

Chairman's Report 2007



Professor Paul Coulthard
DSTG Chairman

I am delighted to report that the 2007 DSTG Annual Symposium held in Birmingham was a huge success. The Symposium is the principal DSTG event for the membership and the attendance of around 160 delegates, demonstrated the enthusiasm and commitment of members and the attraction of the programme. The meeting featured 'Postgraduate Education' and 'Celebrating Excellence in Sedation' as themes. I would very much like to thank the Symposium organisers in Birmingham, in particular Gerry Flaum, Kevin Fairbrother, Chris Wright, Caroline Evans, Sam and the nurses for their hard work.

The aims of the DSTG, which has over 400 members, are to promote excellence in teaching and learning of conscious sedation in dentistry and to act as a forum for exchange of good practice underpinned by best research evidence. These sound foundations are all the more important to consider when new challenges arise. One new challenge is the change in NHS funding of dentistry via PCTs that is leading to a reduction in sedation provision and is limiting patient access to this essential service. The fundamental view that intravenous and inhalational sedation skills are core dental

skills and not specialist skills is now being threatened by the restructure of funding for NHS primary care dentistry. We must voice our concern about this situation and promote the case for better sedation provision for patients. Access to dental care with conscious sedation is far from ideal currently and any reduction in access would be very bad news for patients. Some patients require conscious sedation. It is right that these individuals have access to appropriate methods of pain and anxiety control and indeed the GDC have indicated that this is both a right for the patient and a duty placed on the dentist. The Standing Dental Advisory Committee report to the Department of Health, which is supported by the GDC, states that, 'The effective management of pain and anxiety is of paramount importance for patients requiring dental care and conscious sedation is a fundamental component of this' and 'Competently provided Conscious Sedation is safe, valuable and effective'.

I announced at the Birmingham Symposium that I was setting up a Working Group to review the provision of postgraduate sedation education. The aim is to identify issues that might impact on service provision and make recommendations as appropriate for improvement. This will provide information about the availability and range of programmes currently available and their intended outcomes. This will provide a basis for recommendations for appropriate changes or new initiatives so that there is greater clarity about the significance of a dentist having undertaken such training.

The 2008 Symposium will be held in Manchester on Friday 9th and Saturday 10th May. The membership is ready for a longer meeting and the overnight stay will provide the opportunity for delegates to spend longer talking to colleagues. The Symposium will be a one-off joint meeting with the Association of Dental Anaesthetists (ADA) which has a membership consisting of anaesthetists and dentists. Some ADA members are also members of the DSTG and whilst the groups have different aims, they have much in common and much that can stimulate great discussion. I am delighted to be working with Ken Ruiz, ADA President, and Christine Arnold on half of ADA and Sin Yong, Cath Potter and Tony Mellor of Manchester to develop the Symposium. We are planning what we hope will be an excellent two days and look forward to welcoming you to the University of Manchester Conference Centre.

Professor Paul Coulthard
DSTG Chairman

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Diary Date

Annual DSTG Symposium

University of Manchester Conference Centre

9 - 10 May 2008

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DSTG Annual Symposium

Facing the Future: Postgraduate Sedation Education – Diversity or Standard Pathway – Which Way?

Birmingham Dental Hospital 15 May 2007

Welcome and Introduction

Chris Wright, a proud Brummie lad, in sartorial elegance (a designer T-Shirt with an 'I love Birmingham' logo) welcomed delegates to the City, and then gave a short illustrated introduction to the demographics of the West Midlands. The wide diversity accounted for the large number of different cuisines available in the city centre, (more than 200), which enabled Birmingham to proclaim that it could give a "Taste of the World".

During the period of the Industrial Revolution Thomas Telford (1757 - 1834) and James Brindley (1716 - 1772) had overseen the building of a vast array of canals with the city centre as the hub of the network. There are more canals here than in Venice that are now utilised as a vital component of their leisure industry - one of the 'thousand and one' trades of the city.

During the winter Birmingham hosts a German Beerfest which, judging by the photographs Chris showed depicting the range of insensibility of some of the imbibers, justified his assertion that beer was the 'Mother of Sedation'!

Facing the Future

The theme of the first session of the morning labelled as 'Facing the Future' was chaired by Kevin Fairbrother,

Consultant in Restorative Dentistry, at the Dental Hospital. The two speakers were Professor Phil Lumley, Director of the Dental School and John Morris, Consultant in Dental Public Health for South Staffordshire and also Lecturer in Dental Public Health.

These two presentations highlighted the tensions that are becoming all too evident in this health service world of Providers and Commissioners; the theme of the symposium had been well chosen!

Professor Lumley added his welcome to the 150 or so delegates stating that it was a tribute to the enthusiasm and dedication of dental sedationists. He described how he was battling with the demands of putting a 'quart into a pint-pot'; how he had to balance an increasing student intake with a changing funding process, i.e. being expected to do more with an increasingly restricted funded stream.

He emphasised that in order to maintain the student experience understanding the overall picture was key and that joint working between various agencies such as the Dental School and Hospital was essential. An evolving, measured response coupled with thinking over the long term was the way to achieve learning outcomes for students that he categorised as essential, desirable or aspirational.

