



**MEDICAL SCIENCES COUNCIL  
OF NEW ZEALAND**

TE KAUNIHERA PŪTAIAO HAUORA O AOTEAROA

# **Supervision guidance**

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for Anaesthetic Technicians

January 2025

**Title****Reference No.****Scope**

This document applies to Anaesthetic Technician practitioners who are being supervised and providing supervision.

**Associated policy documents****Document title****Reference No.**

[Policy and Guidelines: Registration](#)

2021May-V3-MSc Registration

Recertification Policy for New Graduate Anaesthetic Technicians

2025-MSc-AT-NG Recert (Supervision)

[Policy and Guidelines: Supervision for Anaesthetic Technicians](#)

2019-Jun-V2-MSc Supervision (AT)

Competence standards for Anaesthetic Technicians

2025-MSc-AT- Competence Standards

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# Supervision guidance for Anaesthetic Technicians

This guidance has been developed to support practitioners in achieving their supervision objectives.

The guidelines aim to:

- confirm the relationship between the core components of competent practice for Anaesthetic Technicians and supervised practice
- provide supervisors, and those being supervised, with information to understand the Council's expectations
- support a consistent approach to supervised practice for Registered Anaesthetic Technicians in Aotearoa New Zealand.

This guide should be viewed in conjunction with the following Policies:

Recertification programme <sup>1</sup> for new graduate Anaesthetic Technicians entering practise in Aotearoa New Zealand

[Policy and Guidelines: Supervision for Anaesthetic Technicians](#)

## Purpose of supervision

Supervision is a formal process of professional support that is required as part of a recertification programme under section 41 of the Health Practitioners Competence Assurance Act. Practitioners with a standard requirement for supervision have been assessed as being qualified and competent to practise as an entry level Anaesthetic Technician.

Supervision of practitioners provides a level of assurance and helps ensure the public continue to receive safe anaesthetic technician services during periods of professional transition.

Supervision is used to enable the practitioner to build on their knowledge, skills, and professional attributes - and to progressively assume responsibility for their own practice. Supervision is not a disciplinary process. It is not seen as overseeing or managerial oversight instigated by the employer.

The desired end state is to move the practitioner from supervision to independent safe practice, therefore progression should be benchmarked against relevant professional and organisational standards.

## The role of the supervisor

The supervisor role involves both challenging and supporting the practitioner, while considering their changing levels of competence, cultural influences, and working situation.

Practitioners under supervision are responsible and accountable for their own practice within the levels of their experience, this differs from supervision of a student on clinical placement.

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<sup>1</sup> A Recertification programme may be applied to a group of practitioners under section 41 of the Health Practitioner Competence Assurance Act.

To aid in understanding their role, supervisors are provided with learning resources by the Council, and training in Supervision is recognised as continuing professional development.

Supervisors should ensure they have the capacity and support of their employer when agreeing to a supervisory role. It is recommended that no more than (two) practitioners of the same type are supervised by a single practitioner at any one time.

## Supervision form and type

Supervision may take several forms, depending on the experience of the practitioner being supervised, the timing within the supervisory period and the level of competence of the practitioner. Close supervision is required in the beginning and decreases over time once the supervisor becomes assured of the ongoing competence of the practitioner.

Supervision may include:

- direct clinical supervision of the practitioner ('Over-the-shoulder')
- working in close proximity to the practitioner (On floor/ Contactable)
- 'shadowing' (following/observing) the supervisor by the practitioner
- one-on-one meetings with the supervisor
- identification of strengths and areas for development

Practitioners may be clinically supervised by other suitable practitioners, but the nominated supervisor retains oversight.

## Supervision and orientation

Practitioners new to a workplace are expected to take part in an orientation process. This is complementary to the supervision process and involves aspects related to the specific workplace and organisational culture.

Orientation processes are generally workplace specific and may be performed by an appropriate member of staff. It may involve clinical sign-off for specific skills and workplace procedures such as emergency procedures, point of care testing etc.

The role of the supervisor is to ensure that the practitioner undergoes an appropriate orientation process and provide profession-specific monitoring and support to address any learning needs or issues that arise.

