

Expanded Practice for Anaesthetic Technicians Consultation

Submission to the Medical Sciences Council of New Zealand

Contact

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About the New Zealand Nurses Organisation

The New Zealand Nurses Organisation is the leading professional and industrial organisation for nurses in Aotearoa New Zealand, representing over 46,000 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 and 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) welcomes the opportunity to comment on expanded practice for anaesthetic technicians (ATs).
2. NZNO has consulted its members and staff in the preparation of this submission, in particular the Perioperative Nurses College (PNC) and professional nursing and policy advisers.
3. We particularly commend the PNC submission to your attention, as this group of nurses has the most extensive experience and knowledge of working with ATs.
4. NZNO supports expanded practice for experienced regulated health practitioners who have received appropriate post-registration education and training.
5. While AT is a newly regulated scope of practice, it is a role which has existed for some time and an expanded scope is an appropriate way of recognising and utilising skills in some circumstances.
6. We endorse the Council's approach of implementing policy and processes consistent with those of other Responsible Authorities (RA).
7. NZNO is, *in principle*, supportive of peripherally inserted central catheters (PICC insertions) as an expanded practice activity for ATs, but recommends some qualifications to the standards outlined.
8. NZNO does not support ATs working in post anaesthetic care units (PACU) because this activity requires a knowledge base and skill-set that is fundamentally and functionally different from that of the AT scope of practice. Working in PACU would introduce new practice, rather than expand, current regulated practice.
9. We are aware that ATs are undertaking both these activities in some settings, and we commend the Council for taking prompt action to regulate practice to ensure public safety.

10. NZNO supports the evaluation framework for decisions on expanded practice activities.

DISCUSSION

11. Historically a nursing task, assisting medical practitioners with anaesthesia has developed into a skilled, technical role with a unique and specific set of skills and knowledge.
12. Before being regulated in Aotearoa, nurses and United Kingdom-trained Operating Department Practitioners (ODP) were the main source of ATs, though the range and depth of education and training between the two differed considerably. Both, however, met the same standards set by the Australasian College of Anaesthetists (PS08).
13. The issues posed by differences in learning and (after the Health Practitioners Competence Assurance Act, 2003) regulation, were articulated clearly and consistently by NZNO over many years in submissions to government, employer and professional agencies.
14. A position statement (NZNO, 2011) was also developed in response to a decision Health Workforce New Zealand to create two pilot sites for the utilisation of overseas-trained Operating Department Practitioners (ODPs), outlined in the August 2010 document *Operating Department Practitioners Scoping Paper*, a bizarre decision, particularly in the light of subsequent regulation of ATs.
15. The statement noted that "...ODP education requires restructure of practice, new education programmes and new staff development programmes which are costly. Currently, health professionals working in the operating room agree that Anaesthetic Technicians working alongside the expanded role of the nurse works well. NZNO questions the expensive creation of a new role in practice and education. ...".
16. In essence, the dual pathways to the AT role in the New Zealand health system, which was substantially different from that of the UK, obscured gaps and differences in learning that risked employers making unsafe assumptions that *all* ATs were adequately trained and qualified to undertake the same range of activities.
17. Thus while it was, and is, appropriate for ATs who as nurses were trained to assess and care for patients holistically to work as autonomous practitioners in PACU, it was not appropriate for all ATs whose learning and skill-mix differed; no doubt there were some areas where the reverse was true.
18. NZNO was a strong advocate for the regulation of ATs and the clarity it would give, to both practitioners and employers, as to where these roles sat in relationship to each other on the workforce continuum.
19. Clearly defined scopes of practice, where there is no room for confusion around blurred boundaries, support the quality, safety, and efficiency of multidisciplinary teams (MDTs).
20. NZNO members believe the training for ATs is very sound and appropriately focused on preparing ATs to assist with anaesthetic technologies and administration.

21. NZNO's position is that the most appropriate workforce for PACU is a skilled and educated nursing workforce.
22. Expanded practice requires additional post-registration training and education for activities relevant and specific to the profession and, we would expect, at a level of education commensurate with the base training.
23. NZNO is opposed to expanded practice activities which introduce new, rather than expanded, practice.