With regard to training in sedation at undergraduate level Professor Lumley believed that competence in managing fear and anxiety was aspirational on the grounds that it takes time to learn the necessary skills to become proficient in this area. Knowledge in inhalational sedation was essential; he classified knowledge of techniques in clinical sedation practice as desirable.

John Morris focussed on the new GDS Contracts Regulations and its' likely effect on sedation provision. He described the freedoms that dental practitioners enjoyed prior to April 2006; the freedom to practise where one wanted to, the freedom to undertake as much or as little NHS dental care (including sedation) as wished and on whomever. John described this as developing a private business using public money with the downsides being the maldistribution of the workforce, access problems for patients and national over and under spends in different locations.

However, the new dental contract arrangements had now changed this anomaly by locking up resources within a fixed budget; PCT's would be able to vary the terms of existing contracts in year 2009 when true local commissioning commences in earnest. This variation would be subject to planning and contractual agreement between the Commissioner and the Provider; the Commissioner would decide the quantity of sedation service that should be purchased and from what pool patients would be recruited. Responsible commissioning would be based on strict clinical governance principles that would include a greater degree of formal scrutiny of quality standards. Providers would have to demonstrate compliance with the Standing

Dental Advisory Committee document of 2003 relating to the provision of dental care and conscious sedation. John posed the following questions: "Do commissioners really want to purchase small volumes of sedation from multiple providers?" "Should provision be based around a small number of providers who are able to maintain skills, following quality standards?" The above question had parallels to the orthodontic commissioning model and raised concerns in many of the delegates.

Questions from a rather subdued audience were taken at the end of these presentations; the mood reflected the rather gloomy, inclement weather outside. Ensuing debate about specialism reared its head, with arguments about generalist and specialist practitioners. Some delegates were of the opinion that intravenous and inhalational sedation were basic skills not specialist skills; others predicted the complete demise of the General Dental Service if sedation was to be undertaken only in a few specialist practices. The use of public money and funding models were raised. Strong but considered opinions were expressed in this, at times, prickly and turbulent panel session; this proved to be the contentious part of the day.

Postgraduate Sedation Education – Diversity or Standard Pathway

The second session, chaired by Lesley Longman, University of Liverpool and Honorary Secretary DSTG, continued the theme of facing the future with a set of presentations that considered pathways, diverse or standard, for the delivery of postgraduate sedation education.

Jenny Hainsworth, Clinical Psychologist at Leicester General Hospital outlined a survey she had undertaken that investigated the perceived training needs in conscious sedation within a cohort of dentists based in the West Midlands; the focus of the study was their current use of anxiety management techniques.

A wealth of data had been obtained from a postal questionnaire of 460 dentists. Just over half had received training in anxiety management as an undergraduate, the mean time period since graduation in this group was eighteen years. Undergraduate training had been continued at a postgraduate level by forty-five per cent of the respondents; however, a large number reported that they considered training in inhalational, intra-venous and oral sedation to be less than adequate. This was disappointing as more than three-quarters agreed that they had a responsibility to help anxious patients.

Reasons cited for not using anxiety reducing techniques were time, inadequate NHS fees and lack of operator confidence; the expense of purchasing intra-venous sedation equipment was also stated as an inhibiting factor.

The main conclusion of the study was that a lack of accredited training - particularly the inability to access clinical supervision further to attending a formal programme - led to practitioners avoiding the use of anxiety control techniques. The new contract was also viewed as a barrier to develop such a service.

This set the scene for the following four presentations that described how training issues could be addressed; there was a balance between

standard and diverse approaches.

The 'Terrible Twins', Gerry Flaum, Associate Specialist in Primary Care and Oral Surgery, Birmingham Dental Hospital and Kevin Fairbrother then took centre stage with what at first sounded like a pre-lunch aperitif, 'The Birmingham Cocktail'! As there is no 'central department' for conscious sedation within the Dental Hospital a 'team cocktail' has been developed to deliver a conscious sedation programme; this includes the Birmingham Sedation Group and staff from the departments of Oral Surgery, Paediatrics, Restorative Dentistry, Dental Nursing, General Anaesthetics and Special Care Dentistry.

Whilst the School does not offer a Diploma course Gerry and Kevin described some programmes that are run. A core course in intra-venous sedation occurs twice a year (June and December) catering for a total 80 dentists; a similar arrangement is in place for inhalational sedation.

Opportunities exist for Dental Nurses to attend a three day course to enable them to receive appropriate training in sedation nursing.

There is the Birmingham SHO model in which four appointees rotate in the departments of Oral Surgery, Paediatrics, Restorative Dentistry and General Anaesthetics; approximately 80 to 100 sedation cases are logged during this programme.

Since 2004 clinical attachments have been available for dentists who have been on a Society for the Advancement of Anaesthesia in Dentistry (SAAD) or other postgraduate course. Two dentists at a time are taken on for a three-month period, 20 IV and 5 inhalational sedation cases is the expected

experience target; the total number of places is eight per annum. Course participants are given a compact disk that includes self-directed study.

