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Australia

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Dear Ms Zach,

The Australasian Society of Anaesthesia Paramedical Officers (ASAPO) would like to respond to the article **ADVOCATING FOR ANAESTHETIC NURSES** written by VPNG committee member Leanne Mastin published in your summer 2010 newsletter (Snippets)

There are several issues ASAPO wishes to address and correct in this article

**a) Dissemination of knowledge amongst health care professionals:**

Ms. Mastin appears to take offence at the thought that an anaesthetic nurse should participate in the education of another health discipline. In Victoria and other states anaesthetic technicians regularly and actively provide training and in-services for nurses and other occupational groups working in healthcare settings, as do other health care professionals.

The dissemination of information by an expert in the field will only increase patient safety and any professional asked to do so should not feel threatened, but rather honored.

It is due to technological developments that healthcare has become a highly specialised workforce. With worldwide shortages of all professions, various models of care need to be implemented.

Nursing has been proactive in this evolution, as roles, which were previously that of medical practitioners, physiotherapists and scientists, are now undertaken by nurses.

**b) Anaesthetic technician role and education requirements**

To gain employment as an Anaesthetic Technician the person must complete the Diploma of Paramedical Science (Anaesthesia). This is a competency based diploma that also requires students to complete underpinning knowledge units in health science subjects including anatomy, physiology, pathophysiology, microbiology, pharmacology, physics and clinical measurements. Students must achieve 80% pass mark on underpinning knowledge units, unlike some university courses, which only require a 50% pass mark.

This training system not only ensures students gain the appropriate knowledge, but also have the skills to immediately upon graduation, provide clinical and technical support for the patient under anaesthesia, contributing to reducing the ever expanding waiting lists.

Although we greatly value our nursing colleagues in the role of assistant to the anaesthetist, it takes 4 to 5 years of training, with no evidenced based quantifiable value over an Anaesthetic Technician. To employ an Anaesthetic Nurse they must study a minimum of a 3 year Bachelor of Nursing which has many superfluous subjects not relating to anaesthesia and may or may not have a perioperative component and then another 1 to 2 years of anaesthetic specific training to perform the same role and duties of an Anaesthetic Technician, who undergoes 2 to 3 years of specialised anaesthetic training to meet the Australian and New Zealand College of Anaesthetists (ANZCA) guidelines. The shorter more specialised courses anaesthetic technicians undertake provide a quicker and safe cost effective solution to assist with reducing waiting lists.

In 2010, the Queensland Health Statewide Anaesthesia and Perioperative Network developed a set of competencies required for those working in the role of the anaesthetic support worker. The workgroup that drafted the competencies were recruited from medical, nursing and technical disciplines and identified what was the minimum knowledge and skills required to work in the role of anaesthetic support worker. This document has in principle support from ANZCA.

It is unclear why the article infers that anaesthetic technicians want technical roles or how she reached this assumption. The primary role of the anaesthetic technician and/or anaesthetic nurse is to work with the anaesthetist to provide clinical and technical support to the patient under anaesthesia

### **c) Regulation of occupations**

Ms Mastin also highlights the fact that anaesthetic technicians do not require mandatory regulation and that this somehow impacts legally on the nurse, thus creating a negative outcome for the patient.

Firstly the anaesthetic technician works under the direction of the anaesthetist for clinical tasks and autonomously for technical tasks. Line management is usually through the Director of Anaesthesia through to the Medical Director and Chief Executive Officer. Therefore the Anaesthetic Technician is answerable and responsible solely to the anaesthetist and Department of Anaesthesia, not the nurse, and as such is indemnified by the employing health care facility not the nursing board or other nursing organisation. All health care professionals within the perioperative team are accountable for their own actions and regardless of any regulatory requirements, if any team member feels a patient may be harmed due to specific unsafe practice then they have the legal responsibility to act.

Secondly it is naive to think that only regulated professions protect patients from harm. Most health care professions are not regulated (eg Perfusionists, Occupational Therapists). Governments regulate for a variety of reasons. Usually it is to correct a situation where the participants in the market fail to provide what is considered an acceptable human or consumer outcome.

If risk is present, governments will resort to licensing and regulatory controls in order to reduce a perceived or actual public risk. Therefore the public would be relieved to know

that the government has not forced Anaesthetic Technicians to have mandatory regulation, as they must provide a service with acceptable outcomes.

Regulation appears to come mainly from the lobbying efforts of certain industry sectors or occupational groups, with the effect of limiting competition in the market or wanting to appear 'professional.' ASAPO is lobbying the government to regulate the profession mainly to reduce the risk of Anaesthetic Technicians who have been deregistered within their own country gaining employment within Australia. ASAPO has also taken actions to reduce this risk by developing a Voluntary Registration process and encourages employers to ascertain a job seekers registration status prior to employment. The Department of Immigration regularly contacts ASAPO with regards to overseas trained assistants to the anaesthetist requesting immigration or work visas.

#### **d) United Kingdom quality assurance program**

The U.K. case the article refers to, is well documented. Ms. Mastin would do well to take the time to learn how the NHS system works and she obviously missed the purpose of that quality assurance process. Her comments are also misleading and defamatory. Legal advice has been sort regarding disclaimers. Disclaimers on your Snippets magazine have no real legal value, especially when the letter was written by a VPNG committee member.

Research shows that the presence of a trained and qualified anaesthetic assistant may not only reduce incidents but also minimize the severity of the incident. In addition, the "Anaesthetic Technician" referred to in this case would be in fact an Operating Department Practitioner who is regulated by the Health Practitioners Council.

If Ms Mastin took the time to fully study the anaesthetic technician role she would find that in many hospitals anaesthetic technicians actively support the role of the qualified anaesthetic nurse and work collaboratively with them in the peri-operative environment. Anaesthetic technicians since their inception over 36 years ago, have never sought to usurp the role of the anaesthetic nurse, but merely to ensure that with our growing population health facilities have the capability to provide safe and quality clinical services to patients.

Ms Mastin, ASAPO would welcome the opportunity to discuss your concerns with you at your convenience. It could well be that your fears regarding anaesthetic technicians and their education might be allayed. Hopefully ASAPO'S letter of reply will have the same opportunity as Ms Mastin's letter and will be published in the next issue of Snippets.

Yours sincerely

John Byrne  
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