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ACCREDITATION STANDARDS AND PROCEDURES

For accreditation of New Zealand hospitals providing the clinical training component of education programmes leading to registration as an anaesthetic technician

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**MEDICAL SCIENCES COUNCIL
OF NEW ZEALAND**

TE KAUNIHERA PŪTAIAO HAUORA O AOTEAROA

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FOREWORD

Effective from 1 April 2012 anaesthetic technicians practising in any New Zealand healthcare facility were required to be registered and hold a current practicing certificate under the requirements of the Health Practitioners Competence Assurance Act 2003 (the Act). The Medical Sciences Council of New Zealand (the Council) is the health regulatory authority responsible for administering the Act in respect of anaesthetic technicians. Under sections 12 and 13 of the Act the Council is required to accredit and monitor all New Zealand education providers of qualifications the Council has prescribed for the purpose of registration.

The qualification programme for anaesthetic technicians has three distinct components:

1. An academic programme of learning (currently via distance learning through the Auckland University of Technology); and
2. Clinical-based training within an accredited training hospital in New Zealand; and
3. An anaesthetic technician registration examination.

All of the above components are accredited by the Council in accordance with its responsibilities under the Act.

Academic study and clinical-based training occurs simultaneously and are pre-requisite to trainees sitting the registration examination.

This document provides guidance to New Zealand hospitals seeking accreditation (or re-accreditation) with the Medical Sciences Council of New Zealand (the Council) as an approved Training Hospital for trainee anaesthetic technicians.

It explains the standards and criteria against which the Council assesses training hospitals for the purpose of accreditation and the documentation a training hospital is expected to submit in support of its accreditation application/review. Accreditation processes are described according to three distinct categories of accreditation assessment:

1. Training hospitals that have been previously accredited by the Council
2. Training hospitals applying for accreditation status for the first time

These standards are closely aligned to the Council's Accreditation Standards and Procedures for Education Programmes Leading to Registration as an Anaesthetic Technician in New Zealand which focus on the academic component of the overall training programme for anaesthetic technicians.

The enclosed guidelines have drawn on the Council's previous accreditation framework and the accreditation standards and processes of other health regulatory authorities. It is envisaged that this approach will attain a degree of consistency in the accreditation standards and processes required of New Zealand providers of health professions-related education programmes.

SECTION ONE: INTRODUCTION

Purpose of Accreditation

The Medical Sciences Council of New Zealand (the Council) has an obligation under Section 12 of the Health Practitioners Competence Assurance Act 2003 to accredit and monitor New Zealand providers of education programmes (the programme) prescribed by the Council for the purpose of registration in the anaesthetic technician scope of practice - training hospitals are a critical component of the anaesthetic technician education programme.

Accreditation is the status granted by the Council to anaesthetic technician training hospitals that meet statements of educational quality expressed as **education standards and criteria**. Accreditation of training hospitals is about assuring the quality of clinical training and promoting continuous improvement of quality in response to evolving community needs and professional practice, and to ensure the safety of the public.

Accreditation pertains to the **procedures** used to review and assess training hospitals against the required standards and to recognise the hospitals as meeting the stated accreditation standards.

The Council's accreditation framework is focused on assuring graduates of Council-approved education programmes enter the profession with a sound knowledge and skills base to practice as an anaesthetic technician safely, ethically and effectively. There is an expectation that graduates of the programme will have a solid foundation for lifelong learning, continuing competence, and ongoing development of professional knowledge and skills.

The Council has separately published a set of core competencies required for New Zealand registration as an anaesthetic technician. It is expected that training hospitals seeking to have their programmes accredited by the Council will use those documents to inform the development, implementation, and ongoing review and monitoring of the clinical teaching and learning experience.

Principles of Accreditation

The various training hospitals involved in anaesthetic technician clinical training have diverse teaching and learning approaches and the Council acknowledges that, providing there is a commitment to continuous quality improvement from each of the training hospitals, such diversity can strengthen the learning experiences for anaesthetic technicians.

Critical to the Council's accreditation framework is the concept of *fitness for purpose* with a focus on the stated aims and objectives and the achievement of those in alignment with the required competencies for anaesthetic technicians.

Accreditation Standards for Training Hospitals

The Council has defined five broad categories of accreditation standards that are specific to the training hospital teaching and learning environment:

1. Clinical programme context
2. Learning teaching and assessment
3. Monitoring
4. Students
5. Learning environment

Each standard encompasses a number of assessment criteria against which the programme is assessed. A detailed outline of the standards is provided in Section Two.

Supporting Documentation Guidelines

The Council has listed a set of *Supporting Documentation Guidelines* to assist the training hospital in their self-assessment and preparation of their accreditation submission responses. These have been presented as a separate section in an effort to provide training hospitals with a ready reference guide when preparing the documentation in support of their accreditation assessment.

Accreditation Procedures

In Section Four of these guidelines the Council describes the procedures it uses to undertake an accreditation assessment.

The Council undertakes accreditation assessments within two distinct circumstances:

1. A training hospital that has been previously accredited by the Council.
2. A training hospital applying for accreditation status for the first time.

The Council may also consider undertaking an accreditation review in response to significant concerns about a training hospital as raised by stakeholder groups (including students).

