

From the President...

As I was appointed as recently as the AGM after the Symposium on October 3rd this year, I am still very much the Presidential 'new kid on the block'.

My first duty in this report must be to pay tribute to my immediate predecessor, Carole Boyle, and to congratulate her upon the successful completion of her three year Presidential term.

One of her priorities was to encourage younger colleagues to come forward to take up active roles within our Society, including as members of the Board of Trustees. I very much share her view on this issue, as the future of any vibrant organisation such as this is ultimately dependent on the active participation of younger members of its professional membership. With this in mind, I was pleased to welcome two such new members to the Board of Trustees, Dr Kellie Boles and Dr Yi Kwan Loo, who were elected at the AGM, together with a well respected returning member, Dr Paul Howlett.

The SAAD Symposium entitled 'Dental Sedation: Staying Ahead of the Curve' drew a record number of delegates, 244 in all, and I would congratulate the two Trustees, Will Botha and Dave Pearson, who organised the programme of speakers.

The continuing popularity of our National Courses in Conscious Sedation for Dentistry, the volume of correspondence received by the Society and the number of visits to our new website which was launched in May, are all indicators of continuing interest in anxiety management and sedation.

There can be no doubt that the publication of the Report of the Intercollegiate Advisory Committee for Sedation in Dentistry in April this year has stimulated further interest, although it is a matter for some concern that so many colleagues appear to have misunderstood some of the detail of the report. From correspondence I received when I was Honorary Secretary, this particularly related to the transitional arrangements for clinicians who were already practising conscious sedation on the date in April from which the new standards applied.

It is possible now to view a [Frequently Asked Questions](#) section relating to the IACSD Report on the Royal College of Surgeons of



Francis Collier
SAAD President

England website, which may answer many queries. However, I would urge colleagues who have not already done so, to read this [IACSD document](#) in its entirety, along with the [Academy of Medical Royal Colleges report of 2013](#), as this will give a more full and balanced view of the new regulatory landscape in which we are now operating.

Changes in sedation tend to be evolutionary rather than revolutionary, and perceptions that IACSD will bring conscious sedation in primary care locations to a grinding halt are mistaken.

As SAAD President for the next three years, I am particularly keen to encourage and advocate the continuation and development of such sedation services, which are such an important component of primary care dentistry. I have a particular interest in this area of sedation, as my work as a sedationist is currently entirely within primary care environments.

I look forward to serving as President over the next three year period.

| Inside | |
|---|----|
| From the President | 1 |
| Symposium Report | 2 |
| 2015 AGM Report | 6 |
| Letter from the Treasurer | 7 |
| SAAD Notices <i>SAAD courses and IACSD</i> | 8 |
| SAAD News | 9 |
| Report from IFDAS | 10 |
| Report from DSTG | 12 |
| Diary Scan | 16 |

Save the date....

Saturday 24th September 2016

SAAD Annual Symposium & AGM

The Royal Society of Medicine, London

SAAD Annual Symposium

Dental Sedation: Staying Ahead of the Curve

Saturday 3 October 2015

The Royal Society of Medicine, London

Nicole Sturzenbaum

I had looked forward to attending this year's SAAD symposium 'Dental Sedation: Staying Ahead of the Curve' and with 244 registered delegates it seems that I wasn't the only one who felt this way! I surmise that the interest was triggered by the inspiring programme but also by the new guidelines published in April by the Inter-Collegiate Advisory Committee. It was lovely to see so many colleagues from different backgrounds discussing central aspects of safe sedation practice and reflecting how the new guidelines will affect our daily routine. A meeting like this is an ideal platform to disseminate the background, reasoning and need for new guidelines. Equally importantly, it can address some of the concerns which can occur when new guidelines are introduced, and I appreciated David Craig's comment that the guidelines were an updated report rather than a prescribed introduction of fundamental changes. Overall this was, yet again, a splendid meeting and I can wholeheartedly recommend it to anybody who offers sedation; I have certainly drawn essential information from the SAAD symposium which will benefit my own sedation practices.



Richard Ibbetson

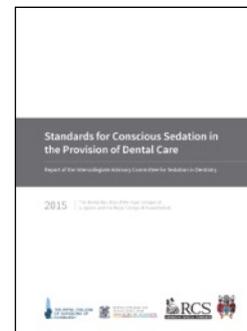
The symposium opened with the Presidential welcome by Carole

Boyle, who introduced us to the morning session and to the first speaker Professor Richard Ibbetson, the new Director of the graduate entry dentistry programme at The University of Central Lancashire (UCLan). For the past three and a half years he chaired the Inter-Collegiate Advisory Committee for Sedation in Dentistry (IACSD), which reviewed the current guidance and resulted in the publication of "Standards for Conscious Sedation in the Provision of Dental Care", a report made available to patients, clinicians and those who fund healthcare services. It was timely and indeed the perfect start to the symposium to invite the chair of IACSD to talk about "Emerging Guidelines and Regulation". Richard explained the rationale behind the report, defined which medical groups were involved and cross-referenced to guidelines previously used as benchmarks. He highlighted that, following the review of existing documents, standards and evidence, it was deemed essential that everybody involved in sedation will need to show evidence of appropriate Continuing Professional Development (CPD), audit and reflection. Richard stated that one of the challenges was to pinpoint the 'age-span' or 'age-limits' defining the difference between a child and a teenager/adolescent; childhood is now defined from birth to 16 years of age. The major deviation from previous guidelines is that children under the age of 12 who can't be treated with local anaesthesia alone or in combination with nitrous oxide will need to be referred to a hospital for treatment by a Consultant led team (or equivalent facility with staff trained to an equivalent standard). He concluded that the report represents the current guidelines for the UK, reflects the



Nicole Sturzenbaum
Clinical Director &
Owner of
Toothbeary, Richmond

consensus from parties of different backgrounds and views, will advance sedation services, but ultimately does not address the need versus demand dilemma. Overall, Richard presented this important topic in an easy to follow, constructive and positive forward looking manner. This was in particular apparent during the 'questions and answers' session, where he, together with David Craig, reiterated that the report is not just another textbook, but that every sedationist/practitioner will need to be able to justify the chosen course of treatment/sedation and that (s)he is adequately trained and competent.



