



ANZCA
FPM

Standards for Anaesthesia

Purpose

The purpose of this document is to articulate identified standards and associated indicators of quality care against which performance can be compared.

Scope

These standards are intended to apply to all those in clinical practice within the specialty of anaesthesia wherever anaesthesia services are provided.

Aim

That these standards are used as benchmarks to foster quality in patient care as well as to facilitate quality improvement.

Background

Anaesthesia is a high acuity specialty that interacts with personnel from multiple disciplines and healthcare facilities and that spans the entire perioperative journey from the time anaesthesia is contemplated through to the postoperative period. It is a multifaceted specialty requiring the ability for clinicians to be able to evaluate their performance across all aspects of their clinical and professional practice.

While standards and guidelines are quite separate and perform different roles, they are closely related. Standards define levels of quality or achievement against which activities or behaviours can be measured. Guidelines are tools that recommend actions or steps that when followed are likely to achieve or exceed expected standards of health-care delivery. The effectiveness of guidelines can be difficult to evaluate in the absence of standards. Consequently, whilst standards underpin guidelines, the two types of documents complement each other.

The standards have been developed to encompass the breadth of clinical and professional practice in anaesthesia applicable to both clinicians and to healthcare facilities.

Following the description of the standard and its intention a set of criteria to indicate attainment of the standard is identified.

A series of statements that can be used as a resource by patients, clinicians, and healthcare facilities are then provided.

Aspects of anaesthesia care



Standard 1: Professional

Patients are cared for in a professional, culturally sensitive, and ethical manner by registered qualified medical practitioners working within their defined scope of clinical practice.



Standard 2: Pre-anaesthesia care

Patients being considered for surgery or procedures requiring anaesthesia, present in optimal condition, have sufficient understanding of the risks and benefits of anaesthesia and are enabled to participate in shared decision-making.



Standard 3: Intraoperative care

Intraoperative management follows best-practice guidelines.



Standard 4: Postoperative care

Patient comfort and recovery are managed during the recovery period and patients are discharged with the necessary understanding of their discharge plan.



Standard 5: Healthcare facilities

Healthcare facilities are managed in accordance with regulatory requirements including administrative processes, as well as staffing and equipment to support safety and quality in anaesthesia care.

Aspects of anaesthesia care

Professional



Standard 1: Patients are cared for in a professional, culturally sensitive, and ethical manner by registered qualified medical practitioners working within their defined scope of clinical practice.

Intention of this standard – To foster an understanding of the role of anaesthetists in delivering safe, high quality clinical care, and confidence that they possess the necessary skills and attributes to do so, having obtained their training and qualification, or been assessed, through the Australian and New Zealand College of Anaesthetists (ANZCA).



Indicators

1.1 Training and qualifications

Anaesthesia care is provided by registered medical practitioners who have completed the ANZCA training program or an ANZCA-associated program, or who have been assessed by ANZCA.

Registered medical practitioners undertaking the ANZCA Training Program, including SIMGs under assessment, are supervised by Fellows of ANZCA.

In New Zealand, the Medical Council of New Zealand (MCNZ) is assisted by ANZCA in assessing eligibility of specialist international medical graduates (SIMGs) for registration as Vocational Specialists. Once vocational registration as a specialist anaesthetist is achieved, they can be assessed by ANZCA via a separate process, and if successful, be awarded fellowship of ANZCA (FANZCA).

1.2 Leadership and teams

Anaesthetists seek clinical and professional leadership opportunities and welcome feedback from team members on their non-technical skills and leadership abilities. Anaesthetists assume leadership as necessary and function in a dynamic leadership role. They demonstrate the required skills and abilities to communicate effectively and respectfully with team members to promote the collective performance of members in achieving optimal outcomes. Anaesthetists are well suited to this role as they are trained to be situationally aware, are well-placed to scan work environments, and possess the necessary skills and expertise.

1.3 Anaesthesia is a facilitatory clinical specialty.

Anaesthetists provide the ability for surgery and diagnostic procedures to be performed safely and without undue patient discomfort. Anaesthetists do not work in isolation. They work with surgeons and proceduralists, as well as other clinicians and health practitioners.

