



**MEDICAL SCIENCES COUNCIL
OF NEW ZEALAND**

TE KAUNIHERA PŪTAIAO HAUORA O AOTEAROA

Anaesthetic technician scope of practice and competence standards consultation:

Summary and response to feedback

Jan 2025

Summary of submissions

We received 114 responses from people to the survey, although not everyone answered all questions. Written submissions from five additional organisations were also provided.

At least one submission was received from each of the following organisations:

- Te Whatu Ora | Health New Zealand
- Public Service Association
- Australian and New Zealand College of Anaesthetists
- Tauranga Hospital
- Perioperative Nurses College
- Perioperative Nurses College and New Zealand Nurses Organisation (joint response)
- College of Nurses Aotearoa and Nurse Practitioners New Zealand (Joint response)
- New Zealand Orthopaedic Association
- New Zealand Society of Anaesthetists
- Royal Australasian College of Surgeons
- New Zealand Nurses Organisation.

Level of agreement with proposed scope and competence standards

Overall, there was an average agreement rate of 84% - that the proposed scope of practice statement accurately reflects the work of an Anaesthetic Technician in Aotearoa New Zealand. Responses were analysed separately between those who identified themselves as anaesthetic technicians and those who did not. This showed all those who did not agree were not anaesthetic technicians.

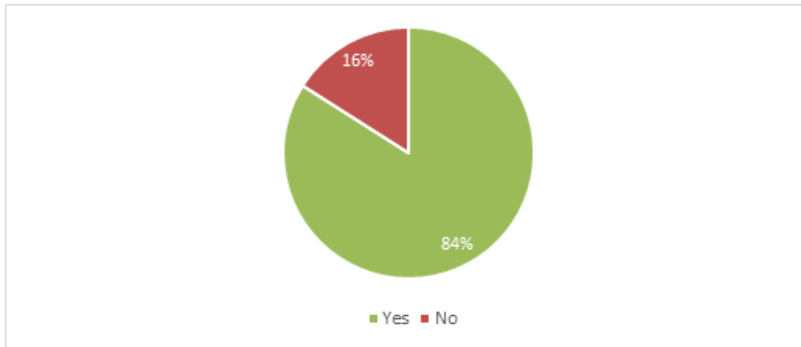


Figure 1 - Agreement rate for proposed Scope of Practice statement accurately reflecting the work of an Anaesthetic Technician in Aotearoa New Zealand.

Questions relating to how the criteria outlined under each domain that described the core competencies and behaviours, displayed similar trends in response to the scope of practice. Most respondents agreed with the description of each domain - those not in agreement being non-anaesthetic technologists - except for a small number of practitioners who disagreed with some aspects of Domain 3 or Domain 4.



Figure 2: Responses to the question “Do the criteria outlined under Domain X meet the core competencies and behaviours required?” across each of the four Domains.

Most respondents agreed that the inclusion of a glossary was helpful.

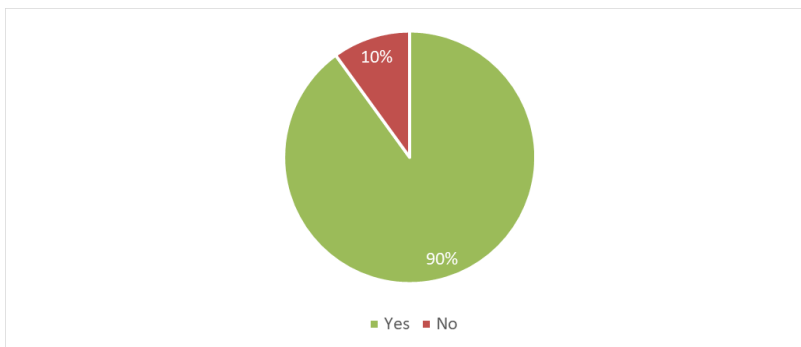


Figure 3: Agreement rate for proposed glossary.

Note: all percentages are given for those who responded to the question. Response rates for each question varied, with some respondents choosing not to respond.

Feedback themes

Although most respondents indicated support for the proposed scope of practice and competence standards, some respondents identified areas of concern.

Concerns that Anaesthetic Technicians should only operate as an assistant to the anaesthetist

Some submissions commented that the role of an anaesthetic technician is to act only as an assistant to the anaesthetist, and not to perform clinical tasks.

Anaesthetic technicians have been registered and regulated as a specific health profession in New Zealand since 2011. As registered health professionals ATs are regulated under the HPCA Act in the same way as other registered health professionals. While they often work as part of a clinical team, they are responsible for their own practice. The scope of practice and competence standards allow flexibility for practitioners to respond to service needs related to perioperative practice where the practitioner has the required competence to provide the service.

