

## Anaesthetic Technician Scope of Practice consultation outcome

In July 2023 the Medical Sciences Council (the Council) [consulted on a draft revised scope of practice for the anaesthetic technician](#) profession. The consultation asked practitioners and stakeholders to consider four key matters –

1. the name of the profession
2. changes to the type of clinical practice they engage in
3. the qualifications required to enter the Register
4. the need for supervision for new graduates and those practitioners entering the Register who obtained their qualification outside of Aotearoa New Zealand.

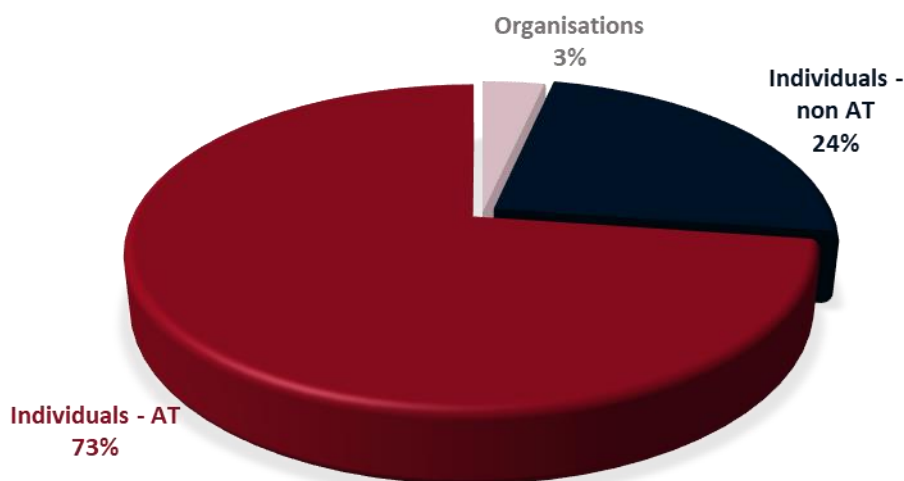
A consultation document was developed and sent to all anaesthetic technicians who held a current practising certificate at the time of the consultation, as well as to several organisations identified as stakeholders. This included other responsible authorities, professional associations, employers and unions.

### Outcome - next steps

The Council was presented with the information below. Its decision was to progress the work and has appointed an expert advisory group (comprised of anaesthetic technicians from across the profession, as well as a lay person) to advise it on completing this project.

### Response Rate

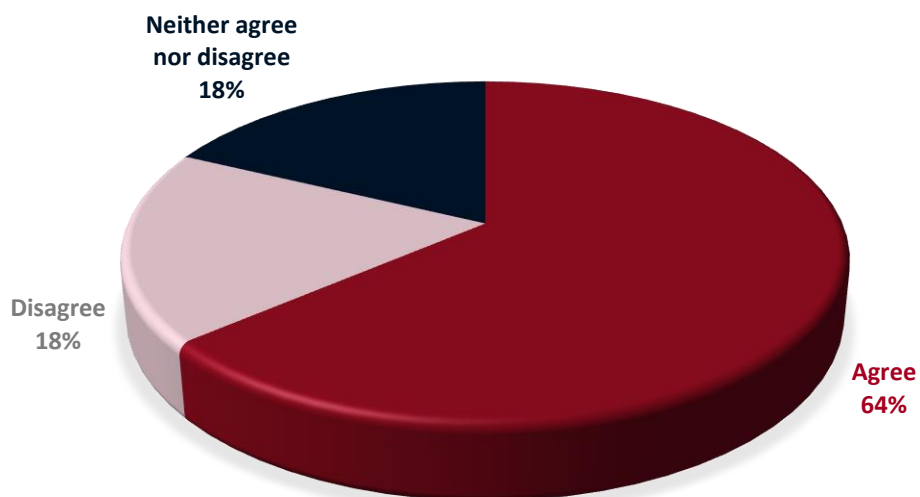
There was a total of 488 responses to the consultation - 17 (3%) of these were from organisations and the remaining 471 were from individuals. Of the 471 individuals who responded, 355 (73%) were anaesthetic technicians which equates to **36%** of the total practising workforce.