## Escalation of risk

Where a supervisor is concerned about the progress, fitness to practice, or conduct of the practitioner, the supervisor is required to notify the Council as soon as practicable and seek advice on the next steps.

## Supervision framework

The supervision framework is based on the 2025 standards of competence expected for an anaesthetic technician.

### 1 Professional practice

- Responsible, accountable and ethical practice.
- Legislative compliance.
- Cultural safety.

### 2 Professional relationships

- Effective communication.
- Working relationships.
- Supervisory relationship.

### 3 Safe practice and risk management

- Safe practice.
- Risk assessment and management.
- Privacy.
- Service quality.

### 4 Practice (knowledge, skills and values)

- Clinical reasoning and actions.
- Evidence based practice.
- Professional development and identification of learning needs.

## 1. Professional practice

### Responsible and ethical practice

The supervisor will support the practitioner to:

- understand and accept responsibility for their professional decisions
- be aware of their level of competence and act appropriately, including identifying when support is required
- understand and adhere to the [Code of Ethical Conduct for Medical Science and Anaesthetic Technology Practitioners in Aotearoa New Zealand](#).

### Legislative compliance

The supervisor will support the practitioner to:

- act to protect the health and safety of their patients
- understand and adhere to their overarching responsibilities in respect of Aotearoa New Zealand legislation and regulations. This includes:

- the code of Consumer Rights and the role of the Health and Disability Commissioner
  - the legislative environment – such as Health Practitioner’s Competence Assurance Act 2003, Privacy Act 2020, Medicines Act 1981, Medicines Regulations 1984 etc.
- be familiar with the relevant Medical Sciences Council requirements - including registration and the requirement to hold an annual practising certificate (APC)
  - understand and follow all relevant workplace policies and procedures
  - maintain patient confidentiality
  - practise informed consent
  - the role of health practitioners in supporting equitable health outcomes.

## Cultural safety

The supervisor will support the practitioner to:

- operate in a culturally safe manner, including recognition of Māori as tangata whenua of Aotearoa New Zealand
- be familiar with, and adhere to, the Medical Science Council cultural competence standards
- understand the role of health practitioners in supporting equitable health outcomes.

## 2. Professional relationships

### Effective communication

The supervisor will model and provide support to the practitioner in communicating effectively with patients and whānau.

### Working relationships

The supervisor will model and provide support to the practitioner in developing effective relationships with other health practitioners and staff.

The supervisor will discuss with the practitioner their professional identity as a health practitioner and the implications of this. This includes ensuring the practitioner is aware of Council standards including:

- [Code of Ethical Conduct for Medical Science and Anaesthetic Technology Practitioners in Aotearoa New Zealand.](#)
- [Social media and communication Policy and Guidelines](#)
- [Interdisciplinary Collaboration- A guide for teamwork within and across professions\)](#)

## Supervisory relationship

The supervisor relationship plays a significant role in supporting safe and effective practice. At the beginning of the relationship the supervisor and practitioner should agree on expectations and behaviours, meeting schedules, recording and reporting responsibilities and requirements.

### **3. Safe practice and management of risk**

#### Safe practice

The supervisor has a responsibility to work with the practitioner to take all necessary measures to protect the health and safety of patients and others.

#### Risk assessment and management

The supervisor has a role in identifying any areas of competence the practitioner is not meeting and for addressing these in the first instance. When these cannot be managed or mitigated, the supervisor must notify and seek advice from the Council without delay.

#### Privacy

The supervisor will model effective privacy practices, both in relation to patients and providing supervision.

#### Service quality

The supervisor must ensure they understand the imbalance of power in a supervisory relationship and maintain appropriate professional boundaries with the practitioner being supervised.

### **4. Clinical practice**

#### Clinical reasoning and actions

The supervisor must ensure that the practitioner is provided with sufficient and appropriate exposure to the required range of clinical experiences to demonstrate their competence. This may involve arranging for the practitioner to receive supervision from other health practitioners. Supervisors are required to consider the practitioner's ability to:

- apply their knowledge in a clinical environment
- exercise their clinical judgement when making decisions
- use clinical reasoning and reflective processes to identify implications for their practice
- recognise the limitations of their practice and the need to seek support when required.

