

Anaesthetic technician - accreditation and monitoring – (guide for education providers)

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Introduction and background

As a responsible authority under the Health Practitioners Competence Assurance Act 2003 (the Act), te Kaunihera Pūtaiao Hauora O Aotearoa | the Medical Sciences Council (the Council) is charged with describing the work of the anaesthetic technology practitioners it regulates. Sections 11 and 12 of the Act requires the Council to prescribe the qualifications required for scopes of practice within the professions it regulates, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes.

The Council is responsible for designating the relevant scopes of practice, specifying the competencies required of practitioners, and setting accreditation standards for New Zealand qualification programmes that are designed to lead to registration as an anaesthetic technician.

The Council also sets standards for cultural competence and ethical conduct and provides standards, policy, and guidance for various aspects of practice as an anaesthetic technician. In support of their accreditation application and ongoing monitoring reviews, education providers are required to submit evidence demonstrating how these standards are being met.

This document explains the standards and criteria against which qualification programmes are assessed. Guidance is included to assist providers in the preparation of an application, both in terms of the policy and processes of the Council, and explanatory notes regarding the focus of each standard. Examples are offered to illustrate the kind of evidence that might demonstrate how the programme and provider meet the required standards.

This document contains:

- this introduction to the legislative context for the accreditation standards
- an outline of the Council's policy and processes for accreditation and monitoring
- the accreditation standards and their associated criteria
- explanatory notes regarding the intended focus of each standard
- guidance in relation to evidence to be presented by an education provider seeking accreditation or responding to monitoring of an accredited programme
- a glossary of terms.

This edition of the edition of the Accreditation Standards is proposed to replace those published by the Council in 2014 and 2020.

Glossary

Accreditation

Accreditation is the status granted in recognition that a qualification meets the standards to be prescribed as an anaesthetic technology qualification for the purpose of registration under the Health Practitioners Competence Assurance Act 2003.

Accreditation promotes adherence to minimum standards, ensures learning environments are safe and effective for ākonga¹/learners, and contributes to safety for patients and ākonga/learners while ensuring public confidence in the profession². It is aimed at producing competent graduates who can provide safe and effective care to patients, meeting the needs of Aotearoa New Zealand.

Monitoring

Monitoring is the process used by the Council to ensure an accredited qualification programme continues to meet the specified standards. It also functions to ensure communication between an education provider and the Council in relation to ongoing improvement (and/or amelioration of weaknesses), and to foster a culture of continuous enhancement. The process also supports the sharing of innovation and good practice.

New Zealand Qualifications Authority

The New Zealand Qualifications Authority (NZQA) is an Aotearoa New Zealand Government agency with authority to make rules and regulate parts of the education sector. The NZQA administers the New Zealand Qualifications and Credentials Framework (NZQCF) and provides assurance of programme quality.

The accreditation process

Initial notification

An education provider planning to develop a new programme must notify the Council's Registrar at least 12 months before planned commencement of the programme.

Information to be submitted at this stage includes:

- contact details for the person responsible for the programme
- the month and year the programme is planned to commence
- the planned NZQA level (or equivalent) and duration of the programme
- an overview of the structure of the programme
- an overview of the learning outcomes and objectives of the programme
- any other details the provider considers relevant to its plans, such as staff recruitment or third-party arrangements for the programme.

¹ ākonga: Student or learner. Refer to [Te Aka Māori Dictionary](#)

² Frank, J., Taber, S., van Zanten, M., Scheele, F., Blouin, D., (2020). The role of accreditation in 21st century health professions education: report of an International Consensus Group. *BMC Medical Education*, 20 (Suppl 1): 305.

This information will be considered by the Council, and the Registrar will liaise with the education provider regarding the full application process.

Submitting an application

The full accreditation application is submitted by the agreed due date (no less than six months before the planned programme commencement).

The process requires the education provider to complete a self-audit against the accreditation standards (set out in the following sections of this document), also showing how the programme meets the relevant professional competence standards, code of ethics, and standards for cultural competence.

Supporting materials that show the best evidence of the statements made in the self-audit must also be included. Identification of the overall strengths and weaknesses of the programme and planned strategies to address the latter is a key element of the provider's self-audit. In this regard, the process allows for a focus on transformative learning rather than on compliance with static accreditation standards. Providers therefore have scope to show how their programme includes continuous quality improvement, quality learning and teaching, and renewal over time.

