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Page 2: About your submission

**Q1**

First name

Finn

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**Q2**

Last name

Gilroy

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**Q4**

**Registered oral health practitioner**

In what capacity are you making this submission?

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**Q5**

Company/organisation name

Unison Dental Specialists / University of Otago

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Page 3: About your submission

**Q6**

**Dental specialist**

What is your profession?

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**Q7**

**Respondent skipped this question**

Please enter your Dental Council Person ID, if applicable

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Page 4: Q1 - Sedation practice standard

**Q8**

**Agree**

Do you agree/disagree with the updated draft Sedation practice standard?

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**Q9**

**Respondent skipped this question**

If you disagree, please tell us why:

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Page 5: Q2 - Sedation practice standard

**Q10**

**Yes, more clarification or guidance needed**

Are there any areas of the proposed Sedation practice standard you feel require further clarification or guidance?

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**Q11**

If yes, please tell us which areas and why:

I appreciate the Council's thorough review and generally support the updated standard. The following areas would benefit from clarification to ensure consistent and safe practice.

Priority 1: Resuscitation training downgrade (Standards 10, 19)

Concern: CORE Advanced → Immediate may reduce the capability to manage cardiovascular complications.

Rationale given ("may be deterrent") prioritises access over safety.

Request: evidence that Advanced training is a genuine barrier vs retaining Advanced for moderate sedation at a minimum.

Priority 2: "Immediately available" definition (Standard 10)

Unclear compliance standard

Request: specific timeframe/location requirement (e.g., "on premises, within 60 seconds").

Priority 3: Professional peer definition (Standard 18c)

Who qualifies for case review? Another sedationist? Any dentist?

Request: Minimum qualification for meaningful peer review, or is it your usual professional peer?

Priority 4: GLP-1 agonist guidance

Mentioned in the risk framework, but no fasting protocols.

Growing prevalence - request specific guidance or reference to external guidelines.

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Page 6: Q3 - Sedation practice standard

**Q12**

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

Implementation timeline for Standard 18 (annual case review)

Monitoring delayed until August 2027 (18+ months post-issue).

Concern: This is a core mechanism for quality improvement. Delayed implementation means potential issues won't be identified through peer review until mid-2028 at the earliest.

Request: Consider a phased implementation, with voluntary reporting from April 2027 and mandatory reporting from August 2027. This allows practitioners to establish systems whilst the Council develops monitoring processes.

Otherwise, the draft represents a substantial and welcome modernisation of sedation practice standards.

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