

**Ms Marie Warner, Chief executive  
Dental Council of New Zealand**  
PO Box 10-448  
Wellington 6143

By Email: [consultations@dcnz.org.nz](mailto:consultations@dcnz.org.nz)  
September 15, 2016

Dear Marie,

Thank you for the opportunity to comment and submit on the draft standard.  
I particularly found the placement on the website of submissions already received to be very informative and useful.

In response to the consultation document for the draft sedation practice standard, and as a member of the education committee of the New Zealand Society of Sedation in Dentistry (NZSSD) I wish to respond with the following submission:

**Q1.** I **disagree** with the proposed clinical team for sedation (proposal 1).

We must plan and staff our practices at all times for the level above which we are aiming to sedate the patient, that is moderate sedation when we are aiming at minimal as it is a continuum. To have a third staff member in the room at all times is unnecessary and will lead to more problems than it solves. However, to have a third member of staff "Immediately available" should be mandatory. This person needs to have the same level of training as the one present in the room, additional to the sedating dentist.

**Q2.** I **agree** with the proposed formal education requirements to provide sedation and for monitoring-only of sedated patients (proposals 2&3), acknowledging that the teaching provided by the New Zealand Society for Sedation in Dentistry is well acclaimed by the participants and with the inclusion of the SST (Safe Sedation Training) has raised the teaching to an international level through this on-line course.

Making a two yearly update course mandatory will tax our present teaching team and may need to include other agencies.

**Q3.** I **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).

**Q4.** I **disagree** 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).

Having completed the level 5 NZRC resuscitation course this year, and two years ago the level 6 NZRC course, I wish to report that these courses have been

- overly taxing , involving a lot of pre-reading and learning
- overly stressful, involving passing a written exam for which the pass mark is 80% and learning ECG rhythms for use with a manual defibrillator
- not very applicable to the practice of sedation in dentistry.

Much of what is taught is very interesting but would not be retained for longer than a few weeks following the course because it is not applicable for even sedating dentists to put into use. In my experience there is variation across the country of these NZRC courses.

The inclusion of NZRC CORE Advanced resuscitation training framework into the requirements is convenient as it is a standard across medical providers, but **it does not improve the safety for the sedated dental patient.** It is instead a blunt instrument for assessing dentist's ability to rescue patients from harmful situation. This will probably not relate to their practice of dentistry or sedation. I fully endorse the submission of Emcare regarding developing specific resuscitation training for sedating dentists and their team.

**Q5 or 6** I cannot see in the draft sedation practice standard a discussion about or referral to the **specific and different needs of children in sedation.**

This is a specialised area and should be flagged as such in this standard and further explored.

Thank you once again for this opportunity to submit and I remain eager to expand on any point my submission may raise.

Yours sincerely,

Tania Stuart, BDS, Post Grad Cert (Healthcare Ethics)  
Member of the NZSSD education committee