1.4 Cultural Competence and Cultural Safety

Anaesthetists practise in accordance with cultural safety guidelines. The broad spectrum of personal circumstances and identities from which our patients present is acknowledged and valued, and all patients are cared for with respect and dignity. Training in cultural competence and cultural safety and understanding of cultures within their frames of reference is specifically included in the ANZCA Training Program. Following completion of the training program an ongoing commitment to indigenous health, cultural competence and safety, can be fulfilled through continuing professional development (CPD) activities, including audits and patient satisfaction surveys.

1.5 ANZCA roles including advocacy

Anaesthetists participate in a range of ANZCA Roles, which include Medical Expert; Communicator; Collaborator; Leader and Manager; Health Advocate; Scholar and Professional.

Each of these roles contributes to patient care at both the individual level as well as the community level and works towards constantly driving improvements in healthcare.

1.6 Courses and CPD

Anaesthetists demonstrate a commitment to lifelong learning through undertaking courses that are usually focussed on clinical management but may also explore non-clinical aspects that expand existing perspectives or explore new ones.

CPD is mandated by the MBA and MCNZ for the purposes of medical registration. Anaesthetists are required to participate in CPD activities that satisfy the ANZCA/FPM CPD Standard. Anaesthetists completing the ANZCA/FPM CPD Program achieve the outcomes defined in the ANZCA/FPM Standard, against which the former is mapped as well as any regulatory requirements.

1.7 Professional citizenship/community

Anaesthetists provide leadership roles within their college and other national societies/bodies to maintain the strength of the anaesthesia profession in Australia and New Zealand. They work collaboratively to ensure the standards of anaesthesia are achieved and built upon to promote safety for those requiring anaesthesia care.



For patients

Your specialist anaesthetist will either have undertaken training and qualification with ANZCA, which is recognised worldwide for its standard of training and leadership in anaesthesia, or been formally assessed by ANZCA, if (SIMG) specialist qualifications were achieved in another country.

After graduation from medical school, to become a qualified specialist, your anaesthetist will have completed at least two years of general medical experience followed by a minimum of five years in the ANZCA training program. This training and experience is designed to ensure that you receive the best possible care available from people with your best interests at heart.

In many parts of rural and remote Australia, life-saving emergency anaesthesia care and elective anaesthesia is provided by medical practitioners who are not specialist anaesthetists. These include rural generalists who are required to complete an anaesthesia training program of a minimum of twelve months, and to demonstrate ongoing and current professional development.



For clinicians

In addition to clinical expertise there is a moral and ethical requirement for doctors to act in a professional and ethical manner. Guidance is provided by the regulatory authorities.

For Australian doctors, behaviours and attributes are presented in the *Good medical practice, code of conduct*¹ and include "relationships based on respect, openness, trust and good communication."

The MCNZ equivalent standard for New Zealand doctors is presented in the MCNZ *Good Medical Practice*² publication.

As well as being mandated by the medical registration authorities, CPD is a conduit for ongoing lifelong learning.

While Medical Expert is the almost ubiquitous role among anaesthetists, the specialty of anaesthesia as well as the advancement of patient care is very much determined by participation in other ANZCA Roles (See 1.4 above).



For health services

As CPD is a requirement by regulatory authorities, it is essential for both patient care and for workforce issues that doctors be supported to undertake CPD activities and satisfy the requirements.

This is especially critical for doctors working in regional and remote locations, who may need to take time off and to travel.

Other roles for anaesthetists at a departmental level or remote healthcare facility include, teaching nursing staff and non-specialist medical practitioners, audits, collaborating with local networks and colleagues, and administrative roles as managers. Typically, such a role may include committee work such as credentialing and determining clinical scopes of practice.

The importance of clinical research in anaesthesia cannot be understated. It is an essential component driving education, training, and clinical practice. Given its critical nature, healthcare facilities should not only encourage research but also support departments undertaking research activities.

¹ <https://www.medicalboard.gov.au/codes-guidelines-policies/code-of-conduct.aspx>

² <https://www.mcnz.org.nz/assets/standards/b3ad8bfba4/Good-Medical-Practice.pdf>

Clinical – perioperative systems and processes



Standard 2: Pre-anaesthesia care

Patients being considered for surgery or procedures requiring anaesthesia, present in optimal condition, have sufficient understanding of the risks and benefits of anaesthesia and are enabled to participate in [shared decision-making](#).³

Intention of this standard - To optimise perioperative outcomes through comprehensive pre-anaesthesia assessment targeted to individual needs. Preparation for anaesthesia includes patient assessment with timely multi-disciplinary consultation as required, as well as the need to be supported by institutional capability and processes.



