



Competence standards for Anaesthetic Technicians in Aotearoa New Zealand

Effective 1 April 2025

Te Kaunihera Pūtaiao Hauora O Aotearoa
The Medical Sciences Council of New Zealand
is responsible for setting the standards of competence
for Anaesthetic Technicians in Aotearoa New Zealand
under the Health Practitioners Competence Assurance Act 2003

| Policy title | |
|-------------------------|---|
| Reference number | 2025-MSC-AT- Competence Standards |
| Scope | This policy applies to all anaesthetic technicians for the purpose of registration and recertification with the Medical Sciences Council. |

| Associated policy documents |
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| Scope of practice and prescribed qualifications for the practice of Anaesthetic Technology |
| Cultural competence: Policy and Guideline |
| Code of Ethical Conduct for Medical Laboratory Science and Anaesthetic Technology Practitioners in Aotearoa New Zealand |

| Practitioners should be aware of the requirements under this legislation |
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| (Anaesthetic Technicians must comply with all legislation and requirements applicable to anaesthetic technology) |
| Health Practitioners Competence Assurance Act 2003 |
| Pae Ora (Healthy Futures) Act 2022 |
| Code of Health and Disability Services Consumers' Rights 1996 |
| Privacy Act 2020 & Health Information Privacy Code 2020 |
| Medicines Act 1981 (and regulations) & Misuse of Drugs Act 1975 |

| Revision schedule | | | |
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Introduction

Te Kauhierā Pūtaiao Hauora o Aotearoa | The Medical Sciences Council (the Council) is one of 18 responsible authorities established by the government under the Health Practitioners Competence Assurance Act 2003 (the Act). The Council's primary responsibility is to protect the health and safety of the public by ensuring anaesthetic technicians are competent and fit to practise their profession. Competence standards provide a baseline (the minimum requirements) against which practitioners can enter the register.

Competence standards need to be dynamic to reflect evolving changes in professional practice. The Council manages this through regular review - this includes a public consultation process.

Honouring Te Tiriti o Waitangi

The Council acknowledges te Tiriti o Waitangi as the founding document of Aotearoa New Zealand and the importance it has in informing legislation, policy, and practice. As tangata whenua of Aotearoa New Zealand, Māori hold a unique position in our motu, and we acknowledge and respect the specific importance of equitable health services for Māori. Contributing to efforts that support practitioners to engage in culturally safe practices will help to facilitate health equity. In collaboration with, and alongside our colleagues within the health system we can contribute to collective efforts to achieve equitable outcomes for Māori and the removal of barriers to achieving equity.

Competence standards

Competence standards describe the knowledge, skills and attitudes required of an anaesthetic technician to practise safely and effectively in a variety of contexts, and environments. Competence is influenced by many factors including, but not limited to: the practitioner's qualifications, clinical experience, professional development, and their ability to integrate knowledge, skills, attitudes, values, and judgements within a practice setting. A critical value of competence standards is their capacity to support and facilitate professional practice and growth.

The competence standards adopted by the Council are expressed as entry-level competencies and behaviours. However, it is expected that all practitioners will build on these as they progress throughout their career. During each episode a practitioner has of care or interaction with individuals, we expect they will demonstrate elements of practice across a number of broadly defined domains (themes). All anaesthetic technicians have a responsibility to ensure they only practise in those areas where they have demonstrated competency.

Context

The competence standards are directly linked to the Anaesthetic Technician scope of practice as published in the New Zealand Gazette.

Anaesthetic technicians in Aotearoa New Zealand practise under the Act. Defining a scope of practice serves to protect the health and safety of the public, as it provides the parameters on which practice is based.

Practitioners registered with the Council are required to maintain their competence within the Anaesthetic Technician scope of practice. Each individual health practitioner has a responsibility to keep their knowledge up to date by undertaking relevant professional development throughout their career. Further information about that can be found here: <https://www.mscouncil.org.nz/already-registered/continuing-professional-development-cpd/>

Application of the competence standards

The Council's competence standards are intended to be sufficiently flexible and versatile enough to be relevant within a variety of practise settings.

The competence standards provide a minimum benchmark for other healthcare professionals, policymakers, members of the public and others, of the key competencies associated with and expected of anaesthetic technician practitioners.

