Anaesthesia

THE MAGAZINE OF THE NEW ZEALAND SOCIETY OF ANAESTHETISTS • DECEMBER 2024



PLUS:

Health literacy in Aotearoa remains a critical challenge and new patient education resources from the NZSA





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CONTENTS

- 4 | President's column
- 7 News in brief
- 9 Aotearoa NZ Anaesthesia ASM 2024
- 12 Highlights from the NZSA Member Insight Survey
- Health literacy in Aotearoa remains a critical challenge
- 14 New patient education resources from the NZSA
- 16 Trainee Column: Advanced training
- **18** Strengthening global workforce well-being from Christchurch
- 22 Update from Te Tāhū Hauora HQSC
- **26** Volunteer Locums in the Pacific
- Supporting training in the Pacific Region.
 An update from the Pacific Anaesthesia
 Collaborative Training Programme (PACT)
- 31 The 33rd Pacific Society of Anaesthetists Annual Refresher Meeting
- **32** WebAIRS News: The story of webAIRS
- 35 NZATS update
- 37 | Obituary: Dr Jenny Henry



9

Aotearoa NZ Anaesthesia ASM 2024



14

New patient education resources from the NZSA



18

Strengthening global workforce well-being from Christchurch

Cover image: ASM 2024 International invited speaker Prof Ki Jinn Chin delivering his first talk, Decision making in (regional) anaesthesia.

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Contributions and feedback

We welcome your comments on the magazine. If you would like to contribute ideas and/or an article please contact editor: comms@anaesthesia.nz

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President's Column



Whilst it's difficult to comprehend that we're already back in December, I am grateful to reflect on another vear with the NZSA. To see mahi come to fruition and many new opportunities on the horizon.

Coming off the back of another successful Aotearoa NZ Anaesthesia ASM in Tāmaki Makaurau, I express my deep gratitude on behalf of the Society to the Organising Committee from Waitematā. Events like this aren't possible without your volunteer input and a large amount of mahi. Ngā mihi nui ki a koutou ngā hoa. It was a deeply insightful few days. The Perioperative Symposium allowed for great connection of international and local work in the perioperative space. It was wonderful to see Aotearoa anaesthetists and anaesthetic technicians connecting beside the beautiful sparkling shores of Lake Pupuke. The rest of the week was busy, engaging, rewarding, and collaborative. Please save the date (and put in for your leave) for 2025: 13 - 15November in Kirikiriroa Hamilton.

The NZSA President's Award provides us with a unique opportunity to honour the extraordinary contributions of a member whose dedication has significantly impacted the Society and the broader anaesthesia community. This year, presenting the 2024 NZSA President's Award to Associate Professor Wayne Morriss was truly inspiring. Dr Morriss' remarkable dedication and

tireless mahi for global anaesthesia have uplifted the entire field, with his influence reverberating far beyond our shores. His passion for anaesthesia has put Aotearoa on the map, advancing our field in ways that will resonate for years to come. It was a privilege to acknowledge Dr Morriss' contributions and celebrate the deep gratitude of his peers. We extend heartfelt thanks to all who nominated him, recognising the profound impact he continues to have.

I'd also like to express my gratitude to Dr Sheila Hart, Dr Cathy Caldwell, and Dr Lynette McGaughran whose time with the Executive Committee ended at the AGM in November. The Society has benefitted greatly from their insight, mahi, and unwavering support. Their contributions leave a strong legacy for the NZSA. They will all be very missed by the executive committee, and we wish them the best for their future endeavours.

The executive committee has also welcomed Dr Willem Odendaal. Willem takes over the Treasury reigns from Cathy and has been generous in offering his time to shadow Cathy and support the team in the office in the lead up to his appointment.

The AGM also allowed us to reflect on the year that has been and a more detailed update is available in my President's report on the NZSA's website. A couple of highlights from recent months:

Contact with the Minister of Health, Hon Dr Shane Reti, has continued. The Society recently wrote to the Minister with our concerns for patient safety and future training pathways should the government look to fill workforce shortages with

imported Physician Associates. This is a topic often discussed with our colleagues in the Common Issues Group, and we will be keeping a close eye on any developments here in Aotearoa.

Another significant focus in the advocacy space recently has been the NZSA's response to the Medical Sciences Council's consultation on the Anaesthetic Technician Scope and Competency Standards. A copy of the Society's response can be read online here. Following the consultation representatives from the NZSA and ANZCA met with the Council for further discussion, we look forward to seeing the final scope and standards. Thank you to those members who shared their feedback to help guide our response.

These past few months I've been fortunate to connect with so many passionate anaesthetists during the ASM and by attending the Pacific Society of Anaesthetists (PSA) and Australian Society of Anaesthetists (ASA) conferences.

The Pacific Society's conference was an inspiring experience. I was genuinely moved by their remarkable work with such limited resources and the outstanding outcomes they're achieving. A heartfelt thank you to the amazing locums who made it possible for our Pacific colleagues to join us. As well as to the Global Health Committee - who coordinate this locum cover each year.

I also had the pleasure of attending the Real-World Anaesthesia course in Ōtautahi Christchurch in October. The breadth of knowledge shared and hands-on learning of draw over anaesthesia was particularly valuable, especially for those considering work in low- and middle-income countries (LMIC). This is another course I thoroughly recommend to anyone who has the opportunity to attend.

A new NZSA initiative I am very excited to share is the launch of a suite of free digital patient education resources on the NZSA's website and from www.myanaesthesia.nz. There's more about these later in the magazine. I do encourage you to check them out, share them with your colleagues and patients, and share your feedback and thoughts for future content with us. These are our own Aotearoa based resources, and your input will help us continue to grow and develop what is available for all our patients.

With a new year only weeks away the Society's focus for the next 12 months includes: continuing our advocacy work with a lens on the representation of our specialty and the wellbeing of our workforce; seeking opportunities to help members in gaining CPD; and building ways in which we can also support members in developing their use of te ao Māori in their practice. I am so excited for the year ahead and all the opportunities it will bring, I look forward to sharing more with you as they evolve in 2025.

For now, I wish you all a happy holidays.
I hope you find a moment to refuel and enjoy those activities that bring you some joy.
For those who are working over the break, thank you for your support it does not go unnoticed.

Ngā mihi nui,

Dr Morgan Edwards

President, New Zealand Society of Anaesthetists



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New NZSA Treasurer – Dr Willem Odendaal



Dr Willem Odendaal is the new Treasurer for the New Zealand Society of Anaesthetists. Willem has a wealth of experience in both public and private practice and is currently

a specialist at Health New Zealand - Capital, Coast, and Hutt Valley and maintains private practice in the Wellington region. Originally trained in South Africa, he has proudly called New Zealand home for the past eight years.

Drawn to anaesthesia for its dynamic mix of physiology, pharmacology, and flexible working options, Willem appreciates the specialty's unique balance of hands-on patient care and intellectual challenge. With a particular interest in Pain Medicine, he enjoys the complexity and opportunity to make a real difference in patients' lives.

As NZSA Treasurer, he is excited to contribute to the continued success and growth of the anaesthesia community in New Zealand and to maintain the stable financial position of the organisation.

