



**MEDICAL SCIENCES COUNCIL
OF NEW ZEALAND**

TE KAUNIHERA PŪTAIAO HAUORA O AOTEAROA

**POLICY AND GUIDELINES:
ACCREDITATION OF ANAESTHETIC
TECHNICIAN TRAINING HOSPITALS**

MAY 2020

Policy Title	Accreditation of Anaesthetic Technician Training Hospitals
Reference Number	2020-May-V2-MSC Accreditation (T Hospitals)
Scope	This policy applies to all training hospitals accredited by the Medical Sciences Council for the purpose of providing clinical training for trainee anaesthetic technicians

Associated Policy Documents	
Competence Standards for Medical Laboratory Science Practitioners in Aotearoa New Zealand	
Competence Standards for Anaesthetic Technicians in Aotearoa New Zealand	
Code of Ethics	

Revision Schedule			
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Introduction

The Medical Sciences Council (the Council) has an obligation under section 12 of the Health Practitioners Competence Assurance Act 2003 to accredit and monitor New Zealand providers of qualifications prescribed by the Council for the purpose of registration in the anaesthetic technician scope of practice.

The prescribed New Zealand qualification for anaesthetic technicians (Diploma in Applied Sciences – Anaesthetic Technology) has three distinct components:

1. An academic programme of learning (currently via distance learning through the Auckland University of Technology); and
2. Clinical-based training within an accredited training hospital in New Zealand; and
3. An anaesthetic technician registration examination.

All of the above components are accredited by the Council in accordance with its responsibilities under the Act. Academic study and clinical-based training occurs simultaneously and are pre-requisite to trainees sitting the registration examination.

This document provides guidance to New Zealand hospitals that employ trainee anaesthetic technicians. It is a revised edition of the original accreditation standards for training hospitals issued by the Council in 2015.

It explains the standards and criteria against which training hospitals are assessed and the documentation a hospital is required to submit in support of an accreditation application and ongoing monitoring reviews.

The current version takes cognisance of the substantial experience demonstrated by the majority of currently accredited training hospitals, while still allowing for the entry of new or lapsed training hospitals.

Definitions

Accreditation

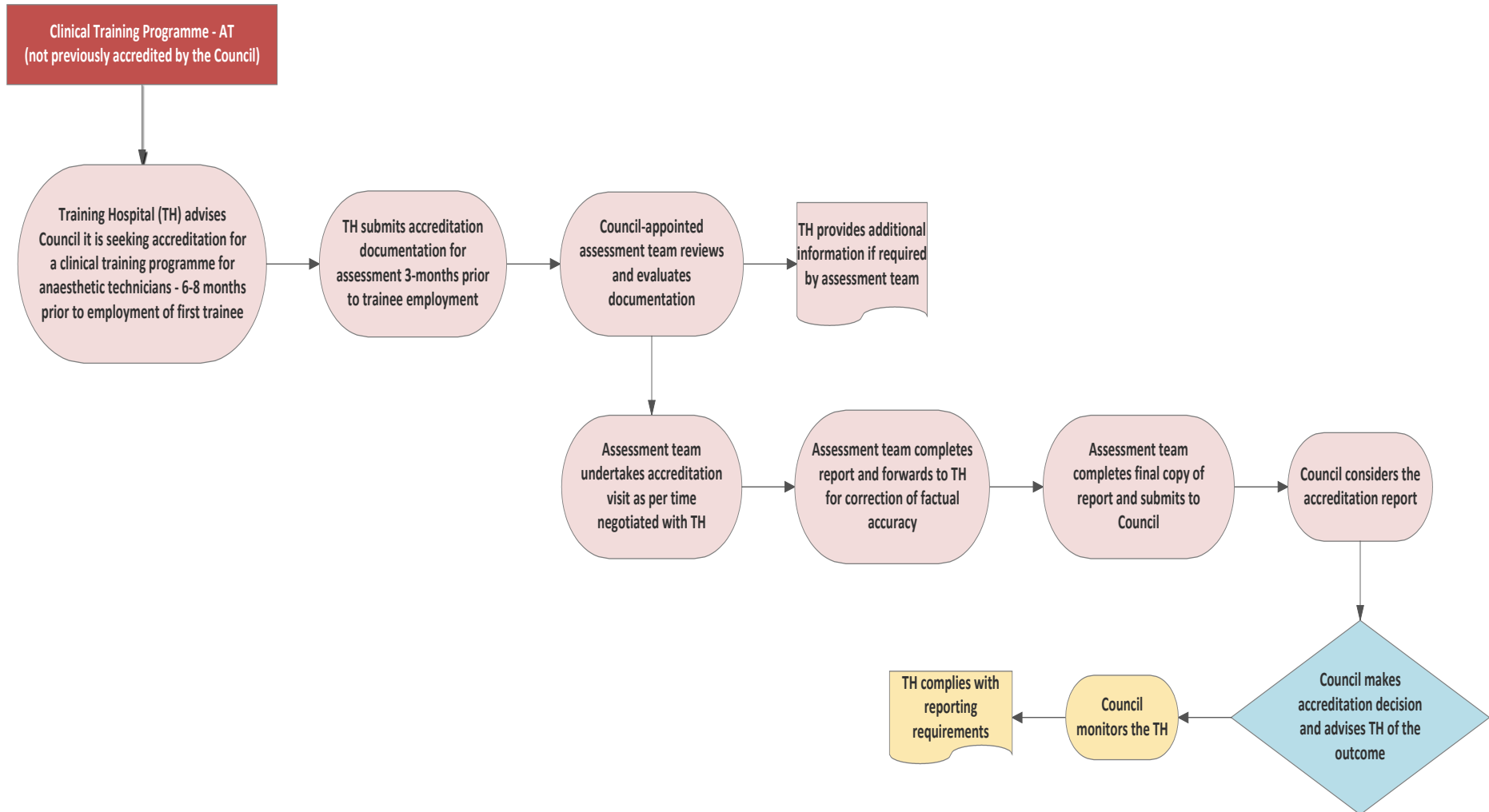
Accreditation is attestation that a hospital has adequate and appropriate resources, systems and processes in place to support a clinical training programme for trainee anaesthetic technicians while simultaneously protecting the health and safety of patients.

