Policy

Recertification of Anaesthetic Technician Registrants

Effective April 2026

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Scope	This policy applies to all anaesthetic technicians registered with Te Kaunihera Pūtaiao Hauora O Aotearoa | Medical Sciences Council of New Zealand

Associated policy documents	
AT Practising Certificate	20260317-MSC-AT-Practising-Certificate-v4.pdf

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Overview

1. This publication sets out the Medical Sciences Council's (the Council) recertification programme for anaesthetic technicians in Aotearoa New Zealand.

2. Continuing professional development (CPD) is a critical component of the Council's recertification programme, providing a mechanism for practitioners to support their ongoing competence and professional development throughout their careers. Failure to maintain currency in the relevant registered scope of practice can place the public at risk of harm. CPD helps to ensure the public get the best possible health services from health practitioners who continue to be competent to practise.

Continuing professional development

3. Registered health practitioners are required to maintain their competence in their relevant scope of practice. Each individual practitioner has a responsibility to keep their knowledge up to date by undertaking relevant CPD.

Legislative context

4. The Council's recertification programme is established under section 41 of the Health Practitioners Competence Assurance Act 2003:

41 Recertification programmes

(1) To ensure that health practitioners are competent to practise within the scopes of practice, in respect of which they are registered, each authority may from time to time set or recognise recertification programmes for practitioners who are registered with the authority.

(2) A recertification programme may be made to apply generally in respect of all health practitioners, or in respect of a specified class or classes of health practitioner.

(3) A recertification programme may require a health practitioner to do any one or more of the following at intervals (if any) prescribed in the programme:

(a) Pass any examination or assessments, or both;
(b) Complete a period of practical training;
(c) Undertake a course of instruction;
(d) Permit a health practitioner specified by the health authority to examine –

(i) Any or all of their clinical and other practices;
(ii) Any or all of their relations with other health practitioners
(iii) Any or all of the clinical records of the practitioner in relation to their patients or clients;

(e) Undergo an inspection;
(f) Adopt and undertake a systematic process for ensuring that the services provided by the health practitioner meet the required standard of competence.

(4) Every recertification programme must allow a reasonable time for a health practitioner to whom it relates to comply with its requirements.

(5) The authority may exempt any health practitioner or class of health practitioner for any or all the requirements of a recertification programme.

(6) Within 20 working days after a recertification programme is set or recognised by the authority, the Registrar must notify every health practitioner who is required to undertake the programme of that fact and of the details of the programme.

Definitions and principles

CPD defined

5. Continuing professional development is where a health practitioner actively engages in a range of learning activities throughout their career to ensure they continue to practise safely, effectively, and legally within their evolving scope of practice.[1]

[1] Adapted from the Health Professions Council United Kingdom

Principles of CPD[2]

Continuity	Practitioners should always be looking for ways to improve their performance
Accountability	Management of CPD is owned by, and the responsibility of, the individual practitioner
Individual	CPD is driven by an individual practitioner's learning needs and development
Evaluative	CPD should be evaluative rather than descriptive of what has taken place
Essential	CPD is an essential component of a health practitioner's professional life, it is never an optional extra

Recertification requirements

An overview of CPD requirements	
	Anaesthetic Technicians
Minimum of formally recorded CPD hours per biennium (two consecutive years)	40 hours
Minimum of formally recorded CPD hours in any one year	15 hours
Evidence of a minimum amount of substantive CPD activities in each biennium	60%: 24 hours
Maintain detailed and verifiable records for all CPD activities for at least two years (to cover any one biennium)	✓
Provide supporting evidential documents confirming engagement in CPD activities	✓

[2] The principle statements are based on CPD information provided by the Chartered Institute of Personnel and Development (United Kingdom)

CPD cycle

6. CPD is monitored based on a consecutive two-year cycle *(biennium)* which is aligned to calendar years.

CPD is required of all health practitioners

7. The Council has determined, under section 41 of the Act, that all registered health practitioners who hold a practising certificate, must be able to demonstrate that they have undertaken regular and ongoing CPD.

A minimum amount of CPD is required of all health practitioners

8. Health practitioners must be able to provide evidence that they have engaged in a minimum amount of CPD across each biennium:

    - For Anaesthetic Technicians, the minimum requirement is 40-hours of CPD within a two-year period (biennium). In addition, they must show that a minimum of 15-hours of CPD has been undertaken in any one-year of the relevant biennium.

    - Health Practitioners in all scopes of practice must demonstrate that at least 60% of their CPD is related to activities classified as substantive CPD. For Anaesthetic Technicians, this equates to 24-hours in any one biennium (consecutive two-year period).

CPD for health practitioners who work part-time

9. CPD is a critical component of ongoing professional practice. The minimum amounts of CPD apply to all health practitioners irrespective of the tenure of their individual employment arrangements. Whether employed on a fulltime, part-time, or casual basis, all registered health practitioners who hold a practising certificate must meet the Council's CPD requirements, inclusive of the minimum number of CPD hours.

