

Frequently Asked Questions (FAQs)

Last updated 11 March 2025

Supervision policy

What has changed?

All Aotearoa New Zealand graduates are required to complete the recertification programme which includes –

- A standard supervision requirement for those new to or returning to practice in Aotearoa New Zealand.
- A requirement for a minimum number of supervision hours.
- A change in the way the supervision requirement is applied.
- Inclusion of information about potential outcomes if the supervision requirements are not met.
- Removal of the trainee anaesthetic technician supervision requirements, as this pathway for entry to the Register no longer exists.

For a full list of requirements please see the [New Graduate Recertification \(Supervision\) policy](#).

What do the recent changes mean for me – who does this recertification programme apply to?

This recertification programme requirement applies to all new graduate anaesthetic technology practitioners - New Zealand graduates registering for the first time.

Practitioners with a current requirement for supervision as a condition on their practice must continue with their supervision requirements in the [2025 AT supervision as a condition policy](#).

What is the difference between supervision and recertification?

Recertification is how the Council ensures registered practitioners are competent and fit to practise (including new graduates). The recertification programme is the mechanism from the Health Practitioners Assurance Act 2003 that the Council uses to require supervision of new graduate anaesthetic technicians. This is applicable to registrants who are entering practice after completion of a New Zealand programme of education.

What are supervision requirements?

Supervision is a formal process of professional support and teaching. It's delivered by a New Zealand registered anaesthetic technician with a current practising certificate – in good standing – and no conditions on their own scope of practice. Supervisors must have sufficient experience of practice in Aotearoa New Zealand to be able to act in the role of supervisor. Education and resources to support the provision of supervision is provided.

Supervision enables the practitioner to build on their knowledge, skills, and professional attributes, and to progressively assume responsibility for their own practice. The requirements for each class of practitioner are listed in their respective policy.

How often should supervisors send progress reports?

We would expect a report at the end of the third and sixth month, unless there are issues of concern, in which case we would expect contact as soon as possible.

What if the supervisor needs to be changed during the supervision?

If the supervisor needs to be changed during supervision (for whatever reason) the supervisor/graduate needs to inform the Council. If the change is temporary, then it should be noted in the report.

Can we have more than one supervisor per trainee?

No. There needs to be one 'named' supervisor who takes responsibility for 'reporting' to the council. While others (ie clinical coach/preceptor) may step into the role (work collaboratively with the practitioner) over the period of supervision, we need to know who the delegated point of contact is.

Once new graduates are deemed safe for most of their clinical work, and are working independently, how do they meet with their supervisor if their shifts aren't compatible?

The Council expects that new graduates are safe practitioners when they enter the register. It may be that they need to be orientated to the practice environment and learn new and additional skills when they start practising. They are not students then, and we need to be mindful of this.

Shift rosters and requirements are the responsibility of the employer and are not something that regulators are usually involved in. We would expect the supervisor and supervisee to plan their meetings to ensure any issues or questions can be addressed and managed. We also expect reporting to occur that reflects these meetings. We understand this is something that is new and different for newly graduated ATs, but many other professions practice this way. The purpose of supervision is to protect the public and to support the new practitioner as they enter their work life.

What if, due to staffing/structure of the department, we need to allocate three new graduates to one supervisor?

For the purposes of meetings and reporting we believe it's important that the supervisor has a limit on the number of people they are supervising. We do understand that there will be other people working alongside the graduate providing some degree of supervision.

As a supervisor, how do I access supervision education modules?

Contact us at msc@medsci.co.nz for instructions to access the online education modules. Other information about being a supervisor is available on our website.

All practitioners providing supervision to new graduates are required to complete this education. We will be contacting those who we know are currently supervising graduates and providing them with access to the education.

Can a person from another profession be a supervisor?

Supervisors must be ATs. While the practitioner will work with the other health professionals, the nominated supervisor must be an Anaesthetic Technician.

Who is responsible for the practice of the person being supervised?

Registered health practitioners are responsible for their own practice, within the level of their competence and experience. The supervisor is responsible for providing support, to ensure the graduate can provide safe services, and for reporting to the Council.