

Preliminary consultation – Sedation in dentistry

Response template

April 2025

Consultation feedback

The Dental Board of Australia (the Board) invites you to provide your feedback and comments on the proposed draft *Registration standard: sedation in dentistry* (the draft standard) and supporting resources using this response template.

There are two choices to provide your feedback:

CHOICE 1: Summary feedback – 2 general questions

CHOICE 2: Detailed feedback – 11 detailed questions

Please return your submission by email to: dentalboardconsultation@ahpra.gov.au

The closing date for submissions is **3 June 2025**

Stakeholder details

If you would like to include background information about your organisation, please do this in a separate *Word* document (not PDF).

Organisation name
Australian and New Zealand College of Anaesthetists (ANZCA)
Contact information <i>(please include the contact person's name, position and email address)</i>
Professor David Story President president@anzca.edu.au

How your submission will be treated

All submissions received in the preliminary consultation will be treated confidentially and will not be published on the Board's website unless you request it be published as part of your feedback after the public consultation process.

CHOICE 1 – Summary feedback

Please provide your responses in the blank boxes below. If you would like to include your responses in a separate document, please provide this in *Word* format only (not PDF).

1. **Do you support the Board's draft registration standard and supporting resources?**

Please provide your responses in the blank boxes below. If you would like to include your responses in a separate document, please provide this in *Word* format only (not PDF).

If there are any parts you don't support, please let us know why.

ANZCA welcomes and supports these changes to the registration standard. It aligns with the new definitions in the ANZCA document [PG09\(G\) Sedation](#) and clarifies a number of issues caused by the use of the old term 'conscious sedation'.

There are four comments we would like to make on parts of the standard:

1. The term 'human factors skills' is used throughout the document, which is a commonly used but ill-defined term. This may refer to the execution of human factors engineering and redesign competencies that are not required in the role of sedation. We suggest changing this to "*Non-technical skills*" a term which is defined in multiple contexts. An inventory of these skills and a training program (DeNTS) has recently been created by the Royal College of Surgeons of Edinburgh (<https://fdt.rcsed.ac.uk/media/1128/fdt-dents-2023-v6pdf.pdf>) with a corresponding tool for dental assistants. In addition, the safe procedural sedation competencies in Appendix IV of PG09 should be noted.
2. The duration of sedation should be taken into consideration. A specific time limit should not be placed on the treatment, but it would be helpful to outline the risks of procedures taking more than two hours. Data would exist for the increasing risk of these prolonged procedures that might inform how this could be worded.
3. The "*Removal of requirements for medical emergency equipment, protocols, procedures in manuals*" may reduce safety. The validation that "*The obligation for practitioners goes beyond the noted items and includes anything needed to ensure safe and effective care*", is true in that it applies to the code of conduct, however this is also very general and may leave gaps in essential resuscitation resources.

Provision of these specific requirements formulates a plank in the sedation standard and may rest with a health care organisation rather than the employee/practitioner and in this circumstance the power of the employee-practitioner to enforce this could be limited.

ANZCA recommends *retention* of the emergency resource requirements for any practice location that undertakes more than minimal oral or inhaled sedation, as in Section 8 of ANZCA PG09.

4. We suggest that the word "use" is changed to "administer" in the sentences below on pages 25 and 26 to provide greater clarity. The word "use" as it currently stands could be interpreted as "self-administer" rather than the intended "administer to patients".

"Do dentists or dental specialists need to be endorsed to use benzodiazepines?"

"Do dentists or dental specialists need to be endorsed to use nitrous oxide/oxygen?"

"Do dentists or dental specialists need to be endorsed to use methoxyflurane (Pentrox)?"

2. Would the Board's proposal have a negative effect on any groups or stakeholders?

If so, please let us know why.