Indicators

2.1 Pre-anaesthesia assessment

This is performed to identify concerns and flag potential considerations that may influence perioperative management and patient outcomes. It is an integral part of routine preoperative screening.

It may involve face-to-face interviews such as in a pre-anaesthesia assessment clinic, or video or phone conversation, or completing a questionnaire, or any combination of these.

The purpose of the assessment is to identify specific risks applicable to any individual and any particular patient concerns with a view to developing risk-minimisation strategies and ensuring that patients and/or their carers⁴ are aware of those risks.

Risk assessments may indicate the need for specific tests to confirm diagnoses, establish baselines where applicable, and inform the anaesthesia management plan.

Risk minimisation and optimal patient care is supported by ensuring that the facility has the capability to perform the proposed procedure, including intraoperative anaesthesia requirements, and provide safe management of the patient's postoperative recovery. This needs to be considered prior to an elective admission.

In patients with complex problems or multiple comorbidities, pre-anaesthesia optimisation involving a collaborative and timely multidisciplinary approach is often advisable.

³ Defined in ANZCA Document Framework Policy Glossary.

⁴ The term 'carers' in this document includes 'extended family' as applies in other cultures such as Māori whanau.

2.2 Pre-anaesthesia consultation

Anaesthetists engage in preoperative consultations with their patients. This may be performed at a time separate from the pre-anaesthesia assessment or concurrently; however, its purpose extends beyond risk stratification. It is a function ideally undertaken by the anaesthetist who will be providing anaesthesia care.

The consultation offers the opportunity for a patient-centred perspective that promotes shared decision-making and goals of treatment discussions and facilitates informed consent. Patients and their carers should understand treatment associated risks, and to be able to judge those risks within the context of their personal expectations regarding likely outcomes of the medical intervention being proposed.

The pre-anaesthesia consultation is conducted in a culturally sensitive manner in language appropriate to the patient. An interpreter is present if required, to achieve effective two-way communication. Consideration is given to the requirements of children and adults with neurodevelopmental diversity and complex developmental or behavioural needs.

Documentation of the consultation is the means of recording discussions around relevant clinical information, any multidisciplinary contributions, and informed consent noting pertinent issues regarding cultural safety.

2.3 Systems

Facilities and processes are available that offer a safe and sufficient environment for patient communication and examination, including close attention to the need at all times for patient privacy.

This provides the opportunity, when required, to perform comprehensive assessments, engage other disciplines, commence pre-habilitation, undertake the all-important communication with patients, and to plan their anaesthesia management.

When procedures are booked with short notice, the assessment and consultation merge into one.

The consultation will, of necessity, involve discussions of a private nature that patients may wish to keep confidential. In the absence of an environment that ensures patients feel safe and culturally supported, they may feel reticent to divulge information. Such concerns are addressed by healthcare facilities providing ready access to suitable areas for consultation.



For patients

To assist in ensuring the best result from your medical procedure your anaesthetist needs an understanding of your individual medical risks as well as social and cultural considerations.

Pre-anaesthesia assessments assure that you are cared for in hospitals or medical centres that meet standards, have appropriate equipment, staffing and administrative services for your procedure, and that your anaesthetist is able to perform at the highest level to provide you with the best possible care. Evaluating your health is an important component of the preparation for your procedure(s) and guides treatment to ensure

that you are in the best possible condition, as well as planning anaesthesia management.

When you consent to your procedure, it is essential that you are sufficiently informed to be able to arrive at your decision. This includes feeling confident that you understand the various possible outcomes from the treatment being proposed, their likelihood, and how acceptable these are to you. The consultation is when your anaesthetist provides you with information that will help you understand the risks and benefits, and what to expect. The consultation allows you to ask questions, seek clarification, and contribute to shared decision-making. If you decide that for you the risks of treatment outweigh the benefits, this decision should be supported by the clinicians caring for you.

The pre-anaesthesia care received during preparation for emergency surgery is often influenced by the need for urgency and may be quite different to that received for elective surgery.



For clinicians

Pre-anaesthesia preparation is known to have a major impact on patient safety and anaesthesia outcomes.

Pre-anaesthesia assessment may benefit from timely multidisciplinary collaboration in patients with multiple or complex comorbidities or in those patients with unstable medical conditions. Assessments may be compiled from information obtained by nursing and medical colleagues during pre-anaesthesia clinics or during phone or video conversations. At these times, patients may be provided with preoperative instructions regarding medications and fasting.

