

NEW ZEALAND ANAESTHETIC TECHNICIANS' SOCIETY

# NZATS in Practice



[HTTP://WWW.NZATS.CO.NZ](http://www.nzats.co.nz)



@NZATSINC

ISSUE 2 - APRIL (PAENGAWHĀWHĀ) 2022

# NZATS in Practice

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# NZATS in Practice

## Chairperson's Message

"There are many directions in life, some good and some bad. What direction you take can rest with many, but sincerity rests with you."

We may be starting to get a glimpse of light at the end of a very long tunnel. The borders are opening, MIQ is disbanding, and do we have some relatively normal living about to descend upon us?

With announcements daily and changes coming in thick and fast, we are all a bit weary and fatigued. Just remember that everyone is in the same boat and under the same or similar conditions, don't forget that being kind goes a long way.

Business as usual has not been the case over the past few months, however NZATS have been working hard behind the scenes, trying to maintain meetings, exams and educational days. These have predominantly been in a virtual space with Zoom or Microsoft Teams. The executive have been working hard to maintain business as usual with work being done around a new look website for the profession and our members. We are looking at introducing a digital CPD platform for members, where members can have a digital log that they can access come CPD audit time. Some small improvements with big gains are the goal of both of these projects. More announcements to follow, so look out for these.

I would like to thank our very special lady in the office, the one that answers all our membership questions, exam questions, and many others. Lynne has been an integral part of the team these past few years and we have appreciated every minute of her time and effort. Lynne is sadly leaving us. We wish Lynne well in her future endeavours. On the other hand I would like to welcome Becs Nodwell, who will be stepping into Lynne's rather big shoes. Welcome aboard Becs and we look forward to working with you.

AUT and NZATS have been working in collaboration, looking to promote Anaesthetic Technicians from both academic and profession-based views. We have been working to design and circulate information to various outlets - a national template that showcases the degree programme, videos of technicians performing tasks and colleagues explaining their roles within the profession. We want to demonstrate what we do, how we do it, and where we do it to New Zealanders. A big thank you to those that participated to make these for the profession.

We will be attending some career expos across the Motu also, showcasing the profession to our school leavers. We believe this provides a great educational opportunity to get information out to our youth. We will work in collaboration with AUT on this venture and I would like to thank AUT for this opportunity.



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# NZATS in Practice

## Chairperson's Message continued...

A special meeting was called early April. All remits were to make sure that NZATS can provide education, host conferences, run meetings, and to look forward to the future.

Three remits were voted on and all passed the vote. So an increase, the first in 20 years or so, in membership fess from \$100 to \$120 will be introduced when current memberships expire at the end of May. Also with the degree programme now up and running, we have created a new position on the board for a student representative, and will allow AUT degree students free membership to NZATS during the course of their study.

Looking towards our future as a profession, we looked at how things are changing and what direction we may be headed. We are entering a new phase with the introduction of the degree programme. We all play a part within the profession, whether degree trained or otherwise, simply showing up day in and day out, doing the best for patients, colleagues and yourself. The simple things do make a difference.

The future of Anaesthetic Technicians is bright, we currently have two expanded scope of practice opportunities and I'm sure more will follow. We have a few things coming up with an education morning focussing on ultrasound, our training and development meeting and the team leaders forum. With restrictions easing a little, I hope to have these in person, with face to face meetings connecting us once more. Also look out for announcements for the conference in Hawke's Bay.

Lastly I would like to congratulate those students who successfully passed the March registration exam. Well done to everyone involved for making this exam run successfully.

*Matt Lawrence*  
NZATS Chairperson

## Mid-Year Training and Development Meeting

Saturday 18th June 2022: 10:00 - 16:00  
Conference Room, Snelgar Building, Waitakere Hospital

Please contact Katrina Walsh via email at [nzatsautliaison@gmail.com](mailto:nzatsautliaison@gmail.com) to register your interest. Please send any questions you have before June 11th (The agenda will be out early next week)

