Dental Council
Te Kaunihera Tiaki Niho

7 January 2026

Tēnā koe,

Consultation on a proposed Sedation practice standard

The Dental Council ('the Council') established the Sedation practice standard review group ('the review group') to assist in the cyclical review of its Sedation practice standard to ensure the standard remains contemporary and fit-for-purpose. The review group's proposed updates to the practice standard were informed by local and international standards and guidelines, and the members' sedation expertise and experiences in their practice.

The Council considered the review group's recommended changes at its December 2025 meeting and now the Council is consulting on an updated draft Sedation practice standard.

The Council seeks your feedback on the updated draft Sedation practice standard provided as Attachment 1.

Have your say

Stakeholders are invited to comment on the proposed updates to the Sedation practice standard by responding to the following questions using the online survey.

Q1. Do you agree/disagree with the updated draft Sedation practice standard? If you disagree, please detail why.

Q2. Are there any areas of the proposed Sedation practice standard you feel require further clarification or guidance? If yes, please tell us which areas and why.

Q3. Do you have any further comments on the proposed Sedation practice standard?

The consultation document has been made available to all oral health practitioners, relevant associations and societies, the Ministry of Health Manatū Hauora, Health New Zealand Te Whatu Ora, educational institutions, dental resuscitation training providers, and other organisations with an interest in this area. The consultation document will also be published on the Council's website, with a similar invitation to comment.

Submissions

Your submissions must reach us by **5pm on 18 February 2026**.

You can submit your feedback either by completing the online survey or emailing your response to consultations@dcnz.org.nz.

Submissions received will be published on our website and will record the submitter's name and profession (for registered oral health practitioners). All personal contact details will be removed. We will not publish any derogatory or inflammatory content.

As this is a public consultation, "in confidence" information will only be accepted under special circumstances. Please contact us before submitting material in confidence.

If you have any questions about this consultation, you can contact us by email or phone 04 499 4820. I look forward to receiving your views on the proposals.

Ngā mihi,

Marie MacKay
Chief Executive

Consultation on proposed updates to the Sedation practice standard

Issued: 7 January 2026

Submission closing date: 18 February 2026

Dental Council
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Proposed updates to the Sedation practice standard

1. Introduction

In August 2025 the Dental Council ('the Council') selected subject matter experts and practitioners with dental sedation experience to support the Council's cyclical review of the Sedation practice standard. The purpose of the review was to ensure the standard remains contemporary and fit-for-purpose to protect patient safety, while not placing unnecessary barriers that could impact on access to care.

The review group members were:

- Dr Gerry Thyne: Chair, Oral and Maxillofacial Surgeon
- Dr Caitlin Agnew: Specialist Paediatric Dental Specialist
- Dr Graeme Leathley: Dentist
- Dr Caroline Zhou: Anaesthetist and NZRC CORE Advanced Trainer.

The review group considered the Australia and New Zealand College of Anaesthetists Guideline on procedural sedation 2023 (ANZCA PG09(G)), the Intercollegiate Advisory Committee on Sedation in Dentistry Standards for Conscious Sedation in the Provision of Dental Care 2020 (UK), the Scottish Dental Clinical Effectiveness Programme Conscious Sedation in Dentistry guidance 2022, and the New Zealand Dental Association's Code of Practice: Sedation for Dental Procedures 2020. Where considered appropriate for the New Zealand dental context, proposed positions align with PG09(G).

Proposed training positions were informed by the New Zealand Society for Anaesthesia and Sedation in Dentistry and BDS academic staff from the Faculty of Dentistry, University of Otago. Pharmacy Council New Zealand offered expert advice on the management of controlled drugs.

The full list of documents used during the review are listed in the reference list provided at the end of the consultation document (Appendix B: p13).

The review group's proposed updates to the Sedation practice standard were considered by the Council at its meeting on the 1st December 2025.

2. The Sedation practice standard

The Council's practice standards are set under section 118(i) of the Health Practitioners Competence Assurance Act 2003, and describe the minimum standards expected from oral health practitioners.