Accreditation Outcomes

The Council has adopted the following framework in respect of the possible outcomes for a **re-accreditation assessment**:

| Accreditation Outcome | Outcome Description |
|---|--|
| <p>Accreditation</p> | <p>The hospital has achieved or exceeded the minimum standards for accreditation and has no serious deficits or weaknesses. Recommendations or suggestions relating to enhancement of the clinical environment are generally included in the accreditation report. Retention of this accreditation status is for a period of 5-years and remains subject to receiving satisfactory annual reports which include progress on recommendations and suggestions in the accreditation report</p> |
| <p>Accreditation with Conditions</p> | <p>The hospital substantially meets the accreditation standards but has serious deficits or weaknesses in one or more areas. It is expected the deficits/weaknesses can be corrected within a specified period of time. The hospital is required to submit evidence-based progress reports at intervals as stated in the accreditation report (as a minimum, progress reports will be required annually).</p> <p>(a) Accreditation with Conditions: Maximum Period of Two Years: The deficits/weaknesses of the hospital's teaching and learning environment are considered to be able to be corrected within a period that does not exceed 2-years.</p> <p>(b) Accreditation with Conditions: Maximum Period of One Year: The deficiencies/weaknesses of the hospital's teaching and learning environment are considered to be of such a magnitude that, if not corrected, the hospital will be on the pathway to refusal of accreditation. Evidence of significant progress must be demonstrated within 1-year in order to maintain accreditation of the hospital.</p> <p>If the serious deficits/weaknesses as in (a) and (b) above are not addressed within the specified period of time:</p> <p>(c) Notice of Intent to Refuse Accreditation: The hospital has failed to submit a required progress report to address the conditions on its accreditation, or the report was considered unsatisfactory. The Council informs the hospital of the intent to refuse accreditation.</p> |

| | |
|--|---|
| <p>Refusal of Accreditation</p> | <p>Accreditation may be refused when the Council considers that the deficits in the hospital's teaching and learning environment are so serious as to warrant that action or where the hospital has not satisfied the Council that the clinical programme can be implemented and delivered at a level consistent with the Council's <i>Accreditation Standards</i>.</p> |
|--|---|

The following accreditation outcomes apply in respect of new applications for accreditation of a training hospital

| <p>Accreditation Outcome</p> | <p>Outcome Description</p> |
|---|--|
| <p>Accreditation with Conditions</p> | <p>Accreditation of a new applications for training hospital accreditation status is granted with conditions for a period of up to 2-years maximum. This is subject to conditions being addressed within a specified period and submission of satisfactory reports (either annual or as otherwise specified).</p> <p>Conditions may relate to the progressive implementation of the clinical programme and the provision of adequate staffing and facilities to support the developing clinical learning environment.</p> |
| <p>Refusal of Accreditation</p> | <p>Accreditation may be refused if it is considered that a proposed clinical teaching and learning environment has serious deficits.</p> <p>In situations where identified deficits are deemed as needing resolution prior to the clinical programme commencing, accreditation is likely to be refused. The education provider will be advised on the deficits to be addressed prior to a reconsideration for a further accreditation assessment.</p> |

SECTION TWO: ACCREDITATION STANDARDS

Standard 1: Clinical Programme Context

1.1 Clinical Leadership

1.1.1 The responsibilities of the clinical head of the teaching programme within the training hospital are clearly stated.

1.2 Resource Allocation

1.2.1 There are sufficient financial and human resources to sustain the clinical learning programme within the training hospital.

1.3 Linkages

1.3.1 The training hospital has an effective relationship with the education provider of the academic component of the programme.

1.3.2 The training hospital has effective partnerships with the profession and other health-related stakeholders to promote and inform the clinical education of anaesthetic technician trainees.

1.4 Staff Resources

1.4.1 There are adequate staffing numbers to support the clinical teaching and learning for all anaesthetic technicians employed within the training hospital.

1.4.2 Staff involved in clinical teaching are appropriately qualified and experienced in anaesthetic technology.

1.5 Staff Appointment, Promotion and Development

1.5.1 There are defined processes for the ongoing development and appraisal of teaching staff within the clinical environment of the training hospital.

1.5.2 The training hospital has appropriate recruitment, support and training processes for practitioners providing clinical teaching.

Standard 2: Learning Teaching and Assessment

2.1 Learning and Teaching Methods

2.1.1 Trainees are exposed to a range of best practice clinical learning and teaching methods.

2.1.2 Students have sufficient levels of supervision that follow council guidelines throughout all stages of their clinical training.

2.1.3 Trainees are provided with learning experiences that promote the concepts of patient-centered care and collaborative engagement.

2.1.4 Trainees are provided with opportunities to work with and learn from and about other health professionals.

2.2 Assessment Feedback

2.2.1 The training hospital has processes for the timely identification of trainees who are underperforming in the clinical environment.

2.2.2 Trainees are provided with opportunities to provide the training hospital with regular feedback about the quality of the clinical learning experience.

2.2.3 The training hospital gives feedback to staff involved in the clinical teaching of trainees.

Standard 3: Monitoring

3.1 Monitoring

3.1.1 The training hospital regularly monitors and reviews its clinical teaching programme including the quality of teaching and supervision, and assessment. Concerns about, or risks to, the quality of any aspect of the clinical teaching and learning environment are managed in a timely and effective manner.