The IACSD Report

Next, Colette Bridgman, a PHE Consultant in Dental Public Health and a member of NHS England National Commissioning Group for dentistry, spoke about commissioning sedation in dentistry. Colette's presentation gave us an insight into the development of the NHS England Commissioning Guides for Dental Specialties, detailing the current NHS commissioning landscape but extending this to include a five year forward view. Three specialist guides on this matter were recently released with two more due to follow soon. By introducing a focus on sedation, patients are able to access safe



Colette Bridgman and Christopher Holden

treatment with assured quality standards and effective use of funding. Colette encouraged the members of the audience to aim to influence the current system with the view to improve it. Indeed, the notion of a new model of care within a clinical network can be achieved by leading change and providing a more effective use of the system, which in turn will be of universal benefit to all.

After a short break, Graham Manley, Consultant in Special Care Dentistry at the Royal Hospital for Neuro-disability in Putney, originally scheduled to present a literature review about safe sedation practices, decided to switch themes and focus instead on personal accounts.



Graham Manley

Graham, an expert in intravenous sedation for adults and children, was instrumental in the development of the much used intranasal sedation technique with Midazolam. In his very interesting talk, he shared his encouraging results obtained by administering nasal sedation with Midazolam to patients with disabilities, as an alternative to GA. Furthermore, he summarised data generated by Guy's Hospital which emphasised that IV Propofol could benefit disabled and/or anxious patients, due to its good anxiolytic effects and supporting of prompt recovery. The results of a study investigating IV sedation with

Midazolam for children aged 6 to 8 years, demonstrated its usefulness in conservative and extraction work, however, some children showed signs of distress at some point during the procedure, emphasising the importance of behaviour management techniques. He furthermore acknowledged and praised the work of the late Michael Wood, the author of a seminal study published in the BJD encompassing 3751 children who were safely and effectively treated with conscious sedation using IV Ketamine. Graham finished by highlighting his own preferences, namely Midazolam for adults, Ketamine for children and in both cases a lot of goodwill!

The next podium speaker was Will Botha, a medical practitioner with a special interest in advanced, multidrug paediatric sedation techniques which he provides at the Toothbeary Dental Practice in Richmond. His presentation addressed the increased demand for paediatric sedation and how it can be offered in a safe and effective manner. He stressed the need for dental sedation for children as, quoting the British Society of Paediatric Dentistry (BSPD), adequate provision of dental care for children is poor and in some areas of the UK, 96% of dental decay in 5yr olds remains untreated. He explained that although different treatment options are available, including nitrous oxide or single drug techniques, some children are not able to tolerate treatment under these circumstances. Thus there is a demand for alternative, more advanced, techniques such as multidrug sedation or general anaesthesia. Will and the team at Toothbeary conducted a pilot study with 127 paediatric patients undergoing complex dental treatment with multidrug sedation techniques, to demonstrate that their technique falls within the definition of conscious sedation but also to assess safety during such sedation. The study applied a variation of the Dartmouth Operative Conditions Scale (DOCS) to evaluate parameters during sedation which predict increased risk or suboptimal treatment conditions. More than 90% of the patients, most



Will Botha

of whom were under 5 years of age, were not exposed to an increased risk; of the small percentage (~6%) displaying an increased DOCS response at any time during the procedure, all returned to a safe state immediately and the treatment was completed safely. He concluded that factors of paramount importance are the team's experience, qualifications and training, all of which have to adhere to the IACSD guidelines. Will concluded that more practical evidence is called for to support the standpoint that advanced sedation in children is effective and asked the delegates to gather more data in support of safe paediatric sedation practices.

Before breaking for lunch, Carole Boyle announced that the SAAD prize for the highest scorer in the NEBDN sedation exam for the academic year 2014/15 was awarded to Amy Pitcher-Sage.

Carole awarded the Drummond Jackson Essay prize to Anwen Greaves (Senior Dental Officer in Community Dental Services, Worcestershire Health & Care NHS Trust) for her essay on 'The use of Midazolam as an Intranasal Sedative in Dentistry'.



Drummond Jackson Essay Prize winner, Anwen Greaves with SAAD President, Carole Boyle



SAAD Student Essay Prize winner, Vinson Yeung with SAAD President, Carole Boyle

The SAAD Dental Student Essay Prize was awarded to Vinson Yeung (Birmingham Dental School) for his essay on “Articaine – to use or not to use?” Congratulations to the winners, I look forward to reading both essays in the next issue of the Digest.

Carole then handed the microphone over to honorary life member Jim Grainger from Australia who has been a SAAD member since 1967. Jim took the opportunity to express his appreciation of the Society and in particular thanked Chris Holden, Nigel Rob and David Craig, who he appropriately referred to as the ‘jewels in the crown’ of the Society.



During the lunch break, delegates visited the trade stands of our sponsors Cestrudent McKesson, DPS and RA Medical; their ongoing support is, as always, greatly appreciated and acknowledged.

Dave Pearson, a Consultant oral surgeon based at Birmingham Dental Hospital and University Hospitals Birmingham, introduced us to the afternoon session, which was opened by Mike Clarke a qualified dentist, and expert in legal advice for dentistry, and currently senior member of the Research Ethics Committee.



Mike Clarke

Mike started the afternoon with the very important topic, namely the medico-legal aspects of sedation. Rather than delivering a conventional lecture, he presented specific cases to invite us to reflect on just how safe we are in our own sedation practice. He described how sedation has changed over the past 40 years and emphasised that the “one size fit’s all” policies of the 70’s are no longer fit for purpose, his mantra being all about risk management. In the five cases studies he covered, Mike emphasised that the sedation, per se, is rarely the issue in claim situations, but rather aspects of treatment consent, monitoring and documentation (or lack thereof). All the cases shown were quite distressing, and I will briefly mention just two. Firstly, the dentist who extracted adult teeth instead of deciduous teeth, following an unclear orthodontic referral, and the crucially failure to communicate with the orthodontist. Secondly, the sexual assault performed by a dentist during sedation while all other members of staff had left the building. On the

upside, Mike finished his presentation by reminding us that sedation in the UK is safer than anywhere else in the world.