Monitoring

Monitoring is the process used by the Council to ensure an accredited training hospital continues to meet the specified standards.

Accreditation of a Training Hospital

Process Overview



When an Accreditation Assessment is Required

An accreditation assessment is required in the following circumstances:

- The hospital has never employed trainee anaesthetic technicians nor undergone an accreditation assessment by the Council
- The hospital has previously been accredited by the Council but has not employed trainees/provided a clinical training programmes for more than 2-years

Accreditation Application: Submission of Information

A hospital planning to establish a clinical training programme for trainee anaesthetic technicians must contact the Council's Registrar at least 6-8 months before trainees are in place.

The hospital is to provide the following information to the Council:

- contact details for the person overseeing the training programme
- the month and year the training programme is planned to commence
- an overview of the structure of the clinical programme
- an overview of the resources and supports that will support the programme
- any other details the provider considers relevant to its plans such as staff recruitment or third party arrangements for the programme

Initial Consideration of Information

The Council will consider the information pertaining to a new training programme, and delegate the Registrar to liaise with the hospital to agree the details for a full accreditation assessment.

Applying for Assessment and Initial Accreditation

A hospital is required to submit its application for assessment and initial accreditation by the date as specified in writing by the Council.

The due date for submission will normally be no less than 3-months before the employment of the first trainees to allow sufficient time for completion of the assessment before trainees commence the clinical training programme.

In addition to this publication on the Council's accreditation standards, the hospital will be issued with copies of Council publications:

- *Competence Standards for Anaesthetic Technicians in Aotearoa New Zealand*; and
- *Code of Ethics*
- *Supervision Policy*

The accreditation process requires the hospital to complete a self-audit against a set of assessment standards. The standards are set out in this document. Supporting materials that the hospital considers to be the best available evidence of the statements made in their self-audit must also be included. Identification of the overall strengths and weaknesses of the training programme and planned strategies to address the latter is a key element of the hospital's self-audit.

Receipt of Information

The Registrar (or delegate) oversees an initial overview of the accreditation application and submitted information and will advise the hospital of any gaps that will need to be addressed.

Review and Assessment of Accreditation Application

The Council will appoint an assessment team to review the application information submitted by the hospital.

Assessment Team

An accreditation assessment team typically comprises two assessors who collectively have the following attributes:

- Experience in clinical practice and best practice teaching and learning methods within the practice of anaesthesia
- Senior experience and expertise within the anaesthetic technician scope of practice

The Council's Registrar is also a member of each assessment team.

Accreditation Visit

The assessment team will conduct a visit which is typically of 1- day duration.

