A GUIDE TO MAINTAINING PROFESSIONAL STANDARDS IN CONSCIOUS SEDATION FOR DENTISTRY

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INTRODUCTION

Conscious Sedation is an integral part of the practice of dentistry. A number of publications provide guidance for the dental team detailing the standards required for conscious sedation practice (see Appendix 1). All current guidance emphasises the need for both appropriate training and an ongoing commitment to relevant continuing professional development (CPD).

One of the most frequently asked questions by those practising conscious sedation is, bearing in mind that sedation represents only a small part of the range of required CPD activity, what constitutes an appropriate amount of CPD?

The precursor to this group, the Intercollegiate Advisory Committee for Sedation in Dentistry (IACSD), succeeded in reaching agreement on the majority of outstanding issues relating to these guidelines for maintaining standards in conscious sedation including sedation-related CPD. The IACSD included representatives from the Faculties of Dental Surgery of all three UK Royal Colleges, the Faculty of General Dental Practice UK and the Royal College of Anaesthetists. The group also had a lay member.

The Independent Expert Group on Training Standards for Sedation in Dentistry (IEGTSSD) would like to acknowledge those members of IACSD who contributed to the development of this guidance.

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RECOMMENDATIONS FOR AN APPROPRIATE LEVEL OF CPD

The IEGTSSD has based its recommendations on the premise that all registered dentists and doctors (whether practicing conscious sedation or not) are already fulfilling the CPD requirements specified by the GDC and/or GMC for Core CPD of which the management of medical emergencies and hands-on CPR practice is an integral part.

It is recommended that dentists and doctors practising sedation should maintain their level of training with appropriate CPD activity. Training and update requirements may be considered under five subheadings:

1. VERIFIABLE CPD – courses, conferences, study groups etc
2. NON-VERIFIABLE CPD
3. SEDATION-RELATED COMPLICATIONS and BLS (ILS for advanced techniques)
4. CLINICAL AUDIT, including recording adverse events
5. REGULAR CHECKS OF CLINICAL FACILITIES AND TEAM TRAINING

CPD requirements may be provided in part by updates using local experts and internal CPD, but there is also a need to ensure that all practitioners demonstrate their commitment to keeping in touch with recent developments in the area through participation in externally provided CPD via relevant regional and national courses and professional meetings.

1) VERIFIABLE CPD

Once a dentist/doctor has reached an appropriate level of training which will enable him/her to perform effective and safe sedation it is important to keep up to date with new developments. It is recommended that practitioners undertake a minimum of 12 hours of verifiable sedation – related CPD every 5 years.

In making this recommendation, IEGSSD recognises that the current availability of such training is limited. A greater number of locally organised sedation-related events is required and should be encouraged.

2) NON-VERIFIABLE CPD

Clinicians should carry out adequate non-verifiable CPD in order to demonstrate a commitment to keeping their practice up to date. This should include a review of contemporary guidance documents.
3) SEDATION-RELATED COMPLICATIONS

It is already a requirement that all clinicians should regularly update their management of medical complications and emergencies, including resuscitation skills. The IEGTSSD recommends that, where sedation is practised, there should be documented evidence of team members regularly practising the management of commonly occurring sedation-related complications in addition to the practice of BLS. Six-monthly intervals would be appropriate. Current ILS certification is required for practices carrying out advanced sedation techniques.

4) CLINICAL AUDIT

All sedationists should audit their sedation activity as part of clinical governance procedures. The proportion of audit time devoted to sedation should reflect its profile in the practice. The use of a written or electronic log may assist reflection and analysis. Examples of suitable logs can be found on Society for the Advancement of Anaesthesia in Dentistry (SAAD) and Dental Sedation Teachers’ Group (DSTG) websites (www.saad.org.uk; www.dstg.co.uk).

5) REGULAR CHECKS OF CLINICAL FACILITIES AND TEAM TRAINING

As well as keeping up to date with knowledge and skills training on a regular basis, we recommend completion of a self-assessment checklist of the premises where sedation is provided using a nationally recognised checklist (e.g. SAAD checklist). This should be updated regularly and when significant changes in clinical staff or facilities occur. A programme of external assessment by a colleague with recognised competence in the field of sedation would be the ideal way of ensuring that the quality of a sedation service is maintained and improved.

THE DENTAL SEDATION CPD MATRIX – LEVEL 1, LEVEL 2 & LEVEL 3

For clarity and ease of use we have designed a simplified matrix containing the above categories of CPD (Table 1).

It would be inappropriate to make over-prescriptive recommendations relating to underpinning knowledge (e.g. pharmacology, physiology, anatomy), basic clinical skills (e.g. assessment, venepuncture, monitoring, recovery). Our recommendations are an overview designed to guide sedation practitioners. This guidance is not intended to replace GDC/GMC guidance. However, practitioners are advised to refer to the guidance documents relating to standards in conscious sedation for dentistry listed in Appendix 1.
The GDC does not specify sedation-related CPD but the following extract is relevant:

“CPD is any activity which could reasonably be said to have benefited you professionally, so you should use your own judgment when choosing your subjects and activities. We recommend that you create a personal development plan, which will help you to meet your CPD requirement over your cycle.”

