominated study designs which fails to recognise the biological variabilities of pain management and its impact. This permeates across communities and mounts the lack of awareness and acknowledgement of women's pain. The apparent gender biases and ignorance for appropriately managing women's pain stems from the lack of community support, stigma and male-participant focused published evidence².

▪ Stigma associated with the use of opioids

The use of opioids to treat women's pain carries stigma by health professionals, family and friends owing to known misadventure, addiction and dependence that can develop from taking opioids. However, there needs to be an equilibrium when prescribing appropriate pain relief whilst preventing harm from opioid based medication. Given recent increases in monitoring and regulations placed on prescribers, these clinicians have resort to non-opioid pain medication such as anti-depressants which bring upon a suite of their own adverse events. This discord in prescribing are additional barriers to women, who are not included in these decision-making processes and not at the centre of care. Women who seek pain relief to enable functionality and ability to carry out daily activities are perceived as displaying drug-seeking and addictive behaviours. These construed views and discriminatory attitudes held by society refrain women from seeking appropriate care and are forced to battle in silence.

▪ Cultural, religious and language barriers

The expression of pain differs in each individual and this could be due to cultural and religious beliefs. Expressing pain is a form of communicating one's pain experience, however, based on cultural and religious beliefs these expressions are either vocalised or silenced. These differences when expressing pain can be falsely perceived by clinicians and practitioners leading to suboptimal care. Women who endure the pain, owing to cultural or religious beliefs, until it becomes unbearable require further management and preventative options. When managing women's pain, it is important for practitioners to be sensitive to these cultural and religious beliefs and tailor care appropriately to enable equitable care. Language is another significant barrier for women to effectively communicate their unique pain experience. If women are unable to articulate their pain as they do not share a common language between clinicians and practitioners, optimisation of management is impossible and becomes an ongoing battle.³

▪ Medicine shortages

The enduring medicine shortages in Australia adds another layer of difficulty for women to access appropriate pain medicines and are forced to resort to sub-optimal medicine options. There are many medicines which are used for pain that are currently facing shortages as listed on the Therapeutics Goods Administration (TGA) website. Each time a medicine shortage occurs, an alternative is required, which pharmacists play a



key role in recommending suitable alternatives with appropriate dose conversions, to ensure patient care is minimally compromised. However, if the shortages are better managed and notified, women will not reap consequences of changing products with minimal notice and left without medication for an interim period.

- **Saturated specialised care in metropolitan areas**

Specialist care and pain management services are saturated in inner cities and metropolitan regions, heightening inequities amongst rural and remote communities. Accessing services, treatment and care is a complex, multifaceted process for these community members. The lack of specialised clinicians in rural and remote settings leads to these communities having to travel lengthy distances to simply receive appropriate diagnosis and access treatment options. Additionally, accessing allied health services is further stretched in rural and remote areas due to the lack of a sustainable and skilled workforce. Therefore, multidisciplinary approaches are near impossible in rural and remote settings which inequitably impose barriers in these marginalised communities in receiving timely, quality care.

Enablers

- **Education is key**

Education will diffuse greater awareness and understanding of women's pain and potentially bridge voids in health literacy. Education should not be confined to clinicians, but also be provided to patients, their families, carers and the wider population to mediate awareness and embed health literacy amongst the community. This will enable people to recognise what truly encompasses women's pain and shift currently held uninformed perceptions. Increasing health literacy amongst patients will drive a sense of empowerment, enable active engagement and increase patient involvement in decision making processes. Collectively, this will lead to more tailored, effective and timely management of care as society will have a broader, well-informed perception of women's pain.

A skilled workforce is essential, and women's pain must be better focused on, prioritised and embedded into coursework and healthcare settings. Formal education and training opportunities must be available for clinicians and health care professionals to professionally develop and be equipped with the necessary knowledge and skills to provide specialised, expert care to women that improves their quality of life.