NZATS members - free of charge  
Non NZATS members - \$50

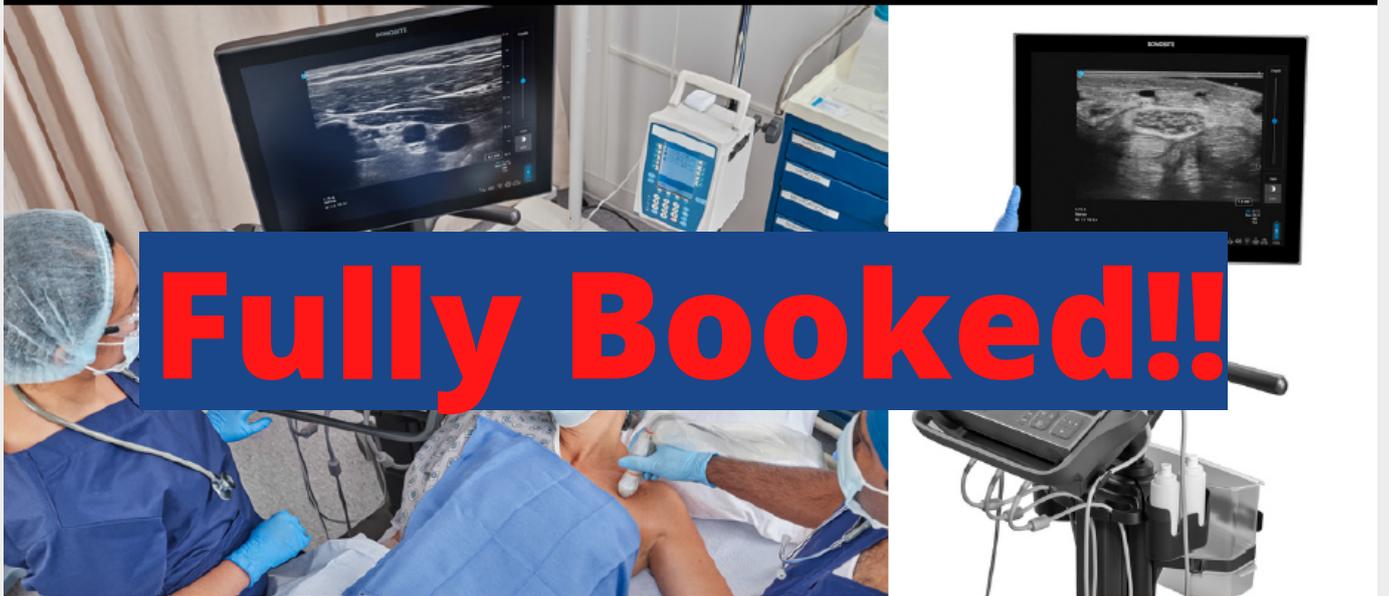
# NZATS in Practice



New Zealand  
**Anaesthetic Technicians'**  
Society

Presents

## Essential POCUS for Techs



Join us for a day of point-of-care ultrasound to update and learn new skills with an emphasis on the practical aspects.

**When:** Saturday 11 June 2022

**Where:** The Cordis Hotel, Auckland

**Time:** 9am - 1pm

**RSVP:** [Matthew.Lawrence@northlanddhb.org.nz](mailto:Matthew.Lawrence@northlanddhb.org.nz)

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# NZATS in Practice

## Did you know? Happenings at NZATS

We are expanding our social media presence!! Look out for us on Twitter and Instagram with the handle **@nzatsinc** Ideas for content welcome.



We are working on creating a webinar and/or podcast series. If you think you can help, have an interesting speaker or have ideas for topics we would love to hear from you - these can be used for continuing professional development when you create and/or listen to them.

Did you know that NZATS has an education fund that any member can apply to access? You can read up about the fund [here](#).



After a recent special meeting, NZATS membership fees for members will be increasing to \$120. This is due to exciting new developments to be provided in the coming months, and the fee has not be increased in approximately 20 years. This will take effect from the new membership year at the beginning of June.



**Rescheduled to 4-5 November 2022!!**

~~8-9 April  
2022~~  
Auckland

### Join us for OASIS22!

Kia ora! Obstetric care has continued unabated throughout this pandemic and in that spirit OASIS22 is pushing on too! This multi-disciplinary meeting aims to explore the latest trends in obstetric anaesthesia and to promote discussion on the current controversies with special focus on delivering world-leading care to our wahine.

Set in the heart of Auckland's Viaduct Harbour, beside the glimmering Waitematā Harbour, the Maritime Room is a wonderful location to reconnect with friends and colleagues in style. We look forward to seeing you there!

[www.oasis-conference.org.nz](http://www.oasis-conference.org.nz)



# NZATS in Practice

## Spotlight On: Auckland DHB

This issue we will focus on Auckland DHB, the next location as we move down the country showcasing our regions and the work Anaesthetic Technicians do. Thank you to all those that contributed and to Katrina Prosser for editing the piece.

Auckland District Health Board is one of the largest DHBs in New Zealand, with 1165 beds and over 12,000 staff. Of those 12,000 staff there is approximately 85 Registered Anaesthetic Technicians and currently 21 Trainee Anaesthetic Technicians. While the immediate catchment area provides care for a population of around 507,000, Auckland DHB also provides some unique national services.



The Perioperative services provided at Auckland DHB are split into five departments, more colloquially known as: Level 4; Level 8; Level 9; Starship; and GSU. Each provides a different and unique service, and as such have their own great things about them.

Level 4 is the Cardiac and ORL theatre suite, and are the national centre for the Heart and Lung Transplantation service. Level 8 are the general and acutes/trauma department, and they provide a national service for Liver and Pancreas transplantation, as well as being one of the regions that carry out Renal transplantation, Vascular surgery and Neurosurgery. Level 9 provide an excellent service to those have Gynaecological and Obstetric surgery and are the regional department for high risk births. GSU is the Greenlane Surgical Unit, and they provide care to the community with day stay surgery, as well as being the regional centre for Ophthalmology. In fact GSU are responsible for carrying out half of all elective surgeries within Auckland DHB. And all of this excludes the work that is performed outside of the operating theatre suites, such as in radiology where Level 8 provide a 24/7 clot retrieval service all Auckland City Hospital perioperative services may provide anaesthetic support for other interventional radiology procedures.

Starship, as you will all be aware, provide an excellent service to our paediatric patients, not only from the Auckland but around the country, with the PICU transport team travelling the length of the country to retrieve unstable children for world quality healthcare. The Starship Foundation help a great deal with ensuring that these precious patients have access to the latest equipment and best resources around.

