



APPENDIX 5

Position Paper on Anesthesia Assistants: An Official Position Paper of the Canadian Anesthesiologists' Society

Background

Medical/surgical care has become increasingly complex as both the number and severity of comorbidities have multiplied over the years. At the same time, there have been significant advances in the practice of anesthesiology owing to developments in the education and training of anesthesiologists, an expanded knowledge and evidence base, and remarkable innovations in equipment, technology, and pharmacotherapeutics. Anesthesia services are increasingly provided in remote locations outside the operating room where there is also a growing need for specialist care in diagnostic and therapeutic procedures. This increasing clinical load challenges the ability of anesthesiologists to meet societal needs for both clinical care and academic productivity. The Canadian Anesthesiologists' Society (CAS) is committed to enhancing the quality of care for patients while improving the efficiency of anesthesiologists. Therefore, the CAS has supported the development of the "Anesthesia Care Team" (ACT) concept of care, in which the specialist physician anesthesiologist practices with the assistance of a group of medical and paramedical personnel including dedicated, trained, and certified anesthesia assistants (AAs).

Guiding Principles

- Anesthesiology in Canada is practiced by specialty physicians educated at accredited university sites and certified through the nationally recognized certification process of the Royal College of Physicians and Surgeons of Canada and also by accredited family practice physician anesthesiologists who have had appropriate training and credentialing. To ensure patient safety and optimal delivery of patient care in the perioperative setting, it is essential that the practice of anesthesia remain based on the physician model of anesthesia care.
- Anesthesia assistants work under the direct supervision of a specialist anesthesiologist, carrying out medical orders and directives as prescribed by anesthesiologists.
- The introduction of AAs into the ACT and the extent of their clinical activities and specific scope of practice must be determined by and also under the direct responsibility of physician anesthesiologists, specifically the Chief of Anesthesiology (if applicable) at the clinic, hospital, regional, and/or provincial levels. As stated in the Guidelines to the Practice of Anesthesia, "It is unacceptable for one anesthesiologist to simultaneously administer general anesthesia, major regional anesthesia (spinal, epidural, or other), or deep procedural sedation (see Appendix 6) for concurrent diagnostic or therapeutic procedures on more than one patient."

- *The Guidelines do permit the following: “It may be appropriate in specific circumstances for one anesthesiologist to supervise more than one patient where only minimal to moderate sedation is administered, provided an appropriately trained, qualified, and accredited individual approved by the department of anesthesiology, and the healthcare institution is in constant attendance with each patient receiving care. In an obstetric unit, however, it is acceptable to supervise more than one patient receiving regional analgesia for labour. Due care must be taken to ensure that a suitably trained person adequately observes each patient following an established protocol.”*
- *The role of the AA within the ACT is to enhance patient safety. It is imperative that as the role becomes more widespread, the use of an AA must never compromise patient safety. The AA must not be used as a replacement for a physician anesthesiologist. The CAS and Canadian anesthesiologists are proud of their high standard of clinical care and their reputation for the provision of safe anesthesia and *the deployment of AAs should never jeopardize this principle.**
- *Individuals who provide purely technical assistance in operative anesthesia and who have not pursued a period of didactic and clinical training specific to anesthesia—as defined in the National Competency Framework for Anesthesia Assistance (NCF AA)—should not be given the designation of AA. Anesthesia technical personnel work under the direction and supervision of anesthesiologists and/or AAs and are often referred to as “anesthesia technicians”.*

Training and Education of Anesthesia Assistants

In 2016, the NCF AA was validated by the interprofessional AA Certification Workgroup, which included representation from the CAS, Canadian Society of Respiratory Therapy (CSRT), ORNAC, NAPANc, Association of Canadian University Departments of Anesthesia (ACUDA), CRBC, CoARTE as well as practicing AAs from a variety of backgrounds. This was the culmination of many years of broad consultation with all the relevant stakeholders across the country. The purpose of the document is as a “practical tool for use by educators, accreditors, and students for the design and maintenance of education programs in anesthesia assistance,” and also for “the public, other healthcare professionals, governments, industry and other stakeholders.....to obtain guidance regarding the practice and competence of anesthesia assistants.” The validation of the NCF AA has subsequently allowed the development of an interprofessional accreditation process for AA education programs and it has also enabled the creation of a national examination for AAs by a multidisciplinary panel. Both accreditation and the examination are administered through the CSRT. The examination is now one of the requirements for obtaining the Certified Clinical Anesthesia Assistant designation offered by the CSRT to AAs of all backgrounds who meet the necessary criteria.

The CAS welcomes these important contributions and remains committed to ongoing collaboration with all stakeholders as the AA role continues to evolve. It is vital that anesthesiologists continue to be involved in all aspects of AA education and assessment, as well as curriculum design and program accreditation. Direct links between the AA education programs, the CAS, and the ACUDA can facilitate this process.

Roles and Responsibilities

These are extensively detailed in the NCF AA document as referenced above.

<https://www.csrt.com/wp-content/uploads/Validated2016AANationalCompetencyFramework.pdf>