



ANZCA  
FPM

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Medical Sciences Council

e mail: Dr Susan Calvert, [consultations@medsci.co.nz](mailto:consultations@medsci.co.nz)

Dear Dr Calvert

Copy of web submission on proposed changes to Anaesthetic Technicians (AT's) Scope of Practice and Competency Framework.

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.

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

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

It extends the previous SOP (2021) to enable a wider perioperative role, and practice in a wider range of settings. However, ANZCA prefer the previous over-arching description appropriately describing anaesthetic technicians as “members of an anaesthetic care or operating theatre team, working collaboratively with other health professionals”.

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

As per the previous SOP and Sedation Guide 2021 We would prefer “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” to be *explicitly* reinstated into the new SOP, for avoidance of doubt. The act of administering a drug is an amalgamation of multiple processes that occur separately in most circumstances – that is, prescription, preparation, dispensing and labelling, administration, documentation (PG 51 (A) [Guideline for the safe management and use of medications in anaesthesia 2021](#)), Putting all these processes together in one person at one time makes mistakes more likely as there are not the same checks at each stage of the process. To prescribe there would need to be a legislative change.

Reference to the requirements of [ANZCA PS08, Position Statement on the assistant for the anaesthetist \(2016\)](#) would add detail and clarity. Indeed, the 2021 SOP list of links and references are all still relevant and necessary.

8. Do you have any further comments?

The new format (“*Moving from a prescriptive to a more principle-based model*”) of the competencies is more in keeping with a graduate profession, with a Scope that requires ATs to “*Practise as an autonomous professional, exercising professional judgement*”. The requirement for an uplift in the knowledge and application of culturally safe practice and Māori tikanga is also in step with moves by the Nursing and Medical Councils to increase cultural awareness, competence and culturally safe care, and is to be applauded.

9. 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.

Perhaps the current competency 1.1 (and its sub-behaviours) could be moved to Domain two. Domain One, renamed as Cultural Competence, then exclusively relates to culturally safe, respectful, ethical care. Noting; cultural safety encompasses competence with all communities, especially stigmatised or minority communities.

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

Cultural Competence – See above.

11. 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.

Yes, if 1.1 and sub-behaviours moved, as per above.

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

Yes.

12. 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.

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

Irrespective of the title for the domain, clearer alignment with ANZCA PS08 throughout this Domain is recommended.

14. 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.

4.3.1 "Formulate a diagnosis": Diagnosis, used as a medical term, is not within an AT scope. We suggest either the removal of 4.3.1 entirely, or to re-word it as per:

<b>Competency</b>	<b>4.3</b>	<b><i>Undertake safe, appropriate, and accurate patient assessment in a variety of settings.</i></b>
<b>Behaviours</b>	<b>4.3.1</b>	<i>Undertake organised and systematic assessments and respond appropriately.</i>

[4.3.2 and 4.3.4 are adequate as written].

4.4.2 – Emergencies: As per ANZCA PS08, anaesthesia related emergencies encompass more than cardiac arrest, and might be usefully described in more detail than "a variety of emergencies" as at present. At a minimum, adding "urgent and emergency airway management" would be preferred.

Clearer alignment with PS08 throughout this Domain is recommended.

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

Not sure if Values most appropriately belong in this title, or are more overarching, affecting all four domains?

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

Yes.

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

No

18. Do you have any further comments?

Overall, this is an improvement from where we were a year ago. Retaining the name, and the focus being on anaesthesia assistance is good.

Links to the previous ANZCA Position Statements, and other Guidelines and Recommendations and to the Medicines regulations from the previous version should be re-instated.

The draft SOP and competencies are described as entry level. Given the previously circulated minimal draft supervision standards, it becomes clear that further training, protected training time, expert supervision and experience are all required to progress the new profession to the aspirations described. As per our feedback on the supervision standards, MSC could actively promote a New Anaesthetic Technician Entry To Practice year, a specific NESP, which would further assist the change from an apprenticeship model to a graduate entry model.

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

Nāku noa, nā



Dr Graham Roper  
Chair, New Zealand National Committee



Dr Rachel Dempsey  
Vice Chair, New Zealand National Committee

**Australian and New Zealand College of Anaesthetists**

(For more information, please contact Leonie Walker, Senior Policy Advisor [lwalker@anzca.org.nz](mailto:lwalker@anzca.org.nz) )