The practice standard contains principle-based, outcome-focused standards that oral health practitioners must meet.

Practitioners must ensure that:

- their own clinical practices for sedation meet the standards; and
- the practice environment is suitable for sedation and meets the standards.

The updated draft Sedation practice standard is enclosed as Attachment 1, presented for practitioner and stakeholder feedback.

The sedation standards for oral health practitioners are listed in a summary table at the front of the draft practice standard (pp4&5) with supporting guidance following on from p6.

Guidance for each standard is provided as a practitioner resource to support them to meet the standard. The guidance provided reflects current practice for delivery of minimal and moderate procedural sedation in a dental setting. It describes actions and behaviour that support practitioners to meet the standards. A practitioner may select not to follow the guidance but must always be able to demonstrate to the Council that they meet the standards.

The practice standard is presented in four parts:

I: Preparation for sedation

II: Providing sedation

III: Education and training

IV: Documentation.

3. Summary of principal changes within the draft practice standard compared with the current version

The following areas represent the significant updates to the practice standard. Other minor wording changes were made to improve clarity and readability, and redundant or out-of-date information was removed or replaced. These do not reflect positional shifts and for that reason are not detailed in the consultation document.

A summary table listing the current standards and the proposed updated standards for the Sedation practice standard is included as Appendix A to the consultation document (p9). Reference numbers used in section 3 of the consultation document refers to the updated draft sedation practice standard 2026, unless stated otherwise.

For ease of reference:

- updated draft Sedation practice standard 2026 available here
- current Sedation practice standard 2017 available here.

New standards proposed

Standard 7: New standard introduced to address management of controlled drugs

Purpose of change: A standard addressing the management of controlled drugs used in sedation has been introduced. It describes the responsibilities and requirements for sedation practitioners to meet the Misuse of Drugs Act 1975 and Misuse of Drugs Regulation 1977.

This is relevant because controlled drugs used as part of sedation within dental practice include:

Class B: Fentanyl, Remifentanyl

Class C, Part 4: Ketamine

Class C, Part 5: Benzodiazepines, Zopiclone

Propofol is an anaesthetic agent and not classified as a controlled drug.

In addition, a newly developed Appendix E provides a summary of guidance to support the practical application of the standard (p36).

Standard 9: New standard introduced with emergency drugs and equipment requirements

Purpose of change: The emergency drugs and equipment required to be held on-site by dentists and dental specialists providing sedation are now included as a standard.

The drugs and specific equipment required for a medical emergency are currently listed in the Medical emergencies practice standard. Listing all the medical emergency drugs/equipment within the Sedation practice standard was considered useful for those administering sedation, and supports monitoring compliance. Any future changes to the medical emergency practice standard requirements will be made to the sedation practice standard to ensure alignment[1].

Standard 18: New standard introduced with annual recertification requirements for those administering sedation

Purpose of change: Maintenance of competence is important for safe sedation practice and is a proactive regulatory tool.

By including a sedation-specific component into the annual recertification programme, practitioners can identify their ongoing learning needs and related professional development activities through reflection and self-review of their sedation practice.

A new requirement is proposed for a sedationist to record all their sedation cases and annually review the outcomes of their sedation case load with their professional peer. Practitioners can focus on what worked well, if and where things went wrong, and remediations they could make to their sedation practice – including how to improve effectiveness, safety and prevent adverse events from occurring again.

Changes to existing standards

Increased focus on risk assessment

Purpose of change: The focus of standard 1 has broadened from patient assessment to risk assessment with consideration of the combined impact of the environment, procedure, patient clinical and patient behavioural risks.

Appropriate risk assessment is a crucial step in determining the sedation plan. PG09(G) also has an increased focus on risk.

A new appendix has been developed with additional guidance about sedation risk assessment.

The proposed update is reflected in standard 1 and Appendix A (p31).

