

NEW ZEALAND Anaesthesia

THE MAGAZINE OF THE NEW ZEALAND SOCIETY OF ANAESTHETISTS - NGĀ RINGA TAUWHIRO O AOTEAROA
AUGUST 2025

Contributing to safe anaesthesia around the globe



Supporting training in the Pacific

Lifebox ANZ: Safer surgery and
anaesthesia programmes

WFSA advocacy:

Amplifying anaesthesia's global voice



New Zealand
SOCIETY OF
Anaesthetists

Ngā Ringa
Tauwhiro
o Aotearoa

Crystal-clear precision that fits in your pocket

The Clarius L7 HD3 wireless scanner is designed to help you navigate regional nerve blocks and facilitate post-operative follow-up examinations, faster than ever before.



Scan me!

Questions?

Talk to our experts today and book a product demo.

 CAPESMEDICAL.CO.NZ
 0800 18 19 19


CAPES



WCA

15-19 APRIL 2026

19th World Congress
of Anaesthesiologists
MARRAKECH * MOROCCO



Société Marocaine d'Anesthésie, d'Analgie et de Réanimation
Moroccan Society of Anesthesia, Analgesia and Critical Care

#WCA2026

JOIN US

wcacongress.org

 **Early Bird Registration**
Deadline 21 January 2026

 **Abstract Submission**
04 June - 30 September 2025

 **Pre-WCA2026 webinars**
Every month

Bring ANZCA excellence to a global audience.

Join the world's leading anaesthetists at WCA2026.



CONTENTS

- 4 President's column
- 6 News in brief
- 10 Workshop highlights at Aotearoa NZ Anaesthesia ASM
- 12 Supporting anaesthesia training in the Pacific
- 14 My imPACTful journey, PACT Fellow, Dr Angelline Fa'arondo Phatu Toaliu
- 16 WFSA advocacy: Amplifying anaesthesia's global voice
- 19 Lifebox ANZ: Safer surgery and anaesthesia programmes
- 22 It's not about perfection. Embarking and growing in your reo Māori journey
- 25 New te reo Māori member exclusive learning resources
- 26 An anaesthetist's journey through systems level change, Dr Hamish Gray
- 28 Why AI matters in health
- 31 Trainee Column: From the NHS to the Southern Hemisphere
- 34 Update from Te Tāhū Hauora HQSC
- 36 WebAIRS news: A review of paediatric medication related incidents reported to webAIRS



14

My imPACTful journey, PACT Fellow, Dr Angelline Fa'arondo Phatu Toaliu



22

It's not about perfection. Embarking and growing in your reo Māori journey



26

An anaesthetist's journey through systems level change, Dr Hamish Gray

Cover image by Brgfx on Freepik.





Publication dates

Published:

December 2025
April 2026
August 2026

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

 New Zealand Society of Anaesthetists
 @thenzsa.bsky.social  @theNZSA
 New Zealand Society of Anaesthetists

Connect with your audience - advertise with New Zealand Anaesthesia!

Our advertising rates are very competitive. Find out more by contacting Tylar Peratiaki: advertising@valleyprint.co.nz

Magazine advertising is available on both standard and premium pages. Options include full page, half page and quarter page. Complimentary advertising is also included in our E-Newsletter (E-Zine) – conditions apply.

Magazine content may be reproduced only with the express permission of the NZSA Executive. Opinions expressed in New Zealand Anaesthesia do not necessarily represent those of the NZSA.

www.anaesthesia.nz

President's Column



Ngā Ringa Tauwhiro o Aotearoa – A new chapter for the NZSA.

Kia ora koutou.

Over Matariki, the NZSA proudly introduced and celebrated its new reo Māori name –

Ngā Ringa Tauwhiro o Aotearoa. This was a meaningful moment for the Society, marking a significant change that honours the cultural foundations of the land that unites our community.

The metaphorical translation of our new te reo name evokes imagery of unseen, nurturing care - protecting patients' wellbeing through our expertise. It's a beautifully fitting metaphor for our profession.

Our lesser visible (yet vitally important!) role also means we must work harder to raise awareness of our expertise with patients, the public, and even within the health system. Anaesthesia may be a victim of its own success. Whilst we are fortunate that it's safer than ever to have an anaesthetic in Aotearoa, our broader skillset is unfortunately often overlooked, particularly in the perioperative space. It's frustrating and all the more reason to keep advocating for representation, especially in our current environment.

As I've said before, our strength lies in our collective voice. Through the NZSA, we have the ability to advocate with impact. At this pivotal moment, how is the NZSA working

to elevate the visibility and recognition of anaesthetists and our vital expertise?

In June, the NZSA met with the new Minister of Health, Hon Simeon Brown, to hear directly about his government's direction for our health system, particularly the renewed focus on elective surgery and the increased reliance on outsourcing to the private sector.

Whilst outsourcing is not new to the health landscape, the proposed rapid scale-up of elective procedures raises serious concerns and may not be the fix our health system needs. Without intentional, collaborative planning and thoughtful patient selection across the motu, this approach risks exacerbating workforce shortages, increasing public hospital complexity, and entrenching inequity.

During our meeting, we used the opportunity to highlight the breadth of anaesthetists' expertise and the critical insights we can offer towards constructive, sustainable change. We raised key concerns being experienced across the country, informed by the feedback and experiences you've shared with us.

With the Minister's support, the NZSA is now facilitating a meeting with Te Whatu Ora Health New Zealand's leadership to continue this dialogue and seek clarity on the implications of these initiatives for our members, public and private hospitals, the patients we care for, and the sustainability of our profession.

Supporting members through change

We know that outsourcing presents a complex and evolving challenge for many of you. To support our members, the NZSA is

developing a set of Outsourcing Principles to guide our advocacy and provide a helpful framework for those working in both public and private settings, should you wish to use them.

In addition, we've engaged legal expertise to best understand how the Society can help you, and to provide tailored guidance for anaesthetists working in private practice to assist you whilst navigating these changes within the parameters of the Commerce Act. Our goal is to support you practically and effectively, wherever you work.

We've also been meeting with key stakeholders, including Southern Cross and the New Zealand Private Surgical Hospitals Association, to better understand their perspectives and how increased public outsourcing is affecting them.

Public engagement remains another area where we can demonstrate the value of our specialty. The NZSA's publicly available patient education resources highlight the specialised skillset of anaesthetists in a way that is accessible and meaningful to the public.

Looking ahead

Whilst we remain responsive to all that is going on and focused on protecting the future of our profession, the Executive Committee is also looking ahead to the future of the Society.

Recently, we held a full-day Strategy Day, dedicated to discussing what the NZSA can do for its members and setting clear intentions for the years ahead. Work is now underway to refine and prioritise the goals we discussed, and we look forward to sharing these with you soon.

If you're interested in contributing to this vision, we'd love to hear from you. Whether you're early in your SMO journey or approaching retirement, we welcome expressions of interest in joining the Executive Committee. It's a valuable opportunity to gain non-clinical governance experience with a supportive group and to help guide the future of our profession. Details are available on the NZSA's website.

Another significant task ahead is the NZSA's re-registration under the Incorporated Societies Act 2026. This requires changes to our constitution to meet the new Act. It also presents an opportunity to review our constitution and address other areas that may benefit from an update. These changes require your input and support. A draft will be shared with members for feedback, and members will have the opportunity to vote on the final version at our AGM in November.

The AGM will also be the conclusion of my time as President, and I will be handing over the reins to Dr Jonathan Panckhurst. It has been an incredible honour and privilege to serve in this role and to represent such a dedicated and passionate community. While stepping into the Immediate Past President role is bittersweet, I do so with pride in what we've achieved together and genuine excitement for the direction the Society will take under new leadership.

Ngā mihi nui,



*Dr Morgan Edwards
President, New Zealand Society of Anaesthetists -
Ngā Ringa Tauwhiro o Aotearoa*

New Zealand Society of Anaesthetists | Ngā Ringa Tauwhiro o Aotearoa



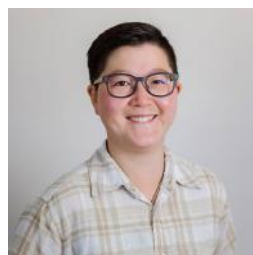
The New Zealand Society of Anaesthetists has added to its name and visual identity its own reo Māori name: New Zealand Society of Anaesthetists - Ngā Ringa Tauwhiro o Aotearoa.

Ngā Ringa Tauwhiro o Aotearoa metaphorically translates to unseen, nurturing care. Ringa Tauwhiro conveys an image of skilled hands offering calm, careful, and compassionate care. It speaks directly to the role of anaesthetists as the often-unseen presence – nurturing and protecting patients' wellbeing through their expertise. O Aotearoa is a reminder that the Society is intrinsically connected to our country. It grounds our identity within the culture, values and people of this land.

