



Short title: Assistant for anaesthetist BP

1. Purpose of review

PS08 Position statement on the assistant for the anaesthetist was due for review having previously been reviewed in 2008, republished in 2012 and updated in 2016. PS08 is frequently referenced, and referred to by training providers, service providers, administrators, assistants, and fellows. The current revision, by Internal Review, has aimed to clarify the scope of assistants, and the high-level core competencies expected. The revised document is intended to assist providers of training in producing curriculum frameworks for their training programs.

2. Background

The value of the Anaesthesia Assistant as an important member of the theatre team has long been recognised and appreciated by anaesthetists. Assistants play a significant part in patient care and are a contributing factor to patient safety and better patient outcomes.^{1,2}

The pathways to becoming assistants are varied. Consequently, it is essential that training outcomes and competencies are consistent across Australia and New Zealand, irrespective of training pathway. Course providers need to be aware of the standard, to ensure that their graduates meet the standard.

The document has undergone Internal Review as defined in *CP24 Professional document process* and includes consideration of patient centred, trauma informed care and economic and environmental responsibilities that are more dominant considerations in the healthcare landscape than at the time of the original document development. The roles of the anaesthesia assistant have been stated more explicitly recognising the range of healthcare providers that work collaboratively with the anaesthetist to support the delivery of anaesthesia and perioperative care. There is also a minor updating of the equipment and procedures section.

3. Issues

3.1 The 2016 Comprehensive Review process.

During the previous comprehensive review in 2016, there was considerable interest from stakeholders including the nursing profession, anaesthesia technicians, course providers, and fellows. With the approval of ANZCA Council, the 2016 PS08 document development group (DDG) convened an expert group to seek input and insights into the educational perspectives of each stakeholder group. Nominations for the 2016 Expert Group were sought from nurse assistants, from anaesthesia technicians, and anaesthesia technicians with prior nursing training.

Additional correspondence was received from the following organisations about core competencies:

- Australian Society of Anaesthesia Paramedical Officers (ASAPO)
- New Zealand Anaesthetic Technicians' Society (NZATS)
- Statewide Anaesthesia and Perioperative Care Clinical Network (SWAPNET)

Further material on core competencies was sought from organisations including the Auckland University of Technology Diploma in Applied Science - Anaesthetic Technology, and the Medical Sciences Council of New Zealand.

3.2 The 2025 Internal Review process

The 2025 Internal Review has focused on changes as outlined above and has not changed the broad scope of expected competencies. The Internal Review group is noted below and included representatives from the New Zealand National Committee.

Feedback and related correspondence received since the 2016 version was promulgated was considered, as were changes in the training landscape, especially in Aotearoa New Zealand. Further feedback following stakeholder consultation was received from sources including:

- The Australian Society of Anaesthetists (ASA)
- The Australian Anaesthesia Allied Health Practitioners (AAAHP)
- The Australasian College of Perianaesthesia Nurses (ACPAN)
- The New Zealand Anaesthetic Technicians' Society (NZATS)
- The New Zealand Nurses Organisation (NZNO)
- TAFE Queensland

The aim of PS08 is to promote better training through identification of core competencies and skills. Although it is understood that there are different pathways to become anaesthesia assistants there should be no difference in the duration of that training.

Suggestions regarding organisational compliance with PS08 was considered outside the scope of the document as ANZCA has no regulatory role over these organisations. However, these requirements have been developed to provide a framework for training that meets ANZCA's expectations, and ANZCA expects training sites to provide a working environment for trainees that aligns with these requirements.

Exposure to clinical experience was considered as an essential component of training. Such experience may be delivered either during or after completion of a course, however, the training period should not be considered complete until the recommended twelve months of clinical experience have been satisfactorily completed and prior to awarding the relevant certificate.

Safe handling of controlled/restricted drugs is a core competency and it is recognised that rules around handling of drugs vary between jurisdictions. While ANZCA supports that all anaesthesia assistants should be trained to this standard, the matter of jurisdictional regulations is beyond the scope of PS08.

With regard to invasive techniques, it is acknowledged that insertion of intercostal drain tubes may not be common, and pulmonary artery catheter insertion may be infrequent outside of cardiothoracic anaesthesia. A significant number of anaesthetics are administered outside large tertiary hospitals where intercostal tubes may be rare, however it was regarded that basic understanding of intercostal tubes and pulmonary artery catheter use should be included given the risks and potential complications.