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# NZATS in Practice

## Spotlight On: Auckland DHB Continued...

But enough about the DHB in general, what about the Anaesthetic Technician teams themselves? With such a large and diverse selection of surgical specialties, the AT teams are just as diverse and unique. Each department have their own dedicated team of ATs who have specialised within the services that they provide. This is not to say that we don't help each other out when needed and able. As such, each unit has their own management structure of Charge Technicians, Educators and Clinical Coaches, with our amazing Professional Lead providing cross-department support to all ATs.

While the departments are relatively separate, the Education team endeavour to provide a joint education session at least once a year to reconnect with those around us. Independently, we arrange training sessions specific for each department and also collaborate with our mutlidisciplinary team colleagues to learn things and share knowledge amongst the entire department, such as hands-on workshops for the theatre nurses with our basic equipment.

So what have we done in the past few years?

With COVID, ATs were heavily involved in developing and upskilling all colleagues with the constant changes in how patients with COVID would be managed in the operating room and indeed throughout their perioperative journey. Through the stress, uncertainty and constant change we had to weather the storm so that we would always provide the best service for our patients. An independent COVID Intubation team was developed so that those placing themselves at highest risk of infection were not around the rest of the team doing the normal day to day work, this meant 12 hours shifts for a period of weeks for the select group of people who volunteered. In the later stages this changed to include both Level 4 and 8 teams, and as at the time of this issue, has been disbanded for the meantime.

More recently, with the pressure being felt across the hospital with staffing hit by COVID, some groups of ATs (primarily the GSU team, so huge shout out to them) found themselves working in unusual situations, such as helping out on the ward and down in ED (all within scope of practice constraints of course). Somewhere new for all of us was the possibility of helping in the Renal Haemodialysis Unit. This was a great adventure outside the hospital to an area where providing life-preserving services takes on a whole new meaning.

Each department have active social activities and close friendships have evolved over time to make each department feel like family. Our teams also love to adventure outside of work - with a good supply of ODPs within the region there is always a group of colleagues going on trips, visiting various areas that this wonderful country offers. There is never a dull moment with the AT team at Auckland DHB.

# NZATS in Practice



New Zealand  
**Anaesthetic Technicians'  
Society**



## **NZATS 2022 “Matters of Change”**



## **SAVE THE DATE**

Please put these dates in your diary



**2-5 November 2022  
Napier Conference Centre  
Marine Parade, Napier**

**SCENIC**  
HOTELS, SUITES &  
RESORTS

**OBEX**

Event Manager:  
Sarah Jonson  
sarah.jonson@obex.co.nz  
www.obex.co.nz

### **Convenors:**

Bev Meads, Hawkes Bay DHB  
Andrew Urquhart, Hawkes Bay DHB

Please circulate to staff, further details and meeting announcements will be sent out once confirmed.

**OBEX • ADVANCING EDUCATION**

# NZATS in Practice



**MEDICAL SCIENCES COUNCIL  
OF NEW ZEALAND**

TE KAUNIHERA PŪTAIAO HAUDRA O AOTEAROA

## **MSC Column Q&A**

In this issue we welcome back the Medical Sciences Council, answering questions to help anaesthetic technicians better understand the Councils' role within our professional registration

### **What does being “registered” mean for anaesthetic technicians?**

The Medical Sciences Council wants to make sure anaesthetic technicians are properly equipped to carry out their jobs safely. It is therefore important to explain that legally (under the HPCA) anaesthetic technicians must be registered with the Medical Sciences Council.

Registration is about ensuring anaesthetic technicians are practising legally and are maintaining the appropriate level of competence by holding a current practising certificate and completing Continuing Professional Development (CPD). Registration and CPD ensure anaesthetic technicians are practising inline with the accepted standard of practice as outlined in the Medical Sciences Council's relevant policies.

For members of the public, there is the assurance that practitioners who are registered and hold a current practising certificate are competent and fit to practise. The public can also be confident that the standards anaesthetic technicians must meet are reviewed regularly and if any concerns arise with a practitioner's practise, there are pathways for resolution.

### **What is the most common question you get asked in your role at MSC, and what is the answer to that question?**

The most common questions are around scopes of practice and registrations e.g., overseas-trained applicants and how they can obtain registration in New Zealand. With scopes of practice, I am normally asked about how any changes might be applied in an actual workplace and to give examples of these.

Overseas-trained anaesthetic technicians who apply for registration are assessed on a case-by-case basis. MSC assesses whether the holder of that qualification meets the registration requirements. The qualification is assessed against a standard set of criteria approved by the MSC.

All applicants apply online and need to provide standard documentation to help MSC determine whether they meet the fitness to practice criteria. This includes providing documentation such as evidence of clinical experience, certified copies of their qualifications, and criminal history checks. MSC takes all information into consideration in determining whether an applicant is eligible for registration.

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# NZATS in Practice

## MSC Column continued...

### What is the role of the MSC Chairperson?

The purpose and responsibility of the Chair is to lead the Council in carrying out its regulatory function under the HPCA. The Chair and other council members provide governance direction and oversight and empower the CEO and Registrar to carry out the operational functions of the MSC e.g., issuing annual practising certificates and assessing registration applications. The Chair is also the first point of contact for any issues that arise pertaining to the regulation of the professions. In addition, the Chair acts as a spokesperson on behalf of the MSC – often as a representative to various professional bodies and the Ministry of Health.

