Welcome to SAAD’s first autumn eNewsletter! By producing a Newsletter each autumn we will be able bring you updates on SAAD’s activity, and news of the SAAD Symposium before the end of the year.

The Digest will be published as usual in January and will include our scientific content. Thanks are due to the Editorial Board for ensuring that the SAAD Digest and Newsletter remain such an informative read. It is now possible to receive the Digest electronically; if you would prefer to receive it in that format please let Fiona know, fiona@saad.org.uk.

The SAAD symposium, Drugs: the Good, the Bad and the Ugly, was one of our most popular to date with 192 delegates attending. I’d like to thank the organisers, Sadie Hughes and Dave Pearson as well as all the speakers for making it such an enjoyable day. Sunder Dharmer has kindly written his report of the day for this Newsletter and this appears, with photographs, on page 2. It was great to see both old friends and some of our newest undergraduate members in the pleasant surroundings of the Royal Society of Medicine in London. The feedback, both on the day and from the evaluation forms, has been positive and so the bar is set high for next year when Dave Pearson and Will Botha will be organising the scientific programme. We do hope you will be able to join us on the slightly later date of Saturday 3rd October 2015.

The long awaited IACSD (Inter-Collegiate Advisory Committee for Conscious Sedation in Dentistry) guidelines have been published in draft form and SAAD Council have been asked to comment. The latest update from SAAD’s representative at IACSD, Nigel Robb, is on page 9. This process has not been straightforward, and we need to thank Nigel, Chris Holden and David Craig for their efforts on behalf of conscious sedation in dentistry.

Our SAAD courses go from strength to strength making for busy but enjoyable weekends three times a year for both the faculty and the attendees. Thanks are due to David Craig for his superb organisation skills. SAAD does offer an inhalational sedation course for hygienists and therapists on an ad hoc basis. The next inhalational sedation course is scheduled for the 13th & 14th June 2015, and applications are now being accepted via the SAAD website.

The first of our SAAD student members graduated this year and I hope that they continue to have an interest in conscious sedation and will renew their subscription to SAAD in January!

I hope you enjoy this autumn issue of the SAAD Newsletter. All that remains is for me to wish you well for what remains of 2014.
Having been given the privilege of writing this report I have to mention that the title of this year’s symposium could not have been more appropriate as clinicians are constantly striving to provide advanced level of sedation for a better and safe patient experience. A stimulating day like this helps us to understand the drugs we use and their safe management for our patients.

The conference took off with a brief welcome of the delegates by SAAD’s President, Carole Boyle. She then invited the first speaker of the day to take the floor.

Having attended the symposium over many years, I have always taken back significant information each and every year, and implemented changes to my sedation practise. This year has been no exception and has undoubtedly led to a safe and a better experience for my patients. I am sure all of you who attended this fantastic symposium will share this view, and will be attending this annual event time and again and for years to come.

This year the symposium was extremely popular, proved by a record number of attendees. I believe that the material discussed here and the standards set out by SAAD are implemented in many countries that do not have such leading sedation organisations. They look to SAAD for inspiration and for the scientific data presented here. I know this for sure from my experiences during a recent visit to a leading dental institution in India.

With the advent of intravenous anaesthesia at the beginning of the 20th century with initially ether, and then drugs like chloral hydrate, a great deal of experimentation took place. Practical sedation really came about later with the introduction of the barbiturates and synthetic opiates such as pethidine.

It was enlightening to know how we started, where we came from and where we are now.

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medications like statins, erythromycin, rifamycin and monoamine-oxidase inhibitors (MAOI). Antidepressants also adversely interact, and are mostly likely to increase the potency of a sedative effect. He cautioned against stopping any medications without consulting the original prescriber, and felt that it is usually not necessary to stop them, but to carefully titrate the midazolam.

Patients with pseudo epilepsy were also on his list of concern. The seizures resemble an epileptic seizure but without characteristic electrical discharges and therefore patients suffer no muscle spasm. They are triggered by psychological problems. A proud moment was when Scott mentioned that dentists follow the guidelines 'to a t' in comparison to our colleagues in other fields. His current preference is to use Propofol.

