

July 9, 2018

Mr Sam Mason  
Senior Advisor Standards Development  
Standards New Zealand  
PO Box 1473  
Wellington 6140

By email: [Sam.Mason@mbie.govt.nz](mailto:Sam.Mason@mbie.govt.nz)

Dear Mr Mason,

**Re: Draft New Zealand Standard DZ 8156: Ambulance and paramedicine services**

Recently, the New Zealand National Committee of the Australian and New Zealand College of Anaesthetists submitted on the above consultation, and subsequently received a request for clarification from Dr Cameron Rosie, in his capacity as a member of the Standards New Zealand advisory group reviewing the standard. I am pleased to provide further clarification to the advisory group and Standards New Zealand.

As you will know, the Australian and New Zealand College of Anaesthetists (ANZCA) is responsible for training and examining specialist anaesthetists, and for setting the standards of clinical practice in New Zealand and Australia. ANZCA is accredited by the Medical Council of New Zealand to fulfil this role.

In preparing this response to the advisory group's queries, ANZCA's New Zealand National Committee has consulted with key fellows involved in retrieval medicine, and college representatives from across New Zealand and Australia. Below, responses to the queries are outlined.

*1. The role of the New Zealand National Committee*

The role of the New Zealand National Committee in providing feedback on behalf of the Australian and New Zealand College of Anaesthetists was queried. To clarify, ANZCA is a trans-Tasman college, and its New Zealand and Australian arms work together closely. The New Zealand National Committee has a leadership role in providing locally-grounded advice in New Zealand, and responding to consultations from New Zealand bodies. The New Zealand National Committee reports to ANZCA Council, and, as a trans-Tasman organisation, responds to issues in consultation with colleagues in Australia. Further information about the New Zealand National Committee's role, and its terms of reference is available [here](#).

*2. ANZCA's concerns about Appendix B – Domains of Practice – Requirements.*

Further clarification was requested about ANZCA's concerns regarding *Appendix B – Domains of Practice – Requirements*. As raised in our original submission, Appendix B refers to the Australasian Conjoint Committee of Pre-hospital and Retrieval Medicine

"To serve the community by fostering safety and high quality patient care in anaesthesia, perioperative medicine and pain medicine."

(CCPHRM), of which ANZCA is a part, and states that the “Australasian CCPHRM has helped develop the following scopes of practice to ensure consistent standards across Australasia.” This statement is incorrect, as the CCPHRM has yet to meet, and has not developed scopes of practice ratified by the organisations involved in the CCPHRM. Appendix B also states that the CCPHRM is developing an Australasian Diploma in Pre-hospital and Retrieval Medicine that will be available from 2018, and is recognised by the parent bodies, including ANZCA. However, it is ANZCA’s understanding that this is incorrect, that no diploma currently exists, there is significant work yet to be undertaken by the CCPHRM, and a diploma is highly unlikely to be ready in 2018. As such, it is inappropriate for a New Zealand Standard to contain these statements and to suggest that a standard has been developed by CCPHRM and endorsed by the parent bodies.

As the standard outlined in Appendix B has not come from the CCPHRM, ANZCA also queries where the criteria outlined in Appendix B has come from, how it was formulated, and what organisations were involved in establishing the criteria.

*3. Ensuring content regarding scopes of practice in Appendix B is appropriate*

Further detail was requested about why the scopes of practice described in Appendix B may not be appropriate. A number of different medical specialties are involved with pre-hospital and retrieval medicine as part of their normal scope of practice, including anaesthesia, intensive care, and emergency medicine. For anaesthesia, the scope of practice gazetted by the Medical Council under the Health Practitioner’s Competence Assurance Act 2003 specifically refers to retrieval and transportation, and ANZCA’s curriculum includes learning outcomes for retrieval and transportation.

When establishing any minimum eligibility requirements for a pre-hospital and retrieval medicine scope of clinical practice (as is outlined in Appendix B) a rigorous process will need to be followed in collaboration with those medical specialties and training bodies already involved in pre-hospital and retrieval medicine, to make sure the scope of practice is relevant and appropriate for the medical specialists already involved, and the training they already receive in their vocational training programs. We are not aware that the minimum eligibility requirements outlined in Appendix B have undergone such a process, and it is not clear how these eligibility requirements were established.

In Appendix B, the minimum eligibility requirements for a pre-hospital and retrieval medicine scopes of clinical practice include time-based training requirements. ANZCA, and other medical education bodies, are moving away from time-based training requirements and are instead focusing on competency-based training requirements. By including the time-based requirements currently stated in the standard, anaesthesia registrars could be prevented from participating in inter-hospital transfers and retrieval medicine, which is core business for anaesthetists. This would in turn impact service provision for patients, and may also inappropriately decrease the ability of anaesthetists to be involved in inter-hospital transfers and retrieval medicine in future.

*4. The standing of scopes of practice outlined in a New Zealand Standard, compared to those gazetted under legislation by the Medical Council of New Zealand.*

It is also unclear to ANZCA what standing the scopes of practice outlined in Appendix B have in New Zealand’s regulatory environment. Under the Health Practitioners Competence Assurance Act 2003, the Medical Council of New Zealand has the role of defining medical scopes of practice and identifying what aspects of medicine are covered by each scope. The Medical Council also has the role of determining the qualifications doctors must have to be eligible to gain registration in each of these scopes. The Medical Council follows a rigorous process for setting scopes of practice, including consulting with any other medical colleges which may be impacted by a new scope being gazetted, or an existing scope being altered.

5. *Recommendations for Appendix B*

Amending Appendix B to take into account the above concerns per se is unlikely to be adequate to make the content appropriate. Rather, a rigorous, collaborative process with ANZCA, CICM, ACEM and other colleges involved in retrieval medicine would need to be undertaken to develop fit-for-purpose scopes of practice that are endorsed by the relevant colleges and are appropriate for the medical specialties already involved in retrieval medicine as part of their existing scopes of practice. It is possible that the CCPHRM may be a suitable vehicle for this, but the committee would first need to be given time to proceed in its undertakings and have these ratified by the organisations involved. It would also need to be clear about how any 'scope of practice' fitted with medical scopes of practice set by the Medical Council of New Zealand, under the Health Practitioners Competence Assurance Act 2003.

As such, ANZCA recommends that Appendix B is removed from the Standards New Zealand document. Once CCPHRM has produced its guidelines, Standards New Zealand could consider whether its guidelines were suitable to add to the document as an appendix, if necessary.

Thank you once again for your queries, and I trust this response is useful.

Yours sincerely,



Dr Jennifer Woods  
Chair, New Zealand National Committee

Cc: Mr John Illott, CEO, Australian and New Zealand College of Anaesthetists

Mr Phil Hart, CEO, College of Intensive Care Medicine

Dr Peter White, CEO, Australasian College of Emergency Medicine

Dr Cameron Rosie, member of the Standards New Zealand Advisory Group