Kellie Boles

The next speaker was Kellie Boles who, following her successful completion of the sedation diploma at Newcastle University in 2012, provides a local referral service for dental treatment with inhalation sedation at her practice in Crawley, West Sussex. Kellie shared the experience she had with the SAAD-RA Loan Scheme and demonstrated how she had applied it successfully to her practice. When planning to use nitrous oxide, she recommended an initial consultation without treatment to acclimatise the patient, and to discuss the effects of the nitrous oxide. On the day of the treatment, Kellie uses music and behaviour management techniques (“lots of talking”) to relax the patient. For the technique to succeed, she stressed the importance of ensuring that the local anaesthesia is effective and that the treatment is not excessively prolonged. As mentioned before, location, facilities, staffing, training, CPD and regular audits are important, but if correctly implemented, RA is an asset to a practice and Kellie expressed her appreciation for being given the opportunity by SAAD to use RA.

The next topic of the day was entitled “Sleep Apnoea and Sedation: The Role of the Dental Practitioner” which was presented by Aditi Desai, a restorative dentist, member of a multidisciplinary dental specialty team and President elect of the British Society of Dental Sleep Medicine (BSDSM). Aditi provided a summary regarding the medical background of sleep, defining N-REM and REM



Aditi Desai

sleep, what happens to the airway during sleep and how sleeping disorders affect breathing at night. She explained the background of Obstructive Sleep Apnoea (OSA), which she stressed is not a muscle spasm but rather a complete loss of tone of the muscles and can exert severe effects (inability of deep sleep, reduced cognitive function and increased risk of workplace accidents). It is estimated that around 1 million people in England suffer from OSA, but only 10-25% are aware of it. It occurs in every age group (though most prominent in the 30-60 year age bracket) and therefore also in children. OSA can be difficult to identify but signs include an oedematous or long soft palate/uvula, decreased oropharyngeal dimensions, maxillary hypoplasia and nasal obstruction. Other typical symptoms include snoring, restless legs, sleepiness, mood swings, headaches, dry mouth, to name a few. Given that sedatives are respiratory depressants affecting the upper airway function, potential problems may arise in patients with

an already compromised airway. Pre-operative considerations of suspected and confirmed OSA patients are therefore essential to minimise adverse events. Aditi emphasised the importance of monitoring skin colour and chest movements, heart rate, respiratory rate, blood pressure and oxygen saturation when sedating a known OSA patient. Needless to say training in advanced life support is essential.



David Craig

The last topic of the day was devoted to "Deployable Airway Skills on the SAAD Courses", which our Trustee David Craig presented. As a member of the Intercollegiate Advisory Committee for Sedation in Dentistry and the Independent Expert Group on Training and Standards for Sedation in Dentistry, his knowledge regarding the new guidelines is arguably second to none. David highlighted that "anyone providing conscious sedation must be able to manage any event which might reasonably arise" in other words every practitioner must have life

support skills appropriate to the patient's age and the sedation technique employed and be able to recognise and manage sedation-related complications, including over-sedation, respiratory depression/apnoea, the unconscious patient, airway obstruction, vomiting, idiosyncratic responses, delayed recovery and failure of conscious sedation. Practitioners must therefore show "deployable" airway competencies, including basic airway manoeuvres, the use of airway adjuncts and the ability to administer positive pressure ventilation. To address this, SAAD has introduced an additional practical session to all courses, and participants are now required to demonstrate competency and confidence in the principles of establishing and maintaining a patent airway and provide adequate ventilation on an airway training manikin.

On behalf of the symposium participants I must thank both Dave Pearson and Will Botha for their fantastic job in organising this year's symposium and of course Fiona Trimmingham for her great work. I am already looking forward to the next meeting which is scheduled to take place at the RSM on Saturday 24th September 2016. I hope that many of the readers will be able to join me!



What the delegates said...

"Very well organised. Helpful for keeping up-to-date with current practice. Thank you!"

"Very valuable day for sedationists and dental team."

"Excellent symposium - well done to organisers, topics covered varied and relevant, location good, food good, social aspects good."

"Excellent arrangement. Congratulations to organisers."

"A very interesting day, I feel I benefitted from coming along. Many thanks to all concerned."

"A really good day. Topical and informative. Thank you to all involved."

"Very well organised. Helpful for keeping up-to-date with current practice. Thank you!"

"As always, this was an excellent symposium. Thanks for the hard work to all who contributed."

SAAD AGM 2015

Saturday 3 October

Sadie Hughes

SAAD's Annual General Meeting was held on Saturday 3rd October 2015, following the Symposium. This year the annual Symposium was attended by 244 delegates. The AGM was attended by 10 Trustees and 31 members of SAAD.



Stephen Jones, Carole Boyle and Francis Collier

Following acceptance of the Minutes of the 2014 AGM, Dr Carole Boyle gave her final report at the end of her term of office as SAAD President. Her term has been significant, dominated by the development and publication of the IACSD guidance document 'Standards for Conscious Sedation in the Provision of Dental Care' published in April 2015. Dr Boyle has campaigned to bring gender balance to the board and will step into the immediate past President role seeing both the IACSD guidance published and also the presence of four women Trustees on the board. She has also worked throughout her Presidency to encourage the younger members of SAAD to take a more active role in the Society. Her thanks were extended to SAAD's executive secretary, Fiona Trimmingham, for her hard work and support. Dr Boyle concluded by thanking Dr Francis Collier for his hard work as Honorary Secretary and wishing him every success during his term as SAAD President.

Before donning the Presidential 'hat', Dr Francis Collier reported a busy year for correspondence, with requests for advice on a wide range of issues related to sedation practice,

and towards the end of his term, predominantly IACSD related queries. SAAD continues to have a good working relationship with the AAGBI and he thanked Hannah for her support and also to Busola who retired earlier in the year. Again, thanks were given to Fiona Trimmingham for her hard work as SAAD's Executive Secretary.