Volunteer locum cover in the Pacific in 2025

The Global Health Committee invite all fellows and provisional fellows to express their interest in providing volunteer, unpaid, locum cover during the Pacific Society of Anaesthetists' Meeting in August 2025.

Every year the Pacific Society of Anaesthetists (PSA) holds a meeting in the Pacific for anaesthetists from across the region (including Australia and NZ) to attend. Working as a locum during the meeting allows our Pacific-based colleagues and trainees to attend this annual meeting, which is often their only opportunity to attend a CME event and a great chance to network with fellow Pacific colleagues.

Express your interest

NZSA President's Award

The recipient of the 2024 NZSA President's Award is Associate Professor Wayne Morriss.

The NZSA President's Award recognises an NZSA member who has provided a



sustained or specific contribution to the Society and anaesthesia community as nominated by their peers. This year the NZSA is honoured to present the award to Dr Morriss in recognition of his considerable efforts towards advancing anaesthetic care in developing countries, long-term involvement with the NZSA's Global Health Committee, and his pivotal role in the World Federation of Societies of Anesthesiologists (WFSA), that have elevated anaesthetic standards globally and raised the profile of Anaesthesia, and our Aotearoa anaesthesia community on the world stage.

Whakamihi, congratulations Wayne.

Aotearoa NZ Anaesthesia ASM 2025

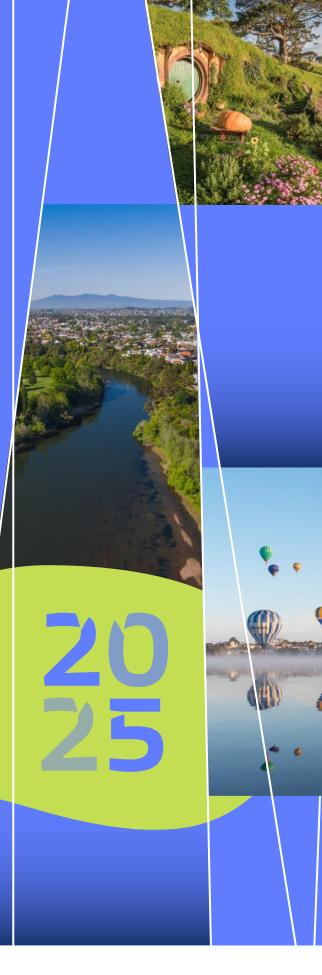
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Prof Fred Mihm
Professor of Anaesthesiology,
Perioperative and Pain Medicine (ICU)
Stanford University
California, USA



Dr Michael Seltz Kristensen Consultant Anaesthetist Rigshospitalet, Copenhagen University Hospital Denmark



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Working Together

The 2024 Aotearoa NZ Anaesthesia ASM truly delivered on its theme, Working together.

The Perioperative Symposium at North Shore Hospital's education facility, Whenua Pupuke, brought together local and international thinking and research across the many disciplines involved in the perioperative care space. Those attending were treated to a preview from some of this year's international invited speakers, Professor Bobbie Jean Sweitzer, Associate Professor Hairil Rizal Abdullah, Professor Joyce Yeung and Professor Ki Jinn Chin.

Then the main event, the Annual Scientific Meeting, started strong with the Alan Merry Oration. Introduced by its name's sake Professor Alan Merry, this year's oration was delivered by former Director General of Health, Sir Ashley Bloomfield. Sir Ashley provided delegates with insight on the important roles that building a rewarding place to work and leading with the soft skills hold, in solving future challenges in health. Demonstrating these through the developments in patient safety and positive outcomes we've seen over the past few decades.



Aotearoa NZ Anaesthesia ASM Convenor, Dr Karen Park.

Aotearoa NZ Anaesthesia ASM Convenor, Dr Karen Park, enjoyed how this year's theme became a "flow of stories" across the three days. "Human beings are storytellers, and we saw a narrative evolve throughout the programme that brought together the idea of anaesthetists being leaders and highlighted the importance of 'working together' as a team. Right from Sir Ashley's talk about leading with humility and being kind to one another, to Alan White's talk on Aviation safety and his comment about leaders commanding respect, not demanding respect."

Karen also noted how much the element of human connection stood out for her. "It was great to meet friends and whānau in our Aotearoa anaesthesia community in person again and to form new connections and friendships with overseas visitors, including our international speakers."

This year's international invited speakers provided several updates across the three days and complimented a programme of over 60 local and international speakers. Regional Anaesthesia guru and renowned Youtube educator, Professor Ki Jinn Chin delivered a popular regional anaesthesia workshop, and trainees rubbed shoulders with the international guests over lunch on day one.

Roundtable sessions facilitated valuable discussions, including the relevance and suitability of the environmental impact of anaesthesia within informed patient consent. As did the opportunity to question some of our well-published colleagues and editors in the research session.

With a dramatic drawing back of the curtains the gala dinner took in the setting sun and sweeping views of the Viaduct Harbour on the Friday evening. A suitable backdrop to a wonderful evening of celebration, connection, and catching up. Guest speaker, Manutaki Auckland City Missioner, Helen Robinson brought the room to a thoughtful silence during her powerful and moving address. Reminding all in attendance of the detrimental impacts on health for those most in need.

Thank you to everyone who gifted the funds for a box of food to the Auckland City Mission. You have helped raise over \$8,000 for this year's official charity partner.

These events would not be possible without the support of so many. The Organising Committee from Waitemata, the industry and sponsors involved across the three days,

all of our international and local speakers, session chairs, and all who attended ondemand or in-person across the four days in Tāmaki Makaurau Auckland.

On behalf of the Organising Committee, Karen adds "I would like to thank all the delegates and industry partners who joined us. Without them, our efforts in putting together a meeting are meaningless. I hope it was a great learning experience for everyone and that our tradition of exceedingly excellent scientific meetings in Aotearoa will continue to impress our local and international visitors."

We look forward to 2025 in Kirikiriroa Hamilton.

Prize Winners

Congratulations to these 2024 Aotearoa NZ Anaesthesia ASM prize recipients:





BWT Ritchie Scholarship: Dr Elizabeth Turner. Accepted on behalf by Dr Jayden Ball



ANZCA Trainee Prize: Dr Jessica Murphy



NZASM 2024 prize for poster contribution: Dr Shu Ying Lee

Aotearoa NZ Anaesthesia ASM 2024









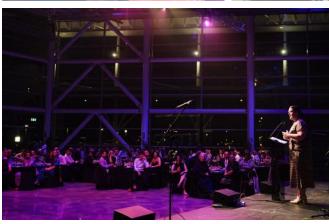














Left to right from top:

International invited speaker, A/Prof Hairil Rizal Abdullah delivering his plenary talk, Navigating datascience and Al in perioperative medicine.

Professor Alan Merry and Sir Ashley Bloomfield.

International invited speaker Prof BobbieJean Sweitzer at the Trainee lunch.

Dr Lisepa Daulako accepts the NZSA President's Award on behalf of A/Prof Wayne Morriss.

International invited speaker Professor Joyce Yeung delivering her talk, The power of collaborative perioperative research – VITAL study.

