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Slater, Helen and Briggs, Andrew. 2012. Physiotherapists must collaborate with other stakeholders to reform pain management. Journal of Physiotherapy. 58 (1): p. 65.

The need for contemporising pain curricula for students undertaking physiotherapy degrees Australia-wide was well argued by Jones and Hush (2011) in their Editorial, highlighting the significant gaps in the current knowledge and skills in the context of pain management among the emerging physiotherapy workforce in Australia. Similar issues exist for the broader health workforce, as outlined in the National Pain Strategy (Australian and New Zealand College of Anaesthetists 2010).

We need to better prepare the emerging workforce to manage what the epidemiologic data predict will be a substantial increase in this global area of need over the next 30 years (March and Woolf 2010; Woolf et al 2010) consistent with projections for chronic health conditions generally and with chronic pain specifically in Australia (KPMG 2009). While we agree that providing consistent evidence-based and interdisciplinary education in pre-registration physiotherapy programmes in Australia in needed, it is also imperative to optimise the evidence-informed practical skills and knowledge of those clinicians currently in the workforce and who are likely to remain working for some time. These clinicians are likely to play an important role in shaping the beliefs and practice behaviours of the emerging workforce.

Initiating a shift in beliefs and practice behaviours in any area is challenging and can only be positively sustained when supported by parallel system changes and contemporary aligned policy. Reform strategies, therefore, need to be developed and implemented in a multi-stakeholder partnership framework, such as a network or community of practice model, in order to be effective and sustainable (Ranmuthugala et al 2011). In this regard, there are many opportunities to collaborate among researchers, clinicians, consumers and other stakeholders such as universities, health departments, rural health services and policy makers to drive much-needed reform in this area.

While Jones and Hush review important curricula reform in Canada and the US, we feel it is timely to highlight some of the initiatives currently being undertaken in Western Australia (WA) to help close this gap and improve the service delivery to consumers who live the experience of pain. The key platform that has enabled implementation of these initiatives in WA is the WA Health Networks, integrated into the Department of Health, WA (http://www.healthnetworks.health.wa.gov.au). The aim of the of the WA Health Networks is to involve all stakeholders who share a common interest in health to interact and share information with the view to collaboratively plan and facilitate implementation of consumer-centred health services through development of evidence-informed policy and programmes. The Spinal Pain Working Group as part of the Musculoskeletal Health Network, has been proactive in developing, implementing and evaluating a number of projects to address state policy for service delivery in the context of spinal pain (Spinal Pain Model of Care, 2009). Some examples, which have been recently reported to Pain Australia as progress towards local implementation activities of the National Pain Strategy, include:

- An audit of beliefs and likely practice behaviours of emerging health professionals across health disciplines and tertiary institutions in WA
- Development of an evidence-based and consumer-centred guide to low back pain which has received inter-professional endorsement

- Implementation of a system inversion in tertiary pain medicine units, so that patients attend interdisciplinary group-based pain education before seeing a pain specialist (STEPS project)
- Delivery of interdisciplinary, evidence-based education to GPs about best-practice management of spinal pain (gPEP project)
- Delivery of interdisciplinary, evidence-based education to health professionals and consumers/carers in rural and remote regions of WA regarding best-practice management and self-management, respectively, of spinal pain (hPEP project)
- Development of a consumer-centred web platform for self-management of musculoskeletal pain
- Interdisciplinary musculoskeletal stakeholder forum (focused on the development and/or implementation of health policy and best practice guidelines in the context of musculoskeletal pain).

It is possible that additional important initiatives are currently being undertaken throughout Australia. We propose that it would be beneficial to the physiotherapy community to more widely communicate such initiatives as a mechanism to facilitate more coordinated health reform in the area of pain and to highlight opportunities for collaboration by physiotherapists. In this regard, perhaps the Journal could offer a potential avenue for such communication, for example via a supplemental issue on pain?

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