

Welcome and Changes to the Board



Jonathan Rees
Editor

Welcome to this 21st edition of Pathway. As we race headlong into 2016 it is time to reflect on some

of the changes and achievements of the Northwest Division over the last year.

Earlier in the year I stepped down as Director to focus on my role as Chair of Examiners in Implant Dentistry. **Adley Bennett** became Director, assisted by Janet Goodwin as Secretary, and the focus was then on organisation of a successful study day with Prof Richard Robertson.

Sunil Panchmatia and **Ian Hunt** produced their excellent second lecture series to help candidates prepare for the Fellowship and Ian Wood continued in his role as Director of the Diploma in Restorative Dentistry.

I became editor of Pathway and despite all protestations to the contrary **George Rogers** remains our excellent and long serving treasurer.

About the Faculty of General Dental Practice

The FGDP(UK) goes from strength to strength and 2015 has been an active year with some important developments.

The FGDP(UK) is the only professional membership body in the UK for all members of the dental team and aims to improve the standard of care delivered to patients through standard-setting, publications, postgraduate training and assessment.

The Faculty is governed by the National Faculty Board. This consists of elected representatives from the 21 local divisions. **Mick Horton** is the Dean.

Open Standards Initiative (OSI)

Earlier in the year the OSI was launched with the aim of making available all the FGDP(UK)'s standards and guidance online without charge (to members). So far three documents are available and these are: Antimicrobial Prescribing for General Dental Practitioners, Clinical Examination and Record Keeping and Selection Criteria for Dental Radiography. These are also available to download as ebooks.

Postgraduate Education

The FGDP(UK) supports professional development by delivering a range of courses. The Diploma in Implant Dentistry is about to enter its 17th cohort and the Diploma in Restorative Dentistry continues to support a cohort in Manchester under the direction of Ian Wood. The recent addition of a Certificate in Minor Oral Surgery has been popular and it is hoped this can be developed to Diploma level in future. The Faculty continues to hold a range of short courses in facial aesthetics, dental implantology and periodontics.

There is a Diploma in Clinical Dental Technology and the Diploma of Membership of the Joint Dental Faculties (MJDF) continues to attract a large number of candidates. The new structure Fellowship is gaining momentum rapidly.

Other News

In April the Intercollegiate Advisory Committee on Sedation in Dentistry published an updated report. There have been four issues of the Primary Dental Journal covering topics of communications, consent, complaints, special care dentistry and paediatric dentistry.

And finally

The FGDP(UK) has a range of merchandise including the FGDP(UK) tie, umbrella, polo shirt and meetings folder.

Wishing you all a successful 2016.

Jonathan Rees
Editor

Did you know?

The North West Division of the FGDP(UK) has its own website-
www.fgdp-nw.com

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FGDP(UK) Strategy 2015-18

- To promote the adoption of evidence-based standards throughout the profession.
- To provide high quality education and career support.
- To enhance the value of membership and increase membership numbers.
- To increase the Faculty's external influence.
- To promote and support the fundamentals of patient care: clinical effectiveness, safety and patient experience.

DID YOU KNOW?

Info about upcoming national events is available at
www.fgdp.org.uk

The Faculty of General Dental Practice (FGDP) (UK) has expressed its disappointment at the General Dental Council (GDC)'s decision to retain the 2015 annual retention fee (ARF) in 2016.

Following a special meeting of the GDC, the GDC announced that the ARF for dentists will remain at £890 – 55% higher than the 2014 fee - and for dental care professionals will be £116.

The FGDP(UK) responded to the GDC's consultation on the fee by saying it could not support the sustenance of this year's 'extraordinarily high' ARF into next year, citing the GDC's poor performance, the ARF being significantly higher than for similar health professions, and the lack of explanation by the GDC of the doubling of its caseload. The Faculty also rejected the GDC's plans, central to the decision to use the ARF to build up further financial reserves.

FGDP(UK) reaction to General Dental Council's decision on annual retention fees for 2016

FGDP(UK) Dean, Mick Horton, said:

"The FGDP and other representative bodies were clear and unanimous in their rejection of retaining 2015's ARF into 2016, and we are disappointed that the GDC appears still not to be listening to the concerns of dentists and dental care professionals."

