A recent revision of the standards for continuing profession development for anaesthetic technicians registered with the Medical Sciences Council has been undertaken. This document sets out the proposed standards for feedback from members of the profession and other stakeholders.

November 2018
Contents
Consultation on the Revised Continuing Professional Development Standards for Anaesthetic Technicians ................................................................. 2
Submitting Your Consultation Feedback ........................................................................ 2
Proposed Revisions at a Glance .................................................................................... 3
Context of the 2018 Review ......................................................................................... 4
Current CPD Framework ............................................................................................... 4
Key Changes in the Proposed CPD Framework ............................................................ 4
The Proposed CPD Standards in Detail ....................................................................... 5
Introduction .................................................................................................................. 5
CPD Defined .................................................................................................................. 5
Principles of CPD .......................................................................................................... 5
  Continuity .................................................................................................................... 5
  Accountability ............................................................................................................. 5
  Individual .................................................................................................................... 5
  Evaluative ................................................................................................................... 5
  Essential .................................................................................................................... 5
Proposed CPD Standards and Guidelines .................................................................. 6
  CPD is Mandatory .................................................................................................... 6
  Minimum CPD Hours ................................................................................................ 6
  Pro-Rata Formula ..................................................................................................... 6
CPD Cycle ..................................................................................................................... 6
CPD for Practitioners who Practise Part-Time ............................................................. 7
CPD for Practitioners Not Currently Practising .......................................................... 7
Exemptions .................................................................................................................. 7
CPD Activities ............................................................................................................. 8
  Substantive CPD Activities ....................................................................................... 8
  General CPD Activities ............................................................................................ 8
Examples of CPD Activities ....................................................................................... 9
CPD Records ............................................................................................................... 10
Reflection .................................................................................................................... 10
CPD Audits .................................................................................................................. 11
  Selection of Practitioners for Audit ....................................................................... 11
  Meeting Audit Requirements .................................................................................. 11
A Medley of Questions and Answers ......................................................................... 12
Consultation on the Revised Continuing Professional Development Standards for Anaesthetic Technicians

The Medical Sciences Council (the Council) is pleased to present a revised framework that sets out the proposed continuing professional development (CPD) standards for anaesthetic technicians.

Feedback on the proposed framework is now being sought from all interested stakeholders including, but not limited to, anaesthetic technicians, other health professionals, professional bodies, employers, employee representative organisations, other regulatory authorities, and the New Zealand public.

Submitting Your Consultation Feedback

You have an opportunity to provide the Council with feedback in respect of the revised CPD standards. This can be done be completing an online questionnaire available through the Council’s website at www.mscouncil.org.nz (News and Media).

You may choose to provide your responses as an individual or as a group of colleagues and/or various stakeholder bodies. Whatever way you choose is fine with us.

Access to the questionnaire will close on Tuesday 18th December 2018
Proposed Revisions at a Glance

Practitioners can choose to join a Council-approved CPD programme (or continue to manage their own CPD as they do now)

CPD cycle to move to a 2-year fixed period (currently a 3-year rolling cycle)

CPD activities are arranged within a 2-tier structure (instead of the current 4-quadrant structure)
Context of the 2018 Review

The Council 2018 review of its CPD requirements has taken into consideration contemporary international best practice standards and guidelines within a statutory regulation context. This has been achieved by considering the CPD frameworks used by other Australasian health regulators.

Current CPD Framework

In 2012 the Council published a Continuing Professional Development (CPD) for Anaesthetic Technicians document. That framework is based on self-directed CPD which did not require practitioners to belong to a formal CPD programme.

A number of minimum CPD requirements were stipulated including:

- Completion of a documented annual professional development plan
- Minimum of 10-hours CPD over each 3-year cycle
- At least one CPD activity in three of four learning categories as defined by the Council
- Evidence of supporting documentation
- Evidence of reflective learning

Key Changes in the Proposed CPD Framework

In this 2018 revision of the CPD framework for anaesthetic technicians the Council is proposing a number of key changes including:

- Anaesthetic technicians can choose to enrol in a CPD programme that has been approved by the Council.
- Alternatively, anaesthetic technicians may choose to continue to manage their own CPD through self-directed learning and self-management of all their CPD records.
- Allowing for a more flexible approach will better cater for those practitioners who prefer a more structured approach to managing their CPD.
- Whichever arrangement a practitioner chooses in respect of managing their CPD, they must make sure it aligns with the Council’s CPD standards.
- The CPD cycle will change from a 3-year rolling cycle (triennium) to a 2-year fixed cycle (biennium).
- The average amount of CPD remains at 20-hours per year, however the minimum requirement for any 1-year will increase from 10-hours to 15-hours. A minimum total of 40-hours per biennium will be required.
- The current 4–quadrant configuration of CPD activities is reformulated to a 2-tier structure of substantive and general CPD activities.
The Proposed CPD Standards in Detail

Introduction
In accordance with the Health Practitioners Competence Assurance Act 2003 (the Act), anaesthetic technicians must be registered and hold a current practising certificate to be able to work in New Zealand. The Council’s CPD standards are set under section 41 of the Act.

