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Medical Sciences Council |Te Kaunihera Pūtaiao Hauora o Aotearoa
By email: mscconsultations@medsci.co.nz

Tēnā koe

Anaesthetic Technicians and Safe Sedation Standard

Te Whare Tohu o Te Hau Whakaora | The Australian and New Zealand College of Anaesthetists (ANZCA), which includes the Faculty of Pain Medicine (FPM) thanks you for the opportunity to provide feedback on the Anaesthetic Technicians (ATs) and Safe Sedation Standard consultation which includes the Sedation standard for anaesthetic technicians and the Requirements for anaesthetic technicians involved in sedation ("the standard").

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 around10 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 (National Committee NZ and FPM NZ) and education and policy advisors in Australia and Aotearoa, and their feedback, informs this submission.

Anaesthetists share the same education, training and accreditation across Australia and Aotearoa and there is appreciable trans-Tasman mobility between the two countries. Maintaining consistent practice standards is critical for safeguarding patient safety. Consideration of the implications of change and broader impact of standards on both systems, is also important, given their reciprocal influence on each other.

Overview

It is implicit but not actually stated that this document is about the safe provision of **procedural** sedation and ANZCA recommends that 'procedural' is incorporated into the title. That would distinguish it from other sedation purposes, such as for acute behavioural disorders.

ANZCA welcomes and supports clarification from the earlier draft that high-risk patients must be referred to an anaesthetist. In general, however, the college finds the standard unclear and inconsistent. There are ambiguous underlying assumptions, insufficient detail and a lack of clarity where definitive guidance is required. In particular:

- there is no clear statement that ATs work under the direction of an anaesthetist (or intensive care specialist, emergency department (ED) doctor or dentist, with the requisite training and skills in sedation)
- the definition of an appropriately qualified prescribing practitioner - "…**may** include an anaesthetist, intensive care specialist, **other medical** practitioners" (ANZCA emphasis) - is broad, rather than explanatory
- no distinction is made between the prescribing practitioner and the anaesthetist*
- the use of multiple terms for similar if not the same role - authorised prescribers, the prescribing practitioner, appropriately qualified prescribing practitioners, and appropriately qualified medical practitioner - is unhelpful.

ANZCA's professional document PG09 (G) Guideline on procedural sedation 2023 (the Guideline)[1] uses the term 'sedationist' to cover those roles and that may be a better term to use. While the ability to prescribe sedative drugs is essential in that role, it is only a small part of the delivery of sedation care that includes the assessment, delivery and monitoring of the effect of the sedative agents administered (S7.3). The roles and competencies of the sedationist and supporting role of the assistant to the sedationist are outlined in S7.1- S7.3. 'Prescribing practitioner' does not adequately describe the role and is potentially misleading.

This is compounded by imprecision around prescribing, administering and monitoring protocols. The line of medico-legal responsibility between sedation being administered "under the supervision of an anaesthetist" and "autonomous practice" is blurred. Similarly, it is difficult to reconcile provisions for remote monitoring with the requirement for the immediate availability of assistance and that sedation should never be performed alone. These 'grey areas' are a risk to patient safety and to ATs, particularly in the context of rapidly changing models of care, new treatment paradigms and chronic workforce shortages. There is potential, for instance, for ATs to be pressured to proceed without supervision, if an anaesthetist is not rostered on to a sedation list.

Sedation levels are accurately defined according to the Guideline, but the number and type of practitioners needed to deliver:

1) minimal sedation using multiple doses or multiple agents or agents administered intravenously

2) moderate sedation

as defined by the Guideline, is not detailed. Clinical workforce requirements are clearly and graphically presented in Appendix III; you may want to consider including something similar in the standard. It must be clear that ATs are not able to administer these types of sedation without supervision.

Notwithstanding the need to be flexible and cover a wide range of practice settings, the standard needs to be fit for purpose - that is, assure public safety as per the Health Practitioners Competence Assurance Act 2003 - and reflect current practice, not be so broad as to anticipate, and make allowance for, future models of care. The standard needs to be current, precise and unambiguous to assure the safety patients and practitioners.

In general, the specific skills and training required for sedation including the skills of the team undertaking the procedure as per the guidance, are not adequately referenced. Therefore, ANZCA does not support the standard in its current form.

Feedback on specific clauses and some recommended changes follows.

Sedation Standard for Anaesthetic Technicians

Introduction

The introduction should state that ATs work under the direction of an anaesthetist, intensive care specialist or ED doctor, or dentist before describing who they provide support to, collaborate or work alongside. There are a number of regulated health practitioners authorised to prescribe in Aotearoa and, without specifying the specialists supervising ATs, the term "prescribing

[1] PG (G) Guideline on procedural sedation 2023. Australian and New Zealand College of Anaesthetists (ANZCA).

practitioner" could be misleading, particularly considering the high proportion of the specialist international medical graduates in the health system.

ATs are responsible for their own practice, but they work under supervision of specialist medical practitioners. Mentioning one without the other gives a distorted view of the role.

