

## *From the President...*

Whether you view the EU Referendum in June and various elections in May, depending on your domicile, with enthusiasm or disinterest, we shall similarly be approaching the election season for places on the SAAD Board as summer comes to an end and autumn beckons.

If you have had any inclination to stand for election at the SAAD AGM, during the Symposium on 24th September, please don't let the inevitable overload of political comment and activity during the forthcoming months blunt your previous enthusiasm. Notification of these elections will be sent to SAAD members nearer the time.

I think that the Frequently Asked Questions facility in relation to the IACSD standards document has provided a great deal of useful clarification in certain strategic areas of concern to colleagues eg. the immediate life support issue. Great credit should go to the author of this dynamic and developing adjunct to the report, which continues to evolve and would therefore warrant periodic visitation, which may easily be done through the SAAD website. The concise and unequivocal nature of the answers given could surely be worthy of laudatory comment from the Plain English Campaign!

A study day, hosted by SAAD at Guy's Hospital, entitled 'Sedation for Special Care Dentistry' was attended by over 130 people. This very successful event is reported upon elsewhere within this newsletter, but I would particularly like to mention the parts played by Dr Graham Manley from BSDH, who approached our Society and suggested a collaborative approach, as well as Dr Carole Boyle, SAAD's Immediate Past President, who arranged the programme for the day, which was extremely well received by those who attended.

This study day was supported financially by SAAD and BSDH. For SAAD, such activities help to fulfil our status as an educational charity.

The provision of conscious sedation for patients with Special Care requirements may allow dental care to be provided in a more conservative, timely, accessible and economical way than is possible through the use of general anaesthesia, for many patients.

However, in times of severe financial stringency, we need to avoid the retrograde step of allowing those with organisational responsibility for commissioning services to assume, using that time honoured phrase, that 'one size fits all' and that the use of conscious sedation alone, as a potentially less costly option, will fulfil the needs of all our patients. It needs to be realised that some patients will always require general anaesthesia, or conscious sedation provided in a secondary rather than primary care setting and therefore a full range of services will still be required for the very diverse clinical requirements for this group of patients, despite any desirable migration in favour of primary care sedation. This is a challenge to us all in a political and managerial environment that increasingly 'knows the price of everything but the value of nothing'.



Francis Collier  
President of SAAD

Over a period of time, I have been disturbed about a number of reports from colleagues who provide sedation in their dental practices, where sedation practice inspections appear to have been carried out by dentists who have little or no real knowledge of clinical sedation themselves. It is wholly unacceptable for such regulatory activities to be carried out by such self appointed cognoscenti whose only expertise in sedation is their ability to download somebody else's inspection checklist (often SAAD's) from their computer and tick or cross the boxes.

Without some breadth and depth of knowledge relating to the regulatory background as well as practical clinical sedation procedures, it is impossible for any inspector to conduct meaningful discussions with, and give appropriate advice to, colleagues who are the subject of the inspection process. I am sure that colleagues would agree that post inspection dialogue forms an important and integral part of any inspection process.

Please enjoy this edition of SAAD Newsletter. Don't forget about the online CPD facility from articles in the recent SAAD Digest and keep 24th September free in your diaries to attend the SAAD Annual Symposium.

### **Save the date....**

**Saturday 24 September 2016**

***Sedation is Alive and Well in General Dental Practice***

**SAAD Annual Symposium & AGM**

**Details will be posted at  
[www.saad.org.uk](http://www.saad.org.uk)**

| <b>Inside</b>             |    |
|---------------------------|----|
| From the President        | 1  |
| Letter from the Secretary | 2  |
| Symposium 2016            | 3  |
| SAAD Notices              | 3  |
| SAAD News                 | 4  |
| Contacting SAAD           | 4  |
| Study Day Report          | 5  |
| The SAAD Digest           | 8  |
| Membership Details        | 9  |
| Diary Scan                | 10 |

# Letter from the Secretary

It's hard to believe that a year has passed since the publication of the IACSD standards<sup>1</sup>. Unfortunately there is still confusion among some sedationists about the implications on their practise of sedation. The standards are a continuing source of queries received by SAAD, and the vast majority are associated with the training in sedation of both dentists and dental nurses. For new starters to sedation it is essential that they understand the IACSD standards and the longer term commitment to training now required, before commencing their sedation training. For those new to sedation the emphasis on a more formal accredited sedation supervisor programme before independent practise, as opposed to the previous mentor scheme, will ultimately result in more experienced and skilled sedation professionals, but obviously lengthens the process. However, as with any new directive, problems have arisen and SAAD has been busily negotiating behind the scenes, on behalf of its members.

