



15 December 2017

Ms Mary Doyle
CEO/Registrar
Medical Sciences Council
PO Box 11-905
Manners Street
WELLINGTON 6142

Dear

Re: Review of the Anaesthetic Technician Scope of Practice

Thank you for seeking feedback from the New Zealand Society of Anaesthetists (NZSA) on the above consultation.

About the NZSA

The NZSA is a professional medical education society, which represents almost 600 medical anaesthetists in New Zealand. Our members include specialist anaesthetists in public and private practice, and trainee anaesthetists. We facilitate and promote education and research and advocate on behalf of our members, representing and championing their professional interests and the safety of their patients. As an advocacy organisation, we develop submissions on government policy and legislation, work collaboratively with key stakeholders, and foster networks of anaesthetists nationwide. The NZSA, established in 1948, also has strong global connections, and is a Member of the World Federation of Societies of Anaesthesiologists (WFSA).

Overview

The NZSA supports broadening the Anaesthetic Technician scope of practice to produce a more flexible, multiskilled profession, which can better meet the changing needs of the perioperative environment to enhance patient care. Over the years, the role of ATs has evolved beyond the confines of a technical role. We believe it is therefore appropriate to review the scope of practice and to change the title to another that will reflect these changes. We know that some ATs' skills and knowledge are not being utilized to their full potential due to the limits imposed by the current scope definition, while others may be working outside their scope. In respect of AT shortages in some parts of the country, a broader scope could also serve to improve recruitment and retention. However, we do have some concerns about some of the proposed changes and have made some recommendations in our submission.

Proposed name change to 'perioperative practitioner'

The NZSA does not believe that the proposed name change of 'perioperative practitioner' is suitable. We do agree that a name change is necessary, as 'technician' does not adequately reflect their enhanced scope and roles. However, Peri-operative does not fully describe the role, e.g. where they are caring for medical patients in the intensive care or on the ward on medical emergency calls. The word Practitioner may be misleading and cause confusion as

it may be misinterpreted as being a Medical Practitioner, which could convey the impression of a medical scope of practice which encompasses autonomous clinical decisions and the perioperative management of patients. A name change should clearly convey that the role provides assistance and support, as part of a multidisciplinary team, rather than giving the impression that there will be a shift to a more independent level of practice. Some alternative names which could be considered are Clinical Care Assistant, Critical Care Assistant or Perioperative Technician.

Proposed new definition of scope of practice

With respect to the definition of ATs, we are concerned that the revised scope suggests a higher level of independence for the profession in providing patient care. We would not support the role being one of a standalone, independent practitioner when working in the Assistant to the Anaesthetist role (as opposed to scrub or circulating or PACU), which may lead them to pursue a course of action without seeking approval from the anaesthetist, or to pursue a course of action which the anaesthetist would not.

While we support stipulation 1.1, page 9: 'Must include recognition that the final determination of clinical appropriateness is the responsibility of the anaesthetist,' we feel that the overall document is not explicit or clear enough in defining the roles and responsibilities of anaesthetic technicians in relation to decision making, supervision and accountability. The assistant/support role will be strengthened under the proposed changes, but the anaesthetist (or other medical practitioner) will ultimately be responsible for clinical decisions.

We note however that in the PACU and theatre environment ATs would be under the guidance of a charge nurse and/or theatre manager. This needs to be acknowledged in the competence standards.

Competency standards

As stated, we are supportive of a broadened scope. We provide some specific comments below on competence standards.

Domain 1: Professional and Ethical Conduct

1.2.a This must also include knowledge about Pacific peoples and cultures and religion.

Domain 2: Communication and Collaboration

No comment

Domain 3: Evidence-Based Practice and Professional Learning

No comment

Domain 4: Safety of Practice and Risk Management

4.2.a We recommend that this specify the need to be informed about the WHO Surgical Checklist, how and why it is used.

Domain 5: Perioperative (Anaesthetic Technology) Practice

5.1.a We recommend that this include changes to respiratory as well as haemodynamics.

5.6.a We recommend this also include knowledge of wound drains and chest drains.

5.8 We recommend that this include 'MUST know about specific drugs, e.g. induction agents, maintenance agents, opioids, other IV analgesics, muscle relaxants, antibiotics, vasopressors, anticoagulants etc.'

We are interested in 5.8b which states, 'Demonstrates knowledge of safe prescription principles.' Is there a possibility that they could provide sedative agents, as the nurses do, under the direction of a prescriber such as a GI, Dentist, interventional cardiologist etc.? There are instances where this has occurred. In this role they would be acting under the direction of other medical practitioners. If they were involved in extended roles in ICU or ED, then they would be acting under the direction of Intensivists and ED Physicians. In the Assistant to the Anaesthetist role, when dealing with other medical practitioners, if they were directed to give a bolus of drug then this requirement is important, so that they have an idea of safe doses.

Additional comments

- It is imperative that the MSC work with education providers to ensure transitional opportunities are available for ATs who wish to upskill to broaden their practice to perioperative services.
- The Council has advised that if the proposed changes are agreed to, this will be a two to three-year project. We are pleased that MSC has provided assurances that all key stakeholders will be kept informed of progress.
- ANZCA's professional documents which pertain to ATs should be aligned to and referenced in the competence standards framework, particularly PS08 Statement on the Assistant to the Anaesthetist. This should be applied to all assistants to the anaesthetist, whether ATs or nurses.

If you would like further information or have any questions, please email:

president@anaesthesia.nz

Yours sincerely



David Kibblewhite
President