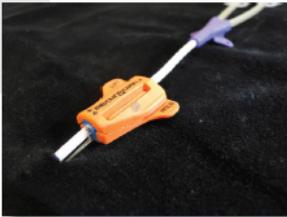
The decision of who is Chair and Deputy Chair of the MSC is the responsibility of the Council as a group and this is conducted annually at the full first meeting of each year through a nomination and voting system.

### How does an AT become a Council member?

Vacancies for positions are advertised through the Ministry of Health's website. The application process follows the standard formal job application process – submitting a CV, completing relevant declarations and interview.

Appointments can be for up to three years at a time and are usually staggered, (it's unusual for a whole Council/Board to be replaced at once) so there are opportunities occurring semi regularly. I would encourage anyone to put their hand up for selection – as different experience and skills brings diversity to the role.

There are sometimes other opportunities to assist the MSC – requests for assistance are typically made through the MSC's website or in the quarterly newsletter. These opportunities provide valuable insight and could help develop your skillset further.

  
  
**SAVE THE DATE**  
Ultrasound Guided PICC Insertion Workshop  
**Saturday 17th September 2022**  
**9.00am - 3.00pm**  
**Obex Conference & Education Centre**  
*Level 3, 109 Carlton Gore Rd, Newmarket, Auckland*  
*To register your interest please email sarah.jonson@obex.co.nz*  
  
**OBEX • ADVANCING EDUCATION**

# NZATS in Practice

## AUT Column

I am delighted to be writing this inaugural column as it is a great opportunity to reflect on the journey that the education programme for Anaesthetic Technicians (ATs) has undertaken in such a short space of time.

2022 marks the first offering of the Bachelor of Health Science in Perioperative Practice. Many of you reading this will appreciate that this has been a long road. The cessation of the outgoing qualification presents exciting new opportunities which may be fulfilled within the Bachelor of Health Science framework. The degree presents an exciting opportunity to:

- elevate the level of education for the AT profession, for the health care benefit of NZs communities.
- increase the accessibility to health care education and career pathways.
- provide parity in the health system with other professions to enable more accessible routes for career growth.
- enable employers to utilise the wider clinical skillset of the graduate and increase their ability to provide services.
- provide greater cross credit for similar health professions wishing to re-train, enabling more efficient routes to practice as an AT.
- increase graduating numbers to meet the increasing demands on perioperative services.

To enable these outcomes there are several changes to the education model. The employment barrier to training positions which has limited graduating numbers will be removed. Students will enrol directly with the university.

At AUT, the BHSc programme is very popular, with all clinical disciplines seeing larger graduating numbers than the AT cohort ever has.



Students want meaningful degrees which enable them to grow in an ever-changing health environment. It offers parity with other health disciplines, and greater opportunities for career and academic growth. Students may access well established initiatives to reduce any financial barriers to education. As a dual-intake programme, we expect to see greater graduating numbers to meet the sectors needs across all Aotearoa New Zealand.

The programme has been designed to be student-focussed to increase accessibility to careers in health for all New Zealanders. This includes online learning options. This presents a rare and exciting opportunity to attract many potential students who are unable to leave their hometowns, enabling greater accessibility to a degree in health. Lastly, the BHSc in Perioperative Practice will maximise the full scope of practice and competence standards of an AT. Whilst the scope of practice has not changed, the programme enables AUT to provide a consistent set of skills and competencies to our graduates to enable future growth within the sector and exciting employment opportunities which were once never possible. How employers utilise this new knowledge and skillset of the graduate will vary based on the nature of the role and the requirements performed in each hospital.

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# NZATS in Practice

## AUT Column Continued...

During my tenure as Programme Leader, I have overseen the migration of the department from the School of Science to the School of Clinical Science. It is very rewarding for me personally to have led the growth of the department in such a short space of time, and a privilege to provide direction during these exciting changes for the sector. I have enjoyed reaching out to external stakeholders across New Zealand who have provided insightful feedback to ensure that this programme meets the sector's needs. I have appreciated being a part of these collegial conversations, and whilst some have been difficult, it is rewarding to have developed a programme which AUT firmly believes will address the future challenges of the perioperative sector to better serve our patients, our students, and employers. Our team of academics continues to grow, and we welcome Julie Chamberlain and Kirstin Fraser to the team, alongside Elise Hemmingsen and Deborah Crowley. Litea Tubu also joins us as the Clinical Placement and Allied Health Administrator. We also acknowledge and appreciate the expertise of guest lecturers who continue to support our programmes both online and in-person. Alongside the expertise which exists in the clinical setting, collectively we share the responsibility of preparing our future cohorts of ATs to embrace the opportunities in the perioperative setting and to be future leaders. I personally look forward to supporting and welcoming our students as they enter the clinical space and trust that this will be shared by the perioperative community.

The degree will welcome two cohorts of students each year, one which has already begun and will be experiencing clinical placement in May.

Our final cohort of the diploma intake has progressed to the second year of the pathway, and there will be one final intake into the Graduate Certificate in Science (for registered paramedics and nurses) mid-year 2022.

There continues to be interest within the AT community regarding 'topping-up' to the degree. Current registered ATs with an active APC who have completed the AT pathway within the Diploma in Applied Science may be eligible for the award of Recognition of Prior Learning (RPL) to a maximum of 180-points (50%) of the 360-point degree. From 2027, this cohort would apply for RPL as an individual application. Degree registered nurses and paramedics may also be eligible for significant RPL. For further information, please contact [fhes.enquiries@aut.ac.nz](mailto:fhes.enquiries@aut.ac.nz).