Analysis of questionnaires related to these training methods concluded that theory-only courses were not adequate for independent practice; practical experience in the form of clinical attachments was required but the number of cases undertaken was about right.

Chris Bell, Associate Specialist in Oral and Maxillofacial Surgery, University of Bristol described two contrasting methods for the delivery of dental education with particular reference to sedation. The Bristol University Open Learning for Dentists (BUOLD) is a longitudinal programme that was devised by the University; it is specially written, supported by tutors and administered at a distance. This was contrasted to the short courses of ongoing education delivered by SAAD.

The objectives of the BUOLD course are to increase depth of knowledge, update the participant in new techniques and methods, and to stimulate motivation and curiosity. A five-year period is allowed to successfully complete three units from the thirteen available including 'Anxiety Control and Sedation'. Assessment is by means of marked homework, log books and, where appropriate, examinations; mentoring for this particular unit could be obtained via the DSTG / SAAD mentors list. Chris outlined the educational content and objectives of the Sedation unit including the "hands-on" study days which he described as "two days of managed carnage" in the oral surgery department! (Further details of BUOLD courses may

be obtained from the South West Region Dental Postgraduate Department website: <http://swdentalpg.net/>)

Chris described the role and activities of SAAD highlighting it as a leading and dynamic body in this particular field with the capacity to adapt to changing legislation to ensure that benefits are delivered to both patients and members. SAAD organises a National Course three times per year that provides, an introduction to, and updates in, postgraduate conscious sedation through its' faculty of nationally recognised tutors to registered practitioners and dental nurses.

Contact is maintained with its' members through the publication of an annual Digest that includes peer-reviewed articles related to conscious sedation and an annual Newsletter that combines updates and reports of relevant contemporary issues. A range of other publications are also produced such as medical history forms, patient information leaflets and guidance notes.

Kathy Wilson, Senior Dental Officer and Honorary Associate Specialist, Department of Sedation, Newcastle Dental School in a very comprehensive presentation entitled, 'The Diploma Model', described how the 'gold standard' (the Diploma in Conscious Sedation) was achieved there. GDC, DSTG and SDAC 2003 documents were cited as the basis of this postgraduate sedation training programme. The aims, programme content and learning outcomes were stated in detail. Evaluation of the course by participants, external examiners, GDC and the University produced highly favourable comments.

A total of twenty students per annum are admitted to the fifteen-month duration course which has a 90 per cent pass rate; there have been 123 Diplomats since 1997.

Diplomas in sedation are also awarded from the Universities of London, Lancaster, and Glasgow with a course at Manchester coming on stream.

Training in sedation for dental nurses was elucidated by Liz Mills, Tutor Dental Nurse, from the Dental Hospital, who gave an overview of the post-qualification Certificate in Dental Sedation Nursing that is awarded by the National Examining Board for Dental Nurses (NEBDN). The examination, that has been available since 1989 is held twice a year in March and September, comprises of a written paper, viva and a portfolio of a record of experience that must demonstrate involvement in a minimum of 25 cases of IV and inhalational sedation and 25 recovery cases with two expanded case studies. Evidence of competence is also required.

This package ensures that there is external monitoring to a national standard, knowledge and skills are improved and a sense of achievement for candidates leading to enhanced financial rewards is attained.

The panel discussion that followed was dominated by the underlying concern of the commissioning of sedation services. Other interesting points that were raised centred on maintaining the IV and inhalational sedation aspects of the dental nurse certificate as an integral unit and not splitting them as two separate awards and the justification for not standardising the Diploma course throughout the UK.

This session teased out that the 'broad church' approach for education and training in dental sedation existed and that one size did not fit all. Both the standard and diverse approaches were delivering.

AGM

The AGM followed at which the Chairman, Paul Coulthard, Honorary Secretary and Honorary Treasurer presented their reports. Paul was appreciative of those who had set up the meeting and of the enthusiasm of DSTG attendees. He outlined some of the challenges that lay ahead; to promote excellence in sedation practice, to engage in and improve postgraduate education as it variable in the UK and to stand up against cuts in funding for sedation.



Celebrating Excellence in Sedation

After a more than adequate lunch at the City Thistle Hotel and visitation of the trade stands the afternoon session commenced. The opening presentation, 'Reflections – Conscious or Unconscious', was rather special and very personal. In tune with the theme of the Symposium, Meg Skelly, Senior Lecturer & Honorary Consultant in Dental Sedation, KCL Dental Institute was 'facing the future' as she embarked on a new life in retirement. Her tapestry revealed an extensive panorama as she reviewed her career pathway and acknowledged the many

distinguished professionals who had been faithful companions on this fascinating journey. She recounted how, between 1970-78, she became a general nurse, an anaesthetic nurse at the Ratcliffe Hospital, Oxford, an ITU nurse in Norway, a sister at Dulwich serving in the Department of Anaesthesia at Kings College, London and a dentist.

