

August 10, 2018

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Consultation: Regulation of general, spinal or epidural anaesthetic; or sedation, other than simple sedation

Dear Drs Young and Brown

Thank you for the opportunity to provide comment on the public consultation document, *Regulation of general, spinal or epidural anaesthetic; or sedation, other than simple sedation*.

The Australian and New Zealand College of Anaesthetists (ANZCA), including the Faculty of Pain Medicine (FPM), is committed to high standards of clinical practice in the fields of anaesthesia, perioperative medicine and pain medicine. As the education and training body responsible for the postgraduate training programs of anaesthesia and pain medicine for Australia, New Zealand and parts of Asia, we believe in ongoing continuous improvement and strive to ensure our programs represent best practice and contribute to a high quality health system.

The medical specialty of anaesthesia is critical to the provision of safe and effective anaesthesia and sedation. This is achieved through involvement in anaesthesia mortality reviews, collection of patient outcome data, publishing information relevant to the safe practice of anaesthesia, preparing evidence based guidelines, and advocating for improved patient care.

ANZCA has reviewed the proposed changes to the Act and answers to the four consultation questions are set out in the accompanying response form.

Queensland Health is to be commended on its efforts to broaden the scope of the *Private Health Facilities Act 1999* to include all health practitioners in the definition of a day hospital health service; with diagnostic, surgical or other procedures involving the administration of a general, spinal or epidural anaesthetic; or sedation, other than simple sedation, required to be conducted in a licensed facility.

To ensure patient safety, legislation must apply to all instances of sedation or anaesthesia that is greater than simple sedation, irrespective of who it is performed by and as such

“To serve the community by fostering safety and high quality patient care in anaesthesia, perioperative medicine and pain medicine.”

supports the proposed legislation change. However, even procedures intended for simple sedation can unpredictably and rapidly slip into deep sedation or potentially general anaesthesia when administered intravenously. As such, ANZCA maintains that it is preferable that any diagnostic or surgical procedures that require intravenous sedation or the use of drugs via any route in doses that might impair ventilation should only be performed in a licensed or accredited facility.

Should you require any further information, please contact the ANZCA Safety and Advocacy unit via policy@anzca.edu.au or telephone (03) 9093 4953.

Yours sincerely



Dr Phillipa Hore
Chair, Safety and Quality Committee
Australian and New Zealand College of Anaesthetists



Dr Dale Kerr
Chair, Queensland Regional Committee
Australian and New Zealand College of Anaesthetists

Private Health Facilities Act 1999

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About you

| | |
|--|---|
| Name: Dr Phillipa Hore and Dr Dale Kerr | |
| Organisation: Australian and New Zealand College of Anaesthetists | |
| Email: policy@anzca.edu.au | |
| (Tick <input checked="" type="checkbox"/> one or more options that describes your business/activities) | |
| <input type="checkbox"/> Dental Practitioner | <input type="checkbox"/> Private Healthcare Facility |
| <input type="checkbox"/> Allied Health Professional | <input type="checkbox"/> Private Health Insurance company |
| <input checked="" type="checkbox"/> Professional Association | <input type="checkbox"/> Medical Practitioner |
| <input type="checkbox"/> Community Association | <input type="checkbox"/> Other (specify) _____ |

About the proposed changes to the Act

The proposed regulation of anaesthesia for all health practitioners would require changes to the *Private Health Facilities Act 1999* to broaden its scope to include all health practitioners in the definition of a day hospital health service; with diagnostic, surgical or other procedures involving the administration of a general, spinal or epidural anaesthetic; or sedation, other than simple sedation, required to be conducted in a licensed facility. Please provide a response to the following questions, where able, to better inform the consultation.

1. Is there any compelling reason other health practitioners, such as dentists, should be exempt from the regulation of general, spinal or epidural anaesthetic; or sedation, other than simple sedation, which medical practitioners are subject to?

Yes.

No.

Please provide comment on the reason/s for your answer.

All procedures performed under anaesthesia or intravenous sedation should be conducted in a licensed facility. Progression from conscious sedation to deep sedation and potentially general anaesthesia can be rapid and unpredictable, and as such, any diagnostic or surgical procedures that require more than “simple” or “conscious” sedation must be carried out in a licensed facility with appropriate staffing, equipment and emergency access. Your attention is drawn to the [“Day Surgery in Australia”](#) Joint Position Paper by the Australian and New Zealand College of Anaesthetists (ANZCA), the Royal Australasian College of Surgeons and the Australian Society of Plastic Surgeons which details these minimum standards.

Different risks are associated with different levels of sedation and anaesthesia. In clinical practice, transition between conscious sedation and deep sedation using intravenous techniques may be unexpected and unpredictable. It therefore follows in the position paper, that wherever intravenous sedation is performed, there needs to be access to a full range of airway and resuscitation equipment. It is unlikely that unlicensed facilities, as opposed to licensed facilities, will be adequately equipped with the essential range of airway and resuscitation equipment

If all instances of intravenous sedation are performed in licensed facilities, then the harm to patients is minimized.



2. Are you aware of any health practitioners, other than dentists, performing procedures where the patient has been administered general, spinal or epidural anaesthetic; or sedation, other than simple sedation, outside of a licensed day or private hospital?

If yes, please provide information on the health practitioner group/s and where procedures are performed.

In 2016 the ANZCA Conscious Sedation Working Group (CSWG) was established to investigate the sedation landscape across a number of jurisdictions. The CSWG recognised that procedural sedation outside the operating room environment is becoming more prevalent and is often provided by non-anaesthetist clinicians. Following the recommendations of the CSWG, ANZCA conducted stakeholder roundtables in both Australia and New Zealand in early 2018 with the intent of understanding which practitioner groups were practicing procedural sedation and the training they were undergoing to be able to do so. To our knowledge sedation is performed by the following groups:

- Physicians
- General Practitioners
- Radiologists
- Emergency Medicine physicians
- Surgeons
- Rural and remote doctors
- Nurses and allied health practitioners involved in the delivery of sedation
- Dermatologists
- Psychiatrists
- Obstetricians and Gynaecologists
- Intensivists
- Paramedics

The stakeholder roundtables reaffirmed the lack of common and defined learning outcomes and educational standards for the teaching of sedation, an imperative for patient safety. As such work is underway to collaboratively develop a set of uniform learning outcomes for providing safe sedation that are relevant to all medical, nursing and dental practitioner groups, and are appropriate for adopting into their own training programs.

Nevertheless, ANZCA believes the best way to achieve patient safety is through stringent legislation that requires all intravenous sedation, irrespective of who it is performed by, to occur only in licensed health facilities. The Victorian state government, after close consultation with ANZCA, has recently enacted such changes which have now come into effect as of 1 July 2018. ANZCA supports this legislation, and would encourage the Queensland Government to give this due consideration.

3. If this proposed change to the regulation of general, spinal or epidural anaesthetic; or sedation, other than simple sedation, were to proceed, at what point would the regulation come into force? How much time should be allowed for practitioners to make the necessary arrangements to ensure compliance?

As soon as practical as the effect of the change would be to reduce risk to the patient.

4. Do you have any further comment?

N/A

How to submit your feedback

We thank you for your time and efforts in assisting us to maintain the efficacy of the legislation. Please use the details below to submit your feedback by **10 August 2018**.

Email: Private_Health@health.qld.gov.au

Post: Private Health Regulation Unit
Chief Medical Officer and Healthcare
Regulation Branch
Queensland Health
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