## Results at a glance

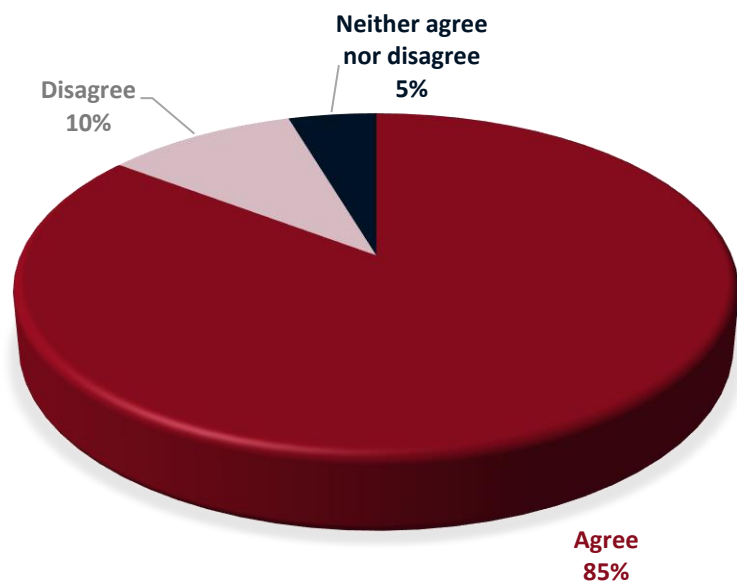
**Proposal 1:** The Council proposes to change the title of Anaesthetic Technician to Perioperative Practitioner.

A total of 475 answered this question - 68% of AT's who responded agreed with the proposal.



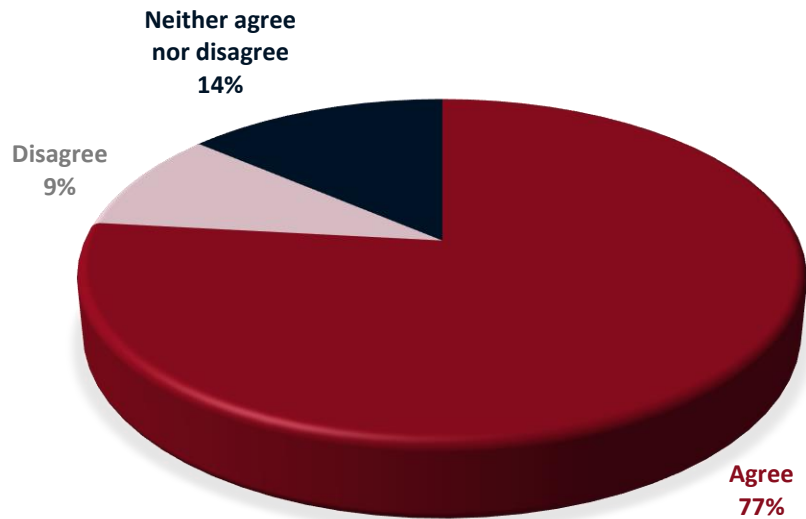
**Proposal 2:** The Council proposes to broaden the scope of practice to enable practitioners to work in all areas in the perioperative environment and adjuncts, including emergency department and interventional radiology.

A total of 476 respondents answered this question and 85% agreed with the proposal.



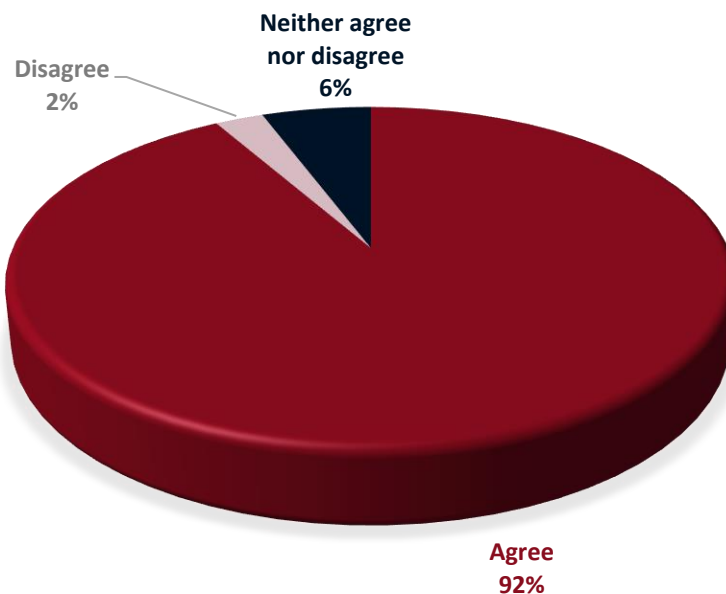
**Proposal 3:** The Council is proposing to include a registration pathway for applicants who do not hold the prescribed qualification, but instead hold a relevant qualification in anaesthesia or perioperative practice.