"Dentists provide safe, good quality care and present a low risk to patients, but unfortunately have a poorly-performing regulator, which appears to be focussed unnecessarily on growing its reserves,

rather than giving its Fitness to Practise processes the radical overhaul they need. The GDC has a specific remit as a regulator, and by acting outside this remit it is attempting to justify its unnecessarily high fees.

"Having to pay fees double those of doctors, three times those of opticians and pharmacists and seven times those of nurses will do nothing to improve the Profession's confidence in the GDC, and the FGDP is concerned that in the end it may be patients who suffer as a result of the GDC's actions".



Mel (Mel Rosenthal) the Mentor

The definition of a mentor is someone who imparts wisdom to and shares knowledge with a less experienced colleague. Mel Rosenthal is all of this and so much more.

The definition of a mentor is someone who imparts wisdom to and shares knowledge with a less experienced colleague. Mel Rosenthal is all of this and so much more.

When Mel was awarded Fellowship in 2003 he was the first dentist in the division to achieve this. He had already passed the MGDS eighteen years previously, an exam well known for its academic rigor.

At a chance meeting at the BDA Conference at G-Mex with Mel and Sunil Panchmatia I decided I had to try for the fellowship before time ran out to take it by the career pathway. Mel had mentored Sunil and I was pleased when Mel agreed to do the same for me. Looking back, I am not sure I would have seen it through with anybody else.

The word mentor implies something special. A relationship develops and it certainly did with Mel and me. He always encouraged me but was not averse to giving me a verbal kicking when he felt I was not "getting on with it." At other times I could not have had anybody more supportive when it wasn't going well.

At practice visits he gave me so much of his time to get me on the right track. On one occasion I remember feeling very guilty because he had stopped so late in bad weather I was concerned he would not be able to get home in the snow.

I did not have an easy time with the fellowship assessments. Suffice it to say I did not sail through with flying colours. I had to provide additional evidence to the examiners. Mel spent hours on the phone advising me and working out what the examiners really wanted and pointing out how I had missed the point somewhere. He had the patience of a saint. When I eventually passed I could tell how genuinely pleased he was for me.

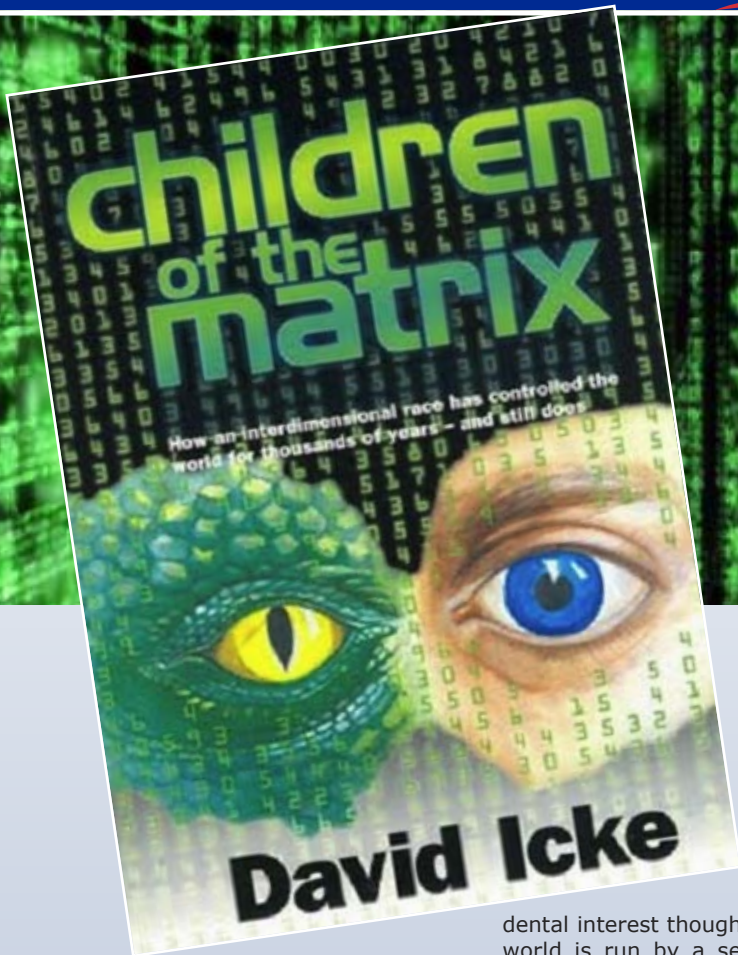
The fellowship by the career pathway is soon to end as the fellowship by assessment has superseded it and I believe Mel has decided not to continue mentoring under the new format. So as one of the last to have Mel as a mentor I want to thank him and to recognise all the time and effort he has given to me. I know I am not alone. In over a decade, Mel has travelled the length and breadth of the country to mentor close on thirty, occasionally recalcitrant, dentists to help them pass the FFGDP.