A number of queries directed to SAAD over the last year have been answered on behalf of dental defence societies, who have also been finding it difficult to advise their members following the IACSD standards publication. To reiterate the President's sentiments, the IACSD FAQ's are a helpful point of reference and are updated periodically to reflect either changes in circumstance or a high volume of questions on a particular topic.

The IACSD standards state that '*all centres providing conscious sedation for the delivery of dental care should be inspected to determine that the necessary standards are in place*'. SAAD is often asked to carry out sedation practice evaluations but also asked who else is able to provide sedation practice evaluations. It would be valid for another appropriately experienced sedationist to carry out the sedation practice evaluation using the SAAD safe sedation practice scheme documentation. This can be

downloaded from the documents section of the SAAD website<sup>2</sup>. The only stipulation for an evaluator is that they meet the evaluator person specification on page 21. An evaluator can provide clinics with a certificate of successful evaluation, but it is not possible to obtain a SAAD certification of successful practice evaluation unless the evaluation process has been carried out by a recognised SAAD evaluator. It is both worthwhile and advisable for all sedation providers to familiarise themselves with the checklist in the SAAD Safe Sedation Practice scheme document to ensure their sedation environment is fit for purpose.

Other queries have related to sedation focused medical emergency scenario training within the practice environment, involving the whole sedation team. This is of particular relevance to those practices which have peripatetic sedationists attending on an irregular basis. In addition to ILS (+/- PILS) training, sedation focused in-house medical emergency scenario training should be undertaken periodically, but as a minimum, on a 6-monthly basis. The date and topics practised, and discussed, should be documented.

If you would like to contact SAAD with any comments or queries please direct all correspondence via our Executive Secretary, Fiona Trimingham ([fiona@saad.org.uk](mailto:fiona@saad.org.uk)), who will then be able to allocate your query to the most appropriate member of the SAAD board. Whilst on the subject of our executive secretary, my thanks are extended to Fiona for her never-ending good humour in times of need, and for all the hard work she does for the Society. We are also grateful to our colleagues at the AAGBI in London for their support and a special mention to Hannah Coughlan who has recently left the team and will be missed. Amir Khan will be replacing Hannah in the Specialist's Society arm of the AAGBI and we look forward to working with him in the near future.



Sadie Hughes  
SAAD Honorary Secretary

Finally, with the requirement for 12 hours minimum verifiable sedation CPD over a 5 year period for all members of the sedation team, I would like to remind members that online CPD is available via the Digest. In the 2016 edition there are 7 sections available and each section is worth 45 minutes of verifiable CPD, subject to the questions being answered correctly of course, happy reading!

1. <https://www.rcseng.ac.uk/fds/publications-clinical-guidelines/docs/standards-for-conscious-sedation-in-the-provision-of-dental-care-2015>
2. <http://www.saad.org.uk/images/Linked-Safe-Practice-Scheme-Website-L.pdf>

## Save the date....

**Saturday  
24 September 2016**

**Sedation  
is  
Alive and Well  
in  
General Dental  
Practice**

## SAAD Annual Symposium & AGM

**The Royal Society of Medicine  
1, Wimpole Street  
London**

**Details will be posted at  
[www.saad.org.uk](http://www.saad.org.uk)**

# **Sedation is Alive and Well in General Dental Practice**

## **SAAD Annual Symposium**

The SAAD Annual Symposium will be held on Saturday 24th September at The Royal Society of Medicine, 1 Wimpole Street, London W1G 0AE

This year's sessions will include:

- John Milne presenting on the CQC: Regulation and Engagement
- Simon Morrow talking about regulation and practice inspection in Scotland
- Keith Hayes completing the session with a discussion on regulatory problems
- Amita Lad and Shilpa Shah presenting on the practicalities of providing a sedation service in primary care
- Steve Jones talking about sedation and the Mountain Rescue Service
- Abs Casaus discussing adjuncts and distractions in sedation care
- Christopher Holden completes the day with experience and advice from the SAAD Practice Evaluations

The programme will be available shortly on the SAAD website where the [online registration](#) is already open. We look forward to seeing many of you there!

