

YORKSHIRE DENTISTRY



Faculty of General Dental Practice (UK)
The Royal College of Surgeons of England

Faculty of General Dental Practice (UK) Yorkshire Division

www.fgdpyorkshire.org.uk

YORKSHIRE DIVISION REPORT

Steve
Byfield



The FGDP(UK) elected a new Dean, Russ Ladwa, who took over from Richard Hayward in June 2009. Members of the board thanked Richard for his dedication, hard work and leadership over the past 3 years and welcomed Russ who will guide us through into a new era.

I am pleased to report that the FGDP(UK) is now considering the next step to secure its future under the Dean's leadership, to enable the FGDP(UK) to continue to further develop its remit of providing high levels of educational training for the dental team.

Historically the FGDP(UK) was established under the supporting arm of The Royal College of Surgeons. The time has now come to reassess the status quo.

Three options have been identified as follows:

- 1 The FGDP(UK) could fully integrate into the Royal College of Surgeons in a similar manner as the Faculty of Dental Surgery. The Present FGDP(UK) Dean will become a fully-voting RCS council member. The present FGDP(UK) board would be able to make decisions but would be answerable to the RCS Council.
- 2 The FGDP(UK) could become an independent faculty with its own governance and charitable status. The FGDP(UK) would remain for the foreseeable future at the RCS as a "lodger"

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paying rent. The FGDP(UK) board would become trustees and remain in full control of the FGDP(UK). The FGDP(UK) would retain for the foreseeable future the "badge" RCS.

- 3 The FGDP(UK) could become an independent faculty with its own governance and charitable status and move to new premises. The FGDP(UK) board would become trustees and remain in full control of the FGDP(UK).

The Dean, Russ Ladwa, has formed six working groups comprising of elected main board members and FGDP(UK) HQ staff who over the next six months will investigate the benefits and disadvantages of each opportunity and collectively vote on the most appropriate option to take our faculty forward.

continued...



The working groups are as follows:

- A** Staff and human resources
- B** Premises
- C** Finance
- D** Focus, function and role (delivering strategy)
- E** Governance: Board, Divisions, Dental Care Professionals
- F** Relationships with other bodies

Naresh Sharma, past Divisional Director and Yorkshire board representative, has been elected to the main board into a national seat. Along with Paul Brunton, Trevor Johnson & Steve Byfield, he brings Yorkshire's national representation on the main board to four. The group will offer the Yorkshire Division a significant voice on the main board.

This is going to be a very important period of time for the faculty and all Yorkshire FGDP(UK) members are encouraged to share their opinions with the Yorkshire division's main board representative Steve Byfield:
info@stephenbyfield.co.uk

He will collate the feedback and ensure they are directed to the chair of the relevant working group. Alternatively members can email the main board directly at fgdp@rcseng.ac.uk

The new Membership of the Joint Dental Faculties examination has had a great uptake, with over 500 successful candidates of Parts 1 and 2 in June 2009. This exam forms the foundation for the FGDP(UK) pathway towards fellowship. The Yorkshire division has a year course for the MJDF.

The FGDP(UK) has continued to increase its membership and the Diplomas in Implant Dentistry, Restorative Dentistry and Primary Care Orthodontics remain very popular. The MSc in Primary Dental Care is now in its second year.

The above courses and Certificates in Appraisal in Dental Practice and Dental Health Services Leadership and Management offer credits towards the FGDP(UK)'s Career Pathway and Fellowship. DCP Diplomas in Dental Hygiene, Dental Therapy and Clinical Dental Technology have been well supported. Details of courses can be found
http://www.fgdp.org.uk/course_applications

The new e-ssociate membership category which is free for dental students is gaining popularity and will in time provide increasing exposure to dental undergraduates to the benefits of FGDP(UK) membership.

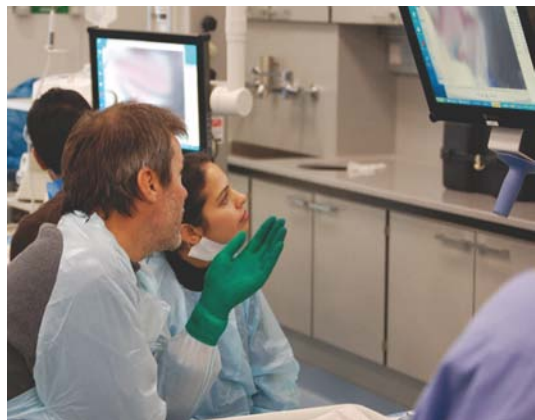
e-Den, a joint NHS FGDP(UK) initiative, was launched in October 2009. e-Den is a web based learning project which covers a wide variety of dental subjects. This new concept will offer clinicians easy access to CPD.

