Faculty of Dental Surgery
The Royal College of Surgeons of England

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

Faculty of Dental Surgery and Faculty of General Dental Practice (UK)

Diploma of Membership of the Joint Dental Faculties at The Royal College of Surgeons of England (MJDF RCS Eng)

Information for Candidates

Contents

Page

Preface

Where does the MJDF assessment fit into a modern dental career? 3

Introduction 5

How to use this document 5

A Curriculum for UK Dental Foundation Programme Training 5

The format of the MJDF summarised 5

Portfolio of Evidence 5
Part 1 examination 6
Part 2 examination 6

The assessment regulations for MJDF

Training, education and preparation for MJDF 7

Vocational training and foundation training 7
- Faculty tutor networks 7
- Centrally organised study days 8
- Study resources 8
- Non UK-based candidates 8

Guidance on the content of parts of the assessment 8

Portfolio of Evidence 8
- Core clinical and professional skills 9
- Evidence of clinical management 10
- How is the portfolio assessed? 10

Part 1 examination 10
- Specimen MCQ questions 11
- Specimen EMQ questions 11

Part 2 examination 12
- The OSCE component 12
    - Specimen OSCE question 13
- The SCR component
    - SCR format 14
    - Specimen SCR questions 14

Transition arrangements for those who have been studying for MFGDP(UK) and MFDS 22

Exemptions from Part 1 of the MJDF 22

Examination and submission dates for MJDF 23

Applications process 23

Fees payable 24

Membership of the dental faculties 24

Policies applicable to the MJDF 24

Annex A

Frequently asked questions 25

Annex B

MJDF resource list 29

Preface

Where does the MJDF assessment fit into a modern dental career?

The Diploma of Membership of the Faculty of General Dental Practice (UK) (MFGDP[UK]) has been the first-level diploma of the FGDP(UK), and the starting point for the Career Pathway within general dental practice. This examination was designed to test the knowledge, skills and understanding required for general dental care in practice. It also seeks to recognise the achievement of an appropriate standard of patient care, and a commitment to lifelong professional development. The Diploma of Membership of the Faculty Dental Surgery (MFDS) has until recently served as the intercollegiate entry requirement to recognised specialist training courses.

With the introduction of the Modernising Medical Careers (MMC) initiative, there has been a change in the way postgraduate medical training is delivered. This change has been driven by the need for more flexible training pathways to meet service and personal development requirements. One of the key elements in MMC is the foundation programme, which consists of an integrated two-year course of general professional training following initial medical qualification. The aim is to achieve a set of predefined and published competencies and outcomes within a two-year timeframe, and to prepare recent medical graduates for future careers in either general or specialist practice.

Within dentistry, the General Dental Council and the Department of Health have shown interest in 'modernising dental careers' along the lines of the medical model. The Department of Health asked the UK Dental General Professional Training (GPT) Liaison Group to undertake the development of a curriculum for foundation programmes in dentistry in the UK. The result has been the publication of *A Curriculum for UK Dental Foundation Programme Training*. The competencies defined in the publication will inform the curriculum, educational content, training requirements, and expected outcomes for all dental graduates who complete the foundation programme.

It is the view of the two dental faculties at The Royal College of Surgeons of England that a two-year foundation programme in dentistry will become mandatory in the future. It is expected that as well as completing foundation training, dental graduates will be required to undergo a formal assessment and receive a qualification as a marker of the standard reached. The two dental faculties have sought to provide a modern, educationally sound assessment in their new examination, the Diploma of Membership of the Joint Dental Faculties (MJDF RCS Eng). The MJDF may become a desirable requirement for entry into postgraduate training programmes generally, including specialist training, and will be the starting point for the FGDP(UK)'s Career Pathway for general dental practitioners.

