

PATHWAY

N O R T H W E S T

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

What has happened to the London MGDS?



Andrew Shelley
Editor

One candidate last year, that is what has happened to the London MGDS. He did pass though so I suppose you could claim a 100% pass rate. So why has the so-called "gold standard qualification" for dental practitioners reached such a dreadful low?

Divisional Director Ian Wood is also on the Faculty Examinations Committee. He comments, "The perception is that you can't pass this exam unless you know the right people." Ian continues, "The image is of a London based private practice club which has nothing to do with the practice of dentistry in Bolton, Bury and Blackburn. It has become a beauty contest."

Ian Wood - "A private practice club which has nothing to do with the practice of dentistry in Bolton Bury and Blackburn"

In 1999 some 20 candidates from all over the UK entered for the London MGDS. Only 4 people ended up with the right result. It's little surprise therefore that two years later we have ended up with one candidate. However this doesn't indicate a lack of interest in the MGDS assessment itself. West Midlands MGDS tutor Clive Gibson runs a study group which is preparing 15 candidates for MGDS at the Royal College of Surgeons of Edinburgh. Interestingly the West Midlands group had presentations from the chief examiners of both London and

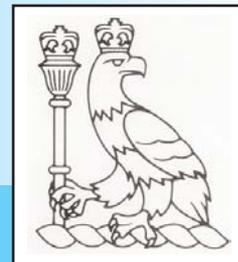
and Edinburgh before making their decision. When asked why the group rejected their own faculty, Clive responded, "The group was concerned at the perceived very poor pass rate in London and the attitude of the Edinburgh examiners was felt to be more encouraging." Crucially Clive added, "There was a strong feeling that London were promoting the exclusive club, and that there was an obvious link with the London and Forces Study Groups."

Clive Gibson - "An obvious link with the London and Forces Study Groups"

Our Dean Raj Rayan is very aware of these issues and has commented, "The faculty has been functioning more like a gentleman's club than an educational establishment". Many find this attitude no more evident than in the conduct of the London MGDS. Commendably, Raj is leading a revision of the system. However there is a clear danger that a new system will inherit the problems of the old and this issue is crucial to the survival of our faculty. As Ian Wood says, "The London MGDS continues to stand in the way of development of the faculty".

Please let's have a fresh start, an examination and career pathway that brings the best out of people. Let's get away from the crushing, impenetrable, exclusive London MGDS and give young dentists something to inspire and motivate them. This can only be good for dentists and patients and the truth is that our faculty cannot survive in any other way.

Andrew



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New MFGDP tutor for the Division



We are delighted that Sunil Panchmatia has agreed to become the Divisional Diploma Tutor for the MFGDP.

Meetings of the MFGDP study group are held approximately fortnightly at the Manchester Dental Education Centre (MANDEC) and thanks to section 63 funding are free of charge to dental practitioners.

The group very much welcomes new members who would like to prove their achievements by taking the MFGDP. For further details please contact:

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Divisional member and MFGDP examiner Margaret Lomax discusses the MFGDP examination from

The Examiner's Perspective

I sat this exam only two years ago, the stress and anguish of the exam day is still fresh in my mind and I empathise fully with any GDCs who are sitting the exam. Believe me, it is equally stressful for the examiners as it is for you, albeit the consequences are not quite the same.

There is no one correct answer, we are looking for a well reasoned and professional approach

The day begins with an examiners' meeting where the Chief Examiner goes over the rules and regulations within which we must operate, the requirements for the paperwork which must be completed for each candidate, and the procedure for the collation of the final results. The examiners have already spent several days training in calibration and regular weekend meetings are held to confirm standardisation.

I am sure your tutors have discussed the fact that most candidates fail on their presentation cases. If, for instance, a statement is made such as "ICP =RCP", be prepared to discuss the implications of this. Similarly, if special trays are constructed, know how to prescribe to the technician exactly what you want. Put yourself in the examiners' shoes — he or she is going to ask you the obvious questions about your presentation — be prepared to



MFGDP examiner Margaret Lomax

justify your treatment. There is no one correct answer, we are looking for a well reasoned and professional approach. You should be aware of the different options for treatment and the thought processes by which you have arrived at your treatment plan. The treatment planning viva requires a

We are not setting out to trip you up

well thought out approach to the management of the patient. These are real patients of the examiners which are chosen for the wide variety of treatments involved. We are not setting out to trip you up, the object is to let you demonstrate how much you know and how you have applied that knowledge in a constructive manner.

Make sure that you are up to date with national guidelines; it is remarkable how many GDCs are still poor at prescribing and who have inadequate radiological knowledge.

The examiner is going to ask you the obvious questions about your presentation

It is very satisfying to examine a well-prepared and knowledgeable candidate, the converse is the candidate who is ill-prepared and tries to waffle his way out of a corner. Be honest and admit if you are struggling with one particular aspect — we may be able to help or can at least move on to topics with which you can demonstrate your abilities.