A total of 473 respondents answered this question and 77% agreed with the proposal.



**Proposal 4:** The Council is proposing to require all newly registered practitioners to undergo a period of supervision.

A total of 471 respondents answered this question and 93% of Anaesthetic Technicians who responded supported this proposal.



## Proposal 1

The Council proposes to **change the title of Anaesthetic Technician to Perioperative Practitioner.**

The first proposal that the Council sought feedback on related to the title used by the practitioners registered under this scope. The Council had identified that with the change in the work performed by these practitioners, and the move away from the limited areas in which they practised, the name 'anaesthetic technician' may not be an accurate description of practitioners working in this scope of practice.

### **Feedback in support** of the proposed change:

Many respondents agreed with the proposed change, stating that it is reflective of the work practitioners undertake, which is not exclusively around operative anaesthesia. The title is also fitting of the proposed changes to the scope of practice.

### **Feedback opposed** to the proposed change:

Many respondents opposed to the change and wanted the term 'anaesthetic' to remain in the title as they saw this as being a core component of the role. They saw the term as part of their professional identity. There was some feedback that the term 'perioperative' may be too medical and that the public may be largely unfamiliar with this term.

There was a suggestion that using the term 'perioperative practitioner' may cause confusion as there may already be workplace titles in place that are similar.

Some comments implied that the term 'practitioner' should only be restricted to those with a higher-level qualification.

It was noted that the legislation under which all practitioners are regulated is the Health Practitioners Competence Assurance Act and that makes no distinction between levels of qualification.

Many respondents suggested retaining the term 'technician'. However, this suggests a focus on machines and equipment and does not align with the provision of perioperative care, as would be expected for a practitioner working with people through the perioperative journey.

Several respondents supported the idea of using an internationally recognised title such as 'operating department practitioner' as they believed this would facilitate job advertisements and the ability for New Zealand practitioners to work overseas more easily.

### **Feedback on the title**

Respondents were asked to provide some suggestions on the title for the scope of practice provided, and these included suggested alternative titles:

- Perioperative Technician/Technologist
- Perioperative Anaesthetic Practitioner
- Operating Department Practitioner/Technician/Technologist
- Anaesthetic Technician
- Anaesthetic Practitioner
- Anaesthesia & Perioperative Practitioner
- Clinical Services Practitioner

- Theatre Technician – Anaesthetic
- Perioperative Anaesthesia Technician
- Theatre Practitioner
- Perioperative Practise/ Care Specialist
- Anaesthetic Associate
- Registered Medical Technician.

It is important to note that **the title for the scope of practice is different to workplace titles** used in the employment of individuals.

## Proposal 2

The Council proposes to **broaden the scope of practice** to enable practitioners to work in all areas in the perioperative environment and adjuncts, including emergency departments and interventional radiology.

For some time practitioners have moved outside the traditional anaesthetic technician role and theatre work environment. Currently anaesthetic technicians may work in areas such as emergency departments and in some cases radiology. The technician practice has expanded to include tasks such as scrubbing for certain operative procedures, and the insertion of Peripherally Inserted Central Catheter (PICC) lines. These tasks have been described as expanded practice. The Council was seeking feedback on this proposal to broaden the scope of practice - this would mean that all practitioners regulated by it, with the required knowledge and skill, could work in their areas.

