



# Who Should Administer Conscious Sedation?

## Part Two: Classes of sedation providers and the importance of training

We saw in part one that the term ‘procedural sedation and anaesthesia’ (PSAA) has become the most appropriate and accurate description of what sedation practitioners do when they administer sedative and analgesic drugs. PSAA outside the operating room has been on the rise due to the increase in diagnostic and therapeutic procedures, new advances in diagnostic imaging, improved pharmacologic agents, and a better awareness of the physiologic and psychologic needs of patients.

The role of anaesthetists and non-anaesthetists as sedation providers for this expanding need appears to be increasing. There remains, however, disquiet about safety and quality standards in the provision of sedation, especially the use of combinations of drugs and who should administer sedation for operative procedures outside the operating room. The position of anaesthetists and non-anaesthetists remain controversial.

### Anaesthetists vs non-anaesthetists

When dealing with the issue of who should administer conscious sedation, we are faced with the current worldwide sit-

uation where both anaesthetists and non-anaesthetists provide sedation services. Some anaesthetists believe they should be the sole sedation providers. They claim they have an anaesthetic background and are already qualified to do so.

Non-anaesthetists believe they can also perform sedation safely. There are several published articles in the literature on safe non-anaesthetist involvement in sedation practice. Many evidence-based studies have been published.

The debate raises the question of the profession of the anaesthetist. In a recent article in an anaesthetic journal it was said: “delegating anaesthesia to persons, even medical doctors, who are not anaesthetists tends to reduce the quality of the anaesthetic procedure. Only qualified anaesthetists are able to achieve technical acts according to codified and reproducible procedures adapted to each patient. Anaesthesia is a specialty in its own right”.<sup>1</sup> By implication then the

‘sub-specialty’ of sedation falls under the jurisdiction of anaesthetists who can determine who should be permitted to administer conscious sedation.

### Sedation providers

PSAA outside the operating room involves a multitude of providers. The choice of provider and the techniques and drugs used is usually specific to each institution, facility or healthcare professional and largely dependent on personnel available. In rural areas there may be no choice due to a shortage of healthcare personnel.

Presently we find three groups of sedation providers:

- **Consultant anaesthetists** who act as sole sedation practitioners, usually as dedicated sedation practitioners, with most of the procedures happening in operating rooms or day-surgery units. This group is in the minority. Most consulting anaesthetists claim they do not need sedation training as they had anaesthetic training and know how to monitor and maintain airway potency and rescue the patient when there are complications.
- **Trained sedation practitioners outside of anaesthesia** (non-anaesthetists), who provide conscious sedation usually as travelling practitioners, under well-defined circumstances and in locations such as dental and medical

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surgeries, facilities and even in hospitals. This is the major group, today called professional sedation practitioners. They have made a significant contribution to the provision of sedation services worldwide, especially in areas burdened by a shortage of healthcare professionals. They do not practice as operator sedation practitioners but usually as dedicated sedation practitioners. They are the group who usually have obtained structured sedation training, eg, a certificate or diploma in sedation and pain control.

- **Multiple practitioners outside of anaesthesia** (also non-anaesthetists), who routinely provide conscious sedation in various settings, eg, dental practitioners, endoscopists, emergency physicians, and radiologists. They usually operate as single operator sedation practitioners, ie, the same person gives the drugs and performs the procedure. According to the SA Society of Anaesthetists (SASA) guidelines this group of sedation practitioners should only use single and not combinations of drugs.<sup>2</sup>

### The way forward

So the question remains: is there some common ground from which we can determine who should administer conscious sedation? There are signs of collaboration between anaesthetists and non-anaesthetists: all agree that sedation practitioners must be trained. All international guidelines concur that practitioners involved in sedation practice must be trained in specific sedation techniques.<sup>2,3</sup>

Anaesthetists should ask themselves, what are the consequences of leaving the non-anaesthetists to their own designs? After all, there is a worldwide shortage of anaesthetists.

What is needed is unified guidance for anaesthetists and non-anaesthetists and their teams. The writer believes this can be accomplished.

Skills shortages and economic realities will require that non-anaesthetists be more involved in sedation practice in future. Sedation may become the field of the non-anaesthetists if anaesthetists do not join in training them, supporting

them, and guiding them in the practice of safe sedation. The way forward is collaboration. It is time to move away from competency based on specialty, eg, anaesthetists versus non-anaesthetists, to competency based on skills, knowledge and experience.

### Training

In 2007 the Standing Dental Advisory Committee, The Royal College of Anaesthetists, and the Royal College of Surgeons (Faculty of Dental Surgery) in the UK produced recommendations for both anaesthetists and non-anaesthetists regarding safe sedation practice and training in sedation.<sup>3</sup> These address the issue of who should be permitted to administer conscious sedation. They recommend that the administration of safe sedation, whatever technique is used and whoever performs it, should consider the following:

- The environment where the sedation takes place
- Meticulous patient selection and assessment
- Qualifications and training (education)
- Experience and on-going update of knowledge and skills.

Although there is wide agreement on these guidelines, there are unfortunately very few structured sedation training programmes in the world.

The guidelines from the Standing Committee on Sedation in Dentistry<sup>3</sup> puts forward minimum requirements for dental and medical practitioners including anaesthesiologists and their teams. The guidelines have recommendations which are essential and those that are desirable. They recommend that every sedation practitioner, even consultant anaesthetists, should provide evidence of training in specific advanced sedation techniques in an appropriate environment. The Royal College of Anaesthetists has now introduced a sedation module in their curriculum.

### The SA situation

The question is: what is the position as regards anaesthetists and non-anaesthetists in SA? The SASA guidelines on



*The future of sedation training: University College of London Hospital uses lifelike dummies to teach sedation techniques.*

sedation for adults are very clear and are intended for anaesthetists and non-anaesthetists.<sup>2</sup> They use the term 'sedation practitioners' to describe who is involved in the administration of sedation. These guidelines state: "Relevant qualifications and ongoing training remain the foundation of safe practice. Formal teaching, simulation training, supervised cases and protocols can help to provide this."<sup>2</sup>

### Conclusion

Authority to administer conscious sedation should move away from competency based on specialty to competency based on skills and knowledge. To establish what that means and to answer the question: "Who should administer conscious sedation?" the final article in this series will present a list of practical considerations when providing sedation practitioners with appropriate skills and knowledge.

### References

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