



**New Zealand Nurses Organisation
and
Perioperative Nurses College
of the New Zealand Nurses Organisation**

Submission on the

**Regulation of the profession of
Anaesthetic technicians under the
Health Practitioners Competence
Assurance Act 2003, March 2006.**

**To the Ministry of Health
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EXECUTIVE SUMMARY

- 1.0 The New Zealand Nurses Organisation welcomes the opportunity to comment on the “Regulation of the profession of anaesthetic technicians under the Health Practitioners Competence Assurance Act 2003, March 2006” to the Ministry of Health.
- 1.1 The New Zealand Nurses Organisation (NZNO) and Perioperative Nurses College of NZNO (PNC) **support the regulation** of anaesthetic technicians under the Health Practitioners Competence Assurance Act 2003 (HPCA Act).
- 1.2 PNC and NZNO have a representative on the New Zealand Anaesthetic Technicians Society (NZATS) board which recognises the close working relationship of the anaesthetic technicians and nurse in the perioperative setting. This NZNO representative provides the board a nursing perspective.
- 1.3 The NZNO is a Te Tiriti o Waitangi based organisation which represents 39,000 health workers. NZNO is the professional body of nurses and the leading nursing union in Aotearoa New Zealand. Our members include nurses, midwives, students, health care workers and other health professionals. Inclusive in the membership, NZNO has **64 anaesthetic technician members** employed in District Health Boards.
- 1.4 Perioperative Nurses College of NZNO has 680 members working in the perioperative continuum that is vital to ensure continuity of care for patients undergoing surgery - this is the patient's right. It encompasses the three phases of the patient's surgical experience, in which all nurses in the surgical continuum are involved. PNC members' work intersects with the role of the anaesthetic technician and Anaesthetist in the delivery of patient care; however these roles are distinctly different.

RECOMMENDATIONS

2.0 Scope of practice for anaesthetic technicians is changed to define the parameter of practice.

2.1 NZNO and PNC believe that anaesthetic technicians are essential to the safe and efficient delivery of anaesthesia. This is also the opinion of an expert witness of the Health and Disability Commissioner (2006)¹.

2.2 NZNO and PNC believe the scope of practice outlined in the consultation document has potential risks for interpretation by employers to use anaesthetic technicians how they see fit. For example, anaesthetic technicians should not be seen as a replacement for an Anaesthetist. We recommend that anaesthetic technicians work under the **delegation and direction of anaesthetists** (or an anaesthetic registrar)².

2.3 Recruitment and retention issues of anaesthetic technicians that exist in New Zealand need to be addressed, New Zealand Nurses Organisation and PNC believe that the regulation of anaesthetic technicians will improve this problem.

2.4 NZNO and PNC strongly agree with the risks to the public as outlined on pages 14 – 15 of the consultation document. As the Health and Disability Commissioner (2006) outlined, the team effort in the theatre environment is complex and requires diligence to standards of practice from all health practitioners. Anaesthetic technicians would need to ensure their education is appropriately matched to the technical procedures that are in the consultation document.

¹ The role of anaesthetic technicians is outlined in HDC 04hdc11777 case, page 30 <http://www.hdc.org.nz/files/pageopinions/04hdc11777anaesthetist.pdf>

² This anaesthetic registrar would be on a training programme, therefore under the supervision of an Anaesthetist.

2.5 The principle purpose of the HPCA Act 2003 is to protect the public. NZNO and PNC oppose anaesthetic technicians undertaking nursing roles and duties. Registered Nurses are regulated under the HPCA Act and have a specific scope of practice (Appendix one). Patient care and delivery are fundamental cornerstones of nursing education. Anaesthetic technicians should not undertake nursing, and to do so would be working outside the anaesthetic technician scope of practice. The scope should be limited to the work that anaesthetic technicians are trained and competent to do and should not include aspects of care that are the responsibility of other health professionals, such as nurses.

2.6 NZNO and PNC **propose that alternative wording** for the proposed scope of practice for anaesthetic technicians would ensure protection of the public. We propose that anaesthetic technicians would work within a scope of practice that is set by the regulatory authority, not the employer. There is a risk for employers abusing the scope of practice where staffing shortages of health practitioners exist; this may result in harm to the public and the anaesthetic technician. NZNO and PNC strongly advise the Ministry of Health to consider this proposed scope of practice.

Alternative wording for Proposed Scopes of Practice proposed by NZNO:

Anaesthetic Technician Scope of Practice

Registered anaesthetic technicians utilise technical and clinical judgement to provide assistance to the Anaesthetist (or anaesthetic registrar)³ during all aspects of anaesthetic administration. Anaesthetic technicians work under the delegation and direction of Anaesthetists.

Anaesthetic technicians collaborate and work alongside other health professionals during Peri-operative, interventional and investigative procedures to enhance the safe outcome of anaesthetic procedures for the patient.

Anaesthetic technicians may be required to provide anaesthetic support in operating theatres, radiology and MRI units, intensive care units, spinal injuries units, labour wards and emergency departments.

The anaesthetic technician plans and prepares the equipment, monitoring and other requirements specific to each anaesthetic procedure. The technician ensures his/her knowledge on procedural and equipment changes is current and follows evidence based practice.