The Council uses the competence standards as a reference point of professional competence when exercising their statutory functions under the Act, including but not limited to:

- Registration of practitioners qualified through an approved education programme in Aotearoa New Zealand.
- Registration of practitioners who completed their initial qualification in other countries.
- Recertification of practitioners who are registered with the Council and returning to practise after a break of three or more years.
- Making enquiries into the competence of a practitioner when questions are raised about their knowledge, skills, and behaviours.

Individual practitioners should use the competence standards to guide their professional development. This includes using a reflective approach to identifying their learning needs, based on the competencies required for the Anaesthetic Technician scope of practice.

Providers of pre-registration education programmes are expected to use the competence standards to inform the development of curricula. This will assist new registrants in understanding the professional competencies required as a registered health professional.

The competence standards can also be a useful resource reference/benchmark for other regulatory authorities, healthcare professionals, professional bodies, the public, and other stakeholders.

A practising anaesthetic technician may also refer to other relevant standards and guidance such as [ANZCA](#) PS08(A), ANZCA PG51(A) and other guidance developed by relevant professional bodies in ensuring the provision of safe and effective care.

Competence standards

MSC

Assessment of applicants for registration.
Recertification.
Competence reviews.

Practitioners

Reflection and self-assessment.
Preparation for registration.

Employers

Assist with recruitment and retention of a suitably qualified and registered workforce.

Education providers

Informs curricula (multiple plans) for educational programmes.
Informs educational standards for programme accreditation.

Professional development providers

Development of educational material for anaesthetic technicians.

The Public

Provides information on the professional role of an anaesthetic technician.

Structure of the competence standards

The competence standards have been written to be universally applicable across a variety of practice settings and they are sufficiently focused to state the competencies that are specific to anaesthetic technicians.

Domains

Key competencies are arranged within integrated themes called *Domains*. There are four domains of competence:

Domain 1: Professional practice.

Domain 2: Professional relationships.

Domain 3: Safe practice and risk management.

Domain 4: Practice (knowledge, skills, and values).

Key competencies

The knowledge, skills, attitudes, values, and judgements anaesthetic technicians require to practise safely and effectively in a range of contexts and situations.

Behaviours

The behaviours are indicators that an anaesthetic technician meets the competency.

Competence standards for anaesthetic technicians in Aotearoa New Zealand

An overview of the domains

Domains 1: Professional practice

Practitioners have a responsibility to be equitable, ethical and professional, practising with professional autonomy and accountability within the current medico-legal framework. They also have a responsibility to always practise **cultural safety** and recognise their potential role as a patient advocate.

Domain 2: Professional relationships

Practitioners have a responsibility to promote safe, equitable patient outcomes and service delivery through inclusive, unbiased professional relationships. This includes practising effective collaboration, communication, and team-based healthcare.

Domain 3: Safe practise and risk management

Practitioners have a responsibility to practise within their area of practice and expertise, ensuring patients, others, and the environment, are safe. This includes compliance with data governance and proactive engagement with quality management, to provide high quality services for the benefit of patients and outcomes.

Domain 4: Practice (knowledge, skills, and values)

Practitioners have a responsibility to use the knowledge, skills, and values that underpin the application of anaesthetic technology across perioperative practice (this can start from pre-assessment, through to the time of post procedural care as part of the Anaesthetic Technician scope of practice).

The domain emphasises the need for practitioners to stay current, responsive, and evidence-informed in their care. This includes fostering professional responsibility and continuous self-improvement to ensure safe, competent, and contemporary anaesthetic technology practise across the perioperative environment. Practitioners must operate within a framework where they are making informed, evidence-based, reasonable decisions and actions about their practise, that are in the best interests of patients and their whānau | family, making patient safety their primary concern.

Domain 1: Professional practise

Practitioners have a responsibility to be equitable, ethical and professional, practising with professional autonomy and accountability within the current regulatory framework. They also have a responsibility to always practise **cultural safety** and recognise their potential role as a patient advocate.