## **SAAD Notice Board**

### **SAAD Courses**

National Course in Conscious Sedation for Dentists, Dental Nurses, Hygienists and Therapists

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!

[Online registration](#)

Course dates:

18 & 19 June 2016  
5 & 6 November 2016  
4 & 5 March 2017  
17 & 18 June 2017  
4 & 5 November 2017

### **Online CPD**

Over five hours of verifiable 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, answer the multiple choice questions relating to the latest volume of the Digest and download your certificate!

### **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. [Further details.](#)

### **SAAD Essay Prizes**

SAAD awards several prizes for essays on any subject related to Conscious Sedation, Anxiety Control, General Anaesthesia or Analgesia in dentistry.

Dental Students - £300  
DCPs - £300  
Drummond-Jackson Prize - £500  
Closing date for submissions is 31 March 2017. [Further details.](#)

### **Research Grants**

Grants are available to aid research in pain and anxiety control in dentistry. [Further details.](#)

### **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](#).



# SAAD News

## SAAD Inhalation Sedation Course for Dental Hygienists and Therapists gains IACSD Accreditation

Nigel D Robb



We are delighted to announce that we have received official confirmation that the Hygienist and Therapist Course is now accredited with the IACSD as a course that can take new starters through to independent practice in Inhalation Sedation. The application was made for the November 2015 course and lasts for three years. The process has taken a little longer than expected, which is one of the penalties for being amongst the first to apply for accreditation, however, it means that those who commenced their training in November comply with the IACSD

Standards. All those who attended courses prior to November 2015 are covered by the transitional arrangements as outlined in the IACSD Standards.

We look forward to welcoming the next cohort of students in June.

The Hygienist and Therapist didactic teaching runs in parallel with the National Courses for Dentists and Dental Nurses, details of the course and how to apply can be found on the SAAD website. [Further details.](#)

In order to be able to satisfactorily complete the training, prospective students will need to: -

- Advise SAAD of the individual(s) who is (are) going to supervise the clinical practice. This notification must include the address(es) where the supervised practice will take place as well as the experience and / or qualifications of the supervisors.
- Attend the didactic teaching, including satisfactorily completing the in-course assessments including an MCQ

- Complete a practice self-evaluation of the facilities where the supervised clinical practice is undertaken
- Complete a logbook and 10 Direct observations of Procedural Skills

SAAD must approve the supervisor(s) of clinical practice prior to the start of the course. The other evidence must be submitted on completion of supervised clinical practice, for sign off by SAAD.



## Social Media Facebook & Twitter

Did you know that SAAD now has a Facebook page? Please 'like' us at [facebook.com/SAADDental](https://www.facebook.com/SAADDental)

Find us on



Please 'follow' SAAD at [@SAADuk](https://twitter.com/SAADuk)



## How to contact SAAD

**General enquiries** [info@saad.org.uk](mailto:info@saad.org.uk) 020 7631 8893

**Executive Secretary & Website** (Fiona Trimingham) [fiona@saad.org.uk](mailto:fiona@saad.org.uk) 01302 846 149

### Course enquiries...

Course payment, deferrals & cancellations  
Hygienist & therapist logbooks

Fiona Trimingham  
[fiona@saad.org.uk](mailto:fiona@saad.org.uk) 01302 846 149

### Course content and logistics

Toni Richman  
[toni@saad.org.uk](mailto:toni@saad.org.uk) 07583 039 309 (text)

### Dental Nurse qualifications

Emma Lee  
[emma@saad.org.uk](mailto:emma@saad.org.uk)

# Sedation for Special Care Dentistry

## Report from the SAAD BSDH Study Day

**12 March 2016**

**London**

**Yvonne Rooney**

Specialty Registrar Special Care Dentistry, King's College NHS Foundation Trust, London

**Sanjeev P. Sharma**

Specialty Registrar in Special Care Dentistry, Guy's and St Thomas' NHS Foundation Trust, Kings College London Dental Institute.