In 1981 Meg was head hunted by Jack Tully at Guy's where an impressive teaching career, guiding dental nurses, dental students and postgraduates, began. A significant partnership was forged when David Craig joined her at the Dental School and the Department of Anaesthesia. One of their collaborations led to the formation of DSTG; this



Meg Skelly

It was clear that a full and extremely productive career had been enjoyed; the dental sedation fraternity have been fortunate to receive the benefits of Meg's lifelong commitment.

A cut glass vase was presented to Meg by Derek Debusse, a close colleague from Guy's, in recognition of her outstanding service and to celebrate an excellent career. He emphasised Meg's contribution to dental sedation and praised her integrity, energy, modesty and inspirational qualities.

Alison Dougall, Consultant in the Department of Special Care Dentistry, Dublin Dental School and Hospital reviewed the development of a national strategy to deliver special care dentistry in Ireland. The Irish National Survey of Dental Health of 2002/03 had included subjects with special care requirements; the following year Professor June Nunn had organised round table discussions to determine a way forward as Ireland did not enjoy a coordinated approach for this type of care.

The Irish Dental Council has recognised Special Care Dentistry which has been fast-tracked to become a specialty by year 2008 to accompany orthodontics and oral surgery. A three-year full-time postgraduate programme, with MFDS as an entry requirement, in special care dentistry commences at the Dublin School in September 2007. She described the course contents that include a sedation

conception occurred over a beverage in the Cock and Lion Public House one January in the 1990's!

An extensive research portfolio was described much of it related to conscious sedation and the intravenous drugs commonly used in dental sedation. It was not too long in her dental career that Meg was introduced to SAAD, another avenue of exploration. Demands as an examiner for the NEBDN, for undergraduate and postgraduate qualifications including the Diploma in Sedation, MSc's and to represent specialist societies at the GDC, Royal Colleges and DH never relented.

component with the opportunity for their chair side support team to obtain dental nurse sedation training at either Belfast or Birmingham Dental Hospital.

Alison stated that in Ireland sedation and special care dentistry go together; she then presented several clinical cases to illustrate how dental care could be provided to the most disadvantaged members of society. Her enthusiasm to deliver excellence to her patients was clear to see.

Another enthusiastic practitioner followed, Paul Averley, Dental Practitioner and Principal of the Queensway Dental Anxiety Management Clinic – a specialist referral centre - in Billingham, Teeside. This centre treats approximately 8,000 patients per annum of which 70 per cent are children; standard techniques are administered by the team of dentists, who all possess the Diploma in Conscious Sedation, whilst the alternative techniques are given by consultant anaesthetists. In his opinion standard techniques were suitable for the 'high street' dental practice setting whereas alternative techniques should be administered in specialist centres.

Paul discussed the concept of developing a research agenda for

dental sedation performed within the primary care environment. He suggested the way forward was to develop alternative sedation techniques appropriate for this environment supported with evidence-based research to demonstrate safety and efficacy. His personal research journey was detailed and he outlined projects in progress including the development of Performance Indicators and the Measurement of Quality, and the effectiveness of combinations of systemic analgesics.

Research had to be targeted, of high quality and coordinated, preferably in collaboration with colleagues at other centres. The primary care setting was ideally placed for research as there is a pool of many enthusiastic practitioners caring for large numbers of subjects.

Paul's parting shot was that research capacity in dental sedation had to be grown as a top down and bottom up process.

The final presentation in the excellence theme, given by Dr Nigel Robb, Senior Lecturer in Sedation in Relation to Dentistry, University of Glasgow Dental Hospital and School, was 'Who's Excellent at Undergraduate Training in Pain

and Anxiety Control in Europe?' The expansion of the EU, freedom of movement and employment, and the unequal distribution of the workforce have had an impact on UK dentistry. The question 'are all dentists within the EU trained to the same standard?' has been raised.

Data for this research had been acquired through a questionnaire distributed to members of EFAAD, (the European Federation for the Advancement of Anaesthesia in Dentistry); these included the UK, Italy, Netherlands, Germany, France, Russia and Israel. The areas of investigation focussed on patient evaluation (physical and psychological) prior to sedation, tuition in local anaesthetics and techniques, sedation use and case load and whether general anaesthesia was taught to undergraduates.

This investigation identified differences in expectations of dental graduates, differences in what they were allowed to do and differences in the philosophy of practice; the main conclusion was the existence of a wide variation in education for dental sedation in the EU.

Due to this freedom of movement, dentists potentially have access to drugs and techniques for which they have

not 'received appropriate supervised theoretical, practical and clinical training before undertaking independent practice'. This will make the provision of postgraduate training significantly more complicated due the variance in baseline skills and knowledge. However, the UK was doing well and, certainly at undergraduate level, led the field.

The meeting concluded with two free papers, 'Special Care Sedation Training in Practice' and 'Patient attitudes towards fasting prior to intravenous sedation'.

The Chairman reminded members that next year's meeting would be held in Manchester in mid-May and closed the proceedings.

It had been a full day with much to contemplate; whilst the presentations had described plurality for the delivery of training and education in dental sedation within the UK there had been many examples of excellence in operational outcomes. All roads lead to Rome?

Mr. S G Jones
DSTG Member
August 2007.