3.1.2 Staff and trainee feedback is systematically sought and analysed and used to inform the ongoing monitoring and review of the clinical programme.

3.2 Continuous Improvement

3.2.1 The training hospital has addressed the recommendations made in the report of the previous accreditation visit (if applicable) and in any other reports since that time.

Standard 4: Trainees

4.1 Recruitment

4.1.1 The training hospital has defined the size of trainee numbers in relation to its capacity to adequately resource the clinical teaching programme at all stages.

4.1.2 The training hospital recruitment policies are practically sustainable, consistently applied, and are free of discrimination and bias (other than explicit affirmative action in favour of nominated groups, including Maori as tangata whenua).

4.2 Trainee Support

4.2.1 The training hospital has mechanisms for identifying and supporting trainees who are at risk of not completing the clinical components of the programme.

4.3 Professionalism and Fitness to Practise

4.3.1 The training hospital has policies and procedures for identifying and supporting trainees whose professional conduct and/or health status (including physical and mental) raises concerns in respect of their fitness to practise as an anaesthetic technician or ability to interact with patients.

Standard 5: Clinical Learning Environment

5.1 Physical Facilities

5.1.1 Trainees and clinical teaching staff have access to safe and well-maintained physical facilities within the training hospital.

5.2 Information Resources and Library Services

5.2.1 The training hospital has sufficient information communication technology infrastructure and support systems to assist trainees with their learning.

5.2.2 Trainees and clinical teaching staff are able to access hospital library resources.

5.3 Clinical Learning Environment

5.3.1 Trainees are provided with sufficient clinical experience appropriate to all stages of the education programme to prepare them for clinical practice.

5.3.2 The training hospital is able to provide trainees with clinical experiences in all aspects of anaesthetic technology.

5.3.3 The training hospital provides trainees with experience in the provision of culturally competent practice.

5.3.4 Trainees are allocated sufficient and regular periods of study within the clinical learning environment of the training hospital as per AUT guidelines (minimum non-clinical teaching time)

5.4 Clinical Supervision¹

5.4.1 The training hospital has an effective system of clinical supervision to ensure safe involvement of trainees in clinical practice.

5.4.2 Every trainee is supervised (that is, on-site supervision) within the training hospital by a registered anaesthetic technician who holds a current practising certificate.

¹ See Appendix 3 for a detailed outline of the three different levels of supervision a trainee can practise within

SECTION THREE: SUPPORTING DOCUMENTATION GUIDELINES

Self-Assessment Report

| Information Required | Accreditation Reference | Standard |
|--|--|----------|
| ✚ An overview of the training hospital including the date the clinical teaching programme was (will be) established. | Standard 1: Clinical Programme Context | |
| ✚ The staffing structures within the training hospital for management of the clinical teaching programme. | Standard 1: Clinical Programme Context | |
| ✚ Decision-making process within the training hospital in relation to clinical teaching and resource issues. | Standard 1: Clinical Programme Context | |
| ✚ Availability of resources to enable the training hospital to fulfill its clinical teaching and learning objectives. | Standard 1: Clinical Programme Context | |
| ✚ Have there been any significant changes to the budget over the past five years? | Standard 1: Clinical Programme Context | |
| ✚ If aspects of the clinical teaching and learning are provided outside the training hospital indicate how those arrangements are negotiated. | Standard 1: Clinical Programme Context | |
| ✚ What provisions are made for the purchase and replacement of clinical teaching resources and equipment? | Standard 1: Clinical Programme Context | |
| ✚ List any current clinical teaching vacancies, how long they have been vacant and the plans for filling these positions. | Standard 1: Clinical Programme Context | |
| ✚ Have there been any difficulties in recruiting suitably qualified clinical staff? | Standard 1: Clinical Programme Context | |
| ✚ How are the responsibilities of clinical teaching staff determined and how is their performance reviewed? | Standard 1: Clinical Programme Context | |
| ✚ Interactions with the profession, other training hospitals providing similar programmes, and the education provider of the academic component of the programme, including any particular strengths and/or difficulties in these relationships. | Standard 1: Clinical Programme Context | |
| ✚ What are the key features of any formal agreement the training hospital has with the education provider of the academic component of the programme? | Standard 1: Clinical Programme Context | |

