29 October 2025

Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand

By email: policy@mcnz.org.nz

Draft Statement on Using Artificial Intelligence (AI) in Patient Care

Te Whare Tohu o Te Hau Whakaora | The Australian and New Zealand College of Anaesthetists (ANZCA), which includes the Faculty of Pain Medicine (FPM) thanks you for the opportunity to provide feedback on the above draft Statement. ANZCA 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 collective membership comprises around10 000 fellows and trainees in anaesthesia and pain medicine, 1300 of whom work in Aotearoa New Zealand.

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.

ANZCA is aware of the ongoing opportunities and risks associated with the use of AI in health and, as part of a review of its potential benefits and challenges, developed and adopted an organisational AI policy last year.

Overview

ANZCA welcomes this timely and concise statement on the use of AI in patient care, which is consistent with similar policy documents that the Ministry of Health, medical colleges and other health organisations have made. It clearly covers most of the relevant issues and information that doctors need to be aware of, the one exception being that there is no explicit reference to cultural safety, though we warmly acknowledge the reference in section11c to “upholding Māori sovereignty.” Our concern is with the broader risks of the global data and algorithms that form the basis for AI, which may overshadow health information and responses pertinent to Aotearoa’s diverse populations.

Doctors need to be aware of and consider these aspects of AI, when using, selecting and evaluating AI tools. In this context, the AI checklist developed by Te Whatu Ora’s National Artificial Intelligence and Algorithm Expert Advisory Group (NAIAEAG) “Proposal for the development, validation and implementation of a new AI”[1] may be useful.

Given the complexity and speed with which AI is developing and the limited scope doctors have to investigate and validate AI tools for use in private or public health services, it may be necessary for Te Whatu Ora | Health NZ or some other agency to provide further guidance – including education and training - on AI tools to support doctors.

[1] Te Whatu Ora. Proposal for the Development, Validation, for Implementation of a new AI. [Internet] Wellington. Te Whatu Ora. June 2023. Available from National-AI-Development-Checklist-Jul23.docx

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Feedback questions

Introduction

The scope and relevance of this statement is clearly explained. The potential advantages and risks are neatly summarised, though, as above, we suggest including the risk that AI systems may overlook information specific to populations in Aotearoa, potentially leading to gaps in identifying or responding to critical information relevant to population and health and equity.

The second paragraph could include reference to Aotearoa New Zealand, for example:

> "*It is vital that AI is used responsibly and in ways that prioritise and maintain patient safety and privacy within the context of health care delivery in Aotearoa New Zealand.*"

2. 'The scope of this statement should focus solely on the use of AI in patient care and exclude AI use in business administration'.

ANZCA agrees with this statement.

3. Accountability and duty of care

This section outlining the requirements for doctors using AI for patient care, such as checking for hallucinations, is clear and practical.

4. Informed consent

(a) The section on 'Informed consent' is clear and practical.

(b) The college has reservations about whether explicit consent should be required for <u>all</u> use of AI in patient care. Explaining the tool to gain informed consent for their use for each consultation or episode (or, if the tools are used post consultation, for activities such as triage or theatre bookings) could be unnecessarily time-consuming, without adding value.

(c) We suggest that if the AI tools are approved for use by Health NZ as fulfilling appropriate safeguards around privacy/data sovereignty, their use should be on an individual patient opt out basis or informed, for example that "t*hey may be in use in this organisation - please speak to staff for more details*" basis.

5. Patient data, data security and patient safety

(a) The section is clear and practical.

(b) Risks with respect to cultural safety, Māori, and the potential for population / healthcare delivery specific to populations in Aotearoa could be noted – the AI checklist referenced above could be useful in this context.

(c) The statement provides appropriate and practical guidance on the required level of knowledge, understanding and accountability regarding the privacy and data security of the AAI tool.

(d) Section 12 could include in how AI providers will harvest the data from users. We understand that currently data generated within Aotearoa must remain here, though we are somewhat skeptical that this is the case.

6. Continuing professional development

This section is clear and practical.

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7.Other

As above, with regard to cultural safety, advocacy for the development of appropriate advice and approval of AI tools suitable for health settings in Aotearoa, and for the availability of relevant professional education and training.

Thank you again for the opportunity to provide feedback on the statement, which we hope is useful.

Nāku noa, nā

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