The aim of the new joint examination is to assess knowledge after completion of a two-year foundation programme for all dental graduates, whether they are pursuing a career in general or specialist practice. The examination will also

assess candidates' understanding of the structures and processes required to provide quality-assured dental healthcare. In replacing the existing MFGDP(UK) and MFDS (RCS Eng), the faculties are providing a modern assessment that makes a significant step towards workplace-based evaluation of knowledge, application of knowledge, and competencies, in line with the principles of the Postgraduate Medical Education and Training Board.

The two dental faculties believe that the new examination will provide a modern, fit-for-purpose, innovative assessment for today's young dentist. The introduction of a workplace-based portfolio removes the reliance on traditional tests of knowledge and, together with the OSCE elements, allows for triangulation of methods to test the areas set out in the foundation training curriculum. Furthermore, the faculties hope that the evaluation of workplace-based experience, and decreased reliance on traditional examination methods, will also have greater meaning for young dental graduates.

Introduction

1. *Information for candidates* contains background information on the introduction of the MJDF assessment from autumn 2007, and transitional arrangements for the two faculty assessments which preceded it, the MFDS and the MFGDP(UK).

2 It also contains guidance for candidates preparing for the MJDF and highlights further sources of help. In Annex A of this document, there is a list of frequently asked questions.

How to use this document

3. *Information for candidates* should be read alongside the *Regulations* for the MJDF, available to view on the MJDF web pages (www.mjdf.org.uk).

4. This document contains important guidance which is supplementary to the *Regulations* on areas such as the preparation and submission of the Portfolio of Evidence. Any candidate preparing for the MJDF assessment should therefore read both the *Regulations* and this document in full.

A Curriculum for UK Dental Foundation Programme Training

5. The publication *A Curriculum for UK Dental Foundation Programme Training* (the 'foundation training curriculum') is the basis for the MJDF assessment. The foundation training curriculum can be downloaded from the MJDF web pages at www.fgdp.org.uk/pdf/gpt_curric.pdf

6. The preface to *Information to candidates* describes the development of the foundation training curriculum and places the MJDF in this context.

The format of the MJDF summarised

7. This section provides a summary of the three components of the MJDF. Further information, including specimen questions, can be found within the section *Guidance on the content of parts of the assessment* starting on page 8.

Portfolio of Evidence

8. This will assess aspects of knowledge and application of knowledge, and provide workplace-based assessment of competencies across the

foundation training curriculum. Completion will be a requirement for the award of the qualification.

9. The Portfolio of Evidence consists of five parts:

a. A portfolio providing evidence of core clinical and professional skills drawn from the candidate's foundation training environment.

b. Evidence of clinical management through

i. Presentation of an audit or research project.

ii. Presentation of a clinical case, case-based discussion or equivalent (see paragraph 36).

c. A curriculum vitae.

d. A record of continuing professional development activity and a personal development plan.

10. From January 2008, the emphasis is on local assessment of the Portfolio of Evidence. For further information, see the *Guide to the Local Assessment of the MJDF RCS Eng Portfolio of Evidence* available on the MJDF web pages at www.mjdf.org.uk.

Part 1 examination

11. The Part 1 examination will consist of one paper, based on the foundation training curriculum, assessing knowledge and applied knowledge. This will include different formats of multiple choice questions.

Part 2 examination

12. The Part 2 examination will consist of objective structured clinical examination (OSCE) and structured clinical reasoning (SCR) formats of assessment.

13. The format will assess clinical skills and competencies, and structured clinical reasoning.

The assessment regulations for MJDF

14. *Information for candidates* should be read alongside the *Regulations* for the Diploma of Membership of the Joint Dental Faculties.

Training, education and preparation for MJDF

Vocational training and foundation training

15. The foundation training curriculum sets out the competencies (that is, the knowledge, skills and attributes) that dentists should acquire following two years' postgraduate experience.

16. As explained in the preface to this document, the assessment anticipates the development of foundation training schemes that will provide two years' postgraduate training for dental graduates.

17. At present, such schemes are not universal, although some foundation (general professional training) schemes have developed on a local basis.

18. For the current graduate, the experience is likely to be in the form of participation in a one-year vocational training scheme, and possibly a separate hospital Senior House Officer post. The training and workplace-based experience in this period is therefore likely to be the basis for the young dentist's preparation for this assessment.

