

Conscious Sedation in Dentistry – Dental Clinical Guidance (3rd Edition) (2017)

Post-publication survey conducted July-August 2018

The Conscious Sedation in Dentistry guidance was first published in 2006 by the Scottish Dental Clinical Effectiveness Programme (SDCEP). The second edition was published in 2012. A further update was required leading to the third edition being published in June 2017¹.

During the updating process several points were identified about which end-users expressed particular concern or uncertainty². One of SDCEP's aims in developing the guidance was to clarify each of these points. In order to do this an online survey was developed. This concise post-publication survey sought the views of users of the guidance with the aim of determining how clear they had found the guidance about these points approximately a year after its publication.

Key Findings

- For 13 of the 15 points assessed, >70% of participants felt they were 'fairly clear' or 'very clear'.
- The two points that scored below 70% were fasting requirements (67%) and cannulation for transmucosal sedation (67%).
- Ninety percent of respondents thought the SDCEP guidance was 'fairly helpful' or 'very helpful'.
- Eighty-five percent of respondents were 'fairly clear' or 'very clear' about the standing of the SDCEP guidance in their area of practice.

Conclusions and Next Steps

The conclusions from the survey showed that the majority of respondents felt that the SDCEP Conscious Sedation in Dentistry (3rd Edition) guidance helped to clarify the key concerns identified during its development. Points that may require further clarification have been identified and will be taken into account when the next update is required.

This summary presents key findings from practitioner interviews conducted during the consultation period of the update of the *Conscious Sedation in Dentistry* guidance. This was carried out by SDCEP and TRiADS to inform the development of the new guidance.



SDCEP (Scottish Dental Clinical Effectiveness Programme) has a national remit to provide user-friendly, evidence based, clinical guidance in priority areas for dental healthcare in Scotland.



TRiADS (Translation Research in a Dental Setting) is a multidisciplinary research collaboration working in partnership with SDCEP to increase the implementation of SDCEP guidance through the development and evaluation of theory-informed interventions for change.

Background and Aim

The Conscious Sedation in Dentistry guidance was first published in 2006 by SDCEP. The second edition was published in 2012. The publication of Standards for Conscious Sedation in the Provision of Dental Care: Report of the Intercollegiate Advisory Committee for Sedation in Dentistry (IACSD) (2015) along with other publications and developments, led to some confusion within the field. SDCEP therefore published a third edition of their guidance in June 2017¹, bringing together all available evidence.

During the updating process several points were identified about which end-users expressed particular concern or uncertainty². One of SDCEP's aims in developing the guidance was to clarify each of these points. In order to do this an online survey was developed. This concise post-publication survey sought the views of users of the guidance with the aim of determining how clear they had found the guidance about these points approximately a year after its publication. Understanding this may inform any updating of the guidance in the future.

Methods

All dentists in Scotland registered on the NES Portal were notified by email about the survey and invited to participate. In addition, the survey was advertised on the SDCEP website and via other dental websites. Respondents' views about the clarity of the guidance on fifteen key points using a five-point Likert scale (responses: not very unclear, somewhat unclear, neutral, fairly clear, very clear) as well as overall helpfulness and the standing of the guidance. Data were collected via an online questionnaire-based survey which was available for one month from 23 July 2018.

Respondents could provide free text explanations about their answers and comment on conscious sedation for dental care or the SDCEP guidance. Demographics data were also collected. No personally identifiable data were collected and therefore all responses were anonymous. For the 5 point scale in each question, the percentage of responses were calculated.

Results

Sixty-three responses were received. Forty-nine percent of respondents reported that they practice in Scotland, 27% in England. There were four respondents working in Wales, one in Northern Ireland and four working elsewhere. Sixty-five percent of respondents were operator-sedationists, 33% were dental sedation nurses. Twenty percent stated that they worked in NHS general practice, 20% in private dental practice, 47% in the community or public dental service and 37% in the hospital dental service. Some worked in more than one setting.

Table 1: Percentage of respondents who reported the SDCEP guidance to be fairly clear or very clear for 15 key points

Key point	SDCEP guidance is fairly or very clear
1 The facilities and equipment required for provision of conscious sedation	74%
2 The staff required for provision of conscious sedation	88%
3 How the requirements for provision of inhalation sedation differ from requirements for other forms of conscious sedation	82%
4 The requirements for patient assessment	90%
5 How to decide whether or not fasting is required before conscious sedation	67%
6 Cannulation_of patients receiving oral or transmucosal sedation	69%
7 The paediatric dentistry skills required when conscious sedation is used for treating a child or young person with complex oral health needs	71%
8 The paediatric dentistry skills required when advanced sedation is used for treating a child or young person	73%
9 The anaesthetist skills required when using an advanced sedation technique for treating a child or young person	71%
10 Recovery and discharge requirements	90%
11 What is meant by validated training	79%
12 Sedation training requirements for those new to providing conscious sedation for dental care	84%
13 How to demonstrate that a member of the sedation team is experienced and therefore does not require additional training	74%
14 How sedation team members_maintain sedation knowledge and skills	84%
15 Life support training requirements	86%

Of the 63 respondents, for all but two of the 15 key points over 70% thought the SDCEP guidance was 'fairly clear' or 'very clear' (see Table 1). The two points that scored below 70% were fasting requirements (67%) and cannulation for transmucosal sedation (69%). Regarding fasting requirements, 15% of respondents thought the guidance was unclear (n=2 very unclear and n=13 somewhat unclear). Regarding cannulation, only 7% of respondents thought that guidance was unclear (n=1 very unclear and n=3 somewhat unclear).

When asked overall how helpful they find the SDCEP guidance for their role in the provision of conscious sedation, 90% of respondents thought the guidance was fairly or very helpful (see Figure

1a). Eighty-five percent of respondents were fairly or very clear about the standing of the SDCEP guidance in their area of practice (see Figure 1b).

