

# PATHWAY

N O R T H W E S T

THE NEWSLETTER OF THE NORTH WESTERN DIVISION OF THE FACULTY OF GENERAL DENTAL PRACTICE

## Changing times...



Adrian  
Bennett  
*Editor*

The last six months has seen several changes for the Faculty, not least of which is a change of name. We are now officially the

"Faculty of General Dental Practice". This revision has been made to account for the intake of PCDs (or DCPs – Dental Care Providers, as they are becoming known), whose numbers are expected to increase as it is expected that DCPs will be able to expand their range of skills via recognised training and experience to provide much more treatment than they currently do. The intake of DCPs will increase the size of the Faculty (the North-West division membership already stands at over 280 members) which is becoming more central to the political decision making process. The change in name may be short lived, however, as it is hoped that there may eventually be a merging of faculties to give a "Faculty of Dentistry", and possible reciprocity between MFDS and MFGDP. One immediate advantage for practitioners would be the opening up of Specialist Training entry to many more dentists outside of the hospital service.

At the first MFGDP meeting of this year's intake, more than 30 of the 44 candidates have been qualified less than 5 years. An indication that the new career pathway has been well accepted and that MFGDP is seen as a natural progression from vocational training. This is has been helped by allowing VTs to complete one of their "Key-Skill" elements as their VT project. Another indication of the success of the new career pathway is the sharp rise in Key-Skill portfolio submission to the examiners. This year's exam timing has again been changed to reduce pressure on candidates, with Part-One being sat in April as usual, but Key-Skills and Case submission not required until September. Part-Two will be taken in December 2006. There is also a new Key Skill element on the horizon, titled "Risk Management and Communication". This new section, the 7th Key-Skill, will not be compulsory until 2007, however. There are still a few places available for this year's intake; contact Sunil Panchmatia for further details.

Further up the career ladder, the faculty's Diploma in Restorative Dentistry has been running since January and is set to start with a second intake probably in the New Year. The diploma course and the now well-established Implant Diploma, count fully towards the clinical element of the career pathway which leads to faculty fellowship. The old-style MGDS is now being phased out in favour of the new diploma courses. For further information, read Ian Wood's report inside.

Our Divisional AGM was held at MANDEC on the 14th September where Nick Ward, Dean of Post-Graduate Dental Education and Divisional Board member gave a lecture entitled "Cheerio – Hope you enjoyed all those endo courses!" The thrust of Nick's lecture was, "where are the Deaneries going?" The Deaneries were once University associated entities and therefore had a degree of autonomy, however there are now hosted and funded by the Strategic Health Authority and as such are firmly in the NHS camp. Future roles for the Deanery are likely to include Specialist Training, CPD and Workforce Development (which includes DCPs). This will be over and above the training already provided e.g. vocational training, although Section-63 courses may slowly die out.

Further "newness", as Nick put it, will be the introduction of guidelines for the appointment of DwSIs, containing competency frameworks for each Special Interest. Practitioners will be required to demonstrate, by means of a portfolio, evidence confirming their ability. This may include a range of Deanery, Faculty and other training, plus outcome reports and case studies. It is unlikely that there will be a "standard" pathway to DwSI accreditation. The PCT would indeed be able to sponsor further training to enable a practitioner to be accredited, but, this is always subject to the availability of funding and the need for the DwSI service.

The effects of local commissioning of dental healthcare by PCTs will not only affect the appointment and training of DwSIs: Funding levels will be decided by population needs assessment in all areas of health care delivery and practitioners may be required to show competency, by attaining MFGDP for instance, to secure that funding.



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- ANNUAL STUDY DAY WITH PROFESSOR CALLUM YOUNGSON

We are now officially the  
"Faculty of General  
Dental Practice"

However, it is likely that there will be occasions when the PCT will have to make choices regarding which services they deliver or commission, (not just for dentistry) and there will be times when funding for education and training will not be available, because the particular skills are not required by the service.

Many thanks to Nick for his fascinating lecture on the future of dental healthcare in the UK and his insight into the Deanery's future roles in the provision of training and support of professionals within the service.