“As well as your chosen areas there are three core subjects which we strongly recommend you complete as part of your verifiable CPD. The suggested minimum number of hours for dentists in each subject are:

- medical emergencies - 10 hours per CPD cycle
- disinfection and decontamination - 5 hours per CPD cycle
- radiography and radiation protection - 5 hours per CPD cycle

We also recommend that you keep up to date in areas such as legal and ethical issues, and handling complaints.”

The GDC guidance makes it clear that the subjects chosen for CPD activity should reflect an individual practitioner’s range of clinical activity. As there is currently no more specific guidance, it may only be after a problem arises that a dentist or doctor has their CPD scrutinised.

The matrix of recommended activity is divided into three levels. These reflect the clinical activity undertaken by a practitioner, irrespective of their primary qualification (e.g. dental or medical) or postgraduate achievements (e.g. GDP/GMP, specialist practitioners or hospital-based consultants/specialists).

**LEVEL 1:** This relates to practitioners carrying out standard sedation techniques and covers core knowledge and clinical practice utilising records of clinical activity.

**LEVEL 2:** Relates to practitioners who have already covered the items recommended in level 1, who are practising advanced sedation techniques.

**LEVEL 3:** Relates to practitioners who have carried out CPD outlined in levels 1 and 2, and who are practising (or intend to practice) paediatric advanced sedation techniques.

### TABLE 1. SUMMARY GUIDANCE FOR MAINTAINING PROFESSIONAL STANDARDS IN CONSCIOUS SEDATION FOR DENTISTRY.

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>VERIFIABLE CPD 12 HOURS / 5 YEARS</th>
<th>NON-VERIFIABLE CPD</th>
<th>LIFE SUPPORT TRAINING</th>
<th>COMPLICATIONS OF SEDATION</th>
<th>CLINICAL AUDIT</th>
<th>CHECKS OF CLINICAL FACILITIES</th>
<th>TEAM TRAINING</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LEVEL 1</strong></td>
<td>ATTENDANCE AT REGIONAL / NATIONAL COURSES / MEETINGS AND/OR VERIFIED JOURNAL QUESTIONNAIRES</td>
<td>STUDY OF PUBLISHED ARTICLES RELEVANT TO PAIN AND ANXIETY CONTROL IN DENTISTRY</td>
<td>BASIC LIFE SUPPORT</td>
<td>REGULAR PRACTICE IN DEALING WITH COMMON SEDATION-RELATED COMPLICATIONS</td>
<td>AUDIT OF SEDATION ACTIVITY (IN PROPORTION TO PRACTICE ACTIVITY)</td>
<td>COMPLETE CHECKLIST FOR FACILITIES WHERE SEDATION IS CARRIED OUT</td>
<td>ENSURE WHOLE TEAM HAS UNDERGONE APPROPRIATE TRAINING AND MAINTAINS CPD</td>
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<tr>
<td><strong>LEVEL 2</strong></td>
<td>AS ABOVE BUT TO INCLUDE ADVANCED SEDATION TECHNIQUES</td>
<td>AS ABOVE BUT TO INCLUDE ADVANCED SEDATION TECHNIQUES</td>
<td>IMMEDIATE LIFE SUPPORT</td>
<td>MANAGEMENT OF COMPLICATIONS SPECIFIC TO THE TECHNIQUES USED</td>
<td>MAINTAINING A LOG OR DATABASE DIARY FOR ADVANCED TECHNIQUES</td>
<td>CHECKLIST OF FACILITIES (E.G. SAAD CHECKLIST) SPECIFIC TO ADVANCED TECHNIQUES (UPDATED AS FOR LEVEL 1)</td>
<td>TRAINING AND CPD SHOULD BE SPECIFIC TO ADVANCED SEDATION TECHNIQUES</td>
</tr>
<tr>
<td><strong>LEVEL 3</strong></td>
<td>AS FOR LEVELS 1 AND 2 BUT TO INCLUDE PAEDIATRIC ADVANCED SEDATION TECHNIQUES</td>
<td>AS IN LEVELS 1 AND 2 BUT TO INCLUDE PAEDIATRIC ADVANCED SEDATION TECHNIQUES</td>
<td>ADVANCED PAEDIATRIC LIFE SUPPORT</td>
<td>REGULAR REHEARSALS OF THE MANAGEMENT OF SEDATION-RELATED COMPLICATIONS IN PAEDIATRIC PATIENTS</td>
<td>AS LEVELS 1 AND 2 ABOVE, BUT TO INCLUDE AUDIT OF PAEDIATRIC CASES</td>
<td>AS FOR LEVEL 2</td>
<td>TRAINING AND CPD SHOULD BE SPECIFIC TO PAEDIATRIC ADVANCED SEDATION TECHNIQUES</td>
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APPENDIX 1

Conscious Sedation in the Provision of Dental Care: Standing Dental Advisory Committee (2003)


http://guidance.nice.org.uk/CG112