Clinical Examination and Record-Keeping was launched in November, and new editions of Adult Antimicrobial Prescribing and Selection Criteria for Dental Radiography are in progress.

The FGDP(UK) launched its Bisphosphonate-Induced Jaw Necrosis research project this year. Members who have ONJ cases can support the project by visiting
<http://web.rcseng.ac.uk/bijn-project/>

On behalf of the Dean and main board I would like to thank the Yorkshire Division's Director Mark Willings and his board for their dedication and regional support of the membership .

Steve Byfield
Yorkshire Divisional Representative
info@stephenbyfield.co.uk



Studying for the Diploma in Implant Dentistry is an exciting and potentially rewarding discipline. For more details see page 10.

ROUTLEDGE BLAKEY ASSOCIATES

Specialists in Dental and GP Practices

This year we sponsored the FGDP(UK) Yorkshire Division October 2009 Masterclass and met 150 practice staff, many of whom recognised the need for practices to avoid the risks of employment legislation and up to date HR and H&S procedures. When it comes to HR and H&S have you got all the essentials covered?

If you are like most Practices you will be too busy looking after patients and the day-to-day running of the practice to worry about whether you comply with all the current legislation relating to the employment and management of people. However, the increasing incidence of practices falling on the wrong side of the legislation means that nobody in this business can afford to ignore their HR/H&S practices, policies and procedures.

This is where RBA can help. With a long history of providing outsourced support to dental and GP practices, RBA can ensure that you stay on the "right side of the law" and minimize your risks! To this effect, we are offering you a **FREE** HR and Health and Safety Review online.

The audit will give you a full review of your practices, processes and procedures, suggest the actions you need to take to ensure compliance, and give you the peace of mind in knowing that you are "on the right side." The usual commercial value of a detailed audit is £800.

You can read more about the services we provide at www.routledge-blakey.co.uk and request your **FREE** audit online. If you would prefer, you can contact our Managing Consultant, Gillian Webster on **07768 274116** or email: gillian@routledge-blakey.co.uk

Practice Manager Leadership Training

We specialise in Practice Manager Training. Would your Practice Manager welcome the opportunity to discuss and develop the key leadership skills, enabling them to add real value to individual, team and Practice performance?

7 modules have been designed specifically for Practice Manager to develop leadership skills and knowledge. Participants should ideally attend the whole programme for maximum benefit but can opt in and out to meet specific needs. All modules are a half day duration to fit in with Practice needs and support Continuous Professional Development.

All programmes are delivered at hotel locations across the UK. Costs are reduced by 15% for those signing up in 2009 at only £90 per person per session plus vat.

At the end of this programme of leadership training modules, Practice Managers will have a good understanding of how to manage people issues within the current legislation, understand best practice and implement HR policies and procedures effectively. They will have a greater understanding of their role and how to support the principal GP or Dentist in driving the people agenda to maximize individual and Practice performance. The whole programme is designed to equip Practice Managers and team leaders with the essential skills and knowledge required to meet their role requirements effectively, professionally and with confidence.

Half day Modules include:

- 1 An introduction to leadership skills
- 2 Performance Management
- 3 Managing within the law
- 4 Managing absenteeism and stress
- 5 Effective recruitment and selection
- 6 Building an effective team
- 7 Health and Safety

Contact us for further details & available dates with no obligation

01274 599233

www.routledge-blakey.co.uk



HTM 01-05: Decontamination

Since the days of Louis Pasteur and Joseph Lister the control of infection in relation to medicine and dentistry has undergone change and refinement. Over the decades new infectious agents such as HIV and prions backed up by research and public opinion have forced us to re-evaluate current practices and change them if necessary.

The latest change, *Health Technical Memorandum on Decontamination in Primary Dental Care* may well be on our doormats by the time you read this article. It was first published in its final form in April of this year on the Department of Health website, the month that also saw the creation of the Care Quality Commission. Dental practices were up until this point following the 'old' BDA advice sheet A12, this was a guidance document created by the profession and was considered to be best practice to follow.

