



ANZCA
FPM

*Te Whare Tohu o
Te Hau Whakaora*

April 10, 2025

AUCKLAND

Meeting with Minister of Health, Simeon Brown

ANZCA Dr Graham Roper, Chair, New Zealand National Council
Dr Vanessa Beavis, CNZM, Director Professional Affairs
Executive Director (NZ) Stephanie Clare
Snr Policy Advisor (NZ) Marilyn Head

DISCUSSION POINTS

About the Australian and New Zealand College of Anaesthetists (ANZCA)

ANZCA, which includes the Faculty of Pain Medicine (FPM) and Chapter of Perioperative Medicine, is the leading authority on anaesthesia, pain medicine and perioperative medicine. It is the professional organisation responsible for postgraduate training programs of anaesthetists and specialist pain medicine physicians, and for setting the standards of clinical practice throughout Australia and Aotearoa New Zealand. Our membership comprises 9649 fellows, pain medicine specialists and trainees, of which about 1300 work in Aotearoa New Zealand. ANZCA is committed to upholding Te Tiriti o Waitangi in the provision of competent, culturally safe care, and to promoting best practice and ongoing continuous improvement in a high-quality health system.

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1. As an Australian and New Zealand College ANZCA's core business is:

- Training a high-quality workforce that is fit for purpose to deliver anaesthesia, pain management and perioperative medicine care.
- Providing standards and maintain competencies for qualified specialists to ensure public safety and quality.
- Driving ongoing research to assess and challenge current practice and to explore better ways of delivering care.

Currently, the training pipeline is working well, providing an adequate supply of well-trained anaesthetists delivering safe quality care. The college is also responsible for accrediting specialist international medical graduates and does so efficiently and safely.

We have developed multi-disciplinary pathways for pain medicine specialists and perioperative medicine, but there is more potential for these roles in primary, secondary and tertiary level services.

ANZCA supports ongoing research through our clinical trial network (120 hospitals), research grants, publications and comprehensive library and research guides.

2. How ANZCA can align with and achieve the Government's health targets

Shorter wait times for elective surgery

- Improving elective surgery volumes – maximising theatre utilisation, reducing short notice cancellations, reducing postoperative complications, and reducing length of stay through preoperative optimisation, stabilising pre-existing medical conditions, achieving “fit for surgery” status, and working with primary care.
- Using “enhanced recovery” programs combining anaesthesia and pain relief that get early mobilisation, recovery, and transfer to home based care.
- Unlocking private capacity – there are pre-existing examples of this with outsourced lists that receive recognition for training. True private patient lists need approval process for trainees and training agreements.

Reducing ED wait times

- Acute patients cared for by anaesthetists with high level skills keep hospital flow going.
- Supporting critical care management in secondary level hospitals keeps patients at local facilities closer to home and does not overburden larger tertiary facilities.
- Reducing the burden for primary care through
 - quality acute pain management that reduces development of chronic pain;
 - perioperative medicine care and intervention;
 - prehabilitation and improving co-existing disease (obesity, smoking, fitness, diabetes, mental health).

In general

- We are a responsive workforce that supports service delivery models – sedation training, perioperative medicine chapter, pain management pathways. Anaesthetists have broad skills; they work in multidisciplinary teams providing a range of medical procedures.
- We work within and support the regulatory regime established by the Health Practitioners Competence Assurance Act 2003 (HPCA), the primary purpose of which is to ensure public safety and the quality of health care. We are concerned that the current review of the HPCA has conflated the role of regulators with that of policy makers and invites the risk of reducing standards without addressing barriers. The role of cultural safety in ensuring clinical safety and improved health outcomes and equity is misunderstood.

- We support the Minister's requirement to measure what we do in relation to patient outcomes – mortality and morbidity reviews, quality assurance, health data sharing, research. Note that the perioperative mortality and morbidity review needs re-kindling.
- There is a high degree of trust when undergoing anaesthesia care. People – patients and whānau- care about the skills and qualifications of their anaesthetist. They want safe care to a high standard especially with elective surgeries; parents want to ensure their children are getting the safest care. Anaesthesia in New Zealand is extremely safe.

4. Recommendations

- Maintain the training pipeline for anaesthetists.
- Direct Health New Zealand to roll out a persistent pain management program to deliver high quality pain management services, guided by the draft Mamaenga Roa document.
- Direct ACC to prioritise competing the Position Statement on Chronic Pain and Entitlement for Treatment.
- Progress digital health information access for inter-regional collaboration with healthcare delivery.
- Enhance and roll out existing digital systems regionally and ensure interoperability both nationally and internationally.
- Reconsider the HPCA review. The legislation has served us well for 20 years and does need to be updated to ensure health practitioners' continuing fitness and competence to practice in the modern health environment.