The pre-anaesthesia consultation is the critical conversation between you as the anaesthetist and your patient. It is the time at which information gathered from assessments can be collated and for you to confirm, reinforce or modify preoperative instructions. Equally important is the opportunity to establish rapport with patients and their carers/parents in a culturally sensitive manner.

The process includes shared decision making and concludes when the plan for anaesthesia management has been discussed and informed consent obtained.



For health services

The ability to undertake the pre-anaesthesia assessment and consultation is crucial. Pre-admission communication with patients provides health services with information to assist in patient scheduling, arranging admission times, and working with medical teams to enhance every patient's experience.

Pre-anaesthesia clinics are an invaluable service, especially for high-risk patients. Adequate facilities and sufficient staffing ensure such services run smoothly.

It is important that anaesthetists have ready access, including externally, to pre-operative investigations and other documentation.

Many facilities admit patients on the day of their procedure and well-administered pre-admission planning and communication systems facilitate the process. Catering for the pre-anaesthesia consultation and informed consent requirements through provision of

facilities where this can be performed with respect to privacy and confidentiality is a positive step towards achieving this goal.



Standard 3: Intraoperative care

Intraoperative management follows best-practice guidelines.

Intention of this standard – To promote an evidence-based approach to clinical anaesthesia as well as to promote an awareness of responsibilities of anaesthetists. Guidelines, clinical and administrative, are available that facilitate this process and their use is strongly encouraged.



Indicators

3.1 Team communication and leadership

Anaesthetists communicate clearly within their team environment and demonstrate their leadership roles.

Anaesthetists may be involved in providing anaesthesia services in a variety of settings including operating theatres, procedure rooms, birthing centres, and other critical care areas. Consequently, anaesthetists generally work as part of a multidisciplinary team. The ability to perform their technical skills is facilitated by the presence of other staff, each with their own expertise and local knowledge of the environment. However, the anaesthetist's non-technical skills will influence their ability to elicit the best from other team members.

This is equally relevant during stages of routine activity as well as during management of crises.

Anaesthetists actively participate in the various checks and checklists that confirm patient ID, site and side of procedure(s), allergies, and current medications.

3.2 Staffing

Anaesthetists confirm that staffing numbers, with regard to anaesthesia assistants, are commensurate with needs as recommended by applicable guidelines and staff have the competence to perform requisite tasks.

Qualifications acceptable to regulatory authorities are awarded by accredited colleges or institutions, and all staff are required to comply with the regulations applicable to their qualification. Healthcare facility credentialing processes verify that individuals possess the relevant qualifications and determine their scopes of practice.

Irrespective of qualifications, staff experience may vary widely, and for this reason, anaesthetists should satisfy themselves that staff are available, capable and willing to perform requisite tasks.

3.3 Equipment

Anaesthetists confirm availability of all equipment deemed necessary for optimal anaesthesia management as recommended by nationally accepted guidelines applicable to the country of practice.

Anaesthetists are encouraged to become actively involved in departmental/facility decisions on matters relating to equipment procurement and maintenance, and that these are commensurate with the services provided by the healthcare facility.

3.4 Monitoring and observation

Anaesthetists are familiar with nationally accepted guidelines regarding observation and monitoring and follow them as applicable to individual patient circumstances.

Observation and monitoring are integral functions of intraoperative anaesthesia management. They demand the constant presence of an anaesthetist from induction to emergence and documentation of observations as well as monitored physiological variables obtained from monitoring equipment.



For patients

Administration of medications for the purpose of achieving anaesthesia has multiple effects on your body's functions. Some of the effects are predictable, while others are unpredictable and may arise without warning. Your anaesthetist will observe you and monitor your vital signs during the entire duration of your anaesthesia to detect both expected and unexpected changes in, for example, blood pressure, heart rate, breathing pattern and temperature. This will maximise your safety and achieve the best possible outcome for you.

Your anaesthetist works as part of the team and advocates for your safety through communicating with medical and nursing colleagues in matters relating to your care, as well as hospital administrators to ensure that the facility's staffing and equipment are appropriate to your circumstances.



For clinicians

The intraoperative phase involves multiple roles in addition to that of medical expert, including advocacy, communication, and leadership, all of which contribute to improved patient outcomes.