Dr Stephen Jones, SAAD's Treasurer, reported that the financial position of SAAD was currently satisfactory, in contrast to the last few years when SAAD finances have been less stable. The members approved that SAAD's accountants, Silver Levene, should continue to be employed for the following year. The main source of the Society's income was from the national teaching courses, for which he gave thanks to the course director (Dr David Craig) and the teaching faculty. SAAD rules indicate that two Ordinary members of the Board retire by rotation each year. This year there were three vacancies due to the rotational retirement of Dr Paul Howlett, the resignation of Dr Sarah Higham and Dr Sadie Hughes becoming Honorary Secretary. There was an unprecedented number of members nominated this year for the three Trustee positions and it was gratifying to see the high calibre of the candidates. There were seven nominations for the positions; Dr Kellie Boles, Dr Manni Deol, Dr Paul Howlett, Dr Vikram Kavi, Dr Tashfeen Kholasi, Dr Sarah Kime and Dr Yi Kwan Loo.



SAAD's new Trustees Kellie Boyle, Yi Kwan Loo and re-elected Trustee Paul Howlett



Sadie Hughes
SAAD Honorary Secretary

The electronic voting system at the RSM was used to conduct a ballot and congratulations go to Dr Kellie Boles, Dr Paul Howlett and Dr Yi Kwan Loo who were elected to the SAAD Board of Trustees.

Dr Carole Boyle passed the Presidency over to Dr Francis Collier and was presented with her Past President's badge as she becomes Immediate Past President, along with a bouquet of flowers from SAAD.



Carole Boyle and Francis Collier



SAAD Immediate Past President Carole Boyle

Any other business concluded with Dr Francis Collier suggesting the AGM be moved to a lunchtime slot to encourage more members to attend and play an active role in their Society. This was supported by the members and the meeting was closed with members being thanked for their attendance.

The next AGM will take place on Saturday 24th September 2016.

Letter from the Treasurer

It is pleasing to inform members that the finances of SAAD have been steadied from a series of three consecutive years when expenditure exceeded income to a surplus position for year 2014; early indications would suggest that a similar picture will be returned for this current financial year. My thanks go to the Board who have exercised prudence during the previous two years to enable this to be achieved. Wherever possible, adequate resources have been applied to ensure that our charitable aims and objectives have been delivered.

SAAD has been a significant contributor to the deliberations of the Inter-Collegiate Advisory Committee for Sedation in Dentistry (IACSD) from inception to the publication of the national standards document; the Board considered it appropriate to support three of our Trustees with travel expenses to facilitate participation in this committee. Post-publication, there continues to be additional commitment for some essential 'spin-off' tasks; funding will be allocated to support the Trustees with these activities.

In order to continually improve the quality and relevance of National Courses, David Craig, SAAD's Course Director, has been able to purchase airway training manikins to enable attendees to receive transferable airway skills. Such equipment acquisitions are critical for the delivery of high-standard courses that are the financial life-blood of the Society; during year 2014 income from these events rose quite markedly.

The RA Machine Loan Scheme continues to thrive necessitating the purchase of a machine to replace one that a participating dentist decided to acquire as a result of the positive experience from delivering this mode of sedation to practice patients.

Membership is healthy with new members continually joining. Over the previous two years attendances at the Annual Symposium have been increasing which no doubt reflects the dedication of those Trustees who organise the event and the relevance of the contents; the Board is supportive of expenditure for this event as their commitment to 'working for the benefit of members'.



Stephen Jones
SAAD Honorary Treasurer

The final instalment of the three-year funded PhD Studentship was settled in 2014; this project has proved to be a successful venture for SAAD.

Through the Executive Secretary, Fiona Trimmingham, and the Honorary Treasurer, SAAD will soon be able to make any due course or membership refunds directly to bank accounts and also make some other payments by the introduction of an e-banking option; this will be more efficient whilst, simultaneously, reducing the associated bank charges.

In conclusion, SAAD is in the fortunate position of continuing to possess sufficient resources to support members' interests and to maintain its expected high profile in conscious sedation matters.

Contacting SAAD

General enquiries...

info@saad.org.uk
020 7631 8893

Executive Secretary & Website...

fiona@saad.org.uk
01302 846 149

Course enquiries...

Course registration, payments, deferrals & cancellations.

Hygienist & therapist logbooks

Fiona Trimmingham
fiona@saad.org.uk 01302 846 149

Course content and logistics

Toni Richman
toni@saad.org.uk 07583 039 309 (text)

Dental Nurse Part II course

Emma Lee
emma@saad.org.uk



SAAD Notice Board



SAAD Courses and the IACSD Guidance

The SAAD National Course in Conscious Sedation provides knowledge and clinical skills training in accordance with Syllabus 1 of the recently published IACSD Standards for Conscious Sedation in the Provision of Dental Care (p. 38) but it does not offer 'supervised clinical experience' (p. 86). This means that dentists who have no previous experience are not able to commence independent sedation practice immediately after attending a SAAD course - they must first undertake a number of cases (p. 26) under the supervision of an appropriately trained and experienced sedationist.

This is not new. Supervised clinical experience has been required for at least the last twenty years. The only change wrought by the new IACSD Standards is that the supervising sedationist now has to be accredited by an appropriate body, for example, a university, Deanery or IACSD. The Accreditation Sub-Committee of IACSD is currently considering how SAAD and DSTG 'Mentors' might become accredited supervisors.

It is important to note that experienced sedationists are covered by the 'Transitional Arrangements' (p. 87).

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. To renew please go to www.saad.org.uk and log on using your email address as your username.

Online CPD

Three 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!

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:

5 & 6 March 2016
18 & 19 June 2016
5 & 6 November 2016

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 awards several prizes for essays on any subject related to Conscious Sedation, Anxiety Control, General Anaesthesia or

Analgesia in dentistry, including the new prize for DCPs, replacing the Dental Nurse Essay Prize. The closing date for submissions is 31 March 2016. [Further details.](#)

- Dental Students - £300
- ★ DCPs - £300
- Drummond-Jackson Prize - £500

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.](#)

★ Sedation for Special Care Dentistry Study Day

On Saturday 12th March in London, SAAD will be hosting a Study Day for Specialty Registrars, trainers in SCD and interested dentists. Further details and online registration soon available at www.saad.org.uk.

