Conscious Sedation in Dentistry 3rd Edition

Guidance Implementation Summary

For SDCEP guidance, information about potential barriers and facilitators for implementation is sought at various stages during the development process, such as during scoping, consultation and peer review, targeted external expert review and at other times pre-publication. This may include financial and organisational barriers that operate at the policy-level in addition to practice- practitioner- and patient-level barriers. The impact of these potential barriers is considered during the development of the guidance and the guidance recommendations, content and format may be influenced or changed as a result.

Much of this work is carried out in collaboration with SDCEP's partner programme TRiaDS (Translation Research in a Dental Setting), a multidisciplinary research collaboration which aims to develop and evaluate guidance implementation strategies to improve the knowledge-to-practice gap in primary care dentistry in Scotland. Reports of the results of TRiaDS research are provided on its website (www.triads.org.uk).

This document provides an ongoing summary of the potential barriers and facilitators to implementation of the *Conscious Sedation in Dentistry* guidance recommendations, information on how these influenced the guidance and updates on any changes that have taken place since publication of the guidance that may affect implementation.

	Potential Barriers/Facilitators	Pre-publication Action/Developments (e.g. changes made to the guidance, provision of implementation tools)	Post-publication Activities
Service provision			
1	Concerns were raised by numerous stakeholders during scoping and at consultation regarding the absolute requirement for 'the skills equivalent to those expected of a specialist/consultant in paediatric dentistry' for all children and young people with complex oral health needs or when having an advanced sedation technique. Senior experienced dental practitioners were unsure about whether and how they could demonstrate these skills. Furthermore, accessing a specialist/consultant in paediatric dentistry, even via remote mechanisms, was reported to be currently unworkable in many areas and unlikely to change. This may be particularly problematic when treating children and young people with complex oral health needs, because of the level of demand in some settings. Consequently, this recommendation is likely to have a significant negative impact on service provision for these patient groups in certain areas.	This significant implementation barrier was considered carefully by the guidance development group (GDG) and revisions made to this section of the guidance, with the aim of encouraging high quality patient care while maintaining access to care. The guidance relating to this was revised to focus on the need for effective treatment planning and the practitioner's duty to decide if they are competent to do this, or whether input from a more experienced colleague (likely to be a specialist or consultant in paediatric dentistry) is required. This is in line with the fundamental principle that all healthcare professionals should be working within their level of competency for a particular situation.	A short post-publication online survey of end-users of the guidance was conducted in 2018. A report is available on the TRiaDS website, which concluded that provision of the SDCEP guidance appears to have addressed substantially the concerns previously expressed by dental sedation practitioners (www.triads.org.uk/in-development/conscious-sedation/). Further information on demonstrating skills equivalent to those expected of a consultant/specialist in paediatric dentistry has been provided by IACSD at www.rcseng.ac.uk/dental-faculties/fds/publications-guidelines/standards-for-conscious-sedation-in-the-provision-of-dental-care-and-accreditation/faq/
2	Concerns were raised about the requirement for a consultant anaesthetist for advanced sedation for children and young people. These included queries about whether and how	Advice in the guidance about the sedationist having the skills equivalent to those expected of a consultant in anaesthesia competent in sedation for dentistry was rephrased to clarify that medical and	Further information on demonstrating skills equivalent to those expected of a consultant in anaesthesia competent in sedation for dentistry has been provided by IACSD at

	individuals could demonstrate these skills, and concerns around the potential cost of involving such an individual e.g. for the sedation of children with oral midazolam, in particular settings where this is currently carried out by an operator-sedationist. Again, this could potentially impact on the availability of advanced sedation for children and could result in increased referrals for general anaesthetic.	dental sedationists may already have these skills, and to indicate that they include competence in age-appropriate 'rescue' procedures in the event of cardio-respiratory complications. It was considered essential for safety that the sedationist providing advanced sedation for children and young people has these skills. It was also considered essential that a dedicated sedationist provides the advanced sedation for these groups despite the cost implications for services currently using different arrangements.	www.rcseng.ac.uk/dental-faculties/fds/publications-guidelines/standards-for-conscious-sedation-in-the-provision-of-dental-care-and-accreditation/faq/
3	Concern raised at consultation that the stringency of the requirements for inhalation sedation could negatively impact on service availability. Specific aspects included inspection, training, assessment, monitoring and documentation.	The guidance was amended post-consultation to clarify that: • sedation training courses could be tailored to be specific for inhalation sedation • alternative arrangements for assessment may be justifiable • monitoring requirements are less stringent for inhalation sedation • not all items listed will be required for inhalation sedation records.	In September 2018, a new Sedation Practice Inspection (SPI) checklist was published to be applicable to all NHS and private providers and within all areas in Scotland. The new SPI checklist was created following a thorough review of the inspection process and updating of previous checklists. Central to this process was the SDCEP Conscious Sedation in Dentistry guidance (3rd Edition). Changes made within the SPI and inspection procedure were to align it fully with the SDCEP guidance. Consequently, introduction of the new SPI is seen as a crucial intervention to support the implementation of the SDCEP guidance, and to assure and improve the quality and standard of the provision of conscious sedation for dental patients in Scotland.
4	Necessity for a separate assessment appointment was identified as a barrier for some services. Specific concerns were cost/remuneration, inconvenience and	The guidance on assessment was revised after consultation to include the option of alternative assessment arrangements, provided they meet the criteria for thorough assessment and valid consent.	A short post-publication online survey of end-users of the guidance was conducted in 2018. A report is available on the TRiaDS website, which concluded that provision of the SDCEP