On Saturday the 12<sup>th</sup> March with a glimmer of hope for spring in the air, New Hunts House on Guy's Campus played host to an audience of 126 dentists with a particular interest in sedation for special care patients.



The morning's first welcome came from Dr Francis Collier, SAAD President and Specialist in Special Care Dentistry, who expressed delight at the unanticipated numbers interested in sedation provision for this patient group. The course initially designed for special care specialty registrars and their trainers was attended by community and hospital dentists, registrars from multiple dental specialties, as well as anaesthetists and sedation providers. Dr Collier highlighted the aims for the day, the hope for change in the variability of sedation provision across dental services and the role of sedation in spanning the often uncomfortable gap between treatment with local or general anaesthetic or indeed no treatment for special care groups.

Further welcomes were extended by Dr Carole Boyle, Consultant in Special Care Dentistry and course organiser for the day. Dr Boyle

outlined the collaborative work between SAAD and the BSDH in course organisation and financial support, and expressed thanks to Dr Graham Manley, Consultant in Special Care Dentistry and recent Past President of BSDH for initiating the day. With this Dr Manley was also thanked for his persistence and blue-sky thinking in treatment provision for special care patients and invited to share his experience in development and use of transmucosal conscious sedation techniques.



During the first talk of the day Dr Manley highlighted that in general 80% of people with a disability can be treated with local anaesthetic and behaviour management, 10% requiring general anaesthetic and 10% for whom treatment could be a struggle without sedation. With the aim of providing examination, diagnosis and treatment planning for patients at a standard comparable to those without disability, the limitations of general anaesthetic were discussed. These included competition for access to the limited resource of general anaesthetic lists, the social impact of attending hospital for dental treatment, the difficulties in

providing advanced restorative options and continuing periodontal treatments. Dr Manley recognised the immense contributions to special care dentistry and conscious sedation by Drs Meg Skelly, Derek Debuse and David Craig, and highlighted the benefits this has afforded patients with disability requiring dental treatments.

With a focus on patients with severe learning disability and those with a severe needle phobia, the discussion turned to the problems faced in cannulation. The use of inhalation sedation was discussed as a potential option for patients with needle phobia, however, this was agreed as impossible for patients with a severe learning disability. The limitations of bitter taste, unpredictable outcome and speed of onset for oral midazolam were highlighted, including the risks associated with helpful carers sipping midazolam disguised in drinks.



Dr Manley then shared his experiences in investigating methods of transmucosal delivery of midazolam, and described the development of intranasal solutions from a concentrated brown liquid at Canterbury Hospital pharmacy to the clear 10mg in 0.25ml liquid from St. Thomas' Hospital pharmacy which we are familiar with today. The intranasal administration of midazolam is included in the IACSD guidance as a basic conscious sedation technique; its use requires the operator to be competent in cannulation as this is not recommended as a stand-alone technique. Communication and appropriate involvement of patients, family, carers and staff in the off-licence administration intra-nasally, is supported by a number of publications demonstrating the success of the technique.



Over the morning break, demonstrations and the chance to practice intra-nasal delivery of saline using the mucosal atomisation device (MAD) were facilitated by Dr Sanjeev Sharma, Specialty Registrar in Special Care Dentistry. Many attendees took the opportunity to successfully perform the technique on friends, colleagues or themselves.