The department is committed to ensuring that the new major is an innovative and contemporary education programme. One which will help to address some of the issues which we see impacting operating departments daily, but also to meet the demands and challenges placed on NZs perioperative services in the future. To ensure the programme's success, it is imperative that future students are aware of the health profession as a viable career choice. AUT invites clinical providers to promote the profession from within their region to increase awareness of this health career. There is strong evidence to suggest those who train local, stay local. AUT continues to promote the qualification around the country, including working alongside the NZATS in attending four career expo events in 2022.

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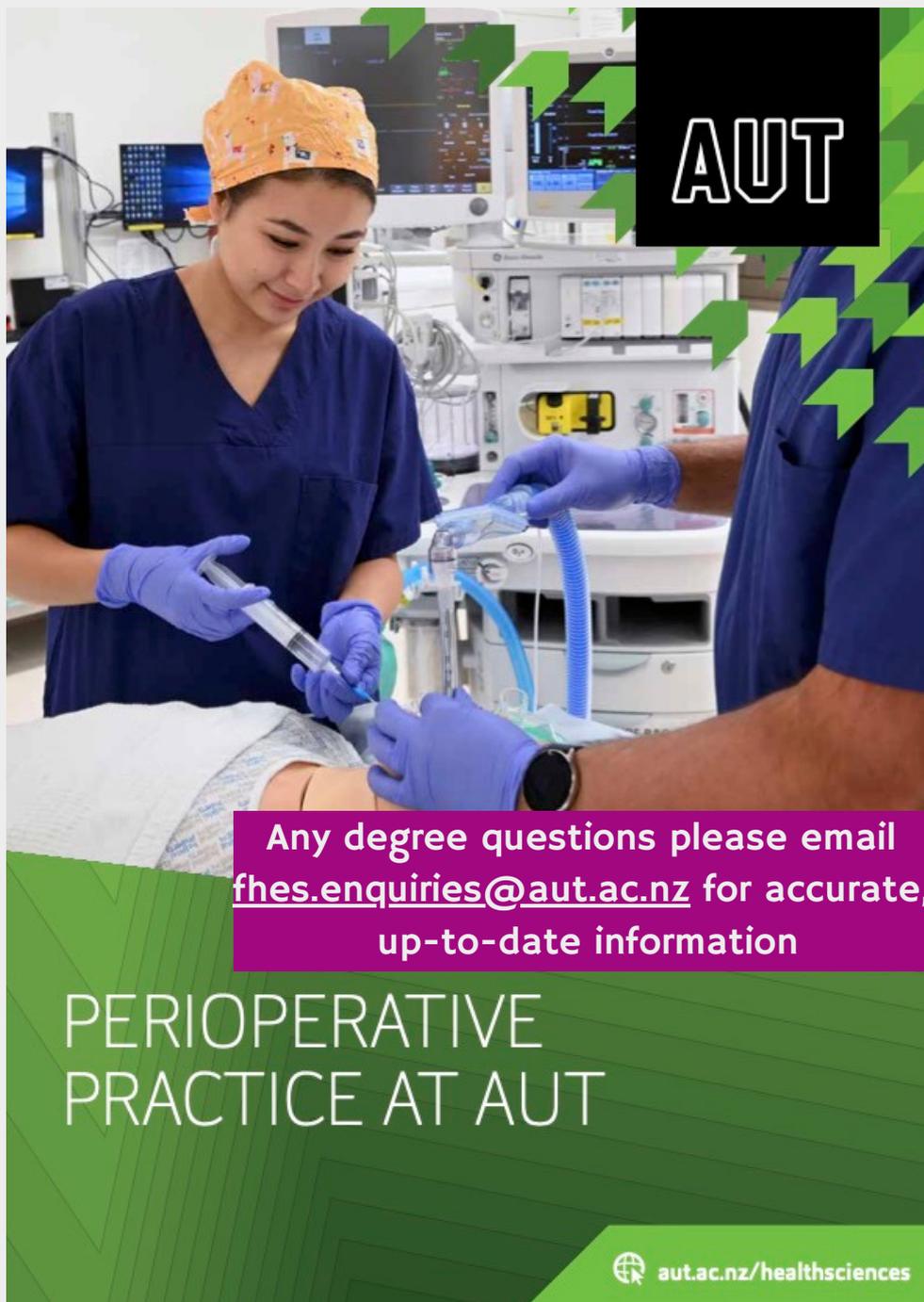
# NZATS in Practice

## AUT Column Continued...

As a new and emerging education programme in perioperative practice, it has been a privilege to lead our department through these exciting times, which could not have been possible without the expertise and guidance from my colleagues in the School of Clinical Science. I look forward to the future and continued engagement with the sector to ensure that the programme remains contemporary, and that the department continues to grow great graduates to support anaesthetic and perioperative services in New Zealand.

*Mike Smith*

*Programme Leader Perioperative Practice AUT*



**AUT**

Any degree questions please email [fhes.enquiries@aut.ac.nz](mailto:fhes.enquiries@aut.ac.nz) for accurate, up-to-date information

PERIOPERATIVE  
PRACTICE AT AUT

 [aut.ac.nz/healthsciences](http://aut.ac.nz/healthsciences)

# NZATS in Practice

## NZSA President Column

Thank you for inviting me to submit my first column to your newsletter. The NZSA values our strong relationship with NZATS and our longstanding collaboration.