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| Competency | 1.1 | Practise ethically, equitably, and professionally, within relevant legislation and regulatory requirements. |
| Behaviours | 1.1.1 | Operate within the current legislation and requirements applicable to practice, including applying knowledge of the Medical Sciences Council Te Kaunihera Pūtaiao Hauora O Aotearoa, Code of Ethical Conduct, to their practice. |
| | 1.1.2 | Manage personal, mental, and physical health to ensure fitness to practise. |
| | 1.1.3 | Follow mandatory and other reporting obligations. |
| | 1.1.4 | Effectively communicate relevant information to patients, in a way they can understand. Use appropriate methods to obtain valid, voluntary, and informed consent, with due regard for patient decision-making capacity. |
| | 1.1.5 | Practise within the framework of Aotearoa New Zealand's healthcare systems, its standards, and requirements. |
| | 1.1.6 | Adhere to ethical principles to ensure compassionate and just healthcare practise as described in the Medical Sciences Council Te Kaunihera Pūtaiao Hauora O Aotearoa, Code of Ethical Conduct. |
| Competency | 1.2 | Provide each person with empathy, dignity, care, and respect, in partnership with whānau family, and other relevant people. |
| Behaviours | 1.2.1 | Enable and practise patient-centred care, acknowledging the impact of sociocultural factors. |
| | 1.2.2 | Maintain high standards of personal and professional conduct in all interactions. |
| | 1.2.3 | Manage professional boundaries with patients, ensuring interactions are conducted with dignity and sensitivity. |
| | 1.2.4 | Understand and respect the significance of tikanga in healthcare, ie respecting tapu and noa. |
| | 1.2.5 | Integrate Māori models of health into perioperative care to promote a holistic approach that considers the physical, emotional, social, and spiritual well-being of Māori patients. |
| | 1.2.6 | Recognise the impact of social, economic, and environmental factors (wider determinants of health) on a person's health and wellbeing. |

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| Competency | 1.3 | Practise as an autonomous professional, exercising professional judgement. |
| Behaviours | 1.3.1 | Recognise and respond appropriately to unsafe or unprofessional practice. |
| | 1.3.2 | Apply relevant quality frameworks and processes to practise. |
| | 1.3.3 | Acknowledge responsibility for decisions and actions, providing sound justification. |
| | 1.3.4 | Exercise appropriate levels of autonomy and professional judgment in a variety of practice settings. |
| | 1.3.5 | Make reasoned decisions to start, continue, modify, or cease treatment - or the use of techniques or procedures - and record the decisions and reasoning appropriately. |
| | 1.3.6 | Facilitate timely and relevant referrals, delegations, and handovers to other healthcare team members where necessary. |
| Competency | 1.4 | Advocate for the patient, their whānau family, ensuring cultural safety, within the context of practice. |
| Behaviours | 1.4.1 | Exercise the principles of patient advocacy and a professional duty of care. |
| | 1.4.2 | Recognise and respond appropriately when it may be necessary to intervene on behalf of the patient and/or whānau family. |
| | 1.4.3 | Consult effectively with other members of the health care team, and/or other relevant people, to facilitate care that is in the patient's best interest. |
| | 1.4.4 | Acknowledge and reflect on the effect of systemic racism when providing perioperative care for Māori, and its impact on practise and health outcomes for Māori. |
| | 1.4.5 | Support tikanga when providing care, ensuring Māori patients and their whānau family, are aware of their rights - including but not limited to whānau family support, karakia, return of tissue. |
| | 1.4.6 | Acknowledge and reflect on historical, structural, and systemic barriers that have contributed to inequitable health outcomes for Māori and apply this knowledge to practice. |
| Competency | 1.5 | Always practices cultural safety. |
| Behaviours | 1.5.1 | Demonstrate a commitment to ongoing cultural safety and professional development. |
| | 1.5.2 | Understand te Tiriti o Waitangi (goals and principles) and its relevance to equity and health of Māori in Aotearoa New Zealand and apply this to practise. |

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| 1.5.3 | Promote cultural inclusivity among patients, their whānau family, and colleagues. |
| 1.5.4 | Practice cultural competence to deliver care that is free of bias, discrimination, and racism. |
| 1.5.5 | Recognise that equality, diversity and inclusion need to be embedded in the application of all competencies, across all areas of practise. |
| 1.5.6 | Promote cultural safety in the work environment. |

Domain 1 reference guide

While a practitioner recognises the influence of their own values, beliefs, and biases on their practise, they ensure there is genuine patient engagement and care which respects individual cultural identities. This approach fosters equitable healthcare to ensure care decisions are made with a deep understanding of, and respect for diverse cultural perspectives. Please refer to the definition of cultural identity for further examples which extend beyond ethnicity.