19. It should be stressed that the MJDF assessment is open to, and will have value for, all dentists wishing to obtain a first-level postgraduate diploma, and is not restricted to recent graduates.

Faculty tutor networks

20. Both faculties have networks of tutors to assist those preparing for the MJDF assessment. Historically, these networks have been separate for the MFDS and MFGDP(UK).

21. Increasingly, the activities of these two separate networks will be combined to provide joint teaching for the MJDF. Further details will appear on the MJDF website (www.mjdf.org.uk) .

Centrally organised study days

22. Central study days are being organised at The Royal College of Surgeons of England in London to assist candidates with preparation for the MJDF.

Please visit the website for further dates as they become available.

For application details please see www.mjdf.org.uk.

Study resources

23. A list of study materials available to support study for MJDF is provided in Annex B of this document.

24. Candidates should use this selectively for directed learning. It is not a list of all resources available, and candidates should in particular be reminded of their personal responsibility to ensure that their knowledge is up to date, and that they are aware of contemporary developments and issues in dental treatment.

Non UK-based candidates

25. It is the intention to run the MJDF Part 1 overseas following the launch of the assessment in the UK.

26. Any further details on running the MJDF overseas will appear on the MJDF web site on the examination and submission dates section as they become available.

27. Candidates who do wish to study for the MJDF diets in the UK should ensure that they can access sufficient study support to satisfy the requirements of the foundation training curriculum.

Guidance on the content of parts of the assessment

Portfolio of Evidence

28 This will assess aspects of knowledge and application of knowledge, and provide workplace-based assessment of competencies across the foundation training curriculum. Completion will be a requirement for the award of the qualification.

29. The Portfolio consists of five parts:

a. Evidence of five core clinical and professional skills drawn from the candidate's foundation training environment.

b. Evidence of clinical management through both:

i. Presentation of an audit or research project, and

ii. Presentation of a clinical case, case-based discussion or equivalent (see para 33).

c. A curriculum vitae.

d. A record of continuing professional development activity and a personal development plan.

30. In preparing their Portfolio, candidates should refer to the *Guide to the MJDF Portfolio of Evidence* available on the MJDF web pages at www.mjdf.org.uk. Candidates may also find helpful the *Key Skills in Primary Dental Care* e-learning package (for information, see (www.fgdp.org.uk/key_skills). However, the following additional information must be noted alongside that guidance.

Core clinical and professional skills

31. Whereas the MFGDP(UK) Coursework Module required completion of seven key skills, the requirement for MJDF will be five core skills.

32. The core skills for MJDF are as follows. The first three equate to the General Dental Council's core areas for continuing professional development and are mandatory for all candidates. Candidates may then select a further two.

Mandatory areas are:

- Infection control
- Medical emergencies
- Dental radiography and radiation protection.

Two further key skills can be selected from:

- Health and safety in clinical practice
- Record keeping
- Dental teamwork
- Prevention and dental public health
- Law and ethics, to include:
  - Consent
  - Negligence
  - Child protection.

Evidence of clinical management

33. A requirement of this part of the portfolio is the completion of an audit or research project, and evidence of clinical skills, which may be satisfied by a clinical case presentation, community or secondary care case-based clinical presentation/study, or workplace-based evidenced clinical assessments such as a Mini Clinical Evaluation Exercise (mini-CEX) or Multi-Source Feedback (MSF).

How is the portfolio assessed?

34. From January 2008, they way in which the Portfolio is assessed has changed, with an onus on local assessment. See the *Guide to the Local Assessment of the MJDF RCS Eng Portfolio of Evidence* available on the MJDF web pages at www.mjdf.org.uk.

Part 1 examination

35. The Part 1 examination will consist of one paper, based on the foundation training curriculum, assessing knowledge and applied knowledge. This will include different formats of multiple choice questions (MCQ) in single best answer (SBA) extending matching question (EMQ) form. The paper will be up to three hours in duration.