The regional anaesthesia session panel Q&A.

NZATS President Rachael Jones, ANZCA NZNC Chair Dr Graham Roper, NZSA President Dr Morgan Edwards.

Official 2024 Charity Partner, Auckland City Mission Te Tāpui Atawhai.

Global Health Network Committee Chair Dr James Dalby-Ball's presentation, Hot topics in global anaesthesia.

Gala dinner guest speaker, Manutaki, Auckland City Missioner, Helen Robinson.

The 2024 Organising Committee from Waitematā.

2024 Member Insight Survey

Thank you to everyone who completed our Member Insight Survey. Your feedback will help shape the future direction of the Society. Below are what respondents highlighted as the most important areas of work and focus.

Want to see more results? Click here



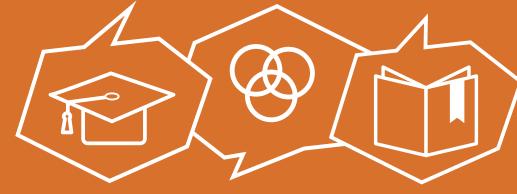
Top three most important areas of advocacy focus

Assistants to the Anaesthetist

Health reforms and future health strategies

Workforce issues

Top three most important community and educational activities provided by the NZSA



Promoting and facilitating CME activities

Tripartite activities

Provision of Relative Value Guide



only resources

Advocacy for the Access to member anaesthesia profession in Aotearoa

Collegiality and connection to your wider **Aotearoa NZ community**

Top three reasons members value belonging to the NZSA

Health literacy in Aotearoa New Zealand remains a critical challenge

Low health literacy in

New Zealand is a

significant public health

concern, affecting a

considerable portion

of the population.

Studies indicate that 30-50% of New Zealand adults have inadequate health literacy skills, making

it challenging for them to navigate the healthcare system, understand medical information, and make informed health decisions.

Dr Morgan Edwards

NZSA President

Research also shows disparities in health literacy levels among different demographic groups, particularly among Māori and Pacific peoples, who often experience higher rates of chronic illnesses and poorer health outcomes.

Health literacy is shaped by factors like socioeconomic status, education, and access to health information. The COVID-19 pandemic exposed these disparities, as those with low health literacy faced challenges in understanding public health messages.

Improving health literacy is essential for better health outcomes and equitable healthcare access in New Zealand.

Digital tools using plain language can improve health literacy by delivering information that fits individuals' needs and contexts.



Photo credit: kev-costello.

These tools allow people to access vital health information at their own pace and in a comfortable environment, reducing reliance on potentially stressful in-person consultations. Research shows that individuals from lower socioeconomic backgrounds engage with digital tools as much as others, making them an effective way to reach underserved populations. Accessible, user-friendly online resources empower individuals to manage their health and ease the stress of medical appointments.

Health literacy is vital during the perioperative journey, helping patients make informed decisions about surgery. It improves outcomes, reduces complications, shortens hospital stays, and enhances satisfaction. When patients understand their options and risks, they can make choices aligned with their needs, leading to a more positive and empowering experience. Promoting health literacy in perioperative care is key to better outcomes and supporting patients' right to informed, involved care.

Credit: Freepik.

New patient education resources

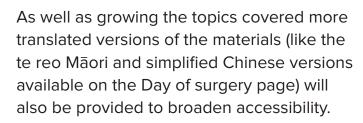
from the NZSA

The NZSA has just published a suite of free digital patient informational resources that can be accessed by anyone through the NZSA website or from www.myanaesthesia.nz.

These resources aim to work towards improving health literacy in Aotearoa by helping patients and their whānau better understand anaesthesia. As well as assist anaesthetists, healthcare providers and hospitals in providing information that's easy to understand, access, and share.

Written in collaboration with anaesthetists in Aotearoa these initial resources are the start of what will continue to grow and be an ongoing offering from the NZSA. Current topics available are:

- The day of your planned surgery
- For parents and caregivers of Tamariki (children) having an anaesthetic
- · Caesarean births
- Anaesthesia and sedation for breastfeeding parents
- All about anaesthesia
- Who are anaesthetists?
- Anaesthesia FAQs



We would appreciate your <u>feedback</u>. These are something for our whole community and your input is invaluable.

These resources are available to anyone. Please share them with your colleagues, patients and workplace!





Fra

Have questions about your upcoming anaesthetic?





Information to help you and your whānau learn more about anaesthesia.



Scan the QR code or visit www.myanaesthesia.nz



Free digital patient information from the New Society of Anaesthetists

www.anaesthesia.nz

Information provided is a general guide only. It does not replace individual medical advice given by your healthcare providers. You should always set your healthcare from it shows in information provided is a general guide only. It does not replace individual medical advice given by your healthcare providers. You should always ask your healthcare team If there is anything you're unsure about.

You can download and print posters to help promote easy access to all resources or specific topics in your workplace.



Dr Hannah Middleton

NZSA Trainee Representative

Advanced Training

The part one can be an allconsuming experience,

however advanced
training is such that
the same cannot
hold true for the part
two. To help ease the
journey, I've set out to
shed some light on the

other important aspects
of your final training years that
often fall in the shadow of the exam.

Provisional fellowship applications

Provisional Fellowship (PF) job application dates are thankfully aligned nationally, the closing date generally being shortly after the written component of the first sitting of the part two exam (early April).

For those considering applying to Australia, it's worth keeping in mind that the dates for fellowship applications vary widely. Applications in some states (such as Western Australia) may close as early as March. As a general rule however, most Australian hospitals have application closing dates later than New Zealand, sometimes even after offers here require acceptance. Setting up an alert on your job search engine of choice can help with this, and there are some very good websites outlining fellowships available in Australasia and beyond.

Interviews for fellow jobs in New Zealand generally occur mid-May, before the viva for the first sitting. This is a busy time. The right balance between viva practice and preparing for interviews is different for everyone, but a conflict many find difficult

at the time. Be reassured that the skills required for both aren't mutually exclusive, and there's more overlap than you'd imagine.

Training requirements

By keeping an eye on your volume of practice as you move into advanced training, you can avoid a sudden scramble at the end of AT2. It's worth sitting down in AT1 and mapping out exactly what remains outstanding, and factoring into this when you're sitting your exam. If you're able to complete your VOP and WBAs by the time you sit the part two written, you can line up SSUs to be signed off as you begin practising for vivas, maximising their benefit. If you're struggling to know where you stand, the WBA, VOP and course requirements for SSUs can be found within the details section of SSUs progress on the homepage of your TPS.

Support

This comes in many forms and whilst everyone's requirements are individual, I'm sure the need for this, to some degree, is universal. The end of advanced training is challenging, beyond what many anticipate. Keeping training requirements on track, whilst studying for exams and facing uncertainty with provisional fellowship jobs can feel like everything all at once. Life of course continues to happen too, and compounding stress has a way of sneaking up on you.

Knowing what keeps you well, and who you can turn to for help is crucial. Support systems look different for everyone, and often evolve over the course of training.

"Knowing
what keeps
you well, and
who you can
turn to for help
is crucial."

