



16 March 2026

Ministry of Health | Manatū Hauora

Ngā Paerewa Health and Disability Services Standard Review

Te Whare Tohu o Te Hau Whakaora | The Australian and New Zealand College of Anaesthetists (ANZCA), which includes the Faculty of Pain Medicine (FPM) and Chapter of Perioperative Medicine, thanks you for the opportunity to provide feedback on the above. The college has consulted with our national committees (National Committee NZ and FPM NZ) and education and policy advisors in Australia and Aotearoa, whose feedback informs this submission. We have used the online format for the following feedback.

ANZCA is the professional organisation responsible for postgraduate training programs of anaesthetists and specialist pain medicine physicians (SPMPs), and for setting the standards of clinical practice throughout Australia and Aotearoa New Zealand. Our collective membership comprises around 10 000 fellows and trainees in anaesthesia and pain medicine, 1300 of whom work in Aotearoa New Zealand.

ANZCA represents the specialist medical workforces for anaesthesia and pain medicine.

As specialist doctors responsible for managing patients before, during and after surgery, anaesthetists mainly work in public and private hospitals; SPMPs provide care in both hospitals and community health and disability support services.

General Feedback

ANZCA recommends the standard should be **amended**.

In general, the principles remain robust and relevant and the standards are appropriate. However, there are gaps in monitoring, auditing and enforcement of Ngā paerewa health and disability services standard (the standard) which are barriers to achieving equitable access to efficient, safe, and high-quality health and disability services. The service management criteria for meeting Standard 2 – workforce and structure, for example, are strongly supported, but it is not clear what processes are in place for assuring compliance with the standard. As indicated in the foreword *The standard is intended to be mandatory* not merely aspirational in determining what people should expect in engaging with health services; as such the standard needs to be transparent about accountability pathways.

The significant impact of climate change and the environment on health and health services¹ needs to be recognised as is consistent with the government's plans for health-focused adaptation to climate change². ANZCA recommends the standard is amended to require sustainable and environmentally-sound practice in health and disability services, including recognition and mitigation of the risks of climate change, to ensure continuity of accessible, equitable services.

¹ RSNZ. [Human health impacts of climate Change for New Zealand](https://www.royalsociety.org.nz/assets/document/Report-Human-Health-Impacts-of-Climate-Change-for-New-Zealand-Oct-2017.pdf). Oct 2017. Wellington. Accessible from: <https://www.royalsociety.org.nz/assets/document/Report-Human-Health-Impacts-of-Climate-Change-for-New-Zealand-Oct-2017.pdf>

² Ministry of Health. [Health National Adaptation Plan 2024 – 2027](https://www.health.govt.nz/publications/health-national-adaptation-plan-2024-2027). 2024. Wellington. Accessible from: <https://www.health.govt.nz/publications/health-national-adaptation-plan-2024-2027>

Section 2 Hunga Mahi me te Hanganga - Workforce and Structure

ANZCA is confident that the standards are generally appropriate but failures to meet criteria such as the following:

- 2.1.11 Clinical governance that is appropriate to the size and complexity of the service provision.
- 2.3.1 Ensuring sufficient health care and support workers on duty ...
- 2.3.2 Ensuring health workers have the skills, attitudes, qualifications, experiences and attributes for the services being delivered.
- 2.3.3 Service providers shall implement systems to determine competencies of health workers.

are indicative of systemic workforce issues and poor organisational support, including lack of appropriate planning and resourcing, and grossly outdated and inadequate digital systems that preclude safe, efficient and secure handling of patient data and interoperable systems.

Feedback from the New Zealand National Committee of the Faculty of Pain Medicine (FPM-NZNC) indicates that they are not aware that specialist pain services have ever been audited, but are very aware of inadequate employment and other processes that leaves health services, including tertiary hospitals such as Starship Children's hospital, chronically lacking sufficient qualified specialist pain medicine physicians (SPMPs) to assure safe services for pain as required by standard 2.3.1 and 2.3.2. This is not about medical specialist shortages, but about the service standard. Despite there being over 40 SPMPs in Aotearoa New Zealand, for example, none are working in public pain medicine services in the South Island and many work in their primary speciality - often anaesthesia - and only part-time in pain medicine. There is one part-time SPMP in Starship hospital, when safe service provision demands several.

The standard needs to be supported by consistent approaches to the design, oversight and implementation of the criteria - including defined employment structures and clear roles and responsibilities - that provide for appropriate accountabilities, as outlined for example in the Ministry of Business, Innovation and Employment's [Conformance System Strategy](#).

Section 5 Infection Prevention and Control and Microbial Stewardship

The content of section 5 is appropriate and is supported by the principles and guidelines in ANZCA PG28 Guideline on Infection Prevention and Control in Anaesthesia, 2025.

The College recommends the **addition** of a statement requiring consideration for sustainability and environment in making infection prevention and control decisions, especially regarding the purchase and use of disposable items. The statement should apply to all services.

Privacy and publishing submissions

You may publish this submission and understand that it can be subject to requests made under the Official Information Act.

Thank you again for the opportunity to contribute to the review of the standard.

Nāku noa, nā



Rachel Dempsey
Chair, New Zealand National Committee



Brendan Little
Deputy Chair, New Zealand National Committee

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



ANZCA
FPM

For further information please contact: Michelle Thomas m.thomas@anzca.org.nz ANZCA
Executive Director - New Zealand