

Medical Sciences Council

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Survey Submission

Completed 14 September 2023

Consultation - Review of the Anaesthetic Technician Scope of Practice

1. The Council proposes to change the title of Anaesthetic Technician to Perioperative Practitioner. Do you agree or disagree with this proposal?

- Agree
- **Disagree**
- Neither agree nor disagree

2. If you disagree with the proposal to change the title to Perioperative Practitioner, do you have a suggestion for what the title could be? Please state below.

This title is very similar to Perioperative Physician and will likely lead to confusion over the roles. This is particularly relevant given the timing of the recent launch of the perioperative medicine diploma by the ANZCA and a strengthening of the Perioperative Physician role in NZ.

In addition, the name is similar to Nurse Practitioner, which suggests additional skills and training beyond the initial training for entry into the profession, i.e. a higher level to attain beyond the entry-level degree.

Having said that, we have struggled to come up with a title that encompasses the scope the new proposal is advocating. Some suggestions include:

- Keep the name as it is – Anaesthetic Technician/technologist
- Operating Department Practitioner – in keeping with the UK name. We acknowledge that some roles are outside of the operating department
- Perioperative Technician
- Perioperative Assistant

3. The Council proposes to broaden the scope of practice to enable practitioners to work in all areas in the perioperative environment and adjuncts including emergency department and interventional radiology. Do you agree with this proposal?

- Agree
- Disagree
- **Neither agree nor disagree**

Please provide feedback if applicable.

We agree that an expanded scope will be a great move for the role and provide avenues for development and advancement, in addition to workforce flexibility. The current scope is quite narrow and limits the utilisation of the skills of those currently in the role, those emerging from the new degree programme and those with international qualifications.

However, we feel there needs to be a bit more detail as to what we are 'agreeing' to.

The revised scope indicates 'Practitioners working in perioperative care and anaesthetic technology may, following appropriate education, insert PICC lines and work in theatre in scrub, circulating and traditional anaesthetic technician roles, as well as pre-operative care and PACU' and a definition of these roles is then provided. That is great.

But then in the revised definition, the list of activities includes activities that appear to fall out of that scope, for example, *Advanced patient monitoring*, and *collection of samples for diagnostic investigation*, with no detail of what these activities involve. Can you please provide more detail and clarity on what these activities involve?

Furthermore, this survey question then asks if we agree that the scope should '*enable practitioners to work in all areas in the perioperative environment and adjuncts including emergency department and interventional radiology*'. What does this mean? Is this indicating a different scope to what is currently done with anaesthetic technicians assisting anaesthetists in these locations? There are no details on what the activities would include in these locations and therefore it is hard to provide an answer to whether we agree or disagree.

In the statement '*A Perioperative practitioner may administer medications in accordance with written or verbal prescriptions made by a suitably qualified medical practitioner or those noted as legal prescribers of medications.*' Can you please clarify if this is any medication or medication related to the provision of sedation?

We feel it is good to remove the administrative burden of 'expanded scope' as long as there are robust processes to ensure a standard of practice is met. If the employer will be responsible for ensuring the competencies for the different roles are achieved, will the council establish these competencies? Is it the employer who is also responsible for establishing 'council-approved' training programmes for education beyond the degree?

A minor grammatical comment. In the Revised Definitions document, in the list following 'A Perioperative Practitioner' you have duplicated 'Anticipates and prepares the equipment, monitoring, and other requirements specific to each anaesthetic procedure' in points 7 and 10.

4. The Council is proposing to include a registration pathway for applicants who do not hold the prescribed qualification, but instead hold a relevant qualification in anaesthesia or perioperative practice (pathway f on page 19 of the consultation document). Do you agree with this proposal?

- **Agree**
- Disagree
- Neither agree nor disagree

If you disagree, please explain why:

We agree with this. However, would like to include comments: This will aid flexibility in recruiting from overseas and utilising the skills these bring (often not utilised to full potential).

Will the exam include a practical component?

It would be prudent to offer provisional registration for those trained overseas initially, similar to NZMC. This allows a longer period of supervision, closer monitoring and support, before offering full registration.

Overseas recruitment and pathways should not be undertaken from the Pacific Islands. This would compromise the significant work being done to build, train and sustain a local anaesthesia workforce to the numbers required to provide safe surgery and anaesthesia for their population.

5. The Council is proposing to require that all newly registered practitioners undergo a period of supervision. Do you agree with this proposal?

- **Agree**
- Disagree
- Neither agree nor disagree

If you disagree, please explain why:

We agree with this. However, would like to include comments: A period of supervision should be required to support new graduates who will not yet have met the clinical hours required to meet ANZCA PS08 (Assistant for anaesthetist). This would also be in line with the nursing and midwifery graduate programmes.

It is also important to know:

- Will the MSC have oversight of supervision requirements and accreditation of employers to ensure this is upheld and meets the requirements of ANZCA PS08?
- What support will be provided for those doing the supervision?

6. Is there anything stated in the consultation document that requires further clarification?

As we have mentioned many times before, a practitioner who is compliant with ANZCA PS08 is essential for us as Anaesthetists.

7. Do you have any further comments?

Please keep us, the New Zealand Society of Anaesthetists involved, we are very keen to be engaged in this process.