Sedation team staffing requirements

Purpose of change: The team requirements when sedation is provided at a minimal intended level of sedation with a single oral dose of a single drug, and inhalational sedation remain as a two-member sedation team. When sedation is provided with multiple doses and/or multiple drugs with either minimal or moderate intended level of sedation a three-member team is required. The third team member must be immediately available to assist, when required.

The change in team requirement acknowledges that multiple drugs and/or multiple doses of a sedative drug are more likely to result in a moderate level of sedation end-point, where increased monitoring is required.

[1] A review of the medical emergency practice standard is planned for 2026.

The proposed update is reflected in standard 10 and described within a table of scenarios (pp20&21).

Sedation training

Purpose of change: There is a graduation in risk associated with delivery of sedation to very young children, specific sedation techniques and drugs. Validation of the BDS sedation training confirmed strong didactic education but limited clinical exposure so additional patient management experience (excl. inhalation sedation) is proposed.

More nuanced levels of sedation training are now proposed, based on the following risk-based categories:

- when providing sedation for under three-year-olds
- when providing sedation for three to six-year-olds
- inhalation sedation as single technique for patients over three years of age

Over six years of age:

- minimal intended level of sedation (single oral dose of single drug)
- moderate intended level of sedation with multiple doses, multiple drugs or intravenous delivery
- advanced sedation delivery techniques.

Competencies in Appendix C and D have been updated to reflect contemporary standards, and newly available drugs.

Within the Appendix C and D training competencies there is increased focus on

- Risk assessment
- Specific advice to identify fasting requirements and malignant hyperthermia risk
- Management of environmental risks associated with inhalational agents.

The proposed updates are reflected in standard 17, Appendix C and Appendix D.

A new summary table of all training and ongoing competence requirements is provided in Appendix F (pp39&40).

Resuscitation training requirements

Purpose of change: The resuscitation requirement for the sedation provider is proposed to be changed from NZRC CORE advanced to NZRC CORE immediate (or equivalent). This change ensures that all members of the sedation team have completed the same resuscitation training and provides an opportunity for the entire dental sedation team to complete emergency scenario training together, ideally in their own practice setting. This is not currently possible with the sedationist completing an advanced level resuscitation training course and all other team members complete an immediate level course.

The NZRC CORE advanced curriculum is the same as NZRC CORE immediate curriculum apart from trauma management, manual defibrillation and additional heart rhythm identification. These are not high priorities for dental sedationists, and may be a deterrent for some practitioners to offer sedation.

The proposed update is reflected in standards 14 and 19.

Management of sedation related complications

Purpose of change: Clarity about individual clinical roles and responsibilities in emergency situations can improve outcomes. A new requirement for documentation of the roles and six-monthly scenario practices will support the team to perform well under pressure and improve patient outcomes.

The proposed update is reflected in standard 16 (p25).

Recovery and discharge

Purpose of change: A more pragmatic approach to the required staffing capability for monitoring patients during post sedation recovery and assessing patients for safe discharge is proposed. This allows flexibility for an appropriately trained registered health practitioner (who is not the sedationist) to undertake these roles.

The proposed update is reflected as standard 14 (p24).

Key proposed changes to the introduction and guidance

Definitions of sedation levels revised

The definitions of minimal, moderate and deep sedation have been updated to align with ANZCA PG09(G) definitions.

Purpose of change – This approach aligns with New Zealand and Australian heath sector procedural sedation providers and is proposed in the Dental Board of Australia Sedation in Dentistry consultation.

Further details can be found in the introduction to the Sedation practice standard (pp 9&10).

Oral sedation

Techniques that do not allow the sedative drug to be titrated to effect, for example, oral or transmucosal administration, can result in a less predictable response than when a drug is administered intravenously or via inhalation. Reliable venous access is desirable, however when it is not practical, consideration may be given to proceeding without venous access for procedures under minimal oral sedation. Nonetheless, for deeper levels of sedation venous access is essential.