Symposium Abstracts

DSTG Annual Symposium

Birmingham Dental Hospital

15 May 2007

The West Midlands Postgraduate Sedation Scene

Gerry Flaum &
Kevin Fairbrother

Birmingham Dental Hospital provides the West Midlands region with Section 63 core

courses certificated by the Deanery annually. These comprise two one-day courses in IVS and two in IS, each limited to 20 dentists and 20 nurses. This allows, in addition, to didactic teaching small group workshop activity during the day. Additionally a three-day dental nurse course preparing candidates for the

NEBDN examination is provided each year. For the more experienced practitioner in sedation we hold an annual update symposium on a variety of sedation-related topics, with invited keynote speakers from around the country. Annually over 100 delegates attend these sessions. Further complementary courses such as IV Cannulation and Emergency Drugs, Hypnosis, Acupuncture and Communication Skills regularly feature in the postgraduate calendar. Each year as part of the taught MSc in GDP accredited by the University of Birmingham

there is an 8 session module relating to Pain and Anxiety Control.

As with other postgraduate centres there are no particular problems providing these types of courses. However, for various reasons, it is still a challenge to provide interested practitioners with the opportunity to gain sufficient clinical experience in sedation techniques in a supervised environment. In attempting to address this, for the past 5 years four SHO posts at Birmingham Dental Hospital have been created, giving each

of the young graduates logged experience of between 80 and 100 cases in Oral Surgery, Restorative and Paediatric dentistry.

In 2004 we created a scheme allowing 2 practitioners at a time to treat sedation patients under supervision as Clinical Assistants at the Dental Hospital one day a week in the Oral Surgery and Restorative Departments. In order to be accepted on to the scheme, applicants must have attended our sedation core courses or equivalent e.g. SAAD course and be able to demonstrate the intention to develop sedation services within their practice. All cases are detailed in their logbooks and we aim to give them sufficient clinical time -

approximately 3 months - to ensure they individually treat at least 20 IV and 5 IS cases. On completion they receive a certificate from the West Midlands Deanery reflecting their experience. The SHO posts and Clinical Assistant attachments are therefore currently providing dedicated clinical training for 12 postgraduates each year.

A questionnaire was sent recently to the last 14 clinical assistants. Twelve felt that the core courses did not prepare them sufficiently to practice sedation techniques independently. On completion of the clinical attachment however, 100% felt they were ready to practice independently. 12/14 thought

the number of cases they treated was about right and 9/14 would have liked a formal assessment to test their knowledge at the end.

Following the attachment 11/14 had introduced IVS into their practice and 7/14 stated they were now treating more patients using IV sedation.

We posed the question to conference as to whether a common training pathway leading to a possible National Certificate in Conscious Sedation should be developed in the UK (c.f. Resuscitation Council, NEBDN). It was suggested that a model for this could be the validation of attendance on recognised core courses, logged supervised and critiqued clinical experience

(20 IVS, 10 IS cases), and the passing of a knowledge-based exam (perhaps PC based) which could be held in a number of centres.

140 delegates attended DSTG 2007 and at the end of the session were asked the following questions in the form of a questionnaire, the results of which are shown below. The results suggest a strong consensus from the group for a standard postgraduate training pathway which would include hands-on experience and examination.

112 questionnaires were completed, 90 by dentists (D), 21 by dental nurses (DN), and 1 by an anaesthetist). The results are shown below.

Questionnaire to Delegates on Postgraduate Education

1. Is it realistic to expect dental graduates to be competent enough to practice conscious sedation techniques independently after qualification?

IVS	Yes	No	IS	Yes	No
	13%(D)	87%(D)		59%(D)	41%(D)
	29%(DN)	71%(DN)		52%(DN)	48%(DN)

2. Should we be developing more opportunities for postgraduate dentists to gain supervised hands-on clinical training / experience in conscious sedation techniques?

Yes	No
98% (D)	2(D)
100(DN)	0(DN)

3. I prefer we stay as we are with a diverse range of postgraduate training opportunities.

	Strongly disagree	Disagree	Agree	Strongly agree
D	2%	48%	45%	5%
DN	0%	48%	52%	0%

4. I prefer we develop an organisation to oversee and standardise postgraduate training pathways in conscious sedation leading to national certification in Conscious Sedation (c.f. Resuscitation Council / NEBDN)

	Strongly disagree	Disagree	Agree	Strongly agree
D	1%	18%	59%	22%
DN	0%	0%	81%	19%

5. Certification should include logged supervised clinical experience

	Strongly disagree	Disagree	Agree	Strongly agree
D	1%	0%	45%	49%
DN	0%	0%	48%	52%

6. Certification should also include passing a form of examination

	Strongly disagree	Disagree	Agree	Strongly agree
D	2%	20%	53%	25%
DN	0%	4%	92%	4%

(With thanks to Ahmed Mohammed and Sheena Kotecha, SHOs in Sedation BDH for collating results)

Reflections on 26 years Teaching Conscious Sedation for Dentistry 1981-2007

Meg Skelly

The Birmingham DSTG Symposium in May 2007 marked, for me, the end of the last quarter of a century of a working life of 42 years in health care – of which the majority has been spent in the NHS:-

In August 1965, I 'entered into residence' as a student nurse at Bart's Hospital, left in December 1969 as a State Registered Nurse and spent the next 4 years working in intensive care and anaesthetics in Oxford, Oslo and King's College Hospital. In October 1973, I enrolled as a dental student at Guy's, graduating in December 1978. After house officer appointments and 6 months in the CDS, I spent some 'gap' time with family in Canada, before returning to the UK.