Ian Hunt said this of Mel "An excellent mentor and ambassador for the Faculty. He is one of the good guys of general dental practice and the work and effort he puts in should be celebrated."

I think it should as well.

George Rodgers
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Grumpy old dentist writes



I got Netflix recently

(the on-demand television and film service) and binge watched all of the episodes of "Breaking Bad". I've watched other drama series before and pursued them until the end before I realised that I'd wasted a whole chunk of my life that I'd never get back. "Lost" and "Flash Forward" spring to mind. This was different though. "Breaking Bad" was gripping to the end and the conclusion wasn't even lame or disappointing. It was, dare I say it, fantastic. However, this elation could never have continued.

"Breaking Bad" was gripping to the end and the conclusion wasn't even lame.

I started exploring the other contents of Netflix and came across a lecture given at the Oxford University Union by David Icke. I recalled that he was the guy who once announced that he was the "Son of the Godhead" and started wearing turquoise to channel "positive energy". "This has got to be funny", I surmised.

Actually, it was entertaining for a short time but is over two hours long. I'm far too grumpy to sit through two hours of incoherent, irrational rambling so I started skipping. I did find some information of

dental interest though. It seems that the world is run by a secret global elite of reptilian humanoid illuminati. They count amongst their number George Bush Sr., George Bush Jr., Tony Blair and our Royal family. The Queen Mother was, according to David, "seriously reptilian". That's interesting because it implies degrees of reptilian-ness. Anyway, former US Secretary of Defence Donald Rumsfeld has similar scaly origins and this is where it becomes relevant to dentistry. Rumsfeld used to be president of the pharmaceutical company "Searle". During Rumsfeld's watch, the company introduced the artificial sweetener "Aspartame" onto the market. This, you may think, is a harmless sugar substitute which helps people to lose weight and doesn't cause dental caries. Well, according to David Icke, you have another think coming. Aspartame is a mind controlling brain suppressant that inhibits our ability to think and, therefore, interpret and decode reality. In this way, the truth of the reptilian conspiracy continues to be concealed. The humanoid illuminatus Donald Rumsfeld forced it onto the market in pursuit of his evil purpose.

You think that is bad though? It gets worse, much worse. The Nazis mass medicated public water supplies with sodium fluoride? Were they interested in improving the dental health of their people? Not a bit of it, according to David. The Nazi plan was to introduce sodium fluoride into the water supply, produce mass sterility and thus population control. Chillingly though, the secret cabal of reptilian Nazis had a deeper, secret

purpose, to destabilise our ability to think straight and prevent us from seeing the terrible cold blooded truth.

As you can imagine, all this came as a bit of a surprise, believing as I did, that artificial sweeteners and water fluoridation were generally a good thing. On the other hand, do you think that perhaps David Icke is making fundamental errors of logic in his so called evidence? Maybe he is confusing the most tenuous and unconvincing of connections with proof. It's perhaps possible that he is cherry picking selected

Perhaps David Icke is making fundamental errors of logic in his so called evidence?

