From the President…

We are bombarded with opinions about how the so called ‘Brexit’ vote, which took place during the summer, will affect various aspects of life in the United Kingdom. With regard to conscious sedation, the regulatory framework in which it is carried out within the United Kingdom is not really directly influenced by the European Union, and should therefore initially be unaffected by the Brexit process. Any subsequent effects on the country’s economic status over a period of time could, of course, affect many elements of healthcare provision, including dental services.

We were pleased to welcome the re-election of three Board members who had held office previously, Dr Will Botha, Dr Chris Holden and Dr Dave Pearson. They were joined by a newly elected colleague Dr Zahra Shehabi, who is a member of the SAAD Teaching Faculty. I welcome them all to the SAAD Board. They were all elected at the Annual General Meeting of the Society, newly re-positioned into the middle of the Symposium day, rather than at the end, in order to encourage better attendance.

Our symposium this year took the theme of sedation provision in general dental practice settings, as this is where the majority of these techniques are still carried out for dentistry. There were voices which confidently predicted the demise of dental sedation in primary care environments altogether, in the wake of the IACSD Report (Report of the Intercollegiate Advisory Committee for Sedation in Dentistry) of 2015. From some quarters this was expressed with alarm, but from others I detected the faint whiff of ‘schadenfreude’ at this possible outcome.

Whilst there are still elements of dissent over the standards document published by the IACSD in 2015, there can be little doubt that these will ultimately universally be accepted as the ‘gold standard’, or more correctly the only contemporaneous standard, for dental sedation practice within the United Kingdom. I am sure that those who genuinely believed that the standards were flawed in some way, as well as those who have articulated spurious politically motivated objections, will ultimately join those of us who have supported IACSD from the beginning. With the greatest respect to colleagues who have occupied a regulatory ‘no man’s land’ since April 2015, we will be pleased to greet you with the refrain, ‘welcome to the real world!’

As a result of his very important role as Chairman of the IACSD committee, the SAAD Board voted unanimously to elect Professor Richard Ibbetson as an Honorary Life Member of the Society. This membership was presented to Professor Ibbetson at the SAAD Board Dinner, which takes place on the evening prior to the Annual Symposium.

Our Society has successfully obtained IACSD accreditation for its Hygienist and Therapist inhalation sedation course, and is now working with IACSD to find ways to support inexperienced dentists and nurses who have completed the SAAD National Course, to access the supervised clinical experience recommended in the IACSD Standards document.

As the year winds down and the days get ever shorter, we are reminded that the New Year 2017 heralds SAAD’s Diamond Jubilee year. This gives us all a special opportunity to celebrate, reflect, take stock and plan for the future, whilst still engaging in the usual plethora of activities involved during the year here at SAAD.

I have just received the sad news that our longstanding and respected Australian colleague, Dr James (Jim) Grainger, has died. Dr Grainger addressed the Symposium last October when visiting the UK. There is a more formal announcement of his death within this Newsletter and an obituary will appear in the next edition of SAAD Digest.

It is also appropriate to pay tribute to fellow Board members, Teaching Faculty and Editorial Board members for their work throughout the year. I thank all our SAAD members for their support and wish everybody well for the holiday season and throughout 2017.
When I got an email on a Saturday morning from Fiona (who is known to everyone associated with SAAD!), I wondered if I had done anything wrong! However, I was pleasantly surprised when I heard that Sadie Hughes had suggested that I write the report for this year’s SAAD symposium – “Sedation is Alive and Well in General Dental Practice”. Hence, thank you to both Sadie and Fiona for the opportunity.

This was the second time I had attended a SAAD symposium and I was pleasantly surprised at how good was the turnout. It just goes to show how many people really do care about sedation even though most times at these events we end up discussing legislation! ….sort of anyway!!

When Francis drew attention to all the younger sedationists in the audience and said “You may only be 20% of our audience, but are 100% of our future”.

John Milne followed Francis and talked about new regulation emerging in England (more new regulation?!). Being on the CQC, he was keen to point out how that organisation makes a difference. He discussed a recent case and why it had catapulted change and brought about the five new pillars that should form a part of every practice - Safe, Effective, Caring, Responsive and Well led. He emphasised that the CQC will be keen to measure practices on the basis of those five terms. Dr Milne pointed out that to encourage improvement, the CQC itself had changed and how this had been done. Only 10% of practices would be visited annually from now onwards, and the CQC will not be rating practices. He also commented that the CQC would not look at a torn chair and mark a practice down, as it was unlikely there would be a sharps injury caused by the tear! However, he was keen to promote best practice and mentioned how the CQC might deal with corporates in the future. It was also encouraging to note that in a recent report, the CQC had found that 90% of the practices inspected were safe. Looking to the future, in order to minimise red tape, the CQC was hoping to liaise quite closely with the GDC and NHS England….at last!

SAAD President, Francis Collier opened the meeting and was quick to get to “Aye, Aye, Fit like” – the meaning of which phrase most people who don’t live in Aberdeenshire wouldn’t have a clue about! (Ed. ‘Hello! How are you?’ for anyone not familiar with Doric ) Francis went on to refer to David Cameron’s words ‘we are in this together’ and I was pleased he didn’t end his welcoming address with “As I once said, I am the future of this party”! One thing that did strike me though, being the age I’m at now, is

SAAD Annual Symposium
Sedation is Alive and Well in General Dental Practice
Saturday 24 September 2016
The Royal Society of Medicine, London
Vikram Kavi

Simon Morrow, the next speaker, had been asked to speak about how things differ in Scotland although there was no mention of IndyRef2, thank goodness! He discussed how the IACSD Report had listed the guidelines on conscious sedation in dentistry. However, since Dr Morrow was involved with the SDCEP, he was now a part of a group tasked with coming up with their new guidelines. He explained that there would be new inspections in Scotland, and that the Scottish Government was quite keen to fund support and education with both new and previous inspectors.

