



**MEDICAL SCIENCES COUNCIL
OF NEW ZEALAND**

TE KAUNIHERA PŪTAIAO HAUORA O AOTEAROA

REVIEW OF THE ANAESTHETIC TECHNICIAN SCOPE OF PRACTICE: AN UPDATED COMMUNIQUE FROM THE MEDICAL SCIENCES COUNCIL

IN APRIL 2018 THE MEDICAL SCIENCES COUNCIL ISSUED A COMMUNIQUE OUTLINING THE OUTCOMES OF ITS CONSULTATION IN RESPECT OF A REVIEW OF THE ANAESTHETIC TECHNICIAN SCOPE OF PRACTICE. A NUMBER OF ANAESTHETIC TECHNICIANS HAVE SUBSEQUENTLY CONTACTED THE COUNCIL TO EXPRESS THEIR CONCERNS ABOUT THE DECISION TO RETAIN THE CURRENT DEFINITION OF THIS SCOPE OF PRACTICE. THE COUNCIL HAS NOW HAD AN OPPORTUNITY TO CONSIDER THOSE ADDITIONAL COMMUNICATIONS.

JULY 2018

CONCERNS RAISED: THE CONSULTATION PROCESS

Registered Anaesthetic Technicians and Trainee Anaesthetic Technicians are the core stakeholders affected by the consultation. However the importance and value of each individual voice responding to the consultation document was not recognised. As the primary workforce and major stakeholder Anaesthetic Technicians need to have their views heard.

Reliance on one method of consultation (an electronic survey) was insufficient and stakeholders should have been informed as to who the consultation was sent to. Further communication, such as “road shows” would have been beneficial.

Trainee Anaesthetic Technicians were not actively included in the consultation process.

COUNCIL RESPONSE

The Council is required to give due consideration to all consultation feedback and is confident they have done this in relation to the recent review of the Anaesthetic Technician scope of practice. Consideration of consultation feedback is not a simple matter of taking up the most popular theme or position of particular individuals or groups of respondents. Rather it involves considering the feedback within the legislative parameters of the Health Practitioners Competence Assurance Act 2003 (the Act). The health and safety of the public is always at the forefront of the Council’s deliberations, and it has been our experience that sometimes consultation respondents may view the matter through a different lens (e.g. career pathways, workforce issues).

Issue of the consultation document was released via a public forum, that is, the Council’s website, and a wide range of stakeholders were advised through an email alert. The Council maintains a broad database of key stakeholders to whom such alerts are sent when a consultation document is released. Those stakeholders include every practitioner from the relevant profession (in this case, Anaesthetic Technicians) who hold a current APC, professional bodies (which extends beyond the particular health profession to whom the consultation relates), other health regulatory authorities, and education providers.

As the document is published on a public website any interested individual or group has the opportunity to provide feedback, including members of the public.

Trainee Anaesthetic Technicians are not registered by the Council and as such we do not hold direct contact details for this group of practitioners. However the Council considers it is reasonable to expect that this group of practitioners would be alerted to a consultation through their respective workplaces (especially as they are employed in a trainee position throughout the whole 3-years of their training programme), and/or the New Zealand Anaesthetic Technicians’ Society with whom trainees are expected to be registered during the period of their training.

The Council has noted the suggestion that a “roadshow” could have been included as another strategy to help with communicating key points of the scope of practice review, and will certainly give this more consideration for future consultations of a similar nature.

CONCERNS RAISED: CURRENT SCOPE DEFINITION IS RESTRICTIVE

Retaining the current definition of the Anaesthetic Technician scope of practice is restrictive and does not allow for progress and future-proofing of the role. Would like to see Domain 5 of the competency standards for Anaesthetic Technicians opened up beyond primary anaesthesia and anaesthetic technology concepts.

COUNCIL RESPONSE

While the Council has resolved to retain the current title of *Anaesthetic Technician* we are confident that the practice parameters for this scope of practice¹ will continue to be sufficiently robust to enable flexibility of practice to meet the needs of health communities and protect the health and safety of the public.

The Council's core responsibility is to protect the health and safety of the public and we utilise a number of mechanisms to address this in respect of practitioners who practise the profession of anaesthetic technology. This includes setting the standards for clinical competence, cultural competence, and ethical conduct. These standards are set for the purpose of registration and as such are aimed at the entry-level practitioner. The Council is therefore confident that the clinical competencies as set out in Domain 5 of the recently revised competence standards for Anaesthetic Technicians have been appropriately pitched to the expected level of competence for an entry-level practitioner. It is of note that Council has further resolved a change to the level of NZRC Core training as an entry level requirement from Advanced to Immediate (Domain 5.5.a)

The proposal within the consultation document would have involved a change to the practice parameters for **all** Anaesthetic Technicians requiring every practitioner to encompass a wider range of anaesthesia-related practices. However it was also intended that the "assistant to the anaesthetist" role would continue to be a core function for the majority of Anaesthetic Technicians.

The Council took note of consultation feedback suggesting that flexibility of anaesthetic technology practice could be achieved through alternative pathways. The Council agreed that extending the entry-level competencies for **all** practitioners to encompass a wide variety of peri-operative activities would pose a number of difficulties especially as most practitioners would not be required, nor necessarily have the opportunity to undertake those.

The Council recognises that there are a number of Anaesthetic Technicians who have developed skills and experience that would enable them to contribute to a wider range of practice activities within the peri-operative team, however that does not necessitate changing the base-level practice parameters for **all** practitioners.

Subsequently the Council will be re-looking at its framework for expanded practice to make sure it is a sufficiently flexible pathway for appropriately skilled and experienced Anaesthetic Technicians to undertake a wider range of activities within the peri-operative environment.

¹ Refer to Gazette Notice 141: 15th September 2011

CONCERNS RAISED: THE ENTRY QUALIFICATION IS TOO LOW

Setting the entry-qualification at a diploma level is limiting and moving this to a minimum of bachelor degree would enable a more skilled and flexible workforce. A higher entry-level qualification could help to address the wider issue of national shortages and retention of the Anaesthetic Technician workforce.

COUNCIL RESPONSE

The Council is supportive of the New Zealand qualification prescribed for the purpose of registration in the Anaesthetic Technician scope of practice moving to a level 7 bachelor degree. At a recent forum with various New Zealand education providers the Council were advised that progress continues to be made by the current tertiary education provider to move the Anaesthetic Technician training programme from its current diploma level to a bachelor degree. Ultimately this is a decision for the education provider. It is the responsibility of the Council to subject New Zealand programmes to an accreditation and monitoring process to ensure the qualification remains fit for purpose in terms of graduating students with all of the entry-level competencies required for registration.

CONCLUSION

The Council appreciates having an opportunity to respond to the issues raised by a number of Anaesthetic Technicians subsequent to the closure of the consultation process, and extends its thanks to those practitioners for taking the time to do this.

Rather than restricting our responses to this particular group of practitioners, in acknowledgement of the issues raised in respect of our communication processes, the Council thought it would be of value to publish this as an open response to issues that could well have been raised by other practitioners and/or consultation respondents.