



ANZCA
FPM

*Te Whare Tohu o
Te Hau Whakaora*

March 4, 2025

By email

standards@tewhatauora.govt.nz.

Tēnā koe

NZCDI: 2024 draft release (Core Data for Interoperability).

About the Australian and New Zealand College of Anaesthetists

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 Australasia. Our membership comprises 9649 fellows, pain medicine specialists and trainees, of whom around 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.

Submission

This submission is informed by consultation with ANZCA members, in particular, members of the ANZCA's New Zealand National Committee (NCNZ) and the Faculty of Pain Medicine.

Accordingly, we recommend that the NZCDI should include:

- Allergic reactions to anaesthesia / hospital medications
- Difficult intravenous access requiring advanced operator
- Difficult airway for general anaesthesia alert
- Risk of violence alert (note that this is often missed in ED and inpatient settings)
- Substance use disorder (and what substance(s)) should also be included and clear.

FPM advises that the only taxonomy for chronic pain currently is the ICD-11. SNOWMED diagnoses do not accurately record the diagnoses of the conditions pain specialists treat. The chronic pain diagnoses in SNOWMED are descriptions of pain, such as *chronic pain of the foot* or *chronic visceral pain*. Pain diagnoses require more than a description. For example, chronic foot pain is usually painful diabetic neuropathy or chronic pain due to osteoarthritis. Similarly, primary pain conditions are not well described. For example, fibromyalgia is listed as both a primary fibromyalgia condition and fibromyalgia (as not a primary condition), but is not listed as a chronic widespread pain condition. While a programme with this taxonomy has been agreed to because it does offer the benefits described in your background document, it is worth noting that it does limit the usefulness of pain diagnoses both clinically and for research and data purposes.

We thank you for this opportunity to provide feedback.

Nāku noa, nā



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