There are plans for drafting a new document which will detail future practice inspections in Scotland. However, in spite of all the turmoil in the wake of the publication of the IACSD guidelines, Simon pointed out that there had been an increase of 4% in the number of Scottish dental practices providing conscious sedation, and a 7% increase in claiming for NHS treatment under the SDR.
Keith Hayes was the next person on the dais. He spoke to us about how different organisations could help people fulfil their regulatory requirements and discussed how the new “regulatory ducks” of the CQC, the GDC and NHS England and Wales would be aligned in a row. Dr Hayes is keen to see a simple and pragmatic system of clinical governance that will encourage improvement. He discussed how virtual inspections could be carried out and how people could go about setting the right standard. He pointed out the RP4 library which can help you carry out your own CQC inspection and so be prepared for when “they” come visiting.

The questions session after the speakers was very interesting, for example “how could someone prove their competence when their number of sedation cases performed a year was down from 100 to 20?” The consensus was that an specific minimum number couldn’t be fixed in order to prove effectiveness and competence. However, sticking to established guidelines like the IACSD’s should be enough.

Amita Peet followed Keith. Her topic was things that could go wrong with sedation. She gave an overview of what most sedation practices were like and discussed several cases where things could and had gone wrong. It was interesting to note that, having experienced the scenario myself, discussion of dental fees was likened to bereavement! Dr Peet stressed how important anxiety assessment and emergency training were, as is remembering to ask if the patient is using recreational drugs.

Dr Shilpa Shah described setting up an IV sedation service. She stressed that it had to be an IV service, since carrying around an RA machine would make for an interesting time! Shilpa spoke of her personal experiences of setting up her practice from scratch and pointed out how increases in surgical dentistry have increased the need for conscious sedation. she struck a distinct chord with all the ‘youngsters’ at the symposium by presenting simple yet effective tips on setting up a successful service with as little as a £1000 startup investment, and gave helpful suggestions of various useful suppliers.

Fiona Catterson and Paul Howlett were the next speakers. They pointed out the major role to be played by therapists in paediatric care under IHS. After an audit conducted at their practice, they revealed success rates of up to 96% with therapists alone providing care under IHS. Impressive. Paul was keen to mention that the GDC and the IACSD are both in agreement that this should be an avenue for paediatric care going forward, after being sanctioned by the GDC in 2013. He also mentioned that the SAAD IHS course for Dental Hygienists and Therapists is accredited by the IACSD. This is great news for all of us trying to decrease the number of children needing GA for treatment and could be a cost effective viable option for parents and dentists alike.

David Craig spoke about the new SAAD Assessed Sedationist scheme aimed at new practitioners starting their training through SAAD. He gave details of how experienced practitioners would be able to enlist themselves to act as clinical supervisors. Dr Craig paid tribute to the workforce from SAAD, DSTG and the IACSD who had worked at updating the FAQs on the IACSD guidelines. This resource will surely be helpful for very many practitioners.
Ahead of the SAAD AGM, SAAD President, Francis Collier returned to the stage to present the SAAD Essay Prizes. SAAD offers three Essay Prizes each year, The Drummond Jackson Essay Prize, in memory of SAAD’s founder Dr. Stanley Drummond-Jackson, the SAAD Dental Student Essay Prize and the SAAD Dental Nurse Essay Prize.

The Drummond Jackson Essay Prize was given to Dr Sarah Sacoor for her essay ‘Anaesthesia and Sedation for the Autistic Patient’.

The SAAD Dental Student Essay Prize was awarded to Cameron Warwicker (now Dr. Warwicker) for his essay ‘Clinical Management of the Gagging Patient’.

Both of these essays will be published in the SAAD Digest.

A final presentation was made to Dr Andrew Wickenden who was standing down from his role as SAAD’s Honorary Membership Secretary after seven years in post. Francis thanked Andrew for all his work and wished him well for the future.

In a break with recent tradition, the SAAD AGM took place during the lunch interval. However, this still left plenty of time for lunch, catching up, looking at the poster presentations and visiting the Trade stands. This was the second symposium I had attended and I was again surprised how good the catering was. I find the lunchtime at these symposiums to be of great value, it’s where you get to meet and talk to friends and colleagues, some whom you’ve not seen for a while. So, thank you once again to the organisers for letting us catch up and with some great food too!

The afternoon session began with Chris Holden describing what happens when an inspector comes calling. He gave a number of tips on how to incorporate best practice, specifically mentioning the SAAD Safe Sedation Practice Scheme. The SAAD scheme does not involve finger pointing, but a meticulous evaluation to enable the identification of areas where improvements may be made. Chris emphasised that this is not a tick box exercise; the practice has to prove credibility with four observed cases. Dr Holden’s take home message: Just Do It (nothing to do with Nike!).

Joanna May was next, elucidating how sedation outcomes can be improved. It is quite evident for most of us that advanced sedation centres are hard to come by. Hence, getting the most out of what we have on site is quite rewarding. Joanna took us through patient selection criteria and highlighted how certain groups can be more difficult to sedate. It is very important that we look at behavioural management and music, as both an adjunct and an alternative to IV sedation. Dr May showed how the use of active and passive music provided by music therapists could provide excellent results. She was keen to stress individualised treatment plans, and thinking outside the box in order to achieve the best
possible result for the patient, including the use of audio visual distraction devices (strictly for the patient of course!).

Steve Jones was our last speaker and it was refreshing to get a completely different perspective on pain management, namely the management of pain and anxiety in mountain rescue. Dr Jones works with the Cockermouth mountain rescue team and who work as a very close-knit unit. As we all know, and Steve was keen to emphasise, pain is owned by the individual. All we are there for is to try and alleviate it. It is reassuring, and amazing, that in this day and age, the mountain rescue team are still allowed to practise emergency care and pain management without written consents! Just goes to show that legislation has yet to climb mountains and have a fall!!

The day ended with questions to the panel, these included whether any specific airways were better than others, the answer to it was ‘no’. However, the iGel seems to be the Hoover of the airway world! Francis Collier closed the meeting by thanking Will Botha and Dave Pearson for putting this year’s programme together. In his inimitable way, he said “If this was Tom and Jerry... That's all folks!”.

