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

Policy -
Accreditation standards for anaesthetic technicians (monitoring framework)

August 2026

Policy title	
Reference number	
Scope	This policy applies to Te Kaunihera Pūtaiao Hauora O Aotearoa | Medical Sciences Council of New Zealand

Associated policy documents	
Accreditation standards for education providers	Draft
Guide to accreditation	Draft

Revision Schedule			
Version number	**Version date**	**Approved by**	**Next review**
One	2014	Medical Sciences Council	
Two	June 2020	Medical Sciences Council	2022
Three			
Four			

Contents

Background and legislative context

1. As a responsible authority under the Health Practitioners Competence Assurance Act 2003 (the Act), Te Kaunihera Pūtaiao Hauora O Aotearoa | Medical Sciences Council of New Zealand (the Council) is charged with describing the work of the anaesthetic technology practitioners it regulates. Section 118 of the Act requires the Council to prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes.

Purpose

2. This policy establishes the framework for the ongoing monitoring of accredited providers of programmes of education for anaesthetic technicians, to ensure continued compliance with the accreditation standards and the ongoing delivery of programmes of education that produce safe, competent graduates.

3. The framework is aligned with the outcomes of the accreditation process and provides:

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

Scope

4. This framework applies to all programmes prescribed and accredited by the Council which lead to registration as an Anaesthetic Technician.

Definitions

5. **Accreditation** is the status granted to a provider of education of a prescribed programme of study in recognition that the qualification meets the prescribed standards for the purpose of registration in the anaesthetic technology scope of practice under the Act.

6. **Monitoring** is the process used by the Council to ensure an accredited qualification programme continues to meet the prescribed standards.

7. **The graduate outcome profile** details what graduates of the programme of education are expected to know and have demonstrated at the completion of the programme.

Monitoring

8. The Council operates a risk-based, proportionate approach to the monitoring of accredited programmes.

9. Monitoring activities will be guided by the following:

    a. Monitoring intensity is aligned with the level of risk to public safety, accreditation status, and ongoing viability of the programme.
    b. Processes are transparent, fairly and consistently applied, and outcomes are clearly documented.
    c. Monitoring ensures that graduates are qualified and, on completion of their programme of education, competent to practise.
    d. Monitoring ensures equity of access, participation and outcomes, and is responsive to Te Tiriti o Waitangi.
    e. Continuous improvement is supported so that risks are identified and addressed, and to support ongoing programme development.

Monitoring form and frequency

10. All programmes are subject to ongoing monitoring. The form and frequency of monitoring is dependent on:

    a. the accreditation status of the programme. Where a programme is accredited with conditions, monitoring of the programme will ensure that the conditions are met within the prescribed timeframe.
    b. the risk profile of the programme. Programmes undergoing significant change, having difficulty in meeting conditions, or that are subject to other identified risk factors will be monitored more closely. See Appendix 1 for more information on potential risk factors.
    c. any other relevant factors.

11. The form of monitoring may involve:

    a. Completion of a standard report template provided by the Council
    b. Provision of progress reports relating to a condition in place
    c. Provision of specific information or evidence relating to an area of interest for the Council
    d. Appointment of a monitor for specific purposes
    e. An on-site visit by a Council-appointed monitoring committee.

Annual monitoring

12. At a minimum, accredited providers must provide the Council with an annual monitoring report. The report must include the information requested by the Council along with supporting evidence. The Council will provide a template for annual reports which will generally include:

    a. A programme delivery summary
    b. Statistical information about the number and ethnicity of students enrolled, including completion and attrition rates

c. Minor implemented or planned changes to curriculum and/or staffing of the programme
d. Clinical placement capacity and management
e. Quality improvement actions
f. Independent monitoring reports from the provider, NZQA, CUAP or other monitoring body
g. Records of meetings/interviews with nominated groups or individuals
h. Identification of emerging risks to the programme and programme management of the identified risks.

13. Supporting evidence may include:

    a. Feedback from current students, recent graduates, and/or external stakeholders
    b. Evidence of programme responses to improve outcomes
    c. Graduate survey plans and reports
    d. Relevant policy and process documents
    e. Evidence of benchmarking processes.

14. A more complete list of evidence is available in the anaesthetic technician accreditation guide.

15. Some aspects of the report may have due dates spread throughout the year to ensure that the Council receives timely and accurate information. It is the responsibility of the accredited provider to ensure that all report aspects are completed and submitted by the due date(s).

16. The Council may request further information following the review of the annual monitoring report.

Progress reports

17. The Council may request progress reports to ensure compliance with accreditation conditions or other Council recommendations where these have been imposed. The requirements for these will be communicated to the provider in advance and may include:

    a. Written submissions
    b. Provision of supporting evidence
    c. Site visits
    d. Meetings/interviews with nominated groups or individuals
    e. Any other appropriate information.