While all programmes are assessed against the same standards, expectations for a new programme are likely to be different from those for an established one: for example, a focus on structures and processes will be more relevant for a new programme, in contrast to a focus on outcomes for an established one.

Review and assessment

The Council appoints an assessment panel whose members review the documents provided and advise of any gaps or additional information required.

The assessment panel typically includes two or three external members who collectively have:

- experience in academic management
- knowledge of best learning and teaching practice
- expertise in the delivery of academic programmes relevant to the profession
- senior experience and expertise within the health profession.

Tangata whenua representation is also included.

The Council's Kairēhita/Registrar and Kaitohutohu Mātauranga/Education Advisor are also members of the assessment panel.

The site visit

An accreditation visit is organised in coordination with the Registrar or delegate. This visit is usually one to two days in duration and within three months of receipt of the accreditation application. A suggested agenda will be provided by the Registrar when the dates of the visit are confirmed.

The visit enables the assessment panel to meet with key personnel who will contribute to delivery of the programme, to interview key stakeholders, inspect teaching facilities, and to assess any further information they have requested. It is also an opportunity for the education

provider to showcase aspects of the planned programme, and to clarify any questions either party may have.

The accreditation report

A report is prepared by the Registrar (or delegate) reflecting the accreditation panel's findings as to how the proposed programme meets the accreditation standards. It is sent to the provider for fact checking and then passed on to the Council for consideration.

Council decision

The Council decision will be one of three possible outcomes:

(a) Accreditation with no conditions

The programme meets all accreditation standards. New programmes are accredited for the rollover of one cohort of ākonga/learners (ie three or four years depending on the length of the programme). Renewal of accreditation is subject to further evaluation, normally including another site visit.

(b) Accreditation with conditions

The Council may impose conditions if the accreditation report indicates that the programme substantially meets the accreditation standards. The conditions are designed to ensure all accreditation standards are met within a reasonable timeframe. In this case the applicant will be informed of the reporting requirements of the Council and the timeframe for addressing the conditions.

(c) Accreditation not granted

If the final report indicates that the accreditation standards have not been substantially met, the Council may decide not to accredit the programme. In this case the provider will be issued with written notice including the reasons for the proposal. The provider will be given opportunity to make further submissions and to be heard by the Council prior to a final decision being made.

Cost recovery

The Council may recover the costs of accreditation from the provider which may include travel and accommodation for the assessment panel, a daily fee for assessment panel members, and other incidental expenses.

Expected costs will be discussed with the applicant prior to the review.

Providers are encouraged to seek advice from Council staff if they have questions, as early resolution of queries can enable a smoother experience for all parties involved.

Ongoing monitoring

All accredited programmes are subject to ongoing monitoring under the Council's monitoring framework. Monitoring is designed to ensure that an accredited programme continues to meet the accreditation standards. The framework is aligned with the outcomes of the accreditation process and provides:

- Public safety assurance
- Continuous quality improvement
- Proportionate, risk-based regulatory oversight.

The form and frequency of monitoring is dependent on the accreditation status and risk profile of the programme with reports required on a not less than annual basis. The form of monitoring may involve:

- Completion of a standard template provided by the Council
- Provision of progress reports relating to a condition in place
- Provision of specific information or evidence relating to an area of interest for the Council
- An on-site visit by Council appointed accreditation committee members and/or staff.

Further information about monitoring is available in the monitoring framework.

Programme changes

The Council must be satisfied that an accredited qualification continues to be fit for the purpose of graduates being eligible for registration in the profession of anaesthetic technology in Aotearoa New Zealand.

As a matter of good educational practice, all qualification programmes should be subject to ongoing review, and it is expected that this will naturally result in some ongoing change through the adoption of a continuous quality improvement framework. However, there are certain kinds of change that must be formally notified to the Council.