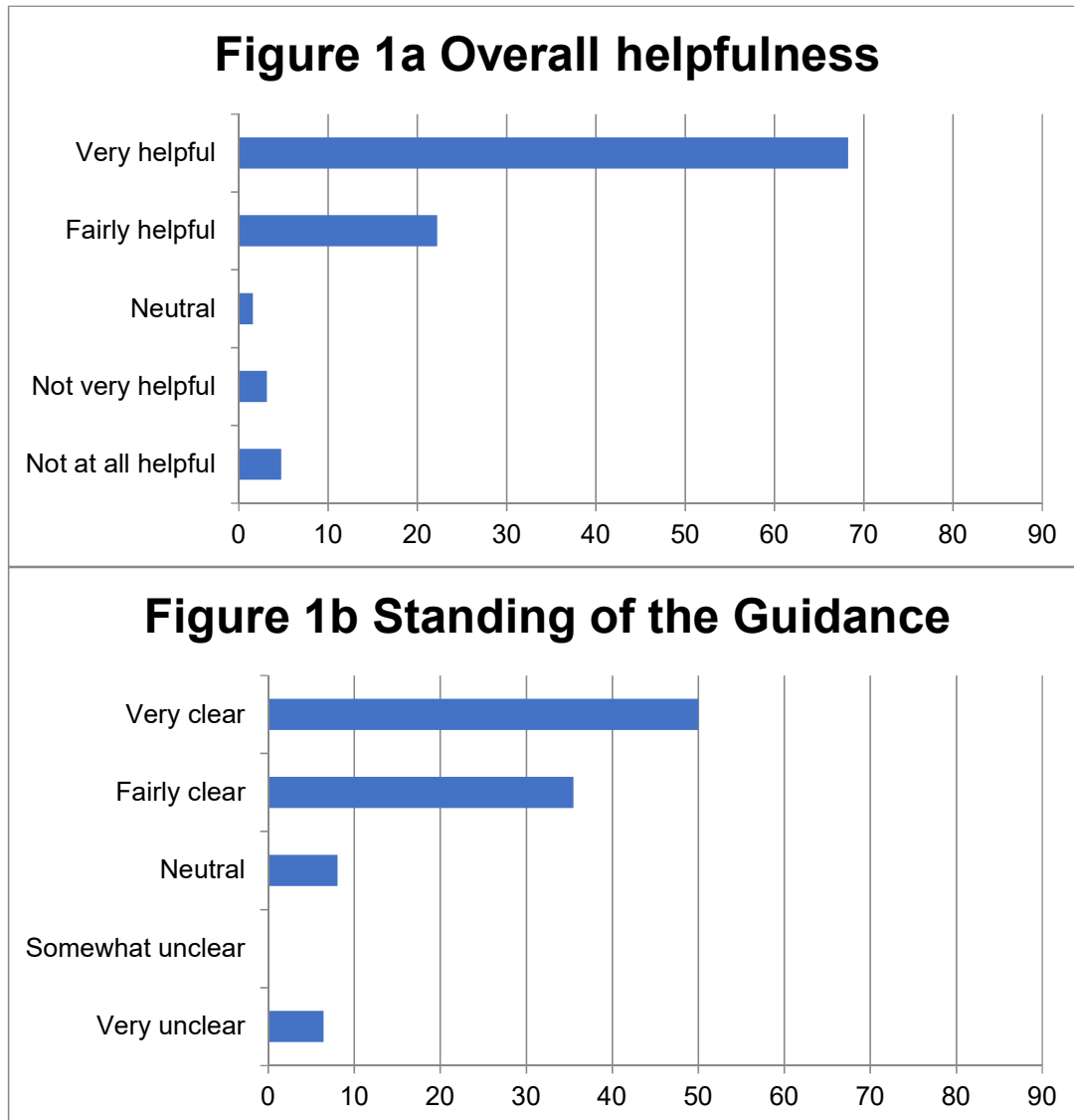


Figure 1. General impressions of the SDCEP Conscious Sedation in Dentistry (2017) guidance Likert scale response (expressed as percentages) to questions regarding respondents views on a) how helpful the guidance is and b) how clear the standing of the guidance is are shown graphically.

Several of the free text comments reiterated some remaining uncertainty about fasting requirements. Themes within other free text comments included: a need for more information about the minimum number of cases per year that a practitioner needs to maintain skills; frustration that the UK Chief Dental Officers, who instigated the updating of the SDCEP guidance, have not subsequently commented on the standing of the SDCEP guidance and the IACSD Report to which it refers. In addition, some thought the explanation of life support training requirements was excellent while others remain unclear. There were requests for detailed advice on drug administration and doses, but this was beyond the remit of the SDCEP guidance. Several respondents expressed their thanks for the provision of the SDCEP guidance.

Conclusions and Next Steps

A clear majority of respondents to this survey believe that the SDCEP guidance clarifies the key concerns identified during its development. As would be expected, some individuals remain unclear about certain points. Overall, provision of the SDCEP guidance appears to have been worthwhile and to have addressed substantially the concerns previously expressed by dental sedation practitioners. Points that may require further clarification in a future update to the guidance were identified.

Report Preparation

This report has been prepared by Douglas Stirling and Claire Scott on behalf of TRiADS.

Acknowledgements

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1. Scottish Dental Clinical Effectiveness Programme, Conscious Sedation in Dentistry – Dental Clinical Guidance (2017) available at www.sdcep.org.uk/published-guidance/sedation/
 2. Scottish Dental Clinical Effectiveness Programme. Conscious Sedation in Dentistry Guidance Methodology (2017) available at www.sdcep.org.uk/published-guidance/sedation/
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