CANDIDATE PROFILE

Anne Burke, Australia

Psychology, Psychologist and Health Administrator

Please provide a brief description of your work and interest in the pain field.

I work at the intersection of public health, clinical practice, research, and policy, with a consistent focus on reducing stigma, strengthening patient-centred care, and advancing equitable, evidence-informed pain management whilst employing a health economics lens.

My interest in pain was ignited when I joined a tertiary pain service whose team was deeply committed to improving outcomes and driving statewide and national reform. Seeing the profound impact of persistent pain—and the power of authentic, collaborative care—sparked a passion for advocacy and charitable service, which has guided me ever since.

Fast forward to now and I am a Clinical and Health Psychologist, researcher, and public health leader with more than 25 years' experience in the pain sector. I currently serve as Co-Director, Psychology in Central Adelaide Local Health Network and Clinical Professor at Adelaide University. I was the inaugural Lead for the South Australian Chronic Pain Statewide Clinical Network and served 12 years on the Australian Pain Society (APS) national executive, including as President (2019–2021).

I have never held a research position but am ranked in the top 1.7% of chronic pain authors worldwide (Expertscape) and have secured >$6.8M in competitive grant funding. My research focuses on addressing service inequities, using data-driven insights to support reform, and co-designing and evaluating novel treatment approaches.

I have also contributed extensively to education and workforce development through initiatives such as painSTAR, Project ECHO, Online Pain Education Network (OPEN), Therapeutic Guidelines: Analgesic 6–8, and Australia's first Health Practitioner Pain Management Education Standards.

Please provide a brief statement of why you are interested in running for Councilor—why would someone want to vote for you?

I am passionate about improving how pain is recognized, understood, and responded to across health systems and communities. My career has focused on reducing stigma, strengthening patient centred care, and building diverse, collaborative networks to support sustainable change. A past President of the Australian Pain Society and an established public health leader, I bring experience in governance, ethical leadership, and system wide reform, with a strong commitment to equity and global collaboration. I am running for Council so I can support IASP's global impact and ensure our science, advocacy, and education reach - and reflect - the communities who need them most.

Collaborative Leadership and Teamwork: Collaboration is key to the success of IASP's initiatives and programs. Can you share examples of your experience working collaboratively within diverse teams or committees to achieve common goals? How do you plan to foster collaboration among Council members and committees to drive impactful outcomes?

Collaboration is central to my leadership. I believe we are most effective when we harness collective expertise and work with curiosity, compassion, and a shared purpose.

As a public health leader, I work across disciplines, services, and government agencies to deliver care that benefits communities and aligns with system priorities. This often involves navigating differing political, professional, and fiscal agendas in complex settings.

As APS President, I collaborated across the (inter)national pain sector, bringing together diverse groups to advance shared goals. I brokered new partnerships to establish painSTAR, launched the APS/Cops for Kids clinical research grant, and led the pivot to e-learning to maintain organizational viability during COVID-19.

As Lead of the South Australian Chronic Pain Statewide Clinical Network, I facilitated large-scale collaboration across consumers, public and private health, emergency care, hospitals and community, not-for-profits, education providers, policymakers, and researchers. Together we identified system issues, co-designed solutions, aligned priorities, and implemented sustainable reforms. A key example was the statewide low back pain project, which delivered an innovative model of care, refreshed public information, a brief educational video, and a digitally supported care pathway.

My reputation for open, inclusive and active collaboration sees me regularly invited to join (inter)national advisory groups and research teams — roles that rely on trust, shared purpose, and valuing diverse viewpoints.

As a Councilor, I would foster collaboration by supporting connections between Council, SIGs, and regional chapters, promoting open dialogue, and ensuring decisions are informed by diverse skills and lived experience to drive impactful global outcomes. If elected to the IASP Council, I will promote open communication, active participation, and collaboration among Council members, committees, chapters, and federations, helping transform shared ideas into impactful actions for the global pain community.

Experience in Financial Oversight and Governance: The Council plays a crucial role in overseeing the financial management and governance of IASP. Can you describe your experience in financial oversight and governance, particularly in reviewing budgets, financial reports, and implementing financial policies? How will you contribute to ensuring the fiscal health and accountability of the association?