SAAD News

IACSD

The Intercollegiate Advisory committee for Sedation in Dentistry (IACSD) have now posted the FAQs on the RCS website. Many of the answers to the enquiries and concerns expressed by our members have been included. [Link to the IACSD FAQs on the RCS website.](#)



[Standards for Conscious Sedation in the Provision of Dental Care, 2015](#)

SAAD PhD

SAAD has been funding a PhD in the area of paediatric dental sedation at Sheffield University. The decision to fund this research post followed the publication of the NICE (National Institute of Clinical Excellence) clinical guideline: '*Sedation for diagnostic and therapeutic procedures in children and young people*' which recognised the need for high quality research in this area.

Joe Hulin has submitted and defended his thesis, 'Development of a decision aid for paediatric dental sedation' and the external Examiners have recommended that he be awarded his PhD.

Congratulations Dr Hulin!

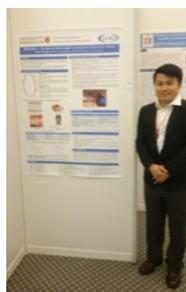
Essay Prize Winners

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 Anwen Greaves for her essay '*The use of Midazolam as an Intranasal Sedative in Dentistry*'

The Dental Student Essay Prize was awarded to Vinson Yeung from

Birmingham Dental School for his essay '*Articaine – to use or not to use?*'

Both essays will be published in the next issue of the SAAD Digest.



Vinson Yeung with his poster presentation at the IFDAS Congress in Berlin

Vinson had a busy time in early October. After attending the SAAD Symposium to receive his Essay Prize he was off to Berlin, having been invited to attend the IFDAS Congress with a poster presentation based on his essay. All this and revising for exams as well!

DCP Essay Prize

The scope of the SAAD Dental Nurse Essay Prize has been extended to include submissions from dental hygienists and therapists. The prize of £300 is available annually. In addition to the prize money is a complimentary registration for the SAAD Symposium and a trip to London for the prize winner and their guest for the prize presentation, there is the possibility that the winning essay will be published in the SAAD Digest.

Sedation for Special Care Dentistry Study Day

On Saturday 12th March in London, SAAD will be hosting a Study Day for Specialty Registrars, trainers in SCD and interested dentists.

The day aims to:

- ✳ To increase awareness of transmucosal sedation
- ✳ To consider sedation for medically compromised patients
- ✳ To provide a discussion forum for StRs
- ✳ To consider integration of sedation techniques into primary care dental services

The programme will include:

- ✳ Transmucosal sedation
- ✳ Neuro-disability
- ✳ Medically compromised
- ✳ Dementia
- ✳ Propofol
- ✳ Ketamine
- ✳ Guidance, training and accreditation
- ✳ Setting up a sedation service

The fee for the day is £40 with a discounted rate for StRs of £15. Enquiries to fiona@saad.org.uk. Registration will open soon on the SAAD website.

SAAD Prize for the Highest Score in the NEBDN Sedation Examination

Each academic year SAAD awards a prize to the dental nurse who achieved the highest score in the NEBDN sedation exams in that particular year.

The 2014/15 prize was awarded to Amy Pitcher-Sage from Bristol. Unfortunately Amy could not attend the SAAD Symposium to receive her award personally, but did send a message thanking SAAD for acknowledging her exam results.

New SAAD Trustees

The SAAD Board welcomed two new Trustees at the 2015 AGM, Dr Kellie Boles and Dr Yi Kwan Loo. Dr Paul Howlett was re-elected to the Board.

Profiles of Yi and Kellie will appear in the 2016 issue of the SAAD Digest.

Congratulations to all three newly appointed Trustees!

Miss Margaret Hughes

We have just received the sad news that Miss Hughes passed away earlier this month. Margaret Hughes was instrumental in the early days of SAAD, working closely with DJ on all aspects of SAAD business in the 50s, 60s and 70s. An obituary will be published in the next issue of the SAAD Digest. Our condolences to her family and friends.

Report from the IFDAS Congress

14th International Dental Congress on Anesthesia, Sedation and Pain Control

International Federation of Dental Anesthesiology Societies (IFDAS)

8 - 10 October 2015
Berlin

Christopher G P Holden

The IFDAS triannual meeting was held as a joint meeting with the German Association of Oral Surgeons and German Society for Oral Maxillofacial Surgery. With a busy programme over three days there were concurrent sessions in English, German and Japanese. There were over 400 delegates.

The first day was dedicated to workshops predominantly with high fidelity simulator training including an adult emergency simulator course, a paediatric emergency simulator course and a difficult airway management workshop. The international meeting programme



Presentation from Germany

covered two days with parallel sessions, a poster presentation of 53 contributors and free paper sessions. There was a wide variety of topics including sessions related to compromised patients, patients with chronic pain, sedation, a consensus conference on paediatric sedation and anaesthesia, alternative therapies and airway management.

Of particular note were two programme themes. The first, local anaesthetics, particularly looked at the status of buffering local anaesthetic drugs, its efficacy and the complex regulation within different

countries. The long standing debate about Articaine versus Lidocaine continued with polarisation of views between countries where Articaine is the local anaesthetic of choice in most circumstances and those countries where a greater variety of agents are used. Of particular note were presentations given by Dr Dr W Jakobs (Germany), Dr K Michel (Germany) and Professor Tara Renton (UK).

The outstanding part of the scientific programme was a symposium on the management of critical incidents during sedation entitled "Ten Minutes Saves a Life". The UK, USA, Israel, Russia, Australia, Mexico, Japan and Germany compared and contrasted training and initiatives for the management of sedation related critical incidents. The range of preparedness and training was eye-opening. The UK was demonstrated to be the most regulated environment and illustrated by new competency based training pathways. The UK reported the lowest incidence of recorded mortality and morbidity associated with dental sedation. The USA showed a high degree of variation between States and the development of sophisticated high fidelity training courses. Nonetheless there was a significant reporting of mortality and morbidity by Dr Joel Weaver. In his talk he illustrated that 1 in 18 oral surgeons will have a sedation death and 1 in 518 oral surgeons have a death each year.

Professor T Ichinohe (Japan) clearly detailed the training available in Japan together with reporting mortality of one to two cases per year. The Japanese educational system is more advanced and more detailed than anywhere in the world with dental sedation being a formalised speciality.