Domain 2: Professional relationships

Practitioners have a responsibility to promote safe, equitable patient outcomes and service delivery through inclusive, unbiased professional relationships. This includes practising effective collaboration, communication, and team-based healthcare.

| Competency | 2.1 | Always communicate effectively. |
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| Behaviours | 2.1.1 | Establish a rapport with patients and their whānau family and/or support person(s) to gain understanding of their issues and perspectives, encourage their active participation and partnership in care and/or treatment. |
| | 2.1.2 | Maintain confidentiality, privacy, and dignity. |
| | 2.1.3 | Convey knowledge and procedural information in ways that create trust and confidence, ensuring appropriate and responsive interactions. |
| | 2.1.4 | Communicate clearly, sensitively, and effectively in all professional interactions, accommodating the needs and preference of the recipient. |
| | 2.1.5 | Enhance understanding and use of te reo Māori. |
| | 2.1.6 | Ensure informed consent discussions are culturally safe, with appropriate adjustment to accommodate the patient's level of health literacy. |
| | 2.1.7 | Collaborate and facilitate patient care with Māori healthcare liaisons when required. |
| | 2.1.8 | Communicate effectively with patients and their whānau family for respectful handling of tissue and/or tūpāpaku (deceased person), including liaising with Māori advisory services, chaplaincy services, bereavement services, or other relevant services. |
| | 2.1.9 | Identify and effectively manage communication barriers, including anxiety, stress, confusion, and confrontation. |
| | 2.1.10 | Communicate in English to the required standard for the profession. |
| | 2.1.11 | Adapt communication styles to the needs of patients, such as through the use of an interpreter. |
| Competency | 2.2 | Work effectively with others. |
| Behaviours | 2.2.1 | Establish and maintain effective and respectful collaborative working relationships as a member of the healthcare team. |
| | 2.2.2 | Understand professional roles and responsibilities of healthcare team members and other service providers, and how they interact with the role of the anaesthetic technician. |
| | 2.2.3 | Understand and follow appropriate protocols, procedures, and guidelines, to provide relevant, accurate, timely, verbal, and written communication. |

- 2.2.4 Recognise the strength of health teams in shared and negotiated decision-making, including shared delivery of tasks. Respect all colleagues' experience, beliefs, cultures, and preferences.
- 2.2.5 Effectively supervise tasks delegated to other healthcare team members, including students.
- 2.2.6 Consult effectively with healthcare team members and other relevant people to facilitate continuity of care.
- 2.2.7 Actively identify and address barriers to effective collaboration.
- 2.2.8 Comprehend the concept of viewing health practise through inter-professional lens and recognise its value in enabling practitioners to engage more broadly with the healthcare system as contemporary health professionals.
- 2.2.9 Understand the qualities, behaviours, and benefits of leadership, identify their own qualities, and integrate this knowledge appropriately to their practise.

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| Competency | 2.3 | Provide positive, inclusive, and unbiased support to others in the workplace. |
| | 2.3.1 | Recognise and respect other's culture, identity, values, and beliefs, creating inclusive spaces that uphold everyone's rights in all aspects of health practice and interactions. |
| | 2.3.2 | Provide guidance and support to students, beginning practitioners, and those who are transferring to a new clinical area. |
| | 2.3.3 | Promote positive workplace culture and practise by employing strategic thinking, advocating for change, engaging in critical reflection, offering innovative problem-solving, and demonstrating initiative. |
| | 2.3.4 | Inspire, support, and empower others to practise ethically, effectively, and efficiently within the practise context. |

Domain 2 reference guide

Health practitioners strengthen their capacity and capability to deliver high-quality health care by learning and sharing high-quality health information. Developing fluency and striving for expertise in te ao Māori can support health practitioners to improve their knowledge, to effectively provide health information to ensure individuals and whānau | family understand them better. This underpins inclusive and equitable care. Practitioners should be able to use this capability and apply it to other community groups.

Registrants must satisfy the Council they can communicate effectively to practise in the anaesthetic technology profession. Further requirements are outlined in the Council's English Language Proficiency policy and guideline, on the Medical Sciences Council website.