Before I also use the Tom and Jerry line, a summary of each speaker’s presentations:

**John Milne** - An important aspect of the CQC role as a regulator is to encourage improvement in all areas of care, SAAD help their members to provide safe and effective care through their practical support of sedation practitioners

**Simon Morrow** - Discussed current relevant sedation guidance, some of the regulatory differences between Scotland and the rest of the UK, and then fed back common sedation inspection findings from his work with Health Boards in Scotland.

**Keith Hayes** - a pragmatic approach to getting your three Regulator Ducks, CQC, GDC and NHS, in a row.

**Amita Peet** - Calamities and catastrophes involved whilst dental assistant training and providing midazolam sedation in general dental practice.

**Shilpa Shah** - Setting standards for delivering sedation services in primary care.

**Fiona Catterson and Paul Howlett** - Inhalation sedation is the key to unlock dental therapists’ full scope of practice.

**Chris Holden** - The SAAD Safe Practice Sedation scheme is increasingly used by commissioners and practitioners as a good governance external audit tool.

**Joanna May** - A consideration of all of the alternative options, including cognitive behavioural therapy, audiovisual distraction and computerised LA delivery can improve your sedation outcomes and even reduce the need for sedation altogether.

**Steve Jones** – ‘Climb if you will, but remember that courage and strength are nought without prudence, and that a momentary negligence may destroy the happiness of a lifetime - look well to each step’. Edward Whymper. 1814-1911.
What the delegates said…

“Excellent topics. More of same please”
“I really liked the emphasis on Primary Care”
“A good day, well organised, I learned something new”
“Those who organised the whole thing should be congratulated”
“Very good symposium and I feel I have learnt a lot of things that I will implement in my practice”
“One again a very good broad spectrum conference. Covering many relevant & interesting topics.
Many thanks for an enjoyable day”
“I thought this was an excellent day with a very good range of topics & speakers. Thank you!”

How to contact SAAD

Course enquiries…

Course registration, payments, deferrals & cancellations, Hygienist & therapist logbooks, SAS and SASN schemes
Fiona Trimingham
fiona@saad.org.uk
01302 846 149

Course content and logistics
Toni Richman
toni@saad.org.uk
07583 039 309 (text)

SAAD Assessed Sedation Nurse scheme
Emma Lee
emma@saad.org.uk

General enquiries…
info@saad.org.uk
01302 846 149

Executive Secretary & Website…
fiona@saad.org.uk
01302 846 149

Did you know that SAAD has a Facebook page?
Please ‘like’ us at facebook.com/SAADDental

Find us on Twitter
Please ‘follow’ SAAD at #saaduk
SAAD AGM 2016
Saturday 24 September

Sadie Hughes

SAAD’s Annual General Meeting (AGM) was held on Saturday 24th September 2016 at the Royal Society of Medicine (RSM), London. In a change to preceding years this was held immediately after the morning session of SAAD’s annual symposium. Members were invited to attend the AGM whilst the other delegates made their way to a delicious lunch, provided by the RSM, staggered over 2 sittings to accommodate the meeting. This year, AGM documentation was emailed to the membership prior to the AGM. Both the emailed documentation and the new timing of the meeting seemed to be well received by delegates, and it is likely to be replicated at next year’s symposium. 207 delegates attended the annual symposium this year; the AGM was attended by 12 Trustees and 36 Members of SAAD.

Following acceptance of the minutes of the 2015 AGM, SAAD’s President Francis Collier, opened the AGM by welcoming members, expressing his great privilege at being able to address the society’s members as their President and thanking them for their attendance. He reported a busy year with continuing work and activity related to the regulatory advances expressed in the IACSD standards document published in April 2015. Members were informed that two of the SAAD trustees are on the SDCEP working group with the aim of seeing the 2015 IACSD standards fully implemented. It was firmly reiterated by the President that SAAD, as a society, is fully supportive of the IACSD standards and their implementation.

SAAD has successfully obtained IACSD accreditation for its hygienist and therapist’s inhalation sedation course. It is appreciated that post IACSD 2015, acquiring appropriate sedation supervision, following skills and knowledge training, has proved problematic for some individuals and SAAD are working towards a solution for those new to sedation, to ensure they are equipped to complete a log book of experience.

Francis Collier went on to promote a special care study day co-ordinated by SAAD’s immediate past president Carole Boyle, following the success of last year’s study day. The study day is advertised on the SAAD website and will take place in March 2017. This year’s topic will be on general anaesthesia in special care dentistry.

The President thanked SAAD’s Executive Secretary, Fiona Trimmingham, for her support and to other elements of the society that enable it to function effectively and efficiently; the Board members, the Editorial Board and the teaching faculty.

Sadie Hughes, SAAD’s Honorary Secretary, reported that overall there has been a decrease in the number of IACSD standards based queries from members. However, immediately following the SAAD weekend courses, there continues to be a brief increase in questions relating to training requirements and the need for supervised clinical cases to ensure compliance with this document. SAAD still regularly receives enquiries relating to various aspects of sedation practice. Recent enquiries have included equipment servicing, storage of cylinders, availability of Y cans, IACSD standards in relation to oral premedication vs. oral sedation and requisitioning of Midazolam within the Home Office regulations for ordering controlled drugs in a primary setting. Thanks were extended to Fiona Trimmingham, SAAD’s Executive Secretary for triaging the queries, and her unremitting support and humour when required.

A few significant changes to SAAD’s Board structure were reported, following substantial thanks to Andy Wickenden who retired as Membership Secretary after 10 years in post. Communication, both within the organisation and externally, has changed over these 10 years and the Board felt that it was appropriate to develop the membership role into that of a Communications Secretary. Paul Howlett has been appointed to this role. SAAD’s teaching faculty and the nature of the course provided to new starters in sedation is also evolving. To support this, the Board has appointed an Assistant Course Director (ACD). Carole Boyle has been appointed to this position. The Communications Secretary and ACD positions, and their acceptance by the Trustees named above, were proposed and ratified by the membership at the AGM.