- **Advance scope of practice**

Advancing scope of practice can enhance person-centred care through effective utilisation of health professional expertise to meet the demands of the current health system. This will transform professional practice and aid health service delivery by bridging current system deficiencies and foster a skilled workforce. This should be a major focus when tackling concerns regarding women's pain as it enables access to timely, safe and expert care.

Community healthcare providers are well positioned to provide professional services to complex disease states including women's pain. As the healthcare landscape continually evolves there is a growing imperative for specialisation amongst health care professionals to effectively manage complex conditions within the community. Specialisation in primary care will reduce referrals to specialist physicians, saving time and significant costs incurred by additional consultations for patients, whilst also reducing the financial implications on the healthcare system.

- **Recognition of specialisation amongst the workforces**

Clinicians must be recognised for practice specialisation as it cultivates trust among other health professionals and patients. Recognition allows for the identification and utilisation of specialised knowledge and enables a health professional to contribute their unique skills to patient care, leading to more tailored and effective interventions. By focusing on core competencies and capabilities rather than rigid professional titles,



health professionals can be recognised for their expertise that nonmedical professionals bring to the healthcare team.⁴

The recent launch of The Australian and New Zealand College of Pharmacy (ANZCAP), a landmark recognition program by SHPA, currently recognises and nationally endorses the advanced clinical and nonclinical skills of pharmacists and pharmacist technicians across 46 specialty areas, empowering pharmacy staff to become leaders in medicine management in all healthcare settings.

Currently women reap the consequences of fragmented care pathways for their pain management. Recognition of specialisation amongst health practitioners will ensure patients are entrusted to seek care from these health professionals regarding their pain and improve their accessibility to expert services without solely relying on specialist care. Practitioners who have specialised expertise in women's pain can assist with early identification, recommendations and management options.

- **Multidisciplinary team-based care approaches**

Multidisciplinary team-based care approaches provide holistic, tailored and comprehensive care to women. Utilisation of multidisciplinary care will ensure women's pain is not solely managed with pharmacotherapy, but non-pharmacological management is also accessible, including physical and mental health services. Evidence informed care involving multidisciplinary teams will aid decision making and women's pain will be managed by a range of health care professionals who embed their profession-specific expertise to collectively optimise pain management. Pharmacists are well positioned to provide pain management education, advice and recommendation, including non-pharmacological options in primary care settings. The lack of utilisation, collaboration and recognition for these services leads to collapsed systems and programs. Access to multidisciplinary care in healthcare settings can reform pain management approaches and bridge the current voids in treating women's pain in Victoria.

- **Robust, accessible and sustainable support services**

Increasing availability of support services for women must be acted upon such that women have a community to rely on and seek support from. Women call for an increase in support services and online resources to increase their awareness and understanding of their own conditions but have a community who they can lean on. Educational resources embedded within these support services will increase empowerment amongst women to take control of their debilitating conditions and actively participate in managing their pain.

- **Utilise virtual care**

Virtual health care interventions have rapidly evolved and been well received by the community since the global pandemic. These innovative healthcare interventions should be further expanded to deliver more services across the healthcare system. Outpatient settings can utilise virtual health care interventions embedded amongst multidisciplinary based teams to provide the previously inaccessible care women seek for their pain. Virtual care models uphold inclusivity and reach the needs of those who do not reside in the densely populated inner-city regions. This can significantly aid women and their management of pain in a timely manner whilst minimising the demand for care in acute health care systems.



Term of reference: Describe the impact of the current service delivery system on care for pain conditions.

- **Poor quality of life and impact on mental health**

Inadequate management of women's pain leads to poor health outcomes and decreased quality of life. Pain will govern many decisions and activities that women partake in and will interfere with their ability to perform their activities of daily living. The pain experienced by women will be physically tiresome and impactful but also can negatively affect their mental health and wellbeing. Women's pain can prevent them from attending social gatherings to maintain friendships and relationships, along with developing new relationships too. These cumulative factors can impact their quality of life, increase mental health disorders and isolation from communities.