As a proud Aotearoa New Zealand organisation, having a te reo name reflects a fundamental aspect of our country's heritage. It aligns the Society with many other health organisations who have done the same, and it recognises our commitment to Te Tiriti, to equity and inclusion.

Welcome to the new NZSA Trainee representatives

Drs Anne Chiang and Dairshini Sithambaram recently joined the NZSA as Trainee Representatives, bringing valuable trainee perspectives to the NZSA Executive Committee.



Dr Anne Chiang is in her first year of basic training, currently based at Palmerston North Hospital. The technical challenges of anaesthesia

and the meaningful contribution it makes to the theatre team, healthcare system, and ultimately to patient outcomes drew her to the specialty. Before retraining in medicine, Anne was a hospital-based Physiotherapist and volunteer Emergency Medical Technician with St John.

"It's very rewarding to be able to reassure patients during a particularly vulnerable part of their health journey. As a trainee rep on the NZSA Executive Committee, I'm looking forward to leading initiatives that increase trainee involvement and sense of community/belonging within NZSA".



Dr Dairshini Sithambaram is an Advanced Trainee Anaesthetist currently based in Auckland. Dairshini spent time working in intensive

care and emergency medicine before finding her place in anaesthesia. Finding the mixture of emergencies, electives and one-to-one nature of anaesthesia extremely fulfilling. She completed nearly four years of anaesthesia training in Scotland before moving to New Zealand.

“I hope my background working in these different areas, and in Scotland, will bring a different perspective on trainees’ needs to the Executive Committee. As a trainee representative, the NZSA will provide a platform to both listen to and voice concerns about the changing needs of the specialty within the country.”

Dairshini shares her experience moving to New Zealand as a UK Anaesthetic Registrar in the latest trainee report, Page 29.

NZSA meeting with the Minister of Health

On June 10, NZSA representatives – President Dr Morgan Edwards, Executive Committee members Dr Renee Franklin and Dr James McAlpine, and CEO Kylie McQuellin – met with the Minister of Health, Hon Simeon Brown.

It was a valuable discussion and an opportunity to demonstrate anaesthetists’ vital role in providing safe and timely care for patients.

The group shared member examples to illustrate the inconsistencies in outsourcing practices across the motu, particularly regarding patient selection and preoperative assessment pathways. We recommended improvements in these areas, highlighted

the benefits of inter-regional collaboration, and emphasised the importance of regional flexibility. By highlighting the role of anaesthetists in the perioperative journey, the group demonstrated the value of perioperative care and how it can improve patient outcomes and experiences, ultimately contributing to a reduction in elective care waitlists.

Anaesthetists and the NZSA are well-placed to offer our expertise and insight towards making improvements. The Minister was receptive to the topics discussed and supported the NZSA to meet with Health New Zealand Te Whatu Ora to discuss challenges and opportunities around outsourcing.

ISPACMaC has a new website!

The In Situ – Paediatric Anaesthesia Crisis Management Course is a simulation-based course that offers anaesthetists and perioperative teams the opportunity to practise managing paediatric anaesthesia crises in their own clinical environment. It is specifically designed for those caring for children in the theatre setting.

The new website offers all the details about hosting and attending an ISPAMaC course. Check it out: [ISPACMaC website](#)



IS PACMaC

IN-SITU PAEDIATRIC ANAESTHESIA CRISIS MANAGEMENT COURSE,
A PANNZ & SPANZA INITIATIVE

Recent submissions

The NZSA has been busy in its advocacy work, including submitting feedback to a range of consultations.

Our thanks to all who have been in touch with your thoughts to help inform the NZSA's feedback.



- Medical Sciences Council New Zealand: [Feedback on draft sedation guidelines for Anaesthetic Technicians](#) – August 2025
- [Consultation: Requirements for internationally qualified ATs beginning work in New Zealand](#) – July 2025
- Pharmac: [Consultation on possible brand changes through the annual tender](#) – June 2025
- ANZCA: [PG28 Guideline on infection prevention and control in anaesthesia](#) – May 2025
- ANZCA: [PG46 Guideline on training and practice of perioperative echocardiography in adults](#) – May 2025
- Ministry of Health, Manatū Hauora: [Putting Patients First: Modernising health workforce regulation survey response](#). & [Letter to the Director General of Health](#) – April 2025
- Te Tāhū Hauora Health Quality & Safety Commission and the Trauma National Clinical Network: [Survey response: National chest injury pathway](#) – April 2025

Copies of all submissions are available on the [NZSA website](#)

Translated patient education resources

Some of the patient education resources available from myanaesthesia.nz have been translated into Te reo Māori, Simplified Chinese, Tongan and Samoan. Offering more languages to help inform your patients and their whānau about anaesthesia and their procedure.

We welcome your feedback on these resources! Do you have a topic you'd like added? A language you'd find helpful? Or interested in helping to write one? Please [get in touch](#).

These resources are free to access. You can also [download and print posters](#) to hang in patient facing areas with QR codes directing patients directly to specific topics.



Aotearoa NZ Anaesthesia ASM 2025

NOVEMBER 12 – 15

KIRIKIRIROA HAMILTON, WAIKATO

CLAUDELANDS EVENT CENTRE



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



Prof Jamie Sleight

Professor of Anaesthesiology and
Intensive Care, Waikato Clinical
School, University of Auckland



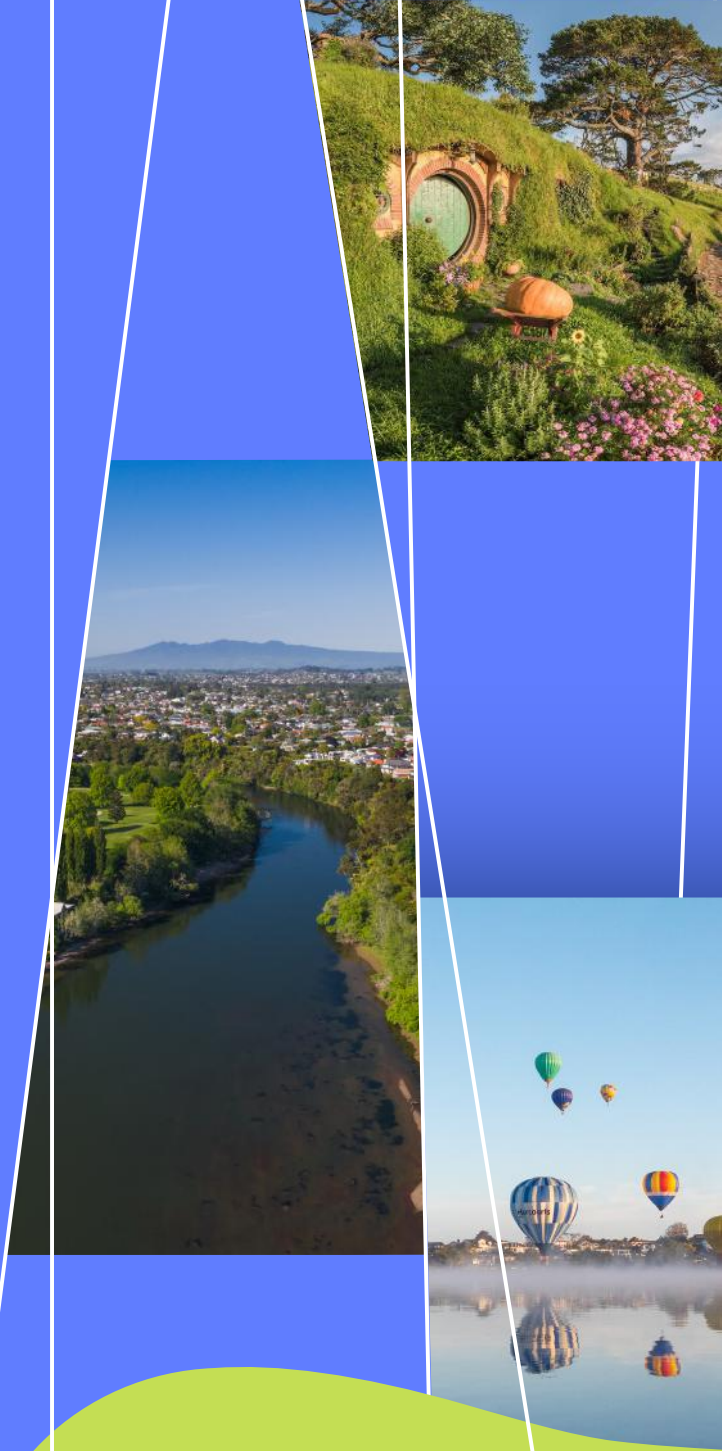
Iris Reuvecamp

Barrister and Solicitor,
High Court of New Zealand.
Solicitor of the Senior Courts,
England and Wales



Dr Mark Hamilton

Clinical Lead Vascular Surgery,
Northern Territory, Australia



20 25

Register now
www.nzanaesthesia.com



Ngā Ringa
Tauwhiro
o Aotearoa



ANZCA

Australian and New Zealand
College of Anaesthetists
Te Whare Tohu o Te Hau Whakaora

Workshop highlights at Aotearoa NZ Anaesthesia ASM

The Aotearoa NZ Anaesthesia ASM (NZASM) will offer a range of unique workshops that will satisfy ANZCA CME requirements and broaden your horizons.