A member vote for four Trustee positions, arising from the rotation of two SAAD Trustees and two casual vacancies, was triggered at this year’s AGM by the nomination of five members. It was, yet again, encouraging to see so many members interested in representing their peers within the society. Will Botha, Dave Pearson and Chris Holden were due to retire by rotation and all had been nominated for a further term of office. The other two nominees were Sarah Kime and Zahra Shehabi. All had kindly submitted short biographies for perusal by members prior to the election. Each member present at the AGM was allocated four votes and the trustee positions were awarded to Will Botha, Dave Pearson, Chris Holden and Zahra Shehabi. Thanks were extended to all those who agreed to be presented as nominees.
Following the vote, Steve Jones, SAAD’s Treasurer, presented the accounts including the Trustees’ Report for the year ending 31 December 2015, which was accepted by the membership. For a second consecutive year, Steve Jones reported that a surplus has been returned whilst still delivering the society’s charitable activities. Income from membership has increased when compared to the previous year. Thanks were extended to Andrew Wickenden and Fiona Trimingham, for their dedication in ensuring that the details of the membership and subscriptions lists remain accurate.

As previously, members were informed that SAAD’s main income is from the delivery of educational courses, under the leadership of Course Director David Craig, supported by the teaching Faculty. Members learned that the stability of SAAD's finances enabled the Board, in conjunction with the British Society of Disability and Oral Health, to support last year’s Special Care Study Day, also that ageing equipment used on the national teaching courses had been replaced with modern contemporary equivalents.

Steve Jones conveyed that during the last year there has been an increase in the use of the BACS payment system, resulting in swifter and more convenient payments. SAAD’s accountants, Silver Levene, have recommended investment of a portion of our financial resources to achieve a better return than that of a standard deposit account. This recommendation was supported.

The Treasurer ended on a positive note concluding that SAAD’s financial position at the end 2015 was ‘very satisfactory’.

As there was no other business to be conducted, the AGM was closed by the President, with members being thanked for their attendance and reminded to return for the afternoon session!

The next AGM will take place on Saturday 23rd September 2017 and members are warmly invited to attend.

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**SAAD Notice Board**

**GA for Special Care Dentistry Study Day**
Saturday 25th March
Further details at www.saad.org.uk

**Subscriptions**
For many members their subscription will be due for renewal in January. It is possible to renew online by setting up a direct debit. This is the most cost effective method for the Society to collect subscriptions. To renew please go to www.saad.org.uk and log on using your email address as your username.

**Online CPD**
Over seven hours of sedation CPD is available online from the SAAD website. This is complimentary to members and costs £10 for non members. Simply log on as a member, set yourself a username and password for the CPD section, answer the multiple choice questions relating to the latest volume of the Digest and download your certificate!

**Research Grants**
Grants are available to aid research in pain and anxiety control in dentistry. Further details.

**SAAD Training**
- National Course in Conscious Sedation for Dentists, Dental Nurses, Hygienists and Therapists
- SAAD Assessed Sedationist Scheme
- SAAD Assessed Sedation Nurse scheme

SAAD has been running courses for over forty years. The courses are hugely successful due to the combination of skills and knowledge of a faculty of medical and dental disciplines. Above all SAAD teaches safe and sensible procedures based on science independent of the emotional politics so often associated with these subjects. SAAD courses are practical, rewarding, and fun! Further details of the new training schemes are on page 15.

**Online registration**

**Course dates:**
- 4 & 5 March 2017
- 17 & 18 June 2017
- 4 & 5 November 2017
- 3 & 4 March 2018
- 16 & 17 June 2018
- 3 & 4 November 2018

**Online Advert Board**
SAAD members are able to post adverts relating to sedation on the SAAD website free of charge. Adverts for situations vacant, equipment etc will be acceptable. Either log on and place the advert or contact Fiona.

**RA Machine Loan Scheme**
A scheme for practitioners to trial inhalational sedation in the practice setting is facilitated by SAAD. A six-month loan (at no charge) of an inhalational sedation machine is available to members who have attended a recent SAAD Course. There will be the option to purchase at a discounted rate at the end of the trial. Application form.

**SAAD Essay Prizes**
SAAD offers three essay prizes. The closing date for submissions is 31 March 2017. Further details are at www.saad.org.uk.
- Dental Students - £300
- DCPs - £300
- Drummond-Jackson Prize - £500

**Inhalation Sedation Course for Hygienists and Therapists**
17th & 18th June 2017
Further details at www.saad.org.uk
At the time of writing, SAAD’s financial affairs for this year are in a healthy state; extrapolating the information from the September bank statements to what the finances may look like at the end of December when the financial year ends, a moderate surplus position is predicted. It was reported at the recent Annual General Meeting that SAAD had been able to invest in replacement equipment for use on the National Courses which are the main stream of income for the Society. It is important to keep abreast of the developments in sedation practice especially those related to the monitoring of the sedated patient, so it is critical to provide the Faculty with the correct equipment for the tasks that need to be done.

Interest in the Society is justly reflected by the Membership and the fees thus generated continue to provide a much welcome source of supportive income. Income from our investments is also proving to be a valuable source of revenue as the return from resources held in the deposit account is not significant in light of the current low interest rates. With this in mind, the Board of Trustees approved, at their September meeting, the investment of twenty-five thousand pounds with an investment company that specialises in investing for charitable organisations. The yield from these investments is approximately two per cent which is greater than that of the deposit account.

No doubt the Newsletter will be describing in some detail how SAAD is evolving to become a dental conscious sedation awarding organisation that enables registrants to satisfy the requirements set out in the recent IACSD document when at the ‘new starter’ stage. Our favourable financial position has permitted the Course Director to take this project forward in the knowledge that financial support is available to facilitate a smooth and structured launch with consolidation during the early developmental phase. Resources have been made available to establish and service a Training Board to nurture this scheme.

Earlier in the year, a Special Care Dentistry Study day was held in London which SAAD was able to fund jointly with the BSDH; it proved to be very successful and a further event is planned for early in 2017. It is pleasing to report that the event was cost neutral to SAAD.

It will not have escaped members’ notice that the Society will celebrate its Diamond Jubilee next year. This is a significant milestone which necessarily will be celebrated in an appropriate manner befitting of our esteemed organisation. This will incur additional expenditure to ensure that a meaningful and memorable programme is delivered of which hopefully members will be supportive and justifiably proud.