CPD Defined
Continuing professional development (CPD) is about active engagement in a range of learning activities through a health practitioner’s career and acts as a mechanism to support practitioners to practise safely, effectively, and legally within their evolving scope of practice. CPD helps practitioners to retain currency in their professional skills and knowledge thereby enabling patients of anaesthetic technology services to get the best possible service/care.

Principles of CPD
1. Continuity
   Practitioners should always be looking for ways to improve their performance

2. Accountability
   Practitioners are responsible for owning and monitoring their own CPD

3. Individual
   CPD is driven by the learning needs and development of an individual practitioner

4. Evaluative
   CPD should be evaluative rather than descriptive of what has taken place

5. Essential
   CPD is an essential component of a health practitioner’s professional life, it is never an optional extra

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1 This definition has been adapted from the Health Professions Council United Kingdom
2 Adapted from the Chartered Institute of Personnel and Development, United Kingdom
Proposed CPD Standards and Guidelines

An Overview of the Proposed CPD Standards

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Required Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum of formally recorded CPD hours per 2-year cycle – <em>a biennium</em> - based on a fixed cycle rather than a rolling cycle</td>
<td>40 hours</td>
</tr>
<tr>
<td>Minimum of formally recorded CPD hours in any one year</td>
<td>15 hours</td>
</tr>
<tr>
<td>Evidence of a minimum amount of substantive CPD activities in each biennium</td>
<td>24 hours</td>
</tr>
<tr>
<td>Maintain detailed and verifiable records for all CPD activities for two biennium cycles (4-years)</td>
<td></td>
</tr>
<tr>
<td>Provide supporting evidential documents confirming engagement in CPD activities</td>
<td>At least 8 supporting documents and 5 of those for substantive CPD activities</td>
</tr>
</tbody>
</table>

CPD is Mandatory
CPD must be undertaken by all registered anaesthetic technicians who are practising in New Zealand.

Minimum CPD Hours
Practitioners must complete 40-hours of CPD activity over a 2-year period – *biennium* – with a minimum of 15-hours in any one year. The Council is proposing that the biennium is based on a fixed cycle.

At least 24 hours of CPD activities within a biennium must be directly relevant to the scope of practice. These are classed as *Substantive* CPD activities.

Minimum CPD hours apply despite the tenure of employment. That is, whether practising on a fulltime, part-time or casual basis, practitioners must meet the Council’s CPD requirements, including the minimum number of CPD hours.

Pro-Rata Formula
If registered for the first time, or if returning to practice, in many cases practitioners will commence CPD part-way through the term of a biennium. A simple pro rata method is used for determining the number of CPD hours to be recorded for the calendar year and the biennium.

The pro rata CPD rate is:

- 5-hours per 3-month period

CPD Cycle
Each biennium would be aligned to a calendar year, that is, January to December.
CPD for Practitioners who Practise Part-Time
Anaesthetic technicians who work part-time must still complete the mandatory CPD requirements. Competence does not equate to the hours worked but to the standard of practice performed. Practitioners working only a few hours a week must be as equally competent during the hours they practise as their colleagues who work 40-hours a week.

CPD for Practitioners Not Currently Practicing
Anaesthetic technicians who do not hold a current practising certificate are not required to meet the Council’s mandatory CPD requirements. That said, if they are planning to return to practice, the Council recommends they maintain some degree of CPD activity during their non-practising period.

If returning to practice after having more than 3-years away from the profession, any relevant CPD activities undertaken while away from practice will be assessed as part of the practitioner’s APC application. They will need to ensure they are able to provide the supporting evidence for any CPD undertaken while not practising.

Exemptions
The Council accepts that there may be specific, but limited situations where it is appropriate for a practitioner to be exempted from the Council’s CPD requirements, for a specified period of time. If an anaesthetic technician believes that extenuating circumstances exist they must apply to the Council in writing for an exemption. The Council determines exemptions on a case-by-case basis. Please note that as a rule of thumb part-time employment is not considered to constitute an extenuating circumstance.
CPD Activities

CPD activities must be relevant to the anaesthetic technician scope of practice. The Council is proposing to adopt a two-tiered approach for classifying CPD activities:

- Substantive CPD activities; and
- General CPD activities

Practitioners are expected to undertake a variety of CPD activity types which, where possible, include those involving interaction with peers. Sharing and discussing issues and professional experiences with colleagues provides valuable clinical and professional learning opportunities.