The Registrar (or delegate) oversees the coordination of arrangements for the visit in consultation with the hospital and the assessment team.

During the visit, the hospital supplies the assessment team with:

- information that can be assessed only during an accreditation site visit
- access to key personnel who contribute to the delivery of the training programme
- further supporting information in respect of how the hospital meets, or plans to meet, the accreditation standards (with a particular focus on any standards not adequately evidenced in the application information)
- any information specifically requested by the assessment team prior to the site visit

The assessment team may require the hospital to submit further information subsequent to the visit. Additional information will generally be required if the hospital has made claims the assessment team has been unable to verify either through earlier documentation and/or during the accreditation visit.

Accreditation Report

An accreditation report is prepared for the assessment team by the Registrar (or delegate) and forwarded to the Council for a final accreditation decision.

Preparing the Draft Accreditation Report

The Registrar (or delegate) prepares a draft report on behalf of the assessment team, ensuring it clearly articulates the key findings of the accreditation review. The report is to be formatted so as to align with each of the relevant assessment standards. The report is reviewed by the assessment team and is not released to the next stage until the team has reached a consensus as to the report's content.

Provider Review of the Draft Report

A draft report is sent to the hospital for their comment on any factual corrections required. The report is exclusive of any references to accreditation status recommendations.

Preparation of the Final Report

Upon receipt of the feedback from the hospital, the Registrar (or delegate) includes any corrections of factual content within the report and forwards the report to the assessment team for a consensus agreement on the final version.

Accreditation Decisions

It is the Council's responsibility to make the final decision as to the accreditation of a hospital that provides a clinical training programme for trainee anaesthetic technicians.

The Council does not accredit a training hospital for a set period, however each hospital is subject to an ongoing programme of monitoring by the Council. A training hospital remains accredited only if the Council continues to be satisfied that both the clinical training programme and the hospital meet the accreditation standards. If, during the monitoring process, it is found that the standards are no longer being met, the Council may impose conditions or revoke accreditation of a training hospital.

A decision to decline or revoke accreditation of a training hospital is taken very seriously and would only be a last-resort option. The Council will take all necessary steps to work with a hospital to enable them to address deficits in the training programme within agreed timeframes.

Accreditation with No Conditions

The Council may decide to accredit a hospital if the final accreditation report indicates the clinical training programme meets all the accreditation standards.

Accreditation with Conditions

The Council may decide to impose conditions on the initial accreditation of a hospital if the final accreditation reports indicates the clinical training programme substantially meets the accreditation standards. It is expected the imposition of conditions will ensure all the accreditation standards are met within a reasonable period of time.

Accreditation Not Granted

The Council may decide to not accredit a hospital if the final accreditation report indicates the clinical training programme does not substantially meet the accreditation standards. In this situation it is considered that even with the imposition of conditions, the training programme would be unable to meet all the accreditation standards within a reasonable period of time.