Joe Hulin, our SAAD-sponsored PhD student at the University of Sheffield, presented his pilot PhD project on Patient Decision Aids (PDAs). PDAs are resources that provide information about healthcare decisions and encourage patients to recognise and communicate their personal values attached to the options available. The aim of his pilot study was to develop a PDA for young people faced with the choice to have dental treatment with either inhalation sedation, intravenous sedation or general anaesthesia. Research is now being conducted to determine the impact of the DA on decisional conflict, knowledge, anxiety, attendance and compliance with treatment. His adaptation of a psychosocial approach to develop the PDA for use in paediatric dental sedation looks promising and suggests that the patient decision aids will one day be the way forward with adult and young patients!

Bob Baker, Consultant in Special Care Dentistry with Cardiff & Vale UHB spoke next. He has been involved for over 20 years in the management of patients with Alcohol Use Disorder (AUD) and Substance Use Disorders (SUDs). He enthralled us with his presentation, taking characters from the Simpsons family as examples. The group of patients he treats are extremely difficult and this can be emotionally blunting. He shared his wide experience caring for this group of patients and highlighted the things that could go wrong helping us to learn from his 'mistakes'.

In the UK, AUD affects 5-10%, with a higher proportion of men. The peak incidence is in adolescence and early 20s. The prognosis is poor; almost 50% are dead by the age of 60. This is due to co-morbid mental & behavioural disorders, use of tobacco, physical complications such as cardiomyopathy, hypertension, hepatitis, and pancreatitis. Other causes of death include suicide and accidents. The patient management will vary according to their alcohol usage. Patients with AUD who are currently drinking will often attend in pain, requesting immediate extractions. Patients undertaking detoxification require immediate pain relief to permit medical therapy to be successful, whilst those undergoing rehabilitation will benefit from extraction of all teeth which cannot be restored and with the provision of acrylic dentures to provide cosmetic confidence post-rehabilitation. Complex care is not advised due to chronic relapsing nature of the disorders.

The lunch break was preceded by the SAAD prize presentations.

Each academic year SAAD awards a prize for the highest scorer in the NEBDN sedation exam.

The award for the 2013/14 academic year was presented to Rebecca Young by SAAD President, Carole Boyle.

SAAD offers three annual essay prizes. The Drummond Jackson prize, in honour of SAAD’s founder, Stanley Drummond-Jackson, the SAAD Essay Prize for Dental Students, and the SAAD Essay Prize for Dental Nurses.

This year the Drummond Jackson Essay prize was awarded to Pankaj Taneja.

The SAAD Dental Student Essay Prize was awarded to Maya Karnad.

We will be able to read both essays as papers in the next issue of the Digest.

During the lunch break, delegates took the opportunity to visit the trade stands of our sponsors; Cestradent McKesson, DPS and RA Medical. The ongoing support of these companies is appreciated.
Sarah Higham then opened the afternoon session.

Dan Silverstone, Head of the Department of Criminal Justice and Social Studies at Bucks, New University, enlightened the relatively naive audience with his knowledge of the street drugs commonly used in our society and their contribution towards the night time economy. He differentiated ‘recreational’ and ‘problematic’ use of ‘street drugs’ and briefly outlined the continuing controversies over the use and regulation of cannabis and the classification of ‘street drugs’ in the UK. He highlighted how these patients could well be knocking on our doors. He suggested that we should not always assume that it is only the young who will be using these drugs. Although changes are taking place in the type of street drugs available, the overall habits have not changed. Young English men take most drugs, and cannabis still ranks as the most used drug and is chemically changed to be more addictive.

Although the government is constantly monitoring these drugs and reclassifying them, it usually is a 'catch up' game and one step behind the problem; the suppliers always seem to be ahead of the game. New drugs are constantly entering the markets, these are made globally and many are from China. The biggest worry is that even the experts are not aware of the manufacturing process and their chemical composition, thereby making their consumption especially dangerous. Use of poly drugs is another increasing problem, one frequently associated with death amongst this group of users. Use of 'street drugs' leads to other social problems, such as hepatitis B, HIV, and the spread of drug culture and associated social problems due to the open door policy of the European Union. The purity of most drugs is going down, except for amphetamine which is more pure and potent these days than before.