On the Wednesday you can explore Aotearoa's history from a different perspective in the Wall Walk workshop and gain a deeper understanding of the historical origins behind the inequities and intergenerational trauma that exist in our health system.

Then on Thursday, learn to build personal resilience, de-stress and improve your ability to switch off after work in an interactive workshop for current or future leaders, led by Nick Petrie.

The Wall Walk - Te Hīkoi Maumahara Wednesday 12 November, 10am-2pm.



An interactive half-day workshop that will open your heart and mind to different perspectives of our nation's history. This workshop is designed to raise collective awareness

of key events in the history of New Zealand's bicultural relations by 'walking through' time and events.

Workshop outcomes: You will gain a deeper understanding of the historical origins behind the inequities and intergenerational trauma that exist in our health system. The walk may identify gaps in what you have learned or challenge you to unlearn what you know. Through the knowledge gain or refresh, the walk invites participants – before, during and after – to think more about the impact of history on today's social

outcomes. To identify patterns and the role you can play as an individual within the larger system today, tomorrow and ahead.

If you're interested in a little taster, check out this introductory video.

Resilience and Leadership | Decreasing Stress as a Healthcare Professional Thursday 13 November, 1.30-3pm

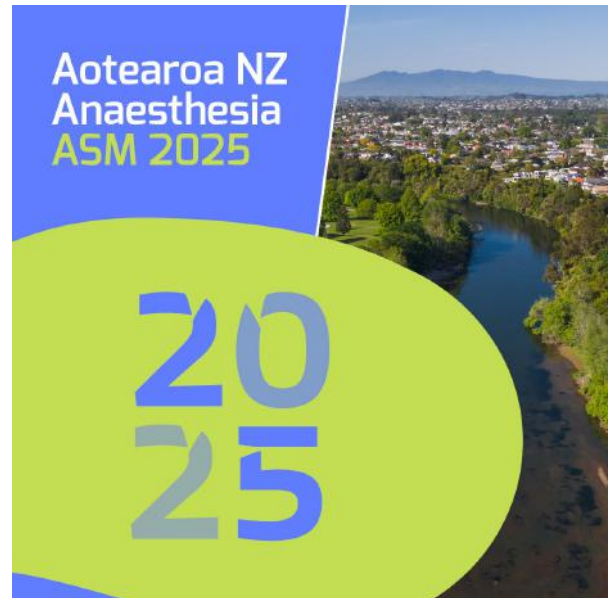
Gain insight into your personal coping profile and discover how you can help others in your team and family to deal with the demands of life in this interactive workshop for current or future leaders.

Attendees will be sent a 15-minute assessment two weeks prior. During the workshop, Nick will help you understand what your results mean and how you can use them to decrease your stress and perform at your best. The assessment will dramatically increase your self-awareness of your coping strategies and identify particular strengths and opportunities for improvement.

Workshop outcomes: In this session, you'll learn more about:

- The difference between stress and pressure, and how you respond to pressure.
- What the habitual responses are and how these help or hinder their effectiveness.
- Improving your ability to switch off and relax when not at work.
- How to more effectively deal with complications that could cause some stress.
- How stress is created and what you can do to avoid it.
- Your resilience profile based on eight dimensions.
- How leaders and staff can reduce stress even in times of change.

[View the NZ ASM Workshop Programme](#)



mas'

*For 9 years in a row,
you've chosen us!*



Thank you to our Members for continuing
to vote us Consumer People's Choice.

mas.co.nz

Supporting anaesthesia training in the Pacific

Supporting a sustainable workforce across the Pacific can cost less than one cup of coffee a week!

Join the Pacific Anaesthesia Collaborative Training (PACT) Programme donor community, supporting a sustainable and safe anaesthesia workforce in the Pacific region.

Thanks to the generous contributions from anaesthetists and friends across the motu alongside the Seelye Trust, Interplast, and Pacific Community Communauté du Pacifique (SPC), PACT is currently supporting five Fellows completing their anaesthesia training at Fiji National University (FNU).

The training pathway in the Pacific region consists of:

- A one-year Diploma in Anaesthesia.
- Application to and completion of FNU's three-year MMed Anaesthesia Masters programme. Earning a qualification comparable to the ANZCA Fellowship.
- These anaesthetists return home where they can provide consultant services for their community and mentor future anaesthetists.



Inaugural PACT Fellow Dr Cecilia Vaai-Bartley's graduation 2023.

Trainees and their home countries struggle to meet the costs of the FNU MMed Anaesthesia Masters programme (approximately NZD \$20,000 per year). It's a huge barrier to anaesthesia development in the Pacific.

At the current level of funding, the Pacific region will not meet the Global Safe Surgery target of five anaesthetists per 100,000 people.¹ Their stretched workforce risks burnout as anaesthetists move to other countries, change specialties, or leave medicine altogether.

In response, the NZSA Global Health Committee established PACT to provide long-term funding to support more Pacific trainees through their Diploma and Masters programmes. PACT hopes to increase the



Dr Sweta Mudaliar completing her MMed in Anaesthesia in 2024.

number of anaesthetists with an MMed Anaesthesia in the Pacific to six more than local funding can support by 2027.

Over the past two years, PACT proudly celebrated the graduations of Dr Cecilia Vaai-Bartley (Samoa) and Dr Sweta Mudaliar (Fiji). Both are now working as consultant anaesthetists in their home countries.

Current PACT Fellows Dr Angelline Phatu (Vanuatu); Dr Allan Seniloli (Fiji); Dr Nikish Narayan (Fiji); Dr Phil Temakon (Vanuatu);

and Dr Esjae Sesega (Samoa) are all well underway in their training at FNU.

Just twenty more regular donors would fund six months of living expenses for a PACT Fellow in Suva enrolled in Fiji National University's (FNU) MMed Anaesthesia programme.

- 1 Kempthorne P, Morriss WW, Mellin-Olsen J, Gore-Booth J. The WFSA Global Anesthesia Workforce Survey. *Anesth Analg*. 2017 Sep;125(3):981-990. doi: 10.1213/ANE.0000000000002258. PMID: 28753173.

Want to get involved?

If you can spare just \$5 a week, less than a cup of coffee! You can help support anaesthesia training and the development of a sustainable workforce in the Pacific.

[Start your donation now](#) – or [read more about PACT](#)

**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.**



Start your donation



My imPACTful journey

Dr Angelline Fa'arondo Phatu Toaliu,
PACT Fellow & Trainee Registrar.



I am an Anaesthetist trainee registrar currently studying towards my Diploma in Anaesthesia (first year of training) in Suva, Fiji.

I hail from the beautiful island of Ambae, one of 83 islands in the volcanic archipelago of Vanuatu. My maternal links stretch from the shores of the Solomon Islands to the palms of Fiji. This is my Melanesian triangle.

My journey into Anaesthesia began with a hope of following in the footsteps of my late maternal Grandfather, Dr Japheth Ramofunu Fa'arondo, who was also an Anaesthetist with subspecialty interests in Paediatric Anaesthesia. However, this interest blossomed into my newfound passion for providing safe, effective care during surgical procedures. The beauty of Fiji and the warmth of its people inspire my work daily.

I first heard about the New Zealand Society of Anaesthetists Pacific Anaesthesia

Collaborative Training (PACT) programme from my Senior Anaesthetist Consultant, Dr Christian Leepo, in June 2022. But it was not until I attended my first Pacific Society of Anaesthetists' (PSA) conference in September that same year that I met PACT sponsored trainees and learned from their testimonials about the incredible impact PACT has on anaesthesia training in the Pacific Region. I was eager to get involved.

PACT significantly enriched my training experience when it favoured my application request for sponsorship in the Post Graduate Diploma in Anaesthesia Programme in Fiji. It has provided access to vital resources, mentorship from experienced Anaesthetists and opportunities for hands-on practice. It has broadened my knowledge of anaesthetic techniques and improved my confidence in the operating room. Additionally, PACT fosters a supportive community of professionals who share

“The beauty of Fiji and the warmth of its people inspire my work daily.”



The Pacific Society of Anaesthetists Annual Refresher Course.



insights and experiences, which has been invaluable.

My training here in Suva involves a structured approach, balancing theoretical learning with practical experience. This includes workshops, simulation scenarios and supervised clinical practice. I engage in regular assessments and feedback sessions, which help me track my progress and identify areas for improvement. The opportunity to learn from both local and international experts has been particularly beneficial.

I aspire to become a leader in anaesthesia within my community and contribute to improving healthcare services across my Melanesian triangle and beyond. My goal is to advance my expertise and eventually mentor future anaesthetists, ensuring that we can provide top-notch surgical care in our region. I also hope to participate in initiatives that enhance access to anaesthesia and education in rural areas.