Specific guidance is provided that oral sedation should only be used for an intended minimal level of sedation delivered as a single oral dose of a single drug. Do not administer a second dose of oral sedation to achieve the desired sedation level - stop, review the alternatives when the patient can consent, and refer or reschedule with a new plan.

This guidance is provided in the introduction to the Sedation practice standard and in the guidance within standard 4 (p15).

Children

Specific guidance related to the risks associated with sedation for children and advice that sedation for children under 3 years old should only be provided by a paediatric dental specialist or anaesthetist is provided within standard 1.

Standard 17 further defines specific further sedation training requirements for:

- Children younger than 3 years: specialist training, with sedation only by a paediatric dental specialist or anaesthetist.
- Sedation for children between 3 – 6 years old (excl inhalation): formal sedation training.
- Inhalation sedation for patients over 3 years of age: strong recommendation for familiarisation with the equipment, process and environmental impact through observation in a practice where this sedation technique is used.

Documentation

The guidance provides detail about the clinical documentation required when providing sedation, with greater focus on recording sedation effectiveness and outcomes.

Purpose of change – The position aligns with PG09(G) and supports practitioners to record appropriate information in their sedation records to allow annual reflection on their sedation practice effectiveness and outcomes.

The proposed update is reflected in guidance associated to standard 20 (p29).

Consultation questions

Practitioners and stakeholders are invited to comment on the proposed Sedation practice standard by responding to the following questions:

Q1. Do you agree/disagree with the updated draft Sedation practice standard? If you disagree, please detail why.

Q2. Are there any areas of the proposed Sedation practice standard you feel require further clarification or guidance? If yes, please tell us which areas and why.

Q3. Do you have any further comments on the proposed Sedation practice standard?

Appendix A: Comparison of existing standards and proposed updated standards within the Sedation practice standard

New #	Proposed updated standards	Existing standards
URL of docs	Draft 2026 Sedation practice standard	2017 Sedation practice standard
1	You must assess your patient to determine whether you can provide safe sedation for them and refer appropriately if you cannot.	You must determine whether you can provide safe sedation for patients that is the most suitable for them, and refer appropriately if you cannot.
2	You must provide patients with the information they need or request, in a way they can understand, to enable their informed consent for sedation and the planned dental treatment, before being sedated.	No change to standard.
3	You must provide patients with comprehensive and understandable pre-operative instructions, both verbal and written, before the sedation appointment.	No change to standard.
4	You must use only sedation techniques in which you have been formally trained and are competent.	No change to standard.
5	You must administer only drugs for which you have gained an understanding of their pharmacokinetics and pharmacodynamics through formal education. Note: Formal education and training are defined in Part III of this practice standard.	No change to standard.
6	You must use drugs in a manner that is unlikely to cause loss of consciousness, and/or impair ventilatory or cardiovascular function.	No change to standard.
7	You must comply with Misuse of Drugs Regulation 1977 which includes: a. Safe systems for prescribing, administration and documentation of controlled drugs b. Secure storage of controlled drugs c. A controlled drugs register.	New standard introduced.
8	You must ensure that the treatment and recovery areas are appropriately sized, configured and equipped for the sedation	Change in numbering - previously standard 7.

	technique being used, to facilitate safe sedation and recovery - including management of sedation-related complications.	No change to standard.
9	You must have ready access to the following in the treatment and recovery areas to prevent, identify and manage medical emergencies or sedation-related complications: a. Equipment that is age appropriate for your practice and fully operational. b. Medicines that are easy to administer and are not beyond their expiry date. Specific requirements are defined in the tables on pages 18&19.	New standard introduced. Same equipment and emergency drug requirements.
10	You must meet the specified requirements for sedation team members applicable to the intended level and delivery method of sedation, as defined in the tables on pages 20 & 21. Added: • Sedationist or operator-sedationist must have NZRC CORE immediate (or equivalent) resuscitation training • Two member teams required for: sedation using a single dose of a single oral agent for intended minimal level of sedation OR inhalational sedation • Three member teams required for sedation using multiple agents or multiple doses, OR sedation administered intravenously OR intended moderate level of sedation.	Change in numbering - previously standard 8. You must meet the specified requirements for sedation team members, as applicable to the intended level of sedation, defined in the tables below. Current team requirements are: • Two member teams required for intended minimal level of sedation • Three member teams required for intended moderate level of sedation. Third member remains to be immediately available to assist, when required – no positional change.
11	You must monitor the patient, appropriately for the intended level of sedation, throughout the sedation and recovery periods.	Change in numbering - previously standard 9. You must monitor the patient, appropriately for the technique, drugs and level of sedation, throughout the sedation and recovery periods.
12	You must use capnography to monitor the patient when providing an intended level of moderate sedation.	Change in numbering - previously standard 10. Removed the provisions for: • “except when using only nitrous oxide/oxygen for sedation” – as this is at intended level of minimal sedation.