However, following on from concerns over the cleaning of surgical instruments in relation to prions and the increase in hospital acquired infections such as MRSA and C. difficile the government passed the Health Act 2006 which introduced the 'Hygiene Code' and more recently the Health and Social Care Act 2008. The Department of Health produced HTM 01-01 for Hospitals to help them to comply with these Acts' requirements and the Healthcare Commission (now the Care Quality Commission) were charged with monitoring, amongst other things, its implementation and compliance. Dentistry perhaps inevitably followed suit with HTM 01-05.

HTM 01-05 is broken up into two main sections; by far the largest are the Essential Quality Requirements, which practices have a year to comply with. The second section is Best Practice; there is however no current date by which practices have to comply with this although they do have to show how they plan to meet/implement the requirements.

Essential Quality Requirements (EQR)

Policies, Audits and Training...

The majority of the EQR dental practices should already be fulfilling if they were following the old BDA A12 advice sheet; what should already be in place is the Infection Control Policy – this is made up of a number of different policies and procedures and should be updated whenever something 'new' is recommended (such as the requirement for endodontic files to be classified as single use only) and at the very least reviewed annually.

It is important that key personnel involved in infection control in the surgery setting are named; these will be made up of internal and external staff, and a key new appointment is a Decontamination Lead. This should be a suitably trained person who is responsible for infection control in the dental practice. Some of their duties will be to organize and maintain audit records and training.

Most of the procedures/policies that make up the EQR are already good practice such as hand hygiene, decontamination, disinfection, and the prevention of blood-borne virus exposure etc. It is however critical those members of the clinical dental team are trained in all aspects of this and that this is documented. Besides recording training and inducting new members of staff to the Infection Control Policy regular audits should be carried out. The Infection Control Society have produced templates for practices to follow and it doesn't take a huge leap of imagination to see that these could well be used by the PCT/Care Quality Commission to check for compliance with HTM 01-05.

In relation to decontamination it is important that equipment used in this process, ultrasonic baths, autoclaves and washer-disinfectors are validated; the paperwork for this process must be kept and the HTM gives guidance on how to achieve this.

Decontamination in dental practice

Decontamination

The decontamination process is made up of three phases: a pre-sterilisation clean, sterilization itself and the subsequent storage of the instruments. Under EQR there are two acceptable means of pre-sterilisation cleaning: either manual cleaning or the use of an ultrasonic bath. The emphasis is, however, to move away from manual cleaning, primarily due to the risk of sharps injuries and the difficulty in validating the process. However all practices must have facilities for manual cleaning even if they plan to follow Best Practice.

If the process of decontamination is to still be carried out in the dental surgery treatment room then it should be carried out when a patient is not present (temporal separation); there should also be a clear dirty-to-clean workflow and this should be reflected in the infection control policy.

A change from past advice is instrument storage times, with figures of 21 days for instruments bagged up after completing an autoclave cycle and 30 days for instruments pre-bagged before completing a vacuum autoclave cycle. The bags need to date stamped and audited regularly.

Best Practice

Best Practice according to the document is made up of three main areas: the need for a separate room for the decontamination process to take place in (Local Decontamination Unit), the use of Washer-Disinfectors for the pre-sterilisation cleaning and a separate area to store clean dental instruments, away from patient treatment areas.

What is perhaps slightly surprising is that contrary to past advice it is not considered best practice to use vacuum autoclaves to sterilize dental handpieces in. Also anecdotally from talking to DCP's and dentists at lectures and events the use of washer-disinfectors is not without its problems, with some dental carers

workers claiming that ultrasonic baths produced the same if not better results in removing blood and debris.

The practice I work in is a busy NHS eight-surgery practice and we have found the use of a Local Decontamination Unit has improved the efficiency of how we decontaminate instruments. Patients and staff also seem to be impressed by the facility.

HTM 01-05 is not without its critics; anecdotally I have witnessed a wide range of criticisms from colleagues and whilst I feel it is entirely right and proper that as a thinking profession we challenge new ideas and seek logical reasons or evidence for implementing changes to established practice it is important that we do not ignore this advice or cherry pick procedures; it is backed up by legislation.

In summary it is essential that all dental practices implement EQR over the next year; it is expected that the Care Quality Commission will start to regulate all dental practices both NHS and Private from April 2011 and infection control will be a key area on which practices will be assessed.