The Divisional Study Day had been replaced by a series of small-group hands-on courses. The first, on implants, is already fully subscribed and running, but more will follow. See John Moorhouse's report inside for details.

Adrian Bennett  
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# Dental Nurse Bloke!

Ben Davenport is a real bloke. Hobbies include kick boxing and body building and when he heard about our vacancy for a dental nurse he had just finished working in a car body shop. Ben's Aunt, who is our reception manager, mentioned as a joke that Ben might like to apply for the job as a dental nurse. To her surprise he answered "Yes" !

"My Aunt had always enjoyed the work so I thought why not ?" said Ben. "I had taken A-levels in film studies and performing arts but dentistry sounded interesting". Ben was an immediate success and his enthusiasm won everybody over at his interview. He did receive somewhat of a ribbing from his mates but soon put them in their place. "My mates called it my girly job" confesses Ben, " but when I told them some of the things I actually do they soon stopped. Even my kick boxing partner, who thinks he is a tough guy, was grossed-out when I told him about the surgical extraction we had done one afternoon. I told him how we peel the gum back and drill away bone and now he doesn't call it a 'girly job' anymore!"

Taking on a male dental nurse was a departure for us, as it would be for many practices. Naturally we were concerned about how the patients would react and how he would fit in with the female nursing staff. We needn't have worried. In fact the patient reaction is very interesting.

The female patients don't seem to react any differently but the big difference is the way that some men behave. Perhaps I shouldn't go into too much detail but suffice to say that some no longer feel the need to restrain themselves from colourful language! As for the staff, my office manager commented, "It's fantastic having a bloke around. It's something different. Patients very often ask about it although sometimes they think he is a new dentist and check to make sure that they are still seeing their usual one".

The presence of a male nurse has also had some unexpected positive results. My hygienist reveals, "Sometimes when I am working at night up in the first floor surgery I feel vulnerable when I have male patients. Having Ben around as my nurse has stopped all that, especially as he is a kick boxer." For the future, Ben is ambitious. He is just beginning his NVQ dental nursing course and is already making enquiries about training to become a dental therapist or hygienist himself.



*Male dental nurses are still a rarity outside of the armed forces.*

*Andrew Shelley reports on the positive impact of a new male dental nurse on his practice.*



As for me, my day consists of totally different conversations from those with my previous nurse. Gone are the days of boyfriend traumas and shopping. Ben studied Quentin Tarantino for his film studies A-level and so now the daily conversations are more likely to be about our favourite gangster movies. He is also a fan of rap music and I can report that I now discuss the works of 'Snoop Dog' and 'Puff Daddy' with confidence!

There is no reason why there should not be more male dental nurses. You have to choose the right one, of course, but in my opinion this has been one of my better moves!

## Diploma in Restorative Dentistry:

**By Ian Wood, Course Director**

I am delighted to say that the Faculty is inviting a second cohort of applications for the Diploma in Restorative Dentistry which is once again to run here in Manchester at MANDEC.

The course is designed to meet the educational needs of the busy practitioner and is practical, patient based and clinically relevant. Although MFGDP is not essential, holders will be given preference during the selection procedure, and it is hoped that successful candidates will eventually progress to Fellowship as the Diploma fully meets the requirements of the clinical element of the Career Pathway.

Approval is currently being sought for registration from the GDC,

If you would like more information please contact Beverley Englefield, the Education Officer at the FGDP, or e-mail her at [benglefield@rcs.ac.uk](mailto:benglefield@rcs.ac.uk)

## Hands-on courses:

By John Moorhouse, *Course Presenter.*

Frances Trainer has been acting as facilitator for the hands-on courses as advertised with the last newsletter. The 3 day implant course presented by John Moorhouse and supported by Straumann (UK) started on 6th September and continues on 4th October and 1st November. Several members have indicated that they would like to attend multiple courses and Frances will be contacting them soon with dates in the New Year. Any queries about the courses or late applications can be directed to Frances on

**01925 759123.**

This case shows the management of a 31 yr old male patient in severe pain due to pulpitis in an upper premolar. It also deals with the treatment of caries, tooth wear and gingivitis with preventative advice and treatment. As always, the report is heavily edited due to space limitations. A copy of the full case can be obtained by requesting in writing to Sunil Panchmatia.

