



ANZCA
FPM

*Te Whare Tohu o
Te Hau Whakaora*

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Te Kaunihera Pūtaiao Hauora o Aotearoa | Medical Sciences Council

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Tēnā koutou

Anaesthetic Technician Safe Sedation: Endorsement and Education Programme

Te Whare Tohu o Te Hau Whakaora | The Australian and New Zealand College of Anaesthetists (ANZCA), which includes the Faculty of Pain Medicine (FPM) and Chapter of Perioperative Medicine, thanks you for the opportunity to provide feedback on the above. ANZCA is the professional organisation responsible for postgraduate training programs of anaesthetists and specialist pain medicine physicians, and for setting the standards of clinical practice throughout Australia and Aotearoa New Zealand. Our collective membership comprises around 10,000 fellows and trainees in anaesthesia and pain medicine, 1300 of whom work in Aotearoa New Zealand.

The college has consulted with our national committees (NCNZ and FPM NZ) and clinical directors, and education and policy advisors in Australia and Aotearoa and their feedback informs this submission.

Introduction

Anaesthetic Technicians (ATs) are skilled and highly valued health practitioners who have been practising in Aotearoa New Zealand since 1977ⁱ. The council will be aware of ANZCA's [background paper](#)ⁱⁱ to [PS08 Assistant for Anaesthetist](#)ⁱⁱⁱ discussing the competences and scope of practice for assistants to the anaesthetist.

In New Zealand, ATs have been regulated by the national Medical Sciences Council since 2012. In Australia, regulation of ATs is determined at a jurisdictional level as they are credentialled by individual state and territory health services. The Australian Anaesthesia Allied Health Practitioners (AAHP) are the representative body in Australia and have called for the Australian Health Practitioners Regulation Agency (AHPRA) to nationally recognise this workforce. ATs in both countries are an integral part of multidisciplinary teams delivering anaesthesia services, and contributing to safe and effective patient care, particularly in hospital settings.

Responses to the survey questions are prefaced with some general comments. ANZCA acknowledges that ATs possess a well-established skill set and that, with appropriate education and training, they may be capable of undertaking additional responsibilities associated with minimal sedation. However, the principal issue for consideration is not whether ATs can be trained to provide minimal sedation in the absence of an anaesthetist (or emergency department specialist or physician with airway training). Rather, it is whether the expansion of multiple professional scopes into overlapping areas, while maintaining patient safety and quality of care, represents the most effective and sustainable use of constrained health workforce resources.

ANZCA recommends that the Council:

- Demonstrate a clear evidence-based need for expanding the AT scope of practice to include minimal sedation without an anaesthetist.
- Undertake a comprehensive assessment of patient safety, workforce impacts, implementation costs, and system benefits before proceeding.

- Gather and publish data on the current extent of AT-led sedation practice, anticipated demand, and expected uptake of endorsement.
- Require robust education, competency assessment, credentialling, and clinical governance arrangements, including training in pain assessment and management.
- Reconsider the proposed grandparenting pathway.
- Ensure any workforce innovation is supported by evidence that it improves access, patient outcomes, and the efficient use of specialist resources.

General comments

Right to appropriate pain management

We take this opportunity to draw your attention to ANZCA's position statement on patients' rights to pain management and associated responsibilities (PS45)^{iv} and the associated background paper (PS45BP)^v both of which give effect to the International Association for the Study of Pain's Declaration of Montreal (2010)^{vi}, declaring that access to pain management is a fundamental human right.

The Declaration identifies responsibilities for governments, healthcare administrators and health professionals to ensure equitable access to pain management and to support the development of appropriate pain-management frameworks. The articles affirm:

- *Article 1:* The right of all people to have access to pain management without discrimination.
- *Article 2:* The right of people in pain to acknowledgement of their pain and to be informed about how it can be assessed and managed.
- *Article 3:* The right of all people with pain to have access to appropriate assessment and treatment of pain by adequately trained healthcare professionals.

Support for aspects of the revised standard

The proposed standard is consistent with ANZCA's professional guideline on procedural sedation PG09^{vii}. The College appreciates that the Medical Sciences Council (the Council) has incorporated ANZCA's feedback on the previous iteration of the draft safe sedation practice standard in this updated version. The college supports:

- Removing moderate sedation and clearly restricting provision to minimal sedation.
- Excluding patients at higher risk who must be referred to an anaesthetist.
- Updating terms to be consistent with contemporary practice.

