MEDICAL SCIENCES COUNCIL
OF NEW ZEALAND
TE KAUNIHERA PŪTAIAO HAUORA O AOTEAROA

# **Consultation outcome -** Anaesthetic technicians - safe sedation: **endorsement and education programme consultation**

## Background

1. Te Kaunihera Pūtaiao Hauora O Aotearoa | Medical Sciences Council (the Council) is responsible for protecting the health and safety of New Zealanders by ensuring practitioners registered in the profession of anaesthetic technology are qualified, competent and fit to practise. The Council has been working to set standards that ensure practitioners, employers, and the public are aware of what they should expect from anaesthetic technicians who are working with someone requiring sedation in the absence of an anaesthetist.

2. During October-December 2025, the Council consulted on a proposed standard for anaesthetic technicians providing sedation in the absence of an anaesthetist. The standard would replace the previous sedation guidance and reflect the recently updated scope of practice and competence standards (April 2025).

3. Feedback to the consultation supported the development of a standard but concerns were raised about mechanisms for ensuring practitioners had the appropriate level of education and competence to perform the role.

## Consultation

4. The Council has reviewed the feedback provided and proposes that a formal education programme be developed to provide assurance that anaesthetic technicians performing sedation are able to do this safely. It is proposed that the education programme is recognised as an endorsement on the scope of practice of those who have completed the requirements. This would be visible to the public on the public register.

5. The Council is now asking for feedback on this proposal from members of the profession, practitioners working in sedation, and other interested groups.

6. The consultation period will run from 10 August to 5pm, 30 September 2026. A survey to provide feedback on the proposed standard is available on the Council's website under the **Consultations** page. All feedback will be carefully reviewed by the Council before the standard is finalised.

## Previous consultation and feedback

7. The previous consultation on the sedation standard ran from 16 October to 3 December 2025. Details of the consultation and the proposed standard are available on the Council's website on the **Consultation** page. Responses were received from 35 individuals - 33 were registered anaesthetic technicians. This represents a response rate of 3.2% of the total workforce. Responses were also received from four organisations:

    - Optometrists and Dispensing Opticians Board (ODOB)
    - New Zealand Society of Anaesthetists (NZSA)
    - New Zealand Nurses Organisation (NZNO)
    - Australian and New Zealand College of Anaesthetists (ANZCA.

## Individual responses

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

Most respondents (86%) agreed the standard was appropriate. Those who agreed were of the opinion that the standard appropriately reflected the updated education and scope of practice for anaesthetic technicians, and that anaesthetic technicians have the appropriate education and knowledge required to perform the role. Fourteen percent (14%) of respondents were of the opinion that the standard was not appropriate and there should be more detail provided in the standard.

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

Most respondents (91%) indicated they agreed that anaesthetic technicians could perform this role, although many noted that the practitioner should have the appropriate education and demonstrated competence to perform this safely. The 9% who disagreed indicated they believed it was outside the scope of an anaesthetic technician and/or they did not have the skills to do this safely.

***Question 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?*

Most respondents indicated that practitioners performing this role should have additional education and suggested the areas covered should include:

a. patient selection, risk assessment, and fitness to sedate
b. patient consent
c. environment assessment and management
d. advanced airway management
e. medicolegal implications of sedation

f. pharmacology of sedatives, medicine management and safety
g. physiological monitoring/sedation monitoring/sedation management
h. advanced life support/ emergency management/ resuscitation/ adverse event management
i. recovery care.

Potential education providers were also identified by respondents.

While some respondents indicated they were not interested in providing sedation in the absence of an anaesthetist, others cited their experience of this currently occurring safely in Aotearoa New Zealand. Respondents also pointed to examples such as sedation performed by dentists, and in international contexts, such as the Netherlands. Respondents noted that this role could support the provision of timely care as well as provide a career development pathway for experienced anaesthetic technicians.

The New Zealand Society of Anaesthetists (NZSA), Australian and New Zealand College of Anaesthetists (ANZCA) and New Zealand Nurses Organisation (NZNO) expressed reservations about the proposal. They were concerned that patient safety may be compromised if practitioners were providing procedures outside the level of their education or competence. They were also concerned that parts of the standard could be interpreted to suggest that anaesthetic technicians can administer sedation without direct supervision from a prescribing practitioner.