### **New degree for Anaesthetic Technicians**

We share the excitement of our AT colleagues and NZATS for the new perioperative degree program being offered at AUT. There was considerable work behind the scenes to make this happen, especially by NZATS. We are optimistic that the degree will strengthen the AT profession and make it a more attractive career path which in turn will hopefully bridge AT workforce shortages. The scope of practice for ATs continues to expand and your multifaceted roles within our health system will be better aligned with the necessary academic skills, along with your clinical and technical knowledge. We know our members are really interested in the new degree, and in our first ever NZSA podcast, we interview Mike Smith, head of the AUT perioperative degree program. He talks about the positive impacts the degree will bring to ATs, anaesthesia services and our wider health system. We encourage you to listen to the podcast, which also features an interview with myself about the NZSA's future direction, and our Environmental and Sustainability Network Chair on how we can all lower our carbon footprint and contribute towards environmental sustainability. Listen to the podcast [here](#). You can also tune in on [Apple podcasts](#) or [Spotify](#).



### **New Zealand's health workforce challenges**

After months of rising Omicron cases, thankfully we have reached a peak although there are varying spikes in some regions. It has been an arduous and very challenging time for our health system. Staff safety and wellbeing, along with the ability to meet the health needs of our patients, were already under pressure due to longstanding staff shortages and underinvestment in health before the Omicron outbreak. Omicron has compounded the vulnerability of our system, with frontline teams working even longer hours to cover staff absences. As expected, at some DHBs elective surgeries have been deferred and there are ongoing delays in specialist appointments, diagnostics, and treatment dating back to when COVID first hit in 2020. A plan to address this backlog is urgently needed, although I suspect it will just be a case of re-prioritisation with a significant number of Kiwis not receiving the care they should.

We also need a national health workforce plan to address shortages in the workplace, which undermine the wellbeing of staff. Health organisations have advocated for many years that we need strategic workforce modelling and planning, but successive governments have ignored these calls. This lack of leadership has put us in an even more precarious position as we work to meet the additional health needs caused by a pandemic.

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# NZATS in Practice

## NZSA President Column continued...

To achieve meaningful change, rather than just a restructure, the health and disability system reforms must ensure that clinicians have meaningful input into planning health services, including workforce planning. Those and the frontlines of patient care are best placed to help shape policy direction. Strong engagement and input from clinical leaders and other healthcare workers at both hospital and community levels is essential.

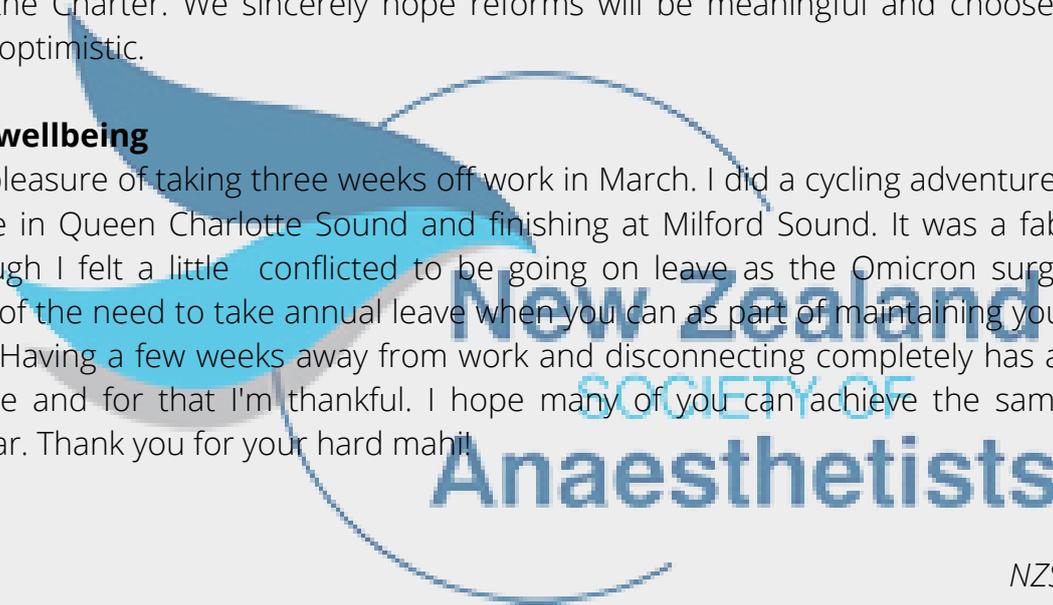
Core to workforce planning is the need for the Government to prioritise staff retention and recruitment: this requires a multipronged plan of action to tackle sustainable working conditions, clinical patient ratios, fast-tracking and simplifying registration, residency, and immigration pathways to boost the numbers of foreign-trained healthcare workers, training more healthcare staff including doctors, nurses and anaesthetic technicians, and working with clinical leaders at both hospital and community levels.

Healthcare staff are exhausted, and burnout is sadly entrenched in our health workforce. Our health system must change. It is not good enough to just be surviving or coping - surely the aim should be to be thriving: that will bring the best care to our patients. Our wellbeing is inextricably linked to being able to provide quality care to our patients and to improve the system from within for better population health outcomes.