| Information Required | Accreditation Reference | Standard |
|--|-------------------------------------|----------|
| ✚ What arrangements are made to ensure trainees are exposed to a full range of anaesthetic technology practices? | Standard 2: Teaching and Assessment | Learning |
| ✚ What opportunities do trainees have for working with and learning about other health professionals? | Standard 2: Teaching and Assessment | Learning |
| ✚ What processes are in place for trainees to provide feedback on the quality of their clinical learning experiences and how does the hospital follow-up on that feedback? | Standard 2: Teaching and Assessment | Learning |
| ✚ What processes are used to identify trainees who may be under-performing in the clinical environment? | Standard 2: Teaching and Assessment | Learning |
| ✚ Overview of the perceived strengths and weaknesses of the clinical learning and teaching environment and describe any opportunities and threats (SWOT analysis). | Standard 3: Monitoring | |
| ✚ How has each requirement/recommendation contained within the previous accreditation report (if applicable) been addressed? | Standard 3: Monitoring | |
| ✚ Training hospital's recruitment policy and procedures in respect of trainees. | Standard 4: Trainees | |
| ✚ Mechanisms in place to assist and follow-up trainees experiencing difficulties in the clinical setting (e.g. academic, social). | Standard 4: Trainees | |
| ✚ How does the training hospital deal with impaired trainees (e.g. drug and/or alcohol misuse, mental health issues)? | Standard 4: Trainees | |
| ✚ What facilities are available within the training hospital for teaching and learning (including library and computer resources)? | Standard 5: Environment | Learning |
| ✚ What external clinical facilities are used in the programme? | Standard 5: Environment | Learning |
| ✚ Are there any areas where physical facilities need to be improved to enhance the clinical teaching and learning environment? | Standard 5: Environment | Learning |
| ✚ What arrangements are made for trainees to be allocated sufficient hours of study within the training hospital learning environment and how this is monitored? | Standard 5: Environment | Learning |
| ✚ What clinical supervision arrangements are in place for trainees and how this is monitored? | Standard 5: Environment | Learning |

| | |
|--|---|
| <p>✚ Processes to support supervisors, educators and workplace assessors in their role and to assist them in their professional development in that role.</p> | <p>Standard 5: Learning Environment</p> |
|--|---|

Attachments to the Self-Assessment Report

| Attached Documents | Accreditation Standard Reference |
|---|--|
| <p>✚ A list of all full-time and part-time clinical teaching staff</p> | <p>Clinical Programme Context: 2.1</p> |
| <p>✚ List other healthcare facilities where trainees undertake aspects of their clinical training external to the training hospital, including staff in those facilities responsible for trainee supervision.</p> | <p>Clinical Programme Context: 2.1</p> |
| <p>✚ List of the formal relationships/agreements between the training hospital and the education programme of the academic programme</p> | <p>Clinical Programme Context: 2.1</p> |
| <p>✚ Information on staff appraisal and professional development processes.</p> | <p>Learning Teaching and Assessment: 2.3</p> |
| <p>✚ Copies of training hospital policies/protocols in respect of:</p> <ul style="list-style-type: none"> ○ Supervision ○ Universal precautions ○ Medical emergencies ○ Informed consent ○ Assignment of trainees to anaesthesia events ○ Patient records ○ Technical equipment support ○ Occupational health and safety ○ Recruitment of trainees | <p>Learning Teaching and Assessment: 2.3</p> |
| <p>✚ Trainee orientation processes.</p> | <p>Learning Teaching and Assessment: 2.3</p> |
| <p>✚ Copy of information provided for prospective trainees.</p> | <p>Trainees: 2.4</p> |

SECTION FOUR: ACCREDITATION PROCEDURES

Principles of the Accreditation Review Process

The accreditation review process is intended to be conducted through a positive, constructive and collegial approach, the critical driver being the best interests of the community's health needs and the protection of the public. The accreditation review is founded on a self-assessment process by the training hospital to enable strengths and weaknesses of the programme to be identified.

The Council undertakes regular reviews of its accreditation processes including feedback from training hospitals, education providers, and accreditation teams.

Review of a Previously-Accredited Training Hospital



Preparation by the Training Hospital

Re-accreditation reviews are based on a self-assessment process undertaken by the training hospital as well as telephone interviews with trainees.

Accreditation Self-Assessment

The training hospital is expected to submit its accreditation self-assessment along with all supporting documentation by the date specified at the time of advising an accreditation review is to be undertaken. A copy of the Council's *Accreditation Standards and Procedures* are provided to the training hospital prior to the review to assist with the development of the accreditation self-assessment.

The accreditation self-assessment forms the basis for the review. It describes the training hospital's clinical programme, policies and processes and contains a self-assessment of the training hospital's strengths as well as actions to address any identified weaknesses and future challenges.

Accreditation Team

The Council appoints an accreditation team as recommended by the relevant Committee. Team membership will provide for a blend of assessors from various practices within the profession and be balanced in terms of accreditation experience.

An accreditation team typically comprises two assessors who have the following attributes:

- Experience in clinical management and best practice teaching and learning methods within the practice of anaesthesia
- Senior experience and expertise within the anaesthetic technician scope of practice

The Council Registrar supports each accreditation team through the provision of policy advice and secretarial services.

Accreditation Report

The accreditation team's assessment of the appropriateness and effectiveness of the training hospital's programme and processes are based on the hospital's self-assessment and supporting documentation as well as interviews with trainees. The accreditation self-assessment informs the framework of the Accreditation Team's report.

The report follows the structure of the Council's *Accreditation Standards for Training Hospitals* and includes a summary of the team's views and assessment.

The training hospital is invited to comment on the factual accuracy of the team's draft report prior to it being finalised for presentation to the relevant Council Committee. The Committee reviews the report and then forwards that along with its accreditation recommendation to the Council for the final accreditation decision to be made.

Annual Reports

A critical component of the accreditation process is the Council's ongoing monitoring for each accredited training hospital.

