



**ANZCA**  
FPM

*Te Whare Tohu o  
Te Hau Whakaora*

23 June 2025

Medical Science Council by email: [mscconsultations@medsci.co.nz](mailto:mscconsultations@medsci.co.nz)

Requirements for internationally qualified anaesthetic technicians beginning to work in New Zealand.

### **About the Australian and New Zealand College of Anaesthetists (ANZCA)**

ANZCA, which includes the Faculty of Pain Medicine and Chapter of Perioperative Medicine, is the leading authority on anaesthesia, pain medicine and perioperative medicine. It is the professional organisation responsible for postgraduate training programs of anaesthetists and specialist pain medicine physicians, and for setting the standards of clinical practice throughout Australia and Aotearoa New Zealand. Our collective membership comprises 10,000 fellows and trainees in anaesthesia and pain medicine, of whom about 1300 work in Aotearoa New Zealand. ANZCA is committed to upholding Te Tiriti o Waitangi in the provision of competent, culturally safe care, and to promoting best practice and ongoing continuous improvement in a high-quality health system.

### **Introduction**

Thank you for the opportunity to provide feedback on the proposed recertification programme for internationally qualified (IQ) anaesthetic technicians (ATs).

ANZCA **supports** the requirement for IQ ATs beginning to work in Aotearoa New Zealand to complete a recertification programme. We welcome the programme's provisions for:

- formal supervision of IQ ATs
- flexibility around supervision in recognition of the diversity of IQ practitioner experience, training, and qualifications
- understanding the cultural and health system context of Aotearoa
- recertification that is cost neutral to the Council and, by implication, New Zealand trained ATs
- accessible online cultural orientation programmes available at no cost to IQ practitioners
- training for supervisors

With respect to the six-month time frame for completion, we suggest that the impact of the government's recent decision to outsource 'straightforward' elective surgery to private hospitals which mostly do not provide training, may be a barrier. It can be difficult to ensure trainees get the range of experience and practise they need to become competent.

We recommend you consider:

- recognising the need for supervision and orientation to different anaesthetising locations
- requiring completion of the free online cultural orientation programmes before arrival/practising in Aotearoa New Zealand.

### **Recertification Programme- introduction to practise in Aotearoa New Zealand**

ANZCA, along with other medical colleges, is concerned that increasing elective surgery in private non-training hospitals may adversely impact our trainees and we assume the same would apply to ATs. This may make it difficult for the recertification programme to be completed within six months.

We strongly support the education requirement relating to the Aotearoa New Zealand:

- health context
- privacy laws
- provision of health services,

and suggest you consider requiring completion of these, particularly the Tiriti o Waitangi component, before beginning to practise.

ANZCA supports the **minimum** period for supervision of one hour per week for six months and agrees that this allows a degree of flexibility in the way it is applied. Some who come in with years of experience in a comparable health service where their training and job description is similar may just need a good orientation, whereas others may need more hours of one-on-one supervision and even further education to fill gaps in skills/knowledge.

Developing individualised plans to meet the specific requirements of the IQ practitioner is a practical and effective way of ensuring public safety and practitioner competence, considering the diversity of this group. We consider one hour per week meeting outside of the clinical practice environment is more than sufficient for this planning.

It will be important to have precise planning in place for the different "levels" of supervision and support that practitioners may need. ANZCA uses a four-level system for its trainees, after observing their practise and discussing what they need support with. We suggest it would also be useful to recognise the need for supervision and orientation to different anaesthetising locations such as radiology, birthing suites, and attending ED calls.

We agree with the requirements for supervisors and welcome the online guidance and training modules provided.

We do not consider it necessary to extend the recertification requirement to ATs returning to work after only three years. Good workplace orientation should be sufficient, and employers must take responsibility for providing this, rather than the Council and practitioners.

We trust that our feedback is useful and once again thank you for the opportunity.

Naku noa, nā



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