After the break Dr Milli Doshi, Consultant in Special Care Dentistry for Surrey and Sussex NHS Foundation Trust kindly shared her experiences and barriers encountered to setting up a special care dentistry sedation service. Dr Doshi reminded the audience of how change can be greeted with "we've always done it this way" and provided practical solutions to moving services forward. Other than change, barriers explored included the current teams providing care (LA and GA), dental care professionals with sedation experience, patient and carer expectations based on previous experiences and multi-disciplinary team working with other dental specialties. Dr Doshi also shared her experiences of how things do not always go as could be anticipated with curious incidents of disinhibition. She concluded with encouragement to persevere with dedication to the development of sedation services for our special care groups.



Dr Bryan Kerr, Consultant in Special Care Dentistry, discussed the role of propofol as a conscious sedative technique providing a slightly more refined job for select groups in specific situations. He highlighted existing conscious sedation techniques and the notion of midazolam as the dentists' desert island sedation drug of choice. Dr Kerr discussed the properties of propofol, its current uses in anaesthetics, and the various modes of its delivery providing a continuous sedative effect. The key difference is that with midazolam we treat patients as they recover and with propofol patients are becoming increasingly sedated. It is for this reason that the delivery of propofol is a separate operator and sedationist technique; the target operating conditions being an awake patient with sufficient anxiolysis by continuous titration of propofol to effect, in a somewhat similar way to nitrous oxide inhalation sedation. Indications for use of propofol are considered in terms of patient factors (mild-moderate dental anxiety, gag reflex, patients with mobility problems, tolerance to benzodiazepines, short sedation windows and history of failed midazolam sedation) and procedural considerations (short simple procedures and conversely long procedures such as molar endodontics). To date dentist training in the use of propofol has been available at Guy's Hospital and Bristol Dental Hospital, however, no regular courses have as yet been arranged. Basic conscious sedation techniques remain as the first choice for the majority of patient groups, whilst there is further exploration of the role of propofol for individual patient needs.

During the lunchbreak, delegates had the opportunity to mingle and network. After a healthy supply of good food and refreshments the second session commenced.

Dr Carole Boyle introduced us to the afternoon session by summarising the Department of Health's long term conditions compendium and Adult dental health survey 2009. This helped us understand that older adults are living longer as well as retaining their teeth. Ninety four per cent of the combined population were dentate with at least one natural tooth. Six per cent between the ages of 75-84 had a modified dental anxiety score of 19 and above. The challenge going forward is making sure we provide careful treatment planning for patients who are living longer and retaining their teeth despite having multiple co-morbidities and dental anxiety.



Dr Damien Reilly, Specialist in Special Care Dentistry and Dr Boyle discussed the implications of using conscious sedation for medically compromised patients. Dr Reilly discussed sedation for patients with obesity, obstructive sleep apnoea, diabetes, mental health, and drug and alcohol abuse. Dr Boyle shared her expertise in sedating patients with cardiovascular disease, sickle cell anaemia, epilepsy, movement disorders or dementia.



Both speakers placed a strong emphasis upon the preoperative patient assessment, modification of conscious sedation techniques and the location of the treatment setting. Dr Boyle described how assessment of the patient can begin from the moment they walk down the corridor. Observations such as whether or not the patient is breathless on exertion or uses walking aids are useful indicators when treatment planning. Other monitoring indicators involve measuring baseline oxygen saturation, blood pressure, body mass index, airway assessment and blood glucose readings preoperatively. Clough et al's recent paper<sup>1</sup> found that dentists were less comfortable with the use of the ASA classification when compared to doctors and anaesthetists.

The speakers highlighted situations in which a second opinion may be sought for a medical risk assessment of those patients with multiple comorbidities; including medical summaries from the patient's General Medical Practitioner. Societies and forums such as SAAD and BSDH are excellent opportunities to share ideas and discuss case studies. Towards the end of the talk we were invited to consider three case studies and how we would set about using conscious sedation to provide dental treatment.

The final speaker of the day was Dr David Craig. Dr Craig is passionate about education and training in conscious sedation and as a member of the Intercollegiate Advisory Committee for Sedation in Dentistry (IACSD), his expert knowledge on the IACSD guidance document "Standards for Conscious Sedation in



the Provision of Dental Care" published in April 2015 is arguably second to none.