Alignment with other standards and guidance

Feedback received indicated a desire to ensure that the standards are in alignment with currently recognised standards and guidance developed by the Australian and New Zealand College of Anaesthetists & Faculty of Pain Medicine. An independent benchmark analysis of the PS08 (A) Position Statement on the assistant for the anaesthetist 2016 (PS08) and the proposed Competence Standards for Anaesthetic Technicians in Aotearoa New Zealand 2024 (Draft CS) was undertaken to note key gaps and differences in the documents. The analysis found that the draft competence standards are aligned with the PS08(A), but in addition they also include a focus on cultural safety, professional responsibilities and ongoing compliance with relevant regulatory frameworks. Some submissions were concerned that the standards did not comply with international standards that may apply to other professions.

The draft standards direct anaesthetic technicians to refer to relevant legislation, national and local policy and standards. In response to feedback the competence standards have been updated to include reference to relevant documents such as the PS08(A) and other information which supports the provision of safe perioperative care, noting that these additional standards are not prescribed under the Health Practitioners Competence Assurance Act.

Concerns about the qualifications of Anaesthetic Technologists

Some respondents questioned the qualifications required of ATs in New Zealand as identified in the Scope of Practice. For New Zealand applicants this is the Bachelor of Health Science in Perioperative Practice provided by Auckland University of Technology. The course is fully accredited to the Medical Sciences Council under the [Accreditation standards for Anaesthetic Technicians](#) and Universities New Zealand [CUAP](#) process. This is monitored for quality assurance on an ongoing basis by both the Medical Sciences Council and the provider. Currently, approximately 36%¹ of anaesthetic technicians received their qualification outside of New Zealand. The standard of qualifications for assessment of international anaesthetic

¹ Data from 1 Oct 2024.

technicians to be registered will be reviewed following the finalisation of the scope of practice and competence standards. Other requirements for registration such as English language requirements remain unchanged.

Misinterpretation of behaviours

Some respondents suggested that some behaviours may be subject to misinterpretation, particularly when read in isolation. For example, behaviours might imply that anaesthetic technicians would be able to diagnose diseases and prescribe medicines.

The Council has updated wording for clarity in response with the changes listed below. The scope of practice and competence standards are complementary and designed to be read in context with other relevant documentation such as Council standards, relevant legislation and workplace policies, standards and processes.

Some submitters also felt that the use of words such as ‘understand’ and ‘use’ in some behaviours was passive rather than active and may be difficult to measure. The wording of all behaviours has been reviewed and changes applied where appropriate.

Roles performed by others and ‘Scope creep’

Some submissions noted concern that the proposed scope includes roles that other professions already perform. Reference was made that the proposed scope would encroach on or displace other roles.

Organisations representing other professions noted the knowledge and skills of anaesthetic technicians is highly focussed on the perioperative patient group but had concerns about the scope. This includes activities such as monitoring deteriorating patients, or participating in resuscitation and emergency situations, that occur in healthcare settings outside the perioperative environment.

The Medical Sciences Council recognises the important role that other health professionals play in the health system and is of the opinion that the professions are complementary in their roles. The Council is of the opinion that it is the role of all health practitioners to work together to meet the needs of the New Zealand population, to support safe and effective care for patients. This is supported by recent research².

The scope of practice aligns with the Ministry of Health’s approach for the health workforce to use the full competence of the workforce through responsive scopes of practice. The Ministry has also stated that services may be provided by practitioners with the appropriate level of competence and skill, instead of by title or workplace.

Health New Zealand has identified a shortage of Anaesthetic Technicians, and this has the potential to impact on the delivery of several of the Government’s Health targets. The scope of practice has been enhanced to allow anaesthetic technicians to meet the needs of the population, particularly where staff may be required to have a wider range of skills, such as in rural areas.

² Webster CS, Coomber T, Liu S, Allen K, Jowsey T. Interprofessional Learning in Multidisciplinary Healthcare Teams Is Associated With Reduced Patient Mortality: A Quantitative Systematic Review and Meta-analysis. *J Patient Saf.* 2024 Jan 1;20(1):57-65. doi: 10.1097/PTS.0000000000001170. Epub 2023 Oct 25. PMID: 37921751.

Exclusion of other professions

Some professional associations and unions felt that they should have been involved in the development of the draft scope and competence standards.

The development and drafting of a scope of practice, or any amendments to a scope of practice, is well within the Council's statutory role and responsibilities. The Council sought input and advice from an Expert Advisory Committee, which included representation of other health professions as part of the development of the proposed draft scope and competence standards. Public consultation of the standards to seek input from relevant stakeholders on the proposed changes, and consideration of the responses occurred before making any decisions to meet the Council's consultation obligations.

In the development of the draft scope and standards, the Council has also considered recent and previous engagement and submissions from practitioners and stakeholders.

Appendix 1

Detailed analysis of changes in response to submissions

Scope of practice

Draft version	Updated version	Reasons
Anaesthetic technology is the provision of perioperative technical management and patient care, both in the perioperative environment and in related areas.	Anaesthetic technology is the provision of perioperative technical management and patient care, both in the perioperative environment and in related areas. Anaesthetic technicians work collaboratively with other health professionals.	Expanded definition to include reference to collaboration with other health professionals.