Changes in physiological functions arise and may occur rapidly and unpredictably, and with varying degrees of risk during the intraoperative period. Mitigation of these risks is achieved through the constant presence of anaesthetists and their advanced specific skills aided by maintenance of situational awareness, which is assisted by observation and monitoring.

Task delegation, may be appropriate as determined by individual circumstances and settings, which include the training and capabilities of staff to whom tasks are being delegated.

Guidelines⁵ have been developed to advise and guide anaesthetists in maximising performance and optimising patient outcomes.

⁵ Refer to the raft of ANZCA [professional documents](#)



For health services

The ability of anaesthetists to provide best possible patient care during anaesthesia for their procedure is dependent on existence of policies and protocols that ensure facilities are available that meet the needs of services being provided at the health service.

In addition to the regulatory requirements, sufficiently qualified and experienced staff in sufficient numbers, along with suitable equipment, contribute to the aim of optimising patient care. Guidance relevant to anaesthesia is available in published guidelines, and following those recommendations is strongly encouraged.

Standard 4: Postoperative care



Patient comfort and recovery are managed during the recovery period and patients are discharged with the necessary understanding of their discharge plan.

Intention of this standard – In recognition of the perioperative nature of anaesthesia care this standard aims to identify the role and responsibilities of anaesthetists for the ongoing care and post-discharge plan during the postoperative period.



Indicators

4.1 Responsibilities

Anaesthetists continue to provide care during the postoperative period until such time that there is no longer any requirement, or care has been handed over to another qualified and registered medical practitioner working within their scope of clinical practice.

Handover is guided by following best practice recommendations. Despite handover to another practitioner, anaesthetists retain shared responsibility in some situations, as may arise with handover to nursing staff in the post-anaesthesia care unit (PACU).

In addition to overseeing management during the immediate postoperative recovery in PACU, anaesthetists contribute to post-discharge care including advice on comfort and pain relief, as well as resumption of activities affected by anaesthetic and analgesic medications.

4.2 Communication with colleagues

Anaesthetists contribute to advanced postoperative care through informing colleagues from other disciplines involved in patient management and participate collaboratively as needed.

Communication with proceduralists to inform post-discharge plans, where relevant, may be invaluable. Discussion may continue beyond discharge.

4.3 Communication with patients/family/carer

Anaesthetists provide patients with information to enable understanding of the post-discharge plan including instructions that are essential to optimise their recovery and minimise risk of harm. Where patients are discharged into the care of a family member or carer, it is essential that they are conversant with the specifics of the discharge plan.

4.4 Postoperative medications and care plan

Patients are discharged with medications prescribed for use as part of their post-procedural management as well as their normal medications that they may normally be taking, along with a discharge plan that includes specific instructions. Opioid stewardship forms an important part of pain management post discharge. The postoperative plan will be understood by the patient and easily referenced.



For patients

Even when your procedure has ended, your anaesthetist will continue to be involved in your postoperative care to assist with your comfort and contribute to your smooth recovery from anaesthesia.

Your anaesthetist will communicate and collaborate with your proceduralist and other doctors involved in your care to ensure that they are informed about any relevant anaesthetic issues and to contribute to your post-discharge plan.



For clinicians

The postoperative and post-discharge periods are part of the perioperative spectrum. Anaesthetist involvement extends from the emergence stage in PACU with its potential for acute reactions through to the post-discharge period with its potential for delayed reactions, or reactions to prescribed medications.

Communication with proceduralists and clinicians from other disciplines offers the opportunity for consultation and collaboration on postoperative management.

Providing patients and their carers/family members with written instructions as well as confirming that processes are in place to ensure that instructions are understood, underpins both optimisation of care and minimisation of risks. Advice on pain management and prescription of opioids aligns with opioid stewardship.



For health services

Post-anaesthesia recovery is a period during which patient stability is variable and rapid intervention may be required in the event of any deterioration in condition. Health services should plan their resources to accommodate such events. Development and implementation of processes facilitating the staging of care from high acuity to discharge mitigates the risks of complications and facilitate their management.

Providing resources to document summaries as well as discharge instructions, and provision of staff to assist with discharge and follow-up post-discharge contribute to optimising care and outcomes.

Healthcare Facility support of clinical environment



Standard 5: Healthcare facilities

Healthcare facilities are managed in accordance with regulatory requirements including administrative processes, as well as staffing and equipment to support safety and quality in anaesthesia care.