The monitoring framework sets out the types of circumstances in which a provider must advise the Council of a change to its accredited qualification. Some examples of changes and supporting documentation that should be supplied to the Council are:

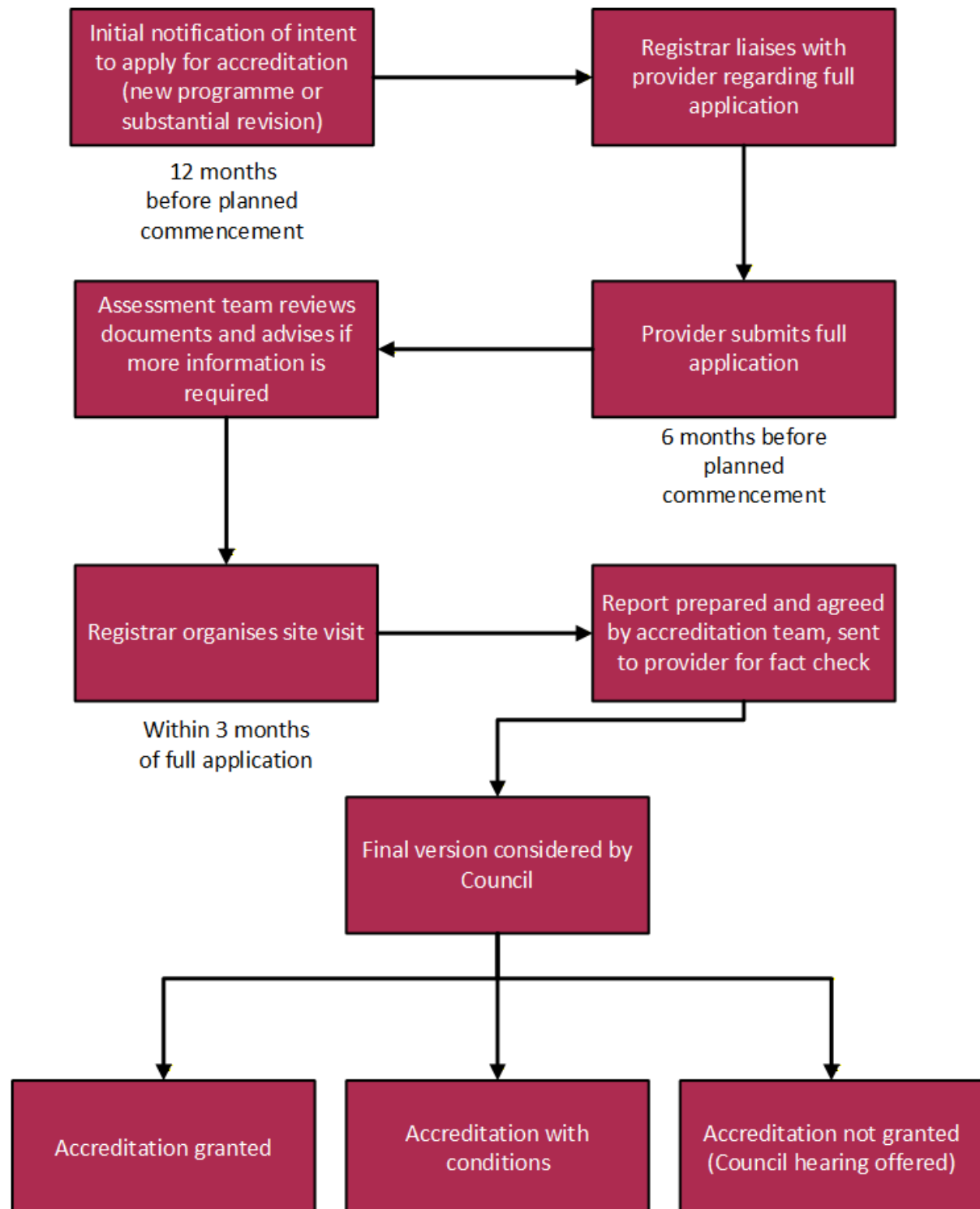
- Changes to staffing. The Council would like to know how the education provider is compensating for this change. Evidence may include details of other staff hours increasing or decreasing, communication that the recruitment process is underway, or the CV of a newly appointed staff member.
- Changes to the admissions pathway should be supported by background information regarding why the change is being proposed and evidence that the new pathway is appropriate.
- Modification of learning outcomes for a course. Education providers need to provide the current learning outcomes, the proposed learning outcomes for comparison, the context underpinning why the change has been made, and the reason that the new learning outcomes are appropriate.

Costs for monitoring

The Council may recover the costs of monitoring from the provider which may include travel and accommodation for any follow-up site visits required, and other incidental expenses.

Expected costs will be discussed with the provider prior to the review.

