



Royal Australasian College of Dental Surgeons

12 September 2016

By email: consultations@dcnz.org.nz

Marie Warner
Chief Executive
Dental Council
P.O. Box 10-448
Wellington 6143

Dear Ms Warner

Thank you for the opportunity to comment on the proposed NZ Dental Council Sedation Practice Standard. The Royal Australasian College of Dental Surgeons (the College) assembled an advisory group who have considered the material provided and have reported back on this matter.

The College prefaces this submission by noting that the dental practicing environment, as it relates to dental sedation, differs from country to country in the Asia-Pacific region. The advisory group considered the proposed Practice Standard in the context of the dental practicing environment in New Zealand and our response is framed in this context.

Do you agree/disagree with the proposed clinical team for sedation (proposal 1)?

The College believes that the provision of dental care to a sedated patient requires the synergistic delivery of care and the medical management and monitoring of the patient. To achieve this safely, a team of two trained personnel is required. One of the team must be dedicated to the monitoring of the patient during the operative procedure and during the recovery of the patient. It would be desirable (not mandatory) to have an additional staff member available to assist.

Do you agree/disagree with the proposed formal education requirements to provide sedation and for monitoring-only of sedated patients (proposals 2&3)?

The education requirements, whilst brief in outline, appear to be relevant and appropriate.

Do you agree/disagree 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)?

The core competencies for providing sedation and monitoring-only of a sedated patient, whilst brief in outline, appear to be relevant and appropriate.

Do you agree/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)?

The NZRC CORE Advanced resuscitation training is generic in nature with little or no direct specific relevance to the emergency management of a 'sedation related emergency'. It would seem entirely appropriate and necessary that resuscitation training includes scenario training relevant to the management of sedation-related complications.

Do you have any concern with other areas in the draft practice standard, not already expressed?

Capnography: The College is aware that the use of capnography in the monitoring of sedated patients is a current issue of debate in the New Zealand practice environment and to this end the College is of the view that the 'Guidance Notes' as they relate to Standard 9 may not reflect current accepted practice. The College urges the Dental Council, in active consultation with NZ practitioners, to lead the debate to reach a consensus view on the use of capnography for the monitoring of sedated dental patients.

Child sedation: The sedation of children, particularly pre-school age children, is complex and has additional inherent risks. The College is of the view that practitioners who wish to provide sedation to young children must have additional training.

Education: As an organisation with a principal focus on the education and professional development of dentists, the College would like to register a formal interest in receiving further information regarding the potential provision of education and training for the monitoring-only of sedated patients.

Should you require clarification of any of the information provided in this submission or should you require any further assistance on this matter please feel free to contact me.

Thank you for the opportunity to make a submission on this important Practice Standard.

Yours Sincerely



Dr David Sykes
President