The situation in Germany and Israel largely reflects that of the UK but being less developed in regulation.

In Mexico Dr E Stein portrayed a system that was totally unregulated and no formalised training for sedation and with no known record of mortality or morbidity.

It was interesting how many of the more developed countries compared and contrasted critical incidents in sedation to those in aviation and the parallel approach of both industries in addressing these. The social programme included a dinner cruise on the Spree River



Presentation from the Russian Federation

which involved a boat tour through the down town Berlin area at sunset and a view of the city's lights illuminating the stunning architecture.

The traditional IFDAS "get-together" is usually held in the exhibition area during one evening. The trade exhibition for the meeting was vast and well sponsored by the major industry players in Europe. The finale of the congress was a gala dinner held in the German parliament. This was preceded by



IFDAS President Dr Bilal Al-Nawas (GER) with Philippa Holden

visit to the Thiesen Museum for vintage cars where more than three hundred rare and exclusive cars are displayed under the roof of what was once Europe's biggest tram depot.

The Bundestag is an imposing and impressive building consisting of the old Reichstag building topped by a glass dome designed by Sir Norman Foster. A circular walkway around the inside of the dome gives views

directly into the debating chamber of the German parliament. Here an award ceremony completed the evening and the presidency of IFDAS moved from Professor James C Phero of the University of Cincinnati to Professor Dr Bilal Al-Nawas, University of Mainz, Germany.



IFDAS Past Presidents:
Jim Phero (USA),
Douglas Stewart (AUS),
Christopher Holden (UK)

As always with IFDAS the overall feeling afterwards is a worthwhile exchange of information from different countries around the world. There is camaraderie and friendship which goes beyond the business of dentistry and above all a joint desire for the advancement of pain and anxiety control in dentistry. Our German hosts were outstandingly generous and friendly delivering a congress that will be remembered for a long time to come.

The next IFDAS triannual meeting will be in Nara, Japan, in 2018 between the 5th and 7th October.



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Report from the DSTG Symposium

Innovations in Sedation Training

19 May 2015

Royal Society of Medicine, London

Laura Kaura

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This year's Annual Symposium was held at the Royal Society of Medicine in London. A sunny day in the capital was made even more enjoyable by an array of captivating speakers and great food, refreshments and catch up with colleagues in the Max Rayne atrium.

The day was introduced by Mark Woolford, Professor of Education in Dentistry at King's College. Professor Woolford has had an interesting pathway into dentistry and his early career sparked his interest in sedation. As an ODA he had firsthand experience of general anaesthesia and was much more aware of what was possible with GA and what could potentially go wrong. During his time as a dental student he received training in delivering GA and was appalled! He felt it was wrong that dentists should be trained to deliver GA, given his background as an ODA. In his career as a dentist to date he feels that not much has changed in dentistry in the past thirty years, apart from the options for conscious sedation. This has been the biggest change from the perspective of patient care.

Professor Woolford is passionate that we should teach students to better care for patients and to think outside the box as this is the only way to move things forward and improve.

We need to innovate!

DSTG - Back to the Future: The Impact of IACSD

Dr David Craig
Guy's and St Thomas's NHS
Foundation Trust
Consultant, Honorary Senior Lecturer
and Head of Sedation and Special
Care Dentistry

David's talk focused on the impact of the new IACSD standards. He emphasised that he was presenting his own views and that anyone requiring further information or clarification of the guidelines should contact Neil Sutcliffe at the Royal College of Surgeons of England or their defence union. The AoMRC published new sedation guidance in 2013, however this was more in response to sedation issues in medical specialties rather than dentistry. The AoMRC is an 'umbrella' document, defining who does what to whom and where.

David stressed that guidance is just that – guidance, it is not Law! Care must be taken, however, if one does not follow guidance – risks must be assessed and patient and dentist must be clear why guidelines are being ignored. Non-compliance should not be a routine or regular occurrence.

The IACSD guidelines were published on 22nd April and are available on the FDSRCS Eng, SAAD and DSTG websites. They contain an update on clinical guidance, training and assessment. The guidelines also contain useful sample information leaflets for patients, parents and carers.

The executive summary stresses that the new guidance is applicable to dentists, doctors, nurses, DCPs and anaesthetists in the UK. They recommend high quality, quality-assured training for all courses, including those delivered privately. For sedation in practice, the guidelines recommend staff have the appropriate knowledge, skills and accredited supervised clinical practice. Importantly, there are transitional arrangements for experienced sedationists and nurses who were practising before 22nd

April. In the new guidelines, there is no distinction between Basic and Advanced techniques. IACSD has clarified the timing of consent – consent on the day of treatment is acceptable for emergency situations but this should not be normal practice.

The guidelines have also sought to clarify standards for paediatric sedation. The definition of a child is as per the Resuscitation Council UK guidelines. It is recommended that only RA may be used for under 12s outside an acute Trust (or equivalent) setting. Those who cannot be managed by RA and LA alone should be referred to a team with skills equivalent to those expected of a specialist/consultant in paediatric dentistry. With regards to Consultant anaesthetists the guidelines state that they should be competent in sedation for dentistry. The treatment must only be provided in a facility equivalent to an NHS acute Trust. This will have implications for commissioners.

With regards to fasting, guidance is unchanged but if patients are not asked to starve then it would be prudent to record the reason for this decision in the clinical notes. The SAAD Safe Sedation Scheme is referred to in the new guidelines. Oral/transmucosal sedation is not as safe as intravenous sedation as the dose cannot be titrated and should only be carried out by those who are competent in delivering intravenous sedation. Immediate life support skills are now mandatory, with paediatric life support skills being available if children are being treated. With regards to monitoring, it is now recommended that blood pressure is recorded at the start and before discharge and also at appropriate intervals throughout the

procedure. Guidance for discharge and aftercare has not changed.

With regards to education and training, appropriate levels of competence must be demonstrated. Didactic training alone is not suitable for inexperienced practitioners wishing to carry out unsupervised clinical practice. Courses not delivered by deaneries or universities must be now be accredited by IACSD. There should be a record of experience of supervised clinical practice to include workplace-based assessments. Dental nurses should be trained and experienced in the techniques used and employers should encourage them to work towards a formal qualification. The recommended amount of CPD for all members of the sedation team is 12 hours every 5 years.