The accreditation application process



Accreditation standards

The Medical Sciences Council has six mandatory accreditation standards. Tertiary education sector providers seeking accreditation of an anaesthetic technology programme will be assessed against each of the standards as set out in the following section of this document.

A standard statement sets out the main purpose of each standard. This is supported by multiple criteria that the Council and its accreditation review panel use to determine whether the education provider's evidence clearly demonstrates that each standard has been achieved. An explanatory note elaborates on the focus of each standard and guidance on the presentation of evidence is included. All programmes are assessed against the same accreditation standards and criteria, although the assessment process may vary according to the circumstances of the provider.

The standards are:

1. **Academic governance and quality assurance**
Academic governance and quality assurance processes are effective.
2. **Public safety**
Public safety and inclusive practice are assured, reflecting the competence standards and code of ethics of the profession.
3. **Programme of study**
Programme design, delivery and resourcing enable ākonga/learners to achieve the required professional competencies.
4. **Learning environment**
The education provider has sufficient facilities, resources, and infrastructure to sustain and support the delivery of the programme.
5. **Assessment**
Assessment is fair, valid, reliable, and sufficient to evaluate ākonga/learner competence and professionalism.
6. **The ākonga/learner experience**
Ākonga/Learners have equitable and timely access to information and support.

Evidence requirements

The education provider is responsible for submitting sufficient evidence to demonstrate their programme's compliance with all accreditation standards. The following section of this document offers guidance on what counts as evidence and the types of evidence to include in an accreditation application.

The accreditation review panel may request specific documents or experiential evidence at any stage of the process to help it determine if a particular standard or criterion is met.

Self-assessment

A central document in the accreditation application is the self-assessment. The self-assessment enables the accreditation panel to gain an overall picture of the provider, its policies and procedures, and the structures that support education and training activities. It contains details of the ways in which the provider and programme meet the accreditation standards, with reference to additional material that is either appended or will be provided to the accreditation panel at the site visit. The document should identify the provider's strengths and any current challenges it is facing, along with processes for addressing these.

There is no specified word limit for the self-assessment document, but direct and succinct statements are appreciated. It is helpful to structure the document to align with the six accreditation standards, cross-referencing wherever evidence material is relevant to more than one standard or criterion.

Standard 1: Academic governance and quality assurance

Academic governance and quality assurance processes are effective

Explanatory notes

This standard addresses the organisation and governance of the programme.

Education providers are expected to provide evidence of how the programme operates within its organisational governance structures. The focus of this standard is on the overall context in which the programme is implemented, and the administrative and academic organisational structure that supports the programme. This standard also focuses on identifying the ways in which the academics who manage and implement the programme, employers, members of the profession, and other stakeholders provide input to ensure the relevance and quality of the programme.

The response to the standard should:

- Confirm that the education provider is recognised by NZQA/Universities New Zealand (CUAP) or international equivalent.
- Refer to the institutional governance structures and processes that ensure ongoing systemic monitoring, review, and improvement.
- Describe the quality management system for the institution and programme, including regulations for admission, progress, and degree completion.
- This may also include:
 - a programme organisational chart of governance, academic, professional, administrative positions
 - key academic governance policies and procedures
 - terms of reference for programme governance committees/reviews.
- Provide a detailed description of the qualification and graduate profile, with reference to professional registration requirements and processes.
- Explain how a focus on patient safety and the importance of ongoing education are instilled in graduates.
- Present evidence to demonstrate institutional and programme responsiveness to Te Tiriti o Waitangi. Explain programme equity and diversity policy and procedures and programme cultural safety policy and procedures.
- Identify key stakeholder relationships and refer to Memoranda of understanding (MOUs) with any partner organisations.
- Explain the processes for stakeholder input into the programme.
- Include evidence of Māori and health consumer evaluation and programme response to improve outcomes, where available.

- Provide links to relevant website information.
- Describe processes for the risk management across the programme.

Standard 2: Public safety

Public safety and inclusive practice are assured, reflecting the competence standards and code of ethics of the profession

Explanatory notes

Assuring safe and competent practice in the care of patients is the prime consideration for this standard.

Education providers are expected to have formal mechanisms to ensure ākonga/learners are fit to practise safely within the health sector. This standard also considers how an education provider manages risk, the supervision of clinical placements, and other professional practice environments to ensure quality and reliable outcomes for patients and ākonga/learners.

