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Te Kaunihera Pūtaiao Hauora O Aotearoa

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cc: msscconsultations@medsci.co.nz

**Re: Consultation – AT proposed scope of practice and competence standards
Survey response from the New Zealand Society of Anaesthetists.**

Tēnā koe Dr Calvert

Thank you for the opportunity to contribute to the consultation on the proposed scope of practice and competence standards for anaesthetic technicians in Aotearoa. As a representative body for specialist anaesthetists that work closely with and support anaesthetic technicians in their work environments, the NZSA has a strong interest in the development of a thriving and successful anaesthetic technician workforce across the motu.

Who we are

The New Zealand Society of Anaesthetists (NZSA) is a professional medical society representing over 800 Anaesthetists and Specialist Pain Medicine Physicians (SPMP) in Aotearoa New Zealand. Our members include Specialist and Trainee Anaesthetists and SPMPs in public and private practice. Our key roles are advocacy, facilitating and promoting education, and strengthening networks of anaesthetists nationwide.

Consultation response

As part of our feedback, we wish to acknowledge the significant mahi that has gone into the development of the proposed scope of practice and competence standards. The NZSA supports the efforts to make them more contemporary and reflective of the shift to a graduate programme for trainees, as well as the move to define clear behavioural standards in cultural safety and awareness.

We would like to highlight some of the key points included in our response that represent areas of concern to NZSA, with our recommendations. Our detailed responses to the consultation survey questions 6-19 are included below, for your information.

- **Exclusion of prescribing and/or administering of anaesthesia/sedation:** Unlike the current scope of practice, the proposed scope of practice does not specifically exclude the prescribing and/or administering of agents used for general anaesthesia and/or sedation independently by anaesthetic technicians. This omission creates significant and unnecessary ambiguity. The NZSA recommends this be reinstated to the proposed scope of practice to ensure clarity for all stakeholders.

- **Anaesthetic technicians assisting anaesthetists:** The scope of practice and the competencies do not include specific reference to the role of anaesthetic technicians supporting anaesthetists during the conduct of anaesthesia. This does not align with current practice in hospital settings around the motu and does not align with [ANZCA PS08\(A\) Position statement on the assistant for the anaesthetist 2016](#), which is endorsed by the NZSA. We recommend that explicit reference to assisting anaesthetists be reinstated into the scope of practice and competence standards.
- **Alignment of the competence standards with ANZCA PS08:** In our response to the 2023 MSC consultation re the review of the anaesthetic technician scope of practice, NZSA communicated its view that anaesthetic technician competencies should align with those outlined in ANZCA PS08, linked above. After reviewing the proposed competence standards in this consultation, the NZSA is still of the view that there should be clear reference to, and alignment with, PS08 in the competencies for anaesthetic technicians.

We ask that the Medical Sciences Council (MSC) consider these concerns and how they can be addressed as it reviews the feedback from stakeholders to this important consultation.

Please do not hesitate to get in touch if you have any questions or need any clarification of our survey answers. The NZSA welcomes the opportunity to discuss our response further with you if that would be of benefit.

Ngā mihi



Dr Morgan Edwards
President, New Zealand Society of Anaesthetists

NZSA responses to survey questions (6-19)

Proposed Anaesthetic Technician Scope of Practice

Q6. Does the proposed scope of practice statement accurately reflect the work of an Anaesthetic Technician in Aotearoa New Zealand? (If not, please explain why.)

The proposed scope of practice does not specifically exclude prescribing and/or administering of agents used for general anaesthesia and/or sedation independently by anaesthetic technicians. This omission creates significant and unnecessary ambiguity around what is out of the scope of anaesthetic technicians and creates risk of misinterpretation, which in turns represents a risk to patient safety. It does not reflect current practice nor the current legislative framework for prescribing.

In addition, the proposed scope of practice does not include any specific reference to the role of providing support to the medical anaesthetist during perioperative, interventional or investigative procedures. Our view is that removing specific reference to this role serves to diminish the importance of this aspect of the scope of practice. Taking this further, it could be interpreted from the broad definition of scope that providing specific assistance to anaesthetists is not a part of the role at all.

Again, this does not reflect current practice and expectations in hospital settings around the motu and does not align with [ANZCA PS08\(A\) Position statement on the assistant for the anaesthetist 2016](#), which is endorsed by the NZSA. The position statement is clear that *“the presence of a trained assistant for the anaesthetist during the conduct of anaesthesia is a major contributory factor to safe patient management”*. The NZSA strongly supports this view.

Q7. Do you have any suggested improvements or additions to the scope of practice document?

The NZSA has the following recommendations for improvements to the scope of practice:

- The statement in the current scope of practice that reads: *“Cannot prescribe and/or administer agents used for general anaesthesia and/or sedation independently. Administration of anaesthetic agents can only occur in an assisting role under the direction of a medical anaesthetist or intensive care specialist”* be incorporated back into the proposed scope of practice.
- The scope of practice should also be revised to include specific reference to providing support to the medical anaesthetist or intensive care specialist, alongside the broader team of health professionals engaged in perioperative, interventional and investigative procedures.

Q8. Do you have any further comments?

The NZSA would like to understand how MSC intends to ensure anaesthetic technicians are:

- only practicing within those areas where they have demonstrated competency as set out in the standards?
- adequately skilled to work in each area of the scope?

Proposed Anaesthetic Technician Competence Standards

Q9. Domain One relates to professional practice. Do the criteria outlined under Domain One meet the core competencies and behaviours required? If not, please provide suggestions/changes.

Overall, the NZSA strongly supports the inclusion of competency behaviours that require understanding and respect of tikanga in healthcare and integration of Māori models of health into the work of the anaesthetic technician.