POLICY FOR EXPANDED PRACTICE

24. NZNO supports the policy and processes for expanded practice, which are generally consistent with other RAs.
25. We note, however, that the Nursing Council of New Zealand (NCNZ) includes the following requirements for the registered nurse (RN) expanded scope, and we recommend the same in the AT expanded scope to ensure competency and patient safety:

- **Demonstrates initial and ongoing knowledge and skills for specific expanded practice role/activities through postgraduate education, clinical training and competence assessment.**
- **Participates in the evaluation of the outcomes of expanded practice, e.g. case review, clinical audit, multidisciplinary peer review.**
- **Integrates and evaluates knowledge and resources from different disciplines and health-care teams to effectively meet the health care needs of individuals and groups (New Zealand Nursing Council, 2010).**

PICC INSERTIONS

26. NZNO supports PICC insertions as expanded practice activity for ATs *in principle*; it is a technical activity and we note some ATs have undertaken additional education to prepare themselves for training.
27. We also note that many RNs are qualified to undertake PICC insertions.
28. However, *assessment and care* of patients undergoing PICC insertion needs to remain with the RN or Registrar as that requires comprehensive knowledge and understanding of physiology, pathophysiology, pharmacology, mental health and patient assessment and handover processes, that lie outside AT learning (Diploma of Applied Health Science, level 5).
29. Additional post-graduate education (i.e. level 8) is generally the level required for expanded practice by health practitioners with an autonomous scope of practice. Post-graduate education would not be

necessary for this activity if the standards for expanded practice for PICC insertion required supervision by an appropriate health practitioner, for example an RN with appropriate post graduate education and training trained in PICC insertion, or Registrar. Accordingly, NZNO makes this recommendation.

30. For similar reasons, we suggest that written support from the Nurse Manager as well as the Head of Department anaesthesia should be sought for training in this activity.
31. While NZNO supports *education* in all the areas listed under *Pre insertion training*, we do not support *CXR interpretation* as an appropriate activity for AT expanded practice; we suggest amending *CXR interpretation* to *CXR education*.
32. Confirmation of PICC line placement should also be determined by an appropriately qualified health professional.
33. We have similar concerns with regard to "informed consent", not insofar as the procedure is concerned as ATs should be responsible for consent for their practice, but consent for the overall purpose and care of the patient; the standard needs to be clarified to reflect this difference.
34. We recommend a substantial increase in the number of PICC insertions needed to demonstrate competency. Other technical procedures, for example taking smears, IUD insertion etc. require many more to be taken under supervision to demonstrate safety. The PNC notes that 30 is the accepted international standard.

STANDARDS FOR ATs TO WORK IN PACU

35. NZNO does not support ATs working in PACU in a role taking responsibility for holistic patient care. This area of work requires a broad understanding of patient care and assessment beyond the technical management of airways, administration of drugs etc. of the AT scope of practice.
36. We note that there is *no shortage* of RNs to work in PACU, and that there *is* a shortage of ATs to undertake the core functions of the AT (note the Immigration New Zealand's latest Immediate Skills Shortages List).
37. There is, therefore, no imperative or advantage to introducing either a new cadre of worker to PACU or adding activities to a workforce which is already in short supply.
38. On the contrary, the imperative for post-operative care in modern healthcare environments is to ensure that *holistic* patient care and assessment is not compromised by a shift in to a narrower *technical* focus, or the added risk of confusion between scopes of practice.
39. The primary role of ATs is to assist the anaesthetist who maintains overall responsibility. While MDTs provide integrated care, the skills and knowledge of distinct health professions are not interchangeable.
40. ATs cannot be utilised in the same way as nurses as their skills are different; the effect of this proposal would be to make the environment more complex and put patients at risk.

41. In the United Kingdom, ODP are a regulated workforce but significant issues exist with regard to the role of the ODP and the registered nurse in the theatre setting with a lack of clarity surrounding the respective roles of each health practitioner (Timmins & Tanner, 2004).]
42. The PACU environment is not only focused on recovery from anaesthesia, but also on pain management, monitoring surgical complications (e.g. risk of bleeding, wound management), family and whānau engagement, and handover to the nursing staff in the surgical ward or second stage recovery area for the next phase of the nursing management plan. The oversight and responsibility for these activities are outside the AT scope of practice, and predicated on education and training they do not have.
43. This activity for AT expanded practice would not add value to the health workforce, but would pose real risks to public and practitioner safety.

CONCLUSION

44. In conclusion, NZNO congratulates the Council for this timely document and recommends that you:
 - **note** NZNO supports expanded practice for regulated health practitioners;
 - **note** our support in principle for PICC insertion as an expanded practice activity for ATs;
 - **amend** *CXR interpretation* to *CTX education* and **clarify** what is intended by training around informed consent in the Pre Insertion Training standards for PICC insertion;
 - **note** NZNO supports ATs taking responsibility for the PICC insertion procedure, but not for overall consent for treatment management;
 - **agree** that RN/Registrar supervision is needed for PICC insertion;
 - **agree** to substantially increase the number of PICC insertions to demonstrate competency;
 - **note** that NZNO does not support an expanded activity for ATs to work in PACU.

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REFERENCES

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