Dr Craig's central message was that for the first time we have a gold standard which applies to all dentists, nurses, dental care professionals and doctors who deliver conscious sedation to patients requiring dental care. This guidance stresses individualised patient assessment and treatment planning but also has wider implications for commissioners.

Dr Craig clarified several key aspects of the IACSD 2015 guidance document. He highlighted important elements of the SAAD checklist, Deanery, University and Speciality Registrars accreditation programmes for new sedation starters, transitional arrangements for experienced sedation practitioners such as maintaining CPD, audits, a logbook, deployable airway skills and minimum verifiable CPD requirements of 12 hours every 5 years. IACSD will provide accreditation courses aimed at new starter sedation practitioners. An example IASCD accreditation form will be made available in order to assist those applying for IASCD accreditation.

Dr Craig also drew attention to the FAQs, which ironically have now begun to generate yet more queries! To coin a Department of Health phrase, these FAQs will be treated as a "live document". We eagerly await his updates and look forward to seeing how these FAQs evolve in the near future.

The study day was drawn to a close by Dr Graham Manley who thanked all the speakers and organisers individually and wished all the delegates a pleasant journey home. Meanwhile a few of us were off to catch some of the highlights of the 2016 Six Nations Rugby Championship.

On behalf of SAAD we would like to thank Dr Carole Boyle, Dr Frances Collier and Dr Graham Manley for their fantastic efforts in organising this meeting, as well as Fiona Trimingham for her hard work as SAAD's Executive Secretary. We look forward to the next SAAD Annual Symposium which is due to take place at the Royal Society of Medicine on Saturday 24th September 2016.

*1. Clough S, Shehabi Z, Morgan C. Medical risk assessment in dentistry: use of the American Society of Anaesthesiologists Physical Status Classification. Br Dent J 2016; 220: 103-108.*



## SAAD Essay Prizes

Three essay prizes are available annually

**Dental Student  
Essay Prize**  
**£300**

**Drummond-Jackson  
Essay Prize**  
**£500**

**DCP  
Essay Prize**  
**£300**

Submission deadline 31 March 2017  
[www.saad.org.uk](http://www.saad.org.uk)

# SAAD Digest

The SAAD Digest is the Journal of the Society for the Advancement of Anaesthesia in Dentistry and has been published regularly since 1970. It has been produced in its current format since 2006 with one edition being published each year in January. Copies of all editions produced since then are available online.

The Digest has become a unique and invaluable international forum for all interested in advancement of knowledge in pain and anxiety control for dentistry.

## Current Issue



[SAAD Digest 2016 Vol 32](#)

## Online CPD

Verifiable sedation CPD based on the referred papers in the 2015 and 2016 editions of the SAAD Digest is available from the SAAD website. Access to the MCQs is complimentary for SAAD members. [Online CPD](#).

## Previous Editions

All editions since 2006 are available from the [SAAD website](#), or via the links below.



[SAAD Digest 2006 Vol 22](#)



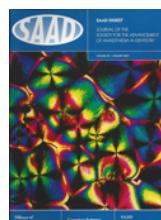
[SAAD Digest 2010 Vol 26](#)



[SAAD Digest 2011 Vol 27](#)



[SAAD Digest 2012 Vol 28](#)



[SAAD Digest 2007 Vol 23](#)



[SAAD Digest 2013 Vol 29](#)



[SAAD Digest 2008 Vol 24](#)



[SAAD Digest 2014 Vol 30](#)



[SAAD Digest 2009 Vol 25](#)



[SAAD Digest 2015 Vol 31](#)

## SAAD Digest Submission Deadlines

The submission deadline for consideration for publication in the January 2017 Digest is **31<sup>st</sup> July 2016**.

## Guidelines for Authors

The Editorial Board invites contributions from all active in the field. If you intend to submit a paper or article for consideration for the SAAD Digest please ensure that you have read and abided by the [Guidelines for Authors](#). Papers that do not comply will, unfortunately, have to be returned for revision.

## Electronic SAAD Digest

If you would prefer to receive an electronic version of the SAAD Digest rather than the printed copy, and save a few trees into the bargain, please contact [Fiona](#). As soon as the Digest is available you will receive a link to view or download the electronic version.