SEDATION ~ IN THE BEGINNING

In June 1981, I returned to Guy's - at the request of the Dean, Jack Tulley - to teach sedation to dental students as first specified in the 1980 GDC Education Report.

I was teamed with Ian Nelson, whose extensive experience of GA and sedation in practice and my anaesthetic nursing background were considered appropriate for the job. Despite considerable opposition from many senior dental and anaesthetic clinicians, the final go-ahead was supported by Robin Bret Day, the senior Oral Surgeon, and the newly appointed Professor of Anaesthetics, Tony Adams from Oxford. From the start, I had a joint appointment between Dentistry

and Anaesthetics and, after David Craig joined me in 1990, we remained active members of Tony's academic group until his retirement.

Teaching: At first, Ian and I started a short programme of tutorials theoretic and practical sedation teaching sessions for final year students, after which students started to move on to supervised clinical sedation practice. Over the following years, more than 2,500 year undergraduates have had this experience – with the support of excellent sedation trained nurses.

Research: As time went on, we were also able to undertake research ~ initially on the pre-licensing studies of midazolam before its marketing in the UK in 1983. Over time many more talented members of staff joined the team, particularly those with anaesthetic and/or special care skills, who were able to supervise research with postgraduate Diploma and MSc students, who have been able to contribute to support many aspects of conscious sedation research and continue to do so today.

SEDATION~AS IT IS NOW

As the years have passed, the teaching and use of conscious sedation techniques has become a mainstream dentistry discipline. We can all be proud to have won the respect of many of our patients, dental and anaesthetist colleagues and to have influenced our political and professional masters.

Personally, I have had the opportunity to work with marvellous clinical colleagues, researchers, teachers, students, examiners, members of specialist, professional and political bodies and have been privileged to visit almost all the UK Dental Schools and many other places at home and abroad on 'sedation business'!!

In particular, I am grateful to everyone associated with the

following organisations that I have been involved with over the 26 years: NEBDN, ADA, DSTG, EFAAD +SAAD and the many friends and colleagues who put up with me on floor 26 of Guy's Tower.

Thank you all

Special Care Sedation Training in Action

Nick Ransford

**Clinical Director,
Warwickshire Special Care
Dental Service.**

Nick's short talk gave a personal account of the lessons learnt on the Liverpool Certificate Course in Conscious Sedation. This course has proved to be popular with Special Care Dentists because it offers extensive practical experience in the sedation of patients with disabilities and medical problems over 48 clinical sessions based on 1 day per week. Supervised by Dr. Lesley Longman, the sedation unit includes 2 consultant anaesthetists on its team, and is on the site of a regional hospital with full medical facilities.

The need for this sort of learning opportunity is immediately obvious when you consider the following cases which may present to a special care dental service.

Abdul

A 22 year old man with severe learning disability who has self-injurious behaviour and vigorously resists any attempts at oral examination. His carers strongly suspect his teeth are causing him pain.

John

A 62 year old man with Huntingdon's disease with

pronounced involuntary movements and agitation which make it very difficult to carry out dental treatment for his failed bridge and advanced tooth wear.

Edith

A 76 year old lady needing several mobile teeth extracting as she cannot eat properly. She has ischaemic circulatory disease with multiple TIA's and occasional angina. She also has dementia, depression, gastro-oesophageal reflux, is on a cocktail of drugs and is anxious.

Gary

A 39 year old man needing multiple restorations and extractions. He too has ischaemic heart disease with 2 previous MIs, and has now developed congestive heart failure despite previous bypass operations and a pacemaker. He is on the waiting list for a heart/lung transplant.

At this point, you might be thinking as I did, "Would I really want to treat these patients under sedation and where?" However, you might also be considering whether the available alternatives are any better?

In my quest for answers, the invaluable lessons I learned on this course were:

- Assessment
- Sedation agents
- Clinical skills
- Risk management
- The value of mentoring and peer support

Assessment involves weighing up the medical condition and stress involved for each patient, and then balancing these against the level of need to carry out the dental treatment. The grey area between ASA grades II and III and its relevance to settings provoked much interesting debate, as did

decisions about liaison with medical specialists, and when to refer and when to defer.

Experience was gained of different **sedation agents** including midazolam in its various routes of administration, and patients sedated by an anaesthetist with propofol.

Clinical skills included a whole "bag of tricks" to aid with difficult cannulations, as well as experience of doses, dilutions, end points, reversal, airway management and dealing with adverse situations.

Risk management included protocols, record keeping and auditing clinical decisions.

The value of **mentoring and peer support** from anaesthetic and dental colleagues cannot be overstated and provided the opportunity to check my own standards of practice against theirs.