We have the following recommendations to make about competencies and behaviours in Domain One:

- **Competency 1.1:** The NZSA recommends that the proposed behaviour “Adhere to ethical principles to ensure compassionate and just healthcare” be updated to incorporate reference to the MSC Code of Ethics for clarity on the standards required.
- **Competency 1.3:** The NZSA recommends that the proposed wording for this competency be changed to “Practice both autonomously and under supervision where appropriate depending on clinical context”. This is critical given the proposal to remove the current exclusion in the scope of practice re prescribing and/or administering of agents used for general anaesthesia and/or sedation independently.
- **Behaviour 1.3.5:** The NZSA recommends extending the description of the proposed behaviour “Make reasoned decisions to start, continue, modify, or cease treatment - or the use of techniques or procedures - and record the decisions and reasoning appropriately” to include “where clinically appropriate and as prescribed by a medical specialist”.

Q10. Does the title of 'Professional Practice' accurately reflect the Domain One content? If not, please suggest an alternative title.

Yes.

Q11. Domain Two relates to professional relationships. Do the criteria outlined under Domain Two meet the core competencies and behaviours required? If not, please provide suggestions/changes.

The NZSA recognises and supports the increased focus on striving to achieve equitable health outcomes for Māori that is reflected in the proposed behaviours for this domain.

We note that proposed behaviour 2.1.10 is “Communicate in English to the required standard for the profession”, however is it not clear what that standard is and where it is defined. The NZSA recommends that this description is more specific to mitigate the risk of subjectivity when assessing levels of competence.

Q12. Does the title of 'Professional Relationships' accurately reflect the Domain Two content? If not, please suggest an alternative title.

Yes.

Q13. Domain Three relates to safe practice and risk management. Do the criteria outlined under Domain Three meet the core competencies and behaviours required? If not, please provide suggestions/changes.

The NZSA recommends Competency 3.1: “Practise safely within their area of practise and expertise” is amended to make specific reference to the scope of practice, as per the current competence standards.

Q14. Does the title of ‘Safe Practice and Risk Management’ accurately reflect the Domain Three content? If not, please suggest an alternative title.

Yes.

Q15. Domain Four relates to the practice of anaesthetic technology. Do the criteria outlined under Domain Four meet the core competencies and behaviours required? If not, please provide suggestions/changes.

The NZSA has the following comments/ recommendations about competencies and behaviours in Domain Four:

- **Behaviour 4.2.9:** The NZSA recommends the proposed behaviour “Understand abnormal blood physiology, including blood gas analysis and take steps to address this when required” is reworded to include “take steps to address this when required in conjunction with an appropriate medical doctor.”
- **Behaviour 4.2.11:** The NZSA recommends the proposed behaviour “Assess and monitor the patients pain status and administer prescribed pain relief in alignment with applicable policies and guidelines” is reworded to provide clarity that this is appropriate in a setting outside of theatre, e.g. PACU and the anaesthetic technician is not performing these tasks as part of running an anaesthetic or sedation.
- **Behaviour 4.3.1:** The NZSA recommends this behaviour is removed from the competencies as it is out of scope for anaesthetic technicians. Diagnosis is a skill of medical specialists.
- **Competency 4.4:** The NZSA recommends that the competency description, “Adjust practise to emergency situations and perform resuscitative care” is reworded to include “working as part of a team or under appropriate medical supervision”.
- **Behaviour 4.4.2:** The proposed behaviour description is not adequate as it does not specify many of the emergency situations that NZSA believes an anaesthetic technician should be skilled in managing. This includes, but is not limited to, anaphylaxis, airway emergencies, malignant hyperthermia, and major haemorrhage. The NZSA strongly recommends this behaviour is reworded to include the requirements as set out in ANZCA’s PS08 Position Statement.

Q16. Does the title of 'Practice (Knowledge, Skills, and Values)' accurately reflect the Domain Four content? If not, please suggest an alternative title.

The NZSA is supportive of this title for the Domain.

Q17. Do you find the inclusion of the glossary helpful?

Yes, the NZSA agrees that this is a useful addition to the competency standards.

Q18. Are there any definitions in the glossary you think need to be amended?

The NZSA recommends that definition for “Competence” is expanded to include reference to the assessment of competence and the use of standards to measure what is meant by “successfully” or “efficiently”. This aligns with requirements for medical specialists and other health professionals.

Alternatively, the definition of assessment could be included as a separate item in the glossary.

In addition, the NZSA recommends that the definition of “Health care team” be amended to include specific reference to the primary team members with which the anaesthetic technician works, specifically anaesthetist and intensivists.

Q19. Do you have any further comments?

Thank you for the opportunity to contribute to the consultation on the proposed scope of practice and competence standards for anaesthetic technicians in Aotearoa.

The NZSA wish to acknowledge the significant mahi that has gone into the further development of the proposed scope of practice and competence standards, since the consultation in 2023. The NZSA supports the efforts to make them more contemporary and reflective of the shift to a graduate programme for trainees, as well as the move to define clear behavioural standards in cultural safety and awareness.

The NZSA recognises, however, that the shift to the graduate training model means that trainees do not enter the hospital environment with the same level of experience as those trained in the vocational apprenticeship model. This is coupled with the acknowledgement by MSC that the proposed competence standards and related behaviours are reflective of what you would expect to see for an entry-level anaesthetic technician.

The NZSA believes, alongside ANZCA, that MSC should consider advocating for an ‘entry to practice’ programme for graduate anaesthetic technicians, akin to what is in place for graduate nurses, with appropriate levels of supervision and support. This would help ensure that anaesthetic technicians gain the foundational skills needed in anaesthetic technology, supported by medical anaesthetists, allowing them to grow and develop into other roles e.g. PACU and scrub roles.