It is all too easy to forget the hard and conscientious work that is undertaken by the ‘total team’ which manifests itself in an effective and efficient Society; this is the key to our strong, sustained and stable financial position for which I am extremely grateful.

Steve Jones
SAAD Honorary Treasurer

SAAD membership

Join or Renew Online!

Membership of SAAD is open to any registered dental or medical practitioner or DCP whether based in the UK or abroad.

Annual subscription rates:
- £40 - UK dental and medical professionals
- £25 - UK dental care professionals
- £43 - non UK resident dental and medical professionals
- £28 - non UK resident dental care professionals

Further details are available on the SAAD website. www.saad.org.uk
New SAAD Training schemes
SAAD has launched new training schemes for dentists and dental nurses who are ‘new starters’ to sedation. The SAAD Assessed Sedationist (SAS) scheme and the SAAD Assessed Sedation Nurse (SASN) scheme provide the underpinning knowledge and skills required for those wishing to be involved in the provision of conscious sedation, as well as supervised clinical experience with an approved clinical supervisor. Both schemes have received accreditation from the Intercollegiate Advisory Committee for Sedation in Dentistry (IACSD). (All non-university / deanery training programmes which lead to independent clinical practice for ‘new starters’ in conscious sedation must now have IACSD accreditation). Further details are on page 15 of this newsletter and on the SAAD website.

Honorary Life Membership
At this year’s SAAD Speakers’ Dinner, Honorary Life membership of the Society was awarded to Professor Richard Ibbetson in acknowledgment of his work with the Intercollegiate Advisory Committee for Sedation in Dentistry (IACSD).

SAAD’s Immediate Past President, Carole Boyle was awarded her Honorary Life Membership this year. Thankfully Carole will not be leaving the SAAD Board because she is now busy in her new role as Assistant Course Director.

New SAAD Trustees
The SAAD Board welcomed a new Trustees at the 2016 AGM, Dr Zahra Shehabi. Dr Dave Pearson and Dr Christopher Holden were re-elected to the Board. A profile of Zahra will appear in the 2017 issue of the SAAD Digest. Congratulations to all four newly appointed Trustees!

ICACSD
The Intercollegiate Advisory Committee for Sedation in Dentistry (IACSD) have now posted the FAQs on the new IACSD webpage on the RCS website. Many of the answers to the enquiries and concerns expressed by our members have been included.

SAAD Diamond Jubilee
2017 marks 60 years since the formation of SAAD and its dedication to the advancement of knowledge in pain and anxiety control for dentistry. To celebrate this momentous milestone 2017 will be a year for, not only reflecting on the last 60 years, but looking ahead to what the future holds. The SAAD board has commissioned some commemorative badges for our membership and our annual symposium and essays will follow the Diamond Jubilee theme. We hope that all of our members will be able to join us in the special year of celebration and make it a SAAD year to remember.

Essay Prize Winners
This year SAAD awarded two essay prizes. The Drummond Jackson essay prize, available to all dental and medical undergraduates, graduates and post graduates was awarded to Sarah Sacoor for her essay ‘Anaesthesia and Sedation for the Austistic Patient’. The Dental Student Essay Prize was awarded to Cameron Warwicker of UCLAN for his essay ‘Clinical Management of the Gagging Patient’. Both essays will be published in the next issue of the SAAD Digest.

Dr Tom Boulton
It is with sadness that we must report that Tom Boulton, President of SAAD from 1980 to 1983, passed away in July this year. There will be an obituary in the next issue of the SAAD Digest.

Dr Jim Grainger
We are sorry to announce that Jim Grainger, a well known and respected colleague passed away in November this year. There will be an obituary in the next issue of the SAAD Digest.

Diamond Jubilee Essay Prizes
In 2017 SAAD will celebrate its Diamond Jubilee. To celebrate the last 60 years of advancement in pain and anxiety control for dentistry, the SAAD Trustees invite essay authors to envision the future and write an essay entitled Anxiety Management and Sedation in Dentistry; the next 60 years?: Further details are at www.saad.org.uk

GA for Special Care Dentistry Study Day
On Saturday 25th March in London, SAAD will be jointly hosting, with BSDH, a Study Day for Specialty Registrars, trainers in SCD and interested dentists.

The day aims to:
• Stress the important role that GA has in SCD
• Consider GA for medically compromised patients
• Provide a discussion forum for STRs
• Consider different ways of running a GA service.

The programme will include:
• What is anaesthesia
• Assessing a patient’s fitness for anaesthesia
• Case studies
• Setting top a GA service

The fee for the day is £50 with a discounted rate for STRs of £25

Enquiries to fiona@saad.org.uk

Online registration is now open at www.saad.org.uk

Dr Jim Grainger
We are sorry to announce that Jim Grainger, a well known and respected colleague passed away in November this year. There will be an obituary in the next issue of the SAAD Digest.
The 2016 DSTG Symposium was hosted north of the border in sunny Glasgow. It was held in the prestigious home of the Royal College of Physicians and Surgeons of Glasgow. The title of the day was “Should we sedate or should we not?” The aim was to have non-dental clinicians discussing their own specialty with regards to sedation, or medical conditions that might affect sedation. Then, hopefully, the audience could reflect on what was said and how it might affect their own practice when applied to sedation in dentistry.

The Symposium was introduced by Dr Christine Goodall, Hon. Consultant in Oral Surgery/Sedation at Glasgow Dental Hospital and School, who welcomed delegates from the UK and Ireland to Glasgow.

Dr Goodall went on to describe her work with Medics Against Violence (MAV), a Charity that is working to reduce violence in the community. MAV is populated by health care professionals whose working lives have been affected by violence and its consequences and it works alongside police and other organisations in trying to achieve its aim. One programme involves engaging young people at school, youth centres and prison to educate and challenge their perception of violence. This year Dr Goodall was awarded an MBE for her work to date in tackling this challenge.