- **Decreased productivity at work**

Poorly managed pain will decrease the ability for women to work at their maximum capability as pain will constantly impede efficiencies and the quality of work delivered. Increased days off work and minimal contribution to the workforce may have detrimental effects on a women's career. Some may be given no choice but to reduce their work hours reluctantly and this could lead to financial burden and hardship, which does not echo equality.

- **Increased demand for acute health care**

Owing to funding restraints, limited women's health understanding, services and the unabating rise in capacity concerns across the Victorian healthcare system, women have long wait times to see a specialist, delaying timely access to vital care. Waiting lists are exponentiating and women's pain management is not considered as a priority as some women wait more than three years for a diagnosis of their pain, whereas men are seen for pain management, in some situations, within three weeks.¹

As women continue to be dismissed, stigmatised and inequitably treated for their pain, they resort to other means of solace and control of pain. The increased use of alcohol and recreational drugs to manage their pain increases and the crippling effects from these activities increases the demand for services from healthcare systems and increases the incidence of chronic diseases.

Due to lack of resources, validation and appropriate management of a patient's symptoms, women re-present to healthcare settings seeking answers and better care. It's a complex cycle which will place greater pressures on the healthcare system and lead to poorer health outcomes for women.



Term of reference: *Identify opportunities to improve the care, treatment and services for pain conditions and consider appropriate models of care, service delivery frameworks, workforce skill mix, and other areas requiring change.*

- **Upskill the healthcare workforce and utilise advancing scope of practices**

Women's pain is a chronic, debilitating condition and requires specialised care. The current health workforce must be provided with education and training pathways to broaden their skillset and understanding of effectively managing women's pain. Education sessions in healthcare settings as part of continuing education programs should be utilised to echo the concept of women's pain and provide insight into appropriate diagnosis, socio-cultural considerations, treatment and management options. These education and training opportunities should aim to end stigma associated with women's pain, the use of opioids, cultural and religious factors and highlight measures to prevent misadventure. The health workforce must identify biological variabilities in managing pain to yield optimal benefits supported by evidence given they receive appropriate training and the opportunity to utilise these skills.

Recommendation 1: Support pharmacists to undertake SHPA Registrar Training Programs in Women's and Newborn Health, and Pain Management to increase access to specialised care.

Pharmacists engage in credentialling or formalised, structured, nationally accredited pharmacy training programs, such as SHPA's Resident Training Program and Registrar Training Program. Post-graduate training and education is crucial to strengthen the health workforce as it mediates advanced scope of practice and skilled workforce. These pharmacy training programs can support workforce sustainability and retention, whilst strengthening expertise amongst practitioners.⁵ Pharmacists who complete Registrar Training Programs in Women's and Newborn Health and Pain management will have expert knowledge, skills and understanding in this speciality practice area and be competent to provide well-informed recommendations, advice and education to women regarding their pain. This can improve accessibility to women when seeking services and care and minimise GP clinic appointments and long wait times. SHPA broadly supports reforms and trends that will reflect advanced scope of practice and services; however, action must parallel an increase in availability, funding and opportunities for these pathways for pharmacists.

- **Increase awareness of women's pain**

Recommendation 2: Improve awareness, understanding and appropriate management of women's pain amongst the upcoming health professional workforce by building robust, comprehensive undergraduate curriculums which identify the biological variabilities and its impact when managing pain.

Women's pain must be unsilenced and embedded into workplace well-being awareness, clinician coursework and school curriculums. The gender pain gap should be dissipated to break the socio-cultural stigma by instilling insight, awareness and education into women's pain. Awareness is essential, the more society hears, acknowledges and understands women's pain, greater health outcomes will follow as society recognises the importance of effective management.

- Clinicians and health practitioners must be aware of appropriate strategies and management options for treating women's pain, without being forced to mesh women's pain into the knit of general pain without recognising the intricacies and nuances entwined within. Health



practitioner curriculums must focus on women's health by highlighting the biological variabilities between men and women and how that translates to changes in managing pain for women.