No

How to provide your submission:

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CHOICE 2 – Detailed feedback

Please provide your responses to any or all questions in the blank boxes below. If you would like to include your responses in a separate document, please provide this in <i>Word</i> format only (not PDF).
1. Do you support or oppose any of the following? <i>If so, please state why</i>
A standard that covers sedation practice by <u>all</u> dentists and dental specialists, rather than just endorsed dentists and dental specialists
Support All practitioners performing sedation should be covered by the same standard, with appropriate clarification of differences in conduct for “Endorsed” versus “Non-endorsed” dentists. Additional training for provision of intravenous or moderate sedation should be mandated. If endorsement is removed then all dentists must be trained, assessed and have ongoing continuing professional development (CPD) on sedation techniques and risks.
Adopting ANZCA PG09 2023 definitions of minimal, moderate and deep sedation and general anaesthesia
Support
Basing the practice requirements for <u>non-endorsed</u> dentists and dental specialists on the lowest risk scenario for procedural sedation from ANZCA PG09 (detailed below) Practice requirements for <u>non-endorsed</u> dentists and dental specialists: <ul style="list-style-type: none">• Must not exceed minimal sedation• May use a single dose of an oral anxiolytic OR• Nitrous oxide/oxygen OR methoxyflurane
Support , with the following proviso: A single oral or inhaled agent is appropriate but methoxyflurane is a general anaesthetic agent. It can be safely administered by appropriately trained and experienced healthcare professionals with dose-limiting equipment (e.g. inhaler). It does not have the same safety margin as nitrous oxide and is not comparable. It should not be considered equivalent to nitrous oxide.
Using the <i>Therapeutic Guidelines</i> as the reference point for the dose of an oral anxiolytic
Support
Maintaining the type of sedation that can be performed by <u>endorsed</u> dentists and dental specialists (detailed below)

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Practice requirements for endorsed dentists and dental specialists:

- Must not exceed moderate sedation
- May use one or more drugs
- Drugs may be administered by any route

Support – on the proviso that sufficient training, assessment and CPD are undertaken.

Removal of the requirement for 2 years of general dentistry experience before applying for endorsement

Oppose – Two years' experience is an appropriate minimum requirement. General dentistry training does not prepare dentists for the considerable variability, uncertainty, complexity and potential complications of treating sedated patients. Clinical experience with appropriate supervision is necessary to develop the skills and situational awareness required to safely advance to an endorsed level of care.

Removal of Board approval of refresher courses

Support

Requirement for endorsed dentists and dental specialists to complete mandatory CPD including:

- response to medical emergencies
- airway management skills
- human factors skills
- simulation training

Support:

- Use "Non-technical skills" rather than "Human factors skills".
- Mandatory training should be a requisite component of CPD for any healthcare professional treating patients with a reduced level of consciousness.

Removal of the term 'conscious sedation' and re-naming the endorsement as 'sedation in dentistry'

Support

Removal of requirements for equipment, staffing, assistance, procedural manuals etc.

Oppose:

- There must be a standard for the minimum equipment for airway management and resuscitation when more than minimal single agent oral or inhalation sedation is administered (as noted in ANZCA professional documents PG09 Procedural sedation and [PS55 Minimum safe facilities](#)).
- Compliance with the mandatory requirements is essential to be properly prepared for potential complications of sedation.

2. **Is the content, language and structure of the draft revised registration standard clear, relevant and workable?**

Why or why not?

The existing differences between "Endorsed" and "Non-endorsed" dentists should be clearer. The proposed changes could be summarised more succinctly.

Please provide your responses to any or all questions in the blank boxes below. If you would like to include your responses in a separate document, please provide this in *Word* format only (not PDF).

3. Is there any content that needs to be changed, added or removed in the draft revised registration standard?

If so, please provide details.

Nothing additional to that which is noted above.

4. Do you have any other comments on the draft registration standard?

No

5. Do you support publication of supporting resources to assist dentists and dental specialists to comply with their professional obligations for sedation?

Support

6. Do you support publication of supporting resources to help members of the public understand sedation and the regulation of sedation in dentistry?

Support

7. Is there any content missing from the supporting resources?

No comment

8. If the changes are introduced, how do you think patients will be affected, including their ability to access care?

The changes are multifaceted so the change cannot be easily predicted. Any relaxation of the requirements to provide sedation, or oversight of compliance with standards, will likely lead to increased availability of the service.

However, it is not necessarily the case that access would improve as the major impediment is cost. The key to improved access to dental care is to increase the availability of public dentistry. Reducing the standard of care for sedation should not be the preferred method of attaining access.

9. Would the revised standard result in any potential negative or unintended effects for Aboriginal and Torres Strait Islander Peoples?

If yes, please describe.

No comment

10. Can you identify any other costs or effects on patients that the Board should be aware of from this proposal?

Patients are likely to be put at increased risk by relaxation of practitioner requirements for experience, training, support, and equipment provision.

11. Do you have any other feedback on the review process, the revised standard or other matters outlined in the consultation paper?

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No comment.

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