



ANZCA
FPM

August 13, 2024

Medical Sciences Council

e mail: Dr Susan Calvert, consultations@medsci.co.nz

Dear Dr Calvert

Copy of web submission on proposed changes to supervision of Anaesthetic Technicians (AT's)

The Australian and New Zealand College of Anaesthetists / Faculty of Pain Medicine (ANZCA) is committed to setting the highest standards of clinical practice in the fields of anaesthesia, perioperative medicine and pain medicine. As one of the largest medical colleges in Australasia, ANZCA is responsible for the postgraduate training programs of anaesthetists and specialist pain medicine physicians, in addition to promoting best practice and ongoing continuous improvement that contributes to a high-quality health system.

The New Zealand Committees of the college would like to provide our own feedback on the proposals however, **given the really short time given for this consultation, only** our New Zealand senior clinical leadership were consulted via e-mail for their views on the very specific questions you have posed. These are presented with the caveat that the question format superficial compared to the complexity and nature of the content.

Answers to the questions posed are shown below: (1-5 are demographics)

6. Do you agree with the proposal for Aotearoa New Zealand graduates to undergo supervision for at least two hours per week for the first six months of practice?

Disagree

Please provide feedback if applicable.

Noting that the Bachelor's supervised hours are different from the 460/960 hours previously undertaken by ATs, the new graduates will have significantly less clinical time and will need a bespoke period of supervision that will likely exceed what is required by the other groups (overseas trained/return to practise etc). The format of supervision is unsuited to the nature of the work of ATs. 2-hour periods are insufficient to observe an AT's breadth of work. Either a practitioner needs supervision to be safe or they don't. Intermittent supervision of the described nature does not provide safe oversight. Pulling back from required supervision should be on demonstration of competence. Competency requirements should be aligned with the [ANZCA Professional Standard PS08](#).

Question Title

7. Do you agree with the proposal for the practitioners listed below to undergo supervision for at least one hour per week for the first six months of practice?

Disagree

Please provide feedback if applicable.

- all internationally educated practitioners registering and beginning practice in Aotearoa New Zealand for the first time – regardless of their pathway to registration
- any other practitioner registering in Aotearoa New Zealand for the first time (e.g., Aotearoa New Zealand educated, but has been practising overseas immediately after completing education without registering here).
- practitioners who have retained registration but are applying for a practising certificate for the first time after more than 3 three years; and
- practitioners who have been restored to the Register under section 145 of the Act.

We agree that all the above require supervision to move into practice.

A single approach is not suitable to address the significantly different groups of practitioners. We do not agree that a blanket number of hours a week supervision is an adequate measure. Demonstration of specific competencies (however long that takes) is safer. Where these have been signed off as competencies achieved during clinical training time, that would be acceptable if the settings, equipment, and protocols were indeed directly comparable.

Internationally trained practitioners (especially) need cultural orientation. In addition, even experienced overseas trained staff need sign-off to work in all locations at specific hospitals. For example, in birthing suites where there can be very institution-specific ways of making up infusions, prepping for C-sections, equipment.....this takes more than an hour to get used to. In radiology, anaesthesia is carried out in many different rooms with many environmental and equipment challenges that the assistants help set up, even though the anaesthetic might seem the same. All need intense orientation to the specific environment even if experienced. Supervision could efficiently interface with hospital orientation and should not be mutually exclusive.

During the entry to work or re-entry to work period the practitioner needs an interim review to assess progress and to proactively remediate any identified areas of concern. The conclusion of the entry to work supervision period requires a more formalised assessment of competency.

Question Title

8. Appendix I intends to outline the requirements of supervision. Are there any topics/activities you think are missing from Appendix I?

Yes

If yes, please describe the missing topics/activities below.

The previous policy specified different levels of supervision requirements, with progression being determined by evidenced competencies. This also allows for gradual pulling back on supervision as experience is gained. Again, graduates of the new degree need more intense supervision than (as previously) an occupationally trained practitioner.

Mandating a requirement for supervisors to be on-site, able to attend physically, and there to be a specified ratio of supervisor to trainee more appropriately protects both the supervised and supervisors.

The experience required to be designated a supervisor should be specified. Our suggestion is that of having been registered for at least 2 years, and/or employment in the range of settings, specifically, wherever supervision is taking place.

Question Title

9. Overall, do you agree with the proposed policy for supervision requirements for Anaesthetic Technicians?

Disagree

The Australia and New Zealand College of Anaesthetists has previously stated our observations that the new graduate qualification does not currently produce technicians adequately work-ready for practice. As such, we would argue that the requirements for supervision should be strengthened, not weakened.

Question Title

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

The guideline lacks sufficient detail in many areas.

For example:

What arrangements are being made to review these new arrangements?

Are there plans to audit supervision completion and employment for this new cadre?

Detailed feedback should be sought during the supervision period from supervisees, supervisors, experienced AT's and other clinicians in the perioperative team. The mechanisms for structured feedback sessions should be clarified – for example, the form and frequency of supervisor reports to the Medical Sciences Council

Question Title

11. Any further comments?

The policy and guidelines are inadequate to reassure the public and other health practitioners that ATs are safe to enter or re-enter the workforce in New Zealand.

*In addition to protecting the public, clinical supervision is a crucial part of integration into collegial, quality controlled, safe, and satisfying careers. A bad experience – feeling out of one’s depth or being found to have made a mistake - can be career ending; and this would be unfair on new graduates. Compare the suggested 2 hours a week supervision with the one-year Nurse Entry to Practice (NETP) first year on the job. New nursing grads have reduced workloads, protected further study time, and on completion of the NETP year, **those who meet the competencies and standards of practice** progress to “competent” level on a Professional Development and Recognition programme.*

We look forward to the outcome of the review. Please contact us if further clarification is required.

Nāku noa, nā



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Chair, New Zealand National Committee



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Australian and New Zealand College of Anaesthetists

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