DR PHILIP NEWSOME

RESTORATIVE DENTISTRY THEN AND NOW

Philip Newsome came back to Yorkshire to give a personal overview of how dentistry has changed in the 38 years since he entered Leeds Dental School.

Philip traced his career through his honours degree at Leeds to Hong Kong where he is an assistant professor as well as running a private practice. He has also studied business and holds an MBA and a PhD in business. So, is ideally placed to look at both the clinical and the business side of dentistry. Dentistry in 1971 was a distress purchase. Now, dentistry is a more patient-centred, holistic, aesthetic and evidence-based service, one where patients are willing to pay for elective procedures to enhance quality of life.

He gave an excellent overview of how to succeed in the business of dentistry, including his three top tips of:

- **Work smarter**
- **Raise your prices**
- **Reduce costs**

Unlike some business gurus, (“Americans love the word guru because they can’t spell the word charlatan!”) he didn’t present a “you must do it like this” approach but recognised that we are all different and that a successful practice will reflect the personality of the principal. He said that being different and standing out from the crowd was vital.

He stressed that excellent clinical skills were vital, but not usually what your patients will judge you on. It was important to act on the patient’s best interest, deliver what you promised to high standards, and not to rip people off, but to charge sufficient to earn an adequate profit.

Philip then took a look back to evaluate whether the desire for aesthetics at all costs was really in the patient’s best interest. He wondered whether some of the people who had been given full mouth veneers would have been better served by just bleaching, and here he prefers home whitening to the marketing-led in-office systems.

by **Graham Lovis**

In the afternoon, Phil discussed the RCT versus Implant debate, and using research figures suggested that longer-term success rates were good for both techniques. In the last session of the day, Phil explained the concepts of sales and marketing.



Philip Newsome

Phil encouraged us to overcome our awkwardness of selling and to set prices for the individual service that only you can provide. Neuro-fiscal drag should not be the obstacle when patients appreciate the value of what we provide.

Before his business training, he admitted that he thought marketing was another word for advertising, but this proved to be far from the truth. The marketing cycle with the flow topics “What are we selling?”, “Where do I want to position my products and services?”, “Who are my customers?”, “How much will they pay?”, “How will I communicate with them?”, “How will I keep my customers?” looked like the Krebs Cycle, but had far more relevance to the running of the dental practice of today.

There was so much practical information on practice management and relevant quotes from business gurus: - “What you say before treatment is an explanation; what you say afterwards is an excuse.” The underlying theme of the day was that patients buy much more than technical treatment from us, they buy the benefits of that treatment so that they improve their well-being.

Phil is the co-author with Ashley Latter of the book entitled “Helping Patients to say Yes” which explores the sales and marketing element of his talk in more detail, and is thoroughly recommended.

More details: www.philipnewsome.com

by **Ian Auckland BDS, DGDP(UK)**



MJDF PATHWAY

What is the MJDF?

The Diploma of Membership of the Joint Dental Faculties at The Royal College of Surgeons of England (MJDF RCS Eng) is a new assessment, developed jointly by the Faculty of General Dental Practice (UK) and the Faculty of Dental Surgery of The Royal College of Surgeons of England. This new examination has effectively replaced the MFGDP(UK) and the MFDS.

The MJDF examination consists of:

- **Portfolio of Evidence**
based on workplace-based experience
- **Part 1 examination**
in the form of one written paper containing multiple choice questions (MCQs), and
- **Part 2 examination**
in the form of an objective structured clinical examination (OSCE) and structured clinical reasoning (SCR) exercises.

The examinations and course work are set at the expected level of a second year postgraduate dentist, and cover all the competencies outlined in *A Curriculum for UK Dental Foundation Programme Training*.

Why sit the MJDF?

- The MJDF is the starting point for practitioners who wish to develop their careers in a number of ways. The examination may become a desirable requirement for entry into postgraduate training programmes generally, including specialist training, and is the starting point for the FGDP(UK)'s Career Pathway for general dental practitioners.
- With the advent of concepts such as Dentists with Special Interests, all dentists should consider the MJDF as a valuable demonstration of having achieved the postgraduate competencies as set out in the foundation curriculum.
- The examination itself is becoming popular with recent sittings taking place at Chelsea football ground for lack of space at the Royal College. This combined with an increase in two-year GPT Vocational Training schemes which are looking to incorporate the MJDF as part of their final

assessment has resulted in the qualification becoming far more popular.