If there are periods where you're more isolated

by distance or
circumstance, or if
you find yourself in a
position without the
support you need,
it's worth being aware
of resources available
through ANZCA. Within
your My ANZCA Portal

There is a lot of useful information within this page including details of the ANZCA Doctors Support Programme, which provides

exists a Doctors Welfare section.

both 24/7 immediate support, and booked appointments via an App. Some of you may wish to arrange psychology input privately, and I certainly don't know of anyone who has regretted this.

It feels important to acknowledge that this has been a difficult year for many New Zealand trainees and those close to them. To everyone who has shown understanding, kindness and support, thank you. I know my own success has been a product of the generosity of some exceptionally good people, and I'm sure this rings true for many. Ngā mihi maioha.

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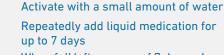


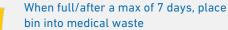
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DRUGS





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Strengthening global workforce well-being from Christchurch

With WFSA Workforce Well-being Committee chair, Dr Susan Nicoll.

"You cannot have high-quality patient care if you don't have functioning healthcare workers delivering it" says Christchurch anaesthetist and WFSA Workforce Wellbeing Committee Chair, Dr Susan Nicoll.

The WFSA Workforce Well-being Committee led the activities for the WFSA's 2024 annual theme – Workforce Well-being. The Annual Theme intends to bring together the expertise of the WFSA's committees to focus on a 'vital aspect of anaesthesia which impacts our members, the well-being of their patients and national health systems.'

Susan describes well-being as the "mortar that holds the bricks of healthcare work together. Without it, we will crumble."

"Having workforce well-being as the annual theme allowed us to offer individual anaesthetists and societies an idea of what to work on and how to provide those in decision-making roles guidance on what to do and what is necessary."

The Workforce Well-being Committee has delivered four webinars this year. "The aim of the webinars" Susan says, "has been to share the careful consideration workplace well-being requires, the need to establish connections within and between organisations, and to grow awareness about others working in well-being globally."

"We tend to think of well-being as positive, feel-good activities but it is more than that.

The daily reality of healthcare as delivered, means there is a need to prepare ourselves and our organisations to respond to the individual and collegial distress experienced through work. Unmet need through inadequate or mismatched resource is ever present globally. Our managers and leaders determine the organisational response to adverse patient outcomes and balance service provision to training needs. The work of well-being advocacy is akin to that of patient quality and safety.

A group of interested specialists focussed on promoting the need for and development of a well-being skill set for individuals and organisations, which lets you be good most of the time, and able to respond to adversity. When Reason,

Kohn and Wu identified the

"The work of well-being advocacy is akin to that of patient quality and safety."

importance of human factor awareness for patient safety, they recognised the need to consider and care for anaesthetists (and all healthcare workers) as trained humans delivering patient care. Akin to quality and safety specialists, well-being advocates create the well-being space, provide support and gather evidence for leaders and organisations to use. A tangible presence to remind us that humans in the system must be functional to deliver high quality care to patients and functionality is a dynamic and negotiated state. Our aim was to provide

well-being messages to support anaesthetic

¹ https://wfsahq.org/our-work/advocacy/annual-theme-2024-workforce-well-being/ (Accessed 14/11/2024)

colleagues globally. Designed to strengthen capacity for the ongoing conversations with leaders about what you need and what the people around you need, to create and maintain a positive working environment."

"All of the activities discussed in the webinars are activities you can do to support the well-being of yourself and others when adversity happens, when there's uncertainty, or when going through career transitions."

The first three webinars focussed on how you can develop workplace well-being through simulation, coaching, mindfully paying attention to your decision-making, considering fatigue, or considering your retirement and what that looks like from an early stage in your career.

"The ageing anaesthetist webinar is one of the WFSA's most watched and attended webinars. The WFSA Diversity and Inclusion Committee will be doing more in this space in the future."

Then the fourth and final webinar focussed on mentorship. In this Dr Mary Nabukenya explicitly spoke about education, advocacy and collaboration in the programmes they are running in Africa, how the WFSA fellowships work, and how simulation can support both education and well-being.

"The fourth webinar led us into the next focus of work for the Workforce Well-being Committee" Susan shares, "looking at how we can build the mentorship programme. This will improve understanding of the



Dr Susan Nicoll and WFSA Workforce well-being committee members at the WCA 2024.

skill set and supports needed for effective mentorship and conversations."

Mentorship is part of the preparation Susan described earlier. "It joins people together for the purpose of support and reflection."

Susan's initial interest in well-being grew from being mentored as a trainee and later becoming a mentor herself. As part of this, she attended a three-day course for social workers on being a mentor and how to get the most out of the mentoring relationship. "People are interested in getting involved but need guidance on how to do it effectively. The WFSA already has one hundred mentoring partnerships and now it's about further developing 'how to' do this best."

The Committee will be codesigning mentorship resources with Dr Nabukenya and Dr Luiz Fernando dos Reis Falcão, WFSA's head of memberships based in Brazil. "Together we will have a global perspective on developing these resources and putting psychological safety and support around them, which has particular relevance when connecting remotely."

"Resources are a big part of what the Committee are working on. Not everyone has access to the same resources we do through their Society or College. Our work is to understand well-being need, then find the information and share it. We are not rewriting the book but using what is out there and developing it for the WFSA situation, to what people will find helpful."

Susan joined the Workforce Well-being Committee after contributing a piece she wrote on gender equity in the Australasian and Pacific region, to a wider piece the WFSA compiled on gender equity and inclusion. "WFSA Immediate Past President, Dr Wayne Morris invited me as I had just started a Diploma in Public Health, and this experience allowed me to develop more of a global perspective. I have found the pathway through public health, in particular the research opportunities to be a feasible way to proceed, building my skillset in qualitative research and enquiry and thank Dr Ross Kennedy and others for encouraging this late career move. I am now personally engaged in helping to put the science behind our well-being recommendations and work."

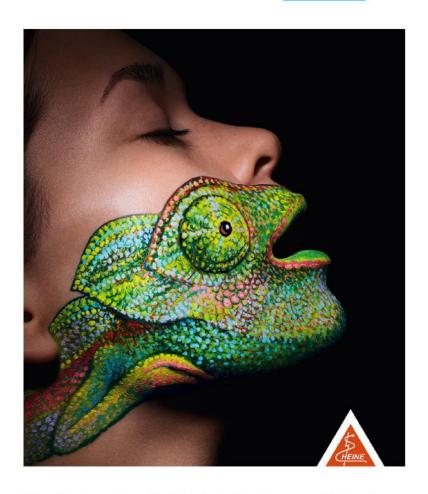
"My long-term involvement in well-being locally as department well-being lead, nationally on the well-being SIG and forming the Well-being Advocates Network for New Zealand has been rewarding work. The current WFSA position allows me to contribute globally. I would like to thank and acknowledge my original (now passed) mentor Dr Dennis Boon von Ochssee who was instinctively a great mentor. Also, Dr Jo Sinclair who has worked alongside me, in a complementary way, using her differing skill set and perspective for most of my well-being journey and finally NZSA, for their support."

Susan would like to invite anyone interested in becoming more involved in well-being to indicate interest and get involved locally, then say yes to the opportunities which come from beyond. She has found well-being a considered, necessary and enjoyable area of special interest.