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

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

Substantive CPD Activities

Substantive CPD activities are those activities that have significant intellectual or practical content primarily directed to the scope of practice (or expansion of practice). An activity can be meaningful or significantly connected to the relevant scope of practice irrespective of the method or medium used.

These activities must comprise at least 24-hours (60%) of CPD activities over the relevant biennium.

General CPD Activities

General CPD activities are those activities that relate to learning in the healthcare environment. It is important to ensure that activities in this category are relevant to healthcare.

Practitioners may contribute up to 16-hours (40%) of general CPD activities over the relevant biennium.
### Examples of CPD Activities

<table>
<thead>
<tr>
<th>Substantive CPD Activities</th>
<th>General CPD Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participating in postgraduate studies relevant to practice needs or scope of practice</td>
<td>Private study – reading and reflecting on books and journals related to healthcare in general but not necessarily specific to the anaesthetic technician scope of practice</td>
</tr>
<tr>
<td>Accredited training or vocational courses with recognised skills or knowledge – e.g. IV cannulation, etc.</td>
<td>Attendance at compulsory employer training sessions that address safety</td>
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<tr>
<td>Work-based learning contracts or other assessed activities</td>
<td>Attendance at in-services, case presentations or reviews that are not specific to anaesthetic technology practice</td>
</tr>
<tr>
<td>Conferences, forums, workshops and seminars</td>
<td>Attending meetings and participating in the work of a committee or similar, related to the work of an anaesthetic technician</td>
</tr>
<tr>
<td>Undertaking research and presentation of work or case studies. This needs to be substantive, referenced, and evidence-based</td>
<td>Membership of, and attending meetings of, a committee or similar, within an organisation with an identifiable healthcare function</td>
</tr>
<tr>
<td>Researching, preparing or editing an article published in a relevant professional publication or an article in a related healthcare publication</td>
<td>Examining and reflecting on evidence-based resources (systematic review, evidence-based guidelines, etc.) and implementing changes in practice. This activity must also include written documentation of the findings and reflection</td>
</tr>
<tr>
<td>Authoring a book chapter</td>
<td>Online learning about an identifiable healthcare function involving discussion, chat rooms, etc.</td>
</tr>
<tr>
<td>Making health related presentations of new or substantially reviewed material – e.g. poster presentations, lectures, seminars, workshops</td>
<td>Providing general supervision or mentoring to supervised practitioners. This is supervision of staff where the supervision is a usual responsibility of the work role. To count as CPD the details of this activity must be documented</td>
</tr>
<tr>
<td>Presenting in-service or training to health professionals or carers</td>
<td>Internet research (without further application)</td>
</tr>
<tr>
<td>Attendance at in-services, case presentations or reviews specific to anaesthetic technology practice</td>
<td>Managing or administering a CPD programme for 10 or more people</td>
</tr>
<tr>
<td>Participation in journal clubs</td>
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<tr>
<td>Developing evidence-based practice resources – e.g. completing systematic reviews, developing evidence-based guidelines</td>
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<tr>
<td>Distance education or online learning that includes an examination, assessment or certificate evidencing learning outcomes</td>
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<td>Programme accreditation activities – e.g. accreditation teams, evaluation of accreditation reports</td>
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<tr>
<td>Activities to improve quality or reduce risk in practice, involving evaluation and reporting</td>
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<tr>
<td>Participating in a clinical audit or similar review activity</td>
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<tr>
<td>Formal supervision of students or practitioners under supervision</td>
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<tr>
<td>Private study – e.g. reading books and journals with a clear relationship to developmental goals and scope of practice</td>
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</tr>
<tr>
<td>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</td>
<td></td>
</tr>
<tr>
<td>Attendance at compulsory employer training sessions and/or other learning opportunities that address cultural aspects of professional practice</td>
<td></td>
</tr>
<tr>
<td>Time spent reflecting upon and recording learning from CPD activities</td>
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</table>
CPD Records
Practitioners must maintain a continuous, up-to-date and ongoing record of their CPD activities. Those records must be verifiable and show the practitioner can demonstrate reflection, improvement and positive impact on their practice as registered anaesthetic technicians.

A practitioner may be required by the Council to provide their CPD records at any point in time.

Practitioners must retain their evidentiary record of CPD activities (and reflection) for the equivalent of two CPD cycles (4-years).

Records of CPD activity should include both the details of the activity and reflection on the learning gained from the CPD activity.

