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To the NZATS committee

re cross crediting of qualification of ODA / ODP DipAppSci (AUT) for anaesthetic technicians

Having investigated the curriculum for the qualification

Diploma (HE) in Operating Department Practice

as a reference for the content of training for an ODA or ODP, there are similarities and differences which can be acknowledged.

One important comparison to be made is the difference in hours. The qualification DipHE (for the ODP) requires “a total of 3000 defined hours, equal weighting theory to practice” whereas the requirements of training for an Anaesthetic Technician here in NZ requires, depending on pre-requisite qualifications, a minimum of 2080 clinical hours for a graduate nurse and up to a maximum of 6240 hours for a trainee with no relevant qualification. In addition to these clinical hours there are five theory papers, equating to an additional 750 hours.

The content of the following papers in the Diploma in Applied Science are similar to content outlined in the curriculum for the ODA training:

Human Anatomy and Physiology 5A
Human Anatomy and Physiology 5 B
Anaesthesia I
Anaesthetic Technology I

There is little equivalent content to Biophysics 5, but applications are covered.

The content of Anaesthesia II can be assumed to have been covered whilst the student was on clinical placement, or subsequently working as an ODA.

The specific Anaesthesia content in the two papers Anaesthesia III and Anaesthetic Technology II is not covered in the curriculum of the DipHE.

My recommendations for the case of a trained ODA or ODP gaining a position as an Anaesthetic Technician are therefore that they should enrol in and pass Anaesthesia III and Anaesthetic Technology II, and pass the Anaesthetic Technology I Machine Check assessment (Anaesthetic Technology II has the prerequisite of Anaesthetic Technology I, but as there is some overlap in the content the prerequisite could be approved upon completion of the equivalent of the Anaesthetic Technology I Machine Check assessment. This would compensate for the lack of specific anaesthetic content in the training of an ODA / ODP)

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