



New Zealand Nurses Organisation

Submission to the Medical Laboratory Science Board

On the

Proposed Registration and Recertification Framework for the profession of Anaesthetic Technology

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ABOUT NZNO

The New Zealand Nurses Organisation (NZNO) is the leading professional and industrial organisation for nurses in Aotearoa New Zealand, representing over 45 000 nurses, midwives, students, kaimahi hauora and health workers on a range of employment-related and professional issues. Te Runanga o Aotearoa comprises our Māori membership is the arm through which our Te Tiriti o Waitangi partnership is articulated.

NZNO provides leadership, research and support for professional excellence in nursing, negotiates collective employment agreements on behalf of its members and collaborates with government and other agencies throughout the health sector. Nurses are the largest group of health professionals comprising half the health workforce.

The NZNO vision is “Freed to care, Proud to nurse”. Our members enhance the health and wellbeing of all people of Aotearoa New Zealand and are united in their professional and industrial aspirations to achieve a safe, sustainable and accessible system of public health care for all New Zealanders.

EXECUTIVE SUMMARY

1. The New Zealand Nurses Organisation (NZNO) supports regulation of the profession of anaesthetic technology under the Health Practitioners Competence Assurance Act, 2003 (HPCAA) and welcomes this opportunity to comment on the proposed registration and recertification framework.
2. NZNO has consulted its members and staff in the preparation of this submission, including Te Runanga, Regional Council and Board members, members of our specialist Colleges and Sections, in particular the College of Perioperative Nurses (CPN), and our professional nursing, industrial, policy, research and legal advisers.

3. NZNO has been a strong advocate for the regulation of anaesthetic technicians (ATs) and we congratulate the Medical Science Laboratory Board, (or, in anticipation the Medical Sciences Council (MSC)) - for progressing this to the point at which it seems imminent.
4. However, as the AT role has emerged from the traditional nursing role, and many nurses are ATs, the consistent lack of nursing representation and consultation in the development of the AT scopes of practice is regrettable. NZNO entirely supports the development of innovative and emerging professional scopes of practice, but they need to be managed safely within established contexts for health education, employment, training etc.
5. Full consultation would have clarified the interface between these two professions and resulted in more appropriate training, education and qualification parameters for ATs, which would assure public safety and minimise cost and administrative barriers.
6. The AT role is within the registered nurse (RN) expanded scope of practice, set by the Nursing Council of New Zealand (NCNZ), and regulation should be aimed at *facilitating* RNs to undertake this role (i.e. gain competency), rather than imposing additional barriers. A dual scope of practice is unnecessary and duplicative for most RNs, and could result in the same problems that emerged over the RN First Surgical Assist role, before it was clarified that it fitted within the new RN expanded scope of practice.
7. More discussion is required to establish pathways for enrolled nurses (ENs) with the recently broadened scope of practice, to undertake AT roles.
8. We strongly recommend discussion with NCNZ and the nursing profession, in particular NZNO and the Chief Nurse, Jane O'Malley.
9. We warmly welcome the transitional arrangements and ongoing certification of RN/EN who work in the AT role, though we believe the timeframe and conditions offered for the interim pathway to AT registration is prohibitively short, and prejudicial to nurses trained in Aotearoa New Zealand.

10. NZNO takes exception to, and very strongly rejects, less stringent requirements for overseas qualified Operating Department Technicians who are neither educated in Aotearoa New Zealand here, nor covered under the HPCAA compared with those for locally trained nurses.
11. In addition to our response to the feedback questions (below) NZNO recommends that the AT scope of practice includes a focus on patient needs, that requirements for professional development are more robustly specified, and that provision be made for transparent auditing and fair appeal processes.
12. Though the Auckland University of Technology (AUT) is currently the only tertiary education provider, that should not exclude other providers from establishing diploma courses. We recommend replacing references to AUT with "authorised tertiary provider".
13. We do not accept the NZ Anaesthetic Technicians Society (NZATS) as an appropriate body to administer the qualifying examinations for a regulated health professional; we believe that this important role is more properly the domain of a tertiary education institute or provider.
14. Though the proposal refers to 'post graduate' qualifications, it must be noted that currently all AT education is at undergraduate level - level 5/6 New Zealand Qualifications Framework (NZQF). NZNO would welcome post graduate education in anaesthesia which is available elsewhere and supports the role of nurse anaesthetists.
15. NZNO recommends at adding Aotearoa to New Zealand, or using both interchangeably, as befits the partnership principles underlying the Treaty of Waitangi and the dual status of Māori and English as national spoken/written languages.

