

30 September 2024

## **Te Kaunihera Pūtaiao Hauora O Aotearoa | Medical Sciences Council of New Zealand**

### **Anaesthetic Technician Scope of Practice and Competence Standards Review**

Tēnā koē Dr Calvert,

Te Whare Piki Ora o Māhutonga – the Royal Australasian College of Surgeons (RACS) is the leading advocate for surgical standards, professionalism and surgical education in Aotearoa New Zealand and Australia. RACS is a not-for-profit organisation that represents more than 7000 surgeons and 1300 surgical trainees and International Medical Graduates (IMGs) across Aotearoa New Zealand and Australia. Our mission is 'to improve access, equity, quality and delivery of surgical care that meets the needs of our diverse communities. RACS also supports healthcare and surgical education in the Asia-Pacific region and is a substantial funder of surgical research.

RACS is the accredited training provider in nine surgical specialties - Cardiothoracic Surgery, General Surgery, Neurosurgery, Orthopaedic Surgery, Otolaryngology Head and Neck Surgery, Paediatric Surgery, Plastic and Reconstructive Surgery, Urology and Vascular Surgery. Surgeons in these specialties are also required by RACS and Te Kaunihera Rata o Aotearoa Medical Council of Aotearoa (MCNZ), to continue with surgical education and review of their practice throughout their surgical careers.

We welcome the opportunity to contribute to the Anaesthetic Technician (AT) Scope of Practice (SOP) and Competence Standards (CS) Review.

The SOP and CS for ATs are important for RACS as the practice of ATs impacts on operating times and surgical waitlists, thus on patient outcomes.

RACS supports the submission to this review from the Australian and New Zealand College of Anaesthetists / Faculty of Pain Medicine (ANZCA)

Answers to the questions you have posed are shown below (questions 1 to 4 are identifiers).

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

The proposed scope of practice statement is widened to include a greater focus on the perioperative process, however, the role of an anaesthetic technician as an assistant to the anaesthetist has been lost in these changes. The proposed scope of practice implies anaesthetic technicians are practitioners working independently of anaesthetists.

The previous scope of practice articulated the overarching role of an anaesthetic technician as “a member of the anaesthetist care team, working collaboratively with other health professionals.” While RACS embraces the proposed widening of the scope for anaesthetic technicians it is also important to retain the current scope within the expanded scope. An overview of the role is important to be able to clearly and quickly define an anaesthetic technician.



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

RACS suggests aspects of the previous scope of practice should be retained as well as the expansions suggested as above. The currently proposed scope of practice implies that anaesthetic technicians can work independently of anaesthetists and can administer general anaesthetics or sedation to patients.

**7. Do you have any further comments?**

We note the proposed change from a prescriptive model – prescribing or recommending how things should be – to a principle-based model that provides a framework to enable success using principles rather than rules. This is in line with progression in adult education with achievement and development of competencies.

We commend the inclusion of the paragraph Honouring Te Tiriti o Waitangi and the emphasis within the document on cultural safety, competence and awareness.

**8. 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.**

RACS would like to see a reorganisation of the currently proposed Domains One and Two to put clearer focus on cultural competency and patient advocacy. Cultural competency and safety should underpin all Domains.

A clear definition of professional practice would be useful and of Professional Relationships. If Professional Relationships in healthcare usually refer to people working together to achieve a common goal for the patient. In this case. It would make more sense to move Competency 2.1 “Always communicate effectively” with the addition of “with the patient and their whānau” to Domain 1 along with the behaviours 2.1.1/2/3/5/6/8/9/10. Behaviours 2.1.4 and 2.1.7 could remain as behaviours related to professional communication/collaboration.

Under behaviours 1.3.5 “Make reasoned decisions to start, continue, modify, or cease treatment - or the use of techniques or procedures - and record the decisions and reasoning appropriately.” RACS would like to see the addition of:

- For the avoidance of doubt: an AT cannot prescribe and/or administer agents used for general anaesthesia and/or sedation independently...

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

Either Professional Practice or Professional Practice and Relationships – currently the division between these two domains is not clear and there is much overlap.

**10. 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.**

Please see comments above the division between domain 1 and 2 is difficult to follow.

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

See comment above.

**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.**

No comment.

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

"Quality, safety and risk management" more accurately reflects the competencies and behaviours described.

**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.**

This domain also has a lot of overlap with domain 1 with particular emphasis on the term "values". Values doesn't really reflect the competencies and behaviours described in the lists below.

Suggest removing competency 4.6 "professional values" and placing it in Domain 1.

The word "understand" is used a lot – this is not a good descriptor, it is passive, vague and not measurable.

4.3.1 "Formulate a diagnosis" is an unusual goal. In medicine you may expect your trainees to formulate a differential diagnosis.

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

RACS suggestions removing the term values – Knowledge and skills is more reflective of this Domain.

**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?**

Clear definition of each domain would help to clarify which competencies and behaviours should be placed under which domain – currently there is much overlap. Cultural competency and safety should straddle all four domains.

All the competencies and behaviours described should be formulated using Bloom's taxonomy. They should be SMART – specific, measurable, achievable, relevant, and time-bound. Currently the verb “understand” is overused and should be avoided when constructing competencies, as it is passive rather than active, and is not measurable. The word “use” is also vague and not measurable. We recommend that someone with expertise in Medical Education is employed for oversight to the construction of the competencies and behaviours.

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

Nāku iti noa, nā

**Ros Pochin FRACS**

**Chair, Aotearoa New Zealand National Committee**