ANZCA recommends the standard clearly states that that ATs work under the direction of specialist medical practitioners, and that these are identified in the context of health care in Aotearoa New Zealand. Prescribers should be referred to consistently as per the definition.

Background

As above. We suggest changing "*in accordance with* the Medical Science Council competence and other standards" to "*meet the requirements of* the Medical Science Council competence and other standards".

Prescribing and administering sedation

The standard is clear that ATs do not prescribe sedation agents; further clarity would be provided by identifying that the authorised prescribers of the sedation agents that ATs administer under supervision or delegation are anaesthetists, intensive care specialist, ED doctors or dentists.

Types of sedation

The initial clause "In the absence of an anaesthetist or emergency specialist…" is unnecessary and confusing, since it implies that ATs can provide all minimal and moderate levels of conscious sedation without supervision, which is inconsistent with the requirements for ATs identified under "sedation administration" and the Guideline. We also query the additional value of having an AT sedationists for moderate sedation, when there must be a supervising practitioner separate from the proceduralist anyway. We recommend this section is modified accordingly.

The standard also implies obliquely, that if an anaesthetist or ED specialist is supervising, the AT is not limited to minimal and moderate sedation, potentially indicating that deep sedation is within scope. The latter must be explicitly excluded.

Safety

The "appropriate level of supervision and support" needs defining and referencing. The college welcomes the unequivocal statement that sedation should never be performed alone.

Remote monitoring

ANZCA welcomes the recognition of the potential for remote monitoring, and the Council's position statement Allocating AT Resources provides admirable assurance that "*ATs SHOULD NOT simultaneously provide assistance across more than one operating theatre*" [2], precluding one aspect of use.

However, requiring ATs and prescribing practitioners to *"work collaboratively to ensure immediate assistance is available to patients under sedation*" ignores the potential power imbalance between ATs and the prescribing practitioner (or supervisor) who directs them, in other scenarios. This is not safe. The standard must provide ATs, and their employers, with clear guidance around remote monitoring.

[2] Allocating Anaesthetic Technician Resources 2025. Medical Sciences Council of New Zealand.

Requirements for anaesthetic technicians involved in sedation

In addition to “Relevant internal approvals for the administration of sedation must be in place from the place of employment” it should be stated that education must comply with ANZCA’s PS09 (G) Procedural sedation guideline 2023, especially noting Appendix IV (competencies).

Pre-sedation assessment

Bullet point 3 “discuss with an anaesthetist sedation for patients identified as higher-risk. The presence of an anaesthetist should also be considered, especially if moderate sedation is planned” should be expanded to include the statement “or the procedure is likely to be complex or prolonged or the patient is ASA 3 or greater”.

Sedation Administration

Note that some of this section seems inconsistent with the “Types of sedation” section. This section is the more robust since it specifies that ATS must only “Administer sedation under the supervision of an anaesthetist or appropriately qualified medical practitioner”.

Post-sedation care

A practical consideration to note is that post procedure recovery monitoring would normally be done by a separate practitioner in a recovery area.

References

Scope of practice statements should be referenced to their sources.

Definitions

As indicated above, the only definition of Appropriately qualified prescribing practitioner is too general to be useful for this purpose, and the multiple terms employed - authorised prescribers, the prescribing practitioner, appropriately qualified prescribing practitioners, and appropriately qualified medical practitioner – are inconsistent and unhelpful. The definitions should provide context and be precise.

Sedation levels are accurately defined and referenced to the Guideline.

Conclusion

While the college appreciates the difficulty of ensuring a robust standard that covers the diverse health settings in which sedation is provided in Aotearoa New Zealand, the standard’s function is to set a clear line for consistent and safe practise that protects both practitioner and patients here and now. The standard is currently so broad and non-specific that, while it offers flexibility, it does not provide sufficient safety or certainty. The implications of significant resourcing shortages, and new technologies, treatments and potential models of care do need to be discussed and considered in other contexts and documents, not the standard.

A summary of recommendations for your consideration follows.

Summary of recommendations

- Insert ‘procedural’ in the title: ATs and Safe Procedural Sedation Standard.
- Consider using the term ‘sedationist’ that encompasses assessment, delivery and monitoring of sedation agents that have been administered as well as prescribing.

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- Clarify that while ATs have a scope of practice for which they are responsible, they work under the direction of an anaesthetist (or intensive care specialist, ED doctor, or dentist).
- Identify the specialist roles that direct and supervise in Aotearoa New Zealand.
- Use consistent role titles that are defined.
- Reconsider and expand the section on Remote monitoring to clarify what is in and out of scope for ATs
- State that education must comply with ANZCA's PS09 (G)Procedural sedation guidelines, especially noting Appendix IV (competencies) in the requirements for ATs
- Add "or the procedure is likely to be complex or prolonged or the patient is ASA 3 or greater" to the pre-sedation assessment.
- Ensure that the section on Types of sedation is consistent with the Sedation assessment section.
- Reference scope of practice statements to their sources.

Thank you again for the opportunity to provide feedback on this important document.

Nāku noa, nā

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