Regulatory considerations

The proposed pathway reflects a broad trend towards the creation of extended scopes of practice that rely on additional education, supervision, credentialling, and ongoing oversight from specialist clinicians who are themselves in short supply. While it may be possible, with sufficient training and supervision, to prepare practitioners to undertake specific elements of another profession's scope of practice, this does not mean that doing so is the most efficient workforce solution, particularly if it requires more supervision and education from specialists.

The Health Practitioners Competence Assurance Act, 2003 is predicated on independent responsible authorities (RAs) ensuring the competence of practitioners in the professions they are responsible for. The multidisciplinary nature of modern health practice is safe because

professional boundaries are well scoped and understood. Changing scope boundaries can introduce uncertainty and risk. Sedation is inherently high-risk, as patients do not always remain at the intended level of sedation. Even minimal sedation can unintentionally progress to deeper sedation, particularly with individual variation in response to drugs. Workforce capacity and the cost of delivering the level of education and training needed to ensure public safety will require careful consideration.

‘Grandparenting’ pathway

Providing minimal sedation in the absence of an anaesthetist (or emergency department OR physician with airway training medicine specialist) is outside the current AT scope of practice. Most ATs do not provide procedural sedation and for those who do, it forms an extremely small part of their practice. The Council reported that of 35 individual respondents to the consultation earlier this year - 33 of whom were registered ATs (about 3% of registered ATs in 2025) - an unknown number cited “their experience [of sedation provided in the absence of an anaesthetist] currently occurring safely in Aotearoa New Zealand”, and that the Council is “aware that procedural sedation without an anaesthetist is already provided by some ATs in practice settings around the country”^{viii}. The Council proposes a ‘grandparenting’ pathway to endorsement that would *retrospectively* regulate this out-of-scope practise. Apart from sending an unfortunate message about regulation, the context and extent of ATs providing sedation in the absence of an anaesthetist have not been described, nor the feasibility and cost of providing additional education and supervision by anaesthetists assessed. As noted in our key recommendations, and survey answers below, ANZCA **does not** support the grandparenting pathway.

Moreover, we share the concerns expressed by some ATs with whom we work closely, that there are risks that the new standard may result in:

- ATs being pressured by employers to gain endorsement to provide minimal sedation.
- Losing ATs from their primary role of assistant to the anaesthetist in operating theatres, to private community-based services, performing sedation for dentists, for example.
- Blurred understanding of limitations of the AT scope, perhaps to the extent that patients themselves might pressure ATs into ‘upping’ sedation in some circumstances.

Workforce planning and implementation considerations

The college is aware that, beyond some relatively sound statistical workforce modelling, information about national health workforce planning for current and future health needs is limited. However, in the context of New Zealand’s small population, finite healthcare resources, and persistent workforce shortages, proposals to create expanded scopes and advanced practice pathways should be supported by a robust assessment of system need, workforce impact, safety, and cost-effectiveness. In the absence of such evidence, there is a risk that the continued expansion of overlapping professional scopes may introduce unnecessary complexity and risk into the health system and undermine efficient utilisation of the existing specialist workforce.

Although the anaesthesia workforce is significantly more stable than other medical specialties, there are shortages in some areas, which may escalate, particularly if training pathways are disrupted by increased outsourcing of elective surgery. More anaesthetists will be needed to keep pace with population growth and health care demand; but the same is likely to be true of ATs.

In this context it would be useful to know:

- How many ATs currently provide procedural sedation?
- How many procedures per year would be affected?
- How many practitioners are expected to seek endorsement?

Those numbers could then be balanced against the cost and feasibility of creating a national training and regulatory framework to educate, supervise, assess, credential, re-credential, and provide clinical governance for the advanced AT pathway. Many expanded-scope proposals underestimate the burden placed on specialists. If anaesthetists are required to train and supervise ATs for a practice they could already provide themselves, the workforce benefit is likely to be insignificant or negative if specialists' time is lost in supervision rather than practise.

While the consultation refers to some international jurisdictions, specifically the Netherlands, where ATs provide independent minimal sedation, assurance of public safety requires a more rigorous investigation; health workforce roles can rarely be dropped into new jurisdictions. There is limited international research, and even less that is directly relevant to ATs practising in New Zealand health settings. There are guidelines for the use of procedural sedation and analgesia (PSA) by non-physicians in the Netherlands, for example, but the outcomes are not clear. According to one study "currently it is unknown who is performing PSA (procedural sedation and analgesia) in EDs without emergency physicians, and if it is done according to the national guideline"^{ix}.

Another study evaluating the provision of PSA by advanced practice providers (APPs) in emergency medical services in the Netherlands, indicates that they were all Nurse Practitioners and Physician Assistants, all previously educated as registered nurses with supplementary training as intensive care, emergency or anaesthesia nurses, and were always supported by a full ambulance team with trained in advanced life support^x. The study also noted that a medical literature review revealed limited evidence on this topic and mixed results in elsewhere.

