3 December 2025

Survey response: Consultation: Anaesthetic technicians and safe sedation standard

1. **Is the proposed standard appropriate for the current scope of anaesthetic technician practice?**

   Y/N

   - **Why or why not? (free text)**

The New Zealand Society of Anaesthetists cannot support this standard in its current form. Areas of the standard could be interpreted to suggest that anaesthetic technicians can administer sedation without direct supervision of a prescribing provider. This is beyond the anaesthetic technician's scope of practice.

This could be addressed through more consistent and explicit expectations for 1:1 direct supervision and adjustments, as we have included in our response to question 5, to better distinguish the supportive role of the anaesthetic technician.

2. **Do you think an anaesthetic technician should be able to perform minimal or moderate conscious sedation without an anaesthetist or emergency specialist present?**

   Y/N

   - **Why or why not?**

Only minimal sedation is conscious sedation, as defined in ANZCA PG09. Moderate sedation is defined as 'depressed consciousness' and requires additional competencies and staffing levels due to the increased risks.
The NZSA recommends removing 'moderate' from the statement, aligning it to established definitions of conscious sedation.

This question could be interpreted as anaesthetic technicians may administer sedation without any supervision. The NZSA cannot support or defend an anaesthetic technician administering sedation without direct supervision of the prescribing practitioner/sedationist. This is beyond an anaesthetic technician's scope of practice and clinical skills – particularly in responding to any adverse events.

It also implies that the prescribing provider present may not be an anaesthetist or emergency specialist. In line with PG09, there are situations where minimal sedation may be administered by a proceduralist/sedationist who may not be an anaesthetist or emergency

specialist but is working within their scope of practice and meets the specific competencies as outlined in PG09. This role would be beyond the scope and clinical skills of anaesthetic technicians, particularly when it comes to managing airway procedures and critical events in scenarios where there is no immediate anaesthesia assistance. The proceduralist/seditionist/prescribing provider should meet the required competencies of ANZCA PG09 and should always be present, taking overall responsibility for the patient.

Whilst some internationally trained anaesthetic technicians may have experience administering sedation without supervision, we cannot guarantee they will undergo the same level of supervision and credentialing upon registering for practice in New Zealand as specialist prescribing practitioners.

3. **What additional education do you think anaesthetic technicians should undertake to perform minimal or moderate conscious sedation without an anaesthetist or emergency specialist present?**

The NZSA does not support anaesthetic technicians administering any sedation without direct supervision of the prescribing practitioner. Anything beyond this would require substantial additional training and is beyond their scope of practice; it is the responsibility of the prescribing practitioner.

As per our response to question 2, there may be instances where the prescribing provider may not be an anaesthetist or emergency specialist. However, this is still beyond the anaesthetic technician's scope of practice.

4. **Is there anything we have not explained clearly that you require additional clarification on?**

The NZSA challenges the decision not to list medicines. Whilst updates may sometimes be needed, new anaesthetic agents are not often introduced either. We note the current anaesthetic technician sedation guideline (2021) lists medications, and ask if this caused ongoing issues.

There needs to be some safeguards in the standard to reduce the risks for patients and anaesthetic technicians when it comes to more potent medications, where overdose or inadvertent moderate or deep sedation could occur.

An alternative option could be to exclude these more potent medications, for example, propofol, ketamine, alfentanil and remifentanil. Rather than including those that can be administered under supervision.

5. **Do you have any other feedback?**

In addition to our above answers, several of the recommendations made in the NZSA's response to the initial draft have not been incorporated. We suggest these be revisited to improve clarity, determine responsibilities and ensure safety for patients and anaesthetic technicians.

We also note the change from ‘guideline’ to ‘standard’, which implies stricter adherence. This increases our concern that areas of the standard could be interpreted to suggest that anaesthetic technicians can administer sedation without direct supervision of a prescribing provider.

Introduction: Clearer wording in the introduction would help define the supportive role of the anaesthetic technician and the responsibilities of the prescribing practitioner. For example, adjusting the first paragraph to: The anaesthetic technician scope of practice allows for flexible work practices including assisting in the administration of sedation to patients. Anaesthetic technicians provide support under the direct supervision of a prescribing practitioner and collaborate and work alongside other health professionals during peri-operative, interventional and investigative procedures involving sedation.

This should also be reconsidered in the first paragraph under ‘Requirements for anaesthetic technicians involved in sedation’. Replacing ‘providing’ with ‘supporting’: Anaesthetic technicians supporting sedation must be working within their level of competence, education, and experience. Anaesthetic technicians supporting sedation must identify the limits of their practise and actively seek advice or refer to another professional or service when this occurs.

Remote Monitoring: ‘Immediate assistance’ could be interpreted as the patient may be left alone in the room, and the linked document only states that the anaesthetic technician should not be covering more than one operating theatre.

Pre-sedation assessment:

- Third point. The anaesthetist should be present, not just considered, if moderate sedation is to be included.
- The first, second and fourth responsibilities listed in this section should be the responsibility of the prescribing practitioner, who should be following pre-sedation assessment guidelines, such as ANZCA PG09. Adjusting the expectation that these listed items are the responsibility of the prescribing provider in this guideline will clearly attribute responsibilities.

Intra-sedation monitoring: Expand the third point to include a suitable qualified doctor is immediately available: Ensure there is a medical doctor immediately available to escalate any emergency, who is skilled in resuscitation and emergency management. As well as access to reversal agents and emergency resuscitation equipment where required.

Post-sedation care: The first bullet point in this section could be interpreted as monitoring the patient’s recovery until full discharge from the hospital.