Competency in sedation

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Conscious sedation has become an integral part of the undergraduate dental curriculum. The attributes of the competent graduate in sedation are defined and all providers of sedation education should be aiming towards this standard. It is important that students receive appropriate theoretical and practical training which must include hands-on clinical experience in sedation techniques.

With the imminent prohibition of general anaesthesia outside hospital practice by the end of 2001, sedation will become the only pharmacological method of anxiety control available to patients in general dental practice.¹ Already there are an increasing number of dentists who wish to offer a sedation service and this expansion in clinical provision must be accompanied by proper training in sedation techniques at both undergraduate and postgraduate levels.

A common objective of teachers of dental sedation is to move towards standardisation of sedation education. Before we can expect new dental graduates to view sedation as an integral part of pain and anxiety control, it is essential that a sound foundation in sedation knowledge and skills is provided in the dental undergraduate curriculum. The General Dental Council already recommends that dental students should receive 'practical experience in the administration of intravenous and inhalational sedation and in operating on sedated patients'.² However, the reality is that the undergraduate experience of sedation varies considerably between dental schools, with only a few currently being able to provide clinical hands-on training in sedation.³ The problem is complicated by the fact that no one has actually specified the quantity and breadth of sedation training which dental students should receive.

The Dental Sedation Teachers Group has sought to address this issue. In a recent position paper, they have taken the important step of defining the attributes of the 'compe-

tent graduate' in sedation.⁴ The document indicates that a new graduate should be aware of the advantages and disadvantages of using conscious sedation techniques and should be capable of providing sedation, for carefully selected patients, in a primary care setting. Students are expected to be trained in how to assess a patient's need and suitability for conscious sedation and to learn skills

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in those sedation techniques which have established efficacy and safety, namely nitrous oxide/oxygen inhalational sedation and intravenous midazolam sedation.

Whilst accepting that competency, based on quantity of clinical experience, cannot be guaranteed, the document does recommend that each student should undertake twenty intravenous sedation cases, ten inhalational sedation cases and five sedation patient assessments. This is a useful starting point for providers of sedation training. For the first time we now have a clear idea of the clinical exposure to sedation techniques which students should receive. When this forms part of a structured sedation curriculum, incorporating assessment of skills, we should indeed

be moving towards a certain level of undergraduate 'competency' in sedation. When the General Dental Council undertake their forthcoming review of the 'First Five Years', it is hoped that they will be similarly prescriptive in specifying the educational requirements of undergraduate sedation training.

Even if basic sedation skills are gained at dental school, new graduates must still undertake postgraduate training before starting to practise sedation independently. We need to ensure that a formal standard in postgraduate sedation education is established. In this respect the Dental Sedation Teachers Group document on competency, and their complementary core curriculum guidelines,⁵ are also useful. Postgraduate Deaneries and a number of national associations already organise postgraduate programmes in sedation. Now is an opportune time to start to apply the Dental Sedation Teachers Group recommendations to all postgraduate programmes. This would promote standardisation and ensure that all dentists wishing to practice sedation gain equivalent knowledge, skills and clinical experience to allow them to become competent and safe sedation practitioners.

If sedation is to remain in the hands of the dental profession, and not to become extinct like general anaesthesia, then the 'safe' practice of sedation has to be the key priority.⁶ This requires the provision of proper undergraduate and postgraduate educational programmes, based around a core curriculum, which is capable of producing dentists competent to provide a sedation service for their patients.

- 1 *A conscious decision: a review of the use of GA and conscious sedation in primary dental care.* Department of Health, 2000.
- 2 *The first five years: the undergraduate dental curriculum.* General Dental Council, 1997.
- 3 Leitch J A, Girdler N M. A survey of the teaching of conscious sedation in dental schools of the UK and Ireland. *Br Dent J* 2000; **188**: 211-216.
- 4 *Conscious sedation in dentistry: the competent graduate.* Dental Sedation Teachers Group, 2000.
- 5 *Sedation in dentistry: undergraduate training—guidelines for teachers.* Dental Sedation Teachers Group, 1999.
- 6 *Standards in Conscious Sedation for Dentistry.* Report of an Independent Expert Working Party, 2000.

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