

22 July 2016

Dear practitioner

Consultation on an updated sedation practice standard

The Council has reviewed its *Conscious sedation for dental procedures* practice standard and as a result, has developed an updated draft *Sedation practice standard*.

We are now seeking your feedback on the draft sedation practice standard, and in particular on the proposed new obligations expected from practitioners providing sedation. We welcome your views on these and have provided consultation questions on p9 of the consultation document. The draft sedation practice standard is provided as Attachment 1.

The Council values all feedback received during its consultation processes. The consultation process provides practitioners and others with an interest in this area with an opportunity to have their say. All feedback received informs the Council's view as it works towards a final decision.

In accordance with the Council's guidelines on consultation, we have invited comment from all practitioners, relevant associations and societies, the Ministry of Health, District Health Boards, educational institutions, Level 5 resuscitation training providers, and other organisations with an interest in this area. The consultation document is also available on our website, with a similar invitation to comment.

Submissions

All submissions received will be published on the Council's website shortly after receipt, and will remain there as a public document. For submissions made by individuals, only your name and profession, if you are a registered health practitioner, will be published on the Council's website. All personal contact details will be removed from your submission.

As this is a public consultation, "in confidence" information will only be accepted under special circumstances. Please contact us before submitting material in confidence. The Council holds the right not to publish any derogatory or inflammatory submissions.

The submission period closes by end of business on **16 September 2016**.

Send your responses to:

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Fax: 04 499 1668
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I am looking forward to receiving your views on the draft sedation practice standard.

Yours sincerely



Marie Warner
Chief Executive

Consultation document for the draft sedation practice standard

Issued: 22 July 2016

Submission closing date: 16 September 2016

Draft sedation practice standard

1. Introduction

The Council began the review of its *Conscious sedation for dental procedures* practice standard in December 2015. The review included an analysis and comparison of the Council's current practice standard and other similar New Zealand, Australasian and other international standards and guidelines.

The documents reviewed and compared are listed in the bibliography provided at the end of this consultation document.

As an outcome of the review, a draft of the *Sedation practice standard* ('draft practice standard') was developed.

Advice was sought on the draft practice standard from oral health practitioners practising sedation at minimal and moderate levels, and an anaesthetist (collectively referred to as *consultants*). The consultants considered the draft practice standard, and its application within the New Zealand dental context.

The consultants were:

- Don Macalister – oral surgeon practising intravenous sedation in Auckland, and member of the education committee of the New Zealand Society for Sedation in Dentistry
- Rehua Smallman - general dentist from Wellington, administering anxiolysis/minimal oral sedation
- Nick Stretton - general dental practitioner from Waiheke Island, practising intravenous and oral sedation, and a presenter of the *oral sedation – a practical approach* course
- Mathew Zacharias – specialist anaesthetist from the University of Otago, and involved with the dental courses for intravenous and oral sedation.

Some amendments were made as a result of the feedback received from the consultants. The updated draft practice standard was presented to the Council at its May meeting.

Before consulting with all stakeholders, the Council felt it was important to get feedback on the proposed educational and training requirements from the New Zealand educational providers in the sedation practice area. A meeting was held on 24 May with representatives from the following organisations:

- New Zealand Society for Anaesthesia & Sedation in Dentistry
- New Zealand Dental Association
- University of Otago Faculty of Dentistry
- Royal Australasian College of Dental Surgeons.

2. The sedation practice standard

The purpose of the draft practice standard is to set minimum standards for the practice of minimal and moderate sedation in dentistry.¹ It does not regulate techniques that are intended to induce deep sedation or loss of consciousness (general anaesthesia), where a specialist anaesthetist is required to administer the sedation or general anaesthesia and continuously monitor the patient until recovery.

The draft practice standard applies when a practitioner administers a drug or drugs to relieve patient anxiety and/or to provide sedation, and when a practitioner recommends or prescribes a sedative drug that the patient self-administers. It also applies when a practitioner proceeds with treatment knowing at the time of appointment, that the patient has self-administered a sedative drug or drugs that the practitioner has not prescribed or recommended.

The Council acknowledges that the transition from complete consciousness through the various levels of sedation to general anaesthesia is a continuum, and not a set of discrete, well-defined stages. It is accompanied by increasing depression of the central nervous and other physiological systems, which if not effectively monitored and managed may progress to poor outcomes.

In addition, the response of an individual patient to sedatives is not always predictable and, at times, it can be difficult to define the end-point of the target state.