Intention of this standard – To support healthcare facilities to plan and develop or adapt their policies and processes aimed at maximising patient safety and provide facilities and equipment that enhance quality of patient care.



Indicators

5.1 Credentialing and scopes of clinical practice

Healthcare facilities comply with jurisdictional authority directives as well as best-practice recommendations.

Employment by public hospitals or accreditation by private facilities carries responsibilities to ensure that staff have the qualifications and experience to provide expert care in the fields in which they are seeking to engage.

Anaesthetists without any conflict of interest are best placed to participate on credentialing committees and advise on matters of clinical scopes of practice.

5.2 Support for CPD

Healthcare facilities promote and support anaesthetists participating in continuing professional development as this is a prerequisite for registration by the MBA and MCNZ.

In addition, to the regulatory requirements, CPD plays an important role in patient care, and other non-clinical roles such as teaching, research, audit, leadership and management, which may be invaluable contributions to healthcare facilities. For this reason, it is in the interests of healthcare facilities to support anaesthetist CPD participation.

5.3 Research

Healthcare facilities encourage and support research in clinical anaesthesia as this is fundamental to advancing patient care in anaesthesia.

5.4 Staffing

Adequately trained and experienced staff with the skills appropriate to the services offered are available.

The presence of quality personnel in sufficient numbers is a significant factor impacting on patient outcomes and safety in patient care.

5.5 Equipment

Policies and procedures exist that ensure availability of functioning equipment necessary for the safe delivery and recovery from anaesthesia. This includes scheduling regular servicing of equipment in accordance with manufacturers' recommendations.

Recognised anaesthesia guidelines are followed, and healthcare facilities actively encourage and support early anaesthetist involvement in equipment procurement decisions.

5.6 Workplace psychosocial hazards and staff wellbeing.

Systems are in place to encourage an environment promoting and supporting staff wellbeing and to address workplace conflicts. It is a requirement that employers and accrediting bodies comply with national and local laws pertaining to bullying, discrimination, and harassment.

Provision for ensuring the maintenance of doctors' health and wellbeing is critical to the delivery of safe patient care and includes ensuring safe rostering and provision of adequate leave arrangements.



For patients

You can be confident that Healthcare facilities in which you will be receiving anaesthesia care are registered and licensed by regulatory authorities. In addition, they follow anaesthesia best-practice guidelines, which are a major determinant of optimising anaesthesia outcomes.

Qualifications of the Anaesthetists caring for you will have been confirmed by the healthcare facility who will ensure the availability of staff and equipment essential for your safe care.



For clinicians

Healthcare facilities will have systems in place that support your ability to manage your patients to the highest standard. This includes policies that govern staffing, environment, equipment and wellbeing.

It is advisable that anaesthesia departments be represented on hospital committees to consult on anaesthesia-related issues. In settings where there is no anaesthesia department, representation either by individual anaesthetists or representatives from a network will be sought. This is especially so to support wellbeing of colleagues and also to enable their CPD participation.



For health services

Planning and developing policies and processes that ensure smooth and efficient perioperative patient experiences as well as optimal outcomes, are the cornerstones of best-practice patient care.

It is expected that healthcare facilities invite anaesthetists to provide advice and direction on anaesthesia matters through committee structures and direct consultation, as required.

Professional documents of the Australian and New Zealand College of Anaesthetists (ANZCA) are intended to apply wherever anaesthesia is administered and perioperative medicine practised within Australia and New Zealand. It is the responsibility of each practitioner to have express regard to the particular circumstances of each case, and the application of these ANZCA documents in each case. It is recognised that there may be exceptional situations (for example, some emergencies) in which the interests of patients override the requirement for compliance with some or all of these ANZCA documents. Each document is prepared in the context of the entire body of the college's professional documents, and should be interpreted in this way.

ANZCA professional documents are reviewed from time to time, and it is the responsibility of each practitioner to ensure that he or she has obtained the current version which is available from the college website (www.anzca.edu.au). The professional documents have been prepared having regard to the information available at the time of their preparation, and practitioners should therefore take into account any information that may have been published or has become available subsequently.

Whilst ANZCA endeavours to ensure that its professional documents are as current as possible at the time of their preparation, it takes no responsibility for matters arising from changed circumstances or information or material which may have become available subsequently.

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