Visit the WFSA's YouTube channel for recordings of their webinars



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For more information on visionPRO or any of the Bamford Anaesthetic range, contact Cam Weitz on 021 764 009 or cam@bamford.co.nz OR come and visit the Bamford and Heine teams at our combined stand at the 2024 Aotearoa NZ Anaesthesia ASM from the 6th to 9th of November this year at the Aotea Centre in Auckland.







An update from Te Tāhū Hauora



Health Quality & Safety Commission



Updated clinical governance framework released

'Collaborating for quality: a framework for clinical governance | He mahi ngātahi kia kounga: He anga hei whakahaere whare haumanu' is a revision of our 'Clinical Governance: Guidance for health and disability providers' (2017).

The framework is a high-level approach that is intentionally aspirational and not prescriptive, designed to support everyone working in health care to advance the Pae Ora (Healthy Futures) Act 2022 within their clinical context.

It provides a starting point for those working across the health sector to develop or update their clinical governance arrangements, to improve quality and safety of care.

The framework consists of four quality domains (below) supported by four system drivers:

- consumers and whānau are active partners of the health team
- an engaged, clinically effective and culturally safe workforce
- · clinically effective healthcare
- and system safety and learning.

The framework, along with a template to support organisations with the development

of their own clinical governance models, is available on the Te Tāhū Hauora website: www.hqsc.govt.nz/clinical-governance-framework

System safety strategy for health and disability

The Government Policy Statement on Health (GPS) sets out the Government's priorities and objectives for the publicly funded health sector in New Zealand from 1 July 2024 to 30 June 2027.

The GPS requires Te Tahu Hauora to lead the development of a systems safety strategy that defines quality and safety for the New Zealand health system, setting expectations for Aotearoa New Zealand benchmarked against international best practice.

A systems safety strategy ropū comprised of consumers, key health stakeholders and workforce representation met in September. The ropū will guide the development of a principles-based strategy through a codesign approach which involves engaging consumers/whānau, health workforce and providers across the health sector, focusing on transparency and collective responsibility.

Our aim is to establish a combined understanding of system safety and a collective statement of commitment for system learning. We will be in contact with you all through the NZ Society of Anaesthetists early in 2025 so you can be part of this mahi which is due to be completed by December 2025.

Trauma sector quality improvement education

Projects completed as part of the recent Improving Together: Quality Improvement Facilitators programme, tailored specifically to the trauma sector, are being assessed for potential roll-out nationally.

The programme develops and expands on the quality improvement skills and knowledge required to become an effective facilitator of change within the trauma sector.

Projects undertaken by the fourteen participants, who came from across the trauma system continuum – from pre-hospital through to acute care and community rehabilitation, identified local problems and solutions to optimise service delivery, access and outcomes.

These projects will now be reviewed by the Trauma National Clinical Network, Accident Compensation Corporation and Te Tāhū Hauora to identify those which could be scaled up and spread nationally for the benefit of all New Zealanders.

Subscribe to the <u>Te Tāhū Hauora newsletter</u> or follow us on <u>LinkedIn</u>, <u>Facebook</u>, and <u>Instagram</u>.



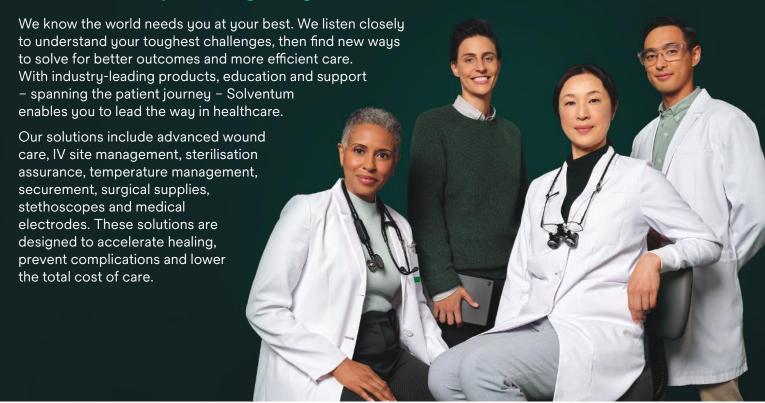


3M Health Care is now Solventum

On 1st April 2024, 3M Health Care became Solventum, an independent healthcare company dedicated to finding breakthrough solutions to your toughest challenges.

Solventum originates from two words: "solving" and "momentum". "Solving" captures the company's dedication to finding breakthrough solutions. "Momentum" symbolises swifter, nimbler innovation.

We never stop solving for you





70+ years of innovation creating breakthrough solutions



Diverse portfolio of strong, trusted, reputable brands



Innovating at the intersection of health, material and data science



Setting a new standard in core temperature monitoring

Streamline perioperative care with the 3M™ Bair Hugger™ Temperature Monitoring System – accurate, non-invasive core temperature monitoring that continuously measures patients' core body temperature and provides standardisation throughout the entire perioperative journey.



Scan the QR code to learn how this technology works.



Volunteer Locums in the Pacific

Over 30 anaesthetists volunteered their time to provide locum cover across the Pacific during the Pacific Society of Anaesthetists annual meeting in August. This assistance is deeply appreciated and invaluable in the opportunity it affords our Pacific-based colleagues to attend the PSA meeting, access important CME, and network with colleagues across the region.

Some volunteers kindly shared their experiences and photos following their week in the Pacific.

Tuvalu

Tuvalu is a remote Polynesian Island nation of just 10,000 people. In Funafuti the capital, we worked alongside a skilled team of local staff and locum specialists from Fiji. We were made welcome by the people and enjoyed their rich culture. We will remember Tuvalu for the multipurpose airstrip, dogs galore, interdisciplinary cooperation, good anaesthetic resources, motorbike accidents, caesareans, fresh tuna, clear waters and much more.

- Dr Elizabeth Freihaut



Mich Poppinghaus and Elizabeth Freihaut at Princess Margaret Hospital.

Samoa

Talofa lava! Our team spent the PSA week gassing (and spinalling) at Tupua Tamasese Meaole Hospital in Apia, Samoa. Dr Helena Stone (Waikato) was already there on sabbatical, and we were fortunate to have her wisdom and experience to help orient us to the four-table theatre complex and ICU. We were doubled up in theatre most days and kept busy with amputations, laparotomies, caesarean sections and ortho trauma! The biggest challenges we faced were working without anaesthetic technicians (never take your AT for granted again!) and the variable supply of equipment. It was an extremely rewarding personal and professional challenge.

- Dr Charlotte Legge



Locum Team Samoa 2024: Nicola Broadbent, Megan Coltman, Charlotte Legge.

Labasa, Fiji

After arriving Sunday afternoon and doing a short orientation, the registrar leaving says, "Thanks for taking over. The next case is a neonate a few hours old with gastroschisis for a silo procedure. Welcome to Labasa!"

Labasa is a 160-bed hospital providing all the theatre services for Vanua Levu in Fiji (an island with a population of about 135,000 people). You can expect to cover theatre, adult ICU and clinics. Labasa lived up to its name as the 'friendly north' and the staff were extremely welcoming and two very competent registrars quickly schooled us in the Labasa way of doing things.