In my opinion, this type of course is essential training for those with a specialist interest in special care dentistry. Conscious sedation has a vital role to play in this field, not least if we are to address the often reported poor oral health and dental care outcomes in people with disabilities and medical problems.



Dental Sedation Teachers Group

www.dstg.co.uk

A survey of patient attitudes towards fasting prior to intravenous sedation for dental treatment

**Gerald McKenna,
Sarah Manton and
Avril Neilson.**

**Dundee Dental
Hospital and School.**

There are still variations in pre-operative fasting times for IV sedation in units throughout the United Kingdom. Extended fasting times are often due to a common protocol adopted by a department offering general anaesthesia and sedation, with input from our anaesthetic colleagues. In order to inform the debate locally on discontinuation of an extended fasting regime, a prospective cross-sectional descriptive study using survey methodology was conducted of consecutive patients attending for operative treatment under intravenous sedation. A self-completion questionnaire was developed to gather data on patients' opinions on the fasting process. After a pilot study and some minor revisions, 57 questionnaires were distributed to consecutive patients over a 4 month period.

The survey returned a high response rate of 91%. Of patients who acknowledged that they were feeling nervous or very nervous preoperatively, 46% indicated that they would like to have eaten as normal prior to their sedation appointment. Just 20% of these patients would not have wished to eat anything at all. In addition, 59% of the same group wanted to drink as normal.

Proportionally more patients who indicated they were feeling nervous would wish to eat nothing at all but there was no statistical difference between the patient groups.

Regarding the reporting of adverse symptoms relating to fasting, 79% of patients indicated that they had experienced at least one adverse symptom whilst 42% had experienced two or more adverse symptoms. Of those patients, 64% claimed to have experienced thirst or dehydration to some degree and 68% indicated that they had experienced hunger. Fewer had felt light-headed (24%) or dizzy (20%). In addition, 18% of participants indicated that they felt nauseous or had a headache pre-operatively. Those patients who indicated that they felt nervous prior to their appointment reported more symptoms than those who did not feel nervous, but there was not a statistical difference between the two groups.

Perhaps the most significant finding from the survey was that 23% of those patients who had declared themselves as anxious indicated that fasting had heightened these feelings. For such patients the fasting process may mean that they are more difficult to manage in the clinical environment, where anxiety could affect cooperation and responsiveness to the sedation process or acceptance of local anaesthesia and dental treatment, however these aspects were not measured in this study. All of these patients indicated that they found the fasting process to be an unpleasant experience.

In summary this survey aimed to measure patient opinions towards fasting prior to intravenous sedation for dental treatment. From the results of the survey on those patients questioned we are able to

make the following observations:

1. The majority of patients questioned would wish to eat and drink as normal prior to their sedation appointment
2. Some patients find fasting difficult because it breaks established morning routines
3. Most patients who described themselves as nervous would also like to eat and drink as normal prior to their appointment
4. Patients indicated that they suffered a wide variety of adverse symptoms after fasting especially hunger, thirst, light headedness, headache and nausea
5. More than one third of patients felt that fasting was unpleasant
6. Approximately one quarter of anxious patients indicated that fasting had increased their anxiety prior to their sedation appointment.



Annual Conference and
AGM

27 September 2008

Royal Society of Medicine
1, Wimpole Street, London

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DSTG Profile



Derek Debusse

I retired from the DSTG Committee at the last meeting in Birmingham. It was an involvement spread over more than 10 years, and I was privileged to work with a strong Committee of colleagues that have made their mark on the provision of teaching of conscious sedation in the UK.

I was Chairman of DSTG from 2000-2003, taking over from Nigel Robb and passing on to Carole Boyle. Before that I was Hon. Secretary from its early days.

My story starts before that. In fact, we must go back to the heady days of the 1960s, when, as fresh-faced young graduate

from the Royal Dental Hospital, I attended the SAAD course in 1967. There, I "learnt" how to provide "ultra-light anaesthesia" with Brietal. Eager to get going, in 1968, I joined a practice in Bognor Regis which already provided the service to patients. After several Brietal sessions, and 2 Jorgenson techniques, Valium was introduced and all my patients were weaned off to sedation.

In 1974 I bought a practice in Billingshurst, West Sussex, where I introduced a sedation service.

In 1975 I became a part time (one day) Demonstrator in the Conservation Department at the Royal Dental Hospital, and 10 years later, crossed the Thames to Guy's when RDH merged with Guy's. I settled in nicely and immediately became aware, and excited by, the work that Meg Skelly and Ian Nelson were doing in the Sedation Unit, that had been set up in 1981. A few years later, an opportunity arose to join them. I was lunching with the Cons demonstrators, when

Ian Nelson just mentioned casually that there was a vacancy in the Sedation Unit. He looked at me across the table and lifted his left eyebrow! I had a chat with him on the way back, and before long, I was talking to Meg about joining the Unit, which I did in 1989.