Specimen MCQ questions – (SBA form)

Example 1

A 46-year-old male smoker presents as a new patient complaining of bleeding gums, bad breath and a BPE score as follows:

3	1	3
1	4	3

Indicate the most appropriate initial radiographic examination.

A. Bitewings
B. Bitewings and periapical views of selected teeth
C. Full mouth periapicals
D. Periapicals of the lower incisors
E. Vertical bitewings

Example 2

Which one of the following is most commonly used to bleach teeth:

A. Ethyl chloride
B. Hydrogen chloride
C. Hydrogen peroxide
D. Sodium bicarbonate
E. Sodium hypochlorite

Specimen EMQ questions

Example 1

A. 1 month
B. 3 months
C. 6 months
D. 12 months
E. 24 months
F. 36 months

Match the options above to the period of time that should elapse before the next radiographic review in the clinical scenarios below.

1. A 13-year-old patient designated as having a high caries risk.
2. A 15-year-old patient considered to be at moderate risk of future caries.
3. A 32-year-old patient still considered as at high risk of future caries.
4. A 9-year-old patient at low caries risk.
5. A 25-year-old patient at moderate risk of future caries.
6. A 38-year-old patient who has had a full coverage crown placed.
7. A 27-year-old patient who has had orthograde endodontic treatment to UL6.
8. A 7-year-old who has had a vital pulpotomy following trauma to UL1.

Example 2

A. Clubbing
B. Erythematous palms
C. Evidence of widespread scratching
D. Flattened nails (koilonychias)
E. Keratotic striations
F. Pitted nails
G. Purpura
H. 'Target' lesions.

Match the clinical features with the skin/nail condition that you might expect to see:

1. Middle-aged woman with known liver disease.
2. 56-year-old psoriasis sufferer.
3. Woman with a hypochromic microcytic anaemia.
4. Heavy smoker with haemoptysis.
5. Patient with a history of gallstones presenting with dark urine and jaundice.

Part 2 examination

36. Part 2 will be in the form of an objective structured clinical examination (OSCE) and structured clinical reasoning (SCR) exercise.

37. Candidates will undertake the OSCE component and the SCR component in two separate examination circuits held on the same day. The OSCE component will take about two hours. The SCR component will also take two hours (one hour preparation time and one hour testing).

The OSCE component

38. The OSCE component of Part 2 is aimed at assessing the candidate's skills, competencies, and application of knowledge.

39. There will normally be around 20 OSCE stations of five minutes' duration each where a candidate will be asked to complete a practical task or a paper-based exercise that is linked to a competency within one of the four domains of the GPT curriculum. There may be rest stations resulting in a circuit time of approximately two hours.

Specimen OSCE question

An example of a typical OSCE station would be a clinical vignette and instructions to complete a practical task.

For example, in one station you meet Mr Smith who has attended your surgery for the removal of a grossly carious lower molar. Mr Smith is otherwise fit and well and taking no regular medications from his doctor.

You need to take a valid consent from him so that the procedure could be carried out later the same day or on another occasion. You have a relevant radiograph as a prop to help you. You will be observed by your examiner and marked on your competency to obtain consent.

Your examiner has been asked not to interact with you regarding your task.

The SCR component

40. Structured clinical reasoning (SCR) is an assessment of the candidate's ability to communicate with peers, reason, evaluate, form opinions, and apply knowledge obtained through undergraduate and postgraduate experience to current dental practice. It is not primarily an assessment of recall or knowledge, although these elements are required to undertake SCR.

41. Scenarios will be drawn from real clinical situations, and will test and integrate major competencies and supporting competencies across all parts of the foundation training curriculum.

42. Examples of scenarios that may be used include:

- Interpreting the implications of a new guideline
- Review of important documents, leaflets, research papers which impact on dental practice
- Decision-making on the merits of a particular form of treatment
- Answering a query or complaint from a patient
- Dealing with treatment complications
- Continuing professional development, eg staff and patient management and regulations, resources, policy, etc
- A treatment-planning exercise.