Domain 3: Safe practise and risk management

Practitioners have a responsibility to practise within their area of practise and expertise, ensuring patients, others, and the environment, are safe. This includes compliance with data governance and proactive engagement with quality management, to provide high quality services for the benefit of patients and outcomes.

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| Competency | 3.1 | Practise safely within their area of practise and expertise. |
| Behaviours | 3.1.1 | Comply with Aotearoa New Zealand legislation and local evidence based current operational procedures, policies, and guidelines. |
| | 3.1.2 | Ensure safe work practices, including application of appropriate hazard control and risk management techniques are carried out in accordance with health and safety legislation. |
| | 3.1.3 | Identify the limits of your practise and seek advice or refer to another professional or service. |
| | 3.1.4 | Recognise the importance in managing workload, resources, and wellbeing safely and effectively. This includes addressing the emotional challenges that arise from working in a high-pressure environment, such as anxiety and stress. |
| Competency | 3.2 | Protect and promote the patient and their whānau family's safety. |
| Behaviours | 3.2.1 | Follow patient identification procedures to confirm the correct match of patient with the intended procedure, care and/or treatment. |
| | 3.2.2 | Use recognised patient handover procedures to accurately transfer patient information, to ensure safe continuity of care and mitigate risks. |
| | 3.2.3 | Recognise and effectively manage the risk of infection, including during aseptic procedures. |
| | 3.2.4 | Recognise and effectively manage any known, perceived, or potential risk to patients, including patient-specific risk factors that may impact care. |
| | 3.2.5 | Recognise and effectively manage patients who are vulnerable, and/or at risk of abuse or neglect. |
| | 3.2.6 | Recognise and effectively manage risks related to patient transfers, including patient positioning, ensuring safe moving, and handling techniques are practised. |
| | 3.2.7 | Understand the importance of patient capacity within the context of active participation in decision-making, delivering care, and treatment. |

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| Competency | 3.3 | Establish safe environments for practise that effectively manages risk. |
| Behaviours | 3.3.1 | Recognise and effectively manage safety hazards and incidents. Act responsibly to notify and report these. |
| | 3.3.2 | Follow personal and legal responsibilities for health and safety of self and others. |
| | 3.3.3 | Select appropriate personal protective equipment and use it correctly. |
| | 3.3.4 | Recognise the significance of human factors within relevant settings and understand the implications for patient safety. |
| | 3.3.5 | Understand and apply the principles of using a safe medical device in the context of perioperative care. |
| | 3.3.6 | Undertake the responsibility of establishing and maintaining sterile fields. |
| | 3.3.7 | Promote and comply with measures designed to control infection. |
| Competency | 3.4 | Adhere to all legal requirements and safe practises concerning data collection, use sharing and maintenance. |
| | 3.4.1 | Review, communicate, record, and manage patient information and accurately, ensuring compliance with relevant legislation, protocols, and guidelines. |
| | 3.4.2 | Demonstrate literacy and digital skills necessary to safely manage electronic patient information essential for the delivery of care. |
| | 3.4.3 | Adhere to the professional duty of confidentiality and understand when disclosure may be required. |
| Competency | 3.5 | Quality management. |
| | 3.5.1 | Understand the principles of quality management, including quality control, quality assurance, clinical governance, and the use of appropriate outcome measures. |
| | 3.5.2 | Participate in quality assurance programmes where appropriate or required. |
| | 3.5.3 | Assess and appraise the quality of practise. Recognise the significance of actively contributing to generating data for quality assurance programmes. |

Domain 3 reference guide

A registered anaesthetic technician must comply with the legislative requirements set out in the Privacy Act 2020, Health Information Privacy Code 2020, and any other relevant regulations about accessing, ownership, storage, retention, and destruction of patient records, and other practice documentation.

Domain 4: Practice (knowledge, skills, and values)

Practitioners have a responsibility to use the knowledge, skills, and values that underpin the application of anaesthetic technology across perioperative practice (this can start from pre-assessment, through to the time of post procedural care as part of the anaesthetic technician scope of practice).

The domain emphasises the need for practitioners to stay current, responsive, and evidence-informed in their care. This includes fostering professional responsibility and continuous self-improvement to ensure safe, competent, and contemporary anaesthetic technology practise across the perioperative environment. Practitioners must operate within a framework where they are making informed, evidence-based, reasonable decisions and actions about their practise, that are in the best interests of patients and their whānau | family, making patient safety their primary concern.