It was an exciting time to be involved in sedation teaching, as the Poswillo Report was published in 1990, and the whole world wanted to know about sedation. As a result, the DSTG was formed out of a small group of dedicated teachers. I joined them early on, and in 1995 was given the task of getting together sedation teachers from each of the Dental Schools in the UK. I was chosen as I was already the part-timer's representative on the BDA Committee, CCUTD&RW (Central Committee for University

Dental Teachers and Research Workers) and had contacts in all Schools. The first meeting was held at Guy's in 1995. Nigel Robb was appointed Chairman and I was appointed Hon Secretary.

The first job was to establish a Constitution, which I did by combining the rules of ADA and the Bognor Regis Music Club! The membership grew rapidly, and we started arranging annual meetings which were very successful. I became Chairman in 2000. Several publications were produced by the Group over that period. David Craig was the main author, and my job was simply to give him free rein to conceive and produce them. They are still hugely influential in the field of sedation teaching.

I sold my practice last year, and will retire from the hospital next March 2008. It has been an exciting time for me, riding on the coat-tails of Meg Skelly and David Craig. I retain memories of the pleasure of the company of many fine colleagues and friends from DSTG. I wish it well in the tasks ahead, providing aspiring sedationists with the skills required to provide this very valuable service to patients.



Essay Prizes

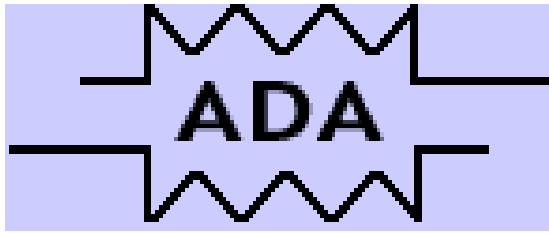
Two essay prizes of £300 each are offered by SAAD.

Dental Student's essay prize

Dental Nurse's essay prize

Students and nurses are invited to express their views on any subject related to Conscious Sedation, Analgesia or Dental Anaesthesia

- Essay written on one topic in ENGLISH on A4 size paper, double spaced and also formatted on disc as a Microsoft word document. Nurses not to exceed 2,500 words. Students not to exceed 3,000 words.
- Entries must be received by 31st March 2008
- The decision of the panel of assessors appointed by SAAD will be final.
- Entries, accompanied by name & address, should be sent to:
SAAD, Essay Prize, 21 Portland Place, London W1B 1PY.



**Dental Sedation Teachers' Group
and
Association of Dental Anaesthetists**

Joint Symposium 2008

**Friday May 9th 2008
Saturday May 10th 2008**

Further details see websites g

**www.dstg.co.uk
www.dentalanaesthesia.org.uk**

**This year there will be a joint meeting between DSTG and ADA
Candidates will be able to register for either or both of the days.**

Organisers

Prof. Paul Coulthard, Dr Christine Arnold and Dr Ken Ruiz

Contact

Rose-Marie.Parr@manchester.ac.uk

Location

**University of Manchester Conference Centre
and
Days Hotel**

Postgraduate Course in Pain and Anxiety Control

UCL Eastman Dental Institute and the University of the Western Cape

Postgraduate Certificate Course in Sedation and Pain Management

The course is particularly suitable for dental and medical practitioners with little or no experience of sedation, as well as those wanting to update their knowledge and skills.

The course is delivered over six months and includes four days of lectures and problem based learning followed by practical training over the following six months in which practitioners administer conscious sedation to patients under the close supervision of an experienced sedationist.

Course participants are encouraged to return to their practices and administer sedation for their own patients, with ongoing advice from the course mentors as required.

The final day takes place six months later and is aimed at providing students with the facility to ask further questions and discuss cases they have seen as well as an examination.

Course work includes a dissertation and formal assessments are an integral part of the programme. The emphasis of the course is to equip clinicians with the knowledge, skills, practical training and confidence to provide effective and safe sedation for their patients. The course is suitable for both dental and medical practitioners as well as hospital based clinicians from all specialities.

Topics to be covered include:

- Medical conditions and sedation provision
- Patient assessment: including clinical examination

- Treatment planning
- Intravenous sedation: basic techniques
- Inhalation sedation
- Prevention and management of sedation complications
- Pain management
- Practical aspects of setting up a sedation service
- Medico-legal aspects of sedation
- Introduction to paediatric sedation
- Introduction to alternative techniques: acupuncture and hypnosis

The sedation course is directed by Professor James Roelofse, Professor of Anaesthesia, and co-ordinated by Dr Isabelle Holroyd, Dr Yusof (Joe) Omar and Dr Andre du Plessis. The speakers are all leaders in their fields

with a wealth of practical experience in their subject.

The course equips clinicians to provide sedation services in keeping with current best practice and in line with contemporary UK guidelines.

This limited attendance course is offered in May and November and is open to both dental and medical practitioners. Overseas applications are also welcome.

The course fees are £3,430, which includes all materials, lunch and refreshments but does not include travel to the sedation clinics for the clinical sessions.

Contact:

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Call for Free Papers

DSTG / ADA Annual Symposium 9 and 10 May 2008

10 minute verbal presentations and 5 minutes questions

Abstracts to be received before 18th January 2008

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Dental Sedation Teachers Group

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The opinions expressed in this and previous Newsletters are those of the authors and are not necessarily those of the Editor or of the Dental Sedation Teachers Group.

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