43. Candidates should maintain an awareness of current dental issues for the SCR assessment. They should keep up to date with recent publications, and maintain an awareness of changes in practice and guidance that have featured in the dental press.

SCR format

44. Candidates will be allowed one hour to consider background material to the scenarios. Candidates are advised to spend equal amounts of preparation time on each of the scenarios, as they will carry equal marks. This will be followed by five 10-minute structured discussions, with two different examiners on each occasion, on selected aspects of each scenario.

Specimen SCR questions

45. Two examples of SCR exercises are given. These include the descriptors that we are using to assess candidates.

46. It is unlikely in the10 minutes available that all these questions would be asked, but it gives a suggestion of the likely method of assessment.

Example 1

Clinical domain

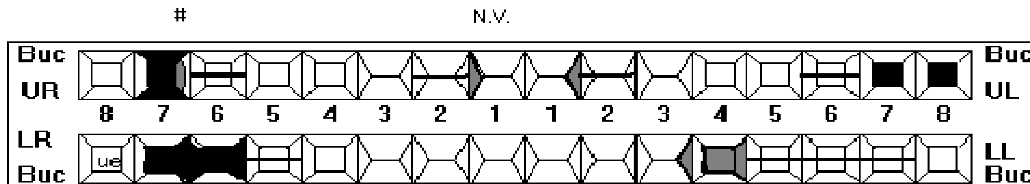
Assessing

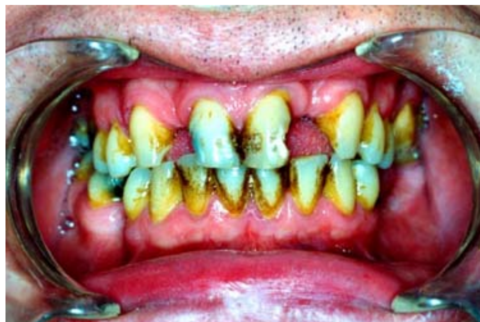
010+ (Exam and Diagnosis)	**020+** (Treatment Planning and Patient Management)	**030+** (Health Promotion and Disease Prevention)

Candidate Instructions

It is suggested 12 minutes are spent assessing the clinical information presented in relation to the question below. Consider what additional information you may require to care for this patient.

Mr D is a 40-year-old building contractor. He presents at your practice complaining of pain from his “upper front teeth”. He smokes and has an annoying cough. He tells you that he “hates the dentist”.





BPE scores:

3	2	4
3	3	*

Kinds of questions you could be asked in an SCR exercise:

Is the history given here adequate?
What further information would you require about the history of the presenting complaint?
Could the patient’s history of “an annoying cough” be important?
How could persistent coughs be relevant to the dental team?
You know that this patient smokes; what questions would you ask to fully assess this risk factor?
What do you think this patient’s attitude is to his oral health from the information given?
How would you determine the cause of this patient’s pain?
Radiographic examination showed an area of radiolucency over the UR1. What treatment would you carry out to relieve the patient’s pain?

Your answers to these questions will be assessed using the descriptors on the following page.

Performance descriptors for the guidance of clinical structured clinical reasoning

exercise (clinical SCR) assessors.

A descriptor of satisfactory performance for each aspect (rating = 4) is in bold italics.

History-taking
1. Very poor, incomplete and inadequate history-taking.
2. Poor history-taking, badly structured and missing some important details.
3. Fails to reach the required standard; history-taking is probably structured and fairly methodical, but might be incomplete, though without major oversights. Picks up major relevant factors in patient history.
4. Structured, methodical, sensitive, investigating medical, social and dental history, involving written and verbal questioning. Picks up major and minor relevant details of patient history.
5. A good demonstration of structured, methodical and sensitive history-taking, using written and verbal questioning. Use of other aids such as diet sheet, analogue scales for anxiety, questionnaires to identify risk factors, etc.
6. Excellent history-taking with some aspects demonstrated to a very high level of expertise and no flaws at all.