<table>
<thead>
<tr>
<th>Recording CPD Activities</th>
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</thead>
<tbody>
<tr>
<td><strong>Date, time and location of the activity</strong></td>
</tr>
<tr>
<td><strong>Activity details – e.g. journal article, seminar, lecture, workshop</strong></td>
</tr>
<tr>
<td><strong>Source, reference or provider – e.g. journal name, provider name</strong></td>
</tr>
<tr>
<td><strong>Number of hours for the particular activity (exclusive of breaks) and the type of activity hours – i.e. substantive or general</strong></td>
</tr>
<tr>
<td><strong>Evidence of participation – e.g. attendance certificate, copy of enrolment or sign-in sheet</strong></td>
</tr>
</tbody>
</table>

Reflection

**Reflective practice** happens when you explore an experience you have had to identify what happened, and what your role in this experience was – including your behaviour and thinking, and related emotions. This allows you to identify changes to your approach for similar future events. If reflective practice is performed comprehensively and honestly, it will lead to improved performance.

Source: La Trobe University at [www.latrobe.libguides.com](http://www.latrobe.libguides.com)
CPD Audits
A biennial audit enables the Council to measure compliance and thereby assuring the public and the Minister of Health that anaesthetic technicians are engaging in appropriate CPD that supports their ongoing competence to practise.

Selection of Practitioners for Audit
Each year the Council will select 10% of anaesthetic technicians currently practising (that is, they hold an annual practising certificate – APC) to participate in a CPD audit. Auditors are appointed by the Council and the audit report is provided directly to the Council.

For those practitioners enrolled in a formal CPD programme, the Council will advise the provider of the names of practitioners selected for audit. The respective CPD provider is required to give the selected practitioners at least 2-months’ notice prior to their CPD records having to be submitted for audit.

For those practitioners managing their own CPD, the Council will directly advise them when they have been selected for audit and give them at least 2-months’ notice of their CPD records needing to be submitted for audit.

Practitioners may also be called for an audit in a number of other circumstances including, but not limited to, practitioners who:

- Were deferred from a previous audit
- Recently returned to practice after being away from the profession for more than 3-years
- Were previously selected for 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

Meeting Audit Requirements
The Council will provide each approved CPD provider with a set of audit requirements. Providers are responsible for ensuring all practitioners enrolled in their programmes are explicitly advised of those requirements.

Anaesthetic technicians managing their own CPD will be provided with informational material on the Council’s auditing criteria and documentation requirements.
A Medley of Questions and Answers

I work as a casual and on average only work about 1 or 2 days a month. Do I have to do CPD?

Yes. CPD is a mandatory requirement set by the Council under section 41 of the Health Practitioners Competence Assurance Act 2003. All anaesthetic technicians must meet the Council’s CPD standards irrespective of their hours of work. (Please note that renewal of an APC requires an anaesthetic technician to have practised for a minimum of 8-hours per week over a 3-year period (that is, a total of 1104 hours).

Is the amount of CPD I’m required to do reduced in line with my reduced work hours?

No. The minimum amount of CPD hours in any one biennium is the same for all practitioners. There is no reduction in the amount of CPD hours required of you if are working in a part-time and/or casual capacity.

I belong to a CPD programme that counts CPD activities in terms of credits or points. Can I just use those same points or credits when recording my CPD?

Practitioners can choose to continue to record their CPD activities in terms of credits/points as used by their CPD provider. However all approved CPD providers will be required to provide practitioners with a standardised formula for conversion of credits/points into hours. This is very important as when called for a CPD audit practitioners will need to be able to demonstrate they have met the number of minimum CPD hours for the relevant biennium.

I want to stay with managing my own CPD, but do the changes to the Council’s standards mean I now have to join up with a formal CPD programme?

No. It is the individual practitioner’s decision as to how best manage their CPD. For some practitioners this may be achieved by continuing to manage their own CPD portfolio whereas for others that may be achieved through enrolment in a formal CPD programme.
I have been practising anaesthetic technology for many years. Why should I have to do CPD?

Registered health practitioners have an obligation under the Health Practitioners Competence Assurance Act 203 to demonstrate they remain competent and fit to practise so as to protect the health and safety of the public. Lifelong learning has long been recognised as a critical element in being able to demonstrate that. While having extensive work experience may well be a contributor, it cannot be considered as the sole evidence of continuing competence.

I work in a smaller provincial site and it can be difficult to access CPD activities.

As with many other professional groups, there is a worldwide expectation that registered health professionals will actively engage in CPD. Ongoing and lifelong learning is the hallmark of a professional and serves to not only better protect the health and safety of the public it also provides a structured framework for practitioners to improve their practice and can be a positive influencer in terms of their career aspirations.

I end up having to do CPD in my own time and that’s hard when I have to balance that with working and my personal life

Balancing a number of arenas in one’s life is typical for the majority of people in today’s busy world and is not restricted to those who have chosen to work in the area of health service delivery. When revising its CPD standards, the Council has endeavoured to provide a broad range of examples that can count as CPD activities. The Council is confident this will assist practitioners with being able to access sufficient and appropriate CPD activities, as will the fact that as a minimum, an individual only has to complete 40 hours of CPD over a 2-year period. On average this equates to less than 2-hours per calendar month. The Council does not consider this to be onerous.