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Anaesthetic Technician Scope Practice

The purpose of this document is to clarify the Medical Sciences Council's (the Council) position on several issues about the practice of anaesthetic technician (AT)

AT's providing assistance across more than one operating theatre

The Council's view is that an anaesthetic technician should be rostered to one theatre. AT's practising across two theatres should not be standard/routine practice, and this should only occur in an emergency situation. There must always be the immediate availability of a qualified anaesthesia technician.

All registered anaesthetic technicians are expected to practice in accordance with the Council's [Competence Standards for Anaesthetic Technicians in Aotearoa New Zealand](#) in particular

- 1.6 Manages workload and resources effectively and efficiently, including:
- Prioritising workload
 - Responding to urgent requests
 - Timely completion of tasks

It is important to note that these competencies align with the [PS08 Statement on the Assistant for the Anaesthetist](#) promulgated by the Australian and New Zealand College of Anaesthetists (ANZCA) which includes recommendations on the level of staffing:

4.1 The presence of a trained assistant for the anaesthetist is essential:

4.1.1 During preparation for and induction of anaesthesia. The assistant must remain under the immediate direction of the anaesthetist until instructed that this level of assistance is no longer required.

*4.1.2 During the maintenance of anaesthesia an assistant must be **immediately** available.*

4.1.3 After anaesthesia.

The Council also expects employers of anaesthetic technicians to comply with the professional body (NZ Anaesthetic Technicians Society) guidelines statement that

"NZATS promotes the quality and safety of patient care, therefore, supporting a 1:1 ratio of anaesthesia assistance for every case where anaesthesia is administered".

The Council concurs that compliance with the ANZCA and NZATS guidelines is essential to ensure safe practice for the provision of anaesthesia, including an anaesthetic technician being present for the induction of anaesthesia (or establishment of regional block), as well as being immediately available during maintenance, and at the conclusion of anaesthesia.

The Council expects that both the employer and anaesthetic technicians themselves will take responsibility for ensuring their practice meets the above safety requirements.

The Council accepts that in a genuine life or limb emergency, the principles outlined may need to be overridden until circumstances again allow a 1:1 ratio of technicians to operating rooms.

AT's acting as Scrub Assistant

Registered anaesthetic technicians cannot be rostered to undertake circulating or scrub duties as these roles fall outside of the gazetted scope of practice. If hospitals choose to “employ” registered ATs to work in the scrub role, they **cannot** be employed as an AT while performing this role. The AT would therefore need to be employed as an **unregulated** health worker, and their employment contract must clearly define their different roles.

An AT cannot be rostered as an AT and an unregulated health worker during the same shift. Any hours completed as an unregulated health worker cannot be used towards the practitioner’s continuing competence requirements (clinical hours).

AT's providing cover in theatre during tea breaks for nurses

While in theatre, AT's must practise primarily as an AT. AT's may cover the absence of nurses for brief breaks and assist the wider team. However, the nurse they are covering must be immediately available to return to the theatre. As per PSO8, AT's need to be immediately available to the anaesthetist throughout the operation. It is the employer’s responsibility to plan for emergencies and ensure that the required staff coverage is available.

Expanded scope of practice

The Council issued a revised policy on [expanded practice](#) in November 2018. Expanded practice is where an anaesthetic technician performs activities that are in addition to the minimum competencies of the gazetted scope of practice, and which have been approved by the Medical Sciences Council.

Expanded practice activities must be in the sphere of anaesthesia-related practice within perioperative medicine. Please note expanded practice activities do not include the scrub role within theatre as this is outside the parameters of anaesthesia-related practice. Anaesthetic technicians performing expanded practice activities practise under the direction of an anaesthetist or intensive care specialist.