Safe practice

Both clinical and cultural components are relevant to the demonstration of competence. The dimensions of safe practice include:

- Understanding the policy context
- Best practice guidance
- Knowing how to assess and manage risk effectively
- Managing personal, physical, and mental wellbeing
- Safe practice in all aspects of clinical encounters, including the use of scheduled medicines
- Culturally appropriate interactions
- Responsibilities as an ākonga/learner and as a registered practitioner.

The education provider is expected to assure safe practice in the programme by providing evidence of the formal mechanisms that are implemented in relation to clinical placements. The accreditation standards do not specify a required number of clinical placement hours.

Education providers are expected to explain how they ensure the clinical placements completed by each ākonga/learner enable them to achieve the knowledge, skills and professional attributes required to practise safely and competently. Evidence must be provided to support this explanation.

Achievement of prerequisite abilities before clinical placements

Ākonga/learners are expected to achieve prerequisite abilities that are relevant to their subsequent clinical placement, prior to giving patient care. The Council acknowledges the role that simulation plays in supporting ākonga/learners to gain the prerequisite abilities.

Clinical placement supervisors

Evidence of how clinical placements are supervised must be provided. When the supervisor is a health practitioner from a regulated health profession, they must hold registration, a current practising certificate and be in good standing with their regulatory authority.

The response to the standard should include:

- Course outlines for all courses showing learning outcomes and their relationship to all professional competencies. Mapping of learning outcomes and assessments to competencies is a helpful means of showing how and where the competencies are to be demonstrated.
- CVs of academic staff and relevant clinical supervisors, including current professional registration where appropriate.
- Assurance of quality and safety policies and regulatory adherence.
- Agreements for clinical placement, and documentation regarding responsibilities of the education provider and clinical placement provider.
- Documentation showing the relevant learning outcomes to be achieved prior to providing patient care.
- Guidelines and requirements for supervisors and ākonga/learners on clinical placement.
- Patient consent policies and processes.
- Policy and process documentation regarding ākonga/learner impairment, including notification processes under Section 45(5) of the Act.

Standard 3: Programme of study

Programme design, delivery and resourcing enable ākonga/learners to achieve the required professional competencies

Explanatory notes

This standard focuses on how the programme is designed and implemented to produce graduates who have demonstrated all the required professional abilities and competencies. The programme should also provide the foundations for interprofessional learning and collaborative practice and deliver the educational foundation for lifelong learning. External stakeholder input is critical for ensuring relevance and stimulating ongoing review.

The education provider should present evidence in an overview that shows how the curriculum is structured and integrated to produce safe and competent graduates.

The education provider should provide explicit statements about the learning outcomes at each stage of the programme, guides for each unit/subject/course that set out the learning outcomes of the unit/subject/course, and show how the learning outcomes map to the professional competencies.

The response to the standard should:

- Include programme documents such as graduate outcomes and profile, philosophy of learning and teaching, course outlines, learning outcomes and assessments, with mapping of all learning outcomes to professional, cultural, and ethical competencies.
- Detail cultural safety and cultural competence elements in the programme.
- Include staff CVs/resumes.
- Provide assurance of programme budget and managerial responsibilities.
- Describe clinical practice placement requirements and arrangements, including the administrative processes involved. Explain how the quality, quantity, and variety of clinical education (including simulation) will ensure competent graduates.
- Detail arrangements for interprofessional learning across the curriculum; this may include partnership arrangements with other education providers.
- Describe processes and agreements for external stakeholder input, including examples of relevant feedback being addressed.
- Include feedback from clinical supervisors and employers of recent graduates/prospective employers, where applicable.
- Describe ākonga/learner feedback processes and include examples where appropriate.
- Explain the policies and processes involved in determining programme progression and completion, and in regular curriculum review. Include examples of ongoing quality improvements (eg to courses, teaching, and assessment processes).
- Describe the teaching/research nexus and the expectations for academic staff research.

Standard 4: Learning environment

The education provider has sufficient facilities, resources and infrastructure to sustain and support the delivery of the programme

Explanatory notes

This standard focuses on the sufficiency and appropriateness of the facilities, resources, and infrastructure of the programme to sustain and support its delivery. This may include inspection of the physical facilities. It also has a focus on the clinical learning environment.

The Council will require evidence and examples of the provider's efforts to work with health services and stakeholders to promote learning environments that provide high-quality learning experiences.

