Dental Council
Te Kaunihera Tiaki Niho

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Dear practitioner,

This communication deals with the following three, separate topics:

Each of these areas is discussed in more detail in the relevant section.

If you have any further comments or questions, please do not hesitate to email us at inquiries@dcnz.org.nz.

Yours sincerely

Mark Rodgers

Acting Chief Executive

1. Prescribed qualification changes consultation outcome

The Council consulted with stakeholders on the proposed changes to prescribed qualifications between July–September 2016. Five submissions were received in response to the consultation.

The Council noted that the majority of submitters supported the proposals, with one submitter expressing concern about the Dental Board of Australia (DBA) approved programme of study for registration as an oral and maxillofacial surgeon in Australia. It was considered that this specific concern was outside of the ambit of the Council and the consultation, as it relates to a DBA decision on an approved programme of study.

Consequently, the Council agreed to gazette:

- The University of Otago DClinDent (oral surgery) programme as a prescribed qualification for the oral surgery scope of practice
- The Royal College of Pathologists of Australasia Fellowship in Oral and Maxillofacial Pathology programme as a prescribed qualification for the oral pathology scope of practice
- The changes to the description of the Australian prescribed qualifications, as consulted.

The gazette notice is scheduled to be published on 24 November 2016. A copy of the final notice is included as *Attachment 1*.

2. Accreditation review process and timeframe change for University of Otago accredited programmes

The University of Otago Faculty of Dentistry requested the Council to revisit the accreditation process and review-schedule of its accredited programmes. At the moment the Faculty is undergoing an accreditation review almost every year, of one or a small group of their programmes. Four visits are conducted over a five year cycle.

After modelling different options and various discussions with the Faculty, the Council has agreed to revise the accreditation process for the University of Otago accredited programmes, by dividing the programme reviews into two groups—undergraduate and postgraduate programmes.

The reviews will be based on the Australian Dental Council/Dental Council (NZ) accreditation committee specialist review process. This involves a core site evaluation team that reviews all the "generic" accreditation standards and criteria relevant across all programmes. The programme-specific accreditation standards and criteria are then reviewed in parallel, by the site evaluation team chair and deputy chair and a peer(s) from the respective profession under review.

This amended review process will rationalise resources from both the Council staff and the Faculty's perspectives.

Even though the process has changed, it is important to note that the programmes will still be required to meet the same accreditation standards.

The postgraduate review is scheduled for 2018, with the undergraduate review the next year. This will allow for the Faculty's new facilities to be completed and inspected as part of the reviews.

The Council has updated the accreditation periods of the programmes to align with these new review dates. A list of all New Zealand-accredited programmes and their accreditation periods is available on the Council's website.

To support the extension of some of the accreditation periods by a year or two, the Council has strengthened its monitoring of the University of Otago accredited programmes. The Faculty reports to the Council annually through its annual reports. The annual report template has recently been updated requiring more detailed data on student numbers and progression; staffing levels and expertise; and clinical experiences by students, broken down into number of hours exposure to simulation, and as observer or clinical operator.

To manage the increased risk to the educational delivery of programmes during the building project, the Faculty has also been asked to submit a quarterly building report, supported by regular meetings with the Council, through the lifespan of the project.

The Council has the ability to, at any point, initiate closer monitoring or a programme-specific review in response to a concern or risk it considers significant.

3. Sedation practice standard consultation outcome

The Council has consulted with its stakeholders on a draft sedation practice standard during the July–September 2016 period.

A total of 25 submissions were received. Thank you to all the stakeholders that informed the development of the draft practice standard, and those that engaged in the consultation process, for generously sharing their views, expertise and for their time commitment.

The following proposals received majority support:

- The formal education and training requirements to provide sedation and monitor-only sedated patients, and the associated competencies
- To incorporate scenario training relevant to sedation-related complications into the resuscitation training for practitioners providing sedation.

The proposals that elicited the most responses related to the composition of the sedation team, in particular for moderate sedation; the proposed advanced resuscitation training level; and not mandating the use of capnography as part of the monitoring of sedated patients.

As a result of submission feedback some changes were made to the draft practice standard, most significantly to the membership of the clinical team for sedation and the use of capnography—as related to an intended level of moderate sedation.

The Council finalised the sedation practice standard at its October 2016 meeting—the final version is attached (*Attachment 2*).

The updated sedation practice standard will come into effect on **1 April 2017, with the exception of the following two provisions that come into effect on 1 October 2019:**

- The requirement to use capnography for monitoring of a patient sedated to an intended level of moderate sedation (standard 10).
- The education and training requirements, including scenario training relevant to sedation-related complications in the resuscitation training (part III).

