

Scottish Government

Chief Dental Officer & Dentistry Division

Report of the Sedation Inspection Working Group

***“Inspection Process for Primary Care Dental Practices
undertaking Conscious Sedation.”***

August 2012

Background

Previously dental treatment under general anaesthesia was able to be provided under General Dental Services for patients who were anxious or had other problems which made routine care more difficult..

In 2000 the UK Health Departments confined general anaesthesia for dentistry to a hospital setting where there was immediate availability of a critical care facility. They also made a number of recommendations concerning conscious sedation, specifically endorsing its provision by a trained operator-sedationist supported by an appropriately trained assistant.

The consequence of this has been that, in general, conscious sedation has taken the place of general anaesthesia for anxious patients. Some practices concentrate on delivery of care under conscious sedation whilst others provide sedation when required. Conscious sedation is defined as;

“A technique in which the use of a drug or drugs produces a state of depression of the central nervous system enabling treatment to be carried out, but during which verbal contact with the patient is maintained throughout the period of sedation. The drugs and techniques used to provide conscious sedation for dental treatment should carry a margin of safety wide enough to render loss of consciousness unlikely.”

In the Action Plan for Improving Oral Health and Modernising NHS Dental Services (2005) it was stated that the NHS would develop quality monitoring and quality assurance. This is primarily through a redesigned practice inspection process which is currently in its pilot phase. A specific process for those practices providing sedation has also been developed to run alongside the mainstream process.

Additionally given the current focus of the NHS in Scotland on the Healthcare Quality Strategy it is clear that the sedation inspection process chimes well with the “safe” Quality Ambition.

Scope of Sedation Practice Inspection Process

In 2007, the Standing Committee On Sedation For Dentistry published a report; Standards For Conscious Sedation In Dentistry: Alternative Techniques. This document detailed two groups of techniques used in sedation in dentistry; standard and alternative.

Standard Techniques are defined as;

- intravenous sedation using midazolam alone
- inhalational sedation using nitrous oxide / oxygen
- inhalational sedation using nitrous oxide / oxygen during cannulation, followed by cessation of inhalational sedation then intravenous sedation
- oral / transmucosal benzodiazepine provided adequate competence in intravenous techniques has been demonstrated

Alternative techniques include;

- any form of conscious sedation for patients under the age of 12 years; other than nitrous oxide/oxygen inhalation sedation
- benzodiazepine + any other intravenous agent
- propofol either alone or with any other agent for example
- inhalational sedation using any agent other than nitrous oxide / oxygen alone
- combined (non-sequential) routes for example: intravenous + inhalational agent

Currently, NHS Scotland does not support the use of alternative sedation techniques within primary dental care. Therefore this report will only consider inspection of practices using standard sedation techniques.

Sedation Inspection Process

It is suggested that NHS Boards have the flexibility to prioritise the sedation practices they wish to inspect in the first cycle, they may tailor this to allow future cycles of sedation inspections to be triggered by the routine practice inspection.

Practitioner Services Division can make available lists of practices and the volume of sedation claims. An example of this is included in Appendix 1. We would expect some Boards to prioritise practices delivering a high volume and those with a low volume of sedation procedures in the first instance. Other Boards with few sedation practices will be able to inspect all such practices in the first year.

Practice due routine inspection (3 year programme)	Sedation inspection
Group A - 2013	In weeks following routine inspection
Group B - 2014	When time available in 2013 with revisit following 2014 routine inspection
Group C - 2015	When time available in 2013 with revisit following 2015 routine inspection
Group A - 2016	In weeks following routine inspection
Group B - 2017	In weeks following routine inspection
Group C - 2018	In weeks following routine inspection
All routine and sedation inspections in'sync'	

This would have the necessary consequence that practices due routine inspection in 2014 would have 2 sedation inspections in just over 12 months. However Boards could agree a streamlined revisit process if thought necessary.

It is regarded as good practice that sedation practice inspectors should be experienced in the delivery of sedation and currently undertaking sedation procedures. A sample job description and person specification are included in Appendix 2.

Three models of recruitment and deployment of inspectors have been suggested; a single national pool, three regional pools and Board employed inspectors. For a national pool there needs to be a lead NHS Board and for regional pools there would need to be a lead Board for each region.

Once recruited there would need to be calibration training for all new inspectors. NHS Education for Scotland should be the lead agency with responsibility for initial and ongoing training delivery. The content for any proposed calibration training is detailed in Appendix 3.

The proposed checklist borrows heavily from good practice documents from elsewhere, particularly SAAD, and modified to suit Scottish requirements. The proposed inspection checklist (Appendix 4) will cover the following areas;

- Facilities
- Equipment
- Protocols & procedures
- Record-keeping
- Staff

The draft process has been piloted in both independent contractor and salaried GDS/CDS practices in the East and West of Scotland. The actual process on the day ran smoothly and the checklist was appropriate to requirements. However the amount of preparation required by dentists, primary care administration staff and the inspectors was considerable. It is recommended that dentists keep as much documentation in electronic format as possible and they should be encouraged to submit electronically in advance. This would minimise the amount of time taken for the actual practice visit and therefore the degree of disruption to practice routine.