The guidance will be reviewed again in three years. David envisages that DSTG's role will be to continue supporting sedation teachers and perhaps also establishing a database of sedation-related MCQs. We should help to develop new techniques, improve assessment, encourage best clinical and teaching practice, contribute to national guidelines and overcome barriers and prejudice.

The Role of Simulation

Dr Peter Jaye
Guy's and St Thomas's NHS
Foundation Trust
Consultant in Emergency Medicine

Peter explained that simulation is an experiential learning modality that is normally carried out in specialist centres or the normal place of work.

Simulation allows a person to learn a skill close to real life that can be broken down into small bits. It can be used to teach rare presentations, common events, non-technical and technical skills and test performance. The most important thing about this learning modality is debrief. This can be carried out in situ to find out what is going wrong in the environment, e.g. can the emergency drug box be found, what to do when the ambulance turns up. It can also be structured to explore learning. Full body simulation involves mannequins, real actors or a mixture

of both. Peter suggested that this concept could be applied to the dental setting by learning a technical skill in parts.

Simulation can be used to teach non-technical skills also, i.e. human factors in a scenario. A powerful video was shown where Martin Bromley, an airline pilot, explained how human factors were a factor involved in the death of his wife at hospital following attendance for a routine procedure under general anaesthesia. In this scenario nurses picked up difficulties and issues before doctors and consultants did, but felt they were not listened to. Mr. Bromley felt that training in non-technical skills meant that people could be open about their concerns and discuss these with each other and learn lessons. It would help to develop effective communication between professionals and improve teamwork.

Online Cannulation Training

Shivani Rana
King's College Hospital
Dental Core Trainee

Shivani reported on a pilot of online cannulation training at KCL. Research has shown that online learning is beneficial as it is easy to access, is self paced, there is increased retention and less phenomenon of primacy and recency. However, it is not ideal as there is no clinical learning and there may be social isolation. To overcome this they have utilised blended learning – a combination of online and clinical learning. In 2013 they carried out a pilot for postgraduates that involved watching a video demonstrating cannulation, some anatomy and a self assessment. They then performed a case-controlled study of traditional versus blended learning. Both groups were given a questionnaire that enquired about self confidence and need for assistance in performing cannulation on patients. They found that those participating in blended learning felt more confident and had less need for assistance. Feedback they received included praise for the self evaluation tool as it avoided embarrassment in front of peers and the fact that they were able

to revisit the video several times if they felt it was necessary. Shivani feels that further research is needed in this area.

Innovations, or much ado...

Dr Sarah Bennett
UCL and Basildon Hospital
Clinical Teaching Fellow

In Sarah's role as a clinical teaching fellow she feels that there are new and better ways of teaching and improving a student's experience. There is very much an emphasis on justifying the expense of teaching and it is important to have a theory for educational practice. Technology is having an increasing influence on education. We must also educate trainees on advances in technology in clinical practice. Technology also has its implications such as the increased cost, particularly with regard to IT systems that are in place, the expectations of patients, expectations of students and what can be achieved. Students are very much consumers now, and want to know how qualified their educators are to teach, they want to see accreditation and evidence that educators are keeping up to date.

In terms of what is innovative in education, Sarah gave several examples including technology. Learning has become mobile due to a new generation of learners. The classroom can be anywhere with apps, ipads, ebooks and handheld devices. Simulation is difficult to achieve if a service is also being delivered as it is expensive, there is a need for more faculty than trainees and there is still a need to learn on patients. Competency based assessment is based on Miller's pyramid. It includes work based assessments, OSCEs and multi source feedback. Use of portfolios is a pragmatic approach in which there is space for feedback from which the trainee can learn and reflections are included. The drawback with this is that if educators don't value it, then trainees won't either. Interprofessional learning is learning together to work together. It is something that the World Health Organisation expects.

Drivers for innovation include changes to the healthcare landscape, funding which may increase or decrease, policy changes as these may affect the way you teach and learn, new people with new ideas and philosophy, improvement by meeting student's expectations and professionalisation of medical education which shows we are teaching evidence, gold standard and dependent on research. The biggest challenge for innovation is time and money.

The GMC states that if you are involved in teaching you must develop skills and attitudes of a competent teacher and by 2016 you must be accredited by an accredited course. This will drive up the quality and standards of teaching. Sarah concluded by emphasising that we must embed innovations in clinical education.

Propofol: A Thousand Cases

Dr Damien Reilly
Guy's and St Thomas' NHS
Foundation Trust
Specialist in Special Care Dentistry

The use of propofol in dentistry has been controversial; Damien suggested that this is possibly due to a misunderstanding of the way in which it is used. The margin of safety of a sedative drug is key; propofol has a narrower margin of safety than midazolam, but that does not necessarily mean propofol is unsafe so long as we are aware of those safety margins. Damien emphasised that propofol should not replace midazolam, but midazolam is not suitable for everyone. Propofol may be a safe alternative but requires a dedicated sedationist. It may be used for short procedures such as a mobile tooth, or longer procedures such as molar endo. It may be useful for patients who have a short sedation window, those who have mobility problems, those who are allergic to benzodiazepines and those who have had failed midazolam sedation. It is not suitable for those who have a soya/egg allergy. Damien undertook a course to enable him to deliver propofol sedation. Acceptance on the

course required the candidate to be at least four years post-registration, be competent in standard techniques and to have performed 100 cases in the last two years, and have ILS training. Desirable criteria included a post-graduate qualification in sedation, and being involved in training of others in sedation. The course involved self directed study, didactic teaching and completion of 20 cases. There were assessments including a presentation, MCQs and cases.

In the cases carried out in the department at Guy's and St Thomas' so far they have had mostly positive feedback and only two failed cases. The study is ongoing.