This will allow practitioners time to familiarise themselves with the new obligations and to make changes, where necessary, to meet the new standards. It will also allow training providers the opportunity to develop the new monitor-only courses and training scenarios for sedation-related complications, as part of the resuscitation training.

The current *Conscious sedation for dental procedures* practice standard remains in place until the updated practice standard comes into effect on 1 April 2017, and the current training requirements remain in place until 1 October 2019.

This includes the existing training requirement to provide IV sedation, and the resuscitation training requirements, as described in the Council's current conscious sedation and medical emergencies practice standards.

The next table highlights some of the key changes in practitioners' obligations from the current requirements in the area of sedation, along with the rationale for the new obligations. This is not a comprehensive list of changes and practitioners must familiarise themselves with the updated sedation practice standard to ensure that they are fully aware of the standards they must meet, and of the guidance offered to assist practitioners to meet the standards.

The key areas of change between the existing practice standard and the updated practice standard are:

Current	New
Must and *Should* statements differentiating mandatory obligations and recommendations, respectively.	Clearly identifiable *Standards* that practitioners must meet. *Guidance* which describes the actions and behaviour that enable practitioners to meet the minimum standards. If a practitioner does not follow the guidance, they must be able to demonstrate to the Council that they meet the standards.
The practice standard applies to dentists and dental specialists who provide sedation.	The practice standard applies to all oral health practitioners who practise as part of the clinical team for sedation.
No comment on the use of oral sedation.	The practice standard states: "Oral sedation should only be used for an intended level of oral sedation". *Rationale* The ease of administration of a sedative does not necessarily reflect the degree of safety associated with it. Techniques that do not allow the drug to be titrated to effect, for example, the oral administration of sedative drugs, can result in a less predictable response than when a drug is administered intravenously or via inhalation.
Membership of the clinical team for sedation The operator may provide sedation and is responsible for the care of the patient. In this case, an assistant who is appropriately trained in observation and monitoring of sedated patients, and resuscitation, is required to be present during the procedure and recovery period —to assist in monitoring the patient's level of consciousness and cardio-respiratory function.	Introduction of specified requirements for sedation team members, based on the intended level of sedation (minimal or moderate). Various acceptable scenarios are given on pages 16 and 17 of the sedation practice standard. For an intended level of minimal sedation a two member team is required. For an intended level of moderate sedation a three member team is required. A minimum of two team members must be present in the treatment area throughout the sedation period in which

the dental treatment is performed. A third team member must be immediately available to assist, when required.

In the case where the operator administers the sedation, the second team member's role is to primarily monitor the patient throughout the dental treatment—they may assist in the dental treatment. They must, at minimum, have received education and training in monitoring of sedated patients[1] and may be a non-registered team member, for example, a chairside assistant.

There are no specified educational requirements or capabilities for the 3rd team member.

Rationale for obligation

A risk-proportionate approach was taken in developing the standards for the membership of the clinical team for sedation. The standards acknowledge that sedation is a continuum, and an inherent risk exists for patients to go into a deeper level of sedation than intended. However by ensuring that the clinical team members are appropriately trained, and sufficient in number, risks may be minimised; and patient safety protected.

The Council acknowledges the potential risk of limiting patient access to care. It believes the obligations demonstrate a balanced, risk-proportionate approach, requiring the third team member to be immediately available to provide additional assistance, as necessary, but not necessarily permanently in the room throughout the sedation period—for an intended level of moderate sedation.

[1] Defined in Part III of the practice standard

Education and training requirements

The clinician administering sedation must be:

- A dentist who has successfully completed relevant training leading to at least the equivalent of the New Zealand Society for Sedation in Dentistry's Conscious Sedation Course
- A specialist anaesthetist.

The undergraduate qualification (BDS Otago) is considered sufficient training for dentists to administer oral sedation and nitrous oxide sedation subject to the dentist maintaining competence and continuing professional development in these areas.

Until 1 October 2019, the current education and training requirements, as stated in the conscious sedation practice standard, apply.

From 1 October 2019:

To provide sedation, a practitioner must complete a formal education and training programme that enables them to meet the competencies for providing sedation, as described in Appendix B of the practice standard, and maintain competence.

To monitor-only sedated patients, a practitioner must complete formal education and training that enables them to meet the competencies to monitor-only sedated patients, as described in Appendix C of the practice standard, and maintain competence.