Funding

Scottish Government will make resource available to fund the sedation practice inspection process.

Recommendations

- implementation of a specific inspection for practices providing sedation
- inclusion of independent contractor and managed dental services
- inspections to concentrate on intravenous sedation practices
- panels of sessional sedation inspectors being established, recruited and trained on a regional basis
- NHS Boards should prioritise inspection of high volume and very low volume sedation practices
- NHS Education for Scotland will be the lead agency for delivery of calibration training to support the process
- system to be reviewed at the end of the first three year cycle

Appendices

Appendix 1: Volume of sedation undertaken in dental practice in Scotland

Appendix 2: Sample Job Description/ Person Specification

Appendix 3: Proposed educational content for calibration training

Appendix 4: Sedation Inspection Paperwork

Appendix 1: Volume of sedation undertaken in dental practice in Scotland

Up to date data from PSD to be inserted

Appendix 2: Sample Job Description/ Person Specification

JOB DESCRIPTION

1. JOB IDENTIFICATION

Job Title: DENTAL PRACTICE INSPECTOR (SEDATION)

Responsible to: Health Board

Department:

No of Job Holders:

Last Update:

2. JOB PURPOSE

To inspect primary care dental practices where standard conscious sedation is provided; in accordance with the current sedation dental practice inspection checklist as advised by Scottish Government Health Directorates.

3. KEY RESULT AREAS

- Inspect as required, dental practice premises identified as providing sedation services, using the nationally agreed sedation checklist in force at the time. This sedation inspection is in addition to the Health Board's 3 year rolling programme of routine dental practice inspections.
- Provide advice to practitioners on all areas of the sedation dental practice inspection checklist.

4. ASSIGNMENT AND REVIEW OF WORK

Completed by NHS Board

5. DECISIONS AND JUDGEMENTS

Completed by NHS Board

6. MOST CHALLENGING/ DIFFICULT PARTS OF THE JOB

Dealing with colleagues who may be resistant to the practice inspection process

Keeping up to date with current guidance and practice

Ensuring consistency using the same checklist across different types of practice and

Making judgements as to whether specific issues constitute a pass or not

7. COMMUNICATIONS AND RELATIONSHIPS

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The post holder will require to undertake both written and oral communications, which will be formal and informal in nature.

The need for highly developed inter-personal, communication and negotiation skills is essential, as well as the ability to resolve conflict.

8. PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB

Ability to prioritise workload and maintain an organised working environment.

9. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB

ESSENTIAL

- 3 years proven experience in inhalation and intravenous sedation
- Has had their own practice inspected successfully for both Health Board and sedation inspection
- Evidence of ongoing CPD/training in sedation.

DESIRABLE

- Sedation teaching experience to undergraduate, postgraduate or dental nurse students.
- Teaching/ mentoring in other areas of dentistry.

10. TRAINING

Training will be provided and the post-holder will shadow an experienced colleague before working independently

11. JOB DESCRIPTION AGREEMENT

A separate job description will need to be signed off by each jobholder to whom the job description applies.

Date:

Job Holder's Signature:

Date:

Head of Department Signature:

PERSON SPECIFICATION

FACTOR	ESSENTIAL	DESIRABLE
Experience	<ul style="list-style-type: none"> • Minimum of 3 years experience and currently providing sedation • Maintains active participation in dentistry • Participation in professional affairs 	<ul style="list-style-type: none"> • Registered for 10 years or more • Participation in professional working groups etc. with other professionals/agencies • Planning, report writing, assessing, examining, teaching, training
Qualification & Training	<ul style="list-style-type: none"> • Qualified dentist • Appropriate additional training in sedation • Active in postgraduate education with CPD up to date 	<ul style="list-style-type: none"> • Computer literate
Knowledge or skills	<ul style="list-style-type: none"> • Knowledge of the regulations governing the provision of sedation in dentistry • Reliability and flexibility • Good communication skills • Good organisation skills 	
Disposition e.g. Personal skills	<ul style="list-style-type: none"> • Friendly • Approachable • Ability to work independently • A positive and enthusiastic approach to general practice • High professional values 	
Other	<ul style="list-style-type: none"> • No conflicts of professional interest • No adverse disciplinary record or probity issues • Minimum complaints against the practice 	

Appendix 3: Proposed educational content for calibration training

- awareness of routine practice inspection system
- UK and SDCEP dental sedation guidance
- the inspection process and forms to be completed
- follow up/ consequences of problems found at inspection
- mock inspection scenarios
- providing support/advice to practitioners at time of inspection

Appendix 4: Sedation Inspection Paperwork