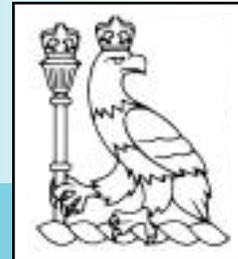


# PATHWAY

N O R T H W E S T

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



JANUARY 2003  
ISSUE NO 4

## New MFGDP course huge success



Andrew Shelley  
Editor

Welcome to our 4th edition of the new Pathway North West. The big local story of the last few months has been the remarkable success of the MFGDP study group. Run by diploma tutor Sunil Panchmatia with the help of Ian Wood and myself the group held its first meeting on the 9th September. The course sold out very quickly but we are pleased to say that all those who were disappointed are on a priority list for next year. The course runs over ten monthly meetings and provides guidance on all aspects of the new examination including preparation of clinical cases, practice portfolio, clinical audit and vivas.



*Sunil Panchmatia and Ian Wood with delegates from the MFGDP course at MANDEC*

We presently have 25 members on the course who have most of their materials provided in the form of CD-ROMS. This very 21st century course also makes extensive use of internet resources. See inside for further information about the new MFGDP examination. Also please see the panel on this page for details of how to register for the remaining places on next year's course.

Another innovation for the faculty is the launch of our website. This can be found at [www.fgdp-nw.com](http://www.fgdp-nw.com). Although in its early stages of development you can already download previous issues of Pathway North West. This will be of particular interest to members wishing to take MFGDP since all issues from number 2 onwards contain a real live and successful MFGDP case presentation. In the future we will also be placing information about faculty events and useful information for members taking the faculty exams.

Guidance on all aspects of the MFGDP examination including preparation of clinical cases, practice portfolio, clinical audit and vivas

The next meeting of the faculty board in the spring will see the election of a new Dean for the next 3 years. This is more like the leadership elections for the Conservative Party than the Labour party in that ordinary members do not have a vote. The new Dean is to be elected by the faculty board from amongst its own board members. The outgoing Dean Raj Rayan has certainly been an ideas generator and Divisional Director Ian Wood comments, "I think the job of the next Dean will be to pick up some of the ideas of the previous incumbent and bring them to fruition. Also in my opinion there should be a period of consolidation."

Finally Divisional Director Ian Wood has been moved from the faculty's education committee to vice chair of finance. We are pleased that our Division continues to be represented at the higher levels of the faculty nationally. However we do feel it is unfortunate that Ian's extensive practical experience of the faculty examinations will not be used in influencing faculty's future direction. We hope Ian's views on the need to modernise the MGDS will still prevail.

Andrew

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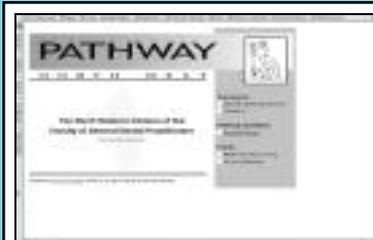
### INSIDE THIS ISSUE

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- SPECIAL OFFER FOR FACULTY MEMBERS FROM THE DENTAL DIRECTORY



If you would like to take up one of the remaining places on the MFGDP course for next year please contact MFGDP tutor Sunil Panchmatia

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The new divisional web site  
[www.fgdp-nw.com](http://www.fgdp-nw.com)

# Boots Dental Director – A Day in the Life



Most mornings I wake at about 6.00 am. I always try to get by with as little sleep as possible ever since University. I don't like to miss out on things! Home is an apartment in the centre of Nottingham with spectacular views over the South of the city. I still never tire of seeing this. After checking emails I leave for 'D90', Boots Head Office.

D90 is situated on a 300-acre site with over 5,000 employees. I still remember my first visit back in April 1998. The sheer size of the complex was overwhelming. During the drive in, I speak on hands free to Gavin Scott, Boots Area Dental Advisor for the North of England. I always find it useful to use travel time for catching up.

*“The figures are out. It's another record week”*

The automatic barrier recognises my number plate and I'm in. Straight to my desk on the first floor and I log on to

my computer. I'm asked if I want to update my password as it expires in 4 days but I think I'll leave that decision for another day. I take a look at my calendar with my PA, Linda, to see what meetings are planned and to make sure I have all the information required for each. Requests for further meetings are considered and some are added to the diary. A quick look to see what emails have come through overnight reveals about 50 with at least 10 of those after hours!