Competence standards

Draft Version	Updated version	Reason
Addition	<i>Application of the competence standards section:</i> A registered anaesthetic technician may also refer to other relevant standards and guidance such as ANZCA PS08(A) , ANZCA PG51(A) , and other guidance developed by relevant professional associations in ensuring the provision of safe and effective care.	Addition of reference to other relevant documents developed by other professional associations and colleges.
1.1.6 Adhere to ethical principles to ensure compassionate and just healthcare practise.	1.1.6 Adhere to ethical principles to ensure compassionate and just healthcare practise as described in the Medical Sciences Council Te Kaunihera Pūtaiao Hauora O Aotearoa Code of Ethical Conduct.	Response to feedback.
2.1.11 Understand the need to support the communication needs of patients, such as using an interpreter.	2.1.11 Adapt communication styles to the needs of patients, such as using an interpreter.	Response to feedback.

2.2.3 Follow appropriate protocols, procedures, and guidelines to provide relevant, accurate, timely, verbal, and written communication.	2.2.3 Understand and follow appropriate protocols, procedures and guidelines, to provide relevant, accurate, timely, verbal, and written communication.	Response to feedback.
2.2.4 Recognise the strength of health teams in shared and negotiated decision-making, including shared delivery of tasks. Understand and respect all colleagues' experience, beliefs, cultures, and preferences.	2.2.4 Recognise the strength of health teams in shared and negotiated decision-making, including shared delivery of tasks. Respect all colleagues' experience, beliefs, cultures, and preferences.	Response to feedback.
3.1.1 Follow Aotearoa New Zealand legislation and comply with all local operational procedures, policies, and guidelines.	3.1.1 Comply with Aotearoa New Zealand legislation and all local operational procedures, policies, and guidelines.	Response to feedback.
3.1.3 Identify the limits of practise and seek advice or refer to another professional or service.	3.1.3 Identify the limits of your practise and seek advice or refer to another professional or service.	Addition to reflect individual practice limits.
3.1.4 Recognise the importance in managing workload, resources, and wellbeing - safely and effectively - including addressing the emotional challenges that arise from working in a high-pressure environment, including anxiety and stress.	3.1.4 Recognise the importance in managing workload, resources, and wellbeing safely and effectively. This includes addressing the emotional challenges that arise from working in a high-pressure environment, such as anxiety and stress.	Edited for clarity.
3.2.5 Acknowledge the inherent power imbalance within the health professional's practise and commit to ensuring practices are managed responsibly and ethically.	Remove.	More appropriate for this to sit within the code of ethical conduct.
3.5.3 Assess and appraise the quality of practise while recognising the significance of	3.5.3 Assess and appraise the quality of practise. Recognise the significance of actively	Edited for clarity.

actively contributing to generating data for quality assurance programmes.

contributing to generating data for quality assurance programmes.

4.1.1 Understand anatomy, physiology, pathophysiology, and trauma processes sufficiently to assess, respond to, and evaluate body system changes within the scope of anaesthetic technology and across the perioperative continuum.

4.1.1 Demonstrate understanding of anatomy, physiology, pathophysiology, and trauma processes in assessing, evaluating, and responding to body system changes within the scope of anaesthetic technology and across the perioperative continuum.

Rewording in response to feedback.

4.2 Conduct safe, appropriate, and accurate diagnostic or monitoring procedures, treatment, intervention, or other actions.

4.2 Conduct safe, appropriate, and accurate assessment or monitoring procedures, treatment, intervention, or other actions.

Response to feedback-change diagnostic to assessment as diagnosis not included in AT scope.

4.2.10 Understand safe venepuncture techniques, including peripheral intravenous cannulation and peripherally inserted central catheters and perform techniques with appropriate skill and expertise.

4.2.10 Demonstrate understanding of a range of safe venepuncture techniques, including peripheral intravenous cannulation and peripherally inserted central catheters and perform techniques with appropriate skill and expertise.

Response to feedback.

4.3.1 Formulate a diagnosis by undertaking organised and systematic assessment and respond appropriately

4.3.1 Undertake organised and systematic assessments and respond appropriately.

Feedback received that diagnosis, used as a medical term, is not within an anaesthetic technician scope, reformulated to reflect this.

4.3.3 Select and use appropriate assessment tools and methods to facilitate thorough, sensitive, and detailed data collection, adapted to the patient's presentation and practise setting.

4.3.3 Select and use appropriate assessment tools and methods to facilitate accurate data collection adapted to the patient's presentation and practise setting.

Edited in response to feedback.

4.4.6 Manage the patient in cardiac arrest and actively participate with the

4.4.6 Where appropriate, manage the patient in cardiac arrest and actively

Added in qualifier in response to feedback.

management of ongoing resuscitation.

participate with the management of ongoing resuscitation.

NEW

Glossary
Tangata Whenua.

Addition to the glossary for clarification.

NEW

Glossary
Kaupapa Māori.

Addition to the glossary for clarification.