- The Key Skills and Portfolio of Evidence provide an excellent introduction to all the clinical governance issues which arise in dental practice. Whether you work as an associate, a principal, or want to buy a practice, in the current climate revision in this area is invaluable.
- Relying less on traditional tests of knowledge and more on workplace-based demonstration of competencies, the MJDF provides a modern, innovative assessment for today's dentist, in line with the principles of the Postgraduate Medical Education and Training Board.

In West Yorkshire we run an excellent course over ten evenings in Harrogate which helps candidates put together their Key Skills and Portfolio of Evidence. For more information please look at the division's website at:

www.fgdp.yorkshire.org.uk

What after the MJDF?

The MJDF is just the starting point of the Faculty career pathway, which ultimately ends with the Fellowship of the Faculty of General Dental Practice (UK).

On completion of the MJDF discerning dentists could consider undertaking the FGDP(UK) Diploma in Restorative or Implant Dentistry. These are two-year distance learning programmes, covering a wide range of topics with access to an expert tutor. A recent development in the Restorative Diploma is the conversion to a Masters in Restorative Dentistry with a one-year research project based at Leeds University. The diplomas satisfy the clinical credits needed for the fellowship assessment.

In order to achieve the necessary business credits, a management course such as the Certificate in Dental Health Services Leadership and Management in Harrogate over two weekends can be undertaken.

Once the necessary credits have been achieved an application can be made for the final Fellowship assessment.

For further information on the MJDF or the Career Pathway please visit www.fgdp.org

EBD EVIDENCE BASED DENTISTRY

Evidence-based dentistry (EBD) is often used almost as a slogan and the phrase 'evidence-based' is frequently used without acknowledging the level of evidence to support the context in which it is used.

Sackett et al. (1996) described evidence-based practice as "the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence based health care means integrating individual clinical expertise with the best available external clinical evidence from systematic research". This is a very useful starting point as it considers the views and participation of patients into the process, acknowledges that when evidence is limited then experience both of others and oneself is important and finally, considers the level of evidence to support a particular treatment or intervention at a particular point in time.

The Cochrane Collaboration was first established by Dr Archibald Cochrane, 1909 to 1988, who had a very interesting and varied career. The importance of Archie Cochrane's work is that he appreciated that at the time he was working that there was no process in place to assimilate the various trials taking place, particularly randomised controlled trials. Randomised controlled trials were not invented as a research methodology by Archie Cochrane, but he was the first to realise that by asking a particular question and devising a rigorous search strategy, randomised controlled trials could be collected together on a single topic and the data pooled and analysed to provide a much more robust answer than a single randomised controlled trial can.

He wrote that "It is surely a great criticism of our profession that we have not organised a critical summary, by speciality or subspecialty, adapted periodically, of all relevant randomised controlled trials". The strategy he devised was the systematic review, and the first one investigated the morbidity and mortality of pre-term neonates. A number of separate randomised controlled trials had investigated this problem, but no-one had systematically searched for and assessed all the data the trials contained. Archie Cochrane did and

presented his results graphically, the 'forest plot' which clearly showed that administering hydrocortisone to these neonates significantly reduced the incidence of mortality and morbidity associated with this problem. The forest plot from this first systematic review became the logo for the Cochrane Collaboration: the horizontal lines show individual randomised controlled trials and the vertical line is an indicator of nil effect, so the diamond symbol to the left shows that the intervention is effective. Although somewhat simplified, that is essentially what a forest plot shows.

The first systematic review was by James Lind in 1753 and was a "Treatise on the Scurvy in Three Parts, an enquiry into the nature causes and cure of that disease, a critical and chronological view of what has been published on the subject". In Lind's experiment, there were twelve men in six groups of two, and the groups were assigned to one of the following interventions: a quart of cider per day: 25 gutts [drops] of elixir vitriol [sulphuric acid] three times a day upon an empty stomach: half a pint of seawater every day: a mixture of garlic, mustard and horseradish, in a lump the size of a nutmeg: two spoonfuls of vinegar three times a day: two oranges and one lemon every day. There are no prizes for working out which was the most effective intervention, although the cider may have been more enjoyable.