- Education about cultural, religious and language barriers to women receiving optimal care must be discussed in depth to heighten recognition of diversity and the importance of inclusivity. Strategies to break these barriers must also be discussed.
- Robust communication platforms are essential to mediate awareness and should not be a missed opportunity. Educational resources should be readily available on these platforms which increases accessibility to knowledge and understanding for women. Women must not feel helpless when managing their own pain but should feel empowered and well educated about their own conditions.

- **Funding multidisciplinary care and specialisation of practitioners**

Recommendation 3: Invest in multidisciplinary team-based approaches to manage women's pain to deliver holistic, effective and person-centred care that achieves optimal health outcomes and supports the wellbeing of women.

As mentioned throughout this piece, increasing multidisciplinary based approaches is essential and should be utilised to improve the accessibility to care, treatment and services for women's pain conditions. Pain Australia advocates for multidisciplinary models of pain management as it delivers comprehensive, effective and targeted care.⁶ Non-pharmacological management for chronic pain is pivotal as it adopts a holistic approach to care by considering, but not limited to, social, cultural, religious and psychological factors.

Allied health practitioners, including pharmacists, currently advance their scope of practice and specialise in clinical practices to provide expert, profession specific services to chronic diseases states that can minimise pressures on the healthcare system. These specialised practitioners are embedded amongst multidisciplinary based teams and foster effective collaboration to deliver person-centred, timely access to care. These approaches enable comprehensive care as health practitioners work together to attain mutual agreement in the best interest of patients.

However, current funding models do not incentivise pharmacists to specialise in clinical practice, work collaboratively or to perform core quality use of medicines activities, including clinical interventions, deprescribing and counselling, which are impactful activities on optimising a patients medicines management. Medicine supply is not the sole activity pharmacists partake in and many value-adding multidisciplinary activities are embedded throughout our services which are not recognised and effectively remunerated.

There is an opportunity for multidisciplinary team-based approaches to be continually invested in as it can ease the pressure on requiring urgent specialist visits and admissions to acute settings but also provide women readily accessible expert care. Governments must revisit funding models and recognise the importance of practitioner specialisation and provide incentives for these health practitioners to continually advance their scope of practice and fill current inadequacies in managing women's pain by engaging in multidisciplinary team-based care



- Models of care and service delivery frameworks for consideration

Recommendation 4: Fund innovative models of care that support pharmacists to work to their full scope of practice to ensure women's pain is appropriately managed by a sustainable and expert workforce.

- Pharmacists are well integrated into providing education regarding medicine management and should be utilised in outpatient and community settings to support long wait times for specialist services and clinic appointments. In certain hospitals, our members provided insight into pharmacists working in neurology outpatient clinic teams. Pharmacists have advanced their scope of practice and developed speciality skills in pain management related to neurological conditions. Following discussions with patients, pharmacists will provide recommendations regarding pain management options and liaise with the patient GPs to ensure continuity of care, after gaining approval from the specialist consultant. These services improve efficiencies in healthcare settings and specialist appointments may not always require attendance as patient needs are met through pharmacists' intervention and advances services. Pharmacists are well-positioned to streamline referral pathways and identify when specialist consultation is required to appropriately escalate patient needs.
- Partnered Pharmacist Medication Charting (PPMC) services allow hospital pharmacists to prescribe a patient's regular medication with the doctor's authorisation, following a best possible medication history (BPMH) and establishing a medication management plan. PPMC addresses system wide capacity issues within emergency departments, bed access and flow, and elective surgery waitlists. These models can be expanded and utilised in outpatient settings and virtual women's healthcare services. Pharmacists continually advance their scope of practice to meet current health demands and this profession should be utilised to assist with prescribing essential medication to relieve pain in a timely manner and provide management advice which include non-pharmacological options.
- Analgesic Stewardship Services across Victoria minimise patient harm related to pain medication and optimise the use of opioid based medicines. Pharmacists are integral to Analgesic Stewardship Services and have played a key role in leading these programs across the state. Along with their expertise in pain and analgesia management, they practice within a hospital multidisciplinary team and have a key focus on promoting safe and effective use of opioids, reducing the incidence of serious adverse events and improving patient care. These multidisciplinary services should be broadened to include outreach services, community women's health clinics and outpatient settings. Analgesic Stewardship Services promote non-pharmacological management options and can provide their expert services to women in need of support and advice in community settings. These service frameworks require continual investment to expand their services and meet the needs of a wider community and alleviate burdens on women and demand on practitioners who may not feel competent in providing expert care for chronic pain conditions. ⁷