- Dr Leigh Solomon



Locum team Labasa 2024: Craig Birch, Tomoko Hara, Fen Moy, Leigh Solomon.

Suva, Fiji

Myself, and a team of nine other anaesthetists, from across Australia and New Zealand provided locum cover at Colonial War Memorial Hospital (CWMH) in Suva, Fiji. CWMH is Fiji's largest hospital with around 500 beds. It serves as the tertiary referral centre for most surgical specialties and complex cases across the Pacific. During the week we covered five theatres and daytime in ICU. Although the differences in system and culture provided their challenges, we had a few super helpful registrars to keep us right. I hope the teaching we provided them was as useful as their local expertise. I quickly relearned the value in double and triple-checking drugs (as most of them look identical in brown 1ml vials) and the level 3 machine check we've grown a custom to being electronic in Wellington. Learning to give all anaesthetics with no infusion pumps was interesting and Part 1 knowledge came in handy while using Isoflurane.



Locum team Suva 2024.

Unfortunately, the Halothane vaporiser was being used as a doorstop to the changing rooms and wasn't in use anymore. Interesting cases from the week included a feeding tube placement in a patient with a challenging airway due to late presentation fungating facial SCC and a caesarean section in a patient with Mitral Stenosis without access to the usual advanced monitoring (we managed to procure an infusion pump for this case thankfully).

Providing Locum cover for the PSA conference was a challenging yet fulfilling experience that forced me out of my comfort zone and allowed me to realise what can be done with limited resources.

- Dr Eilidh Menzies



Dr Matt Jenks teaching a junior doctor in Suva.

Supporting training in the Pacific Region

The Pacific Anaesthesia Training Programme (PACT) is an NZSA Global Health Committee (GHC) initiative started in 2019 by NZSA GHC member Dr Indu Kapoor with support from GHC members Dr Dom Johnpillai and Dr Petra Linden Ross. Regular small donations (about the cost of a cup of coffee a week) by Aotearoa anaesthetists and their friends are used to provide PACT scholarships to Pacific anaesthetists. These scholarships support Pacific anaesthetists to undertake Masters in Anaesthesia training in the Pacific, thus supporting the vulnerable anaesthesia workforce. If you'd like to know more, or make a donation you can visit the PACT page on the NZSA website here.

The PACT programme is currently supporting five fellows across the Pacific region thanks to the support of donors, the Seelye Trust, Interplast, and The Pacific Community Communauté du Pacifique (SPC).

This is a significant milestone in the programme's goal to help in the development of a safe, sustainable anaesthesia workforce across the Pacific region. The GHC hopes to increase the number of anaesthetists with a Masters of Medicine in Anaesthesia (MMed) in the Pacific to six more than local funding can support by 2027.

Dr Sweta Mudaliar from Fiji completed her final year of the MMed programme this year and has begun transitioning to a junior consultant role.

"The PACT funding, Seelye Trust, and the NZSA's support have been invaluable in supporting me through this critical

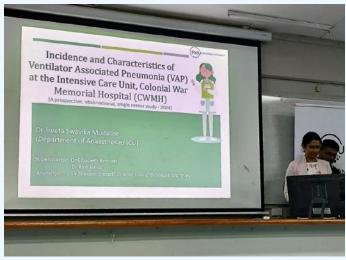


Dr Sweta Mudaliar.

transition phase.
It has allowed me
to fully engage in
my final training
requirements and
prepare confidently
for independent
practice. I feel
deeply grateful for
this support."

"As I step into this role, I anticipate that the advanced skills and knowledge gained will directly benefit my career and my country's healthcare system. By improving my expertise in managing critical cases and strengthening my understanding of the role of anaesthesia in perioperative care, I am better prepared to serve as a mentor and educator to future trainees, improving overall patient care quality."

Alongside completing the requirements of her training, a highlight for Sweta this year was performing a thoracic epidural to manage a high-risk patient undergoing upper abdominal surgery. "This is a rare



Dr Sweta Mudaliar's presentation 2024.

procedure in my country due to the unavailability of epidural kits. This procedure was a valuable experience in refining my technique and enhancing patient comfort and recovery. For future trainees, additional mentorship opportunities or peer support networks could further enhance the experience, allowing us to support one another through the unique challenges and triumphs of this journey."

PACT Fellows in 2024

Dr Esjae Sesega

Second year, MMed. Samoa

This year's training has provided me with a unique opportunity to study from my home country, Samoa, allowing me to stay close to



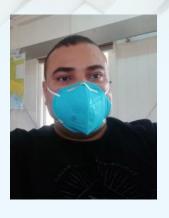
family and work under the guidance of local supervisors. This balance has enriched my professional experience and strengthened my connection with Samoa's healthcare system.

Funding from SPC and PACT has been invaluable, enabling me to pursue this rigorous training without the added stress of financial burden. The training programme has already deepened my clinical skills and I'm confident that on completion I'll be able to contribute significantly to improving anaesthesia services in Samoa. Being able to work alongside my dedicated colleagues in Samoa while applying the skills I've learnt has shown me first-hand the direct impact advanced training can have locally.

Dr Allan Seniloli

Third year, MMed. Fiji

The PACT funding and support from the Seelye Trust have significantly impacted my personal and professional development, allowing



me to advance my training in anaesthesia without the financial pressures that would have otherwise limited my focus and commitment. This support has empowered me to fully engage in my Masters training, deepen my clinical expertise, and broaden my knowledge base in modern anaesthetic practices and patient care strategies.

A highlight of the year so far has been engaging with diverse colleagues and experts in the field, fostering invaluable networks and experiencing a collaborative learning environment. Personally, this experience has enhanced my confidence and leadership skills.

This investment in my education translates into long-term improvements in the quality of care and sustainable medical advancements within my country's healthcare infrastructure. A big vinaka vakalevu for the support given.

Dr Phil Temakon

First year, MMed. Vanuatu

This year has been a challenging but rewarding experience for me working in a new environment. It's been



a big step out of my comfort zone, but it has also been a very good learning opportunity. I hope that all I have gained this year will help my anaesthesia department back home. The support I've received from Interplast, SPC and PACT has been great. I struggled to gain a sponsor for my studies in previous years making me all the more grateful for the opportunity to be part of this programme. I would like to express my sincere gratitude to all who are contributing to support it.

Dr Nikish Narayan Third year, MMed. Fiji

The generous support of the PACT programme and Seelye Trust has been invaluable in advancing my training at FNU and allowed me to work



with a visiting paediatric team from New Zealand. Through this experience, I gained practical insights and knowledge that I wouldn't have otherwise encountered. An added benefit of being a trainee was the chance to attend this year's PSA conference, where I had an opportunity to connect with colleagues from across the Pacific region and learn from them.

The financial and educational support from NZSA and the Seelye Trust has been instrumental in my development, equipping me with skills and experiences I can bring back to my workplace, further enhancing our capacity to deliver safe, high-quality anaesthesia.