One of the hardest aspects of training in Suva, just like back home in Port Vila and Honiara alike, is the limited resources and staff available compared to more urbanised regions. This can make it challenging to gain exposure to a wide variety of cases.

Additionally, we sometimes must contend with a high patient load and the need to prioritise care with limited supplies.

Despite the challenges, these factors foster resilience and creativity in problem-solving, vital skills for any clinician.

To my fellow Anaesthetists, I urge you to consider supporting PACT with your donations. Your contributions provide invaluable resources and opportunities that make a real difference in the lives of anaesthesia professionals in the Pacific region. By investing in the PACT programme, you're not only enhancing our training but also helping to improve patient care and safety for countless individuals. Together, we can cultivate a new generation of anaesthetists who will continue to serve our communities with skill and compassion.

I am Angelline Fa'arondo Phatu Toaliu, and this is my imPACTful journey.



WFSA advocacy: Amplifying anaesthesia's global voice

The World Federation of Societies of Anaesthesiologists (WFSA) serves as the global voice of anaesthesia, advocating for equitable access to safe anaesthesia and surgical care for all.

Representing approximately 500,000 anaesthesiologists through its 142 Member Societies, including the New Zealand Society of Anaesthetists (NZSA), the WFSA plays a crucial role in influencing global health policy and strengthening anaesthesia systems worldwide.

As a Non-State Actor (NSA) in official relations with the World Health Organization (WHO), WFSA is uniquely positioned to advocate for the inclusion of anaesthesia and perioperative care within global health priorities. This formal relationship allows WFSA to contribute directly to WHO initiatives and to participate in key global health forums, ensuring anaesthesia is recognised as a fundamental component of emergency and essential surgical care.

WFSA at the 2025 World Health Assembly and regional WHO engagement

WFSA continues to represent the global anaesthesia community at the highest levels of health diplomacy. In May 2025, WFSA participated in the 78th World Health Assembly (WHA) in Geneva, engaging with member states and global health stakeholders to amplify the importance of safe and equitable anaesthesia and its role in global health systems. To do this WFSA delivered plenary statements, co-hosted



WFSA CEO Kristine Stave delivering a statement on Universal Health Coverage at WHA78.

side-events, and participated in bilateral meetings with governments and global health leaders.

Key advocacy messages included promoting Patient Blood Management for Universal Health Coverage, highlighting anaesthesia's vital role in health emergencies, urging climate smart operative care, and calling for childhood cancer to be strongly featured in NCD frameworks. [A summary of WFSA at WHA can be found on our website.](#)

As part of our regional engagement, WFSA will also be represented at several upcoming WHO regional committee meetings. Notably, at the [76th Western Pacific Regional Committee](#) meeting which is being held in Suva, Fiji from 20-25 October 2025, WFSA will be represented by the Pacific Society of Anaesthesiologists (PSA), reflecting our commitment to local leadership and context-specific advocacy. These meetings offer critical opportunities to influence health systems planning, particularly as countries build resilience for future health emergencies.



WFSA Presidents past, present and future: Daniela Filipescu WFSA President, Adrian Gelb Past WFSA President and Carolina Haylock-Loor President-Elect at the WHA 78 Plenary.

Strengthening emergency, critical, and operative care

In support of WHO's work to implement and integrate [Emergency, Critical and Operative \(ECO\) Care](#) services, WFSA is a founding member of the [Acute Care Action Network \(ACAN\)](#)—a global alliance of partners advocating for integrated, lifesaving care. Through ACAN, WFSA contributes to coordinated global efforts to prioritise the development of anaesthesia, surgical, and emergency systems, particularly in low resource settings. These efforts align with our long-standing mission to ensure that safe, timely, and affordable anaesthesia is available to every patient, everywhere.

In partnership with WHO, WFSA is at the forefront of developing clinical training tools and safety standards to improve the delivery of care globally. We are currently collaborating on the development of anaesthesia and basic emergency care course materials that are both context-appropriate and scalable. We are also leading efforts to revise and renew two critical global safety standards: the [WHO-WFSA International Standards for a Safe Practice of Anaesthesia](#) and the [WHO Surgical Safety Checklist](#), both of which serve as benchmarks for quality perioperative care.

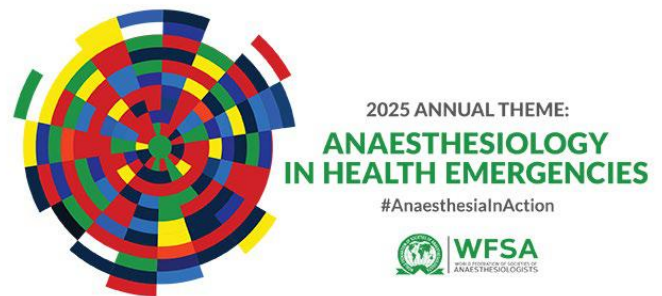
Campaigning for safer, fairer anaesthesia globally

Beyond our collaboration with WHO, WFSA remains deeply committed to issue-based advocacy, guided by the expertise and passion of our global committees. Our advocacy on Patient Blood Management (PBM), particularly anaemia, has been elevated through the [Santa Cruz Declaration](#), a call to action signed by over 110 Member Societies and global health organisations (including NZSA) for healthcare systems to address the impact of anaemia on surgical outcomes. The declaration highlights the need for national PBM strategies and better diagnostic and treatment pathways.

We are also proud to have the NZSA join as one of the signatories of our global campaign to [improve access to safe labour analgesia](#), recognising that every patient deserves access to pain relief during childbirth. In many parts of the world, labour analgesia is still considered a luxury rather than a right. WFSA is committed to changing this narrative through awareness, training, and policy change.

In collaboration with Smile Train and Lifebox, we continue our work to [Close the Capno Gap](#)—a campaign that aims to scale up access to capnography equipment in under-resourced settings. The campaign calls on WHO and national governments to upgrade capnography in the WHO WFSA anaesthesia standards to “highly recommended” and to include it alongside pulse oximetry on the WHO Surgical Safety Checklist. With thousands of operating rooms still lacking access to capnography, this campaign is a tangible example of how WFSA’s advocacy translates into direct action.

Get involved: Celebrating World Anaesthesia Day and World Patient Safety Day



As we look ahead, we invite all NZSA members and the wider New Zealand anaesthesia community to engage with our upcoming global events. [World Anaesthesia Day](#) on 16 October 2025 will be themed “[Anaesthesiology in Health Emergencies](#)”, recognising the critical role of anaesthesiologists in disaster response, pandemics, and conflict settings. On the day, WFSA will host four webinars scheduled for different time zones to explore the different components of anaesthesia’s essential role in a variety of health emergency settings. Full details will be announced shortly. In the run up to World Anaesthesia Day, we’ll also be ramping up our #WAD25 social media campaign to encourage the anaesthesia community to share their World Anaesthesia Day stories, photos, and advocacy messages.

Before then, we will mark [World Patient Safety Day on 17 September](#) with a global webinar focusing on the theme “Safe Care for Every Child and Newborn”. This event will shine a spotlight on the importance of paediatric anaesthesia safety, particularly in low-resource settings, and share innovations that improve outcomes for our youngest patients. Information about upcoming webinars and recordings of past ones can be accessed through the [WFSA webinar page](#).

Lifebox ANZ: Safer surgery and anaesthesia programmes



Lifebox Australia and New Zealand (Lifebox ANZ) is a collaboration of the Australian and New Zealand College of Anaesthetists (ANZCA), the Australian Society of Anaesthetists (ASA), and the New Zealand Society of Anaesthetists (NZSA) working with the Lifebox Foundation to raise funds and implement safer surgery and anaesthesia programmes in low and middle income countries.

The global Lifebox programme was launched in 2011, with the aim of providing pulse oximeters to operating rooms that lacked this critical monitoring device. Today, Lifebox works across its three core pillars of safer surgery: improving anaesthesia safety, reducing surgical infection rates, and strengthening surgical teamwork – by providing the training and tools needed.

Working under the global Lifebox programme, Lifebox ANZ supports safer surgery and anaesthesia projects closer to home. From Myanmar, Papua New Guinea, Philippines and Laos to Bangladesh, and recently Cambodia.

Lifebox ANZ Chair, Dr Suzi Nou, shares an update on recent changes, key achievements and her trip to Cambodia to assist with their third capnography workshop.

What have been the key achievements for LifeBox ANZ over the past couple of years?

I became Chair of Lifebox ANZ in 2023. There have been some big changes

internally, which hopefully have been seamless from an external perspective and two significant achievements.

For many years, we have been a collaboration of ANZCA, the ASA, the NZSA, Interplast and the global Lifebox Foundation. Interplast provided invaluable support in providing us a strong fiscal base, whereby we could receive donations and grant tax deductibility. Over this time, our organisations have matured, and we found it timely to continue our partnership without Interplast. To move forward as an ongoing collaboration between ANZCA, ASA, and NZSA, working with the Lifebox Foundation.