The day ends with each examiner who has failed a candidate presenting to the Board of Examiners their case for the Board's approval — this can involve active and lengthy discussion at the end of a taxing day.

Do it - the satisfaction of passing makes the hard work and stress worthwhile.

Do you have a burning issue for Pathway North West ?

Please remember that we welcome contributions for Pathway North West from all members. If you would like to write an article or comment on any issues in the newsletter please contact the editor, Andrew Shelley, on 0161 320 4230 or e-mail - andrew.shelley@zetnet.co.uk.

Antibiotic prophylaxis study day — a date for your diary

The Mersey and North Western Divisions are planning a joint study day to be held at the Manchester Conference Centre, UMIST on 18th October. Amongst the speakers on antibiotic prophylaxis will be Dr Mike Martin and Dr Lesley Longman. Further details are to be announced.

Andrew Shelley attended expert witness training at the Royal College of Surgeons of England in November and advises

Don't try this at home !



The Royal College of Surgeons of England.

Solicitor Mark Solon lost a case. This was bad news for him and his client but good news for twelve of us who benefited from his company's expert witness training in November. Mark realised from this case that if his witness had been trained in courtroom skills and report writing then justice would have been better served. Bond Solon training was the result.

Don't take it personally. We do this to all witnesses, it's fun!

Even the most competent and knowledgeable dentist can be hopelessly out of their depth in court or in the skills

required in report writing. These were the subjects of our two day training delivered by barrister Simon Jelf and ably facilitated by Edgar Gordon. Report writing is really the backbone of expert witness work. Edgar passed on his experience of some 500 cases of which only 5 have ended up in court. The majority are settled on the basis of expert reports. Lord Woolf's reforms of 1999 set out requirements of such reports and on day one Simon gave us the means to create them. He helped us not only to organise our thoughts but crucially to separate fact from opinion. "Identify the issues, state the facts and give your opinion" advised Simon. It sounds simple but this is far from the truth.

Day two prepared us for courtroom appearances. The English legal system is adversarial. Just how adversarial we were about to discover. I should really have known better. We each had to prepare a case for cross-examination. Seeking to give myself a relatively easy time I chose what I hoped would be a clear cut case, a dentist failing to use

throat protection had dropped an endodontic file which was then inhaled by the patient. What I didn't know was that if a barrister cannot find fault with a case they attack the credibility of the witness instead. This was worse. "How many root canal treatments have you undertaken in your career Mr Shelley?" and then "Can you honestly say that you have used rubber dam for all of these cases? Are you familiar with the phrase, 'There but for the Grace of God.' What does that mean to you?"

Are you familiar with the phrase, 'There but for the Grace of God.' What does that mean to you?

This was just one of the myriad ways of unsettling witnesses covered by Simon. He is extraordinary. Possibly one of the most charming, helpful people you could hope to meet instantly metamorphoses into a legal rottweiler in cross examination mode. We thought these were tricks "They're barristers techniques!" answered Simon. "Don't take it personally. We do this to all witnesses, it's fun!" It's true. It is fun. We also had a chance to cross examine our colleagues and I can report that this is considerably more enjoyable than being at the other end.

Identify the issues, state the facts and give your opinion

It's an eye-opening course. Those of us who had previously dabbled in this kind of work found out just how ill prepared we had been. Richard Wilson gave a vote of thanks to Simon and Edgar. Like all of us he had found every minute of these two days fascinating. These were two brilliant days of CPD.

Trauma in the playground -

an MFGDP (UK) case study

1 Personal details and social history

Name:	X, Martin Case A
Date of examination:	3 February 1999
Date of birth:	16 September 1988
Gender:	Male
Ethnic group:	Caucasian
Siblings:	Seven
Parents:	Father - businessman in Ireland, mother - house wife
Current address:	St Helens, Lancashire

2. General Medical History:

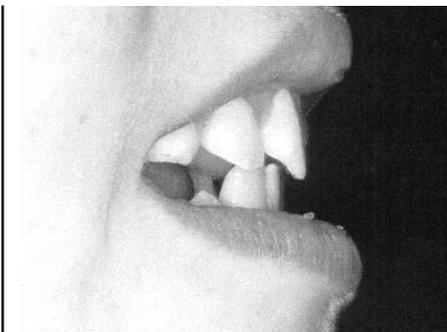
A questionnaire was completed by the mother (Appendix 1) and this was verified verbally in the surgery. No relevant findings were recorded.

3. General Dental History:

Regular attender 6 monthly check ups since age 3
Good co-operation, no active treatment.

