



Position Statement on Certified Clinical Anesthesia Assistants and Anesthesia Care Teams

Preamble

The provision of surgical and medical care in Canada has become increasingly complex and there has been an evolution in the delivery of anesthesia services¹. As a result, the demand for anesthesia services has increased in recent years. Surgical backlogs exist across Canada, a situation that has been exacerbated by the impacts of the COVID-19 pandemic². This places heavy demands on anesthesia services across the country. The Canadian Society of Respiratory Therapists supports the notion of the Anesthesia Care Team (ACT) model whereby “the specialist physician anesthesiologist practices with the assistance of a group of medical and paramedical personnel including dedicated, trained, and certified anesthesia assistants (AAs)¹” as this provides for a safe extension of anesthesia services to help meet the increased demand.

Certification of anesthesia assistants is achieved through the Certified Clinical Anesthesia Assistant (CCAA) designation. This designation recognizes the additional education and training completed by respiratory therapists, nurses and internationally educated medical graduates to work in this area of practice. The scope of practice for CCAAs is described in the *National Competency Framework for Anesthesia Assistance*³.

Position

As members of the specialist-physician led Anesthesia Care Team, working under the direction and supervision of anesthesiologists, Certified Clinical Anesthesia Assistants extend anesthesia services, optimizing the delivery of safe and efficient patient care. The certification of anesthesia assistants provides an important national quality standard.

Recommendations

1. Interprofessional specialist-physician led Anesthesia Care Teams should be implemented and maintained to provide anesthesia services and optimize the delivery of safe and efficient patient care.
2. Anesthesia Care Teams should include Certified Clinical Anesthesia Assistants (CCAAs) (i.e., practitioners who have met the national standard for certification).
3. Measures should be taken to support the recruitment and retention of Certified Clinical Anesthesia Assistants.

Rationale

The use of anesthesia assistants on ACTs has been shown to be effective in extending anesthesia services without compromising safety. In 2009, the ACT Implementation Advisory Committee (Ontario) concluded that it “supports the ACT model as a highly desirable solution to addressing the ongoing challenge of anesthesia [human resources] in the province now and into the future” (page 8)⁴. This decision was based upon evidence gathered in the ACT Pilot Project which demonstrated a reduction in costs associated with cataract surgery and increased efficiency in knee/hip replacement surgeries (shorter peri-operative times and length of stay resulting in an increased number of procedures). The report also noted the safety of the ACT model and that this model enhanced physician satisfaction⁴. The inclusion of AAs on ACTs has demonstrated reduced operating and post-anesthetic care unit time⁵, and an increased capacity for anesthesia care services outside of the operating room (OR)⁶.

The distinction between certified clinical anesthesia assistants and respiratory therapists or nurses who work in the operating room setting who have not completed additional education and training to become anesthesia assistants is an important one⁴. Certification of graduates from accredited anesthesia assistant education programs provides an external quality assurance mechanism that individuals are competent to safely perform the duties of an anesthesia assistant. The elements of anesthesia assistant certification are the completion of an accredited anesthesia assistant program, licensure as respiratory therapist or nurse (where applicable), successful completion of the national AA exam, annual continuing professional development requirements and an annual audit process⁷.

The Certified Clinical Anesthesia Assistant (CCAA) certification arose through the collaboration of the CSRT, the Canadian Anesthesiologists’ Society (CAS) and an interprofessional Certification Working Group including anesthesiologists and anesthesia assistants with respiratory therapy, nursing and international medication education backgrounds. Members of the CAS, the CSRT, the Operating Room Nurses Association of Canada (ORNAC), the National Association for PeriAnesthesia Nurses of Canada (NAPANc), the Association of Canadian University Departments of Anesthesia (ACUDA), and the Canadian Board for Respiratory Care (CBRC) were represented during the development of the certification processes. This certification is administered by the Canadian Society of Respiratory Therapists.

The recruitment and retention of qualified anesthesia assistants has been recognized as an important measure to support the expansion of anesthesia services^{8,9}. Many AA students do not receive financial support to complete their AA education, and pay scales do not often reflect the additional education and responsibility of AAs¹⁰ and may inhibit efforts to recruit and/or retain qualified anesthesia assistants. To this end, funding for AA education and remuneration for AAs commensurate with their additional education and responsibility are important measures to assist with the recruitment and retention of qualified anesthesia assistants.

About the Canadian Society of Respiratory Therapists (CSRT)

The CSRT is the national professional association representing respiratory therapists across Canada. The CSRT promotes the respiratory therapy profession at the national and international level and is the credentialing agency for respiratory therapists who practice in non-regulated jurisdictions in Canada.

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