Donations to Lifebox ANZ remain tax deductible, and we are very grateful for the support of the ANZCA Foundation in managing our accounts. The global Lifebox Foundation now provides our secretariat



Lifebox Chair Dr Suzi Nou at the Cambodian Capnography workshop.



Cambodian Capnography workshop.

support, giving us more opportunity to ensure our strategic goals are aligned and streamline operational processes.

But this is not what the world sees, neither are they the key ‘outputs’ from Lifebox ANZ. We, with support from the ASA and the Cambodian Society of Anaesthesiology, Critical Care and Emergency Medicine (SCARMU), delivered the first ever Lifebox capnography workshop in Cambodia. This workshop trained 25 local anaesthetists in a ‘train the trainer’ model. Ten Cambodian instructors have gone on to train a further 56 health care providers in a second workshop, conducted in their own language. At that workshop, 12 capnograph/oximeter units were distributed to hospitals throughout the country. This makes a small dent in the estimated 200 public hospital operating theatres that don’t have a functioning capnograph. That number does not include



private hospitals, non-governmental organisation (NGO) hospitals, intensive care units and emergency departments, where capnographs play a vital role. Still, it has been highly rewarding to see how the delivery of capnograph education and devices can snowball from such modest beginnings.

How is Lifebox ANZ supporting Papua New Guinea (PNG) and other Pacific Islands?

A needs assessment was done by our peers in PNG, and they found that at least 30 hospitals are without any capnography at all. Each hospital has multiple anaesthetising locations. Furthermore, some hospitals reported that they had capnography, but it wasn't functioning accurately, leaving an estimated capnography gap of 100 across the country.

We are keen to support other Pacific nations. Unlike the challenge in Cambodia, which has a lot of operating theatres within a relatively small area, the Pacific poses a different challenge. The Pacific has fewer theatres across a much greater area. We are keen to support the delivery of capnograph devices and training in their use across the Pacific. However, given other factors, such as the use of the English language and culture, we are also considering some of the other Lifebox programmes, such as Safe OR. Safe OR emphasises human factors and non-technical skills in the management of anaesthetic and surgical emergencies.

What are the key goals and objectives for Lifebox ANZ looking ahead?

We need more money! We want to raise awareness of the work we're doing and invite anaesthetists to support us.

I've just returned from the third capnography workshop in Cambodia, organised by SCARMU. SCARMU sent invitations to anaesthesia providers from around the country, and when word got out, many people were in touch, asking if they could also join the course. We taught to a full house, and at the end of the course, we gave away the remaining 11 capnographs.

The Cambodians are so thirsty for knowledge. I've been added to a Cambodian capnography Telegram group, and I'm impressed with their questions and how they support each other.



How can people help?

If you are already involved in working or volunteering in a low and middle income country in the region and think they might be interested in receiving a capnography device and training in capnography, then please reach out to us at www.lifebox.org/contact-us.

[Donate here](#)

It's not about perfection

Embarking and growing in your reo Māori journey with Ella Sargent, Founder Manawa Māori



The NZSA partnered with Manawa Māori for the development of the Society's te reo Māori name – Ngā Ringa Tauwhiro o Aotearoa, and unique member-exclusive te reo Māori learning resources.

Founder of Manawa Māori, Ella Sargent, shares her te reo Māori learning journey and tips that can help whether you're getting started or bringing more reo Māori into your day-to-day.

What motivated you to start learning Māori?

Like many New Zealanders, I didn't grow up immersed in te reo Māori. My koro (grandad) lived through a time when children were punished for speaking Māori, so my pāpā's generation weren't able to pass it on. At home and at school, everything was in English, and the Māori language simply wasn't part of my life until early adulthood.

Surprisingly, it wasn't a burst of motivation that got me started, but perfect timing and an open invitation. In 2021, my pāpā asked if I'd join him in a weekly beginner's class. I hadn't planned on learning Māori that year, but his support gave me the space to commit, and I quickly realised there's no single 'right' reason or playbook for beginning this journey. That simple invitation opened the door for both of us to discover the value of te reo Māori and set us on a path we're still walking together.

Overcoming key challenges

As I continued my journey, I faced a few hurdles familiar to many language learners. Mispronunciation was a big one at the start, but by connecting with other learners and spending time in multilingual environments, I learned that language isn't about perfection; it's more about showing up with intention and humility. That mindset now underpins everything we do at Manawa Māori.

Once I left college, balancing learning with work and life commitments became my next challenge. Instead of long study sessions, I embraced microlearning: switching my phone to te reo Māori, practising phrases while cooking, reciting karakia each morning, and journaling simple sentences about my day. This approach shaped our ethos at Manawa Māori: learning that is convenient, contextual, and easy to integrate into everyday life.

Most importantly, learning alongside my pāpā made all the difference. We celebrated every small win together, reminding

*“for anaesthetists,
using te reo Māori can
positively impact patient
care, fostering trust,
a sense of belonging”*

ourselves that fluency isn't required to feel progress. It was our shared commitment that kept us moving forward. Finding a language buddy or community early on can transform your journey.

How using Māori in your everyday can help others

What I've found is that te reo Māori doesn't just change what you say, it changes how you see. Through the Māori language, I've come to appreciate a worldview built on connection and collective wellbeing. Take the word whakapapa for example. We often translate it as “ancestry,” but it also means

Practical tips to get started

Start small.

Learn one phrase a week and try it out with your patients or colleagues

Learn with context.

When you pick up a new word or phrase, note where you'll use it so it becomes part of your routine.

Find your style.

Choose a course, app, podcast, or community to join! Whatever keeps you engaged and coming back.

Speak out loud.

Repeat each new word three times before using it in conversation to build muscle memory.

Be patient.

Mistakes are steps in learning. Keep practising, and you'll keep improving.



“to lay one upon another,” which I like to picture as generations stacked like layers in a family tree.

We all know how important language is, and for anaesthetists, using te reo Māori can positively impact patient care, fostering trust, a sense of belonging, and ultimately better outcomes.

Final thoughts

I’m consistently reminded that language is all about people. It reflects how we choose to show up and connect with patients, colleagues, and communities. The Māori language invites us to engage with care, depth, and understanding.

You don’t need fluency, and you won’t get it right every time (I certainly don’t, even

as a facilitator). You just need to start. And perhaps, like me, you’ll find that learning Māori gives something back too: a deeper connection to people, to place, and to purpose.

About Ella

- Ancestry from Ngāpuhi, England, Germany
- Began learning Māori in 2021
- Founded Māori language company, Manawa Māori, dedicated to supporting new learners and making te reo Māori more accessible through convenient, community-focused learning experiences.



The banner features a blue and white design. On the left, the New Zealand Society of Anaesthetists logo is displayed, consisting of a stylized blue leaf and the text 'New Zealand SOCIETY OF Anaesthetists'. To its right is the Māori name 'Ngā Ringa Tauwhiro o Aotearoa'. The right side of the banner shows a photograph of the Auckland city skyline at dusk, with the Sky Tower and other buildings reflected in the water. Below the photograph, the text 'Photocredit: Dan Freeman' is visible. The main title of the event is 'NZSA Inpatient Pain Network Meeting & Pain Nurses NZ National Education Day', followed by the date and time 'Friday 5 December, 8.30AM - 4PM' and the location 'Novotel, Auckland Airport'. A large 'Register now' button is positioned at the bottom, and the footer states 'Hosted by the New Zealand Society of Anaesthetists – Ngā Ringa Tauwhiro o Aotearoa'.

New Zealand SOCIETY OF Anaesthetists | Ngā Ringa Tauwhiro o Aotearoa

NZSA Inpatient Pain Network Meeting & Pain Nurses NZ National Education Day

Friday 5 December, 8.30AM - 4PM
Novotel, Auckland Airport

Register now

Hosted by the New Zealand Society of Anaesthetists – Ngā Ringa Tauwhiro o Aotearoa

New NZSA member exclusive te reo Māori learning resources

No matter where you are on your reo learning journey these NZSA member-exclusive resources have been designed specifically to help you bring te reo Māori into your everyday. Each offers short, simple words and phrases that are easy to incorporate into conversations with colleagues, patients, whānau and friends.

Using te reo Māori, even just small words and phrases demonstrates respect for Te ao Māori and can help build trust and rapport with patients. Plus, all the cognitive benefits that come with learning a new language!

**Get started by
downloading print-ready
A5 sized cards or digital
versions from your NZSA
Member Dashboard.**



The Conversation Card

Use this card to help guide everyday conversations in te reo Māori with colleagues and patients. These phrases will help create a warm and inclusive environment in your workplace.



The Daily Quick-Fire Card

Short, practical phrases and words you can use every day to greet, check in, and respond quickly in te reo Māori. Perfect for adding a touch of the language to your daily routine.