Although I now have overall clinical accountability from Chiropody to Wrinkle reduction, today looks to be mainly Dentistry. I've got an update on 'complaints' today and a request for one of our specialists to do an extra day per week is passed on to the 'specialist team'.

The figures are out. It's another record week for Boots Dentalcare. The atmosphere in the open plan office is always good but today it feels particularly motivating. At Head Office we realise that we're only there to support delivery at a local level but it always feels good to share in their glory.

Me and my pal Chris Potts passed what was then DGDP in Leeds in 1996. We studied together, drove anxiously to the exam together and drove home playing air guitar to Bad Company. He used to be a local practitioner and Divisional member. Now look at him!

Chris revealed to me what he actually gets up to in a typical day as the Director of Boots Dental Care.

Andrew Shelley

Lunch is either missed or taken on the move. After giving crisps up last year sandwiches just don't taste the same! A sit down with Mark Prentice for a quick update is a welcome break. Mark and I have worked together since the start of Boots Dentalcare. Mark has overall commercial accountability and always involves me from the clinical angle.

Back at my desk a leaflet for a new mailing awaits final approval. It all looks fine and, after checking that Dental Protection has seen it, I sign it off. I then have a meeting to review our new 5-day CPD programme. After dealing with more emails the working day draws to a close at 6.20 pm. I make one last call to another Area Dental Advisor during the journey and I'm back home.

*“I now have overall clinical accountability from Chiropody to Wrinkle reduction”*

Do I miss 'gloves in mouth' dentistry? If this hadn't come along then I would still be working back in Manchester really enjoying my dentistry. But this is different. This is using my clinical skills in a totally different way. I find this mentally stimulating, very exciting and rewarding. It's great to be working with such a committed team. Am I happy? You bet I am.

# Prevention is paramount

## an MFGDP (UK) case study

A 14 year old schoolboy presented with pain from the upper left. He had extremely poor oral hygiene. This case illustrates management of multiple carious lesions from initial lesions contained in enamel to extensive spread into dentine. Oral hygiene improvement is used to treat chronic marginal gingivitis. Prevention is paramount in the management of this case.

Name:	<b>Master B</b>	Sex:	<b>Male</b>
Age:	<b>14 years</b>	Occupation:	<b>Schoolboy</b>

**REASON FOR PRESENTATION:-**  
Pain from the upper left.

### HISTORY OF PRESENTING COMPLAINT

Master B. presented on 29th May 2001 complaining of pain from the upper left for two days, it had kept him awake the previous night. There had been no previous problem, pain lasted approximately 30 minutes, no exacerbating factors, did not radiate and it was getting worse. It was eased with paracetamol.

### MEDICAL HISTORY

His Mum completed a full medical history. This was verbally verified in the surgery. Master B has occasional mild hayfever and asthma, no medication prescribed. His Dad has diabetes, controlled by diet alone.

### DENTAL HISTORY

Master B. has not attended a dentist for three years. He remembers previously having local anaesthetic as a child for fillings and extractions.

### SOCIAL HISTORY

Master B. lives with his parents and elder sister. He does not smoke or drink. Patient has a gum shield for school sports.

### ATTITUDE TO DENTISTRY

He wants to stop the pain and is otherwise indifferent. Oral hygiene is very poor.



Pre-operative photograph of disclosed teeth

### Teeth

ULE Distal root remaining  
Caries visible clinically on the occlusal of all first molars

### Periodontium

BPE shows score of 2 in each sextant

Plaque index 100/112

Bleeding Index 49/112

Oral hygiene is very poor, generalised plaque on supra and subgingival calculus. Causing inflammation and erythema. Unfortunately the camera was not available for the first appointment. Master B. had improved his brushing by the following week when the initial photographs were taken.

### OCCUSION

Skeletal Class I pattern.  
Molars slight class II malocclusion.  
Moderate crowding upper and lower anterior segments.

### EXAMINATION

■ Extra Oral > Patient appears well, relaxed and confident. No apparent facial asymmetry, TMJ problems, head and neck lymph gland pathology or salivary gland abnormalities.

■ Intra Oral > Soft tissues  
Lips, tongue, cheeks, hard and soft palate, fauces and the floor of the mouth all appeared healthy

### SPECIAL INVESTIGATIONS

No teeth were tender to percussion. None were sensitive to cold air.