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| Competency | 4.1 | Understand and apply the key concepts of the bodies of knowledge, specifically relevant to practice. |
| Behaviours | 4.1.1 | Demonstrate understanding of anatomy, physiology, pathophysiology, and trauma processes in assessing, evaluating, and responding to body system changes within the scope of anaesthetic technology and across the perioperative continuum. |
| | 4.1.2 | Understand the principles and application of scientific enquiry, including the evaluation of treatment efficacy and the research process. |
| | 4.1.3 | Understand the structure and function of health and social care in Aotearoa New Zealand. |
| | 4.1.4 | Perform safe patient transportation, including effective management of associated risks, and adapt care accordingly. |
| | 4.1.5 | Understand and comply with safe medication management, including legislation, policies, and guidelines. |
| | 4.1.6 | Understand the pharmacokinetic and pharmacodynamic effects and contraindications of medicines used in practice. |
| | 4.1.7 | Understand the theoretical basis of, and the variety of approaches to assessment and intervention. |
| | 4.1.8 | Understand the principles of practice and their application to the operating department and other healthcare settings. |
| | 4.1.9 | Understand relevant physiological parameters and interpret changes from the norm. |
| | 4.1.10 | Complete medicine administration and when required infusion rate calculations. |

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| | 4.1.11 | Implement safe and current practise in a range of medical devices used for diagnostic, monitoring, or other interventional purposes in accordance with national and local guidelines. |
| Competency | 4.2 | Conduct safe, appropriate, and accurate assessment or monitoring procedures, treatment, intervention, or other actions. |
| Behaviours | 4.2.1 | Use evidence-based, effective interventions and treatments based on the principles of best practice. |
| | 4.2.2 | Undertake appropriate role specific anaesthetic, surgical and post-anaesthesia care interventions, such as managing the patient airway, respiration, circulation, and providing assisted ventilation as necessary. |
| | 4.2.3 | Demonstrate applied knowledge of surgical and interventional procedures sufficient to perform actions within their scope of practise. |
| | 4.2.4 | Understand patient elimination needs and ensure these are met. |
| | 4.2.5 | Understand safe use of blood and blood products, including safe management of biohazards. |
| | 4.2.6 | Monitor and document fluid balance and administer prescribed fluids in alignment with applicable guidelines. |
| | 4.2.7 | Prepare and administer prescribed medicines, fluids and blood products to patients using various routes in alignment with applicable policies and guidelines. |
| | 4.2.8 | Monitor the effects of administered medicines, fluids and blood products and promptly respond to any significant change or adverse reaction. |
| | 4.2.9 | Understand abnormal blood physiology, including blood gas analysis and take steps to address this when required. |
| | 4.2.10 | Demonstrate understanding in a range of safe venepuncture techniques including peripheral intravenous cannulation and peripherally inserted central catheters and perform techniques with appropriate skill and expertise. |
| | 4.2.11 | Assess and monitor the patients pain status and administer prescribed pain relief in alignment with applicable policies and guidelines. |
| | 4.2.12 | Select and use appropriate intervention, techniques, and equipment. |
| | 4.2.13 | Recognise and effectively manage the risk of infection and cross-contamination, including during aseptic |

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| <p>procedures, and when handling biohazard specimens in clean areas.</p> | | |
| Competency | 4.3 | Undertake safe, appropriate, and accurate patient assessment in a variety of settings. |
| Behaviours | 4.3.1 | Undertake organised and systematic assessments and respond appropriately. |
| | 4.3.2 | Conduct comprehensive assessments, considering cultural and health factors. |
| | 4.3.3 | Select and use appropriate assessment tools and methods to facilitate accurate data collection, adapted to the patient's presentation and practise setting. |
| Competency | 4.4 | Adjust practise to emergency situations and perform resuscitative care. |
| Behaviours | 4.4.1 | Identify, respond to, and provide effective management of the deteriorating patient in a variety of emergencies. |
| | 4.4.2 | Understand the principles of resuscitation and life support, including the clinical reasoning that supports intervention in a variety of emergencies. |
| | 4.4.3 | Maintain currency with organisational directives, policies, procedures, and guidelines related to emergency and resuscitative care. |
| | 4.4.4 | Recognise and effectively manage time critical treatment, as appropriate to their level of practise. |
| | 4.4.5 | Adapt practise and apply problem-solving skills to emergency situations. |
| | 4.4.6 | Where appropriate, manage the patient in cardiac arrest and actively participate with the management of ongoing resuscitation. |
| Competency | 4.5 | Make informed and reasonable decisions and act appropriately. |
| Behaviours | 4.5.1 | Retrieve, understand, and use appropriate health information (health literacy) to make informed decisions, including with patients where appropriate. |
| | 4.5.2 | Analyse and critically evaluate the information available, and use skills, knowledge, and experience, to make informed decisions and to take necessary actions. |
| | 4.5.3 | Operate within a framework of informed, and evidence-based decision-making. Act in the best interests of patients and their whānau family. |