The first speaker of the day was David Murdoch, Lead Consultant in Cardiology at the new Queen Elizabeth University Hospital, Glasgow. Dr Murdoch gave a fascinating lecture, from a cardiologist’s point of view, on sedating cardiac patients. He highlighted guidance that applies to both dentists and medics; this includes the Academy of Medical Royal Colleges’ document ‘Safe Sedation Practice for Healthcare Procedures: Standards and Guidance 2013’ and more local guidance created by Greater Glasgow and Clyde Health Board. He showed that the complications and clinical assessment are similar for the two specialties; however, he did want to pass on caution for the unheralded cardiac patient, suffering from heart failure or aortic stenosis. What I found fascinating was Dr Murdoch comparing the patients’ clinical presentation with actual echocardiograms demonstrating the disease process and blocked arteries. He gave examples of high risk patients who should give all of us concern, but more importantly he managed to do this whilst making everyone laugh with his witty banter.

The next speaker was Dr Tom Mackay, a Consultant Respiratory Physician. He is the Director of the world renowned Sleep Centre in Edinburgh’s Royal Infirmary. Dr Mackay discussed sleep disorders and in particular sleep apnoea relating to sedating a patient. He started his talk by highlighting the normal sleep pattern and the physiological process. He then continued by describing conditions treated in his clinic, these included Obstructive Sleep Apnoea Hypopnoea Syndrome, hypoventilation and narcolepsy. He advised us that only one in every five people with Obstructive Sleep Apnoea Hypopnoea Syndrome (OSAHS) is actually getting treatment in Scotland, so to be on our guard! He highlighted some tips to help in recognising patients who might be at risk of having undiagnosed disease, and gave some examples of their management. He also showed some oxygen saturation charts used in the diagnosis of the conditions which were very interesting as they demonstrated that oxygen saturation could drop to as low as 50-70% whilst the patient was asleep!

The last lecture before lunch was Paul Brady. As you may know Paul has been completing his PhD in the use of capnography for monitoring sedation patients. He is near the end of his research and was happy to present his findings to the DSTG. Paul started his talk by discussing the use of capnography and how the machine works and outlined some of the advantages of using the machine. During the talk he showed videos of patients receiving dental treatment whilst taking part in his blinded study. This demonstrated that capnography can warn of apnoea in “real time” unlike the inherent delay which is present with a pulse oximeter. Final results and discussion of the study have still to be published, however, Paul felt able to say that he was not convinced that it would be demonstrated that capnography significantly improved monitoring in the dental setting. I am sure there will be peer-reviewed papers from his work that will tackle this question in greater depth and come to a firmer conclusion.

The last lecture before lunch was Fraser Kinsella. Fraser works in Glasgow as a moving and handling practitioner, managing and aiding in overcoming the difficulties in the moving and handling of bariatric patients in the hospital setting. During his talk, he highlighted the
importance of knowing the safe working loads of your own equipment. He also demonstrated different examples of specialised equipment that can be used in the provision of surgery for bariatric patients. He identified that a wheelchair tipper can accommodate patients weighing up to 59 stone. There was a lot of emphasis on the planning, preparation and staff training which is required to treat bariatric patients safely in the dental surgery.

Lunch was provided in the grand dining halls of the College with the opportunity to have a good look at the DSTG posters. The winner of the DSTG Poster Presentation Prize for 2016 was the poster presented by Naomi Rahman, Suzannah Loh, Nick Malden and Norma O’Connor, all from the Edinburgh Dental Institute describing their work using the Index of Sedation Need to assess patients.

The afternoon kicked off with Mark Johnstone, from NHS Education Scotland (NES). NES is a Scottish Health Board in its own right and deals with education and training for the NHS Scottish workforce. Mark is a training and research officer with responsibility for patient safety and his talk was centred around creating a “just culture” in the working environment, and encouraging the move away from a “blame culture”. The theory behind this is to learn from incidents and so to reduce harm to patients and staff in the future. Solutions and tools discussed in the talk to help achieve this, included significant event analysis with a human factors element. Mark also discussed the pitfall of Groupthink and the escalation of commitment. His lecture was very entertaining and surprisingly included a video Clip from the 1954 comedy film: Doctor in the House!

Next to the stand was Dr Nigel Robb who on this occasion was wearing his IACSD hat. Nigel is a member of the IACSD committee as the SAAD representative and is also on the sub-committee looking at course accreditation. Since the 2015 standards were published, any course that aims to teach participants a conscious sedation technique, requires accreditation before they can go on to perform it independently. This accreditation can be from any governing body, for example a Deanery or University. If this is not possible, for example for an independent course, accreditation can be sought through the IACSD sub-committee. The application form can be downloaded from the Royal College of Surgeons of England (RCSEng) webpage. It consists of questions about the course, its programme, syllabus and the arrangements for its clinical supervision. Applications are then sent to the RCSEng where the sub-committee will examine and approve or not. If successful they will be granted a 3-year accreditation; if it is not approved, reasons why will be given and possible suggestions made on where it can be improved. At the time of the presentation 15 courses had been accredited UK-wide.

Next Lynn Coia took to the stage to talk about the course development that has been started within NES since the 2015 IACSD Standards. Lynn works for NES as a Specialist Lead in Education, and as part of this role, she is a key player in creating sedation courses for the Public Dental Service (PDS) in Scotland, which are compliant with the new standards. Lynn discussed the development of a sedation faculty within the PDS, to create a suite of sedation courses that can be delivered at NES sites around Scotland. Participants of the courses will then go on to have their clinical supervision undertaken by experienced sedationists in the PDS. To round the course off and before they are awarded a certificate, participants will make a case presentation to a selection of faculty representatives in which they consolidate their learning and experiences. Pilot courses have now been completed and both good and bad feedback received. Highlights include a moodle site (web based learning forum) with information for participants, and structured assessments for them to complete. The end of the afternoon session consisted of free paper presentations. The first presentation was by Ahmed Altimimi who is a postgraduate student at Leeds. Ahmed has been carrying out a study looking at the paediatric index of sedation need, and if there is an improvement in the quality of life of paediatric sedation patients. The study was carried out prospectively and used different questionnaires completed by patient and parent. Results showed that making patients dentally fit improved their Quality of life; unfortunately use of the P-ISON was not statistically significant in predicting a successful patient’s outcome, although work is still being carried out in collecting data.