For these reasons, the following principles for safe and effective sedation have been developed:

- That practitioners complete formal education and training to gain the necessary knowledge and skills to safely and competently provide sedation; and maintain competence.
- That practitioners use only techniques and drugs for sedation in which they are formally educated and trained.
- That the drugs used for minimal and moderate sedation have a margin of safety that is wide enough to make deep sedation or general anaesthesia unlikely.
- That practitioners providing sedation are able to identify sedation-related complications and appropriately manage the patient.

The proposed standards and guidance within the draft practice standard have been developed to reflect these principles.

All registered oral health practitioners who practise as part of the clinical team for sedation **must** meet these standards.

It is the oral health practitioner's responsibility to ensure that all registered medical practitioners or non-registered staff that form part of the sedation team, meet these standards.

¹ The terms minimal sedation and moderate sedation are defined on page 6 of the draft practice standard – Attachment 1

3. Key proposed changes

The draft practice standard:

- Maintains the majority of the positions and practitioner obligations of the current practice standard
- Expands on the guidance provided in the areas of patient assessment, informed consent, pre-operative instructions, environment, monitoring, supplemental oxygen, recovery and discharge, and sedation-related complications
- Includes new requirements for:
 - membership of the clinical team for sedation
 - formal education and training
- Proposes practitioners providing sedation complete NZRC CORE Advanced resuscitation training that includes scenario training relevant to the management of sedation-related complications, every two years.

The key proposals are detailed in the balance of the document.

3.1 The clinical team for sedation

The intended level of sedation (minimal or moderate) has been used as the basis for determining the proposed requirements for sedation team members.

P1

For an intended level of minimal sedation, it is proposed that a minimum of two team members be present in the treatment area throughout the sedation period in which dental treatment is performed.

For an intended level of moderate sedation a minimum of three team members is proposed.

The proposed requirements recognise the inherent risk for sedated patients to go into a deeper level of sedation than intended. They further support the view that at an intended level of moderate sedation there ought to be a team member with a dedicated role to monitor the patient - as a minimum standard for patient safety.

Various acceptable scenarios are provided in standard 8 of the draft practice standard.

3.2 Education and training

P2

Formal education and training is proposed to provide sedation.

P3

Formal education and training to monitor-only sedated patients is proposed, as a requirement from 2019 onwards.

Formal education and training is defined as:

A documented learning programme with specified aims and learning outcomes that enable the attainment of the Council defined core competencies for sedation² and monitoring-only³, and assesses attainment of these.

The defined competencies are discussed in section 3.3 below.

Currently there is no education and training requirement for monitoring-only of sedated patients. It is proposed that formal education and training is required, to enable sedation team members involved in this activity to reliably know:

- How to monitor the sedated patient
- How to identify sedation-related complications
- To advise the practitioner providing sedation of any abnormalities or concerns.

The Council recognises that an appropriate transition period will be necessary for this proposed requirement, as no formal education and training programme currently exists for monitoring-only of sedated patients. It is proposed that formal education and training for monitoring-only is required from 2019 onwards.

What do the proposed requirements mean for me?

For graduates of the [University of Otago Bachelor of Dental Surgery](#):

- Provided competence is maintained, no additional formal education and training will be required for practitioners to provide or monitor sedation using nitrous oxide/oxygen and oral sedation techniques.
- Consistent with the requirement in the current practice standard, additional formal education and training will be required to provide intravenous sedation.

² Provided as Appendix B of the practice standard

³ Provided as Appendix C of the practice standard

For practitioners who have completed [alternative formal education and training](#):

- These practitioners are responsible for determining whether their education and training has enabled them to meet the competencies defined in Appendices B and C, to provide sedation or monitor-only sedated patients.

For practitioners who have attained the core competencies for providing sedation prior to the implementation date of the practice standard through a [combination of training, experience and continuing education, and have maintained competence](#):

- These practitioners do not need to complete a formal education and training programme to continue providing sedation, or monitor-only sedated patients.

For all practitioners who have [not achieved or have not maintained competence](#) in providing sedation, and who wish to provide sedation:

- It is proposed these practitioners complete a formal education and training programme in the technique(s) and drug(s) they wish to use before providing sedation.

In the circumstance where a [non-registered team member is involved in monitoring the sedated patient](#):

- The dentist or dental specialist in the sedation team is responsible for ensuring the non-registered team member has received formal education and training to monitor sedated patients, from 2019 onwards.

3.3 Core competencies for sedation

P4

Core competencies are proposed for providing sedation and for monitoring-only of sedated patients.