I have extensive experience in financial governance across clinical, statewide, and not-for-profit settings. As a senior public health leader, I hold financial delegation for a substantial budget supporting psychological services across five hospital sites. This requires strong capability in budget management, interpreting financial reports, and implementing policies and strategies that ensure sound fiscal performance and align with organizational priorities.

As Lead for the South Australian Chronic Pain Statewide Clinical Network, I reviewed the fiscal implications of pain-related care at scale and identified financial levers to support system-wide change. This included modelling cost impacts, advising on resource allocation, and ensuring that reforms improved outcomes for the community while optimizing public health performance.

My governance experience is further strengthened by my service on the Board of the Australian Pain Society (APS). As President, I carried stewardship for the Society's financial performance during the COVID-19 pandemic; a period of significant uncertainty that required rapid adaptation, diversification of income streams, and innovative approaches to maintain member engagement and ensure organizational viability.

I am also committed to ethical financial stewardship. As APS President, I led our partnership with the Australian Ethical Health Alliance and introduced revised sponsorship terms requiring demonstrable ethical practice, including provisions to terminate sponsorship if misconduct was identified.

If elected to the IASP Council, I will bring disciplined, values-driven financial oversight, a strong understanding of risk and reputational considerations, and a commitment to ensuring that financial decisions support IASP's long-term sustainability and global impact.

Global Engagement and Representation: Pain is a universal experience, and IASP's reach extends across diverse regions and communities worldwide. As a Councilor, how do you plan to engage with and represent the interests of the global pain community as a Councilor, ensuring inclusivity, diversity, and responsiveness to the needs of various stakeholders?

IASP's global reach is one of its greatest strengths. I am committed to ensuring that the perspectives, priorities, and experiences of the international pain community are reflected in Council activity and decision-making.

My work in public health, policy, and interdisciplinary collaboration involves engaging with diverse communities, navigating cultural and contextual differences, and ensuring that all voices are heard and valued. I also have experience fostering robust bi-directional relationships at the interface between IASP and Chapters/Federations.

I have a strong record of supporting career development, creating funding opportunities to enhance research capability and translation, and brokering multi-level system engagement to advance shared goals. I am particularly committed to supporting emerging researchers/clinicians, as well as those from low-resource settings and communities whose pain experiences are shaped by social and structural inequities. Representation is not only about who is at the table, but whose realities shape the agenda.

If elected, I would bring this lens to Council deliberations, advocating for initiatives that promote global inclusivity, capacity building, and knowledge translation tailored to different cultural and resource contexts. I would also seek to strengthen two-way communication: listening to local expertise and feeding this into Council discussions, while also ensuring that IASP's strategic priorities and initiatives are communicated clearly and accessibly across regions.

As Councilor, I will work to ensure that IASP remains responsive, globally connected, and guided by the diverse skills and experiences of its international membership and — most importantly— by the experiences of those for whom we work: people living with pain.

IASP Involvement

- Member (since 2018).
- I attended NAPS (2018)
- I participated as an invited member of the IASP visual identify taskforce (meetings held across 2019-2020)
- As APS President, facilitated Australian Pain Society engagement with IASP's newly established GAPPA initiative. (Aug 2019).
- APS chapter spotlight (Jan 2021)
- As APS President I connected Josh Pate and Jane Chalmers with IASP for the newly created taskforce of young professionals (Mar 2021).

PROF ANNE BURKE

CLINICAL & HEALTH PSYCHOLOGIST

BA(Hons), MPsych(Clin), DipClinHyp, FAPS, FCCLP, FCHP

Senior public health leader with over 25 years' experience shaping health system strategy, leading multidisciplinary programs, and advancing equitable, evidence-informed care. Proven capability in governance, ethical leadership, strategic planning, and cross-sector collaboration across state, national, and not-for-profit settings. Internationally recognised for research impact, workforce capability building, and translating evidence into sustainable system reform. Committed to strengthening patient-centred care, and driving meaningful, population-level improvements in health and wellbeing.

