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| Sedation Training Accreditation CommitteeDental Faculties of the Royal Colleges of Surgeons and the Royal College of Anaesthetists |
| Application for accreditation of a dental sedation courseleading to independent clinical practice |

**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 Training and/or Experience

in Conscious Sedation:

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| 1.4 Work Address: |  |
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| 1.5 Postcode: |  |

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| 1.6 Daytime Contact No |  |  |

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| 1.7 E-mail address: |  |

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| 1.8 GDC/GMC Number: |  |

*by providing this number you confirm that you are in good standing with your regulatory body.*

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| 1.9 Proposed source of funding: |

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| Section 2 |
| Please provide details of the proposed course under the following headings. You should read *‘Standards for Conscious Sedation in the Provision of Dental Care’* (IACSD, 2015) Appendix 2 refers to course accreditation. Please list attachments in Section 3. |

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| 2.1 Which group of dental professionals will be trained? (i.e. Dentists, Dental Therapists, Dental Hygienist, Dental Nurses) |
| 2.2 Which sedation techniques will be taught? |
| 2.3 Which sedation drugs will be used? |
| 2.4 What are the aims and objectives of the course? (aims need to be specific to each type of clinician and their scope of practice where this is applicable) |
| 2.5 Are the learning outcomes mapped against the relevant IACSD syllabus/es (knowledge, skills, attitudes and behaviours). [Please refer to Section Five and accompanying appendices of the IACSD Standards.](https://www.rcseng.ac.uk/-/media/files/rcs/fds/publications/standards-for-conscious-sedation-and-accreditation/dental-sedation-report-v11-2020.pdf) |
| 2.6 What is the course content? This must be mapped against the relevant IACSD syllabus/es (knowledge, skills and behaviours). |
| 2.7 Please provide a detailed programme that sets out the content and timings for the course?  |
| 2.8 What are the proposed methods of learning, assessment, evaluation and quality assurance? |
| 2.9 Do you have suitable educational facilities for the knowledge and skills training?  |
| 2.10 Where will clinical supervison be provided? ***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.*** |
| 2.11 Who will supervise the trainees? You must provide a brief up-to-date description of each supervisor’s training **and** experience in the technique(s) being taught. |
| 2.12 Who will be responsible for the selection of candidates? |
| 2.13 What are the selection criteria for potential candidates? |
| 2.14 [Please submit a draft course certificate](https://www.gdc-uk.org/docs/default-source/enhanced-cpd-scheme-2018/enhanced-cpd-certificate-sample-final.pdf?sfvrsn=ec164bfd_2). *Please note that if you are training different members of the dental team on the same course, separate certificates should be produced to reflect the team members’ differing roles and responsibilities in line with the GDC’s relevant scopes of practice.*  |

**Section 3**

I confirm the following:-

* that the information I have given on this form is correct and complete;
* that misleading statements may result in the cancelation of any accreditation granted;
* that my GDC/GMC registration may be at risk if I knowingly make a false declaration; and,
* that my sedation CPD is appropriate and equal to/greater than 12 hours in the current five year cycle.

Signature of Applicant:

Date:

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| List of attachments: |

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| Some 'New Starters' report difficulty in finding appropriate training. SAAD and DSTG have agreed to assist by maintaining a list of STAC/IACSD accredited courses which 'New Starters' can attend. Subject to accreditation, if you would like your name, postcode and contact details to be available in this way, please tick the box below. We will not share your details with any other organisations. (You must only supervise ‘New Starters’ using techniques and drugs for which you have received STAC/IACSD supervisor approval). ☐ I agree to my details being shared with SAAD and DSTG as described above. |

**Please submit your completed form as a Word file to** **stac@rcseng.ac.uk****. A typed, jpeg or digital signature is acceptable.**