Other suggestions for changes to the standard were made by respondents to the consultation - these are summarised below. A number of these have been incorporated into the standard.

| **Theme** | **Suggestions** |
|---|---|
| List medicines that can be used for sedation by anaesthetic technicians | • Include a **black** list (cannot use) or **white** list (can only use) of medicines for use<br>• Include: Midazolam and fentanyl<br>• Exclude: Propofol, ketamine, alfentanil and remifentanil<br>• Consider the role of reversing agents |
| More detail about exclusion criteria, practice setting | • Exclude children and vulnerable adults<br>• Limit settings (eg only where urgent help is available/exclude rural settings)<br>• Exclude shared airway procedures<br>• Exclude patients with ASA1 score > 2 or >3[1] |
| Make expectations for oversight by the prescribing practitioner more explicit | • Specify 1:1 oversight of anaesthetic technician by the prescribing practitioner<br>• Specify type of prescribing practitioner (either by inclusion or exclusion)<br>• Specify type of procedure (either by inclusion or exclusion)<br>• Specify physical location of prescribing practitioner (ie in the same room)<br>• Specify the number of people in the room for the procedure<br>• Remove the section for remote monitoring |

[1] The American Society of Anesthesiologists (ASA) classification is a six-category scoring system for assessing a patient's pre-anaesthesia medical condition.

| | |
|---|---|
| Allow minimal sedation only | • Remove references to moderate sedation |
| Align wording with ANZCA PG09(G) | • Use the term **procedural sedation**<br>• Use the term **sedationist** |

# Council response

The purpose of the Council is to protect the health and safety of those who receive the services of an anaesthetic technician, and the Council is cognisant of the risks to the sedated person when procedural sedation is being provided.

The Council is proposing that all practitioners who are performing procedural sedation in the absence of an anaesthetist must have completed a formal programme of education that is approved by the Council. The Council is aware that procedural sedation without an anaesthetist is already provided by some anaesthetic technicians in practice settings around the country and wants to ensure that all practitioners performing this role have an appropriate level of education and competence.

The Council is requesting feedback on the proposal which may be provided via the survey here.

## Proposed education programme

As mentioned above, the Council is proposing that practitioners who provide sedation undertake a programme of education to ensure they can provide safe services. The Council is currently identifying the most effective way to deliver the education required. At a broad level, the anaesthetic technician will need to demonstrate competence in -

1. the knowledge and technique(s) used, and medicine(s) administered to provide sedation
2. monitoring of the sedated patient
3. preventing, identifying and managing sedation-related complications.

The programme of education will also involve a period of clinical practice under the supervision of an appropriate practitioner - which is likely to be an anaesthetist in the initial stages of programme roll out. Completion of the qualification and a period of supervised clinical practice will provide assurance to the Council and the public that the practitioner has the required competence to perform sedation. On completion of the programme of education, anaesthetic technicians will be able to demonstrate the knowledge and behaviours identified in the consultation.

## Endorsement

The Council is proposing that practitioners who have completed the appropriate education and demonstrated competence have this listed on their scope of practice as an endorsement. This protects the public by ensuring that anaesthetic technicians providing sedation -

1. have the appropriate education and competence to perform the role
2. can be identified by the public, other practitioners, and employers.

A change in the current scope of practice will be required for this to occur. The change in the scope of practice has been drafted for consideration as part of the consultation. All other aspects of the scope will remain unchanged from the 2025 published version.

## Recognition of existing expertise

The Council recognises that some practitioners are already performing procedural sedation in Aotearoa New Zealand. The Council is proposing a time limited 'grandparenting' pathway to allow those practitioners to demonstrate their ability to perform safe procedural sedation by recognition of their existing qualifications and experience in this area. Grandparenting is proposed to be available for a limited period of 18 months from the commencement of the endorsement being added to the scope of practice. Practitioners wishing to have the endorsement must provide a portfolio to the Council containing evidence of their ability to demonstrate -

1. appropriate patient selection, risk assessment and fitness to sedate
2. appropriate patient consent
3. environment assessment and management
4. advanced airway management
5. understanding of medicolegal implications
6. pharmacology of sedatives, medicine management and safety
7. physiological monitoring, sedation monitoring and sedation management
8. advanced life support, emergency management, resuscitation, and adverse event management
9. appropriate recovery care.

Evidence may include education completed (including any in-house credentialling or sign off); support letters from employers, and support letters from practising anaesthetists.

