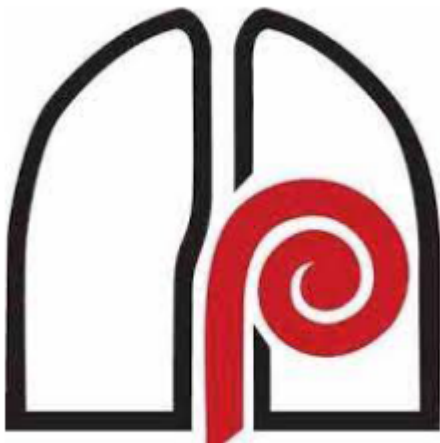




# Quality Resuscitation Credentials Must be Standardised: An Open Letter to Key Stakeholders for Future Planning



Dear Colleague

As part of their response to the COVID-19 pandemic and with constraints on training budgets, several health providers have developed their own in-house training which they describe as 'equivalent' to New Zealand Resuscitation Council programmes. In the short term this may tick a credentialing box and seem efficient. However, in the long term, poor quality non-standardised training and assessment may be costly. The NZ Resuscitation Council does not recognise any alternative course as equivalent.

NZ Resuscitation Council certificates are recognised throughout New Zealand and Australia. The holder of any NZ Resuscitation Council certificate has achieved a standard defined by the Council. The instructors, teaching scenarios, assessment process and the quality control applied to the course programmes provide some assurance of this standard. As the Council has no governance over the standards of any alternative local training, we cannot offer any similar guarantee for these learners and this then becomes a matter for individual employers or credentialing bodies to validate, agree and recognise.

NZ Resuscitation Council training programmes involve subject specific material written by national experts. All the course materials and assessment tools have been tested and this material is copyrighted and cannot be used outside NZ Resuscitation Council courses. The NZ Resuscitation Council branding and logo cannot be used by others to endorse their materials.

There is a very real risk that alternative resuscitation training will not be delivered in a standardised or managed way. Inevitably, there will be significant variation between organisations in the content of the training and in its assessment.

Training in resuscitation requires experienced instructors who are available to teach, supervise, and assess the practical training necessary to equip health professionals with the skills essential to improve patient outcomes. We suggest that life support training programmes include 6-8 hours of instructor-led training time. NZ Resuscitation Council instructors have been trained to teach on Council courses. Their skills and experience ultimately benefit patients.

The Council continues to invest considerable resource in the development of training materials to enable training to be delivered efficiently and cost-effectively. Training will remain standardised and the quality preserved.

Dr Tony Scott MB ChB, FRACP

Chair, New Zealand Resuscitation Council

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