CPD for health practitioners not currently working

10. Health practitioners who hold a current practising certificate are required to meet the Council's CPD requirements, even if they are not currently working and/or practising outside of Aotearoa. The Council recommends that health practitioners who are not currently working but are planning to return to practice maintain some degree of CPD during their non-practising period.

11. Health practitioners who return to practice after having more than three-years away from the profession will have any relevant CPD activities they undertook while away from practice taken into consideration with their APC application. Supporting evidence of any CPD undertaken while not practising will need to be provided.

12. Upon returning to practice, health practitioners may have their minimum CPD hours calculated on a pro-rated basis (if they return part-way through a biennium).

Parental leave

13. The ability to take parental leave is encapsulated in New Zealand legislation and the Council accepts it is in the public's interest to allow for flexibility in respect of health practitioners who are on parental leave.

14. Health practitioners on parental leave may be granted an exemption from the Council's CPD requirements for a period of 12 months. The Council is confident that the length of this exemption period will not, in the normal course of events, materially affect the health practitioner's ability to practise safely on their return to practice.

Pro-rated CPD

15. If registered for the first time, or if returning to practice, in many cases health practitioners will commence CPD part-way through the term of a biennium. A simple pro-rated method is used for determining the minimum number of CPD hours to be recorded for the biennium

    - Anaesthetic Technicians:
        - Five hours of CPD for each three-month period the health practitioner has been working within the relevant biennium.

CPD activities

16. CPD activities must be relevant to the scope of practice in which the health practitioner is registered. The Council has adopted a two-tiered approach for classifying CPD activities:

    - Substantive CPD activities and
    - General CPD activities.

17. Health practitioners are expected to undertake a variety of CPD activities which, where possible, include those involving interaction with peers. Sharing and discussing issues and professional experiences with colleagues provides valuable professional learning opportunities.

18. Reflection is a critical component of CPD. Reflecting on one's practice creates a greater awareness and insight into factors that can improve patient experiences and/or outcomes. It allows health practitioners to critically evaluate their own professional experiences.

19. It is expected that CPD activities will incorporate a degree of reflection whereby health practitioners analyse experiences to learn from them and record that learning.

Substantive CPD activities

20. These are activities that have significant intellectual or practical content, primarily related to the relevant scope of practice (inclusive of expanded practice where applicable). An activity can be meaningful or significantly connected to a scope of practice irrespective of the method or medium used.

21. Substantive activities must contribute to at least 60% of the required minimum of CPD hours in any one biennium.

General CPD activities

22. These are activities that relate to learning in the healthcare environment. It is important to ensure that general CPD activities relate to healthcare. General CPD activities may contribute up to 40% of the required minimum of CPD hours in any one biennium.

Examples of CPD activities

Substantive CPD (must be directly related to anaesthetic technology)	**General CPD** (must be related to healthcare)
Participating in postgraduate study that is relevant to the practice of the health practitioner	Private study – reading and reflecting on books and journals related to healthcare
Accredited training or vocational courses with recognised skills or knowledge – eg Basic Life Support; IV cannulation	Attendance at compulsory employer training sessions that address safety
Work-based learning contracts or other assessed activities	Attendance at in-services, case presentations, or reviews that are not specific to the health practitioners practice but are related to healthcare
Conferences, forums, workshops and seminars	Attending meetings and participating in the work of a committee or similar, related to the work of a health practitioner
Undertaking research and presentation of work or case studies. This needs to be substantive, referenced, and evidence-based	Membership of, and attending meetings of, a committee or similar within an organisation with an identifiable healthcare function
Researching, preparing or editing an article published in a relevant professional publication or an article in a related healthcare publication	Examining and reflecting on evidence-based resources (systematic review, evidence-based guidelines, etc) and implementing changes in practice. This activity must include written documentation of the findings and reflection
Authoring a book chapter	Online learning about an identifiable healthcare function involving discussion, chat rooms, etc

Making health related presentations of new of substantially reviewed material – eg poster presentations, lectures, seminars, workshops	Providing general supervision or mentoring to supervised health practitioners. This is supervision of staff where supervision is a usual responsibility of the work role. To count as CPD the details of the activity must be documented
Presenting in-service or training to health professionals or carers	Internet research (without further application)
Attendance at in-services, case presentations or reviews specific to the health practitioners practice	Managing or administering a CPD programme for 10 or more people
Participation in journal clubs	
Developing evidence-based practice resources – eg completing systematic reviews, developing evidence-based guidelines	
Distance education or online learning that includes an examination, assessment or certificate evidencing learning outcome	
Programme accreditation activities – eg accreditation teams, evaluation of accreditation reports	
Activities to improve quality or reduce risk in practice, involving evaluation and reporting	
Participating in a clinical audit or similar review activity	
Formal supervision of students or practitioners under supervision	
Private study – eg reading books and journals with a clear relationship to professional development goals and scope of practice	
Reflection on practice – conscious analysis of a professional issue or experience either individually or with colleagues. Evidence must include details of the identified issue, analysis of the issue from different perspectives, describing how changes to practice could improve patient experiences or outcomes.	
Attendance at compulsory employer training sessions and/or other learning opportunities that address cultural aspects of professional practice	
Time spent reflecting upon and recording learning from CPD activities	