If, following an assessment of the portfolio, the Council is not satisfied there is sufficient evidence that an anaesthetic technician is competent to receive a sedation endorsement, the Council may require the applicant to complete an approved education programme before considering the application further.

## Ongoing competence

The Council proposes that practitioners performing sedation will require ongoing development to maintain standards and ensure their continued competence in this area of practice. This may be included within the current professional development requirements, or in addition to the existing requirements.

## Cost recovery

The Council is considering how the costs incurred by it in recognising the programme and in processing applications for assessment/endorsement should be met. The Council may meet the costs either through using general funding from all anaesthetic technician practitioners, or by charging a fee to practitioners when they make an application for an endorsement in sedation.

## Updates to the draft standard

A number of updates to the draft standard consulted on in December 2025 have been made in response to the feedback received. A summary of the changes is listed below, and the updated draft standard is available for review.

| Consulted standard | Updated standard | Reasoning |
|---|---|---|
| Sedation | Procedural sedation | Updated to term commonly in use |
| NEW | *Scope*<br>This standard applies to anaesthetic technicians who are providing procedural sedation to people in the absence of an anaesthetist or emergency medicine specialist. Anaesthetic technicians providing procedural sedation in these circumstances must be endorsed to do so by the Council | Addition of section to define to whom the standard is applicable |
| NEW | *Education and competence*<br>Practitioners who intend to provide procedural sedation in the absence of an anaesthetist must have completed appropriate education and demonstrated competence to do so<br><br>The Council maintains a list of practitioners who have met these requirements either by:<br><br>• Completion of a Council approved education programme.<br>• Recognition of relevant experience and prior education (time-limited).<br><br>Practitioners who have been approved by the Council have an endorsement listed on their scope of practice and practising certificate.<br><br>Practitioners who are undertaking a recertification programme or under Council-imposed supervision for competence reasons, cannot provide sedation | Addition of section to define who may provide procedural sedation in the absence of an anaesthetist |

| | | |
|---|---|---|
| | without an anaesthetist being present | |
| In the absence of an anaesthetist or emergency specialist, the sedation administered by an anaesthetic technician is limited to the provision of minimal or moderate levels of conscious sedation | In the absence of an anaesthetist or emergency specialist, the procedural sedation administered by an anaesthetic technician is limited to the provision of minimal levels of conscious sedation. | Removal of moderate sedation due to the risks of this inadvertently proceeding into deep sedation |
| NEW | People who are considered to be at higher risk during procedural sedation should be referred to an anaesthetist. These include:<br>• Children under the age of 12 years.<br>• People with an ASA[2] rating of more than two (2) | Excluding patients at higher risk who should be referred to an anaesthetist |
| Remote monitoring technology may now allow the prescribing practitioner to remotely monitor patients under sedation. The anaesthetic technician and prescribing practitioner must work collaboratively to ensure that immediate assistance is available to patients under sedation and in accordance with local policy | Removed | Removal of the remote monitoring section. People under sedation must be continuously monitored in person |

## Consultation questions

(To be completed via SurveyMonkey)

**Q:** Do you agree that the Council should require practitioners to complete additional education to provide sedation in the absence of an anaesthetist? *Agree/ Disagree/ Neither agree nor disagree. Why or why not?*

**Q:** Do you agree the Council should note the competence to provide sedation in the absence of an anaesthetist on the public register as an endorsement? *Agree/ Disagree/ Neither agree nor disagree. Why or why not?*

[2] American Society of Anaesthetists physical status classification system

**Q:** Do you think there should be a time-limited grandparenting pathway to allow recognition of practitioners who are currently performing sedation in the absence of an anaesthetist? *Agree/ Disagree/ Neither agree nor disagree. Why or why not?*

**Q:** What ongoing competence requirements do you think should apply to practitioners involved in sedation? *Free text*

**Q:** Should these be included as part of the existing requirements, or in addition to existing requirements? *Free text*

**Q:** Should the Council charge a fee to practitioners applying for an endorsement to cover the costs associated with processing the application? *Agree/ Disagree/ Neither agree nor disagree. Why or why not?*

**Q:** Do you agree with the updates made to the standard because of consultation feedback? *Agree/ Disagree/ Neither agree nor disagree. Why or why not?*

**Q:** Do you agree with the updated scope of practice to allow the endorsement of practitioners who may perform sedation in the absence of an anaesthetist? *Agree/ Disagree/ Neither agree nor disagree. Why or why not?*