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| 4.5.4 | Combine evidence-based practice, critical and reflective thinking to address clinical challenges. |
| 4.5.5 | Adapt practise as needed to take account of new developments, technologies and changing contexts. |

| Competency | 4.6 | Profession values. |
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| Behaviours | 4.6.1 | Recognise the role of the profession in health promotion, health education, and preventing ill-health. |
| | 4.6.2 | Proactively integrate practises that honour the environment, reduce climate change impact, and safeguard resources. |
| | 4.6.3 | Model the behaviours and qualities expected of others. |
| | 4.6.4 | Support and lead the profession, where appropriate, to meet changing and future developments in health and wellbeing. |
| Competency | 4.7 | Research, reflect, and continuously improve. |
| Behaviours | 4.7.1 | Access, critically assess and evaluate research and other credible evidence, including but not limited to kaupapa Māori methodologies, to inform practise. |
| | 4.7.2 | Maintain contemporary and relevant skills and knowledge, recognising the importance and obligations of continuing professional development. |
| | 4.7.3 | Recognise the importance of reflective practice and document the outcomes of reflection to facilitate continuous improvement. |

Domain 4 reference guide

Safe medication management includes compliance with relevant legislation such as Medicines Act 1981 and Regulations 1984 and Misuse of Drugs Act 1975 and Regulations 1977, and any other relevant national or local policy or guideline as set by the appropriate authority.

Clinical assessment of the patient requires the systematic collection of data to understand a patient's behaviour and clinical presentation. This may include observation, psychological, and social-cultural perspectives to provide a comprehensive understanding of the patient's health when informing clinical intervention. Assessment tools and methods contribute to the clinical assessment of a patient. These may vary depending on the presentation of the patient, such as age, or conscious level, and the practise setting. Data collection may use both subjective and objective information to assess the patient. Subjective information refers to qualitative and non-numerical data directly from the patient, their whānau | family, or caregivers, such as feelings or concerns. Objective information refers to measurable and observable data collected through assessments or observations.

Reflective practice enables clinicians to learn from experiences. It involves a cyclical process where the clinician collects evidence about their practice, analyses the experience, and seeks to improve future practice. By self-reflecting, clinicians deepen understanding of themselves and their connection to broader experiences and ideas, gaining greater awareness of their biases, values, and beliefs. It may also provide insight into their professional role and clinical practice and serve as a powerful tool for continuous improvement.

Glossary

The following te reo kupu (Māori words) definitions have come from [Te Aka Māori Dictionary \(maoridictionary.co.nz\)](https://maoridictionary.co.nz), further advice has been provided by Te Ama Tōtika, the Māori practitioners advisory committee.