Anaesthetic technicians are committed to quality improvement and to providing support and teaching to junior colleagues and other staff as required. Anaesthetic technicians work within the limitation of the scope of practice specified by the regulatory authority.

3.0 Assessing competency and ongoing maintenance of Competency

3.1 A framework for assessing competency and on going competency will need to be developed. NZNO and PNC suggests a group is brought together to work on this issue. The make up of this group should include: NZATS, New Zealand Nurses Organisation anaesthetic technician members, NZNO nursing representatives. Consultation on this framework should be wide and meet the workforce needs.

³ This anaesthetic registrar would be on a training programme, therefore under the supervision of an Anaesthetist.

- 3.2 NZNO and PNC support NZATS to use a point system, as for Registered Nurse we suggest all evidence regarding competency has a currency of no longer than three years.
- 3.3 Some anaesthetic technicians are Registered nurses or Enrolled nurses. These practitioners would have to submit evidence to two regulatory authorities and pay two sets of fees. Our members who are midwives and nurses find this a complex and expensive activity. NZNO and PNC wish to propose that if a practitioner needs to submit evidence of competency to two regulatory authorities that a streamlined and practical approach is taken.
- 3.4 Currently, the Nursing Council of New Zealand has no endorsed Nurse Practitioners™ in the area of practice in anaesthetic care. This area could develop in the future. This area of practice would be regulated under the HPCA Act. The role of the anaesthetic technician would be different to that of Nurse Practitioners™ in anaesthetic care or nurses that assist in anaesthetic care. The education requirements and scope of practice and focus of care are dissimilar. An example is how a nurse would undertake the administration of medications, blood products and intravenous fluids would be different from the way an anaesthetic technician would. The registered nurse would be measured against the Nursing Council of New Zealand competencies for registered nurses (appendix one).

4.0 Education – standards and frameworks

- 4.1 Anaesthetic technicians complete a training programme at Auckland University of Technology (AUT) which is fully funded by the Clinical Training Agency (CTA). A major problem facing this training programme is an over subscription of potential candidates than placements available at AUT. To overcome this problem, NZNO and PNC recommend the increase in funding allocated to anaesthetic technician education.

4.2 NZNO and PNC support the NZATS' position that anaesthetic technicians' education is an apprentice-based training scheme (as is done at the present). NZNO and PNC suggest that the NZQA level seven is the standard of education considering their participation in complex anaesthetic care. Scoping of possible training needs should be undertaken by the Clinical Training Agency and the Ministry of Health. This development of an education framework will need consultation with the wider health sector including NZATS, NZNO anaesthetic technicians' members, and NZNO representatives. Consultation on this framework should be wide and meet the workforce needs.

5.0 Setting up a regulatory authority and fees for regulation

5.1 The cost of regulation of anaesthetic technicians and annual practising certificates for anaesthetic technicians needs to be reasonable and not prohibitive. NZNO and PNC require the proposed regulatory authority to take into account the earning capacity of the professional when fees are set.

The New Zealand Nurses Organisation and the Perioperative Nurses College NZNO, thanks the Ministry of Health for the opportunity to present these points.

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Appendix One:

Registered Nurse Scope of practice

Registered Nurses utilise nursing knowledge and complex nursing judgement to assess health needs and provide care, and to advise and support people to manage their health. They practise independently and in collaboration with other health professionals, perform general nursing functions and delegate to and direct Enrolled Nurses and Nurse Assistants. They provide comprehensive nursing assessments to develop, implement, and evaluate an integrated plan of health care, and provide nursing interventions that require substantial scientific and professional knowledge and skills. This occurs in a range of settings in partnership with individuals, families, whanau and communities. Registered Nurses may practise in a variety of clinical contexts depending on their educational preparation and practice experience. Registered Nurses may also use this expertise to manage, teach, evaluate and research nursing practice. There will be conditions placed on the scope of practice of some Registered Nurses according to their qualifications or experience limiting them to a specific area of practice. (*Nursing Council of New Zealand March 2004*)

Enrolled Nurse Scope of practice

Enrolled Nurses practise under the direction of a Registered Nurse or Midwife to implement nursing care for people who have stable and predictable health outcomes in situations that do not call for complex nursing judgement. The responsibilities of Enrolled Nurses include assisting clients with the activities of daily living, recognising the changing needs of clients and performing delegated interventions from the nursing or midwifery care plan. (*Nursing Council of New Zealand March 2004*)

Nurse Practitioners™ Scope of practice

Nurse Practitioners are expert nurses who work within a specific area of practice incorporating advanced knowledge and skills. They practise both independently and in collaboration with other health care professionals to promote health, prevent disease and to diagnose, assess and manage people's health needs. They provide a wide range of assessment and treatment interventions, including differential diagnoses, ordering, conducting and interpreting diagnostic and laboratory tests and administering therapies for the management of potential or actual health needs. They work in partnership with individuals, families, whanau and communities across a range of settings. Nurse Practitioners may choose to prescribe medicines within their specific area of practice. Nurse Practitioners also demonstrate leadership as consultants, educators, managers and researchers and actively participate in professional activities, and in local and national policy development. (*Nursing Council of New Zealand March 2004*)