The next free paper was by Ashleigh Stamp. Ashleigh presented her service evaluation of adolescent patients receiving IV midazolam for orthodontic surgical extractions. This was a retrospective evaluation looking at the success rate of treatment. In total 174 patients were treated in this manner, over six years. 98% of the patients were successfully cannulated and treatment completed in one visit. 79.1% of these patients showed good or excellent cooperation. There were three minor sedation complications where the patients became tearful, or abusive in recovery. Overall, a very interesting retrospective study that could be a good starting point for a multi-centre prospective study in the future.

The last presenter of the day was DSTG’s Treasurer Mick Allen. Mick has been gathering data from sites around the UK about non-fasting for conscious sedation and collating any complications notified. His work follows on from IACSD standards which discuss fasting and recommend clinicians justify their choice on whether a patient is to be fasted or not. The pilot study included five sites across the UK with retrospective data collation from 358 patient records. From these cases, two only had gastrointestinal complications. Both vomited, one following inhalation sedation and the second, in recovery, after intravenous sedation. They were both recognised gaggers and both had a harm score of 1 (no harm to patient and no further treatment required to resolve incident). The study demonstrated that non-fasting patients are common in dentistry but there is little evidence to back up the recommendation. This audit was very simple and easy to complete, and could be a basis for obtaining further information to support current practice in dentistry.
Overall the DSTG conference was a great success, indeed it was fully booked with a waiting list for any cancellations. Unregistered colleagues even attended on the day in the hope of a place becoming available! It confirms that there is a great interest out in the dental community for conscious sedation events. The host for next year’s Symposium is Birmingham Dental School. We look forward to visiting the UK’s newest Dental School.

**SAAD Essay Prizes**

In 2017 SAAD will celebrate its Diamond Jubilee. To celebrate the last 60 years of advancement in pain and anxiety control for dentistry, the SAAD Trustee invite essay authors to envision the future and write an essay entitled:

‘Anxiety Management and Sedation in Dentistry: the next 60 years?’

**Drummond-Jackson Prize**
£500

**Dental Student Prize**
£300

**DCP Prize**
£300

Submission deadline 31st March 2017
Further details are at www.saad.org.uk

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**News from the International Federation of Dental Anaesthetic Societies (IFDAS)**

**Christopher Holden**
SAAD representative to IFDAS

The 14th IFDAS General Assembly will be held on 6th October 2018, in Nara, Japan. The symposia topics in the programme will be:

1. Education and legal background of dental anaesthesiology
2. Patient safety
3. Young IFDAS symposium
4. The role of dental anesthesia in the geriatric patient, and...
5. Orofacial pain or pain clinic in dentistry.

There will be an election at this meeting for the following IFDAS Officers:

- Secretary General
- Treasurer
- Editor
- Area Councillor for Europe
- Area Councillor for Asia-Pacific
- Area Councillor for North and South America

SAAD, as a Full Member Society of IFDAS, is able to nominate candidates and will have two votes in the elections.

IFDAS is creating a “Young IFDAS Task Force” and is looking for young colleagues to help with generational outreach. The Federation would like to have a greater presence on social media in order to keep up with information sharing. It is hoped that this will foster wider and better relationships within communities of interest, that the federation not yet contacted. Communication is a vital part of the IFDAS mission.

Paul Howlett has been selected to forward ideas from the UK. He has initially agreed to develop a webinar that may appeal to a young international audience. Any SAAD member who would like to be involved in IFDAS for the next generation should contact Chris Holden through the SAAD office.

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**Save the date…**

**DSTG Annual Symposium**

**17 May 2017**

**Birmingham Dental Hospital**

www.DSTGsymposium.co.uk
The ADA is a small society having amongst its members, anaesthetists, sedationists, dentists and dental nurses. The focus of the Association’s main aims have moved a little since the days of open airway dental anaesthesia, so it now has a remit to promote, guide and influence the safe administration of advanced sedation and anaesthesia to patients receiving Dental Surgery. We hope to complement and support the work and aims of both SAAD and the DSTG. The ADA is involved, as stakeholders, in the Scottish Dental Clinical Effectiveness Programme (SDCEP) which is currently updating its Conscious Sedation in Dentistry guidance, last revised in 2012.

We had a very successful meeting in London in November this year, with the theme ‘Safety for All, Making Dental Sedation and Anaesthesia Safe in Every Environment’. There was a great diversity of speakers and three Prize presentations, as well as our AGM. The meeting was well attended and produced some lively discussions.

Debra Manger, Deputy Medical Director and Specialist in Special Care Dentistry at Northamptonshire Healthcare set the day up with an excellent presentation on how to assess and improve the quality and value for money of the service we provide, how safety and quality are as, if not more, important than the money, and how we can assess the impact of the service given.

Dr Will Harrop-Griffiths Consultant Anaesthetist at St Mary’s Hospital, and the Chair of NatSSIPs gave an entertaining talk on how the National Safety Standards for invasive procedures were developed nationally, and how relevant they are to all invasive procedures, not least in dental practice. These are National guidelines which we must all follow, extraction of the wrong tooth being one of the most common ‘never’ events!

He was followed by Professor Tara Renton, Professor Oral of Surgery at King’s College, London who gave a great presentation on how the NatSSIPs apply to dental practice and how we must adopt them.

There were then three excellent short Prize presentations:

Dr Tanya Malkiel from Northfield Dental Clinic spoke on the use of an index to assess need for sedation and general anaesthetic in children.

Emma Nguyen from Abingdon, Oxford CDS described the repeat attendance by paediatric patients on general anaesthetic lists over 5 years.

Clare Gleeson, from King’s College Hospital, London presented a novel approach to safe sedation and medical emergency training.

The winner was difficult choice but went to Dr Tanya Malkiel.

During the AGM two new Council members were elected, Dr Katherine Taylor who is Oral Surgery Teaching Lead at the University of Liverpool and Rudi Swart – who has much experience in A&E and is a Forensic Medical Examiner for the Met., currently practising in Colchester.