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| Hauora | Be fit, well, healthy, vigorous, in good spirits. |
| Karakia | to recite ritual chants, say grace, pray, recite a prayer, chant. There is no expectation for the anaesthetic technician to perform a karakia, it is more about creating the space for a person's cultural and/or religious needs to be met. |
| Kaupapa Māori | A Māori way of doing things, incorporating the knowledge, skills, attitudes, and values of Māori society. |
| Mātauranga | Knowledge, wisdom, understanding, skill. |
| Noa | To be free from the extensions of tapu, ordinary, unrestricted, void. |
| Tangata Tiriti | People who do not have Māori ancestry. |
| Tangata Whenua | Those who belong to this land by right of the Treaty of Waitangi. |
| Taonga | Property, goods, possession, effects, object. Treasure, anything prized - applied to anything considered to be of value including socially or culturally valuable objects, resources, phenomenon, ideas, and techniques. |
| Tapu | Sacred, prohibited, restricted, set apart, forbidden. |
| Tauwiwi | Non-Māori. |
| Te ao Māori | Te ao Māori emphasises the importance of relationships between nature and people. It is a holistic worldview that focuses on interconnections and is grounded in tikanga and mātauranga. |
| Tikanga | Tikanga, in the context of this document, means the right way/best practice of looking after a person receiving treatment. |
| Tūpāpaku | A deceased person. |
| Wairua | Spirit, soul - spirit of a person existing beyond death. Attitude, quintessence, feel, mood, feeling, nature, essence, atmosphere. |
| Whānau | Extended family, family group, a familiar term of address to several people - the primary economic unit of traditional Māori society. In the modern context the term is sometimes used to include friends who may not have any kinship ties to other members. |

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| Best practice | Activities, disciplines, and methods that are available to identify, implement and monitor the available evidence in health care. The best way to identify, collect, evaluate, disseminate and implement. |
| Communication techniques | These include active listening, use of appropriate language and details, use of appropriate verbal and non-verbal cues and language, written skills and confirmation that the other person has understood. May be influenced by the recipient's culture. Appropriate adjustments may include the anaesthetic technician demonstrating an awareness of the way their own culture and experience affect their interpersonal style and have an awareness of strategies to ensure this does not present an impediment. |
| Competence | The ability to do something successfully or efficiently. |
| Cultural identity | This includes indigenous status or ethnicity, age or generation, gender, sexual orientation, socioeconomic status, religious or spiritual beliefs. Culture also reflects the values, norms, and behaviours that impact on decision-making within those population groups. |
| Cultural safety | The effective practice of a person or family from another culture and is determined by that person or family. The practitioner delivering the service will have undertaken a process of reflection on their own cultural identity and will recognise the impact that their personal culture has on their professional practice. Unsafe cultural practice comprises any action which diminishes, demeans, or disempowers the cultural identity and well-being of an individual. |
| Duty of care | A moral or legal obligation to ensure the safety or well-being of others. |
| Fitness to practise | Fitness to practise is a concept in the regulation of practitioners regarding whether a health professional should be allowed to work. While fitness to practice can include matters of technical competence, including qualifications, the concept also contains questions about the implications of the health of the professional and their ethics. |
| Health care team | Includes all healthcare workers involved in the process, this may include the patient's GP, nurses, etc. |
| Health literacy | Health literacy refers to the ability to find, understand, and use health information. It encompasses knowledge, skills, and the capacity to ask relevant questions, evaluate information, make critical decisions for one's own well-being and that of their family and community. |
| Informed consent | Informed consent is an ethical principle, that a person must have sufficient information and understanding before making decisions about their care. Pertinent information may include risks and benefits of treatments, alternative treatments, the person's role in treatment, and their right to refuse treatment. HDC code of rights: Right 7, Right to make an informed choice and give informed consent. |
| Patient competence | The individual's ability to consent to and participate in care. This may be impaired due to pre-existing medical and/or physical and physiological conditions, and other factors that may affect a patient's capacity to engage in or receive care. |

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| Perioperative practice | This can start from pre-assessment, through to the time of post procedural care as part of the Anaesthetic Technician scope of practice. |
| Principles of advocacy | This may include supporting and promoting the rights and interests of individuals, whānau family, helping them/their whānau family to achieve or maintain their rights by representing their needs. |
| Sociocultural factors | Sociocultural factors refer to the environmental conditions that play a part in healthy and adaptive behaviour and well-being. They include a patient's, ethnicity, linguistic diversity, age, gender, health status, lifestyle, education, religion, beliefs, values, demographics, social classes, sexuality, and attitudes. |
| Systemic racism | Is used interchangeably with the term institutional racism to refer to the systemic discrimination embedded in the laws and regulations of a society or organisation. |
| Vulnerable person | Someone who is at increased risk of neglect or abuse due to various factors including: age, physical or cognitive condition, economic disadvantage, or minority status. This may include children and the elderly. These persons may require special attention and protection to ensure their health and welfare are safeguarded. |