### Patient Details

*Name:* Mr X  
*Date Of Birth:* 20/08/73  
*Age:* 31 Years  
*Sex:* Male  
*Occupation:*  
 Auto Electrician/Car mechanic

### Reason for Attendance

Mr X presented on the 13/09/04 as a new patient. He was complaining of pain from an upper left premolar tooth that had started 5 days before when he was drinking cold drinks. It had got progressively worse and was now preventing him from sleeping. It was hurting slightly when he bit his teeth together.

### Past Medical History

Mr X completed a full medical history form and this was verbally verified in the surgery. Nothing of relevance was found.

### Past Dental History

Mr X has not been a regular attendee in the past but remembers having a few large fillings and some temporary restorative work done by a previous dentist about 6 months ago. He did not return to have the restoration completed because he said that he had become anxious as the last treatment had "hurt" He now finds it more convenient to have treatment near his place of work.

### Social History

**Family:** Mr X is single and lives at home with his parents.

**Smoking:** None

**Drinking:** 12 units alcohol/week. He also regularly drinks "sports drinks" as he plays sport on a regular basis.

**Habits:** He says that he has been informed that he "grinds his teeth" at night.

**Contact Sports:** Plays football

### Attitude to Dental Treatment

Mr X is a little apprehensive but wants to have treatment to relieve the pain. Due to sleep deprivation, it is now affecting his job. He felt that he used to have a relaxed attitude to dentistry but following his last "bad experience" he now feels anxious.

### Examination

#### Extra Oral:

**General:** Pt is fit and healthy. Normal height and weight

**Facial Asymmetry:** NAD

**Swellings:** NAD

**Lymphadenopathy:** NAD

**TMJ:** No crepitus, no deviations, no tenderness of muscles of mastication

#### Intra Oral:

Soft Tissues: lips, tongue, floor of mouth, hard and soft palate, fauces, cheeks all appear healthy.

- LR6: amalgam restoration fractured, caries visible
- Occult caries visible mesially in UL7
- Temporary zinc oxide dressing present in UL4
- Palatal aspect of UL6 fractured
- UL5: Occlusal surface of PBC worn through to metal
- Early carious lesion buccally LL7

**Periodontium:** BPE recorded

2
1
2
2
2
2

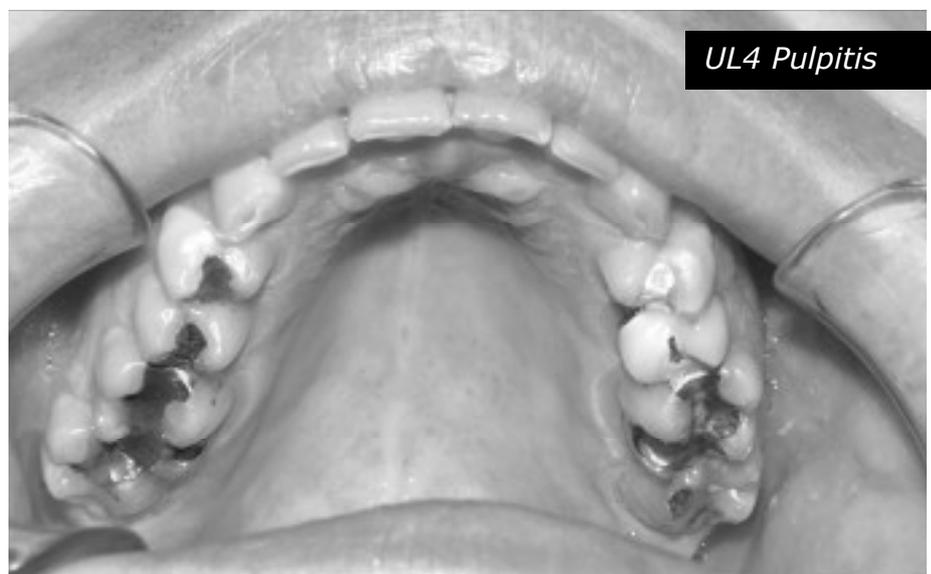
Oral hygiene fair: generalised plaque, supra & sub gingival calculus, generalised gingivitis