An annual report, including details of any significant changes (planned or unplanned), is required from each training hospital. Suggestions and recommendations as contained in the accreditation report are to be addressed and documented in the annual report.

The annual report is referred to the relevant committee to make a recommendation to the Council (including any concerns about the continuing accreditation status for the education provider).

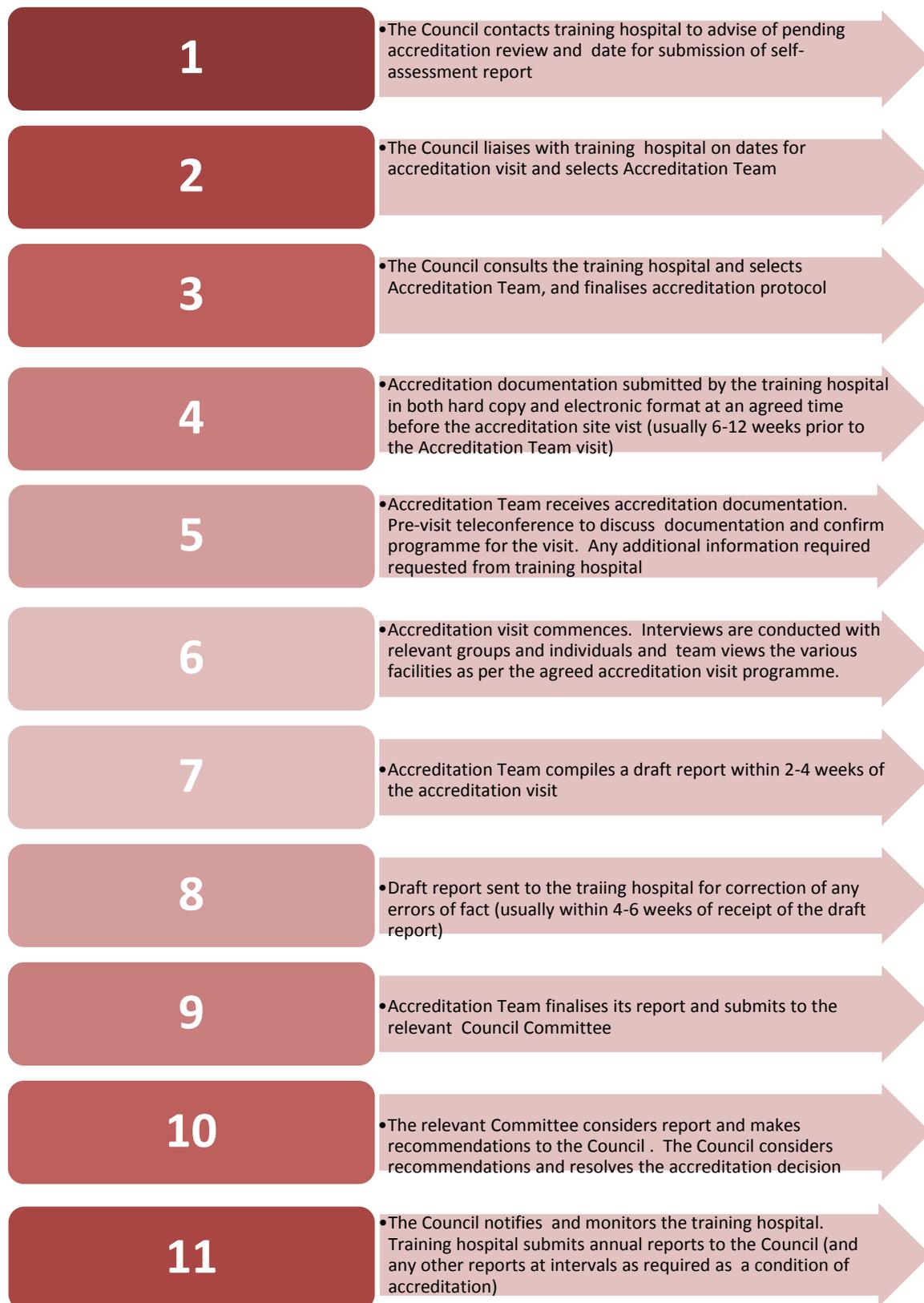
Specific Reports

Specific reports (that are in addition to the annual report) may be required from training hospitals where a shorter period of accreditation has been granted and/or where there are conditions on accreditation. Additional reports may also be requested when information available to the Council indicates there may be matters of concern in respect of the continued accreditation status of a training hospital.

Site Visits of Previously-Accredited Training Hospitals

Accreditation reviews of training hospitals that have previously been accredited by the Council do not typically involve a physical visit to the training hospital. However should significant concerns be identified by the accreditation team at any point during the review process, a recommendation may be made to the Council that continuation of the accreditation process is delayed pending a site visit to the training hospital. The Council will ensure the training hospital is kept fully informed should this situation arise.

Accreditation Assessment of a New Training Hospital



Prior Notification of a Proposed New Training Hospital

New training hospital applicants must advise the Council well in advance of their intention to establish themselves as a training hospital. Notice of a new programme is typically given 6-12 months prior to the intended commencement of the clinical teaching programme. (The Council acknowledges that in some circumstances these timeframes may not be possible).