One of the highlights of the day for me was the presentation by Prof. Enrico Facco, Chairman of Dental Anaesthesia at the University of Padua, Italy. He associates dental phobias with post traumatic stress disorder. He highlighted how sedative drugs could actually be counterproductive in the management of these difficult patients in many cases. The patients in this group constitute those with severe dental phobia as a result of a post-traumatic experiences, patients who have experienced paradoxical reactions to benzodiazepines, patients with severe gag reflex and intolerance due to multiple chemical sensitivity. The use of sedative drugs is not good for psychologically affected patients.

One of the main problems with phobic patients is their fear of losing control. This is where the difference lies between the use of sedative drugs and hypnosis. Hypnosis gives us the ability to maintain self-control and is therefore more successful in those resistant to IV sedation. Another important advantage of hypnosis is that patients may be taught to practice self-hypnosis, thereby decreasing their need for IV sedation.

Enrico effectively demonstrated with a series of video clips, that with hypnosis one can effectively treat this group of patients. He also showed how post hypnotic analgesia worked and how effectively it could be used in post-operative pain management. He felt that the majority of patients can be successfully hypnotised, he rarely needs to use the hypnotic induction profile (guide to patient susceptibility to hypnosis). I am certain from the applause he received that his presentation was very well received.

Current sedation politics and how it will affect future sedation practice was the last topic for the day, addressed by our well-known SAAD Trustees, Nigel Robb and Christopher Holden. Their presentation explained how the SAAD team represents the dental community in preserving our rights to practice IV sedation in general practice.

Nigel started off by highlighting the significant changes to the yet to be published Intercollegiate Advisory Committee for Sedation in Dentistry (IACSD) document, notably in the following aspects:

- A single dose of fentanyl followed by a titrated dose of midazolam is still recognised as being an operator / sedationist technique.
- Continuous Propofol infusions can be administered by suitably trained dentists.
- ECG monitoring is not routinely required in conscious sedation for dentistry.
- Restrictions on day to day activities after sedation do not have to last 24 hours.
- Fasting for conscious sedation is at the clinician's discretion.
- There will be an external academic audit for all training courses (except those run by Universities and Deaneries).

Chris highlighted the work of The Academy of Medical Royal Colleges (AoMRC) and explained some safety issues from the published document “Safe Sedation Practice for Healthcare Procedures Standards and Guidance” October 2013. He was SAAD’s representative on this working party.

For dentistry, the report largely highlights the progressive development of standards and the dental profession’s insight compared to other specialties. The document provides a framework for the more specific dentally orientated IACSD document that is yet to be published.

He highlighted the concept of 'rescue' which is a paramount skill to be learnt before taking up IV sedation practice. This will mean the need to undergo regular ILS and the ability to use defibrillator. However, this has already been specified by the GDC as a requirement for practising dentistry and therefore, not an additional requirement skill.

It was emphasised that consent is important. It should be appropriate and specific and written consent taken prior to the provision of sedation. Fasting is not mandatory if conscious sedation is undertaken and titration of the sedative is paramount. The practice of oral sedation lacks in safety. In conscious sedation ECG Monitoring and Capnography is not a requirement.

There is no additional requirement of the 5 minute interval blood pressure (BP) monitoring during IV sedation treatment in routine ASA I cases. The requirement is to record pre-op BP record and BP measurement prior to discharge.

It was emphasised that the concept of the sedation team is an important one. There should be clear documentation of patients being properly assessed before discharge.

Following a brief questions and answers session, the symposium was concluded successfully.

This final presentation of the day was followed up by the SAAD AGM.

Acknowledgments: On behalf of the symposium participants I thank both Dr Sadie Hughes and Dr Dave Pearson for their tireless effort in organising this year’s successful Symposium.

Save the date…
Saturday 3rd October 2015
SAAD Annual Symposium & AGM
The Royal Society Medicine, London

What the delegates said…

“Actually it was one of the most enjoyable meetings I’ve been to in a long time. Not just SAAD, but ALL meetings.”

“Many thanks for organising yet again a brilliant event, I thoroughly enjoyed it.”

“…attended the Annual SAAD Symposium on Saturday. Not only was this one of the best Symposia I have been to from the point of clinical content and relevancy to Sedation in Primary Care, but also for the future of Conscious Sedation and its relevance to commissioning.”
The Annual General Meeting of SAAD was held on Saturday 13th September 2014, after a very successful Annual Symposium, which had been attended by around 190 delegates.