	potential discrimination against patients in remote locations or with difficulties in travelling.		guidance appears to have addressed substantially the concerns previously expressed by dental sedation practitioners (www.triads.org.uk/in-development/conscious-sedation/).
5	Difficulty for premises without a separate recovery area potentially risking service provision.	It was judged inappropriate for a patient to recover in a waiting room occupied by other patients. If no dedicated recovery area is available, the patient could recover in the treatment area or in a waiting room if otherwise unoccupied (e.g. at the end of the day with no further patients admitted).	
6	Potential risk to service provision for community clinics without a third member of staff available.	It was considered unsafe to sedate patients when only 2 members of staff are present at a facility, since one may have to leave the treatment room to alert emergency services. However, the guidance was amended post-consultation to clarify that the third person could for example be a receptionist i.e. does not have to be sedation or clinically trained and is only required to raise the alarm or deal with other activities within the practice.	
Training			
7	Difficulty in accessing validated sedation training (i.e. IACSD accredited or provided by a recognised body such as a university or deanery) was identified at scoping as a potential barrier for both dentists and dental nurses. There was also concern raised by some at consultation about the burden of dental nurses having to complete training courses covering all aspects of sedation even if they only intended to assist with inhalation sedation.	Prior to guidance publication, the IACSD indicated that more than 30 sedation training courses had been accredited. IACSD confirmed that 'in-house' training programmes can apply for accreditation. The IACSD also indicated that it intends to make public a list of accredited sedation training providers. The guidance was amended to emphasise more clearly that in-house training programmes can be considered for accreditation. A more explicit statement that syllabuses may be tailored to be	The Royal Colleges Sedation Training Accreditation Committee has compiled a list of accredited non-university and non-deanery courses in sedation that have agreed to their details being published. This is available at www.rcseng.ac.uk/dental-faculties/fds/publications-guidelines/standards-for-conscious-sedation-in-the-provision-of-dental-care-and-accreditation/accredited-courses-in-conscious-sedation-for-dentistry/.

		relevant to a particular sedation technique was also added. NHS Education for Scotland (NES) now provide sedation training for dental nurses that is technique specific.	In addition to the new SPI process described above, several sedation training courses are available via NES and other providers and the SDCEP guidance informs this training. Some Health Boards and private sources provide refresher training and there are annual events in Scotland and across the UK focused on dental sedation, e.g. ISDAM, SAAD, DSTG. A number of online sources are becoming available including an online course for new dentists and nurses.
8	Lack of availability of supervisors for clinical experience required as part of training was a concern raised during scoping.	The IACSD launched a scheme to approve clinical supervisors for new trainees (https://www.rcseng.ac.uk/dental-faculties/fds/publications-guidelines/standards-for-conscious-sedation-in-the-provision-of-dental-care-and-accreditation/). This was added to the revised post-consultation guidance.	
9	Concerns were raised at scoping about access to and the availability of Immediate Life Support and Paediatric Immediate Life Support (ILS & PILS) training courses. Some stakeholders expressed the view that this level of training was unnecessary for dental nurses.	The IACSD confirmed the information presented in its FAQ i.e. that while all practitioners must be trained in life support that is age-appropriate and contextualised to the dental setting it is not necessary to undertake a Resuscitation Council (UK) ILS/PILS training programme. The essential elements of the training are basic life support, the use of airway adjuncts and the use of an AED. The IACSD further noted that that all GDC registrants, irrespective of involvement in sedation, are required to be trained in dealing with medical emergencies including resuscitation, and that the elements listed are those recommended by the Resuscitation Council (UK) for all dental healthcare professionals. The guidance clarifies that while life support training is required for all members of the clinical team, it is not necessary to undertake a RC(UK) ILS or PILS course. The guidance also provides learning outcomes for	

		appropriate life support training in an appendix.	
10	Some individuals expressed concern, during scoping or at consultation, about the perceived lack of availability of verifiable CPD opportunities for sedation.	The IACSD FAQs and responses to individual queries clarify that although CPD should be verifiable, CPD and update courses do not need to be externally accredited. This was indicated in the guidance. The guidance was also amended post-consultation to include suggested means of fulfilling the CPD requirement.	The issue was raised with NES Dental CPD and it was agreed to create an online CPD module focussed on new aspects of the SDCEP guidance. The CPD module is available via TURAS Learn (https://learn.nes.nhs.scot/15871/dental-cpd/educational-resources).
Standing of the guidance			
11	Several consultees reported that the lack of clarity around the standing of the guidance with respect to other documents would be a significant barrier to its implementation. It was indicated that a directive on the timescales for implementation of the guidance would be helpful.	Following consultation, additional explanation of how this guidance relates to the IACSD Report was added in the introduction. The statement of intent advises on how it is expected that the guidance will be used. Additional communication on the standing of the guidance is the responsibility of the departments of health in each UK country.	
12	It was suggested at consultation that recognition of the guidance by relevant dental or sedation organisations would facilitate implementation e.g. GDC, BDA, dental defence organisations, SAAD, DSTG.	The dental faculties of the UK Royal Colleges and that of the Royal College of Surgeons in Ireland all endorsed the guidance. This is indicated by the inclusion of their logos in the guidance. The Royal College of Anaesthetists fully support the guidance and have indicated that they will promote the guidance on their website. Notification of the publication of the guidance was sent to the GDC, BDA, SAAD and DSTG.	
Awareness of the guidance			
13	Raising awareness of the updated guidance was identified as a potential facilitator to implementation.	SDCEP undertook various dissemination approaches at the launch of the guidance to raise awareness. These included notifying healthcare professionals involved in dental sedation provision across the UK	

		through a variety of networks and communication routes, as well as all dentists and hygienists/therapists in Scotland and those involved in dental education. Press releases, newsletter and magazine articles and social media were also used.	