The Care Card

This card offers key phrases to offer comfort, reassurance, and support to patients and colleagues. Use these to show empathy and build strong connections through language.

An anaesthetist's journey through systems level change

Dr Hamish Gray reflects on three years as a Chief Clinical Advisor at the Ministry of Health - Manatū Hauora.

"I've always been interested in understanding the bigger picture, and this role has unquestionably aligned with that interest. Rather than focusing on what I can do as an anaesthetist for the one patient in front of me, I've been able to pull back and work on how we can make things better for everyone."

Christchurch Anaesthetist, Dr Hamish Gray, is finishing up after three years as a Clinical Chief Advisor at the Ministry of Health - Manatū Hauora. Working within a multidisciplinary team of clinicians who provide clinical input and strategic advice across the Ministry's priorities and work programmes, and across the wider health sector. "I've been able to apply my clinical knowledge and advice across a variety of projects in a completely different context", says Gray.

Hamish saw the position advertised soon after completing a postgraduate diploma in Bioethics and Health Law from the University of Otago. "It was an opportunity to apply my new diploma and experience I'd gained from a short-term stint as one of two interim Deputy Clinical Directors at Christchurch Hospital's department of anaesthesia."

But it's the translational skills and exposure working in anaesthesia that he's found uniquely valuable.

"I didn't expect to become the lead clinical advisor on the development of a Rare Disorders Strategy and was surprised at



what I could draw from my clinical work and observing the challenges family and whānau face in the theatre environment, then considered how these may translate into day-to-day life. By no means am I the expert - the patient, family, and whānau are, but I realised just how often anaesthetists interact with people who have rare disorders in our clinical work."

Hamish has also been involved in the female pelvic mesh restorative justice process and the system safety steps being put in place. "The pause signalled that we're going to make some clear, patient-focussed steps around use of the product, and being involved in putting those in place was a rewarding outcome".

He's also appreciated being able to help individuals or organisations navigate the complexities of government. "When I've had the opportunity to support the Minister of

“We’re used to seeing immediate results at the end of a needle in anaesthesia, and I’ve come to realise that in areas like strategy, policy and legislation, things happen intentionally but slower.”

Health as an advisor, I’d like to think I’ve also been able to help organisations get the most out of their meetings with him. It was pleasing to see the NZSA gain a commission from his office following their meeting in June.”

Finishing this August, Hamish has worked across two Governments, four Ministers of Health, two Director Generals and reorganisations within the Ministry. Over that time, he’s observed the clinical office becoming more interdisciplinary and integrated in the way the Ministry develops strategy and policy. “A change I view for the better - everything that comes out of that area will have a really strong clinical quality and system safety focus.”

“My role is technically around planned care, but it’s become much broader. I’ve become more involved in the development of and monitoring with Health New Zealand Te Whatu Ora’s (HNZ) health targets, in particular the first specialist assessments and planned care health targets.”

“I’ve worked closely with one of the chief advisors in the nursing team around cardiac surgery, and with a non-clinical colleague who brought structured engineer-like

thinking to health quality and system safety policy. There are such benefits in working in that interdisciplinary way, including the opportunity to learn from everyone’s expertise.”

The role has come with some key lessons too.

“We’re used to seeing immediate results at the end of a needle in anaesthesia, and I’ve come to realise that in areas like strategy, policy and legislation, things happen intentionally but slower. You have to get the legislation right, then policy. Then the operational stuff happens down the line.”

“After the Rare Disorders Strategy was published, I couldn’t help but worry it would gather dust on a shelf. Then, in a recent meeting, the Chief Medical Officer at HNZ mentioned they’re [HNZ] looking into how they can operationalise the strategy and the values and principles put into it. That conversation reminded me not to expect the instant results I’m used to in my clinical role. In policy development, change might be incremental, but it is happening.”

“There is genuine value in anaesthetists stepping into roles like this one. Anaesthetists are pragmatic, neutral brokers across the planned and acute care space. We don’t hold a particular angle. We don’t come from a single surgical craft group. We see problems from more than one perspective - how change here could potentially have consequences over there. That perspective is invaluable in shaping high-level policy, strategy and regulation. I encourage others to put themselves out there too, when they see the opportunity. There’s real value for yourself and our health sector.”

Why AI matters in health

Originally published in the Health Informatics New Zealand (HINZ) Digital Health Connect Magazine, July 2025 Issue 17.

Republished with permission.

Cheng Kai (CK) Jin, Clinical Director of the AI Lab at Health New Zealand | Te Whatu Ora, writes that understanding the fundamentals of AI is essential to ensure they enhance rather than compromise the quality of care.

Did you know the first Artificial Intelligence (AI) program was written in 1952 by British computer scientist Christopher Strachey? It played a slow game of checkers using the Ferranti Mark 1 computer at the University of Manchester. Today, nearly 75 years later, AI is being used not just for games but to support healthcare and health services around the world, including right here in Aotearoa.

AI is the ability for computer systems to perform tasks that typically require human intelligence. These tasks include reasoning, learning, problem-solving, understanding language, and interpreting visual or sensory input. In healthcare, this might involve an AI system analysing chest X-rays to identify potential abnormalities, predicting which patients are at risk of hospital readmission, or assisting clinicians with documentation tasks.

It is crucial to understand that AI is not a single technology but rather an umbrella term covering diverse approaches and methodologies designed to replicate human cognitive abilities. Since the term emerged in the 1950s, the field has expanded dramatically, and experts continue to debate its precise definition.



For New Zealand government agencies, like Health NZ, the Organisation for Economic Co-operation and Development (OECD) definition of AI has been adopted: “An AI system is a machine-based system that, for explicit or implicit objectives, infers, from the input it receives, how to generate outputs such as predictions, content, recommendations, or decisions that can influence physical or virtual environments.”

Healthcare AI exists on a spectrum, from simple systems that follow predetermined instructions to sophisticated ones that learn and adapt. This variety shows how AI can be used in different ways, such as basic alerts in patient records or advanced tools that analyse medical images for hidden details.

It is important for healthcare professionals to understand this range because it

demonstrates that AI systems differ in complexity, capabilities, and the level of supervision they need for safe use.

Types of AI

AI can be broadly categorised into three types: rule-based systems, machine learning, and generative AI.

Rule-based systems: These represent some of the earliest forms of AI, using human-written instructions to guide decision-making through logical reasoning. Though highly transparent, they are limited to predefined situations and cannot adapt beyond their programmed rules. A familiar example in healthcare is the Early Warning Score (EWS), a scoring system which uses predetermined criteria to identify unwell patients based on their vital sign measurements.

Machine learning (ML): This represents a more sophisticated approach where AI systems use algorithms that learn from data and, in certain situations, improve their performance over time through use. Unlike rule-based systems, these models are not explicitly programmed with fixed instructions but make predictions based on patterns identified in their training data.

The term is broad and includes multiple use cases and types of algorithms. In healthcare, ML applications might include systems that recognise abnormal patterns in medical imaging or predict patient outcomes based on historical clinical data.

Generative AI: This is a newer form of AI systems capable of creating content based on what they have learned from vast training datasets. These models, like large language models (LLMs for example ChatGPT and Copilot) can understand and generate human-like content (e.g. text, images and

“The future of healthcare lies not in choosing between human intelligence and artificial intelligence, but in thoughtfully combining both to achieve better outcomes for all patients we serve.”

videos), respond to medical questions, summarise patient notes, or assist with clinical documentation.

Generative AI introduces innovative applications within the healthcare sector: it can draft clinical summaries to save time for providers or help clinicians search for information using natural language queries.

AI matters for healthcare professionals

AI is rapidly transforming healthcare across all domains, from diagnostic imaging and clinical decision support to administrative workflows and research applications. Healthcare professionals at every level, whether providing direct patient care, managing operations, or conducting research or service improvement, will increasingly encounter AI-powered tools in their daily practice.

Understanding AI fundamentals is essential for evaluating these technologies critically, making informed decisions about their implementation, and ensuring they enhance rather than compromise the quality of care.

AI literacy will enable healthcare professionals to identify potential risks to patient safety, privacy, and health equity that can arise from algorithmic bias, data quality issues, or inappropriate tool

application. Without this understanding, professionals may struggle to recognise when AI recommendations are unreliable, when certain patient populations might be underserved by algorithmic tools, or how to maintain appropriate clinical oversight.

Real-world examples and relevance to Aotearoa

AI is already making a significant impact in healthcare, and its potential continues to grow. From supporting clinical decisions to improving access and efficiency, AI is reshaping the way care is delivered. Below are some key areas where AI is currently being applied in healthcare:

Diagnostic imaging: AI algorithms can support humans by analysing medical images, such as X-rays and CTs, to detect abnormalities that may be more difficult to spot or overlooked. This collaboration can lead to earlier and more accurate diagnoses, improving patient outcomes.