4. Present complaint

Broken front teeth
UL1 sensitive to cold



Pre-operative view

5. Trauma History

Date of injury	2 February 1999
Time of injury	1400hrs
Where accident occurred	School
How accident occurred	Tripped in playground
Emergency treatment	Taken to school nurse Given tooth fragment, UL1 only Abrasion on arm cleaned
Previous history of trauma	None
Other non-dental injuries	Minor abrasion left forearm
Tetanus status	Mother states recent vaccination.
Own dental surgeon	Recently started attending candidate's practice.

6. Examination

A thorough clinical examination was undertaken (appendix 2). Observations relevant to a history of trauma according to established trauma guidelines (appendix 3) are recorded below.

◆ Extra-oral injuries

None
Bony margins normal

◆ Intra-oral

◆ Soft tissue

No swellings, lacerations, sinuses, haematoma
High lip line

◆ Hard tissue

Bony injury

None

Teeth traumatised

UR1; UL1

Crown fracture

UR1 Enamel mesial angle just into dentine
UL1 Enamel, dentine transverse fracture, pulp not involved

Root fracture

None evident clinically

Displacement

Nil



Pre-operative view

Mobility

Normal

Interference with occlusion

Nil

Pre-existing malocclusion

None, Class 1 molars & incisors

Position of canines

lowers erupting; uppers palpable with distal tipping of incisors.

Caries

Occlusal ILLD extending to buccal surface

Fissures/pits

Deep stained fissures first permanent molars

Discoloration

Very mild fluorosis, permanent teeth have yellow colour with white flecks at incisal edges
UR2 UL2

◆ Periodontal condition

No significant findings, good plaque control.

7. Investigations

Vitality tests

Vital UR2 to UL2

Radiograph

Periapical U11

- Root closure almost complete
- No root fracture
- No periapical radiolucency
- No root resorption
- No other incidental findings

Photographs

Front and side views taken

8. Diagnosis

Mesio-angle coronal fracture UR1 involving enamel and small dentine exposure.

Transverse coronal fracture UL1 involving enamel and dentine, not pulp. No loss of vitality

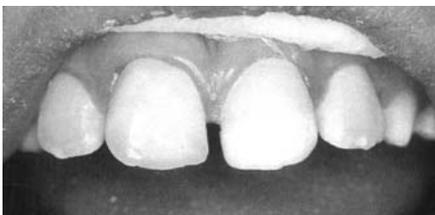
Caries LLD

Deep fissure pattern first permanent molars

9. Treatment options

Options include leave, re-bonding tooth fragments, composite/ glass-ionomer tips, composite/porcelain veneers, crowns, extraction.

These depend on a multiplicity of factors including the age of the patient with respect to apical maturity and length of crown, tooth vitality and tissue loss as well as the value afforded by the patient to his dental well being. In this case, the teeth have virtually complete root closure. The crowns have not yet erupted fully and the fractured teeth, although unexposed, are still at risk of pulpal necrosis from bacterial infection, therefore restorations are indicated. Veneers or crowns are overly destructive of sound tissue and an acceptable, aesthetic and functional result can be obtained, using a combination of composite and bonding the remaining tooth fragment.



Post-operative view

10. Treatment plan

- ◆ Stabilisation and review
- Reduce sensitivity of teeth and protect pulp
- ◆ Reassessment and definitive treatment
- Review vitality and patient consent
- Bond tooth fragment UL1 and restore margins with acid/etch composite system.

Restore UR1 using acid/etch composite system.

Remove caries and restore LLD using tell, show, do approach

◆ Preventive care:-

Assess oral health knowledge, practice and attitude
Discuss essential oral health messages, practice and diet
Motivate and encourage good oral health practice and diet
Fissure seal first permanent molars using tell, show, do approach
Reassess oral health knowledge, attitude and practice.
Review vitality of traumatised teeth.
Construct sports guard.
Monitor and maintain oral health

11. Summary of treatment

Preventive activities refer to the schedule in appendix 4.

1st visit (3 Feb 99)

- ◆ Examination and medical history
- ◆ Special tests
- ◆ Placement of calcium hydroxide/glass ionomer bandage
- ◆ Oral Hygiene Instruction and encouragement.
- ◆ Consent obtained.
- ◆ Tell, show for next visit

2nd visit (11 Feb 99)

- ◆ Vitality tests U2 - 2 positive, reassessment, consent confirmed.
- ◆ UL1 Tooth fragment cemented (acid etch, Prime and bond, Dual bond), deficiencies made up with composite (Prodigy A2).
- ◆ UR1 restored with composite (acid etch, Scotchbond, Prodigy A2).
- ◆ Oral hygiene and diet advice.
- ◆ Tell, show for next visit

3rd visit (18 Feb 99)

- ◆ Vitality tests U2 - 2 positive
- ◆ First permanent molars fissure sealed (Helioseal)
- ◆ Fluoride advice.
- ◆ Tell, show for next visit.