# SAAD Membership

Throughout its 59 years SAAD has been at the forefront of the postgraduate teaching of sedation and the representation of dentists who offer sedation for their patients. These activities are equally as important now, as they were then.

## What membership of SAAD provides for members...

***SAAD is a dynamic society, and there are many benefits of membership.***

### SAAD Digest

The SAAD Digest is the scientific journal of the society and is published annually in January. It can be received by SAAD members either as a paper or electronic edition. The Digest publishes refereed papers and case histories relating to all aspects of the treatment of anxious patients. The abstracts from the annual Symposium are included and the Journal scans suggest further reading in the wider dental and anaesthetic press.

### National Course in Conscious Sedation for Dentistry

The SAAD National course is run on three weekends each year for dental and medical professionals and dental nurses. Also there is the Inhalation Sedation Course for Dental Hygienists and Therapists., which is IACSD Accredited. Attendance of the dentist course is at a reduced fee for members.

### Annual Symposium

Each year SAAD organises an autumn Symposium. These events are informative and well attended and SAAD members pay a reduced registration fee to attend.

### Online CPD

CPD is always in demand and SAAD members benefit by being able to complete free of charge online CPD, based on the Digest via the SAAD website.

### Newsletters

Two eNewsletters, distributed in spring and autumn keep SAAD members abreast of developments in the world of dental sedation and the general activity of SAAD.

### RA Loan Scheme

SAAD members are eligible to apply to loan an RA machine to use in their practice free of charge for six-months. At the end of that period there is the opportunity to purchase the equipment at a reduced rate or simply to return it.

### SAAD Literature

Members are charged a reduced rate for the SAAD literature; the leaflets, Intravenous Sedation, Inhalation Sedation, and Dental Treatment for Anxious Patients, and the record cards, Medical History Record Card and Conscious Sedation Record Cards. There are also two books, the CBT Toolkit, and the History of SAAD.

### Access to Membership Area of SAAD Website & Online Advert Board

SAAD members have access to the membership area of the SAAD website where they can access the SAAD Course Handbook, place adverts free of charge for positions vacant and equipment on the Advert Board, order SAAD literature and register for the courses or the Symposium at reduced rates.

### Experienced Advice and Support

There is a wealth of experience on the SAAD Board and this is available to SAAD members should they need advice and support on any matter relating to conscious sedation.

### Annual Subscription Fees

|  |
|--|
| £40 - UK dental and medical professionals              |
| £25 - UK DCP   |
| £43 - non UK resident dental and medical professionals |
| £28 - non UK resident DCP                              |

[\*\*JOIN SAAD HERE\*\*](#)

## What SAAD does...

***SAAD is an active society, well respected in the world of sedation***

### Representation

An important role for SAAD is the representation of members' interests on various regulatory bodies, advisory committees and study groups. We practice in a fast changing professional environment and it is important that a watchful eye is kept on any change in regulations that may be detrimental to the service SAAD members can provide for their patients.

### Practice Evaluation Scheme

SAAD offers a practice evaluation scheme – the SAAD Safe Sedation Practice Scheme - where individuals or practices can be evaluated against a recognised standard.

### Research grants

SAAD supports research into areas relating to conscious sedation offering a research grant of up to £5,000 for suitable projects. SAAD is also currently funding a PhD project looking at decision aids in paediatric sedation.

### Essay Prizes

Each year there are three SAAD Essay Prizes. These are awarded to the best essay written on a subject related to conscious sedation, from a dental or medical post graduate, a dental student and a from a DCP. The winners of the essay prizes are invited to attend the SAAD Symposium to receive their awards and the essays may be published in the SAAD Digest.

*No other organisation offers such comprehensive activity in relation to pain and anxiety control in dentistry.*

Further details of all of these benefits are available from the SAAD website [www.saad.org.uk](http://www.saad.org.uk). If you have any further enquiries about any of these benefits or about membership of SAAD please email [fiona@saad.org.uk](mailto:fiona@saad.org.uk).