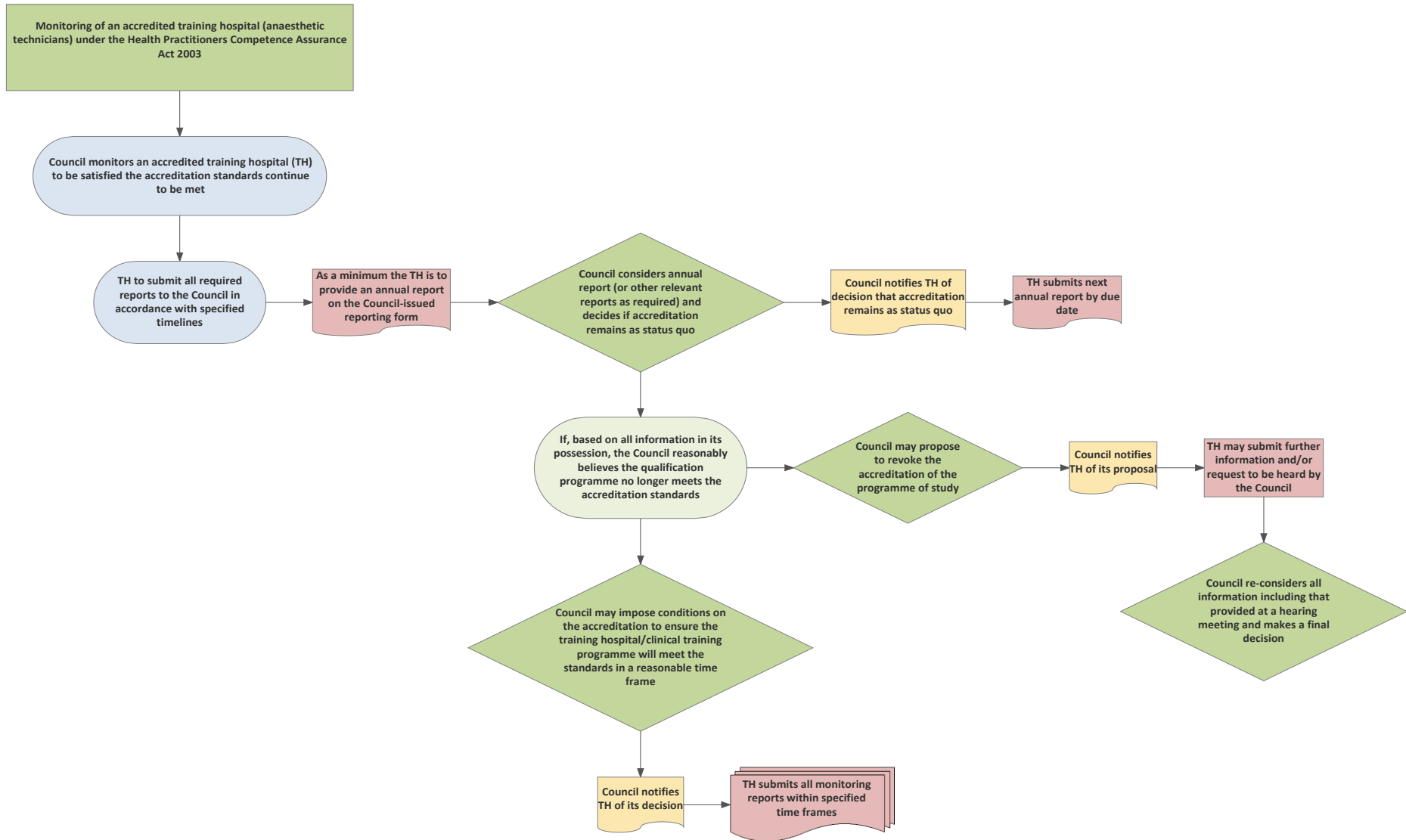
Notification of Accreditation Decisions

The Registrar has delegated authority to advise the hospital of the Council's final accreditation decision. The advice is to be in writing and includes a copy of the final accreditation report.

When a training hospital is accredited with the inclusion of conditions, the hospital is to be issued a schedule that outlines how the conditions will be monitored, the timeframe within which the conditions must be addressed, and the reporting requirements to the Council.

When the Council proposes to decline or revoke accreditation, the hospital will be issued with written notice including the reasons for the proposal. The hospital will be given opportunity to make further submissions and to be heard by the Council prior to a final decision being made.

Monitoring of an Accredited Training Hospital Process Overview



Monitoring Principles and Methods

Following initial accreditation the hospital will be subject to an ongoing monitoring schedule.

Monitoring allows for early intervention by the Council if concerns are raised about an accredited training hospital and maximises the likelihood that trainees can continue to be adequately and appropriately supported to complete the clinical training component of their qualification. The ongoing protection of patient health and safety is paramount.

Monitoring whether an accredited hospital continues to meet the accreditation standards includes, but is not limited to:

- Evaluating reports submitted by the hospital
- Evaluating information that comes to the Council's attention. This may include (but is not limited to) complaints about a hospital; reports in the media
- Regularly scheduled interviews with trainees and support personnel in respect of the ongoing quality and delivery of the training programme

Reporting Requirements

When the Council advises a hospital of its decision to accredit a clinical training programme, either with or without conditions, they will provide details of the reporting requirements for that hospital.

The reporting requirements may be revised in response to the outcomes of the Council's monitoring of the programme.

A general requirement of accreditation monitoring reports includes:

- Reporting against specific dates in respect of compliance with accreditation conditions imposed by the Council
- Submission of key statistical data and other details in the form of an annual report to the Council (refer to Appendix 1)
- Written notification of any planned and/or implemented changes to an accredited clinical training programme (refer to Appendix 2)
- Responding to a request by the Council for information as required, to ensure the Council continues to be satisfied the accreditation standards are being met.

The hospital must comply with its reporting requirements by submitting information in the required format and by the due dates.

The hospital is required to provide the Council with relevant information to enable access to trainees and other personnel to enable ongoing monitoring interviews with these key stakeholders.