While individual resilience should be a goal and we should continue to offer strategies such as mentoring and peer supervision, urgent systemic reform must be pursued in parallel. Health system reforms are now well underway, but we are disappointed at the lack of engagement so far. We met with a group that are assisting the health reform Transition Unit to develop a Health Charter - they reassured us that wellbeing and health workforce engagement are a focus for the Charter. We sincerely hope reforms will be meaningful and choose to remain cautiously optimistic.

### **Personal wellbeing**

I had the pleasure of taking three weeks off work in March. I did a cycling adventure starting at Ships Cove in Queen Charlotte Sound and finishing at Milford Sound. It was a fabulous trip, and although I felt a little conflicted to be going on leave as the Omicron surge hit, I am conscious of the need to take annual leave when you can as part of maintaining your personal wellbeing. Having a few weeks away from work and disconnecting completely has allowed me to recharge and for that I'm thankful. I hope many of you can achieve the same over the coming year. Thank you for your hard mahi!



New Zealand  
SOCIETY OF  
Anaesthetists

*Sheila Hart*  
NZSA President

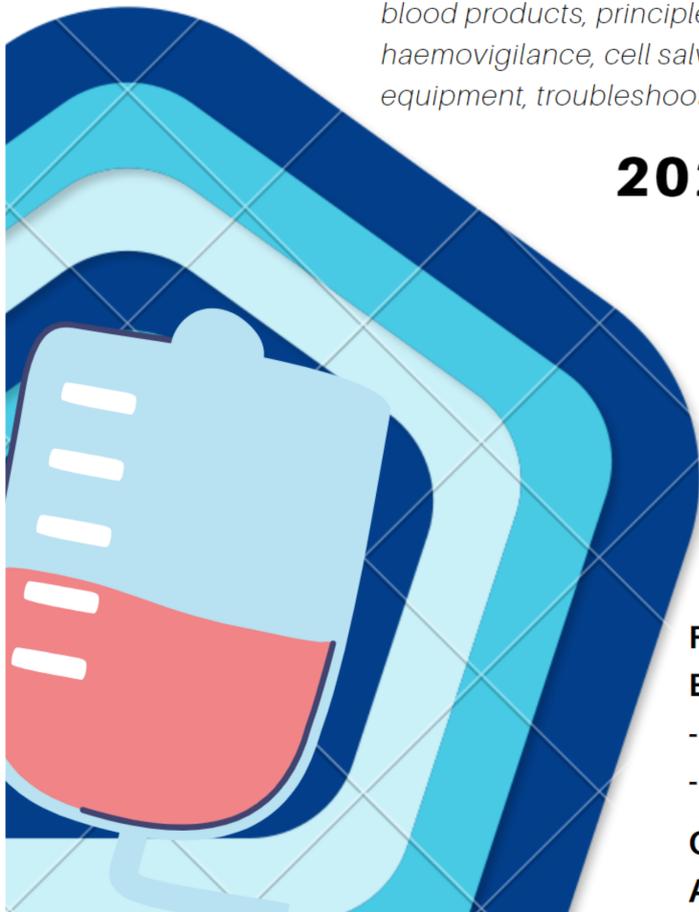
# NZATS in Practice



## YOU ARE INVITED TO THE 2022 **ANZCP AUTOTRANSFUSION COURSE**

*This 12 week online course is for all healthcare workers and delivers the background knowledge necessary to provide a safe and effective autotransfusion service.*

*Topics covered include: blood basics, coagulation, donor blood products, principle of blood conservation, haemovigilance, cell salvage systems, function of processing equipment, troubleshooting and more.*



### **2022 Course Dates:**

Term 1: February 7th

Term 2: May 23rd

Term 3: September 5th

**FOR MORE INFO AND TO ENROLL, VISIT [ANZCP.ORG](http://ANZCP.ORG)  
--> EDUCATION  
--> AUTOTRANSFUSION COURSE  
OR EMAIL  
[AUTOTRANS@ANZCP.ORG](mailto:AUTOTRANS@ANZCP.ORG)**

# NZATS in Practice

## Environmental Sustainability

*Republished with permission from NZSA*

**Environmental sustainability was at the forefront of this year's ASM, including a session 'There is no plan B' and a climate change workshop. Members of the NZSA's Environmental and Sustainability Network were among those who presented talks and chaired sessions for these events.**

Network members are leaders in reducing their DHBs' carbon footprint and advocating for sustainable alternatives. Their expertise has been invaluable in enabling the NZSA to respond to environmental consultations e.g. the Emissions Reduction Bill, and providing advice in our magazine with regular articles on how to lower our carbon footprint. We look forward to featuring an in-depth article about the Network's influence and activities in future.

NZSA E & S Chair Dr Rob Burrell, from Middlemore Hospital, introduced the workshop, which looked at how we can reduce carbon at an individual and systemic level. He defined sustainability as the actions which maximise co-benefits, minimise harm to patients and our environment, and make us better ancestors.