# Diary Scan

*Compiled by Dr C E Mercer*

| 2016             |            |                         |   |                     |   |
|------------------|------------|-------------------------|---|---------------------|---|
| <b>April</b>     |            |                         |   |                     |   |
|                  | 23 - 25    | ADSA                    | Annual Session  | USA                 | <a href="http://www.adsahome.org/annual1.html">http://www.adsahome.org/annual1.html</a>   |
|                  | 29 - 2     | NWAC                    | World Anaesthesia Convention VI   | Canada              | <a href="http://www.nwac.org/">http://www.nwac.org/</a>   |
| <b>May</b>       |            |                         |   |                     |   |
|                  | 10 - 12    | British Pain Society    | Annual Scientific Meeting   | Harrogate           | <a href="https://www.britishpainsociety.org/_mediacentre/events/future-asms/">https://www.britishpainsociety.org/_mediacentre/events/future-asms/</a> |
|                  | 17         | DSTG                    | Annual Symposium  | Glasgow             | <a href="https://www.dstgsymposium.co.uk">https://www.dstgsymposium.co.uk</a>   |
|                  | 20 - 23    | World Institute of Pain | 8th World Congress  | USA                 | <a href="http://wip2016.kenes.com/">http://wip2016.kenes.com/</a>   |
|                  | 28 - 30    | ESA                     | Euroanaesthesia 2016  | London              | <a href="http://www.esahq.org/congresses/">http://www.esahq.org/congresses/</a>   |
| <b>June</b>      |            |                         |   |                     |   |
|                  | 15-17      | GAT                     | Annual Scientific Meeting   | Nottingham          | <a href="http://www.aagbi.org/education/events/s">http://www.aagbi.org/education/events/s</a>   |
|                  | 18-19      | SAAD                    | National Course in Conscious Sedation for Dentistry (Incl. Dental Nurse and Hyg/Ther Courses) | London              | <a href="http://www.saad.org.uk">http://www.saad.org.uk</a>   |
| <b>September</b> |            |                         |   |                     |   |
|                  | 7 - 10     | ESRA                    | 35th ESRA Conference  | Netherlands         | <a href="http://esraeurope.org/meetings/">http://esraeurope.org/meetings/</a>   |
|                  | 13 - 16    | AAGBI                   | Annual Congress   | Birmingham          | <a href="http://www.aagbi.org/education/event/1896">http://www.aagbi.org/education/event/1896</a>   |
|                  | 24         | SAAD                    | Annual Symposium & AGM  | London              | <a href="http://www.saad.org.uk/">http://www.saad.org.uk/</a>   |
|                  | 24 - 25    | ERC                     | Resuscitation 2016  | Iceland             | <a href="https://www.erc.edu/index.php/events/">https://www.erc.edu/index.php/events/</a>   |
|                  | 29 - 1 Oct | ESPA                    | 8th European Congress on Paediatric Anaesthesia   | Serbia              | <a href="http://www.euroespa.com/congress">http://www.euroespa.com/congress</a>   |
| <b>October</b>   |            |                         |   |                     |   |
|                  | 20 - 25    | ADA 2016                | Annual Conference   | USA                 | <a href="http://www.ada.org/en/meeting/">http://www.ada.org/en/meeting/</a>   |
| <b>November</b>  |            |                         |   |                     |   |
|                  | 5 - 6      | SAAD                    | National Course in Conscious Sedation for Dentistry (Incl. Dental Nurse Course)               | London              | <a href="http://www.saad.org.uk">http://www.saad.org.uk</a>   |
|                  | 24 - 25    | SIVA                    | Annual Scientific Meeting   | Stratford-upon-Avon | <a href="http://siva.ac.uk/">http://siva.ac.uk/</a>   |
| <b>December</b>  |            |                         |   |                     |   |
|                  | 4 - 5      | ADSA                    | General Anaesthesia and Deep Sedation   | USA                 | <a href="http://www.adsahome.org/chicago-ga">http://www.adsahome.org/chicago-ga</a>   |

**No responsibility can be taken for any errors or omissions however caused  
The Diary Scan is continually updated at [www.saad.org.uk/events](http://www.saad.org.uk/events)**