

2 April 2026

Dame Helen Stokes Lampard
National Chief Medical Officer

Tēnā koe

Paediatric Pain Services – Starship Children’s Hospital

As chair, and on behalf of the New Zealand National Committee of the Faculty of Pain Medicine (FPM), I am writing to bring to your urgent attention serious shortcomings and significant gaps in paediatric pain services throughout Aotearoa, including at Starship Children’s Hospital which pose an unacceptable risk to safe and effective management of children’s pain.

About FPM

The Faculty of Pain Medicine sits within the Australian and New Zealand College of Anaesthetists (ANZCA). It is the professional organisation responsible for the education and training of specialist pain medicine physicians (SPMPs) and for setting the standards of clinical practice. SPMPs have trained in a primary medical specialty such as anaesthesia, surgery, rehabilitation medicine, rheumatology, psychiatry, or general practice and complete an intensive two-year, clinically-based programme that provides comprehensive training in pain medicine, based on an integrated biopsychosocial medical framework. There are over six thousand SPMPs in Australia and New Zealand, about fifty of whom work here, including six trainees. There are 38 Māori SPMPs.

FPM is actively developing a clinical reference group for the management of pain, strongly supported by a significant number of consumer organisations we liaise with.

FPM was at the forefront of the strong collaboration of clinicians, providers, and consumers and Health NZ that developed Mamaenga roa Model of Care, a framework for the provision of nationally-consistent pain care. It has never been implemented. Nor does there appear to be any plan to deliver evidence-based pain care that would reduce suffering and cost.

Paediatric pain

Chronic pain affects approximately one in five children and adolescents in Aotearoa. It is not a trivial condition. It is associated with significant functional impairment, including reduced school attendance and participation, social isolation, poorer quality of life, and an increased risk of anxiety and depression. For many, these impacts persist into adulthood, creating lifelong health, social, and economic consequences.

Despite this, chronic pain in young people remains poorly understood and inadequately managed across the health system. Most are cared for in primary care and general paediatric services that often lack the time, training, and multidisciplinary resources required to manage complex presentations. **In this context, a functioning tertiary paediatric pain service at Starship is not optional — it is a critical component of a safe and effective national health system.**

Such a service should provide specialist expertise for complex and refractory cases, second opinions, national clinical leadership, and advocacy for multidisciplinary, biopsychosocial models of care. It should also support clinicians across the country and help ensure consistent, evidence-based management.

Starship Hospital

The current service is, however, neither stable nor adequately supported. Over the past fifteen years, all Specialist Pain Medicine Physicians employed within the Starship paediatric pain service

— five in total — have resigned expressing the same concerns regarding the functioning and direction of the service.

The repeated loss of specialist expertise from such a small national workforce has significant consequences. Access to expert care diminishes, clinicians across the country lose a source of specialist guidance, and young people with the most complex pain conditions are at risk of falling through gaps in the system. Moreover, chronic pain in children is often a precursor to lifelong harm, suffering and unnecessarily high health care costs that could be reduced with proper management and prevention strategies. The truly alarming incidence of rheumatic fever, that is now showing a return to pre-pandemic levels with Māori and Pacific children continuing to be disproportionately affected¹, is a worrying portent of increased future demand for paediatric pain services.

We urge you to recognise this as a matter requiring urgent attention. We seek a meeting with you at your earliest convenience to discuss the development of a properly resourced, multidisciplinary paediatric pain service with appropriate specialist leadership embedded in a coordinated national strategy for pain care. This is the only just and cost-effective way to manage health services.

Nāku noa, nā



Dr Charlotte Churchill
Chair, FPM
New Zealand National Committee



Dr Paul Vroegrop
Deputy Chair, FPM
New Zealand National Committee

Australian and New Zealand
College of Anaesthetists
& Faculty of Pain Medicine



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For further information please contact: Michele Thomas
ANZCA Executive Director – Mthomas@anzca.org.nz

Cc Andrew Old, Deputy Director-General Public Health Agency
Dr Sarah Jackson, National Quality and Patient Safety

¹ New Zealand Institute for Public Health and Forensic Science (PHF Science). Rheumatic Fever in New Zealand 2015–2024. Porirua: PHF Science; 2026. Accessible from <https://www.phfscience.nz/digital-library/rheumatic-fever-in-new-zealand-2015-2024/>