16. Similarly, we recommend accurate typography with Māori words as a mark of both respect and recognition that diacritical marks change both meaning and pronunciation.

17. GOVERNANCE

Please tell us about any comments you have in regard to the Board's governance structure:

NZNO suggests that approval for an increase in the number of members appointed to the MSC is unlikely, in view of the recommendations following the HPCAA Review and Health Workforce New Zealand's (HWNZ) recent proposal to reduce the Council sizes.

NZNO strongly recommends that the Board include at least one New Zealand trained Anesthetic Technician with five years experience to ensure a voice for the profession whose members are working in Aotearoa New Zealand health settings. We would also support Māori representation. Note that both the Medical and Nursing professions have elected representation on their respective regulatory bodies; in the case of Nursing this was a relatively recent development, and, as anticipated, has led to improved communication and collaboration to ensure safe and practical regulation of the profession.

NZNO does not support the New Zealand Anaesthetic Technicians Society (NZATS), administering or being responsible for qualifying examinations for a regulated health profession. NZATS is a representative professional body, not a tertiary education institute; while it currently administers examinations, it does so without the collaboration, consultation and sector input the HPCAA requires of responsible authorities. We also note that the cost of the examination has not been set.

We note that education does not feature in the organisational structure either at board or management level. Approval of education programmes is an explicit function of the responsible authority, and it must be clear that there is capacity for educational governance, and where it lies. For example through a board member, educational committee etc.

Definition of the Profession of Anaesthetic Technology

Please tell us what you think about the proposed definition for the profession of Anaesthetic Technology:

NZNO notes that the definition is not generic since it excludes ATs not working in Aotearoa New Zealand facilities.

We suggest that the tasks are put into the context of what an AT does in Aotearoa New Zealand health facilities.

"Management" on its own is inadequate, and may cause confusion, for example it must be clear that the AT role does not include management or direction of the nursing team. We suggest "Management of the anaesthetic technician team" would be more accurate.

NZNO suggests it may also be useful to clarify that ATs are qualified to an *undergraduate* Diploma/Certificate (level 5-6) in Science.

Scopes of Practice within the Profession of Anaesthetic Technology

What are your thoughts on the proposed scope of practice of an Anaesthetic Technician? (Please describe any amendments you think the Board should consider).

1. Anaesthetic Technician

There is a potential for conflict with the wording around "under the direction of" - there should be no confusion with the lines of responsibility, even in a collaborative environment.

We suggest the addition of "be accountable for his/her own practice" to reflect the level of responsibility expected of a regulated professional.

Similarly we would expect it to be explicit that patient needs are the first priority.

1a Expanded Practice for an Anaesthetic Technician

Expanded roles should be developed as needs dictate and must be supported by appropriate planning for education and assessment.

We note that while the opening statement is specific about other technology, the statements below it are quite open. NZNO supports the responsibility for the technical support of other equipment/technology in the theatre as an advanced activity, but is concerned that this has the potential for movement into the scrub and circulating roles of nurses, particularly in the context of clinical care delivery. Robust consultation and collaboration with the nursing profession, and others, is needed to ensure clarity and national consistency around the implementation of these roles.

The expanded scope of practice should include a *transparent* framework of additional education requirements, clinical practise and interview. I.e. the level, competencies, and assessment processes must be defined. Any decision to approve an applicant as advanced on a "case by case" basis, through employer credentialling, must be grounded in clearly visible criteria against national guidelines. This will ensure the transportability and recognition of the advanced practitioner when the applicant changes employment.

With reference to the footnote to "this will require his/her competence to be assessed by a qualified, competent health practitioner" defining the health practitioner as a registered

medical practitioner, note that a medical practitioner cannot credential nursing practice. This would effectively limit rather than expand AT practice from the PACU/Scrub/Circulating nursing roles. We recommend that the footnote is deleted and additional wording inserted to clarify that assessment must be made by a health practitioner from appropriate discipline or with an appropriate scope of practice; alternatively nursing could be added to the footnote.