Predictive analytics: AI can analyse patient data to predict outcomes, such as the likelihood of hospital readmission or the risk of developing certain conditions. This allows healthcare providers to intervene early and target interventions to individual patients.

Administrative clinical tasks: AI can automate routine administrative clinical tasks, such as medical documentation, freeing up healthcare professionals to focus on patient care.

Health NZ's governance approach

As AI tools become increasingly prevalent in healthcare, ensuring their safe and ethical use is paramount. To support this, Health NZ's National Artificial Intelligence and

Algorithm Expert Advisory Group (NAIAEAG) provides oversight and guidance on the safe use of AI for Health NZ. NAIAEAG evaluates AI tools for clinical safety, equity, and ethical risks.

The group is evaluating the use of ambient AI scribes — tools that generate clinical notes from conversations. While these tools show promise in reducing admin burden, they also raise questions about data ownership, accuracy, and patient privacy. The aim is to provide a panel of endorsed ambient AI scribes for clinicians, however, unless formal approval is granted, any use of AI scribes must go through the appropriate governance channels.

Looking forward

The integration of AI into healthcare represents both an unprecedented opportunity and a significant responsibility. As these technologies continue to evolve and become more sophisticated, healthcare professionals must remain engaged, informed, and vigilant.

The success of AI in healthcare will depend not on replacing human judgment with algorithmic decision-making, but on developing meaningful partnerships between human expertise and AI. The future of healthcare lies not in choosing between human intelligence and artificial intelligence, but in thoughtfully combining both to achieve better outcomes for all patients we serve.

*This article was republished from [HiNZ Digital Health CONNECT](#).
[Read the July 2025 issue.](#)*

From the NHS to the Southern Hemisphere

A UK Anaesthetic Registrar's move to New Zealand



Shifted to a different hemisphere? I did too.

What started as a passing idea — escaping the grey skies of the UK for a bit of sunshine and outdoor living — turned into a full-blown life shift.

But a couple of years (and a mountain of paperwork) later, I found myself packing my bags and saying goodbye to the NHS. Here's what I've learned since making the move — the good, the challenging, and everything in between.

Work-life balance: Different, not always lighter

The phrase “better work-life balance” gets thrown around a lot when talking about New Zealand, and there's some truth to it, but it's more nuanced than shorter days and more time off.

The reality? Training here is shorter but more compressed. Rostered hours are often longer than in the UK, and the ability to take leave may be more limited due to ANZCA requirements. But there's a trade-off: the clinical day is more efficient. There is less pressure to constantly bolster your CV with research, QI projects, or endless teaching commitments — tasks that often invade your evenings and weekends more than any rostered shift.

The real shift in balance happens outside the hospital. Even after a long day, the options

to de-stress are aplenty; you're met with sunshine, fresh air, and the option to hit the beach, trails, or garden. Paddleboarding after work or trail running on weekends becomes the norm. The quality of life outside medicine is what truly tilts the balance.

Training: A tale of two systems

Coming from the UK's structured pathway — Core Training, the infamous ST4 bottleneck, then consultant jobs — the system demands relentless CV-building, exam prep, and national recruitment gymnastics, often at the expense of personal stability. In New Zealand, once you secure a training post, you're generally in for the duration. That sense of continuity is a breath of fresh air. You're not constantly re-auditioning for your next post or competing to prove your worth.

The compressed training here in New Zealand means the pace is intense. You cover a lot of ground quickly, and expectations are high. But, because you're not juggling as many peripheral demands, there's more room to focus on clinical growth.

Registration and jobs: Straightforward-ish

For UK-trained doctors, registration with the Medical Council of New Zealand is relatively smooth. There's a well-established pathway, and most of the process is paperwork, verification, and patience.

Securing a training post, however, requires persistence. Anaesthesia is competitive here too, and many UK doctors begin in service

“I never thought I’d miss the anaesthetic tea room — until I didn’t have one. There’s something uniquely bonding about those shared breaks.”

(non-training) roles. It helps to be flexible on location and open to starting laterally before progressing forward.

Starting over: The challenge no one talks about

No matter how competent and experienced you are, moving countries means resetting. You lose the familiarity and rapport you’ve built — and suddenly, you’re the new person again.

Adapting to new protocols, learning unfamiliar systems, and finding your place in a department takes time. That early period can be humbling, but it’s also an opportunity to grow professionally and personally.

Outside of work, rebuilding a support network is just as essential, albeit equally challenging and daunting. New Zealanders are friendly, but meaningful friendships take time. Saying yes to socials, joining clubs, and showing up consistently helped me rebuild that safety net. It’s still a work in progress.

Department culture: Tea rooms vs free lunches

I never thought I’d miss the anaesthetic tea room — until I didn’t have one. There’s something uniquely bonding about those

shared breaks. Debriefing a tricky case over coffee, chatting about life, or just having a laugh with colleagues.

It’s amazing to have free meals for registrars here in New Zealand, but the flip side is more solo breaks and less of that organic camaraderie. It’s a small difference, but noticeable.

That said, the collegiality here is genuine. Consultants, nurses, and fellow trainees have been unfailingly kind and supportive, generous with their time, patient with questions, and quick to offer help or mentorship.

Exams, RPL, and mental load

For those who have already navigated the Fellowship of the Royal College of Anaesthesia (FRCA), it can be tough to mentally gear up for the ANZCA exams, especially if you thought you had put the Primary FRCA behind you, only to redo it in the form of Part 1 with ANZCA. Doing the Final FRCA is the alternative, but doing a written exam at 10pm or finding people to viva with is a challenge of its own and feels like you’re always on the back foot.

Tackling the Recognition of Prior Learning (RPL) and navigating the ANZCA system can



Puffins in the Treshnish Isles Scotland.



be overwhelming. It can feel like *déjà vu*. It's frustrating to repeat hurdles you've already cleared, and isolating if you don't have peers going through the same process.

Finding 'viva buddies' or study partners became a lifeline — not just for passing exams, but for staying sane. Knowing someone else was also balancing a new country, a new health system, and high-stakes exams made all the difference.

As a trainee representative on the NZSA Executive Committee, I hope to develop informal support networks for overseas doctors: shared FAQs, RPL tips, WhatsApp groups, and exam support.

Final thoughts: Would I do it again?

Absolutely — but with my eyes wide open.

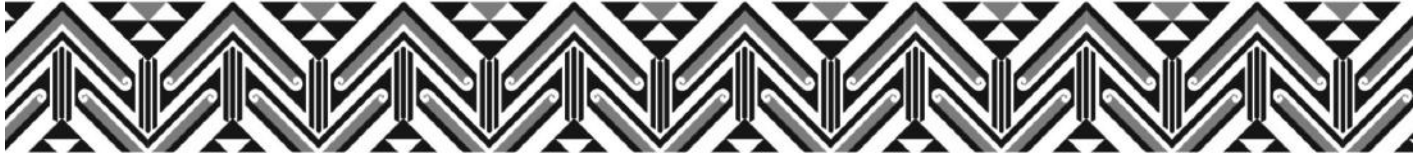
Moving to New Zealand isn't a magic fix for all the frustrations of working in the NHS. The hours can still be long, the training intense, and the emotional impact of starting over very real. It's not necessarily easier — just different.

But for those ready for a change in pace, culture and lifestyle, it's a move well worth considering. The clinical environment is supportive, the scenery is spectacular, and the quality of life outside medicine is genuinely transformative. You won't find perfection, but you might find perspective.

Yes, it's a leap — but sometimes, stepping out of your comfort zone is the best way to find what truly matters.

An update from Te Tāhū Hauora

Health Quality & Safety Commission



Perioperative Mortality Group

Te Tāhū Hauora Health Quality & Safety Commission (the Commission) and Health New Zealand | Te Whatu Ora (Health New Zealand) are currently working together on a Perioperative Mortality Group.

The Group will be supported by tools developed by the Commission's Health Quality Intelligence group, which allow for surveillance, monitoring and review of perioperative mortality. These tools include an Explorer Tool and a Perioperative Mortality Surveillance Tool.

The Group will provide oversight of these surveillance tools and help to interpret the data – including expertise to understand the results, formulate questions for further enquiry, and develop recommendations and support actions to improve health system performance and thus reduce mortality.

It will include staff from Health NZ and the Commission, and consumer representatives.

For further information, contact the National Mortality Review Function Management Group: nmrmg@hqsc.govt.nz

New adverse event submission portal

We recently launched a new adverse events reporting portal to make reporting easier, more user friendly and to enable us to learn

more from the reporting of the most serious harm events.

The 'Healing, learning and improving from harm: National adverse events policy 2023', requires adverse events to be reported to the Commission.

Historically, events have been reported primarily by Hospital Speciality Services within Health New Zealand. Following the introduction of Pae Ora (Healthy Futures) Act 2022, and Ngā Paerewa Health and Disability Services Standard 2022, more entities are required to report harm events. This will enable us to better understand harm across the whole sector.