Dr Joe Omar was re-elected to the Council and Dr Giju George was proposed and elected (in his absence, but with his knowledge) as President-in-waiting.

The afternoon session commenced with Liege Matharu, Associate Specialist in Paediatric Dentistry at Kings College Hospital, who gave a hugely enthusiastic talk and demonstration of the problems she deals with, and the sedation techniques she uses, for anxious children.

Shalini Chopra from Berkshire CDS and Specialist in Special Care Dentistry at St Mark’s Hospital gave a great talk on her techniques for dealing with patients with special needs, and how to chose between sedation and general anaesthetic use. The examples she highlighted engendered much audience participation.

We then discussed the difficult issues of how to cater for the bariatric patient in practice, from the special equipment needed, as well as emergency protocols and sedation techniques. Claire Gleeson, Consultant Oral Surgeon at King’s College Hospital gave a great talk and led the subsequent discussion.

Finally our ex-President, Dr Joe Omar gave us a lively and slightly controversial talk on how the ASA scoring is less than useful in sedation practice. He advocated a new way to assess the risks for sedation, taking into account all the factors which might pose a risk.

Next year’s ADA Conference will again be in London on 28th November, 2017.
SAAD launches two new training schemes

Under the IACSD Standards (2015) anyone who was not practising sedation before April 2015 must attend a university, deanery or IACSD accredited sedation course that includes the provision of underpinning knowledge, clinical skills and supervised clinical practice.

SAAD Assessed Sedationist (SAS) scheme

Once candidates have completed the SAAD National Course, SAAD is able to facilitate the acquisition of the required supervised clinical experience (see IACSD Standards, Table 1) by offering a place on the SAAD Assessed Sedationist (SAS) scheme.

The new SAS scheme is accredited by IACSD and includes approval of a clinical supervisor (proposed by the applicant), verification of a Clinical Logbook, Directly Observed Procedural Skills (DOPS) forms and Practice Evaluation. Successful practitioners will receive a SAAD certificate confirming ‘SAAD Assessed Sedationist’ status which will enable them to practise independently. The fee for enrolment on the SAS scheme is £300.

Enrolment on the SAS scheme is by invitation and is only available for ‘New Starters’ attending an upcoming SAAD National Course. Retrospective enrolment on the SAS scheme is not possible.

Dates and details of the SAAD National Courses are at: http://www.saad.org.uk/index.php/coursesbyrole/coursesfordentists

SAAD Assessed Sedation Nurse (SASN) scheme

The SAAD Assessed Sedation Nurse (SASN) scheme is IACSD accredited and provides the underpinning knowledge, clinical and supervised clinical practice required to assist in the provision of sedation. The scheme includes a formal assessment of knowledge and airway management skills.

What is involved
The first stage of the SASN scheme is the two day SAAD Dental Nurse Course in Conscious Sedation for Dentistry, (SAAD National Course) this is when candidates acquire the underpinning knowledge and clinical skills.

The National Course is a stand-alone and so may also be used as an update / refresher.

To become a SAAD Assessed Sedation Nurse candidates must nominate their clinical supervisor(s) for approval by the SAAD Training Board. Candidates will be required to Complete Direct Observation of Procedure assessments (DOPs) which will consist of 20 intravenous sedation (IV) cases and/or 10 inhalation (IHS) sedation cases under the supervision of their approved clinical supervisor(s). Candidates can choose whether to do only IV, only IHS or both. A review of their clinic / practice is also required. During the course advice and support will be available from SAAD. All documents must be completed within 12 months from commencement and submitted six weeks prior to the final assessment. The assessment comprises a multiple choice question paper covering all sedation techniques and a practical assessment of airway management skills.

How to enrol
If you would like to enrol for the SASN scheme you must complete the online registration for the first stage (the SAAD Dental Nurse Course in Conscious Sedation for Dentistry). The fee for the first stage is £380.

Then enrol for the second stage (SAAD Assessed Sedation Nurse scheme). The fee for this stage is £470.

The total fee to become a SAAD Assessed Sedation Nurse is £850.

Dates and details for the SAAD National Course for Dental Nurses and the SASN scheme are at: http://www.saad.org.uk/index.php/courses-for-nurses

Any questions?

Please contact fiona@saad.org.uk in the first instance.
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<tr>
<th>Month</th>
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<td>January</td>
<td>11-13</td>
<td>AAGBI Winter Scientific Meeting</td>
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<td>February</td>
<td>17-18</td>
<td>ADSA Las Vegas Meeting</td>
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<td>March</td>
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<td>SAAD / BSDH General Anaesthesia for Special Care Dentistry Study Day</td>
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<td>April</td>
<td>20-22</td>
<td>ADSA Annual Session</td>
<td>USA</td>
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<td>May</td>
<td>3-5</td>
<td>British Pain Society Annual Scientific Meeting</td>
<td>Birmingham</td>
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<td>May</td>
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<td>DSTG Annual Symposium &amp; AGM</td>
<td>Birmingham</td>
<td><a href="http://www.DSTGsymposium.co.uk">http://www.DSTGsymposium.co.uk</a></td>
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<td>May</td>
<td>22-24</td>
<td>Society for Paediatric Sedation Conference</td>
<td>USA</td>
<td><a href="http://www.pedsedation.org/upcoming/">http://www.pedsedation.org/upcoming/</a></td>
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<td>July</td>
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<td>GAT Annual Scientific Meeting</td>
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<td>September</td>
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<td>ESRA 36th ESRA Conference</td>
<td>Switzerland</td>
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<td>September</td>
<td>23</td>
<td>SAAD Annual Symposium &amp; AGM</td>
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<td>September</td>
<td>27-28</td>
<td>AAGBI Annual Congress</td>
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<td>September</td>
<td>28-30</td>
<td>European Resus. Council ERC Congress</td>
<td>Germany</td>
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<td>ESPA 9th European Congress on Paediatric Anaesthesia</td>
<td>Glasgow</td>
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Further events are listed on the SAAD website

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SAAD: dedicated to the advancement of knowledge in pain and anxiety control for dentistry