CANADIAN ANESTHESIOLOGISTS' SOCIETY
Société canadienne des anesthésiologistes

POSITION STATEMENT

Certified Registered Nurse Anesthetists (CRNAs) in Canada

Background and Context

The Canadian Anesthesiologists' Society (CAS) advocates that all Canadians deserve equitable, timely access to anesthesia, surgical and perioperative health-care services. These services are an integral part of individual and population health and provision of high-quality health care that can reduce the burden of disease and patient suffering.[1] Difficulties accessing surgical care in Canada are associated with increased morbidity, including impaired mobility, increased pain, reduced quality of life, deterioration in general health status, greater length of hospital stay, and increased mortality.[3]

- Canada has an enviable reputation for safe, high quality, patient-oriented anesthesia care that is a practice of medicine. This practice requires specialized complex knowledge, advanced technical skills, diagnostic reasoning, and critical thinking gained through specialized medical training.
- Canadian Anesthesiologists' Society (CAS) advocates that the introduction of Certified Registered Nurse Anesthetists (CRNAs) a new untested health profession in Canada is unnecessary and poses serious concerns for the anesthesia community and patient safety.
- Canada has a well-established delegated anesthesia care model, the Anesthesia Care Team (ACT) who's members, such as Certified Clinical Anesthesia Assistants (CCAA) can safely and efficiently increase anesthesia service provision for perioperative patients.
- Innovation or changes to anesthesia care delivery should be consultative with the profession and based on delegation, not substitution, of anesthesia roles.

Our Position

CAS firmly rejects the adoption of CRNAs in Canada. **Anesthesia should remain as a physician-led domain of medicine, with a specialty trained (FRCPC) anesthesiologist or Family Practice Anesthetist (FPA) providing care, with the support of Anesthesia Care Teams, using a principle of delegation, not substitution.**

The anesthesia profession in Canada is guided by the Canadian Anesthesiologists' Society. Anesthesiology has a rich Canadian history and is embedded into teaching of undergraduate medical education and postgraduate training programs at 17 accredited Canadian medical schools. The specialty of anesthesia is critical to primary health care, routine and emergency surgery, as well as supporting innovative surgical techniques and facilitating advancement of surgical programs.

The recent COVID-19 pandemic has worsened Canadians surgical access, with an estimated delayed 700,000 surgeries resulting in an increase of waitlists and backlogs.[2] Post pandemic, governments are under extreme pressure to build system capacity and consider untested anesthesia care models, among other things, to find alternative service delivery solutions.

Issue: The CAS is aware of planning for Certified Registered Nurse Anesthetists as independent anesthesia providers as a proposed solution for improving perioperative access in British Columbia. We understand that this has been under consideration by the Government of British Columbia for some time, and we are gravely concerned that this could be considered in other jurisdictions as well.

Importing USA trained CRNAs, who work in American for-profit business models, where thru-put and lesser trained providers are often used for cost savings, will pose significant integration challenges in the Canadian context. The CAS also has serious safety concerns with an independent model of anesthesia delivery, when in the USA, they do not practice independently nor primarily in rural locations where we know the Canadian need is greatest.

Remote and rural locations across Canada have always been a challenge for local health care systems in the provision of primary surgical services and anesthesia care in Canada. Yet there are examples of many successful solutions that work to provide timely, high-quality, physician-delivered anesthesia care. Some provinces (e.g. Quebec) have chosen a voluntary specialist relocation program, while others utilize the services of Anesthesia Care Teams (ACTs) or Family Practice Anesthetists (FPAs). These provide valid examples of existing Canadian anesthesia models of care that can be **flexible** and **readily expanded** without compromising care quality and patient safety.

Rationale: Discussions about healthcare system solutions for improved surgical access including anesthesia workforce planning demand examination of safe, productive models of care, and health human workforce innovation that may offer opportunities for positive change; CAS maintains that **patient safety must come first** when considering any change. This decision requires consultation and exploration of unintended consequences to health care delivery teams and medical education before a legislative change to the Health Professions Act.

The CAS advocates that innovation in anesthesia care delivery and discussions surrounding potential expansion of new anesthesia providers should **include meaningful Canadian anesthesia stakeholder consultation** with the **profession** and based on **delegation, not substitution,** of anesthesia roles. Canada has a well-established delegation model, the Anesthesia Care Team (ACT) who's members, such as Certified Clinical Anesthesia Assistants (CCAA), act as physician extenders in the care of perioperative patients. Delegation is distinct from substitution, where another person replaces the anesthesiologist or medical practitioner.

While the CAS supports the appropriate delegation, in this model **the medical practitioner must be available to assume and direct clinical care,** should the need arise. The CAS develops training requirements and guidelines for Anesthesia Care Team (ACTs) delegates (as well as supporting medical, dental, and nursing professionals, within their professional colleges and societies, who wish to train in the safe administration of procedural sedation in low-risk patients).[5,6] **The Canadian ACT model has proven improved patient access and efficiency all while maintaining safety and importantly can and should to be further expanded in many provinces**. (Ref OMA letter).

The CAS lauds and values the critical role of registered nurses who are a part of multidisciplinary perioperative teams who provide pre-anesthesia care, intra-operative support, post-anesthesia care, acute pain services, and ambulatory / sedation teams. Solutions to the anesthesia workforce shortage by plans to expand the scope of nursing practice, and further training CRNAs, in the context of critical nursing workforce shortages, is a short-sighted solution.

CAS recognizes all these challenges and is committed to participating in discussions about healthcare system solutions including anesthesia workforce planning, and the roles of anesthesiologists and perioperative care team members.

To help address Canada's health workforce crisis and deliver the best perioperative outcomes for patients, the CAS recommends that all levels of government work collaboratively with medical health professionals and health authorities. The CAS and the Canadian anesthesia community look forward to collaborating with all levels of government to ensure Canadians can receive the anesthesia and perioperative care they need when they need it.

1. https://doi.org/10.1503/cmaj.200215
2. https://www.canada.ca/en/department-finance/news/2022/03/canada-commits-2-billion-in-additional-health-care-funding-to-clear-surgery-and-diagnostics-backlogs.html
3. https://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0240083&type=printable
4. https://www.cas.ca/CASAssets/Documents/Practice-Resources/Guidelines/Appendix-5_2022.pdf
5. https://www.cas.ca/CASAssets/Documents/Practice-Resources/Guidelines/12630_2019_1507_MOESM5_ESM_Appendix-6_1.pdf
6. ACT Implementation Advisory Committee A Plan to Evolve the Anesthesia Care Team Model in Ontario