Communication skills
1. Unacceptably poor communication skills.
2. Poor and inadequate communication skills, perhaps evidenced in poor listening skills, body language, or inappropriately interrupting.
3. Barely adequate communication skills, somewhat short of the required high standard, with perhaps one or more significant inadequacies.
4. A good standard of communication skills demonstrated throughout, with appropriate listening and facilitative skills and good body language. Clearly reaches the high standard required.
5. Exceeds the high standards required, with evidence from one or more aspects of excellent communication skills.
6. Excellent communication skills demonstrated throughout the encounter.

Examination
1. Fails to discuss more than the most rudimentary extra- and intra-oral examination through lack of skill, knowledge, etc.
2. A poor and inadequate examination, covering some of the basics but with significant inadequacies.
3. A reasonably satisfactory examination but missing some relevant details.
4. A good examination covering all the essential aspects.
5. A good, appropriately thorough and detailed examination with no significant flaws or omissions.
6. A thorough, accurate and appropriate examination demonstrating excellent examination and communication skills.

Use of investigations
1. Fails to recognise need for appropriate investigations to inform diagnosis and management plan.
2. May misunderstand need of investigations in individual case. Needs further exploration.

3. Omission of obvious and important investigations but can recognise their importance in informing diagnosis and management plan.
4. Recognises need for many of the investigations required for informing diagnosis and management plan.
5. Recognises majority of investigations required to inform diagnosis and management plan. Good assessment of their relative importance.
6. Thorough consideration of all investigations required to inform diagnosis and management plan.

Clinical assessment (including diagnostic skills)

1. Fails to obtain or interpret clinical evidence correctly; gross omissions in assessment and differential diagnoses considered.
2. Several omissions and/or poor understanding of differential diagnosis. Fails to obtain or interpret clinical evidence adequately.
3. A reasonably good clinical assessment, but missing some relevant details; or marginally inadequate differential diagnosis.
4. ***A good clinical assessment showing satisfactory diagnostic skills based on appropriate evidence from, for example, history, examination and investigations. Appropriate diagnosis and spread of suggestions in the differential diagnosis.***
5. A good clinical assessment and differential diagnosis based on good history-taking, examination, investigations, etc.
6. A thorough, accurate, and appropriately focussed clinical assessment and diagnosis demonstrating excellent assessment and diagnostic skills.

Risk assessment and management

1. Fails to assess risk factors for the patient.
2. A poor and inadequate assessment of risk, or failure to understand the significance of risk assessment findings.
3. Barely adequate assessment of risk or understanding of the significance of findings.
4. ***An adequate risk assessment leading to an appropriate treatment plan and recall protocol. Strategy to reduce risk with relevant referral if necessary.***
5. A good assessment of potential risks to the patient and others leading to a good, safe management strategy that is well communicated to all concerned.
6. A very thorough and appropriate risk assessment, excellently documented, with a very good management strategy (if appropriate, including alternative options) properly communicated to the patient, carers and any third parties.

Example 2

Clinical domain

Instructions to candidate

At a local meeting many colleagues reported changing local anaesthetic agent to articaine.

Your practice is presently using lidocaine.

Their decision was based on data presented by the manufacturer suggesting that articaine is more effective.

You have decided your practice decision will be evidence-based, and you have downloaded the first article in a search on the world wide web.

Please critically appraise the abstract and materials and methods given below.

At the next station you will discuss the paper and how you arrive at a decision to purchase the new local anaesthetic.

International Journal of Paediatric Dentistry
Volume 16 Page 252 - July 2006
doi:10.1111/j.1365-263X.2006.00745.x

Volume 16 Issue 4

Comparison of articaine 4% and lidocaine 2% in paediatric dental patients

D. RAM[1] *& E. AMIR*[2]

Objective. To evaluate and compare the reaction of children who received local anaesthesia with lidocaine 2% with 1 : 100 000 epinephrine and articaine 4% with 1 : 200 000 epinephrine and to assess the time of the onset, efficacy, duration of numbness of the soft tissues, children's sensation after treatment to both anaesthetic solutions, as well as the occurrence of adverse events.