Managing CPD activities

23. Registered health practitioners are expected to manage their CPD through enrolment with a CPD provider that has been approved by the Council.

24. A CPD provider will be required to submit their programme to the Council for an assessment prior to the Council including the name of that provider on its list of approved CPD providers, which is published on the Council website.

CPD audit

25. An annual audit allows the Council to measure compliance and thereby assure the public and the Minister of Health that registered health practitioners are engaging in appropriate CPD that supports their ongoing competence to practise.

Audit cycle

26. Audits are linked to the CPD two-yearly cycle – biennium, with each year based on a calendar year.

Sample audit schedule

CPD biennium	Audit dates	CPD records to be provided (minimum)		
January 2024 – December 2025	2026	January 2024 – December 2025	Two years of records	- CPD logbook - Four reflective statements - Six supporting documents

Selection of practitioners for audit

27. Each year up to 40% of currently practising health practitioners – that is, they hold an annual practising certificate – will be selected for audit. Selection is managed by the Medical Sciences Secretariat (MSS - employed by the Council) staff team in consultation with the Registration and Recertification Committee.

28. Health practitioners may also be called for an audit due to other circumstances, including (but not limited to):
    - deferred from a previous audit
    - recently returned to practice after being away from the profession for more than three years
    - previously selected for an audit but did not respond or participate, and now wish to practise in New Zealand
    - were directed by the Council to participate in the audit subsequent to a competence review or a disciplinary hearing.

29. Health practitioners are to be advised at least two months prior to an audit that they will need to submit their CPD records for audit.

Auditors

30. An auditor or auditors are appointed by the Council and will have access to individual health practitioners' CPD records. Auditors may be from the anaesthetic technology profession, or they may be non-anaesthetic technicians with demonstrated auditing expertise.

Audit timelines

Timeline	Audit activity
12-weeks prior to the audit	MSS selects health practitioners for audit and checks that they were not selected for an audit within the previous biennium (some exceptions may apply, eg previously selected for an audit but did not respond or participate)
	Council confirms the auditor/auditors
Eight to nine weeks prior to the audit	Health practitioners advised via email of their selection for audit with information on documents to provide timelines
Four to five weeks prior to audit	Follow-up email to health practitioners who are yet to respond and/or provide their documents
Two weeks prior to audit	Final email to health practitioners (non-response or incomplete documents)
Two weeks after the audit	Health practitioners are notified whether they successfully passed the audit. Those who did not meet audit requirements are advised of what they need to do to meet requirements.

Audit documents

31. Audit documents are to be provided electronically.

32. Health practitioners are not required to submit every CPD document they have collected for the relevant biennium. Rather, they are asked to submit a sample of their CPD information. As a minimum they are required to provide the following:

    A recertification (CPD) declaration

    This is a Council-generated form that the health practitioner must date and sign declaring that the CPD information supplied is a true and accurate record.

    An employment history

    An overview of the health practitioner's employment history allows the auditor to align the logged CPD activities with their professional role. A full CV is not required, rather it is a brief description of key responsibilities in current and previous roles over the relevant biennium.

    A logbook

    The logbook should record all the CPD activities the health practitioner has undertaken in each of the relevant biennium.

    The logbook must be legible (saved as a typed/digital file). A sample logbook recording template has been developed by the Council to show the critical information looked for

during an audit of a health practitioner's CPD. The logbook is available for practitioners to download from the Council website to use and/or adapt.

Reflective statements

33. Health practitioners called for audit must provide a sample of four reflective statements which relate to the following:
    - one must be related to ethical practice
    - one must be related to the practitioner's registered scope and/or scopes of practice
    - one must relate to culturally appropriate practice
    - the remaining reflective statement can relate to any of these elements of practice.

34. While there are a range of approaches to articulating reflective practice and a range of situations a health practitioner may reflect on, as a minimum the CPD audit will look for the inclusion of three fundamental elements:
    - What did the health practitioner do?
    - What did they learn?
    - How did the activity impact on their practice?

Supporting documents

35. A sample of documents are to be submitted to provide evidence against a selection of the health practitioner's logged activities.

36. Supporting documents do not need to be certified, however, each supporting document must include a date and the health practitioner's name.