#### Occlusion:

**Skeletal Pattern:** Class 1, Incisal relationship-Class 1,

**Molar relationship:** Class 1left side/ right side 1/2 class II with x-bite. Mild crowding of lowers with slight centre line shift of lower incisors 2mm to left.

Canine Guidance present with no working or non-working side interferences. Evidence of tooth wear in upper and lower incisor region.



### Special Tests

- UL4 was not TTP
- UL4: Exaggerated response to ethyl chloride
- UR4 did not respond to ethyl chloride

### Radiographs:

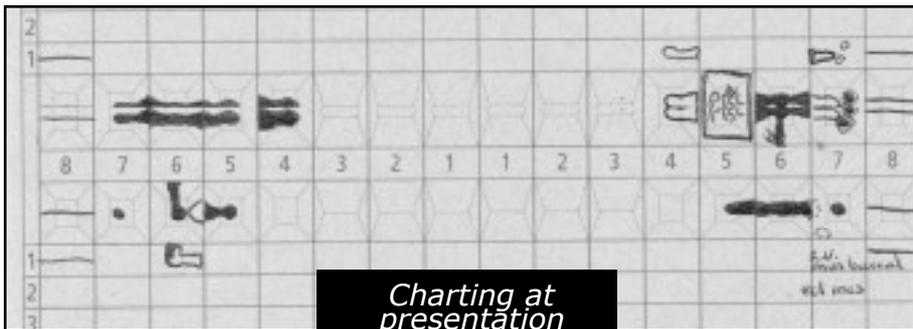
2 Bitewings and 2 Pas: UL4 and UR4.

### Bitewings Report:

- LR6 Caries mesially.
- UL7 Caries mesially and occlusally
- UL4 Large temporary restoration with extensive caries beneath close to pulp
- LL7 Mesial enamel caries not touching the ADJ
- No periodontal bone loss

### Periapicals:

- UL4 loss of lamina dura mesial and distal root apices. Caries close to pulp.
- UR4 large amalgam filling close to pulp with loss of lamina dura on both root apices.
- UL5 satisfactory root filling



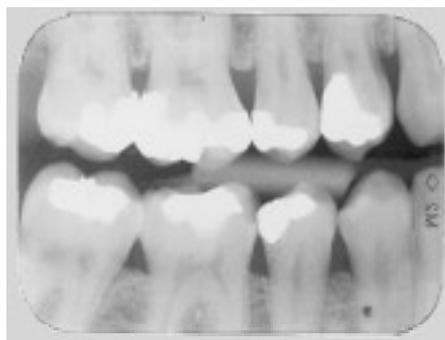
## Diagnosis

- Acute irreversible Pulpitis UL4
- Carious Lesions UL7 and LL7 and LR6
- Chronic Marginal Gingivitis
- Toothwear of involving incisal edges of all lower incisors exposing dentine

## Patient Discussion

Mr X was given the option of what he would like to do with the tooth causing him problems.

- 1) Root treatment and what this entailed.
- 2) Extraction of the tooth with explanation of the possible associated problems
- 3) No treatment  
The patient decided to have the tooth root treated as I recommended.



## Treatment Plan

1) **Emergency:** Extirpate Pulp UL4 and relieve pain, dress with CaOH2

2) **Preventative Treatment:** Periodontal scaling and polish plus oral hygiene instruction. Diet sheet and advice, plaque/bleeding score. Tooth wear index. Topical fluoride application. Fluoride mouthwash.

3) **Definitive:** Root canal filling UL4 and UR4 and amalgam restorations and restoration UL7 and LR6 in amalgam. Preventative treatment for early carious lesions in LL7. (The patient subsequently decided that, as the UR4 was not giving him any pain that he would like to defer RCT on this tooth for the moment.)