Training hospitals making public announcements in respect of the proposed new clinical programme (such as promotional material or course information) are to consult with the Council regarding any reference to the Council and the accreditation process.

New programmes are assessed against the same standards as established programmes. Proposals from training hospitals seeking accreditation as a newly approved training hospital are managed through a two-stage process.

Stage One Assessment

A Stage One assessment is undertaken to determine if the training hospital's plans are sufficiently well-developed to proceed with the accreditation process and to establish whether the planned clinical teaching and learning environment is likely to comply with the Council's *Accreditation Standards*. Consequently a Stage One submission is a preliminary version of the Stage Two submission.

The training hospital submits an initial plan of its proposal for the new programme including written assurances² from any relevant authorities, approximately 6-12 months prior to the planned introduction of the clinical programme. Where details have not yet been developed, there should be an indication of how further development is to be undertaken.

The relevant Council Committee then undertakes a Stage One assessment that considers an overview of the clinical programme plans and the resources available to support those.

This Committee may make one of two recommendations:

1. That the planned clinical learning and teaching programme is likely to comply with the Council's *Accreditation Standards* and that the training hospital has demonstrated that the clinical programme can and will be implemented. The relevant Committee recommends to the Council that the training hospital is invited to submit a more detailed accreditation submission.
2. That further development is required before the Council can consider the clinical programme in detail.

² Progression to Stage Two of the assessment process, that is, assessment of the clinical programme plans will not proceed without written assurances that the clinical programme can and will be implemented.

Stage Two Assessment

In its Stage Two submission the training hospital presents further details of the clinical programme and the financial, physical and staff resources available to support trainees in all years of the corresponding academic programme.

The training hospital is to submit Stage Two documentation according to a schedule as agreed with an accreditation team appointed by the Council.

A Stage Two assessment requires an accreditation review (as outlined in Section 4.2 above) including an on-site accreditation visit.

Maximum Period of Accreditation

Accreditation of a new programme can only be granted with conditions for a maximum period of up to two years. This is subject to conditions being addressed within the specified period and submission of satisfactory reports (either annual or as otherwise stated).

Accreditation Visit

The accreditation team's accreditation visit is typically comprised of a series of meetings with selected individual staff and groups that contribute to the delivery of the clinical programme, and anaesthetic technician trainees and recent graduates. An accreditation visit may take one-two days.

The Accreditation Team focuses on two objectives: firstly to validate standards and secondly to review the clinical learning and teaching environment through a process that recognises expertise on both sides and seeks to improve performance through discussion and constructive feedback.

The accreditation team must maintain a proper professional perspective throughout the process so as to deliver objective, unbiased and fair outcomes. Consequently team members limit their interaction with training hospital staff during the period of the accreditation visit to occasions and purposes that are directly related to the visit. The team also allows adequate time throughout the duration of the visit for team discussion, review, writing and planning.

The Registrar liaises with the training hospital on behalf of the accreditation team to advise of groups and individuals the team wishes to meet and the range of facilities it wishes to observe. The training hospital then develops an accreditation visit plan which is agreed by the accreditation team prior to the visit.

Confidentiality of Information

To meet the high standards of its accreditation framework, the Council requires a considerable amount of information from training hospitals, both in accreditation applications and in subsequent written submissions, as well as during site visits (when required). This may include information of a sensitive nature such as staff plans, transparent appraisal of strengths and weaknesses, and commercial-in-confidence material.

The Council requires accreditation team, committee and Council members and secretariat staff to maintain confidentiality in respect of all material received from the training hospital for the accreditation assessment. Such information will only be used for the purpose for which it was obtained in conjunction with the Council's accreditation process.

A final decision on accreditation is only made when the Council has considered the report from the accreditation team and recommendations from the relevant Committee. Consequently the recommendation on accreditation is confidential until the Council has confirmed the status and period of accreditation and any conditions that may apply to that accreditation.

Unsatisfactory Progress

The accreditation process encourages further improvements and developments in the clinical learning and teaching environment being assessed. In addition to identifying the relevant achievements and strengths of the training hospital and the clinical programme, it is expected that the training hospital and the accreditation team will identify areas for improvement. The training hospital reports on its actions in response to the recommendations and accreditation conditions (as applicable) as contained in the accreditation report through the annual reports it submits to the Council.

There may be circumstances where the Council considers, on the basis of annual reports or specific reports submitted by the training hospital, or through other available material/information, that there may be cause to consider:

- The imposition of new or amended conditions on an existing accreditation; or
- A reduction in the current period of accreditation; or
- The revocation of accreditation

The training hospital is to be given an opportunity to respond to any statements of concern.

If required, the Council may establish a small committee to investigate the concerns and prepare a report.

The investigating team may make one of the following recommendations to the Council:

1. The conditions on the accreditation are being met or are likely to be met in the near future. In this circumstance the Council may affirm the accreditation of the training hospital for a specified period subject to satisfactory periodic reports.

