

ANZCA Submission to ACSQHC re Draft Colonoscopy Clinical Care Standard (Oct 2024)

Section of Guideline	Current wording	ANZCA recommended wording	Comments
<p align="center">Quality Statement 5 – Sedation</p> <p>p. 27; lines 21–22</p>	<p>‘Your sedation may be given by a specialist anaesthetist but this is not always required.’</p>	<p>‘Your sedation may be given by a specialist anaesthetist, or another suitably trained and credentialed practitioner for mild and moderate sedation, as stated in ANZCA PG09. Alternative clinicians may be a General Practitioner Anaesthetist (GPA) or Nurse Sedationist (under the direction of a medical specialist e.g. gastroenterologist or cardiologist).</p>	<ul style="list-style-type: none"> • The wording could be improved by clarifying the alternatives to a specialist anaesthetist. • In addition to the above paragraph, you could outline the criteria that contributes to the decision about the sedation provider and whether the patient, once informed, has the autonomy and expectation to participate in the decision-making process about their choice of sedation provider. • We recognise the detail is specified to some degree in the document as: <i>‘If you are a clinician providing sedation, ensure you meet the Safe Sedation competencies, as described in ANZCA Guideline on Procedural Sedation (PG09).’</i>¹¹ Reference is made to non-anaesthetist sedation practitioners, but the distinction could be clarified and also included in the sections outlining initial assessment and patient consent.

<p>Quality Statement 5 – Sedation p. 28; lines 5–7</p>	<p>‘For anaesthetists targeting deep sedation or general anaesthesia, refer to ANZCA <i>Guideline for the Perioperative Care of Patients Selected for Day Stay Procedures (PG15)</i>.’</p>	<p>‘For anaesthetists targeting deep sedation or general anaesthesia, the patient should be managed by a medical practitioner trained and credentialed to provide anaesthesia. Refer to ANZCA <i>Guideline for the Perioperative Care of Patients Selected for Day Stay Procedures (PG15) and PS59(A) Position statement on roles in anaesthesia and perioperative care.</i>’</p>	<p>ANZCA recommends the definition of an anaesthetist is added to the Glossary (see below).</p>
<p>Quality Statement 6 – Clinicians p. 29; lines 37–40</p>	<p>‘Ensure that practitioners who provide sedation meet a defined standard of competency described in ANZCA <i>Guideline on Procedural Sedation (PG09)</i>¹¹.’</p>	<p>‘Ensure that when non-anaesthetist practitioners provide sedation, a level of sedation is targeted (i.e. minimal to moderate), which is aligned with their training and the competency standard, as described in ANZCA <i>Guideline on procedural sedation (PG09)</i>.’</p>	
<p>Glossary New Item “Anaesthetist”</p>		<p>An anaesthetist is a registered medical practitioner who provides anaesthesia services within their scope of practice, which includes Specialist Anaesthetists and General Practitioner Anaesthetists, as defined in ANZCA <i>CP01 Standard abbreviations and definitions and PS59(A) Position statement on roles in anaesthesia and perioperative care</i>. The scope of practice of an anaesthetist is more comprehensive than a non-anaesthetist sedationist who may not necessarily be a medical practitioner and should only provide</p>	

		minimal to moderate sedation to patients (as defined in ANZCA PG09 <i>Guideline on Procedural Sedation</i>).	
Glossary – Sedation p.42; 1 st and 2 nd paragraphs	‘Sedation refers to the use of medicines to allow a person to tolerate uncomfortable or painful procedures. Sedation occurs along a continuum, which can range from ‘minimal’ or ‘conscious sedation’ through to ‘deep sedation’ and ‘general anaesthesia’. While different medicines are used for sedation and general anaesthesia, people can respond differently to the same medicines.’	‘Sedation enables a person to tolerate an uncomfortable or a painful procedure. Sedation has a range of levels, which occur along a continuum from ‘minimal’ to ‘moderate’, through to ‘deep sedation’ and ‘general anaesthesia. People can respond differently to medicines used for sedation; hence, close individual monitoring and observation is required when intravenous sedation is provided. (As described in ANZCA PG09).’	Use of the term ‘conscious sedation’ is being discouraged and replaced with ‘minimal to moderate sedation’ where a patient remains responsive. Refer to ANZCA PG09.
Glossary – Sedation p.42; last paragraph	‘Deep sedation is characterised by depression of consciousness that can readily progress to the point where consciousness is lost and patients respond only to painful stimulation. It is associated with an impaired ability to maintain a patent airway, inadequate spontaneous ventilation and/or impaired cardiovascular function, and has similar risks to general anaesthesia, requiring an equivalent level of care. ¹¹ ’	‘Deep sedation is characterised by depression of consciousness that can readily progress to the point where consciousness is lost and patients respond only to painful stimulation. Deep sedation is associated with an impaired ability to maintain a patent airway, inadequate spontaneous ventilation and/or impaired cardiovascular function. As deep sedation has similar risks to general anaesthesia, accordingly, it requires an equivalent level of care and must be managed by a suitably qualified and credentialed medical practitioner (as described in ANZCA PG09). ¹¹ ’	

<p>New addition</p> <p>“Absence of quality evidence”</p>		<p>‘When clinical circumstances are not supported by good quality evidence, clinical judgement and decision making should be at the discretion of clinicians and incorporate the patient’s values and preferences.’</p>	<p>Consideration should be given to the inclusion in the guideline of a sentence that addresses clinical circumstances in which there is an absence of quality evidence.</p>
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