### 4) Maintenance:

i. Dental examination: 6 monthly, review oral hygiene and plaque/bleeding index score. Monitor tooth wear.

ii. Radiographs: High caries risk. Evidence of ongoing interproximal caries with frequent sugar intake, low knowledge of dental disease and an irregular attender so bitewings in 6 months is recommended. Review endodontics in UL4 with periapical radiograph after 1 and 4 years. Review UR4 with periapical 12 month.



*Periapical UR4  
Periapical UL4*



*Completed RCT UL4*

Evidence supports the use of a cast restoration as this offers a better coronal seal against infection ingress and has shown to give the endodontic treatment a better chance of success, but this has to be compared against the loss of tooth tissue when preparing the crown. A cast restoration will be considered in the future and the tooth remains asymptomatic.

The root treatment was successful and to date no problems have arisen since the initial consultation for the pain.

As there was caries present in the occlusal and distal surfaces and the caries extended into the inner half of the dentine plus a large part of the occlusal enamel was lost then it was felt that it was not suitable for a resin restoration and amalgam was more appropriate.



*LR6 MO Amalgam completed*

Diet advice was needed as Mr X had developed a high sugar diet and constantly drank carbonated drinks at work leading to a diet that was unhealthy and cariogenic. Setting good habits now could prevent problems in the future. Three areas I discussed about his diet were; Drinks, Sugary snacks and sweets, Balanced diet and eating at regular meal times

As his initial oral hygiene was poor I felt that tooth brushing and flossing instruction would give good long-term benefits. Following two visits to the hygienist his oral hygiene improved and I decided a plaque and bleeding score would be repeated at his 6-month recall to see if the improvements had been maintained. Following application of topical fluoride and in view of his much improved OH and diet plus the use of a fluoride mouthwash we agreed that I would monitor the early lesions in the mesial and buccal surfaces of the LL7. With regards to his tooth wear as he was not experiencing any symptoms and it was decided to monitor this over a period of time. The UR4 should preferably have been root filled and the patient was made aware of the risks of delaying this treatment.

## Discussion

When Mr X, first presented the following treatment options were discussed, as he was in severe pain, no treatment was not an option at this point.

### Extraction of the UL4 and replacement options

- No replacement
- Restore later with bridge-Adhesive or Conventional
- Implant
- Partial denture-options

### Root canal treatment UL4 and restoration with

- Amalgam restoration
- Gold Inlay with cuspal coverage
- Porcelain Bonded to Metal or Gold crown
- The tooth was heavily filled but I felt that it did not warrant extraction and advised Mr X of this. The treatment decided on was the least destructive to the tooth tissue. Once the tooth had been root filled I decided that an amalgam restoration was suitable to restore the tooth.

# MFGDP tutors report:

*By Sunil Panchmatia, Course Tutor*



*Delegates First Session 2005-06.*

The "MFGDP (UK) Route to Success" 2004-05 has been received very well by the delegates. Those that have taken the various parts of the examination so far have enjoyed high success rates once again – we await with eager anticipation December 2005 when we will know the names of the Diploma successes. The national feedback for the Manchester Study Group is very flattering indeed – the performance of our delegates is one of the best in the UK! One of the most positive aspects that delegates feed back to us is how much they feel their practices have been enhanced having done the Course and the Diploma. The new course 2005-06 has just commenced – once again, the demand was very high. There are 44 delegates this year – sessions are held about once a month at MANDEC in the evenings.

*"The performance of the Manchester delegates is one of the best in the UK!"*

The Study Group is a Team Venture run by Andrew Shelley, Ian Wood and myself, with additional mentoring support from Ian Hunt and Graham Fogg.



*Delegates practising for vivas. The "Tutors"*



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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](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

"Web designer required to help run divisional website - contact John Moorhouse for further details"

You can download previous issues of Pathway from [www.fgdp-nw.com](http://www.fgdp-nw.com) - very handy for reviewing previous MFGDP case studies.



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