Oxford became the tentative home in 1992 and in 1993 the Cochrane Collaboration was founded. Since then it has expanded considerably with centres around the world, in over thirty seven countries. There are some 50 groups at present, representing different medical specialties and interest groups, but the one with most impact on dentistry is the Oral Health Group (OHG) based at MANDEC in Manchester

The Cochrane database is maintained by John Wiley and Sons, who also publish the very successful For Dummies series, although there isn't one on dentistry, yet.

Trevor M. Johnson

COURSES & DATES

for your diary...

DENTAL NURSE IMPLANT COURSE

Karen Elsey RDN with 14 years implant nursing experience working with one of the UK's leading Implantologist is running a one-day training course for dental nurses on selected dates throughout 2010.

This course is for new and experienced implant nurses who wish to build knowledge and confidence in assisting with surgery and the restorative phases of implant treatment. The course covers some theory, but the emphasis is "hands-on" covering asepsis, gowning and draping and cleaning of instrumentation.

All courses will be held on a Saturday 09.30 - 16.30 (including lunch) at The Implant Centre, 19 Cemetery Road, Heckmondwike, West Yorkshire, WF16 9OS. Attendees will receive a CPD certificate.

If you require further information telephone Karen on 01924 400856 or send an e-mail to carmel@theimplantcentre.org

INFECTION CONTROL COURSE FOR THE WHOLE DENTAL TEAM

The FGDP(UK) has developed a one-day infection control workshop for the whole dental team.

Christine Whitworth has helped the FGDP(UK) to develop an interactive and informative programme relevant to the whole team. The workshop is a mix of talks and practical demonstrations, including hands-on exercises and specific interactive sessions for the whole team, guaranteeing a stimulation learning experience.

Each infection control workshop will run from 9am until 4pm (with an hour break for lunch), followed by specific scenario-based learning sessions in the afternoon. Completion of the workshop provides five hours of verifiable CPD.

Yorkshire	29th January 2010	Weetwood Hall Conference Centre, Leeds
Central London	9th April 2010	The Royal College of Surgeons of England, London
East Scotland	TBC	Venue TBC, Edinburgh

Registration forms can be downloaded from the FGDP(UK) website:

www.fgdp.org.uk/pdf/infectioncontrolstudyday09.pdf

For further information, or to register your interest please contact Charma Appiah at: cappiah@rcseng.ac.uk or telephone **020 7869 6777**

TEAM UPDATE 2010

Thursday 4th March 2010 - see back page for more details and registration form.

AUTUMN STUDY DAY 2010

Friday 1st October 2010 - with Professor Trevor Burke at Cedar Court, Bradford.

DIPLOMA IN IMPLANT DENTISTRY

Implant dentistry is an exciting and potentially rewarding discipline. It is also very damaging for the patient and the practitioner when things go wrong. It is for this reason that the General Dental Council and the Faculty of General Dental Practice (UK) have published training guidelines. These are based on the Faculty's Diploma in Implant Dentistry, which is highly acclaimed as setting the gold standard for education within this field.

This course is aimed at those practitioners who wish to actually learn to be able to treat patients predictably. It is much more than merely a qualification.

It provides effective training in the field resulting in practitioners who demonstrate competence in a number of essential clinical applications.

The course comprises interactive seminars to provide scientific and clinical background as well as practical sessions on well designed animal models to develop skills in many of the techniques that need to be used to effectively treat patients. These comprise of diagnostic, surgical and prosthodontic techniques.

Though the educational content of the course is extensive, considerable focus is placed on the clinical training required for those subjects their competence needs to be shown. These are based on the needs of patients generally presenting in practice namely implants in the aesthetic zone, splinted units as well as fixed or removable restorations for edentulous jaws. Additional training provides participants with the opportunity to learn about bone grafts and obtain an advanced certificate.

Clinical training is carried out in the participant's own practice, which is developed and accredited. This is based on the well-established principles of planning, observation, treatment under supervision and finally taking responsibility for treatment carried out. A network of peer mentors and tutors facilitate this.

At the end of the aim is to produce practitioners who were competent and able to treat patients safely, effectively and predictably.

