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| Sedation Training Accreditation Committee (STAC)Dental Faculties of the Royal Colleges of Surgeons and theRoyal College of Anaesthetists |
| Application for approval of a clinical supervisor for dental sedationexperience leading to independent practice |

The Intercollegiate Advisory Committee for Sedation in Dentistry (IACSD) defines standards for the provision of conscious sedation in dentistry. STAC can, on receipt of a satisfactory application, approve clinical supervisors for ‘New Starter’ sedationists and DCPs who are not receiving training associated with a university or postgraduate dental deanery.

Approval is based on the information provided to us by the supervisor, and STAC is not responsible for the integrity of the information submitted or the supervision provided. Approval of a supervisor by STAC does not entitle either the supervisor or supervisee to use the logos of the constituent Colleges. The information provided by STAC regarding supervisors is not to be interpreted as a recommendation of a specific provider.

STAC will not be liable for damages of any sort that may result from decisions taken by practitioners or the clinical outcomes following supervision by an STAC approved clinical supervisor for dental sedation. Supervisees who have concerns relating to any aspects of the supervision provided by an STAC approved clinical supervisor should make STAC aware of these concerns.

**Section 1**

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| 1.1 Name of Applicant: |  |

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1.2 Job Role

& Qualifications

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| 1.3 Work Address: |  |
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| 1.4 Postcode: |  |

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| 1.5 Home Telephone No. |  | 1.7 Daytime Contact No. |  |

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| 1.6 E-mail address: |  |

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| 1.7 GDC/GMC Number: |  |

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| Section 2 |
| Please provide the following information. You should read *‘Standards for Conscious Sedation in the Provision of Dental Care’* (IACSD, 2015). List any attachments in Section 3. | |

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| 2.1 Please complete the check box below to confirm that the person/s you are intending to supervise will have received appropriately accredited knowledge and clinical skills training in conscious sedation for dentistry in the 12 months preceding supervision. Appropriate sources of accreditation are the Dental Deaneries, Universities, or IACSD/STAC. |
| 2.1.1 Which members of the dental team will you supervise? (i.e. Dental Nurses, Dental Hygienists, Dental Therapists, Dentists) |
| 2.2 Which conscious sedation **technique/s and drug/s** are you intending to supervise? |
| 2.3 For what patient age groups will the trainee/s gain sedation experience? If supervising more than one technique, please provide details of patient age group for each technique. |
| 2.4 Are you able to provide supervised clinical experience in accordance with IACSD Table 1?  Yes  No |
| 2.5 Please provide a brief description of your training and experience in conscious sedation. |
| 2.6 Will you personally supervise the trainee/s?  Yes  No |
| 2.7 What is the venue for supervised clinical experience? ***Please provide name and address of venue(s). By doing so, you are confirming that the venue(s) is suitable for the provision of conscious sedation in dentistry and compliant with IASCD 2020.***  *N.B. you must advise STAC of any new venues for supervision.* |
| 2.8 Please submit a copy of the log book, workplace based assessment tool/s (e.g. DOPS) and any other QA material **you will use when supervising new sedationists.** |
| 2.9 Some 'New Starters' report difficulty in finding an appropriate clinical supervisor. SAAD and DSTG have agreed to assist by maintaining a list of STAC approved supervisors which 'New Starters' can consult. If you would like your name, postcode and contact details to be available in this way, please tick the box below.   **Should you agree to this, your details will not be shared with any other organisations.**  ☐ I agree to my details being shared with SAAD and DSTG as described above. |

**Section 3**

This following declaration MUST be completed by the **Proposed Additional Clinical Supervisor**:

* I confirm that any supervisee’s course will have either been IACSD accredited within the last three years, or approved by a dental deanery or dental school.
* I confirm my sedation CPD is appropriate and equal to/greater than 12 hours in the current five year cycle.
* I understand that it is my responsibility to ensure that I provide supervised clinical experience in an appropriately equipped and staffed environment in accordance with the IACSD standards and am in good standing with my regulatory body.
* I confirm that the information I have given on this form is correct and complete and that misleading statements may be sufficient for cancelling any accreditation granted made pursuant to such statements being made.  I also understand that my GDC/GMC registration may be at risk if a knowingly false declaration is made.

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| Signature |  |
| Print name |  |
| GDC/GMC number |  |
| Date |  |

**Please submit your completed form as a Word file to** [**stac@rcseng.ac.uk**](mailto:stac@rcseng.ac.uk)**. A typed, jpeg or similar signature is acceptable.**

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| **Your GDC/GMC registration may be at risk if you knowingly make a false declaration.**   |  | | --- | | List of attachments: | |