The President (Dr Carole Boyle) gave her Report. She thanked Board colleagues for their hard work in running the Society, and paid special tribute to Dr David Craig, SAAD Course Director, and Dr Nigel Robb, SAAD Digest Editor, and members of the Editorial Board. Dr Boyle reported that the funding for a PhD student would not be continued in the next financial year, but that the new student category of membership was proving successful and would be maintained.

The Treasurer (Dr Stephen Jones) reported that the financial position of SAAD was currently satisfactory. This is the third consecutive year in which a deficit has been recorded, and our accountants, Silver Levene have advised us that this trend should be corrected. However, it has been possible to reduce the production costs of SAAD Digest, increase subscription income due to increased membership numbers, in addition to an increase in the value of our investments, as well as to maintain the level of income from the SAAD courses. Dr Jones concluded that we need to continue to be prudent in the management of our financial resources and to aim to return the Society's finances to a break-even position during 2014 and 2015.

Three Board members were confirmed in their posts on the SAAD Board.

Dr Francis Collier was confirmed in his post as President-elect, Dr Sadie Hughes confirmed in her post as Assistant Honorary Secretary and Dr Andy Wickenden confirmed in his re-appointment as Honorary Membership Secretary. The appointment of these Officers of the Society was supported by SAAD members with a show of hands.

Whilst SAAD Rules indicate that two Ordinary members of the Board retire by rotation each year, the unusual and sad circumstances which prevailed at the last AGM (with the early retirement of Dr Bill Hamlin and untimely death of Dr Michael Wood) led to the appointment of all four nominees for Board positions, encompassing both the 2013 and 2014 cohorts, thus filling the Board rotational posts for both years.

There was no other business to discuss. Dr Boyle closed the meeting and thanked members for attending. The next AGM will take place on Saturday 3rd October 2015.
Underpinning any successful organisation are sound finances; SAAD’s ability to participate in and influence the political, academic and educational environments in which it necessarily interacts is dependent upon this.

Over the years SAAD has built up healthy financial reserves which have allowed a diverse range of activities in the sedation-related arena to be undertaken.

However, the previous three Annual Trustees Report and Unaudited Accounts have disclosed net outflows of resource which has prompted the Board of Trustees to become increasingly vigilant and more prudent about how our resources are utilised. Members were advised of this trend at the recent AGM, at which the accounts for year 2013 were presented for acceptance. It is hoped that following corrective action over the previous eighteen months or so there will be a break-even position when the accounts for the year ending in December 2014 are produced.

Some important activities and guideline development Committees SAAD has been involved with, including provision of financial support are:

• The Inter-Collegiate Advisory Committee for Sedation in Dentistry (IACSD). This met on numerous occasions during the previous three years culminating in guidelines shortly to be published. Several Trustees who served on this Committee gave willingly of their time and expertise; the Board considered it appropriate to reimburse their travel expenses to support this vital work.

• SAAD assisted the Independent Expert Group on Training Standards for Sedation in Dentistry (IEGTSSD), again reimbursing travel expenses of the Trustees who were involved with this project.

• Funding various documents related to the above Committees including Adult and Paediatric Sedation syllabi and related CPD recommendations. (These documents are available on the SAAD website)

• Funding the SAAD PhD studentship based at the University of Sheffield; this three-year joint venture will conclude after this academic year.

Looking ahead, our Course Director, David Craig, has been given approval by the Board to purchase specific 'hands-on' equipment for use at our National Courses; this will ensure continuing improvement in the quality of these events and also meet anticipated changes and advances in sedation practise.

Our accountants, Silver Levene who are based close to our registered address in Central London, have advised that appropriate action is taken to return a more balanced financial position for the year 2014. However, the overall financial position of SAAD remains 'satisfactory' and our outward-facing role as the leading organisation for dental sedation will continue.

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

SAAD membership subscriptions will fall due in January and so now is a good time to remind you of the benefits of being a member of SAAD.

Throughout its 57 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. Attendance of these courses 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.

**List of Sedation Mentors**
SAAD members have access to the SAAD/DSTG list of mentors. This is a list of experienced professionals who have expressed their willingness to mentor others in sedation techniques.

**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; leaflets, Intravenous Sedation and Dental Treatment for Anxious Patients, and record cards, Medical History Record Card and Conscious Sedation Record Cards. There are also booklets, CBT Toolkit, Conscious Sedation Referral Guide and 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 download the SAAD / DSTG list of mentors, 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.

