



Briefing Note
GMCT Gastroenterology Network & Tripartite Working Group

Australian and New Zealand College of Anaesthetists
Gastroenterological Society of Australia
Royal Australasian College of Surgeons

SUBJECT: Sedation in Endoscopy (when an anaesthetist is not available)

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PURPOSE:

To outline the process for the development of a) guidelines and b) a training program for the administration of sedation (including propofol) by non anaesthetist medical practitioners in endoscopy by GMCT and the Tripartite Working Group (ANZCA/RACS/GESA).

BACKGROUND:

The Sedation Working Group was established by the GMCT Gastroenterology Network (November 2006) in response to a significant issue of concern raised by the Network's Executive over equity of access to anaesthetic cover for gastrointestinal endoscopy lists in NSW public hospitals. The group identified that some hospitals across greater metropolitan Sydney are unable to access any anaesthetic cover for endoscopic procedures.

In addition to clinicians and consumers from the GMCT Gastroenterology Network, the working party invited representatives from: Australian and New Zealand College of Anaesthetists (ANZCA), The Gastroenterological Society of Australia (GESA), Royal Australasian College of Surgeons RACS, Australian Society of Anaesthetists (ASA) and The Joint Consultative Committee on Anaesthesia (JCCA). This group developed a discussion paper which was circulated widely inviting comment.

Running concurrently from mid-2006 there was a national Tripartite Working Group comprising representatives from ANZCA, GESA and RACS which was revising PS9 "*Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical or Surgical Procedures*" because of changed requirements following on from the national Quality Working Group of the National Bowel Screening Program. Because of the interest of the GMCT Gastroenterology Network and the relevance to its work, it was agreed by the national Tripartite Working Group to focus their activity in NSW, largely with local representatives, to revise PS9. This Working Group which met 2007-2008 agreed modifications to the ANZCA/GESA/RACS PS9 document "*Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical or Surgical Procedures*" which included the ability, provided they participate in the appropriate training, for non-anaesthetists to administer sedation (including propofol) to their patients if an Anaesthetist was unavailable. Agreement was reached by these groups on amendments to PS9 in April 2008.

During 2008 the Tripartite Working Group was expanded locally in NSW to set up a process for training and assessment in sedation management for non-anaesthetists and in conjunction with GMCT discussed the requirements for the training in NSW of Endoscopists in administering safe sedation to their patients. The initial focus of the training program was on those experienced Endoscopists who had at least three years experience and had completed in excess of 1000 procedures. It was agreed by the Tripartite Working Group that the training program would have four stages:

Phase 1 - PBL / Simulation course

- Two day simulation training
- Problem-based learning scenarios
- Simulation sessions

Phase 2 – Observation

- Participants to observe sedation including propofol being administered by experienced Anaesthetist or Non-Anaesthetist Medical Practitioners.
- Participants must observe the administration of sedation including propofol. The number of sessions required will depend upon previous experience and the case mix of the sessions available for observation.

Phase 3 – Practice

- Participants will only administer sedation (including propofol) in units where all the requirements of PS9 have been met.
- Participants are to administer sedation including propofol for endoscopic procedures under the supervision of an Anaesthetist or Accredited Sedationist at their own institution.
- Participants are to be supervised in the administration of sedation including propofol until the Anaesthetist is satisfied that the training participant is competent in the administration of propofol for endoscopic procedures. Participants are required to be supervised for at least one endoscopic list.
- Participants are to keep a log book record of the endoscopies in which propofol was used.

Phase 4 – Assessment and Approval

- Approval is to be given by the Anaesthetic Department Head (or appropriately delegated anaesthetist) once the Endoscopist is regarded as competent in the administration of sedation (including propofol) for endoscopy.
- Propofol is only to be administered by Non-Anaesthetist Medical Practitioners once all the criteria outlined in PS9 are met, and in accordance with PS9 scenarios.

EMERGING ISSUES:

Over 22 and 23 May 2009 the first phase of the training program was piloted at the HNESSC. Nine Gastroenterologists from NSW public hospitals participated in the simulation training under the careful guidance and facilitation of Cate McIntosh and the simulation team at HNEAHS. On the second day of training, four Endoscopy Nurses joined the Gastroenterologists for skills training and participation in the simulation sessions.

The simulation training program was most successful with both participants and facilitators learning a great deal about sedation for endoscopy. The participants will now go back to their institutions and work with their Anaesthetic Departments to refine the skills that they have learned in the training.