2. The conditions on the accreditation are not being met and are unlikely to be met in the near future. In this circumstance, in accordance with the options for accreditation outcomes the Council may:
 - a. Place further conditions on the accreditation. This may include specific actions to be taken or issues to be addressed by the training hospital and/or further restrict the period of accreditation. The training hospital may apply for re-instatement of its full period of accreditation at any time subject to the normal procedures for an accreditation review; or
 - b. Withdraw accreditation if it considers the training hospital is unable to deliver the clinical programme at a standard or in a manner compatible with the Council's *Accreditation Standards*.

Accreditation Fee

Training hospitals of accredited programmes may be required to pay a fee to the Council. An accreditation fee is based on a cost-reimbursement framework, that is, the Council would only invoice for costs actually incurred to undertake an accreditation review.

Further information on accreditation fees is available through the Council's Registrar.

SECTION FIVE: APPENDICES

Appendix 1: Supervisor of Training - Role Responsibilities

The following table outlines the key responsibilities for the Supervisor of Training, a critical staffing resource that all training hospitals are expected to provide.

The Supervisor of Training is a consultant anaesthetist appointed by the Clinical Director of the Anaesthesia Department. Components of this role may be delegated to a registered Anaesthetic Technician who holds a current APC.

| Supervisor of Training |
|--|
| Provides professional role modelling |
| Organises and administers the hospital-based clinical training programme |
| Arranges for the selection of trainees giving consideration to the prerequisites of the academic programme |
| Ensures the hospital has a minimum ratio of 1-registered anaesthetic technician to 1-trainee |
| Monitors the level of clinical supervision to ensure it is appropriate and adequate for each trainee and meets the supervision requirements of the Medical Sciences Council |
| Ensures decisions on supervision requirements are supported by documented clinical audits and assessments of each trainee |
| Provides educational supervision to the trainee |
| Ensures requirements for completion of assessments and competencies in respect of the academic programme requirements are met |
| Monitors the appointment and support framework for Workplace Assessors |
| Organises the hospital-based clinical teaching programme |
| Ensure trainees have regular and ongoing reviews of their training objectives including assessment and skill development |
| Ensures trainees are given time to attend formal academic programmes |
| Ensures trainees have access to recommended texts and the internet to support their learning |
| Arranges coaching for trainees as required to assist with their preparation for examinations |
| Liaises with the education provider of the academic programme to ensure overall programme alignment |
| As required arranges placements for trainees at other hospitals to enable them to gain the required range of clinical experiences |
| Manages the reporting requirements to the Medical Sciences Council and other agencies (e.g. HWNZ) as applicable |

Appendix 2: Workplace Assessors - Role Responsibilities

The council must ensure all practitioners applying to be registered as an anaesthetic technician are competent and fit to practise in that scope of practice.

Prior to undertaking a WBA, practitioners are required to work under direct supervision of a nominated anaesthetic technician who holds a current practising certificate.

The period of supervision will be for a specified period of time at the end of which it is expected that the practitioner will undergo a WBA. A WBA will incur a charge to cover costs.

All training hospitals must have designated and appropriately trained Workplace Assessors to support trainee anaesthetic technicians in the clinical learning environment.

Workplace Assessors assist and provide support to the Supervisor of Training (or delegate) in the assessment of clinical competencies for the Anaesthetic Technology papers within the curriculum of the academic programme for anaesthetic technician trainees.

Appointments to this role are made by the Supervisor of Training (or delegate), the number of appointments dependent on the number of trainees within the training hospital.

Workplace Assessors are required to undertake specialist training as provided by the Auckland University of Technology.

The following table outlines the key responsibilities for Workplace Assessors:

| Workplace Assessor |
|--|
| Assesses trainees competencies as contained within the Anaesthetic Technology I and Anaesthetic Technology II manuals |
| Provides trainees with feedback on their progress |
| Provides technical tutorials at block courses provided by the education provider (Auckland University of Technology) |
| Provide support and feedback to the Supervisor of Training (or delegate) |

Appendix 3: Supervision Requirements for Trainee Anaesthetic Technicians

As Trainee Anaesthetic Technicians are not registered it is important that their care of patients is at all times supervised by a registered Anaesthesia Technician. Training hospitals have a duty to both the public and the trainees and their supervisors that they have a robust system in place to ensure the safety of the public. Trainees must never be put in a situation that compromises patient or trainee well-being.

The differing requirements for Registered Nurses enrolled in the Graduate Certificate of Anaesthetic Technology reflects the previous experience of these nurses in a similar environment AND that this group already hold registration with the Nursing Council and are under the legal obligations required of a registered Health Professional.

Trainee anaesthetic technicians must work under the supervision of a registered anaesthetic technician at all times. Supervision from a registered anaesthetic technician who is off-site is not permissible.

The Council expects registered anaesthetic technicians to provide supervision to trainee anaesthetic technicians within the following framework:

Level 1: Supervision by a Registered Anaesthetic Technician (Direct):

Trainees must be directly supervised by a registered anaesthetic technician at all times.

Transition from Level 1 to Level 2 supervision for Trainee Anaesthetic Technicians enrolled in the Diploma of Applied Science (Anaesthetic Technology)

Mandatory minimum requirements:-

For Trainees who have completed the Auckland University of Technology paper Anaesthesia 1:-

- A pass in the Anaesthesia 1 paper
- A minimum clinical training time of 460 hours
- An “in house” assessment of competency which must include a self-assessment and competent demonstration of the NZATS Level Two and Level Three anaesthetic machine check
- Verbal and written feedback is provided to the Trainee.