Ketamine: Not Just For Horses

Dr Sanjeev Sharma
Guy's and St Thomas' NHS
Foundation Trust
StR in Special Care Dentistry

Ketamine is commonly used for analgesia in children in A&E and for general anaesthesia. It can produce dissociative sedation. The IACSD have stated that there is a lack of evidence of use of ketamine for sedation in dentistry and have therefore not produced any guidance with respect to this. Sanjeev has addressed this by carrying out a pilot study of its use. He found there are no reports in the literature of ketamine use in anxious adults. For their pilot study they used the MDAS for their inclusion criteria. A patient information leaflet was given to patients; this included the option not to be included in the study, and consent was obtained. 17 patients completed the study with MDAS scores 19-25, there were three females and six males with an age range of 18-51 and all patients were ASA grade I or II. Sedation with ketamine was carried out in a theatre setting with a consultant anaesthetist delivering the sedation. Quality of sedation was scored using the observer's assessment of alertness/sedation scale of which patients scored 4 or 5, and the modified Ellis sedation score, of which patients scored 1-3. Patient feedback was

that the treatment put them at ease and they felt comfortable and would be happy to be treated again. A limitation of the study was the unknown impact of being in a theatre setting, i.e. would this have alleviated or added to anxiety.

Challenges of Outreach Training

Dr Zahra Shehabi
Bart's Health NHS Trust (London)
Consultant in Special Care Dentistry

Outreach is a complementary clinical experience in a primary care setting. It has been shown to be cost effective, gives experience of primary care, has a relaxed environment, students have the opportunity to treat more patients and it is possible to deliver one-on-one teaching. In order to deliver this, suitable premises need to be available, experienced staff are required, it needs to be compatible with health policy and stakeholders, and there needs to be funding available. The outreach training Zahra's team provides is over 5-6 weeks with an induction session with a live patient, concluding with a debrief. The outreach centres available are present in diverse areas in poly/multidisciplinary clinics that are modern and purpose-built and have a high standard of equipment. Challenges that they have faced include the relationship and communication between the dental school and hospital as they have faced timetabling issues. Patient consent may be an issue as treatment is incentivised as it is offered for free and patient reliability can be an issue with failed attendances. Students also face issues with travel, as most live near the dental hospital so may find it difficult travelling to clinics.

What has worked well with outreach training is the fact that there is a debrief at the end of each session. Sessions take place in the morning and students have a dedicated nurse. They are able to undertake treatment under intravenous and inhalation sedation and are able to provide feedback. Feedback from the students indicates that the best experience they have had of sedation

has been in the outreach setting. There is good continuity of teaching with the outreach centres, as teaching staff work both in the outreach setting and the hospital.

Behavioural Management Teaching

Dr Jennifer Hare
Guy's and St Thomas's NHS Trust
HCPC registered Health
Psychologist, Dental Health
Psychology Service

Jennifer delivers CBT. There is evidence in the literature to prove the effectiveness of CBT, with one such paper recently published in the BDJ.

CBT can be delivered in several different ways e.g. provided by dental nurses, and KCL provides eCBT for adults with dental anxiety. The GSTT service comprises a stepped care treatment model. They first ascertain proportional interventions utilising measures such as MDAS, McDAS and IOSN. They also screen for psychological comorbidities as per NICE guidance 91 and refer to appropriate services. They utilise the anxiolytic impact of sedation for increased anxiety and teach patients skills in managing physiological response to anxiety. This may involve evidence-based anxiety reducing techniques such as controlled breathing or progressive muscle relaxation. The techniques are learned in a controlled environment.

One example is in preventing a faint – the applied tension technique. Muscles in the arms, legs and torso are tensed for 10-15 seconds. This increases blood pressure to normal/rest. Patients are advised to practice this 3-5 times daily. Before a patient attends for treatment they are prepared in order to reduce the anxiety of the situation. They are provided with a framework of what will happen. Information is given verbally and written utilising a communication framework such as the Calgary-Cambridge guide. The information they provide includes procedural information, sensory information and information on what to do to cope with/manage situations.

A New DSTG Curriculum

Dr Mary Clarke
Trinity College, Dublin
Specialist Oral Surgeon and Lecturer
in Conscious Sedation

Mary took us through the new guidance produced by IACSD and what its impact is. This guidance means we now have a national standard for sedation in dentistry that applies to dentists, doctors, nurses and DCPs. It defines the clinical techniques and environment, clarifies paediatric sedation practice and gives examples of high quality education and training which should be robust and validated. It states that supervised clinical practice as part of sedation training is mandatory, we should carry out audit and also gives CDP recommendations, all of which has implications for commissioners.

The role of DSTG is in supporting those who teach, it provides a forum, membership is from across different specialities and it provides a uniform resource to help improve the standards of teaching. It is a point of reference and will continue to develop a common curriculum for sedation training. DSTG will continue to encourage the practice of sedation and exchange ideas on research and practice. It also provides summarised guidelines.

A recent study carried out in Bristol found that there has been minimal change in the undergraduate curriculum for the last 12 years. It suggested there is need for further didactic and practical teaching of sedation, provision of a written curriculum across the UK and sedation training should become a mandatory core subject on the undergraduate curriculum to ensure recommendations by GDS and DSTG are achieved.

The role of DSTG in the future is to update documents, support members, update the website, set up a website forum for more discussion, provide online information and an MCQ database and videos. It should be a repository of information, and publish audits and research. It should develop a logbook for those undertaking sedation training and provide CPD.

All in all the focus of the day was very much as the title stated – how to innovate in teaching sedation, ways in which we can improve both ourselves as teachers and methods we utilise to teach. Unsurprisingly there was a heavy focus on the timely release of the new guidelines, and the day gave much food for thought to all the delegates.



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| March | | | | | |
| | 4-5 | ADSA | Annual Session | USA | http://www.adsahome.org/vegas.html |
|  | 5-6 | SAAD | National Course in Conscious Sedation for Dentistry (incl Nurses) | London | http://www.saad.org.uk/index.php/coursesbyrole/view-all-courses |
|  | 12 | SAAD | Sedation for Special Care Dentistry Study Day | London | http://www.saad.org.uk/ |
| April | | | | | |
| | 20-23 | ADSA | Annual Session | USA | http://www.adsahome.org/annual1.html |
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| June | | | | | |
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| September | | | | | |
| | 7-10 | ESRA | 35th ESRA Conference | Netherlands | http://esraeurope.org/meetings/esra-annual-congress/ |
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