KEY STRENGTHS

- Strategic leadership
- System-level thinking
- Public health & pain sector expertise
- Health & policy advocacy
- Stakeholder engagement
- Data-driven decision making
- Communication & knowledge translation
- Program & policy development
- Interdisciplinary collaboration

MEMBERSHIPS

- Australian Psychological Society (1999-current)
  - Clinical College (2002-current)
  - Health College (2010-current)
- Australian Pain Society (2002-current)
- International Association for the Study of Pain (2018-current)

PROFESSIONAL EXPERIENCE

Central Adelaide Local Health Network - CALHN

Co-Director, Psychology: Nov 2014-current

Provide strategic leadership and clinical governance for a workforce of ~53 psychologists across clinical, health, and neuropsychology services. Lead workforce planning, university partnerships, and supervision of clinical placements and research projects. Strengthen service delivery across SA, NT, and western NSW through evidence-informed models of care and research translation. Embed consumer partnership in service design and evaluation. Serve as Research Lead for the Allied Health Directorate and co-chair three annual research grant programs

Allied Health Lead Roles, CALHN Programs

Surgery 3: Oct 2022 - current

Support implementation, evaluation, and scale-up of key surgical initiatives, including the CALHN prehabilitation program and bariatric pathway.

Cancer: Jun 2021 - Feb 2022

Led implementation of a new Clinical Documentation Specialist role to improve coding accuracy and fiscal performance. Facilitated digitisation of care pathways to enhance efficiency and quality.

Medical Specialty 1: Oct 2019 - Jun 2021

Supported transition to a new CALHN program structure and establishment of Allied Health lead roles. Developed the 2020–2022 Allied Health Strategic Plan to guide program growth and capability building.

Adelaide University, School of Psychology

Adjunct Titleholder Appointments

- *Clinical Professor (2023-current)*
- *Associate Clinical Professor (2020-2023)*
- *Senior Clinical Lecturer (2017-2020)*
- *Clinical Lecturer (2008-2017)*

South Australian Chronic Pain Statewide Clinical Network, Commission on Excellence and Innovation in Health (CEIH)

Inaugural Clinical Lead: Sep 2020 - Dec 2025

Led statewide reform initiatives including development of an optimal low back pain system of care, educational video, refreshed SA Health resources, triage guidelines, and a digital care pathway. Advanced opioid stewardship through system-lever mapping, statewide governance, and data-driven insights. Supported statewide education initiatives including Chronic Pain Project ECHO. Chief Investigator on two MRFF grants (EQUIPP $3M; INTEGRATE $2.6M). Provided national and international liaison, advocacy, and sector leadership

Pain Management Unit, Royal Adelaide Hospital

Senior Clinical Psychologist: Jan 2022-Jul 2019

Coordinated a specialist psychology service within a tertiary pain unit. Introduced pre-clinic information and group education models to improve access. Developed group manuals, orientation packages, triage systems, and outcome databases. Led multiple research projects informing clinical practice and service improvement.

KEY BOARD & SECTOR EXPERIENCE

Australian Pain Society (APS)

Board & Executive Leadership: 2011-2013

- *Immediate Past President (2021-2023)*
- *President (2019-2021)*
- *President-Elect (2017-2019)*
- *South Australian State Director: 2 terms, maximum tenure (2011-2017)*

Provided national leadership for Australia's peak multi-disciplinary pain organisation across governance, strategy, advocacy, and sector engagement. Oversaw organisational resilience and digital transformation during COVID-19, strengthened national and international partnerships, and advanced APS's role in shaping policy, education, and research capability.

Committee Leadership & Governance

- *Relationships Committee (Chair: 2019–2021, Member: 2017-2019)*
- *Education & Innovation Committee (Member: 2017–2023, Correspondent: 2023–current)*
- *Scientific Program Committee (Member: 2015–2023)*
- *Membership Committee (Chair: 2011-2015; Member: 2015–2019)*
- *Convenor, APS Annual Scientific Meeting (Adelaide: 2017)*

Key National APS Projects

- *painSTAR – Creator & Chair (2018–current)*
  Founded and lead the Australasian Pain School for Research and Translation, launched in 2022 to build research capability and foster interdisciplinary collaboration across the region.
- *Waiting in Pain (WIP) Research Project*
  WIP-I (Contributor: 2013-2016), WIP-II (Lead: 2016–2023), WIP-NZ (APS Lead: 2021-2025)
  National data insights and advocacy to address inequities in access and inform service design.
- *APS/CFK Clinical Research Grant – Creator & Chair (2016–2025)*
  Established a $260K paediatric pain research grant in partnership with Cops for Kids, strengthening early-career research pathways and sector innovation.