The Council has developed competencies for providing sedation, and for monitoring-only of sedated patients. These are provided as Appendices B and C of the practice standard, respectively. It is envisaged that all formal education programmes achieve these competencies as a minimum, and assess the attainment of these. Practitioners can also use these sets of competencies as self-assessment to ensure ongoing competence is maintained, or whether an overseas education and training programme satisfies the necessary competencies.

3.4 Resuscitation training requirements

P5

The draft practice standard requires all practitioners providing sedation to complete New Zealand Resuscitation Council (NZRC) CORE Advanced resuscitation training, which includes scenario training relevant to the management of sedation-related complications.

The resuscitation recertification must be completed every two years.

NOTE: This requirement does not apply for practitioners only providing nitrous oxide/oxygen sedation

The resuscitation training requirement for dental practitioners providing sedation (excluding nitrous oxide/oxygen), as defined in the Council's medical emergency practice standard, is to complete a

NZRC CORE Level 5 course; and recertify every two years. This is based on the expectation that a dental practitioner offering sedation must have a heightened skill level in the emergency management of a sedated patient.

The NZRC has recently announced changes to its rescuer level terminology and the associated CORE curriculums. The changes come into effect later this year.

The current NZRC Level 5-7 courses will in future be known as CORE Advanced. The content of the advanced course will focus less on cardiac rhythms, and put a greater emphasis on communication and the leadership role of the advanced rescuer in the management of a medical emergency.

The Council believes that the CORE Advanced curriculum focus, and the interaction and scenario training in a team environment with other health practitioners with heightened skills in emergency management, will benefit dental practitioners providing sedation.

However, during the education discussions mentioned in the introduction, an alternative proposal was put to the Council - that instead of the current NZRC CORE Level 5, practitioners providing sedation (excluding nitrous oxide/oxygen) complete NZRC CORE Level 4 resuscitation training that includes scenario training for the management of sedation-related complications.

The Council considered and discussed this proposal, however it believes that NZRC CORE Level 5 (CORE Advanced moving forward), is the appropriate level of resuscitation training for practitioners providing sedation (excluding nitrous oxide/oxygen). This position is reflected in proposal 5.

The Council is proposing to specify that scenario training relevant to the management of sedation-related complications is covered in the NZRC CORE Advanced resuscitation training for dental practitioners providing sedation.

It is considered that certain aspects of the management of sedation-related complications would not be part of routine sedation practice, in particular, the emergency management of sedation-related complications. It is the Council's view that scenario training relevant to the management of sedation-related complications could provide an opportunity for practitioners to refresh and update their knowledge and skills in this practice area, and assist them in maintaining competence; which is considered vital for patient safety.

The Council considers the scenario training currently provided within the NZRC CORE Level 5 course may already fulfil this requirement, however it is hoped that this requirement may help guide the future development of scenario training for dental practitioners providing sedation.

P6

It is also proposed that the person monitoring the patient throughout the recovery period has, at minimum, NZRC CORE Immediate training or equivalent; and that a practitioner competent to provide sedation remains on the premises throughout the recovery period until the patient is discharged, to manage any sedation-related complications that might occur.

With the upcoming changes to the NZRC CORE curriculums, NZRC CORE Level 4 will become NZRC CORE Immediate. This proposed requirement safeguards the patient by ensuring the person monitoring them during recovery is capable of initiating an appropriate emergency response.

Consultation Questions

Stakeholders are invited to comment on the draft practice standard by responding to the following questions:

- Q1. Do you agree/disagree with the proposed clinical team for sedation (proposal 1)? If you disagree, please detail why.
- Q2. Do you agree/disagree with the proposed formal education requirements to provide sedation and for monitoring-only of sedated patients (proposals 2&3)? If you disagree, please detail why.
- Q3. Do you agree with the proposed core competencies for providing sedation and monitoring-only of a sedated patient (proposal 4 and appendices B & C of the draft practice standard)? If you disagree, please detail why.
- Q4. Do you agree with the proposal to have scenario training relevant to the management of sedation-related complications, incorporated into the NZRC CORE Advanced resuscitation training every two years (proposal 5)? If you disagree, please detail why.
- Q5. Do you have any concern with other areas of the draft practice standard, not already expressed?

EDUCATION and TRAINING PROVIDERS

Please provide specific comment on:

- The feasibility and willingness to develop and implement (from 2019 onwards), an education and training programme for monitoring-only of sedated patients.

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