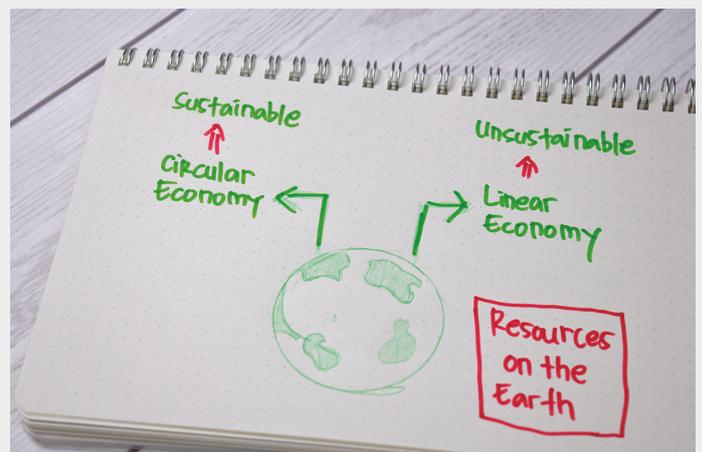
Setting the scene, Dr Burrell said 7 per cent of New Zealand's carbon footprint is from healthcare, with anaesthesia making up 5 per cent of this figure. He is a strong believer in anaesthetists being ideally placed to drive change in their hospitals through their leadership and conflict resolution skills.

Positively, we have seen a raft of environmental legislation in recent years to enable an organisation's environmental performance to be scrutinised as readily as its other operations, such as finance and governance. For example, the Government's Carbon Neutral Program (CNP)<sup>1</sup> seeks to reduce emissions within the public sector. CNP requires organisations to reduce and measure their CO<sub>2</sub>e emissions by December 2025. Anaesthetic gases are within this scope, as well as consumables e.g. single use devices.

### **Featured workshop talk - From health sector waste minimisation towards a circular economy**

ESR Senior Environmental Scientist Dr Annette Bolton presented on a Ministry of Health funded project 'From health sector waste minimisation towards a circular economy,' which collected information to support national guidance for DHBs to reduce waste, including waste going to landfill, greenhouse gas emissions and unnecessary procurement costs. Dr Bolton said that a reduction in waste would deliver financial, environmental, cultural, health, wellbeing, and social benefits.

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# NZATS in Practice

## Environmental Sustainability continued...

The Government has stated its intention that Aotearoa shift from a linear model (currently this model overwhelmingly dominates, with 81% of waste going to landfill) to a circular model that avoids landfill by maximising reuse and recycling. A quote she came across which strongly resonated, is that the concept at the heart of the circular economy is to “ensure we can unmake everything we make.”

The project undertook literature reviews, informal interviews and a survey on waste volume and audit.

A more circular healthcare waste economy can be created through a systemic change in the healthcare sector and more widely across the waste sector. The report identifies areas in which the health sector can make changes including the adoption of higher procurement standards, product stewardship schemes, uptake of reusable items and medical equipment, innovation to reduce waste streams reaching landfill, reduction and replacement of single use items, and using technology to reduce waste.” For example, Dr Bolton says technology could be used to reduce food waste by forecasting the amount of food to purchase and prepare based on trend information of actual patient meal orders.

An Australian study is referenced in the report, which found a quarter of all hospital waste was from theatres with up to 25% derived from anaesthetic services (McGain et al 2019). The same study also found that about one quarter of OR waste could be recycled. Per tonne recyclables are half the cost of general waste, so increasing recycling capability will save DHBs waste related costs.

Dr Bolton said DHBs differed in what changes they could make depending on their internal and external infrastructure such as the ability to compost organic or green waste. The variation in DHB resources was also a factor in what each DHB can deliver.

The report’s recommendations to achieve a circular economy include collecting national healthcare waste data, mandatory reporting mechanisms, and developing a national procurement standard. It also reiterated calls which have been made by our E & S Network to create sustainable development units, as exist in the UK, to drive policy, legislation, innovation, regulation, and initiatives for the health sector.

The report can be read on the ESR website <https://www.esr.cri.nz/assets/HEALTH-CONTENT/20210716-DHB-Waste-ReportFINAL-1.pdf>

**Further reading:** <https://ellenmacarthurfoundation.org/circular-economy-diagram>

# NZATS in Practice

## Upcoming events

Some dates have yet to be finalised, but to get an idea of the opportunities in store for 2022 (underlined events have links to websites for more information or registration forms)

RACP Congress - 12-14 May 2022

Point of Care Ultrasound Study day - 11 June 2022 - Fully booked

NZATS Mid-Year Training and Development Meetings - 18 June 2022, 2 November 2022

Anaesthetic Technician Leaders Forum - 1 July 2022

Definitive Anaesthetic Assistant Trauma Care Course - 8-10 August 2022

Ultrasound guided PICC Insertion Workshop - 17 September 2022

NZSA/ASA Combined Congress - 21-24 October 2022

OASIS (Obstetric Anaesthesia Special Interest Symposium) - 4-5 November 2022 - New date!

NZATS Conference - 3-5 November 2022

Registration Examination - TBC December 2022

Airway Study days

Regional Education Meetings

Know of any other study days that will interest your fellow Anaesthetic Technicians - let us know so we can promote the opportunity!!

### Exec meeting dates

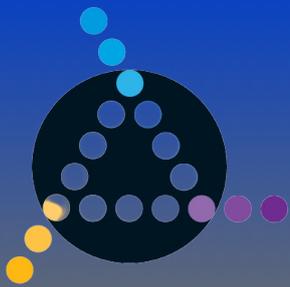
June 10  
September 16  
November 2



### Newsletter issue dates

June  
August  
October  
December

# NZATS in Practice



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