3.3 Additional recommendations:

- 3.3.1 Assistants should ideally be registered practitioners with the relevant regulatory authority. In Australia, the Australian Health Practitioner Regulation Agency's limitation on new applications for registration under health practitioners has delayed the ability of some assistants to become recognised as registered health practitioners in Australia. Nevertheless,

ANZCA supports the notion that all assistants should be regulated by the relevant authority, as it is in New Zealand.

- 3.3.2 Ideally the anaesthesia assistant should have basic pharmacology knowledge and be able to check controlled and restricted drugs and assist the anaesthetist in the safe handling of these drugs in the anaesthetic environment. Such activity must comply with the laws of the relevant authorities in each jurisdiction.
- 3.3.3 PS08 should be built around a core set of competencies for all assistants to the anaesthetist. The focus of PS08 should be on the core competencies that curricula should aim to achieve rather than specifying particular curriculum areas. A prescriptive curriculum framework may preclude particular approaches that are already in use.
- 3.3.4 Assistants, who work in specialised and/or limited scopes of practice are required to attain, demonstrate and maintain the core set of competencies and any additional skills as necessary.
- 3.3.5 The objective of demonstrating and assessing core competencies, and the requirement for ongoing maintenance of competence should allow flexibility in training courses while maintaining the standard recommended by ANZCA.
- 3.3.6 The time taken for individuals to achieve core competencies may vary. However, it is recommended that academic attainment of competencies should be considered as a separate issue from clinical experience, which should be for a minimum duration of twelve months (full-time equivalent) as an anaesthesia assistant.
- 3.3.7 Recognition of prior learning should not be included as this is the role of the educational institution in determining entry criteria and is beyond the scope of PS08.
- 3.3.8 All assistants should undertake continuing professional development (CPD). While CPD is mandatory for regulated practitioners it is essential that all anaesthesia assistants undertake CPD and that it is relevant to the scope of practice. CPD activities could include in-service sessions in facilities where these are available, basic life support (BLS) courses, and any available online resources that may be available for CPD purposes.
- 3.3.9 All assistants to the anaesthetist should have training to be culturally responsive and provide trauma sensitive care. Culturally competent care acknowledges and respects the diverse cultural values, beliefs, and practices of individuals and communities, while trauma-informed care recognises the widespread impact of trauma on health and well-being.
- 3.3.10 During normal day-time hours trainee assistants may work independently but with appropriate supervision. Trainee assistants should not be unsupervised after-hours however the level of supervision can be graded according to assessed competencies and case types. Level 4 supervision (ie with off-site support) may be appropriate for a trainee assistant who is sufficiently advanced in their training. In this circumstance, the off-site supervisor should be available to attend in person should that be required.

4. Course accreditation

ANZCA does not have a process for accrediting external training courses or providers. Courses should be able to demonstrate compliance with the principles and competencies outlined in PS08 if requested.

The current revision has considered the anaesthesia assistant in the context of a valued member of the anaesthesia team and as such, roles have been identified and stated. This has formed the basis for

identifying the high-level competencies, which are aimed at guiding course providers. PS08 is not intended to be prescriptive but rather allow flexibility given the varying backgrounds of anaesthesia assistants.

The core competencies listed in the document are the ones ANZCA regards as essential and recommends that they be included in the framework for curricula designed to train assistants to the anaesthetist.

5. Process of document review

The 2025/6 Internal Review Group comprised:

Prof David A Scott, Director of Professional Affairs, Professional Documents
Dr Michelle Mulligan, Director of Professional Affairs, Professional Documents
Dr Graham Roper, Chair – ANZCA New Zealand National Committee
Dr Rachel Dempsey, Deputy Chair - ANZCA New Zealand National Committee
Vanessa Hille, Policy Officer, Professional Documents

The 2016 document development group comprised:

Dr Peter Roessler (Chair), FANZCA, Director of Professional Affairs (Professional Documents)
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Dr Mark Young, FANZCA

References

1. Weller J, Merry A, Robinson B, Warman G, Janssen A. The impact of trained assistance on error rates in anaesthesia: a simulation-based randomized controlled trial. *Anaesthesia* 2008; 64: 126-130.
2. Kluger M, Bukofzer M, Bullock M. Anaesthetic assistants: their role in the development and resolution of anaesthetic incidents. *Anaesthesia and Intensive Care* 1999; 27: 269-274.

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