Andrew Wickenden
SAAD Membership Secretary

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 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 dental nurse. 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. If you have any further enquiries about any of these benefits or about membership of SAAD please email fiona@saad.org.uk.

Membership of SAAD is open to any registered medical or dental practitioner or dental nurse whether based in the UK or abroad. Student membership of SAAD is free for dental and medical undergraduates registered at a university in the UK or Ireland.

If you know of anyone with an interest in conscious sedation who is not already a member why not encourage them to join?

Memberships can be renewed or applied for online at www.saad.org.uk.

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

SAAD Notice Board

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@saad.org.uk. As soon as the Digest is available you will receive a link to view or download the electronic version.

SAAD Digest Submission Deadlines
The submission deadline for consideration for publication in the January 2016 Digest is 1st August 2015.

Guidelines for Authors
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. The guidelines are available from www.saad.org.uk/wp-content/uploads/2012/12/SAAD-Guidelines-for-authors-2013-05.pdf

Online CPD
Two and a half 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 f 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. For further details and an application form http://www.saad.org.uk/equipment-loan/

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 Dental Nurses - £300 Drummond-Jackson Prize - £500 Closing date for submissions 31 March 2015. Further details at www.saad.org.uk/awards-prices-grants/

Research Grants
Grants are available to aid research in pain and anxiety control in dentistry. Further details at www.saad.org.uk/awards-prices-grants/

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, fiona@saad.org.uk. Non members should contact Fiona.

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!

Course dates:
7 & 8 March 2015
13 & 14 June 2015
7 & 8 November 2015

Online registration: http://www.saad.org.uk/courses/online-registration-dates-times-costs/

Enquiries:
Course content and course weekend logistics - Toni Richman toni@saad.org.uk or 07583 039309 (text message)

Course payments, cancellations and deferrals. Hygienist & therapist course logbooks - Fiona Trimmingham fiona@saad.org.uk or 01302 846149

Nurses Part II course enquiries and support - Emma Lee emma@saad.org.uk
There will be increased requirements on those providing sedation for those under the age of 16 to demonstrate that the team has skills equivalent to a specialist in paediatric dentistry and a consultant in anaesthesia, and that their facilities are equivalent to those found in an NHS Trust (or Board in Scotland). The details of what is required will be within a section of the report on inspection of facilities.

The final document’s publication date has not been set as yet, but an announcement will be placed on the website when the details are known.

SAAD PhD
Joe Hulin

With six months remaining of my PhD I am now in the final stage of recruitment for my study looking at the use of decision aids in paediatric dental sedation. Just to re-cap, this stage is being used to determine the effect of the decision aid in terms of changing patient outcomes and experiences within their care pathway, with questionnaires being used to measure levels of anxiety, knowledge and decisional conflict. As in stage one of the study, despite a positive start, recruitment has not always been as straightforward as first hoped. The reasons for this have mainly been due to the high rates of missed appointments and the fact that much of the recruitment occurred over the summer holidays, meaning fewer clinics were taking place. Unfortunately, the only option was to continue recruiting in the hope that the numbers would increase when the number of clinics increased during September. Thankfully, after an anxious couple of months wait, this was the case and a significant upturn in the number of patients willing to take part means I am still on track to finish recruiting before December.

Since my last update I was also fortunate enough to be invited to present my findings at the recent SAAD Symposium in September.
## Daily Scan

**2014**

### November

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<td>London</td>
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<td>Focus Meeting: The Paediatric Patient</td>
<td>Athens, Greece</td>
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<td>24 - 28</td>
<td>ASRA, ESRA, AOSRA, AFSRA &amp; LASRA</td>
<td>4th World Congress of Regional Anaesthesia and Pain Therapy</td>
<td>Cape Town, South Africa</td>
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**2015**

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<td>Las Vegas Meetings</td>
<td>Las Vegas, USA</td>
<td><a href="http://www.adsahome.org/vegas2.html">http://www.adsahome.org/vegas2.html</a></td>
</tr>
<tr>
<td>21 - 22</td>
<td>SAAD</td>
<td>Dental Nurse Part II</td>
<td>London</td>
<td><a href="http://www.saad.org.uk/courses/online-registration-dates-times-costs/">http://www.saad.org.uk/courses/online-registration-dates-times-costs/</a></td>
</tr>
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</table>