quotes to support his pre-existing, irrational assumptions. It may be that life's rich pageant is free from interference by extra-terrestrial lizards. It's just a thought. Nevertheless, it does raise another question. Whilst David Icke is wallowing around in subterranean levels of evidence, do we make, at least, some of the same mistakes when we assess evidence in dentistry? Are we sometimes over influenced by the opinion of the charismatic speaker? Are we ever guilty of selecting evidence to support what we want to think? Yes, I think sometimes we are. You may recall my previous rant on the subject of levels of evidence. (*June 2008 issue 13*)

Overall, it was disappointing not to hear questions from the audience in David Icke's lecture. That might have been more fun. I think though, that after over two hours the audience were defeated by quantity at the expense of quality and probably just needed to get to the bar. (*Not for a Diet-Coke! - Ed*)

A report on the NW-Division Study Day.

When was the last time you looked at one of your crown preparations?

No, I mean REALLY looked at it and compared it to the absolute textbook ideal? Thought so. Me too.

At our recent MANDEC study day, Prof Ibbetson put the delegates through their paces, critically examining every aspect of the tooth preparation.

I'm sure we have all relied on our technicians to create a crown on a less-than-ideal preparation: Needs must sometimes and thankfully, modern crown adhesives are vastly superior to those of yesteryear. However, over-reliance on our technicians and the ability of the luting cements to stick "owt to nowt" should be the exception rather than the norm.

Preparations with appropriate taper, axial reduction, occlusal form and clearance and margin placement will not only provide and optimal prosthesis, but also result in less tooth tissue removal.



With DP-Medical Systems on hand to provide magnification and illumination, there were no excuses. Step by step our coronal-masterpieces were hewn from the (always tricky to work on – that's my excuse anyway!) artificial teeth. And systematically Prof examined and appraised our efforts...

I'm glad Prof isn't examining my work on a day-to-day basis; however, I now appraise my own work with a much more critical-eye, which can only be a good thing!

Prof's evening lecture on the restoration of endodontically treated teeth was a great follow-on to the afternoon's skills session. The use and placement of core materials, inlay-onlays in both gold and ceramic for cuspal protection and the use of posts and crowns as almost a last resort was a modern take on this subject.

The NW Division would like to thank Prof Ibbetson for a superb session. Thanks also to Dental Directory and DP-Medical Systems for sponsoring the event.

Adey Bennet
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FFGDP study group

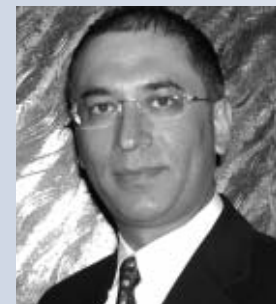
This group is set up to support the new Fellowship award and is open to all dentists wishing to take the award.

I am thrilled and delighted that we have had an excellent rate of success from members of the NW FFGDP Study Group. At the time of writing this I had a lovely message from Gayathiri Chandramouli informing me of her success (albeit waiting for the formal awarding of her Fellowship). Many congratulations Gayathrin.

We have had 3 members from our group (40%) who have been awarded their fellowship and 2 others that are en route. (George Rodgers and Howard Mellor were the first in our group to get the awards).

The feedback has been excellent from the participants - everyone has found the speakers very informative and motivational. This group was set up to support the new FFGDP award and is open to all dentists wishing to take the award.

The award is open to all dentists who are members of the FGDP(UK) and can demonstrate their contribution to Primary Dental Care. Candidates have to submit a Portfolio of Evidence including PDP, CPD, CV and a Reflective Account. This is followed by an interview prior to the award of Fellowship. Candidates can choose one of five domains ranging from Clinical Practice, Teaching and Education, Research, Management and Leadership or Law and Ethics.



For further details of the NW study group please contact: NW FFGDP Facilitator:
Sunil Panchmatia
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www.fgdp-nw.com



Jon Rees (briefly) answers questions posed by dentists learning to restore dental implants.

Implant dentistry

Q. How can I reduce the risk of bone loss due to occlusal overload?

One simple technique is to reduce cusp angle. This brings the direction of force closer to the point of rotation (in the crestal bone) and reduces torque at the point of rotation.

An extension of this is to splint implants. Splinting two implants changes the point of rotation in the crestal bone to an axis of rotation and spreads the load. Splinting three or more implants takes the axis of rotation away from the crestal bone all together.