Reporting on Conditions

If a hospital is accredited with conditions, the Council will issue the hospital with details on the types of reports required to demonstrate compliance with the conditions, and the timing for those reports.

Conditions imposed by the Council may be addressed through a variety of reporting formats including:

- Written submissions
- Site visits
- Meetings with groups or individuals, including representatives of the hospital
- Any other type of report the Council considers appropriate in the circumstances

Annual Report

An accredited hospital must submit an annual report, using the Council-issued report template as set out in Appendices 1.

Monitoring Interviews

A key component of the monitoring process is for the Council to talk with trainees and key support personnel (e.g. educators and workplace assessors) to gain their perspectives on the content and delivery of the clinical training programme. This information helps to confirm if the hospital continues to meet the accreditation standards.

The Council will liaise with the hospital to advise on arrangements for interviewing a sample of trainees (from different years of training) and support personnel. These interviews will typically be via telephone and scheduled on at least a 2-yearly cycle.

Accreditation and Monitoring Costs

As a not-for-profit body, the Council's operational revenue is derived from fees and charges. There is no general taxpayer contribution to any of its operations. To date the Council has not charged a hospital for carrying out an accreditation review.

The Council is proposing to introduce a fee framework for an accreditation assessment of a hospital looking to provide a clinical training programme for trainee anaesthetic technicians:

- For an accreditation review of a new/previously non-accredited hospital, the Council will invoice the hospital for reimbursement of the actual costs incurred to complete the review. Those costs include travel and accommodation for the assessment team, and a daily fee for assessment team members (exclusive of the Registrar and any other staff delegates).
- There will be no fee for usual ongoing monitoring activities. However if a follow-up site visit is required at any time during the ongoing monitoring process, the Council will invoice the hospital on a cost recovery basis for reimbursement of the actual costs incurred.

Council staff will consult with each training hospital prior to each accreditation and/or monitoring review to provide an indication of the expected costs. This will normally be done at least 9-12 months prior to the review.

Standards for a Clinical Training Programme (Trainee Anaesthetic Technicians)

These standards apply to clinical training programmes provided through an accredited training hospital

Training hospitals seeking accreditation of a clinical programme for trainee anaesthetic technicians will be assessed against four standards:

1. Infrastructure and Quality Assurance
2. Clinical Training Programme
3. Public Safety
4. The Trainee Experience

Standard One: Infrastructure and Quality Assurance

The training programme is supported by adequate and appropriate support structures and quality assurance processes

1.1

The clinical training programme is sufficiently resourced to sustain the purpose and delivery of the programme

1.2

Appropriately qualified and experienced clinical staff support the clinical training programme

1.3

The programme is subject to continuous quality improvement processes including evaluations from trainees, and health consumers as well as internal and external professional peer reviews

1.4

Facilities, equipment, and information resources are accessible and fit for purpose to support the achievement of the clinical training programme and trainee's learning outcomes

Standard Two: Clinical Training Programme

The design and delivery of the clinical training programme enables trainees to achieve professional attributes and competencies required for entry-level anaesthetic technicians

2.1

Trainees gain clinical knowledge and experience in clinical anaesthetic practice applied across a number of anaesthesia situations including a minimum of 4-weeks and covering a broad spectrum of experience in each of the following sub-specialities:

- Paediatric anaesthesia (patients less than 10-years of age. May include infants)
- Obstetric anaesthesia
- Acute and trauma anaesthesia

2.2

Trainees gain understanding and knowledge of the function, application and care of anaesthetic, ancillary, monitoring, intravenous, investigative, and other relevant equipment

2.3

Clinical learning includes an assessment of trainees' competence to practise across the lifespan in a range of environments and settings

2.4

The assessment of clinical competence is undertaken by suitably qualified and experienced health practitioners

2.5

Principles of inter-professional learning and practice are embedded in the clinical training experience

2.6

Trainees gain understanding of and apply their knowledge in terms of culturally appropriate practice which is inclusive of:

- understanding the relevance of Te Tiriti o Waitangi principles
 - promotion of health equality within the context of Maori health and practical application within the delivery of anaesthesia services
-

Standard Three: Public Safety

Public safety is protected throughout the delivery of the clinical training programme

3.1

Clinical training and trainee learning outcomes clearly articulate the importance of public protection and the safe care of patients