The expanded practice looks like a pathway to non-medical anaesthetist, and more clarity is needed as to whether, with expanded practice, a technician may be able to expand into administration of anaesthesia. Indeed, this aspect needs more careful thought to ensure there are viable pathways to leadership in the profession.

Decision Making Framework

We suggest that "or stop the process" be added to the last box on the right hand in the Decision making schematic.

2. Advanced Trainee Technician

NZNO does not support this scope of practice. A trainee should not work unsupervised and/or offsite and, by definition, is not qualified to practise. We note the apprenticeship model of training for this role but this scope is entirely inconsistent with the provisions for public safety inherent in the HPCAA.

The only exception could be where the student is an RN or EN, as they would already be registered under the HPCAA and accountable for their practise.

Qualifications

What are your thoughts and ideas on the proposed qualifications for the purposes of registration in the scope of practice of an Anaesthetic Technician?

The prescribed qualifications should be specific for RN and EN registration.

5-7 (page 26) NZNO is pleased to see transition arrangements being made for nurses, but the six month timeline for registration is prohibitively short, especially for women, who comprise a significant proportion of the workforce, who may be on parental leave or looking after children, or those working overseas. This restriction may lead unnecessarily to a reduced workforce, with negative consequences for patient and services, whereas the intention is to seamlessly transition those who have historically been practising safely to the regulated role.

The 4800 hour requirement is inconsistent with other requirements in the document. We can see no reason for locally trained nurses having higher requirements than the UK registered ATs needing only 3680 hours for instance, or for being more than an AT educator!

We note that the ODP role is broader than the AT role as it stands, (as is the RN scope) but also that it has been developed in a different workforce and health context. Caution

must be exercised when creating a narrower scope for regulated health professionals than for those who are unregulated – i.e. ODP. It is not appropriate, or safe, to make an easier registration pathway for an overseas trained practitioner when there are clear differences in competency and practice requirements and experience.

What are your thoughts and ideas on the proposed qualifications for the purposes of registration in the scope of practice of an Advanced Trainee Anaesthetic Technician?

NZNO does not support the scope of practice for Advanced Trainee, but note that the AUT Diploma and Certificate course are one and the same course. Thus an RN, with an under, and possibly a post graduate degree, sits the same examination as an AT.

Point 2 (page 27) refers to a *Postgraduate Cert in Applied Science*, but this is not a paper that is offered. Anaesthetic training is all at undergraduate level, and is not a degree course. NZNO would be very pleased to see post-graduate education in anaesthesia, as there is a significant need and potential for this level of critical thinking in anaesthesia, particularly for palliative care. Interdisciplinary education is a sound base for collaboration and multidisciplinary team work.

AUT should not be specified as the provider - it is up to the MSC to authorise appropriate education.

Accreditation

Tell us your ideas/thoughts about the accreditation framework for an education provider and a training hospital as proposed by the Board:

We would like to see a more robust expectation for the level of expertise of the accreditation team. For example the practicing ATs may have an undergraduate qualification which is not sufficient for accreditation of tertiary education standards.

The examination process should be accredited, and we do not support it being undertaken by NZATS. We suggest an indicative estimation of examination costs at least should be available to allow budgeting estimates. Similarly the cost of accreditation for DHBs should be explicit.

Accreditation of education provider should be two yearly for six years, then allow for review.

Accreditation of training hospitals should be two yearly for six years, then re-assessed.

Registration Requirements

What are your thoughts and ideas on the proposed registration requirements for the practice of Anaesthetic Technology? (Please describe any amendments you think should be considered by the Board).

The AT role is within the registered nurse (RN) expanded scope of practice, set by the Nursing Council of New Zealand (NCNZ), and regulation should be aimed at *facilitating* RNs to undertake this role (i.e. gain competency), rather than imposing additional barriers. Dual registration would be unnecessary and duplicative for most RNs, and could result in the same problems that emerged over the RN First Surgical Assist role, before it was clarified that it fitted within the new RN expanded scope of practice.

However, for ENs dual registration may be useful, provided it was not accompanied by onerous/duplicative costs and professional development requirements.

NZNO does not support advanced trainee registration, and notes that, for the student who is an RN or EN, it is redundant, since they are already regulated under the HPCAA.

Ongoing professional development requirements need to be explicit and auditable.

Do you have any other comments you want to make in respect of the proposed registration requirements?