Proviso: If a practitioner has attained the core competencies for providing sedation before 1 October 2019 through a combination of training, experience and continuing education, and has maintained competence, they do not need to complete a formal education and training programme to continue providing sedation.

The University of Otago Bachelor of Dental Surgery qualification is considered sufficient education and training to provide and monitor nitrous oxide/oxygen and oral sedation for patients over 6 years of age, subject to the practitioner maintaining competence in these areas. Additional training is required to provide IV sedation, and sedation for patients 6 years of age and younger.

When competence is not maintained formal education and training is to be completed before providing sedation; or monitoring-only.

When a non-registered team member is responsible for 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.

Formal education and training is defined in the practice standard as:

"…a documented learning programme with specified aims and learning outcomes that enables the attainment of the Council defined core competencies for providing sedation and monitoring, and assesses achievement of these".

Core competencies for providing sedation and to monitor-only sedated patients are provided in Appendices B and C of the practice standard, respectively.

Rationale for obligations

The standards in this area reflect the principle that for safe and effective sedation practice it is essential that practitioners complete formal education and training to gain the necessary knowledge and skills to safely and competently provide sedation; and maintain competence.

The requirement for formal education and training, additional to the Bachelor of Dental Surgery (BDS) qualification, to provide sedation for children 6 years and younger is based on advice received from the University of Otago BDS programme, and the acknowledgement of the particular skills necessary for administering sedation to young children; and the particular risks.

The requirement for formal education and training to monitor-only sedated patients acknowledges the importance of appropriate monitoring in the prevention and early identification of sedation-related complications.

Capnography		From 1 October 2019:
Use of capnography is according to the clinical status of the patient	→	For all techniques and drugs administered for an intended level of moderate sedation, excluding nitrous oxide/oxygen, capnography must be used to measure the concentration of exhaled carbon dioxide, in order to assess physiologic status or determine the adequacy of ventilation during sedation.

		Rationale for obligation Although there is limited research into the use of capnography for monitoring of sedated dental patients specifically, the Council acknowledges the support for the use of capnography from within the sedation community, both locally and internationally, and the research related to its use in other health disciplines. As a result of the strong support in the submissions for the mandatory use of capnography for monitoring of sedated patients, the Council re-considered its original position. Taking a risk-proportionate approach—and being aware there are existing requirements for patient monitoring, and financial implications for practitioners with the introduction of this requirement—the use of capnography is required for an intended level of moderate sedation, from 1 October 2019 onwards.
Resuscitation training requirements Resuscitation training requirements for practitioners, including those providing sedation, are provided in the Council's *Medical emergencies in dental practice* practice standard		The required level of resuscitation training for practitioners providing sedation, as specified in the Council's *Medical emergencies in dental practice* practice standard, continue to apply. That is, practitioners providing sedation must complete New Zealand Resuscitation Council (NZRC) CORE advanced resuscitation training every two years. From 1 October 2019 onwards: The resuscitation training for practitioners providing sedation must include scenario training relevant to the management of sedation-related complications. *Rationale for obligation* The Council maintains the view that a dental practitioner who offers sedation must have a heightened skill level in the emergency management of the sedated patient, and that NZRC CORE advanced is the appropriate level of 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.

The Council considers that the inclusion of scenario training relevant to the management of sedation-related complications in the resuscitation training will provide an opportunity for practitioners to refresh and update their knowledge and skills in this practice area. It will also assist them in maintaining competence, which is considered vital for patient safety.

An essential component of CORE immediate and CORE advanced is teamwork; as such, CORE includes scenario training. It is anticipated that CORE providers will incorporate into the scenario training one or more scenarios which are relevant to the management of sedation-related complications, when the target audience for training includes dental practitioners providing sedation.

The Council understands that this level of flexibility within the CORE advanced curriculum is possible and expects this requirement will drive the development of this education and training.

Before going to consultation, discussions with the NZRC confirmed their position that NZRC CORE advanced training is a course prescription that includes skill stations, scenarios, and assessments. As such it cannot be delivered as selected modules, and still meet the NZRC requirements for NZRC CORE advanced training.

Subsequent discussions with NZRC have confirmed that CORE immediate and CORE advanced courses cannot be combined or blended, to allow members of the sedation team completing different courses to train together. The introduction of the new courses has not altered the NZRC's previous position in this regard. However, the skills and principles of teamwork in both courses are complementary.

The Council believes opportunities for practitioners trained at different resuscitation levels to practise a co-ordinated response to a sedation related complication or a resuscitation event, as a team, are provided for in the Council's sedation and medical emergencies practice standards.