3.2

Ethical and professional conduct is embedded in the clinical training programme

3.3

Trainees are supervised by at all times by registered anaesthetic technicians who hold a current practising certificate. The level of supervision complies with the Medical Sciences Council's *Policy and Guidelines: Supervision for Anaesthetic Technicians*

3.4

Trainees have an appropriate level of knowledge and skills before engaging in supervised patient care

3.5

There are appropriate quality and safety policies and processes in place

3.6

Patient consent is a cornerstone of the clinical training programme

3.7

There are effective screening and management processes to address student impairment and/or conduct issues

3.8

The clinical training programme clearly articulates the procedures for notifying the Medical Sciences Council of any trainee unable to perform their required functions due to a mental or physical condition (section 45(5) Health Practitioners Competence Assurance Act 2003)

Standard Four: The Trainee Experience

Trainees have equitable and timely access to information and support

4.1

The training hospital has defined the size of trainee numbers in relation to its capacity to adequately resource the clinical training programme

4.2

Hospital policies demonstrate recruitment of trainees and supporting personnel is practically sustainable, consistently applied, and free of bias and discrimination (other than explicit affirmative action in favour of nominated groups, including Maori as tangata whenua)

4.3

Trainees have opportunities to provide regular feedback to the training hospital in terms of the quality of their clinical learning experience

Appendix 1: Accredited Training Hospital Annual Report

Section 1: Details

Item	Current Details
Training Hospital	Insert the name of the hospital which provides a clinical training programme for trainee anaesthetic technicians
Clinical Director	Insert the name of the Clinical Director (or similar position) of the anaesthesia department
Supervisor of Training	Insert the name and contact details of the consultant anaesthetist appointed to the role of Supervisor of Training
Trainee Numbers	Insert maximum number of trainees able to be employed within each year of training

Section 2: Questions¹

	Insert Yes/No
Are the current details supplied above different to those previously supplied to the Council?	
Have the infrastructure arrangements of the hospital changed in any way from the information previously supplied to the Council?	
Have any other aspects of the accredited clinical training programme in respect of the accreditation standards changed from the information previously supplied to the Council?	
Does the hospital plan to make any changes that may alter the current details supplied in the Details section and in response to the above questions?	

¹ If you answer "Yes" to any of the questions, an *Accredited Training Hospital – Change Notification* will need to be submitted to the Council

Section 3: Statistical Information

Please attach the following information with this document:

List of trainees and personnel in the anaesthesia team who support the trainee programme and the tenure in terms of fulltime equivalent (FTE) for each position

Name of any personnel employed in the anaesthesia team which supports the trainee programme since the last annual report and/or accreditation review, their role and relevant qualifications and experience

Actual number of trainees in each year of the programme

Details of attrition for each year of the programme

Section 4: Declaration

I *insert full name* being a *insert position* declare that, to the best of my knowledge and belief (except as noted above):

- the training hospital as named in section 1 continues to comply with the Medical Sciences Council *Accreditation of Anaesthetic Technician Training Hospitals*; and
- the information provided with this declaration is true and correct

Signature:

Date:

Appendix 2: Accredited Training Hospital - Change Notification

Hospitals providing clinical training programmes (trainee anaesthetic technicians) accredited by the Medical Sciences Council are subject to an ongoing monitoring regime. Hospitals must give the Council timely notice of any planned and/or implemented changes to an accredited training programme.

Hospital		
Name of Person Notifying the Programme Change		
Position of Notifying Person		
Date of Notification		
Clinical Training Programme Change	Tick all boxes as appropriate	Date of Change
Underpinning philosophy, emphasis, or objectives of the clinical training programme		
One or more changes to the composition of registered health practitioners who provide oversight and support to the clinical training programme		
1/3 (or more) decrease in the level of experience of registered health practitioners who provide oversight and support to trainees		
Teaching methods or methods of delivery for any part of the clinical training programme ²		
1/3 (or more) of the curriculum has changed in respect of content, structure and/or assessment since the programme was accredited		
Financial resources or financial arrangements for the programme such as elimination of a dedicated budget for the programme		
Organisational structures such as changes to the leadership and oversight of a programme		
Site changes at which all or any part of the programme is offered		
Other change		

Please attach a detailed description of each change and a self-assessment of the potential or actual impact of the changes in respect of continuing to meet the accreditation standards

² The Council recognises that best practice means teaching methods and delivery will be subject to continuous quality improvements. Hospital notification should relate to significant changes, with the definition of “significant” being that the change impacts on the underpinning learning outcomes and/or sustainability of the programme