Requirements (e.g. experience, qualifications, training, level of expertise etc) for the role of supervisor should be specified, and should certainly include workplace assessment.

Once more we deplore the special consideration given to those with UK qualifications. The total lack of demonstrated commitment to or understanding of the principles of partnership in the Treaty of Waitangi in this document is illustrative of the problems associated with wholesale adoption of overseas models without regard to the circumstances, or health needs of our own country.

Our heavy reliance on overseas trained practitioners makes it particularly important that cultural competence and safety is embedded in all our systems, not simply as an add-on competency, because it affects patient outcomes. Apart from the Trans Tasman Mutual Recognition Arrangement with Australia, applicants from all other countries including the UK must meet Aotearoa New Zealand's criteria.

The one exception NZNO would make would be to eschew having an English language requirement for those trained and qualified in English, which is a pointless barrier. NZNO draws to your attention that foreign, patented International English Language Testing System, (IELTS) which is routinely used to assess communication competence, lacks an evidence base for this purpose and is therefore unsafe; it is a discriminatory and expensive barrier to registration for overseas trained health practitioners. We advise that the New Zealand Qualifications Authority is currently developing national standards for testing English language competency which are likely to be more relevant.

There is an error in the flowchart on page 42 regarding the Overseas Qualification issued outside of the UK, indicating to different pathways to registration, one where there is a requirement to pass the AT examination and another where there is not. This should be clarified.

At the top of the flowchart the middle box "NZ RN/EN with 5 years ..." is a description of a qualification/training, role that is not accurate and is discriminatory for RNs/ENs, since it sets higher requirements for nurses undertaking AT roles for the interim pathway to registration than for ATs.

NZNO does not support off site supervision as it cannot guarantee the safety of either the patient or the trainee, and therefore not safe for either the trainee or the patient. Education for crisis management is introduced at the end of training, and trainees could not be expected to provide support in an emergency. We, and incidentally the Health and Disability Commissioner, believe this high risk situation is what justifies regulation of the profession.

Recertification Requirements

What are your thoughts and ideas on the proposed recertification requirements for the practice of Anaesthetic Technology? (Please describe any amendments you think should be considered by the Board).

Code of Competencies and Standards for the Practice of Anaesthetic Technology

This should include a code of conduct.

It must include explicit reference to Treaty of Waitangi in cultural competence.

Please tell us your thoughts and ideas on the proposed minimum competencies and standards of practice for Anaesthetic Technicians and Advanced Trainee Anaesthetic Technicians:

Standards 1.5 (P 58) Delete When appropriate - informed consent is always necessary.
P 62 and 63 should be deleted, but 2b.6 should be transferred to the registered AT as it is relevant to this group.

An independently provided competency assessment programme is necessary for those returning to work after a period of more than five years out of the profession. While self assessment could be a component of the course, independent verification of competence is still necessary.

Fees

Please tell us your thoughts/ideas on the proposed fees schedule associated with the registration and recertification of Anaesthetic Technicians and Advanced Trainee Anaesthetic Technicians:

The fees seem quite high, which may have implications for the DHB. Without the cost of the examination it is difficult to assess the impact on trainees.

General Comments:

The Board welcomes any general comments you have in respect of the proposed registration and recertification framework for the practice of Anaesthetic Technology (that has not been covered elsewhere in your submission)

Please note the preamble to this document. NZNO supports the regulation of the profession of anaesthetic technology, but is disappointed that consultation and

collaboration with the nursing profession was not sought in the development of the proposed registration and recertification framework. We strongly recommend that this is rectified in the next stage. We would like to record that we believe that immediate registration for ATs and the paperwork that has gone out to support this is discriminatory and does not reflect the principles of the HPCAA.

In general NZNO supports the document, but recommends the addition of:

- an explicit focus on the patient;
- an explicit commitment to the partnership principles implicit in the Treaty of Waitangi;
- transparent auditing process;
- clarity around the undergraduate level of qualification;
- provision for post graduate education in anaesthesia; and
- a fair and robust appeals process.

NZNO does not support:

- a trainee AT scope of practice for other than those who already have an annual practicing certificate in a registered scope of practice;
- lower requirements for registration for overseas trained ATs than nurses trained in Aotearoa New Zealand; or
- a six month initial registration period;

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