### March

<table>
<thead>
<tr>
<th>Date</th>
<th>Organization</th>
<th>Event Description</th>
<th>Location</th>
<th>URL</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 - 8</td>
<td>SAAD</td>
<td>National Course in Conscious Sedation for Dentistry (including course for Nurses)</td>
<td>London</td>
<td><a href="http://www.saad.org.uk/courses/online-registration-dates-times-costs/">http://www.saad.org.uk/courses/online-registration-dates-times-costs/</a></td>
</tr>
<tr>
<td>TBA</td>
<td>SEA uk</td>
<td>Annual Scientific Meeting</td>
<td>TBC</td>
<td><a href="http://www.seauk.org/?q=node/8">http://www.seauk.org/?q=node/8</a></td>
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### April

<table>
<thead>
<tr>
<th>Date</th>
<th>Organization</th>
<th>Event Description</th>
<th>Location</th>
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</tr>
</thead>
<tbody>
<tr>
<td>21 - 23</td>
<td>BPS</td>
<td>Annual Scientific Meeting</td>
<td>Manchester</td>
<td><a href="http://www.britishpainsociety.org/2015asm/index.htm">http://www.britishpainsociety.org/2015asm/index.htm</a></td>
</tr>
<tr>
<td>23 - 25</td>
<td>ADSA</td>
<td>Annual Session</td>
<td>Austin, Texas</td>
<td><a href="http://www.adsahome.org/annual1.html">http://www.adsahome.org/annual1.html</a></td>
</tr>
<tr>
<td>29 - 2 May</td>
<td>NWAC</td>
<td>World Anaesthesia Convention VI</td>
<td>Vancouver, Canada</td>
<td><a href="http://www.nwac.org/">http://www.nwac.org/</a></td>
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</table>
### May

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Details</th>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td>19</td>
<td>DSTG</td>
<td>Annual Symposium</td>
<td>London</td>
<td><a href="http://www.dstq.co.uk/meetings">http://www.dstq.co.uk/meetings</a></td>
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### June

<table>
<thead>
<tr>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>13 - 14</td>
<td>SAAD</td>
<td>National Course in Conscious Sedation for Dentistry (including course for Nurses and Inhalational Sedation Course for Therapists and Hygienists)</td>
<td>London</td>
<td><a href="http://www.saad.org.uk/courses/online-registration-dates-times-costs/">http://www.saad.org.uk/courses/online-registration-dates-times-costs/</a></td>
</tr>
<tr>
<td>17 - 19</td>
<td>GAT</td>
<td>Annual Scientific Meeting</td>
<td>Manchester</td>
<td><a href="http://www.aagbi.org/education/events/conferences">http://www.aagbi.org/education/events/conferences</a></td>
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### August

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### September

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<tbody>
<tr>
<td>5 - 6</td>
<td>SAAD</td>
<td>Dental Nurse Part II</td>
<td>London</td>
<td><a href="http://www.saad.org.uk/courses/online-registration-dates-times-costs/">http://www.saad.org.uk/courses/online-registration-dates-times-costs/</a></td>
</tr>
<tr>
<td>26 - 30</td>
<td>IASP</td>
<td>16th World Congress on Pain</td>
<td>Yokohama, Japan</td>
<td><a href="http://www.iasp-pain.org/Content/NavigationMenu/WorldCongressonPain2/AbouttheWorldCongress/default.htm">http://www.iasp-pain.org/Content/NavigationMenu/WorldCongressonPain2/AbouttheWorldCongress/default.htm</a></td>
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### October

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</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>SAAD</td>
<td>Annual Symposium &amp; AGM</td>
<td>London</td>
<td><a href="http://www.saad.org.uk">http://www.saad.org.uk</a></td>
</tr>
<tr>
<td>8 - 10</td>
<td>IFDAS</td>
<td>Annual Congress</td>
<td>Berlin</td>
<td><a href="http://www.ifdas.org">http://www.ifdas.org</a></td>
</tr>
<tr>
<td>9 - 14</td>
<td>ADA</td>
<td>155th Annual Session</td>
<td>San Antonio, USA</td>
<td><a href="http://www.ada.org/session/5474.aspx">http://www.ada.org/session/5474.aspx</a></td>
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</table>

### November

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<thead>
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**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)*

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