18. Further information about evidence that may be provided is available in the Accreditation standards guide.

Site visits

19. A site visit may be required, which would occur on a date mutually agreed between the Council and the provider. Site visits may be conducted by nominated Council representatives and/or staff. It is anticipated that a site visit will occur at least every 3-5

years. Where possible site visits may occur in conjunction with other education quality assessors (CUAP or NZQA). Site visits may include the provider facilitating:

a. Access to ākonga/learners and other personnel (eg clinical supervisors)
b. Access to teaching spaces, particularly those used for simulation or clinical training
c. Access to institutional representatives
d. Observation of teaching
e. Review of assessment practice.

Stakeholder feedback

20. Stakeholder feedback is considered as part of the monitoring process. Collection of this feedback may take several forms. These include:

a. Provision of information collected by the education provider
b. Mass collection surveys (such as anonymous ākonga/learner surveys)
c. One-to-one interviews (in person or via videolink)
d. Written submissions.

Additional information

21. From time to time the Council may become aware of information about a programme of education between monitoring visits or reporting dates. The Council may request additional information to provide assurance that the programme is continuing to operate as expected.

22. The Council reserves the right to ask for information or make an unscheduled site visit where the Council has identified that a programme presents an unacceptable risk to the health and safety of the public that cannot be addressed by other means.

Programme changes

23. The provider is responsible for proactively notifying the Council in writing of any changes to the programme, institution or any other issues that may interrupt the delivery of the programme. The Council will review the change notification and advise the provider about any further documentation required, or monitoring requirements that may apply.

Extent of change	Example	Notification expectation
Minor	Change in staffing Minor change in curriculum Change in institution that does not immediately affect the delivery of the programme	Within one (1) month of change May occur as part of next monitoring report
Moderate	Significant change in staffing (such as change of head of programme) Planned changes to curriculum, delivery or graduate outcome profile Change in institution that has the potential to affect the delivery or ongoing viability of the programme	At least three (3) months prior to change occurring

Major	Significant change in curriculum, method of delivery or graduate outcome profile Change in institution that significantly affects the delivery or ongoing viability of the programme	At least six (6) months prior to change occurring. Accreditation of a new programme may be required.

24. When programme changes have required approval from the provider's formal academic processes (or approval as Type 2 changes by NZQA[1]), a copy of the documentation should be included with the report to the Council.

Outcome

25. The monitoring process ensures that accredited programmes remain fit for purpose and provide assurance to the Council that graduates of the programme are competent and qualified to practise in New Zealand.

26. If the Council considers that further regulatory intervention is required, a provisional monitoring outcome report will be provided to the education provider following the assessment of all information provided, and any interviews or site visits.

27. The monitoring report will detail the information considered and the outcome. This will include any requirement or recommendation identified. The report will also indicate the next planned monitoring date and any interim reporting requirements.

28. The Council may also apply conditions to the accreditation status of the education provider.

29. The education provider will have 20 working days to respond to the provisional report and address any errors of fact, and any requirements or recommendations, prior to the Council finalising the report.

Publication of outcomes

30. The finalised outcome and a summary of any specific requirements or recommendations may be published on the Council's website, along with the timing of the next planned monitoring event.

Thematic monitoring

31. The Council may also use the information gained through monitoring activities across providers to inform:

    a. Common challenges and risks for the profession
    b. Equity outcomes for specific groups such as Māori and Pasifika
    c. Workforce readiness of graduates.

[1]A Type 2 change refers to modifications made to components of an approved programme that impact the programme as a whole, requiring formal application to NZQA.

Appendix 1

Risk indicators

The Council monitors accredited education providers in accordance with the level of risk that the provider presents to the health and safety of the public. The level of risk is determined by the Council, based on the assessment of several risk criteria. Risks are rated using the Council's risk matrix.

Risks may relate to delivery of the programme, the programme structure, the provider or other external factors.

Risk indicator	Example
Programme factors	
Major curriculum changes	A major paper incorporating key learnings is dropped from the programme
New programme or delivery sites	Recently accredited programme
Clinical placements	Constraints on capacity
'Accredited with conditions' status	Ensuring conditions are being met
Provider factors	
Financial stability	Changes in provider funding
High staff turnover	
Governance changes	Provider restructure
Outcome indicators	
Declining performance indicators	Decline in graduate pass rates over time
Graduate competence concerns	Concerns raised about the competence of graduates of the programme
Complaints	From ākonga/learners, supervisors or other sources
Adverse clinical incidents	Multiple incidents relating to ākonga/learners or recent graduates
External indicators	
Legislative changes	HPCA Act changes
Significant updates to Council scope of practice or standards	Scope of practice and competence standards update
NZQA, CUAP or other agency concerns	Additional NZQA requirements
Emerging practice issues	Rapid technological change in the workplace

The overall risk level of the programme is determined by the Council and indicates the level of monitoring required.

Overall risk level	Description	Monitoring response
Low	Stable programme delivery with history of meeting all Council requirements	Annual report
Moderate	New programme Programme accredited with low-risk conditions	Targeted monitoring - may involve site visit
High	Programme under stress or at risk Difficulty in meeting Council requirements and/or conditions	Targeted monitoring and conditions - site visit likely