Q. What should I do to check implant health at review appointments?

Probe the sulcus for bleeding. Insert a periodontal probe 1 to 2mm and gently sweep around the restoration to see if bleeding occurs. It is not easy to reliably measure sulcus depth and in any case this is not a good indicator of disease.

Bleeding on probing without pus or bone loss is peri implant mucositis and usually responds to improved hygiene. If there is associated radiographic bone loss and pus then the diagnosis is peri implantitis and I recommend referral for expert opinion.

Q. When should I use a temporary restoration?

Temporary restorations can progressively load an implant in poor quality bone to encourage bone density to increase.

When the diameter of a healing abutment is smaller than a proposed final cemented restoration it can be difficult to seat the crown and remove excess cement. A screw retained temporary restoration creates the correct emergence and space to work.

Q. What factors determine when to use screw or cement retained restorations?

Cement retained restorations are preferred by many clinicians perhaps because the techniques are similar to crown and bridge. There are some drawbacks, excess cement can be difficult to remove and if left may result in peri implant disease. For maintenance a temporary cement is preferred however this may result in debonding.

A screw retained restoration can be less complex to make and fit and is easy to remove however the screw access hole must be out of sight. Screw retention is preferred when space is limited because a short abutment may not have sufficient retention.

Q. There are so many different types of abutment, how do I know which one to use?

The different types of abutment are:

- **Prefabricated.**
- **Adjustable.**
- **Custom.**

The tendency is towards digital workflow and customisation however this adds cost and is not always necessary.

A prefabricated abutment cannot be adjusted, the crown margin is level and the abutment height is set (usually about 4-6 mm). The gingival architecture should be flat and the inter occlusal distance 5-10mm.

Adjustable abutments can be modified. They are useful when there is some variation/undulation of the gingival architecture and the inter occlusal distance is 5-10mm.

A custom abutment allows the crown margin to follow any profile of gingiva and can be adapted to any inter occlusal distance (above 5mm). They are useful when the gingival architecture is very variable and there is excess inter occlusal distance (over 10mm).



www.seemypatient.co.uk

Jonathan Rees

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Specialist in Oral Surgery. Chair of Examiners in Dental Implantology for the Faculty of General Dental Practice (UK). Senior Clinical Teaching Fellow in Implantology at the University of Manchester.

Examiner in Dental Implantology for the Royal College of Surgeons of Edinburgh.

Diploma in Restorative Dentistry update

It is now more than 10 years since the Diploma in Restorative Dentistry was started here in Manchester with me, Ian Wood, and Prof. Paul Brunton as Course Directors and I am delighted to say that Cohort 19 has recently started at MANDEC with as much enthusiasm as Cohort 1 had all those years ago.

To mark the occasion Matt Holyoak organised a reunion dinner at Artesan Restaurant to coincide with a visit from New Zealand, where he is now Head of Otago Dental School, by Paul. Sixteen of us, a mix of tutors, speakers and delegates from early cohorts got together for a very sociable gathering which carried on well into the early hours. It was good to hear how much of a positive impact completing the course had had on the careers of those attending.

It is noticeable that the profile of dentists coming on the course has changed considerably over the years. Early cohorts were predominantly filled by male dentists with, to put it politely, considerable experience. The more recent applicants are much more evenly split male: female and are predominantly under 30 years of age. I was horrified to realise at a recent Introductory Day that I started work in General Practice before any of the delegates were born! I'm sure there is a message for me there somewhere.

The course aims to provide structured learning at Masters level in restorative skills appropriate for use in Primary Care.

Hopefully, with Phil Dawson now coming on board as a course director to replace Paul it will continue to thrive and be run here in Manchester for the foreseeable future. If anybody would like more information please have a look at the FGDP(UK) website or feel free to contact either me or Phil via email.



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FFGDP

I was in my 50s with perhaps 10 more clinical years to go, an owner of an NHS practice with 5 associates, hygienists and therapists, lots of UDAs and a prison contract. I was enjoying being an educational supervisor with less clinical activity.