We are also collaborating with other agencies to see how the information reported to the Commission can be combined with their data to identify improvement opportunities to reduce harm.

[Find out more about the new harm \(adverse\) event portal](#)

Event of harm review tools

As our approach to harm events evolves, we look for opportunities for system learning and quality improvement. We are actively encouraging the review of harm events from a systems perspective and encourage the use of a number of our tools to support this.

Many of you will be aware of the contribution of human factors in harm events, and we promote the concepts of human factors ergonomics through e-learning (via the Ko Awatea LEARN platform) and the use of the tools on our website.

[Access the event of harm review tool](#)

[Access the Systems Engineering Initiative for Patient Safety tool](#)

If you have any questions regarding the learning from harm policy or the learning review methodology workshops, please contact harm.event@hqsc.govt.nz

Subscribe to the [Te Tāhū Hauora newsletter](#) or follow us on [LinkedIn](#), [Facebook](#), and [Instagram](#).

Transition of infection prevention and control (IPC) programme

The national IPC programme has now transitioned from the Commission to a new IPC team at Health New Zealand.

Their work will be overseen by the new National IPC & Antimicrobial Stewardship Committee.

Reporting requirements will remain the same for districts. We will continue our quality and safety monitoring role and will continue to report the IPC quality and safety markers.

Health NZ's IPC programme team can be contacted at IPC@TeWhatuOra.govt.nz



TWO MONTHS TO GO!

#NSC25



ASANSC2025 | **CANBERRA**
COME TOGETHER | 2-5 OCTOBER 2025



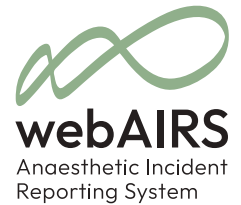


www.asansc.com.au
NATIONAL CONVENTION CENTRE CANBERRA



Australian Society of
Anaesthetists®

A review of paediatric medication related incidents reported to webAIRS



Dr Ross Scott-Weekly and the ANZTADC Case Report Writing Group

Medication-related incidents are common in anaesthesia.^{1,2,4} Paediatric patients may pose special complexities due to weight-based dosing and the requirement for dilution prior to administration. It is likely that the true rate of medication incidents is underreported.⁴ We reviewed the webAIRS database for medication-related incident reports in patients 0-16 years of age to describe common themes that emerge in children.

The webAIRS database is an Australasian database of anaesthetic incidents. It has collected anonymous reports since 2009 under qualified privilege. At the time of data analysis there were 13,411 events reported and 1,459 paediatric reports. Of those 1,459 reports, 153 incidents involving medication related events were identified. These reports were reviewed and analysed both for descriptive statistics and to assess the major themes that arose.

In keeping with the main population of children having anaesthesia, the majority (82%) of patients were ASA 1 and 2, having elective surgery in-hours. Approximately 2/3 were elective and 1/3 were acute cases. Eighty percent of reported cases were attended to by a specialist anaesthetist. Two-thirds of reports were judged to be preventable by the reporting anaesthetist.

Medication overdose was the most common cause of reports. This was the underlying issue in 64 of 153 (42%). Eighteen cases

involved opioids, including four cases where opioids were used to flush IV lines rather than saline.

Nineteen cases involved the inadvertent double dosing of paracetamol between theatre and out-of-theatre areas. The clinical scenario is usually an oral dose given pre or postoperatively and intravenous paracetamol given intraoperatively. A single inadvertent additional dose of paracetamol is very unlikely to be clinically significant,⁵ however it does represent poor clinical practice and there are specific populations where it may be more significant. Intravenous paracetamol is significantly more expensive than oral paracetamol.³ A simple way to minimise paracetamol double dosing is to minimise its use intraoperatively and only give it in select patients where the enteral route is not feasible.

There were five reports of patient exposure to previously used syringes. These incidents can have significant ramifications for patients. Blood and body fluid exposure testing involves blood sampling of both recipient and donor, which in the paediatric population can be traumatic. These incidents occurred due to non-disposal of previously used drug trays, failure to remove TIVA syringes from infusion pumps or rehangng of previously used IV fluid bags and giving sets.

Thirty-six (24%) of the reports were related to allergy or anaphylaxis. Fourteen (38%) of these required admission to high dependency or intensive care units. Two of

the 36 cases resulted in severe harm to the patient. The risk of anaphylaxis in children is variably reported, but likely to be less than that seen in adults.⁶

Of interest, there were only three reported cases of malignant hyperthermia, three cases of local anaesthetic systemic toxicity and two cases of suxamethonium apnoea. There were two cases of residual muscle relaxant in IV lines being flushed into the patient outside of the operating theatre.

Communication issues, especially between trainees and consultants, were commonplace throughout all the reports. Depending on the anaesthetic training scheme structure, subspecialty paediatric anaesthesia training is often undertaken as a relatively brief block. This results in high turnover of trainees through subspecialty units with entrenched norms and small cohesive teams of specialists. Assuming knowledge between the specialist and trainee in this case has led to errors in dosing, drug dilution and choice of medication for patients.

In 50% of patients, the events had no effect on the patient. A further 24% had minor effects. There were 23 cases which required unplanned intensive care or high dependency unit admission, primarily due to allergy. There were no reported deaths due to medication incidents.

Medication related adverse events are a common cause of webAIRS reports in paediatric patients and it is almost certain that the true rate of events is underestimated here. The most common issues were overdose, allergy and the use of a drug which was not planned to be used. The morbidity from these events appears to be relatively low. There are a few slips,

such as paracetamol double dosing, opioid syringe swaps, residual muscle relaxant in IV lines and reusing syringes for subsequent patients that are easy to inadvertently do. Being aware of these pitfalls may prevent some of these errors from occurring.

1. Abbasi, S., Sharafat, M. A., & Khan, F. (2025). Medication errors and adverse drug events in peri-operative pediatric anesthetic care over twenty years: a retrospective observational study. *BMC Anesthesiology*, 25(1). <https://doi.org/10.1186/s12871-025-03109-8>
2. Feinstein, M. M., Pannunzio, A. E., & Castro, P. (2018). Frequency of medication error in pediatric anesthesia: A systematic review and meta-analytic estimate. *Paediatr Anaesth*, 28(12), 1071–1077. <https://doi.org/10.1111/pan.13521>
3. *Hospital Medicines List Schedule*. (2025). (K. Wilson, D. Chong, & S. Molloy, Eds.). PHARMAC.
4. Lobaugh, L. M. Y., Martin, L. D., Schleelein, L. E., Tyler, D. C., & Litman, R. S. (2017). Medication Errors in Pediatric Anesthesia: A Report From the Wake Up Safe Quality Improvement Initiative. *Anesth Analg*, 125(3), 936–942. <https://doi.org/10.1213/ANE.0000000000002279>
5. Nadler, A., & Fein, D. M. (2018). Acetaminophen Poisoning. *Pediatrics In Review*, 39(6), 316–318. <https://doi.org/10.1542/pir.2017-0093>
6. Stepanovic, B., Sommerfield, D., Lucas, M., & von Ungern-Sternberg, B. S. (2019). An update on allergy and anaphylaxis in pediatric anesthesia. *Paediatr Anaesth*, 29(9), 892–900. <https://doi.org/10.1111/pan.13703>



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.

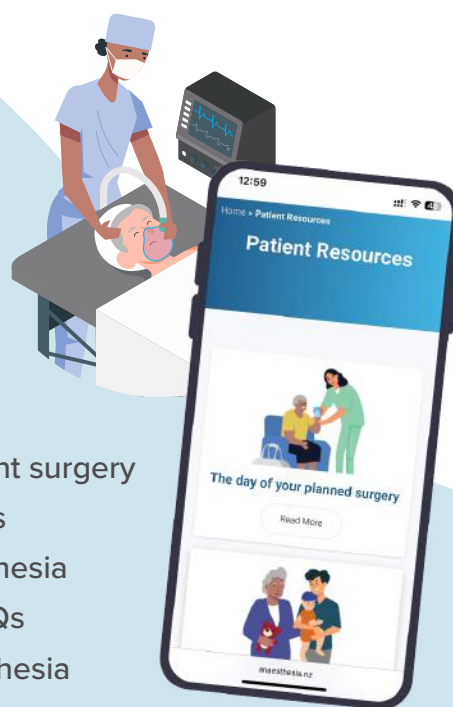


myanaesthesia.nz

Free digital information for your patients about anaesthesia

Topics include:

- The day of your planned surgery
- For parents and caregivers of tamariki (children) having an anaesthetic
- Anaesthesia and sedation for breastfeeding parents
- Epidurals for labour
- Epidurals and spinals
- Bariatric surgery
- Spine surgery
- Joint replacement surgery
- Caesarean births
- Regional anaesthesia
- Anaesthesia FAQs
- All about anaesthesia



Free digital patient information from the New Zealand Society of Anaesthetists www.anaesthesia.nz



Ngā Ringa
Tauwhiro
o Aotearoa