Under the current level of funding, the Pacific region will not meet the Global Safe Surgery target of 5 Anaesthetists per 100,000 people



Support a safe anaesthesia workforce across the Pacific by donating the cost of one coffee a week.



Find out more and make a donation to the Pacific Anaesthesia Collaborative Training Programme



The 33rd Pacific Society of Anaesthetists Annual Refresher Meeting

Dr Adrian Craig and Dr Jignal Bhagvandas were the recipients of the 2024 Global Health Committee Trainee Grant to attend the Pacific Society of Anaesthetists' annual meeting in Fiji.

Dr Adrian Craig

The theme of this year's Pacific Society of Anaesthetists (PSA) Annual Refresher Meeting was "Evolution of Anaesthesia in the Pacific". I had the pleasure of attending thanks to the New Zealand Society of Anaesthetists (NZSA) Global Health Committee (GHC) Trainee Grant.

The week was a chance to reconnect with friends and colleagues from across the Pacific and build relationships with new people. The theme highlighted how anaesthesia began in the region and progressed into how services are run today. This was reflected throughout many of the speakers' presentations and generated discussion amongst delegates during the breaks.

Sessions and workshops included teaching obstetrics, ultrasound, echocardiography and a full day of hyperbaric medicine. Each nation gave an update on their tribulations and triumphs, many of whom struggle to stock basic drugs and equipment that we take for

granted in New Zealand. Some of my favourite presentations were from those completing their Master of Medicine who have undertaken impressive work to further develop and improve the provision of anaesthesia and intensive care services in their home countries. These doctors travel to New Zealand and Australia for years at a time to upskill and learn advanced techniques before returning home to become consultants. Through this training I've become friends with many of those who travel and am inspired by their passion and commitment to their peoples while sacrificing time with their families and culture.

The Refresher Course was a fantastic opportunity to develop my skills and knowledge as a trainee and strengthen bonds and friendships with colleagues. It also reminded me of the high standards Pacific anaesthetists provide, despite resource limitations.



Dr Adrian Craig, Dr Lisepa Daulako (Past President PSA) and Dr Cecilia Vaii Bartley (first Masters trainee under PACT).



Dr Adrian Craig in the new hyperbaric chamber in Suva.

A poem by Dr Jignal Bhagvandas

In Fiji's warmth, I journeyed afar
To a conference where dreams meet stars
I ventured with curiosity, knowing this path to be unconventional
The lessons I gained and the people I met were truly exceptional

Amidst the anaesthetists, both local and wide I felt they were meeting at the turn of the tide Their work stories were humbling, their unity strong With camaraderie flowing like a vibrant song

In talks and in laughter, in stories we shared
I saw their devotion, how deeply they cared
The conversations focused on improving global inequity
Their efforts sparked hope for a stronger community

I reconnected with friends from days gone by
We were once carefree medical students without a care in the sky
Now anaesthetists, they too were studying towards their final exams
But also dealing with leaking ceilings, shortages of drugs and basic equipment.. too many competing demands

A HOD from Papua New Guinea spoke with quiet grace
Serving 11 million, a vast and daunting space
With few hands beside him, both trainees and peers
Yet he still finds the time to fundraise and volunteer - and has been doing so for years!

And then there was Wayne, his story profound
A WFSA leader, standing his ground
Through coups and disasters, he never let go
Supporting his new found family in Fiji, as life ebbed and flowed
Covid came knocking, but still he returned
In each trip, a new lesson learned

Worries whispered of local talents' flight To Australia, New Zealand, chasing a brighter light How to keep them home, their skills in the land? A question unanswered, did we even understand?

Fiji's story of global health inequity is not unique As New Zealand anaesthetists I feel we have a duty to speak At this conference I have not only developed newfound skills But a deeper drive, an unshaken will

The Story of ANZTADC and webAIRS: Pioneering Incident Reporting to Enhance Anaesthesia Safety - 12,000 reports and counting!



Reporting System

Dr Martin Culwick, Dr Pieter Peach, and The ANZTADC Case Report Writing Group

The journey of critical incident reporting in anaesthesia traces back to the innovative work of J. Flanagan in 1954, who first applied the technique to aviation incidents. In 1978, J. Cooper brought this approach to anaesthesia, publishing the groundbreaking article "Preventable anaesthesia mishaps: a study of human factors". Australia soon followed suit, with J. Williamson et al. publishing "Anaesthesia safety and the critical incident technique" in 1985. This paved the way for the Australian Incident Monitoring Study, which published the insightful results of the first 2,000 incident reports in the esteemed journal Anaesthesia and Intensive Care (AIC) in 1993.

Fast forward to 2006, and the Australian and New Zealand Tripartite Anaesthetic Data Committee (ANZTADC) was born, thanks to the visionary recommendations of two taskforces established by Professor Michael Cousins during his tenure as President of the Australian and New Zealand College of Anaesthetists (ANZCA). With strong tripartite support from ANZCA, the Australian Society of Anaesthetists (ASA), and the New Zealand Society of Anaesthetists (NZSA), ANZTADC set out on a mission: "To improve the safety and quality of anaesthesia for patients in Australia and New Zealand by providing an enduring capability to capture, analyse and disseminate information about incidents

(de-identified) relative to the safety and quality of anaesthesia in each country".

The journey unfolded over three phases. Phase one saw meticulous planning to bring to life a web-based Anaesthetic Incident Reporting System (webAIRS). With a dedicated team at the helm, including a Co-ordinator appointed in 2006 and a Medical Director in 2007. ANZTADC conducted a comprehensive system design. The Inaugural Committee included three committee members from the ASA, three from ANZCA and one from the NZSA, in proportion to funding from each organisation. In addition, the current Presidents and Chief Executive Officers (CEOs) of each parent organisation are also statutory members. They thoughtfully determined the dataset to collect, evaluated commercial incident reporting systems, and collaborated with international anaesthesia organisations to classify incidents. Crucially, they secured Qualified Privilege to protect incident reports in both Australia and New Zealand.

In 2009, a pilot version of webAIRS was built, undergoing rigorous testing and refinement at early adopter hospitals. The launch of the full webAIRS programme took place at the ASA's National Scientific Congress in 2010, making it freely available to all ASA, ANZCA, and NZSA members.

Phase two focused on expanding site recruitment and encouraging incident reporting. While initially hindered by ethics approval requirements at each site, a gamechanging statement from the National Health and Medical Research Council (NHMRC) regarding Ethical Considerations streamlined the process for de-identified Quality Assurance (QA) data collections. This statement clarified that formal ethics approval was no longer required for deidentified data collections regarding QA but included a statement that the data collection process was required to meet the same ethical standards as those required for the collection of de-identified data. During the journey to collect the first 4,000 reports, several illuminating analyses were published, spanning topics from emergency drugs to chewing gum in the pre-operative period. A milestone was reached in January 2017 with the publication of "Cross-sectional overview of the first 4,000 incidents reported to webAIRS" in AIC. These articles are available on the webAIRS website here.