Then a flyer popped into my inbox inviting Faculty members to engage in the new Fellowship. Do I need to put myself through the effort? Would the results be worth it? Do post nominals make a difference? I often react with gut instinct rather than reasoned argument and it felt like the right time for me.

I became involved with the FGDP(UK) when I entered the Diploma in General Dental Practice. An article in the Telegraph suggested this was the measure of a good dentist, it was 1996 and I found it pleasant to engage my brain cells in what seemed like the first time in years. The outcome was good.

Ten years on I completed the Diploma in Restorative Dentistry, no walk in the park but immensely satisfying. I enjoyed being part of a group that bonded and worked to the highest evidence based standards culminating in the case presentations.

I was on the old career pathway and needed 30 credits to complete the Fellowship when real life got in the way and 6 years passed. The new portfolio came into place and that flyer arrived!

Under the super organisation of Sunil Panchmatia and Ian Hunt I joined a study group in Manchester with a mixed bag of dentists ranging from from 20's to 60's.

Sunil and Ian provided a structured program for developing my portfolio. I select my domain of interest (education) because of my experience as an educational supervisor.

It was great to mix with like-minded practitioners and to receive such great support from colleagues with different perspectives.

I submitted my portfolio in August 2014 after the usual last minute rush and went for the interview in October. I had to submit a few additional documents that didn't take long to prepare and the delay didn't seem too bad. I was awarded Fellowship in May 2015.

These moments don't happen often in life so I have to say it felt great and I can't thank Sunil and Ian and the rest of the group enough for their support. I hope to be involved in the new study group starting in 2016.

Howard Mellor

Events

Implant dentistry in Primary Dental Care

2 February 2016

Speaker/Tutor:
Dr Ashok Sethi

Venue:
Royal College of Surgeons
35 - 43 Lincoln's Inn Fields, London, WC2A 3PE

Time: 1830-2100 Verifiable CPD: 2hours Cost: FGDP Members: Free Non Members: £25 DCPs: £10 How to pay for the event.
Davinia Monteiro 0207 869 6780
Divisions@fgdp.org.uk Venue: Royal College of Surgeons 35 - 43 Lincoln's Inn Fields, London, WC2A 3PE Division: Central London CPD hours: 2 hours Contact name: **Davinia Monteiro** Contact telephone: 0207 869 6780 Contact email address: Divisions@fgdp.org.uk

Law and Ethics- so what's new!

19 April 2016

Speaker/Tutor:
Dr Len D'Cruz

Venue:
Royal College of Surgeons
35 - 43 Lincoln's Inn Fields, London, WC2A 3PE

Time: 1830-2100 Verifiable CPD: 2hours Cost: FGDP Members: Free Non Members: £25 DCPs: £10 How to pay for the event.
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Become a member of the FGDP(UK)

Over 4,000 dental professionals are members of the FGDP(UK).

Membership is open to all dentists and dental care professionals, and associate membership is available free of charge to 4th and 5th year dental undergraduate students.

The main benefits of membership are as follows:

- Reduced fees on FGDP(UK) books, courses and study days.
- Subscription to Primary Dental Journal, the FGDP(UK)'s quarterly peer reviewed journal for the whole dental team'.
- Access to The Royal College of Surgeons of England's online library, providing access to OVID Medline and Embase.
- Access to a UK-wide network of study groups and peer support.
- 20% discount on books from Oxford University Press and PasTest.
- Member rates for College accommodation and a range of hotels.

Visit www.fgdp.org.uk/members.ashx for membership rates and more benefits.

How to join The Faculty of General Dental Practice (UK)

Memberships packs are available from the FGDP(UK).

Membership

Full membership

Available to registered dentists who have been awarded a relevant postgraduate diploma by any of the four Royal Colleges.

Associate +3 membership

Available to registered dentists, qualified for more than three years, who do not hold an appropriate postgraduate diploma.

Associate membership

Available to registered dentists within three years of their graduation.

DCP Affiliate membership

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**PATHWAY
NORTH WEST**

THE NEWSLETTER OF THE NORTH WESTERN DIVISION
OF THE FACULTY OF GENERAL DENTAL PRACTICE (UK).