- Increase research funding into women's pain

Published literature lacks evidence to recognise that clinical management of pain must be approached differently when treating women compared to men.⁸ However, gender differences in the experience of pain and response to treatment is broadly researched and hypothesised to be largely different. Research must focus on the inherent differences in pain perception and response related to specific pain conditions to guide future pain management in women. Historically, most research involved male-dominated study participants and investigators. Investigators and researchers had left out women in these studies yet translated results and findings to women's pain management.² This heightens the disrespect to biological variabilities and its importance of identifying these differences when treating pain. Funding needs to be prioritised towards research to find key learnings and insights into managing women's pain appropriately and outlining the difference in approach to management compared to men. This evidence needs to be well published in literature and utilised by practitioners and clinicians to uphold evidence-informed practice that delivers quality care to women.

References

- ¹ Chronic Pain Australia. National Pain Report 2024. *Chronic Pain Australia*. 2024. Accessed July 20, 2024. https://chronicpainaustralia.org.au/wp-content/uploads/NPW_2024/CPA_2024_NATIONAL_PAIN_REPORT.pdf
- ² Mogil JS. Qualitative sex differences in pain processing: emerging evidence of a biased literature. *Nat Rev Neurosci*. 2020;21(7):353-365. doi:10.1038/s41583-020-0310-6
- ³ Rogger R, Bello C, Romero CS, et al. Cultural Framing and the Impact On Acute Pain and Pain Services. *Curr Pain Headache Rep*. 2023;27(9):429-436. doi:10.1007/s11916-023-01125-2
- ⁴ The Society of Hospital Pharmacists of Australia. *SHPA response to consultation draft outline of the National Allied Health Workforce Strategy*. Jul 2024. Accessed July 20, 2024. <https://shpa.org.au/publicassets/b472042a-e943-ef11-913c-00505696223b/SHPA-response-to-draft-outline-National-Allied-Health-Workforce-Strategy-July-2024.pdf>
- ⁵ The Society of Hospital Pharmacists of Australia. *Training programs*. 2024. Accessed on July 24, 2024. <https://shpa.org.au/workforce-research/training-programs>
- ⁶ Pain Australia. *Multidisciplinary Pain Management fact sheet*. Pain Australia. Published August 16. Accessed July 24, 2024. <https://www.painaustralia.org.au/static/uploads/files/painaust-factsheet4-aug-16-wfyaezqnplrj-wfitritogijw.pdf>
- ⁷ The Society of Hospital Pharmacists of Australia. *Submission to the Australian Commission on Safety and Quality in Health Care – National Opioid Analgesic Stewardship Program*. Jun 2021. Accessed July 24, 2024. https://shpa.org.au/publicassets/16b28f30-b584-ec11-80e0-005056be03d0/shpa_submission_to_the_commission_on_the_national_opioid_analgesic_stewardship_program_jun2021.pdf
- ⁸ Casale R, Atzeni F, Bazzichi L, et al. Pain in Women: A Perspective Review on a Relevant Clinical Issue that Deserves Prioritization. *Pain Ther*. 2021;10(1):287-314. doi:10.1007/s40122-021-00244-1