		• earlier implementation date of 1 October 2019.
13	You must use oxygen appropriately for patients during the sedation and recovery periods.	Change in numbering - previously standard 11. No change to standard.
14	You must if you are the practitioner who performs the dental treatment, ensure: a. The person monitoring the patient throughout the recovery period has NZRC CORE immediate (or equivalent) resuscitation training b. A practitioner with the required training in monitoring a sedated patient (as per the table below standard 17), and NZRC CORE immediate (or equivalent) resuscitation training remains on the premises throughout the recovery period c. The patient's suitability for discharge is assessed by a registered health practitioner who has received training in monitoring of sedated patients.	Change in numbering - previously standard 12. You must, if you are the practitioner who performs the dental treatment, ensure: a. the person monitoring the patient throughout the recovery period has, at minimum, NZRC CORE immediate rescuer training or equivalent b. a practitioner with formal education and training in providing sedation remains on the premises throughout the recovery period c. the practitioner who sedated the patient assesses the patient's suitability for discharge.
15	You must be able to identify and manage sedation-related complications, appropriate for your role in the sedation team.	Change in numbering - previously standard 13. No change to standard.
16	You must have written procedures for managing sedation-related complications where the role of each sedation team member is clearly documented and practised six-monthly.	Change in numbering – previously standard 14. You must have written procedures for managing sedation-related complications where the role of each sedation team member is clearly defined, and ensure these are known by all team members and rehearsed frequently.
17	You must meet the training requirements defined, relevant to your sedation practice. Specific training requirements (some new) are defined in the tables on pages 26&27.	Change in numbering - previously standards 15 & 16. You must complete a formal education and training programme that enables you to meet the competencies defined in Appendix C, and maintain competence, to provide sedation. You must complete a formal education and training programme that enables you to meet the competencies in Appendix D, and maintain competence, to monitor-only sedated patients.

18	For those dentists/dental specialists administering sedation – You must include in your annual recertification programme a sedation-specific component that includes: a. Sedation learning aims in your professional development plan, and the related educational activities to achieve this. b. An annual record of all your sedation cases with details on the effectiveness of sedation, including if the intended level of sedation was achieved, patient tolerance, and any sedation-related complications. c. Reflection on your annual sedation case load and outcomes, documenting this reflection, and discussing this with your professional peer.	New standard introduced. Monitoring of compliance to standard 18 proposed from the August 2027 recertification confirmation and declaration cycle.
19	For those administering sedation and monitoring sedated patients – You must complete NZRC CORE immediate (or equivalent) resuscitation training every two years that includes scenario training relevant to the management of sedation-related complications.	Change in numbering - previously standard 17. You must, if you provide the sedation, complete NZRC CORE Advanced (or equivalent) resuscitation training every two years that includes scenario training relevant to the management of sedation-related complications.
20	You must keep accurate and contemporaneous sedation records as part of the patient record when sedation is provided or considered.	Change in numbering - previously standard 18. No change to standard.