Course outcomes:

The outcomes if the training course include:

- exposure to the provision of sedation including propofol in endoscopy
- experience in providing sedation including propofol in a simulation centre
- greater understanding of the pharmacology of sedation including propofol
- greater understanding of safe administration of sedation including propofol

The ways in which the training program will benefit the NSW health system include:

- Increased patient safety in endoscopic procedures when an anaesthetist is not available to provide sedation.
- Increased skill level of gastroenterologists in administering sedation (including propofol) to patients in endoscopic procedures, including airway skills.
- Where hospitals have appropriate facilities, equipment and staffing levels, Area Health Services (and especially rural centres) will have the option of providing colonoscopy services if an anaesthetist is not available and therefore be able to increase their colonoscopy capacity.
- Patients will benefit as they will have access to safe intravenous sedation if an anaesthetist is not available, providing increased comfort during procedures by more skilled endoscopists.

RECOMMENDATION:

That the Directors of Anaesthetics in NSW public hospitals support the participating endoscopists in implementing PS9 in the hospital endoscopy unit when an anaesthetist is not available to provide sedation.

That Anaesthetists work collaboratively with the Endoscopists to develop safe clinical practices for the administration of sedation (including propofol) in endoscopy.

That the Directors of Anaesthetic Departments and anaesthetists provide guidance and governance for the provision of sedation by endoscopists when an anaesthetist service is not available for endoscopic procedures.

ATTACHMENT:

Assessment tool

Letter to Directors of Anaesthetic Departments from Barry Baker

PS9

APPROVAL:

- Barry Baker

Chair, Tripartite Working Group

- Hunter Watt

Chief Executive, GMCT

Attachment 1

Endoscopy sedation

Suggested assessment process

Based on Mini-CEX process – observation in real time in workplace
 Should have more than one observer and multiple cases

	Unsatisfactory			Satisfactory			Superior			Not observed
	1	2	3	4	5	6	7	8	9	
Compliance with PS 9										
Patient assessment										
Sedation plan										
Airway management										
CVS management										
Monitoring										
Documentation										
Management of complications										
Recovery staff/equipment										
Discharge										

What was done well?

What needs to be improved?

What support is required to achieve this?

Attachment 2

The following letter went out at the end of April 2009 to Directors of Anaesthetic Departments in those hospitals where endoscopists had registered to attend the pilot course.

Dear Director of Hospital Anaesthetic Department,

I am writing to you to provide you with information about the Sedation Training Program for experienced Endoscopists, and to request your participation in the certification of the participants.

As you are aware, there have been recent modifications to the ANZCA/RACS/GESA PS9 document following the normal five review process for Policy Documents. The changes to this document have been fully endorsed by ANZCA.

A tripartite working group (chaired by me) comprising anaesthetists gastroenterologists and surgeons has developed a pilot program for gastroenterologists who have a minimum of three years endoscopy sedation experience which aims to consolidate their experience to administer sedation including propofol in accordance with PS9.

The training program has four components:

Phase 1 - PBL / Simulation course

- Two day simulation training at the Hunter New England Skills and Simulation Centre (HNESSC)
- Problem Based Learning scenarios
- Simulation sessions

Phase 2 – Observation

- Participants to observe sedation including propofol being administered by experienced anaesthetist or non-anaesthetist medical practitioners.
- Participants must observe the administration of sedation including propofol. The number of sessions required will depend upon previous experience and the case mix of the sessions available for observation.

Phase 3 – Practice

- Participants will only administer sedation including propofol in units where all the requirements of PS9 have been met.
- Participants are to administer sedation including propofol for endoscopic procedures under the supervision of an Anaesthetist or accredited sedationist at their own institution.
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- Participants are to keep a log book record of the endoscopies in which propofol was used.

Phase 4 – Assessment and Approval

- Approval is to be given by the Anaesthetic Department Head once the endoscopist is regarded as competent in the administration of propofol for endoscopy.
- Propofol is only to be administered by non-anaesthetist medical practitioners once all the criteria outlined in PS9 are met.

As you can see, the support of the participant's local anaesthetic department is crucial to the success of this training program. The Sedation Training Program will be piloted in May 2009, commencing with the simulation training at the John Hunter Hospital. Following the simulation training, the participants will need the assistance of their anaesthetic department to complete phases three and four.

The participating endoscopist from your hospital will be in contact with you regarding phases three and four of the course. Please provide them with the support necessary for them to complete this training which has the full support of the ANZCA Council.

If you would like more information regarding this program, please do not hesitate to contact me on 0412 44 55 67.

Yours sincerely,

Barry Baker