Phase three saw the tireless efforts of ANZTADC come to further fruition. As site recruitment and incident reporting continued to grow, numerous insightful publications were released, all conveniently accessible via the webAIRS website. The database reached an impressive 12,000 incident reports in late October 2024, enabling a future comparison with the first 4,000 reports and the second set of 4,000 reports, which have both been published in AIC. This achievement is a testament to the dedication of past and present ANZTADC members, the skill of ANZTADC analysers, and the invaluable contributions of registered sites and individual anaesthetists who diligently report incidents.

Looking back, it's clear that with assistance from the tripartite, consisting of the ASA, NZSA and ANZCA, ANZTADC and webAIRS have made an indelible mark on anaesthesia safety in Australia and New Zealand. By providing an enduring capability to capture, analyse, and disseminate learnings from deidentified incidents, they continue to drive positive change through regular updates in e-News, Magazines and Bulletin articles, presentations at ASMs and NSCs, and peer-reviewed publications in the AIC.

To create an account to start submitting incidents, visit webAIRS

To register a new site, follow the prompts in the registration process on the webAIRS landing page. Select 'Register' and 'Add a new site'. The ANZTADC team will authorise your site and support you in your journey to increased patient safety.

NZATS Column

Kia ora koutou,



Rachael Jones **NZATS** President

As the President of the New Zealand Anaesthetic **Technicians Society** (NZATS), it's a privilege to be invited to contribute to your magazine.

As we come close to the end of another busy and rewarding year, I would like to reflect on the strides we have made as a profession and as a community. The past 12 months have been marked by a dynamic mix of education, advocacy, collaboration, and exciting progress towards enhancing our role within the healthcare system.

I am proud to report that our membership remains strong, with over 80% of Anaesthetic Technicians in New Zealand now part of NZATS. This significant representation underscores our commitment to supporting one another and advocating for our profession.

A year of learning and growth

Our collective commitment to ongoing professional development has never been more evident. NZATS has had an active year hosting a variety of study days and educational opportunities that have been well-attended and highly valued. These gatherings have allowed us to share knowledge, grow our skills, and engage with experts in the field, enhancing the care we provide to patients and supporting each other's development.

One of the highlights of the year was our joint conference with the New Zealand



Society of Anaesthetists (NZSA) and the Australian and New Zealand College of Anaesthetists (ANZCA) New Zealand National Committee. This collaborative event was a fantastic opportunity to engage with our peers across the motu, sharing insights and strengthening the bonds between our organisations. These connections will continue to be vital as we work together to drive forward improvements in anaesthesia and perioperative care.

Advocacy and leadership

As always, NZATS has been a strong advocate for our profession, ensuring the voice of Anaesthetic Technicians is heard in discussions that shape the future of healthcare in New Zealand. We have worked tirelessly to ensure that our scope of practice is respected and continues to evolve in line with the growing demands of the sector.

This year, we have also seen continued growth in our Leaders and Educators network. These regular meetings and gatherings have allowed for rich discussions on leadership, workforce development, and best practices. The sharing of ideas and experiences within this network is vital for the continued development of our field.

Exciting developments: The Scope of Practice proposal

The most significant milestone of the year has been the proposed update to our scope of practice. We are thrilled with the progress and are optimistic that we will see a positive outcome by the end of the year. This new scope will reflect the evolving nature of our role and the increasing complexity of our work.

Of course, there are many questions and a lot of curiosity about what the future holds for us as Anaesthetic Technicians within this new framework. What will our role look like in practice? What skills will be required? How will this impact our daily work and career pathways? These are important questions and NZATS is committed to ensuring our members are well prepared for these changes.

Looking ahead to 2025

Next year will build on the momentum of 2024. We will continue to advocate for our profession, deliver educational opportunities, and strengthen our leadership and networks. However, the major focus will be on the implementation of the new scope of practice. This will be a time of change, but also one of exciting opportunities.

We will work closely with our members, health organisations and stakeholders to ensure a smooth transition, providing the guidance and support necessary to navigate the shift in practice.

There is much to look forward to as we continue to grow and strengthen our profession. Together, we will face the challenges of tomorrow with confidence, knowing that we have built a solid foundation through education, advocacy, and collaboration.

Thank you for your continued support of our profession and to NZATS.

Wishing you all a restful and enjoyable holiday season. We look forward to another successful year ahead!

Ngā mihi nui, Rachael Jones, NZATS President

New Zealand Anaesthesia

Listen to the latest from the NZSA podcast



Dr Jenny Henry 1965 – 2024

It is with great sadness that we report the sudden death of our friend and colleague Jenny on the 20th of June 2024, following a catastrophic brain haemorrhage.

Jenny was an international anaesthetist who had made Northland, New Zealand her home for the past 20 years. She will be sorely missed by the medical and wider community of this beautiful and close-knit community.

Jenny spent much of her early childhood in Africa, then undertook her secondary and medical school education and anaesthesia training in the UK. During her anaesthesia training, she developed a lifelong passion for the ocean and took up a consultant post in Plymouth, on the Devon/Cornwall border of the south coast of England.

Some years later, she relocated to New Zealand with her young family, having secured a Specialist Anaesthetist role in Whangārei. She rapidly integrated into work and life in our small coastal city, where she remained until her untimely death.

Jenny was a huge asset to the Anaesthetic Department and the wider hospital. She was hard-working, practical and pragmatic, and was highly regarded for her clinical judgement and well-timed declarations of common sense.

She led the department from 2012-2015 and held many other roles, including leadership roles in sustainability and union activities. Her experience and wisdom, together with her caring attitude and passion for high-quality but low-waste health care, were valued by the whole perioperative team.

Jenny was a strong advocate for equity in healthcare. In recent years, she was a



key contributor to the anaesthesia service at Kaitaia Hospital, a small rural hospital which serves some of the most isolated and deprived members of the community.

Outside of work, Jenny's passion for the environment led her to become involved with marine conservation both locally and further afield. Taking her as far as Antarctica in her quest to help clean up the ocean and preserve precious marine flora and fauna. Those wishing to remember Jenny should consider a contribution to Project Jonah – see www.projectjonah.org.nz for further details.

Jenny is survived by her two young adult children, Dougie and Pippa, of whom she was fiercely proud. She had suffered the loss of her long-term partner in 2023, and, at the term of her death, was planning to spend a year in the UK to spend time with her sister and her son.

At the time of her death, she was on the Gold Coast with her daughter, and, in keeping with her wishes, she was able to donate organs to eight recipients, a last act of giving in a life filled with adventure, passion and caring. She achieved so much in her 58 years on the planet and will be remembered and missed by so many.

Written by Dr Joanna Coates



WebAIRS is an online anaesthetic incident reporting system for Australia and New Zealand.

We need you to submit your de-identified reports to our database.

By disseminating lessons learned from reported incidents, our team aims to improve patient safety and enhance the quality of perioperative care. Registering and contributing to webAIRS has many benefits, including;

- Enhanced patient safety
- Professional learning and development through CPD credits
- Data-driven policy and guideline improvements
- Collaboration and knowledge sharing.

To learn more visit www.anztadc.net

WebAIRS is administered by ANZTADC, the Australian and New Zealand Tripartite Anaesthetic Data Committee – a joint initiative of the Australian Society of Anaesthetists, the New Zealand Society of Anaesthetists and the Australian and New Zealand College of Anaesthetists.









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