Strategic Contributions & Sector Leadership

Led APS's organisational response to COVID-19, including development of virtual education and the society's first online Annual Scientific Meeting; informed by collaboration with CPS. Strengthened governance and ethical stewardship through major policy revision and improved sponsorship management; informed by liaison with USASP. Advanced national education and research translation by digitising key publications (Pain in Residential Aged Care Facilities), expanding grant opportunities and supporting establishment of Canada's SKIP knowledge mobilisation network. Represented APS in national public health campaigns and provided expert advice to federal and state governments and (inter)national partners. Led APS submissions to the Royal Commission into Aged Care, partnered with consumers to adapt the Pain Toolkit for Australia, and contributed to national consultations on research funding, Medicare reform, and multidisciplinary pain education strategies. Represented APS internationally at ASEAPS and engaged with global partners to strengthen cross-country collaboration.

International Association for the Study of Pain (IASP)

My contribution to IASP has been somewhat limited to date, due largely to my active involvement in APS. I am now ready to redirect my skills and experience to IASP and am eager to build on the below contributions:

- Member (since 2018).
- I completed an APS chapter spotlight at IASP request (Jan 2021)
- As APS President I connected Josh Pate and Jane Chalmers with IASP for the newly created taskforce of young professionals (Mar 2021).
- I participated as an invited member of the IASP visual identify taskforce (meetings held across 2019-2020)
- As APS President I connected Mary Wing with IASP for the newly created GAPPA initiative (Aug 2019).
- I attended NAPS (2018).

Statewide Patient Reported Measures (PRMs) Program Board, CEIH

Invited Board Member: 2021-2023

RESEARCH

- Ranked in the top 1.7% of published authors worldwide in the field of chronic pain (Expertscape)
- Received >$6.8M in competitive research funding, including as an invited CI on two large scale MRFF grants to improve pain care and education for individuals with chronic pain (EQUIPP, $3M; 2024; INTEGRATE, $2.6M; 2025).
- Achieved 43 peer-reviewed journal articles and 4 online publications, with a leading role in 35% (11x last author).
- Have 2182 citations and an h-index of 17 (Google Scholar).
- *Relative to opportunity*: Never worked in a research position or had dedicated research time.
- *Research overview*: Developed world-first data regarding staffing (amounts, types) employed in Australian multidisciplinary pain clinics, the patient-impact of being indefinitely waitlisted for care and the ability of pre-clinic education to improve patient outcomes and treatment access. These findings changed the way that pain services were delivered in SA; they ensured that chronic pain was included in the first tranche of health pathways (a government initiative providing clinical management and referral information for GPs), provided a basis for service modelling after a $3.9M annual investment in SA tertiary pain services (implemented 2017), and changed the model of care in tertiary pain services of 2 Local Health Networks (CALHN and NALHN). In reviewing Burke's PhD (2018) world leading pain psychologist Professor Beth Darnall said "Burke evidences deep understanding of the multifactorial issues at the individual, local, and national levels... (and) impressively addresses each layer" and "her patient-centred methods evidenced careful attention to the needs and voices of those living with ongoing pain, thereby enhancing relevancy to patient(s)".

See my Adelaide University researcher profile for more information about my grants, publications and conference presentations

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EXPERT ADVISORY ROLES

- Provide national and international expertise across major clinical advisory groups, guideline development teams, and research collaborations focused on pain, musculoskeletal health, chronic disease, and health professional education.
- Contribute psychological, public health, and implementation-science perspectives to large-scale MRFF-funded programs, longitudinal studies, and multidisciplinary clinical trials.
- Serve as an expert contributor to Therapeutic Guidelines (Analgesic 6th–8th editions), national clinical practice guidelines, and digital health education platforms.
- Advise government, peak bodies, and not-for-profit organisations on topics such as pain management, opioid stewardship, arthritis and musculoskeletal health, cancer pain, and chronic disease self-management.
- Support consumer-centred innovation through co-design processes, youth-focused digital resources, and public health campaigns.
- Provide expert review for national education initiatives, including Project ECHO, Online Pain Education Network (OPEN), Cancer Council resources, and APS/APS-aligned training programs.
- Represent psychology on national technical and governance advisory groups, including the development of Australia's Health Practitioner Pain Management Education Standards.
- Across all roles, contribute to strengthening evidence-informed practice, improving health literacy, and advancing equitable, multidisciplinary approaches to pain care.