2 bitewing radiographs were taken and reported as follows:

Type 1 caries in enamel only. UR5 Distal, UR6 Mesial.

Type 2 Caries into Dentine. UR6, LR6, LR7, UL6 and LL6 Occlusal.

Pulp Stones present UR6, UL6.

Increased Lamina Dura Space LR6, LR5, 6.

Flattened interdental bone LR8 unerupted.

### DIAGNOSIS

(1) Occlusal Caries UR6, UL6, LR6, LR6, LR7

(2) Generalised Chronic Marginal Gingivitis.

(3) Class II malocclusion with crowding of upper and lower anterior segments.

### PATIENT DISCUSSION

Treatment required was discussed with Master B and his mother, the diagnosis was given as above. Emphasis on prevention.

### TREATMENT PLAN

#### PREVENTIVE:

Scaling under local anaesthetic. Prophylaxis and plaque control instruction. Diet Sheet, analysis and appropriate advise. Fissure sealing UL7, UL5, UL4, LL7, LL5, LL4, UR7, UR5, UR4, LR5, LR4.

#### RESTORATIVE:

Treatment for occlusal caries UL6, LL6, UR6, LR6, LR7 Preventative Resin Restorations when decay just into dentine. Amalgam when deeper into dentine.

#### MAINTENANCE:

Recall examination six months after initial presentation.

Screening of periodontal condition by recording BPE.

Monitor with Bleeding Index and Plaque Index if required.

Bitewing Radiographs will be repeated as Master. B is currently at high risk of caries. If no new lesions are discovered he will be reassessed as medium risk and bitewings repeated and caries status re-evaluated as appropriate.

## TREATMENT VISITS

29/05/01

Examination. 2BW  
Radiographs.  
Diet Sheet given.  
Temporary dressing placed UL6.

06/06/01

Photographs.  
Bleeding and Plaque index.  
Teeth disclosed, OHI given with own Toothbrush.  
LA left side. UL6,LL6 amalgam restorations.  
Scaling and prophylaxis.

13/06/01

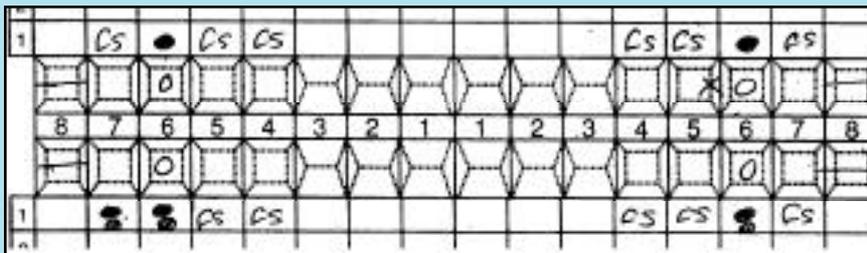
Diet advise given.  
Flossing instruction.  
LA right side.  
UR6,LR6,LR7 Amalgam restorations.  
LR6,LR7,LL6 buccal composite restorations.  
UR7,UL7,LL7 Fissure Sealants.  
Scaling and prophylaxis.

20/06/01

LA upper anteriors.  
Scaling and prophylaxis.  
Polished amalgam restorations.

24/07/01

Bleeding and Plaque index.  
OHI reinforced.  
Fissure Sealants  
UR4,UR5,UL4,UL5,LR4,LR5,LL4,LL5.  
Photographs.



## DISCUSSION

Unfortunately when the cavities present were explored under local anaesthetic there was considerable decay present into dentine. The initial treatment plan utilising preventative resin restorations was altered so all occlusal cavities were restored with amalgam and dentine bonding.

As the oral hygiene improved it became apparent there was decay on the LL6, LR6, LR7 buccal surfaces. These were restored with composite and dentine bonding.

Master B. responded well to treatment, however, he did not like the scaling. Instead of completing this in two appointments he was brought back for third appointment. His bleeding index reduced from 49/112 to 9/112. Plaque index reduced from 100/112 to 9/112.

Master B. is keen to undergo orthodontic treatment for his crowding. His mouth is now of an acceptable standard for orthodontics to be considered. It should prove easier to keep clean if his teeth were straighter. Master. B was referred to the local orthodontist for assessment and treatment as appropriate.



