MEDICAL SCIENCES COUNCIL OF NEW ZEALAND
TE KAUNIHERA PŪTAIAO HAUORA O AOTEAROA

APPLICATION FORM
TO PRACTICE IN AN EXPANDED PRACTICE
ANAESTHETIC TECHNICIAN
November 2013

SECTION 1- TO BE COMPLETED BY THE APPLICANT

Applicant's Name: _____ Registration Number: 33-0_____

Email Address: _____

Contact Number: _____

Place of Employment: _____

I wish to apply for expanded practise to be added to your annual practising certificate in:
(Please circle):

PICC PACU BOTH

I have included the following certified copy documentation with my application ☑

- A current annual practising certificate ☐
- Evidence of meeting all training programme requirements ☐
- Confirmation of competence to perform all competencies required for the expanded practice independently ☐
- Evidence of successfully completing an annual assessment ☐
- Completed logbook detailing all insertions (both successful and unsuccessful) carried out in the past 12 months. ☐
- Evidence of meeting the minimum number of clinical hours/procedures ☐

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Declarations

I declare the following: ☑

- I certify that all the information provided in this application is true and correct in every particular. ☐
- I understand upon approval the Council will place a condition on my annual practising certificate (APC) allowing me to work in an expanded practice role; and ☐
- I will need to apply to have that expanded practice activity included as a condition on my APC each year as a component of the APC application renewal process. ☐
- I understand I will need to provide evidence of continuing professional development activities that relate to the expanded practice activity which have been included as a condition on my APC. ☐
- I understand I can only work in an expanded practice activity that has been approved by the Medical Sciences Council ☐
- All the information provided with this application is true and correct in every particular. ☐
- I declare I have completed all requirements of a hospital-based training programme ☐

Applicant's Signature _____ **Date**_____

Note: Under section 172 of the Health Practitioners Competence Assurance Act 2003, any person who commits an offence if they make any declaration or representation that, to their knowledge, is false or misleading, may be liable on summary of conviction to a fine not exceeding $10,000.00.

SECTION 2- TO BE COMPLETED BY CLINICAL DIRECTOR OF ANAESTHESIA

This section needs to be completed by a registered medical anaesthetist who is responsible for the anaesthetic department at the health care facility

Name: _____ Registration Number: _____

Email Address: _____

Healthcare Facility: _____

Contact Number: _____ Position: _____

Expanded practice must be focused on meeting patient needs and improving patient outcomes. Expansion of an anaesthetic technician's practice must meet an identified gap(s) in health services. Anaesthetic technicians working in an expanded role must have the required knowledge and skills and have the necessary supports to continue in that role.

Confirmation of competency in PICC line insertions

I certify that _____ (applicant's name) has completed a training programme in PICC line insertions at _____ (named healthcare facility) and is competent in the following:

PICC Line Insertions	☑		☑
• Ultrasound training for vascular access	☐	• Seldinger Technique	☐
• CXR Education	☐	• Tip guidance technique	☐
• Aseptic technique	☐	• Simulation training of needling techniques	☐
• Informed consent, Time Out and documentation	☐	• Recommended reading material	☐

Competence ☑

- Ability to perform all steps of the procedure independently and according to healthcare facility policy ☐
- Has successfully completed all requirements of the PICC line insertion training programme ☐
- Has the requisite theoretical knowledge ☐

I confirm that _____ (applicant's name) is able to perform all components of PICC line insertions in a safe and competent manner and in accordance with the hospitals policy and protocols.

_____ _____
(Signed) (Date)

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Confirmation of competency in PACU

I certify that _____ (applicant's name) has completed a training programme in PACU at _____ (named healthcare facility) and is competent in the following **PACU** standards:

Airway Management	☑		☑
• Removal of artificial airways	☐	• Maintenance of Universal Precautions	☐
• Positioning of artificial airways to maintain respiration	☐	• Selection and preparation of appropriate airway equipment	☐
Monitoring Assessment and Care	☑		☑
• Communication with patient	☐	• Plan of care	☐
• Monitoring of fluid balance, fluid therapy	☐	• Monitoring of comfort levels and/or adverse reactions	☐
• Monitoring of operation sites, drain and wound care	☐	• Monitoring emergencies – respiratory and cardiovascular	☐
• Drug therapy assessment, assessment of pain	☐	• Pharmacology of common drugs used in the PACU phase	☐
Patient Care Handover	☑		☑
• Documentation requirements	☐	• Handing over to ward staff	☐
• Communication requirements for patient handover	☐	• Handing over to PACU colleague	☐
• Accepting handover from the anaesthetist	☐		

Competence	☑
• Ability to perform all PACU activities independent and according to the healthcare facility policy	☐
• Has successfully completed all requirements of the PACU training programme	☐
• Has the requisite theoretical knowledge	☐

I confirm that _____ (applicant's name) is able to perform all components of PACU in a safe and competent manner and in accordance with the hospital's policy and protocols.

_____ _____
(Signed) (Date)

Note: Under section 172 of the Health Practitioners Competence Assurance Act 2003, any person who commits an offence if they make any declaration or representation that, to their knowledge, is false or misleading, may be liable on summary of conviction to a fine not exceeding $10,000.00.