### **Feedback in support** of the proposed change:

There was general agreement that the current scope is too restrictive and that many practitioners do not use all their skills.

Many previous Operating Department Practitioners (ODP) currently working in the New Zealand health service advised of the success of the ODP scope, which includes these skills for the health workforce and patients.

Broadening the scope of practice was seen as a strategy that may enable recruitment and retention of staff, as well as increasing job satisfaction and career progression. There is general agreement this would facilitate a flexible and sustainable workforce as well as providing a cohesive operating team.

### **Feedback opposed** to the proposed change:

There is a concern this may worsen the current staff shortages, as the same number of staff will be working across more areas with more responsibilities. This may lead to a further reduction of available anaesthetic technicians in the theatre environment.

Some respondents were concerned that employers may use these parameters within this revised scope to require practitioners to work in roles they are not familiar with, and do not feel competent in. The concern was that if placed in these situations, and if there was an adverse outcome, the blame for outcomes would fall on the practitioner. Further, that if employers were to place practitioners into areas they do not wish to practise, this could lead to a loss of staff.

It was important for the Council to be aware of these potential concerns as it highlighted the need for communication with the sector about the implications of the revised scope of practice and the need to plan for transitioning staff.

Some feedback suggested the highly specialised current role, as it stands, is more important for patient safety than broadening the scope and diluting the skillset of practitioners.

Other practitioners working in the theatre environment were concerned that this scope may have the potential to impact on other staff. The Council considered this matter as the purpose of the revised scope was to support safe practice across the transdisciplinary team.

### Proposal 3

The Council is proposing to **include a registration pathway for applicants who do not hold the prescribed qualification, but instead hold a relevant qualification in anaesthesia or perioperative practice.**

The Council considered pathways for applicants to gain registration within the New Zealand context. And was mindful that there may be other people who could potentially seek registration who do not hold the traditional anaesthetic technician qualification and wanted to seek opinions about this.

**Feedback in support** of the proposed change:

As can be seen from the consultation feedback many respondents agreed with the proposal to consider reviewing the registration pathways, so that people who held a relevant qualification could be considered for registration. Respondents believed this change will facilitate the registration and employment of more anaesthetic technicians in New Zealand and help address the workforce shortages.

**Feedback opposed** to the proposed change:

There was concern about the proposed change from several respondents, with feedback highlighting that there needs to be a consistent standard of qualification with a focus on the education of anaesthetic technicians. And there was concern that the proposed pathway is insufficient as a benchmark for a competent anaesthetic technician. The scope heavily relies on practical skill and therefore, the online examination may not be a sufficient tool to evaluate entry level competence.

Respondents advised they would like to see thorough practical education with a focus on clinical competence in the perioperative environment. Those who opposed the change have a fear this would dilute their profession, risk the reputation of their qualification, and have other professions viewing them in a negative light.

### Proposal 4

The Council is proposing to **require all newly registered practitioners to undergo a period of supervision.**

The Council sought feedback around a proposal to require all newly registered practitioners to undergo a period of supervision when they enter the workforce. This proposal was for all practitioners new to the Register, so this would include internationally qualified practitioners new to practise in Aotearoa | New Zealand. The Council is aware that several health professions have some degree of support and oversight of new practitioners entering the workforce. This support is in the form of mentoring – it's aimed at developing and enhancing confidence as practitioners enter the workplace.

**Feedback in support** of the proposed change:

Most respondents agreed with the proposal, reinforcing this as common practice for many health professions, and ensures the new practitioner is familiar with all areas of their role.

Many respondents suggested that the supervision period should be longer than the three months proposed, while some feedback proposed that supervision should be dependent on the qualification completed and level of experience, with some suggesting that not all applicants would need a period of supervision.

Regardless of knowledge or skill level, transitioning to practise in a new country can be problematic for internationally qualified practitioners. The Council will need to consider the type of support these practitioners require.

**Feedback opposed** to the proposed change:

Where feedback was opposed to the proposed change this was due to a concern that the need for supervision may be due to the practitioner not having the required level of competence with which to be registered.

There was also a concern that the requirement for supervision would add to the workload of staff who are already understaffed and overworked.