The Council will seek assurances that effective policy and processes underpin the system of clinical supervision, and the orientation and professional development offered to clinical supervisors.

Evidence of appropriate clinical placements for ākonga/learners in a range of settings will be sought.

The response to the standard should:

- Articulate the values and beliefs about teaching and learning that underpin the programme.
- Outline the educational resources, staff, and infrastructure available to the programme. (The accreditation panel may inspect physical facilities and see demonstration of physical and technical modalities and equipment.)
- Identify health services and other stakeholders (where appropriate) who provide clinical learning environments, detailing any formal agreements for these partnerships.
- Describe the system for the appointment, review, and ongoing communication with clinical supervisors.
- Provide details of the orientation and training processes for clinical supervisors.
- Describe how ākonga/learners are exposed to a variety of clinical experiences.
- Explain the institutional and programme policies related to recruitment and retention of Māori and Pacific peoples.
- Identify the information support services available to both staff and ākonga/learners.
- Explain the professional development expectations, and opportunities available, to all staff.

Standard 5: Assessment

Assessment is fair, valid, reliable, and sufficient to evaluate ākonga/ learner competence and professionalism

Explanatory notes

This standard focuses on assessment, including quality assurance processes and the qualifications of staff responsible for assessing ākonga/learners learning in the programme.

Education providers are expected to demonstrate how they assure that every ākonga/learner who passes the programme has achieved all the required professional abilities and competencies.

Education providers are expected to provide evidence of fit-for-purpose and comprehensive assessment methods and formats to assess learning outcomes, and to show a balance of formative and summative assessment throughout the programme.

Education providers must show how they implement an assessment strategy that reflects the principles of assessment – valid, reliable, flexible, and fair.

Staffing profile

Education providers are expected to provide evidence that all staff with responsibilities for assessment of ākonga/learners in the programme have:

- Skill in contemporary assessment principles and practice relevant to their responsibilities.
- A qualification in a relevant discipline at least one level higher than the programme, or equivalent relevant academic or professional practice-based experience and expertise.

The response to the standard should:

- Include mapping of both formative and summative learning outcomes and assessment strategies for all courses and clinical placement activities.
- Explain the institutional policy and processes for the development of assessment strategies and items.
- Detail policies addressing academic integrity, including use of Artificial Intelligence.
- Provide examples of assessment items and marking rubrics.
- Explain the guidance available for ākonga/learners regarding academic integrity, assessment feedback, resits, and appeals.
- Identify remedial academic ākonga/learner support systems.
- Explain both internal and external moderation processes and identify agreements with external moderators. Provide examples of assessment moderation/benchmarking including the outcomes where applicable.
- Provide profiles of programme and clinical staff teaching and assessing ākonga/learner achievement.
- Detail the variety of assessment methods across the programme.

- Explain the institutional policies and procedures for assessment strategy, grading, credit for prior learning, and progression.

Standard 6: The ākonga/learner experience

Ākonga/Learners have equitable and timely access to information and support

Explanatory notes

This standard focuses on how the education provider ensures ākonga/learners have equitable and timely access to programme information and learning support to deliver an ākonga/learner experience that is culturally safe for all ākonga/learners.

Education providers are expected to show how prospective ākonga/learners are clearly and fully informed about registration requirements, in relation to the Act, prior to enrolment in the programme.

Ākonga/learner support services to meet learning, welfare, and cultural needs

Education providers are expected to provide evidence of how the need for learning, welfare or cultural support is identified, implemented, and managed, including the outcomes of any intervention.

The response to the standard should:

- Include references to ākonga/learner handbooks and course information.
- Copies of programme and institutional academic regulations.
- Explain institutional policies and procedures for appeals and grievances.
- Describe admission policies, including interview policies and processes, if applicable.
- Include details of academic and personal wellbeing support services for ākonga/learners, including disability support where appropriate.
- Explain policies and processes related to the implementation and management of learning plans for struggling ākonga/learners (if applicable).
- Describe mechanisms for ākonga/learner representation across the programme and institution, including ākonga/learner feedback mechanisms. Provide examples of ākonga/ learner feedback and its impact on the programme, where appropriate.
- Detail policies, procedures and support mechanisms invoked for concerns about ākonga/ learner impairment/disability or professional behaviour, including notification to the Council where relevant.