Consultation outcome summary

Recertification programme for internationally qualified and return to practice anaesthetic technicians

October 2025

Introduction

1. Te Kaunihera Pūtaiao Hauora o Aotearoa | The Medical Sciences Council (the Council) is responsible for protecting the health and safety of New Zealanders by ensuring practitioners registered in the scope of anaesthetic technology are competent and fit to practise.
2. The Council has been reviewing policy relevant to anaesthetic technicians following the updated scope of practice and competence standards. This includes the requirements for practitioners beginning to work in Aotearoa New Zealand with an international qualification.
3. A formal recertification programme and policy for these internationally qualified anaesthetic technicians has been developed which aligns the requirements with those for new graduate practitioners in New Zealand.

Consultation

1. The Council conducted a consultation to receive feedback from practitioners and stakeholders on the proposed changes to supervision.
2. The consultation consisted of several proposals:
	* A formalised recertification programme for internationally qualified anaesthetic technicians including a minimum supervision period
	* Online education courses as a means of introducing international practitioners to the Aotearoa New Zealand healthcare system
	* If the same requirements should be applied practitioners returning to practise in Aotearoa New Zealand after a break away from practice of more than three years.

Outcome

1. Following review of the feedback received the Council has decided to implement the recertification programme and policy for the introduction of international practitioners. The Council has also decided to apply the recertification programme and policy to anaesthetic technicians returning to practice in Aotearoa New Zealand after a break away from practice of more than three years.
2. The new recertification programme and policy, and the updated Anaesthetic Technician Return to Practice policy, have been published on the Council’s website in the resources section. The policy will be applied to practitioners who register after1 Nov 2025. Internationally qualified practitioners with an existing requirement for supervision on their practice will continue to meet the requirements of their existing conditions.

Consultation results

1. There was a total of 48 respondents to the internationally qualified recertification programme consultation which ran from 15 May 2025 – 23 June 2025. This included 46 individuals (42 of which indicated they are registered anaesthetic technicians) and 2 organisations. Organisations who responded are:
	* New Zealand Society of Anaesthetists (NZSA)
	* Australian and New Zealand College of Anaesthetists (ANZCA)
2. The majority of respondents (87%) supported the recertification programme for internationally qualified practitioners starting work for the first time in New Zealand. Reasons for supporting the programme include ensuring international Anaesthetic Technicians are safe and competent to practise and enabling flexibility around supervision to support a diverse range of international practitioners. Respondents also acknowledged that a wide range of practitioners require differing levels of supervision (such as UK Operating Department Practitioners requiring less and those from non-English speaking healthcare systems requiring more). Those who did not support the programme provided two main reasons: that the proposal leaves too great a room for error compared to the traditional level-based system, and that international practitioners with a larger scope of practice in their home country should not be assessed as intensively.
3. The majority of respondents (63%) supported the minimum one-hour per week period of meeting outside of the clinical practice environment for the first six months. Reasons for supporting this period of supervision include ensuring consistency in supervision processes across the country, the flexibility to supervision this provides, and the opportunities it provides practitioners to demonstrate their competencies. Those who did not support the meeting time suggested the minimum of one-hour be increased to a minimum of 2 and include additional clinical supervision time. Further feedback suggested the addition of another one-hour per week period for professional/cultural/settling in time.
4. The majority of respondents (80%) supported the online education courses as a means of introducing international practitioners to the Aotearoa New Zealand healthcare system. Reasons for supporting these modules include suitable orientation to the New Zealand healthcare system and its values, and that it would complement Health New Zealand orientation programmes. Reasons for not supporting the online education include wariness around how it would be carried out and monitored, the differing levels in practitioner competence and the relevance of the courses, and what other learning/assessment practitioners already need to complete. Respondents also suggested the inclusion of Te Tiriti o Waitangi learning in and out of the New Zealand healthcare context, to ensure cultural safety and competence.
5. The majority of respondents (68%) supported the charging of a fee to recover the costs of monitoring and processing the recertification programme. Reasons for supporting the fee charge include financial compensation being sought for the extensive monitoring and processing requirements of recertification, and that the responsibility of learning is placed on the practitioner. Respondents stated that the fee should only be applied to newly registered international practitioners and not those who are already registered, and that more information would be required around the fee itself. Reasons for not supporting the fee charge include that practitioners are already paying enough existing costs for relocation and registration, which could deter further practitioners from applying with the Council.
6. The majority of respondents (68%) supported the requirements for supervision and online education being applied to practitioners returning to practise in Aotearoa New Zealand after a break away from practice of more than three years. Reasons for supporting the programme for RTP practitioners include flexibility to recognise the different situations of individual practitioners, the development of returning practitioner confidence, and ensuring returning Anaesthetic Technicians maintain safe practice and high standards of care. Reasons for not supporting the programme for those technicians returning to practice include previous New Zealand practitioners already possess cultural knowledge and experience in the Aotearoa healthcare system, retaining of skills and the role itself, and those who worked in other comparable healthcare systems while they were away.

Response to issues raised

Practitioners raised several concerns about the proposed recertification programme.

There is limited guidance around what should be covered in supervision – would the programme be considered time or competency-based?

The Council provides free online training modules for supervisors, and a supervision resource is also provided. The Council expects that all supervisors providing supervision would complete the training which may be accessed using your online practitioner account. Close supervision is required when a practitioner begins work in a new environment and decreases over time once the supervisor becomes assured of the ongoing competence of the practitioner.

Supervision may include:

* Direct clinical supervision
* Working in close proximity
* ‘Shadowing’ the supervisor by the practitioner
* One-on-one meetings
* Identification of strengths and areas for development.

Further information on what should be covered in supervision can be found in the Council’s Anaesthetic Technician Supervision Guidance [here](https://www.mscouncil.org.nz/assets_mlsb/Uploads/2025-AT-Supervision-Guidance.pdf).

Why is the supervision time set to a minimum of one-hour? Is this enough?

The one hour minimum is required to be out of clinical time. The Council expects that other forms of supervision will also occur as described above, particularly in the initial stages. If the supervisor believes the practitioner would benefit from further supervision out of clinical time, they can increase the supervision time beyond the one-hour minimum.

How can you monitor the practitioner completing the online education courses? Are the courses equivalent in terms of learning/knowledge?

Practitioners are required to provide proof they have completed the courses when applying for completion of the recertification programme. This usually takes the form of a certificate of learning. The required courses relate to learning that all health professionals working in Aotearoa New Zealand are expected to know.

Will the costs of the programme be passed on to current members or new applicants?

The Council will consider if a fee is appropriate to cover the costs of the programme when it conducts its next fee allocation review. Any proposed change would be consulted on as part of the fee review.

What about existing overseas practitioners with a supervision condition?

Practitioners with an existing supervision condition will continue under the current requirements of their condition. Existing internationally qualified practitioners with no conditions are not required to complete the training, although practitioners may find some of the content useful.