For Trainees who have NOT completed the Auckland University of Technology paper Anaesthesia 1:-

- A minimum training time of 920 hours
- An “in house” assessment of competency which must include a self-assessment and competent demonstration of the NZATS Level Two and Level Three anaesthetic machine check.
- Verbal and written feedback is provided to the Trainee.

There must be evidence that the trainee has received formal lectures on

- Infection Prevention and Control
- Health and Safety in the work place
- Principles of anaesthesia (basic drug and equipment information)

Level 2 - Supervision by a Registered Anaesthetic Technician (Indirect):

A registered anaesthetic technician must be available to give immediate practical assistance/advice at any time to trainees who are in an anaesthetising location.

The registered anaesthetic technician must be conversant with the trainee's caseload and experience.

The ratio of trainee to registered anaesthetic technician must not exceed 2:1 on each duty.

Level 3 Supervision:

The registered anaesthetic technician is available in the healthcare facility but is not exclusively available for a specific trainee.

Transition from level 1 to 2 supervision for Registered Nurses enrolled in the Graduate Certificate of Anaesthesia Technology who have relevant previous clinical experience (a minimum of 1 year's recent experience in intensive care, PACU, operating rooms or surgical nursing)

- Determining the transition through all levels of supervision is the responsibility of the accredited training hospital. There is no minimum time period at which the R/N ("trainee AT") may progress to a higher supervision level.
- An "in house" assessment of competency which must include a self-assessment and competent demonstration of the NZATS Level Two and Level Three anaesthetic machine check.
- There must be verbal and written feedback provided to the trainee.

Appendix 4: Clinical Learning Outcomes for Trainees

The accreditation review undertaken by the Council looks at how well the training hospital is meeting the expected clinical learning outcomes for the clinical training programme component of the Diploma of Applied Science (Anaesthetic Technology) education programme.

Trainee anaesthetic technician's work in a supervised capacity to allow them to work with and learn from experienced anaesthetists, anaesthetic technicians, and other health professionals employed within the anaesthesia team and other clinical settings.

The following summarises the core clinical learning outcomes expected for trainee anaesthetic technicians:

| Clinical Learning Outcomes for Trainees |
|---|
| Gain understanding of clinical anaesthetic practice |
| Gain understanding of and recognise the roles and responsibilities of all members of the operating room team |
| Develop communication skills in relation to clinical practice which are appropriate to both the patient and the clinical team |
| Gain understanding and knowledge of good practice in medico-legal and ethical aspects of professional practice and demonstrate application in their daily work |
| Gain understanding of the function, application and care of anaesthetic, ancillary, monitoring, intravenous, investigative and other relevant equipment |
| Gain understanding of the function and application of appropriate sterilisation techniques and methods of disinfection |
| Develop clinical practice that is culturally appropriate |
| Apply relevant clinical policies, procedures and protocols to their anaesthetic technology practice |

Appendix 5: Clinical Learning Experiences for Trainees

The accreditation review will evaluate the training hospital's compliance with recommended professional standards to ensure trainees gain adequate clinical experience across a number of anaesthesia situations including:

Paediatric Anaesthesia:

4-weeks paediatric anaesthesia experience with patients less than 10-years of age. May include infant anaesthesia

Obstetric Anaesthesia:

4-weeks caesarean sections

Acute and Trauma Anaesthesia:

4-weeks

Clinical learning in each of the above sub-specialties of anaesthesia must cover a broad spectrum of experience

Recommended Schedule for Clinical Learning Experiences:

- **No clinical placements in any of the subspecialties to occur before completion of Anaesthetic Technology I - National Assessments**
 - **4-weekly placements in each area of sub-specialties are undertaken in 2-weekly sections**
 - **A 2-weekly sub-specialty placement within the first 18-months of training, ensuring clinical learning aligns with Anaesthesia IV paper**
 - **Second 2-weekly placement preferably in Year 3 but as a minimum no earlier than second semester of Year 2**
 - **All clinical placements of the subspecialties must be completed before the end of Year 3 of the academic programme**
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Appendix 6: References

The development of these accreditation standards and procedures has been informed by similar standards adopted by other health regulation authorities, both within New Zealand and overseas including:

Accreditation Standards for Primary Medical Education Providers and their Program of Study and Graduate Outcome Statements. Australian Medical Council.

Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council. Australian Medical Council (2011).

Accreditation Standards: Education Programmes for Dentists. Australian Dental Council and Dental Council of New Zealand (June 2010).

Accreditation Guidelines and Explanatory Notes. Australian Dental Council and Dental Council of New Zealand (May 2012).

Education Programme Standards for the Registered Nurse Scope of Practice. Nursing Council of New Zealand (July 2010).

Education Programme Standards for the Enrolled Nurse Scope of Practice. Nursing Council of New Zealand (April 2010).

Standards and Procedures for the Accreditation of Qualifications Leading to Registration as a Psychologist in New Zealand. New Zealand Psychologists Board (February 2012).

Standards of Education and Training Guidance. Health and Care Professions Council, United Kingdom (May 2009).