Appendix B: References - Sedation practice standard review 2025

1. Academy of Medical Royal Colleges. *Safe sedation practice for healthcare procedures. An update.* (February 2021).

   https://www.aomrc.org.uk/wp-content/uploads/2021/02/Safe_sedation_practice_for_healthcare_procedures_update_0521.pdf

2. Australian and New Zealand College of Anaesthetists (ANZCA). *PG09 Guideline on procedural sedation.* (2023)

   https://www.anzca.edu.au/getattachment/c64aef58-e188-494a-b471-3c07b7149f0c/PS09-Guideline-on-sedation-and-or-analgesia-for-diagnostic-and-interventional-medical

3. Australian and New Zealand College of Anaesthetists (ANZCA). *PG09 Guideline on procedural sedation.* (2023) Background paper

   https://www.anzca.edu.au/getContentAsset/642bc6f5-7154-481e-a214-57afedf72880/80feb437-d24d-46b8-a858-4a2a28b9b970/PG09(G)BP-Guideline-on-procedural-sedation-Background-Paper-2023.PDF?language=en

4. Australian Dental Association (ADA). *Policy statement 6.17 Conscious sedation in dentistry.* (2024)

   https://ada.org.au/policy-statement-6-17-conscious-sedation-in-dentistry

5. Australian Dental Association (ADA). *ADA guidelines for the administration of nitrous oxide and oxygen relative analgesia in dentistry.* (October 2024)

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7. British Colombia College of Oral Health Professionals (BCCOHP) *Minimal and Moderate Sedation Services in Dentistry (Non-hospital facilities)* (August 2022)

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9. Ontario – Use of sedation and general anaesthesia in dental practise 2018

   https://cdn.agilitycms.com/rcdso/pdf/standards-of-practice/RCDSO_5424_Standard_of_Practice__Use_of_Sedation_and_General_Anesthesia_V2.pdf

10. Dental Board of Australia. *Registration standard: endorsement for conscious sedation.*

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11. New Zealand Dental Association. *Code of Practice: Sedation for dental procedures* (March 2020)

    https://www.nzda.org.nz/assets/files/Standards__Guidelines/Codes_of_Practice/CoP_Sedation_for_dental_procedures.pdf

12. Royal College of Dental Surgeons of Ontario. *Standard of Practice Use of sedation and general anaesthesia in dental practice.* (November 2018)

    https://az184419.vo.msecnd.net/rcdso/pdf/standards-of-practice/RCDSO_Standard_of_Practice__Use_of_Sedation_and_General_Anesthesia.pdf

13. Scottish Dental Clinical Effectiveness programme. *Conscious sedation in dentistry, Dental clinical guidance 3rd edition, reviewed and unchanged December* 2022)

    https://www.sdcep.org.uk/published-guidance/conscious-sedation/

14. Conscious Sedation in Dentistry Dental Clinical Guidance Surveillance Review Report December 2022

    https://www.sdcep.org.uk/media/u23lpy1a/sdcep-conscious-sedation-in-dentistry-surveillance-review-2022.pdf

15. The dental faculties of the royal colleges of surgeons and the Royal College of Anaesthetists. *Standards for Conscious sedation in the provision of dental care (V1.1)* (2020)

    https://www.saad.org.uk/IACSD%202020.pdf

16. Ireland Dental Council: Code of Practice Regarding Dental Conscious sedation

    https://www.dentalcouncil.ie/wp-content/uploads/2023/06/Code-of-Practice-regarding-Sedation-in-Dentistry-May-2023.pdf

17. Williams J, Wilson K. *Inhaled methoxyflurane - an explorable alternative to nitrous oxide?* Br Dent J 2024; 236, 680-682

18. Hartshorn S, Middleton PM. *Efficacy and safety of inhaled low-dose methoxyflurane for acute paediatric pain: A systematic review*. Trauma 2019; 21, 94-102

19. Kingon A, Yap T et al. *Methoxyflurane : a review with emphasis on its role in dental practice.* Aust Dent J 2016; 61:157-162.

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    Clinical-Practice-Recommendations-Periprocedural-GLP-1RA-use-Apr-2025.pdf