#### Evidence based practice

The supervisor must ensure that appropriate evidence is collected and used by the practitioner when making clinical decisions.

#### Professional development and identification of learning needs



The supervisor should support the practitioner to identify learning needs and the use of available tools to develop a plan for professional development.

## Reporting

In agreeing to be a supervisor you are required to report practitioner competence and progress to the Council.

Reports are to be submitted using the Council's reporting format - at the specified interval and/or the completion of the supervision period. A log of supervision meetings is to be included with the report.

Your reports must provide clear and unambiguous commentary on the practitioner's performance, including a recommendation for continuing or lifting the supervision requirement. A copy of each report should be given to the practitioner being supervised. The Council will review the report and decide when to end the supervision period.

You must report any concerns that cannot be addressed by supervision to the Council at any point throughout the supervision period.

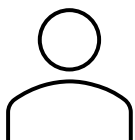
### ***Acknowledgements***

The Medical Sciences Council gratefully acknowledges the [Orientation Induction and Supervision for International Medical Graduates](#) document from the Medical Council in the development of this guidance.

## Sample case study 1



**Chris:** experienced, registered anaesthetic technician.



**Sam:** new graduate anaesthetic technician.

Chris, an experienced anaesthetic technician has agreed to supervise Sam, a new graduate anaesthetic technician.

Together they discuss, and agree, on how the supervision process will work and who will keep the supervision records and supervision log.

Firstly, Chris makes sure that Sam is participating in the workplace orientation programme and is assigned a workload matching agreed learning outcomes appropriate for Sam's level of experience.

Chris will supervise Sam at work until Sam is familiar with the way things operate. They will also discuss the clinical reasons for why decisions are made.

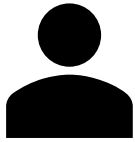
Chris and Sam work together in the clinical environment and meet regularly to ensure agreed requirements are being met and/or adjusted as appropriate. They identify any specific needs or support required and how this will be provided.

As the supervision period progresses the complexity of Sam's workload increases, and Sam will assume more autonomy. Chris, or another suitably qualified person, continues to work alongside Sam - or is immediately available.

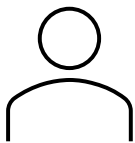
Together they discuss Sam's ongoing professional development, including all the requirements for AT practise in New Zealand (including legislative requirements, continuing professional development, applying for an annual practising certificate and cultural competency).

Chris supports Sam to develop an appropriate work plan for the supervision period. That period will end once Chris is confident that Sam continues to practise safely without supervision. At that point Chris will complete a report for the Council advising that the recertification programme is complete.

## Sample case study 2



**Chris:** experienced, registered anaesthetic technician.



**Dan:** experienced anaesthetic technician newly arrived from Ireland.

Chris is now supervising Dan, a highly experienced Anaesthetic technician from Ireland.

Chris and Dan discuss the supervision arrangement and agree on where/how they will meet, and who will maintain the supervision records and supervision log. They also discuss the Council's education requirements for internationally qualified practitioners.

Chris makes sure that Dan is participating in the workplace orientation programme and supports Dan to complete details about what the role involves. Chris and Dan identify what outcomes are required (during the supervision period), planning appropriate education and support to meet these.

They discuss the structure of the health system in New Zealand and differences from the Irish system, including cultural differences. Chris ensures that Dan understands all the requirements for AT practice in New Zealand, including workplace, professional and legislative requirements (such as continuing professional development, holding an annual practising certificate and cultural competency).

Dan settles quickly into the workplace and New Zealand lifestyle. He is able to demonstrate competent clinical skills in alignment with the Aotearoa New Zealand competence standards. Chris is confident that Dan is now able to practise without supervision. Dan confirms to Chris that he has completed the learning modules required.

Chris completes a supervision report for the Council recommending successful completion of the recertification programme.