4th visit (25 Feb 99)

- ◆ Vitality tests U2 - 2 positive
- ◆ LLD restored compomer (dyract)
- ◆ Oral hygiene, diet and fluoride knowledge checked. Advice repeated.

5th visit (15 Mar 99)

- ◆ Vitality tests, inspection
- ◆ Preventive advice informal review and encouragement.

12. Long term treatment

- ◆ Monitoring appointments at 12, 26, 52 weeks and maintenance arranged.(reference 1)
- ◆ Further review radiographs are required at intervals appropriate to the findings. (reference 2)
- ◆ Emphasis on vitality restored teeth, marginal seal of restorations, dehydration of tooth fragment, eruption of canines, oral health.

13. Case appraisal and prognosis.

This case demonstrates the management of a child with a potentially serious dental injury. Happily, the treatment outcome was successful and the teeth have remained vital. However, some difficulties were encountered:

- ◆ Did not store tooth fragment in sterile water
- ◆ Unwillingness of parents to invest in a sports guard.

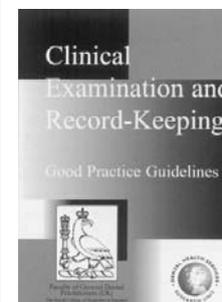
References

1. Smallridge J, Williams B, BUOLD Paediatric Dentistry Module
2. Selection Criteria for Dental Radiography. 1998 FGDP (UK)

Appendices

Appendix I	Patient review form and medical history
Appendix II	Clinical assessment form (reference 1)
Appendix III	Trauma examination - clinical guidelines (from BUOLD)
Appendix IV	Clinical guidelines for 8-12 year olds (prepared for BUOLD)
Appendix V	Patients consent and candidate declaration.

Because of space restrictions in this newsletter the appendices have not been published. If any candidate would like to see the appendices in full please contact MFGDP tutor Sunil Panchmatia (contact details on back page)



Clinical Examination & Record Keeping New practice guidelines

As part of the ongoing programme of evidence based standards documents the Faculty launched the Good Practice Guidelines on Clinical Examination and Record Keeping on 12th December. The cost is £15 for members and £20 for non-members. These Guidelines are essential reading for all practitioners. To obtain your copy telephone 020 7869 6759 or e-mail lsmith@rcseng.co.uk

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The Faculty of General Dental Practitioners (UK)

What the Faculty Can Offer:

The FGDP(UK) provides the means by which GDPs can:

- ◆ Develop their knowledge of dentistry
- ◆ Enhance their clinical skills
- ◆ Prove to their patients, their colleagues and more importantly, themselves, that they provide the highest standards of patient care
- ◆ Find a sense of achievement in general dental practice

Benefits of membership:

- ◆ Involvement with enthusiastic committed GDPs
- ◆ Reduced fees at local and national study days
- ◆ A network of local study groups around the UK, to help with preparation for the examinations
- ◆ Free subscription to the Faculty quarterly journal PRIMARY DENTAL CARE (worth £170.00)
- ◆ Free Faculty newsletter, First-hand, published quarterly
- ◆ Discounts on Faculty publications
- ◆ Special rates for the recently refurbished College accommodation in London
- ◆ 15% discount at Swallow Hotels
- ◆ Special discount for the Dental Directory

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

Memberships packs are available from the College, from Jean Cook at the MANDEC office or at the fortnightly Advanced Refresher courses at MANDEC on Tuesday nights.

Costs

Full membership - £175
Available to registered dentists who have been awarded a relevant postgraduate diploma by any of the four Royal Colleges.

Affiliate membership - £140
Available to registered dentists, qualified for more than three years, who do not hold an appropriate postgraduate diploma.

Special offer for Faculty Members from the Dental Directory.

Please don't forget that the Dental Directory have generously offered a special deal to faculty members. North Western Division members are eligible for a preferred Faculty member discount of 10% off all catalogue prices (excluding mini-catalogue and promo offers) plus 1.5% for all orders placed via the computer ordering system, Desktop. In addition if you hold MFGDP/MGDS or fellowship there will be a further 1%. This could amount to a significant discount of 12.5% off already low master catalogue prices. Should you become a new member of the Faculty the Dental Directory will credit your account with £50 which you can spend on the house-preferred range (Unodent, Degussa, Perfection Plus)

We are most grateful to the Dental Directory for their generous support of the faculty division and sponsorship of this newsletter. Northern Sales Manger Steve Brown may be contacted on e-mail - swbrown@dentaldirectory.co.uk. Also see web site: <http://www.dentaldirectory.co.uk>

Associate membership - £40

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Available to dentists who support the aims and objectives of the FGDP(UK) but who have retired from all forms of general dental practice.

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Success in the MFGDP (UK) examinations

Congratulations to Yvonne Smith and David Flattery who were successful in the final MFGDP (UK) examinations in November 2001



PATHWAY NORTH WEST

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