ANZCA supports:

- appropriate delegation models
- team-based care
- expanding access where evidence demonstrates need.
- workforce innovation supported by robust evidence.

where there is evidence that it will improve patient access or outcomes, and most effective use of limited specialist, education, and other resources in New Zealand. The college would welcome further discussion of the above.

Survey questions

Q 1: Do you agree that the Council should require practitioners to complete additional education to provide sedation in the absence of an anaesthetist?

The college **agrees** that Council should require practitioners to complete additional education to provide sedation in the absence of an anaesthetist.

The provision of intravenous sedation always carries risks. These risks can be minimised by appropriate patient assessment, risk evaluation and selection along with necessary skills to administer sedative or analgesic medications, and identify and manage airway, respiratory or cardiovascular complications as they occur and/or until more skilled assistance is available. Minimal planned sedation is the appropriate level of sedation to aim for but may progress to moderate or even deep sedation inadvertently.

Q 2: Do you agree the Council should note the competence to provide sedation in the absence of an anaesthetist on the public register as an endorsement?

The college **agrees** that Council should note the competence to provide sedation in the absence of an anaesthetist on the public register as an endorsement. Transparency underpins assurance of public safety.

Q 3: Do you think there should be a time-limited grandparenting pathway to allow recognition of practitioners who are currently performing sedation in the absence of an anaesthetist?

The college **does not support** a time-limited grandparenting pathway to allow recognition of practitioners who are currently performing sedation in the absence of an anaesthetist.

The full training knowledge and skill requirements may not be present even if an AT has been doing IV sedation to some extent.

Q 4: What ongoing competence requirements do you think should apply to practitioners involved in sedation?

To maintain competence, ANZCA recommends that practitioners involved in sedation should be required to attend at least one annual refresher course involving both practical and knowledge-based skills, in addition to basic and advanced life support requirements. We further suggest they are required to maintain a logbook / record of procedures to underpin credentialing renewals.

Q 5: Should these be included as part of the existing requirements, or in addition to existing requirements?

Competence requirements for sedation should be additional to existing requirements.

Q 6: Should the Council charge a fee to practitioners applying for an endorsement to cover the costs associated with processing the application?

Yes.

Q 7: Do you agree with the updates made to the standard because of consultation feedback?

ANZCA endorses the decision to confine ATs to the administration of minimal sedation only.

As the proposed sedation practice includes the administration of intravenous medications, there remains a realistic possibility of unintended progression to moderate or even deep sedation. We consider that this risk warrants a cautious approach.

As consistent with our general comments ANZCA recommends that the Council defer implementation of the proposed endorsement until a stronger evidence base is available to demonstrate its necessity, safety, workforce impact, and value to the health system.

Q 8: Do you agree with the updated scope of practice to allow the endorsement of practitioners who may perform sedation in the absence of an anaesthetist?

The response of ANZCA is based on the application of PG09 as a minimum standard, noting that PG09 was developed and endorsed by external bodies in 2023. Although the principles of PG09 may be applied more broadly, they should be appropriately adapted to reflect the specific training, competencies and patient safety requirements relevant to different professional groups.

Importantly, any administration of intravenous sedation carries a risk of adverse events, including unintended airway compromise, respiratory depression and cardiovascular instability. Where sedation is administered, there must be an anaesthetist, or rural

medicine specialist, or emergency department specialist, or physician with airway training immediately available to assess and manage any complications that may arise, particularly those relating to airway management and the inadvertent progression to deeper levels of sedation. This is a key patient safety consideration and reinforces the need for a conservative approach to the scope of practice for ATs in this area.

ANZCA supports appropriate education, credentialling and governance arrangements for practitioners providing sedation, but remains concerned that the consultation documents do not yet demonstrate a sufficiently robust evidence base regarding need, workforce impacts, safety, implementation costs and system benefits. Accordingly, we recommend that the Council defer implementation of the proposed endorsement until a stronger evidence base is available to demonstrate its necessity, safety, workforce impact, and value to the health system.

Conclusion

In conclusion, ANZCA **supports** the updated standard and Council endorsement of ATs qualified to provide minimal sedation. The college **does not support** the grandparenting pathway.

We strongly **recommend** that before the Council proceeds with the updated standard, it undertakes a robust investigation and assessment of the workforce impact, safety, and cost-effectiveness of the proposal.

Nō reira, tēna koutou mō tō aro mai

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