## MAINTENANCE

Future examination and screening should be repeated in six months.

Further Bitewing radiographs will be taken as he is at high risk of developing further caries. Oral hygiene will be reinforced and his caries status

reassessed. Further treatment as deemed necessary will be provided.

The prognosis is good if oral hygiene can be maintained and the diet does not deteriorate.



## APPENDICES

1. MEDICAL HISTORY
2. COPIES OF PATIENT RECORDS
3. BLEEDING INDEX, PLAQUE INDEX
4. DIET SHEET

5. ADVISE SHEETS GIVEN:–
  - a. ADULT BRUSHING
  - b. HOW KISSABLE ARE YOU?
6. REFERRAL LETTER TO ORTHODONTIST
7. CONSENT

*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 diploma tutor Sunil Panchmatia. (contact details on back page)*



Post-operative views

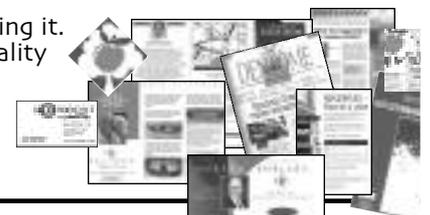
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## Structure of the new examination

MFGDP remains the entry qualification for full membership of the Faculty of General Dental Practitioners. There have been significant changes in the structure of the exam especially in the shift of emphasis to assessment of coursework.

*There are now three elements to the examination:*

### ELEMENT 1

#### PART 1

- 2 hour multiple short answer paper
- 2 hour combined critical reading paper and multiple choice paper

### ELEMENT 2

#### Coursework module

- Clinical case report of 2000 words
- Audit project
- Portfolio of evidence in six key skills areas
  1. Medical Emergencies
  2. Cross infection control
  3. Record keeping
  4. Radiography
  5. Legislation in general dental practice
  6. Staff and personal training



The Royal College of Surgeons of England.

### ELEMENT 3

#### PART 2

- OSCE on treatment planning matters (objective structured clinical examination)
- Final Viva Voce examination

Part 2 can only be taken after successful completion of part 1 and the coursework module.

For further information about taking the MFGDP(UK) examination please contact diploma tutor Sunil Panchmatia. Sunil's details are on the front and back pages of this newsletter.

### ANNUAL GENERAL MEETING

Notice is hereby given that the Annual General Meeting of the Faculty of General Dental Practitioners (UK) will be held at The Royal College of Surgeons of England, 35-43 Lincoln's Inn Fields, London, WC2A 3PE on Monday 3 February 2003 at 12.30pm

### Antibiotic prophylaxis study day

110 people attended the antibiotic prophylaxis study day at the Britannia hotel Didsbury on October 18th. The meeting was led by Dr Mike Martin of the University of Liverpool Dental School.

### VACANCY FOR A NEW COMMITTEE MEMBER

Following a recent resignation we have a vacancy for an enthusiastic and committed member to serve on the Divisional Board. If this person is you please contact Secretary **John Moorhouse** for further details on **01925 759123** or by email on [johnmoorhouse@eaglebrow.com](mailto:johnmoorhouse@eaglebrow.com)

Congratulations to the following members who passed the MFGDP(UK) examinations in November 2002

Helen Wallace MFGDP(UK),

Antonia Kealey MFGDP(UK),

Mandy Rothwell MFGDP(UK)

### 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 issue in the newsletter please contact the editor, Andrew Shelley on 0161 320 42. or e-mail [andrew.shelley@zetnet.co.uk](mailto:andrew.shelley@zetnet.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 special deal to faculty members. North Western Division members are eligible for a preferred Faculty member discount of 10% off all catalogue price (excluding mini-catalogue and prom 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 significant discount of 12.5% of 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 Manager Steve Brown may be contacted on e-mail - [swbrown@dentaldirectory.co.uk](mailto:swbrown@dentaldirectory.co.uk). Also see web site: <http://www.dentaldirectory.co.uk>

### Associate membership - £40

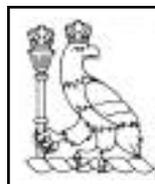
Available to registered dentists within three years of their graduation.

### Retired membership - £68

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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for membership enquiries



## PATHWAY NORTH WEST

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