Ashok Sethi, Programme Director

Diploma in Implant Dentistry. Faculty of the General Dental Practice Royal College of Surgeons of England

Applications are now open for the next **FGDP(UK) Diploma in Implant Dentistry course in Leeds**. Further details can be obtained from **FGDP(UK) website via the following link:**
www.fgdp.org.uk/education/postprogrammes/implant

Cost:	£18,500 FGDP(UK) members. £19,500 non-members.
Duration:	Two years, part time.
Course dates:	September 2010 - July 2012
Location:	Leeds Dental Institute.
Course structure:	11 two-day units at the local course centre, 2 one/ two day units at the Royal College of Surgeons of England, London and 3 further two/ three day units in Germany
CPD hours:	Approximately 180 available.

The programme offers primary care dentists a practical training pathway delivered by some of the world's most eminent dentists. It is designed to enable dental practitioners to provide high-quality treatment to patients, both in terms of aesthetics and function as well as predictability of outcome.

Modules covered on the course include anatomy, live surgery, augmentation and asepsis. There are a total of 16 modules which run for 2 to 3 days. To allow for minimal time away from practice, the majority of course units are held on a Friday and Saturday.

As part of the course, participants take part in and are appraised on practical sessions at every unit of the course.

Participants work under the supervision of an experienced course tutor throughout the course. In addition to supporting the participant at each unit, tutors provide expert feedback and guidance on participants' own clinical cases carried out in the work place.

All participants are peer mentored by a fellow participant, allowing them to discuss and offer advice to each other on various aspects of the course.

If you have any enquires about the course, please feel free to contact the Education Department at the FGDP(UK) on

020 7869 6757/58

Email: fgdp-education@rcseng.ac.uk

Vocational Trainee Prizewinners 2009

Overall Scheme Winner

Jessica Abiagom - Wakefield Group

Runners-up

Jaclyn Ansic - York Group

Shahad Al-Ramadhani - Hull Group

Kirsty Powell - Dewsbury Group



Mark Willings (left) and Paul Cook (right)
with Vocational Trainee Prizewinners
Jessica Abiagom, Jaclyn Ansic
& Shahad Al-Ramadhani



Faculty of General Dental Practice (UK)
The Royal College of Surgeons of England

There's a jolly good FELLOW!

Congratulations to
Mark Willings on
his recent success
in the FFGDP(UK)
exams.



Wishing all our readers a very Merry Christmas & a Happy New Year!

From all at the FGDP(UK)
Yorkshire Division



Faculty of General Dental Practice (UK)
The Royal College of Surgeons of England

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FGDP(UK) Yorkshire Division Proudly presents

TEAM UPDATE 2010

Something Old, Something New, Something Borrowed, Something Politically Correct

An Evening with Kevin Lewis, Director of Dental Protection



Kevin Lewis

KEVIN LEWIS qualified from The London Hospital in 1971. He spent 20 years in full time general dental practice and 10 further years practising part time. He became involved in the dento-legal field in 1989, firstly as a member of the Board of Directors of Dental Protection, then (1992) as a full time dento-legal adviser and since 1998 as Dental Director. He became a member of the Council (Board of Directors) of the Medical Protection Society in 2003 and is a member of the senior management team of MPS.

For 25 years from 1981 to 2006, Kevin was the Associate Editor of Dental Practice. He is now the Consultant Editor of Dentistry. He has written two textbooks on dental practice management. He writes and lectures regularly all over the world, having been an invited speaker at six FDI World Dental Congresses since 1995 and a guest speaker at the conferences of 14 national dental associations.

Thursday 4 March 2010

Cedar Court Hotel, Wakefield
Denby Dale Road, Calder Grove
Wakefield WF4 3QZ
Tel: 01924 276310

Programme

18.00 - 19.00
Registration
2-course hot meal
19.00 - 21.00
Lecture

This team based evening session will explore some of the key themes that are assuming ever-greater importance in clinical practice, including:

- Quality and standards - An overview for all team members
- Patient expectations - What is required from the team?
- The risks and opportunities of new technology
- The medico legal aspect of DCP registration
- Whistle blowing
- The growing role of skill mix -
The ever increasing responsibility of nurses, hygienists, therapists and technicians.

We look forward to welcoming you and your team to an enjoyable and informative team update lecture including a two course dinner.

This course counts for 2 hours of verifiable CPD

Please return this registration form to the address below.

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Janet Ebourne, Secretary of FGDP(UK) Yorkshire Division, Medical Training Centre, Level 8, Worsley Building, Clarendon Way, University of Leeds LS2 9JT