Samples and methods. Sixty-two children (34 girls and 28 boys) aged 5–13 years (mean age 8·4 ± 2·3) from two established paediatric dental clinics who needed similar operative procedures preceded by local anaesthesia were randomly assigned to receive either lidocaine or articaine at their first or second visit. Modified Taddio's behavioural pain scale was used to evaluate pain reaction during injection and treatment. The sensation after injection and treatment was evaluated using the Wong–Baker FACES pain rating scale. Parents recorded the time when the feeling of local anaesthesia in soft tissues disappeared.

Results. Duration of numbness of soft tissues was significantly longer for articaine (3·43 ± 0·7 h) than for lidocaine (3·0 ± 0·8 h) ($P = 0{\cdot}003$). No difference regarding the efficacy of the anaesthesia was observed.

Reaction to pain was similar for both local anaesthetic solutions and no significant difference was found between genders. The efficacy of the anaesthesia was similar for both solutions. The feeling after treatment was similar for both solutions. The rate of adverse effects was similar for the two solutions.

Conclusions. Articaine 4% with 1 : 200 000 epinephrine is as effective as lidocaine 2% with 1 : 100 000 epinephrine. The effect of numbness of soft tissues was longer lasting with articaine than with lidocaine.

Methods

Participants in the study included 62 children (34 girls and 28 boys) aged 5–13 years (mean age 8·4 ± 2·3, median 8), mean weight 30·44 ± 8·80 kg, median 29, from two established paediatric dental clinics in Jerusalem and Tel Aviv. Inclusion criteria were the need for at least two clinical sessions for similar operative procedures with local anaesthesia in the same arch, not as emergency procedures. An experienced paediatric dentist carried out the treatment for each child in each centre (one dentist per centre).

A random cross-over design was used and each child served as his or her own control. The average duration of simple and complex procedures was comparable in each child between articaine and lidocaine. All children were healthy, and none needed a sedative or other pharmacological support to receive dental treatment. Informed consent was obtained from the accompanying parent after explaining and describing the procedure. The child's age and weight, type and amount of local anaesthesia, the need for additional local anaesthesia, and the time of onset were recorded. Each patient was randomly assigned to receive either lidocaine HCl 2% with 1 : 100 000 epinephrine (Octocaine[R], Novocol Pharmaceutical of Canada Inc. Cambridge, Ontario, Canada N1R) or articaine HCl 4% with 1 : 200 000 epinephrine (Ubistesin, ESPE Dental AG, D-82229 Seefeld, Germany) for the first visit, with the other solution administered during the second visit.

Up to one cartridge of lidocaine (maximum dose: 4 mg/kg body weight) and articaine (maximum dose: 5 mg/kg body weight) was administered [7]. Before the injection, topical anaesthetic gel on a cotton roll was applied for 1 min to the injection site. The injection of the local anaesthetic solution was slow with an average duration of nearly 2 min (approximately 1 mL/min) [14].

The modified behavioural pain scale, suggested by Taddio *et al.* [15], was used for objective evaluation of the children's reaction during injection. The scale comprised the following parameters: (i) facial display, (ii) arm/leg movements, (iii) torso movements, and (iv) crying. The facial display followed Craig's behavioural description of facial actions, which describes pain [16]. Only two of the four of most descriptive facial actions were evident (eye brow bulge or eye squeeze), as the mouth was open and the nose was partly covered by the operator's hand during injection. All behaviour parameters were evaluated during injection and subsequent treatment.

A trained dental assistant, who did not participate in the treatment and was blinded to the agent being used, recorded the behavioural parameters in each centre. To check on recording, 15 patients who were not included in this study were evaluated as a pilot study.

The time of onset was evaluated by asking the child when the sensation of numbness started. The Wong–Baker FACES pain rating scale (FPS) was used for subjective evaluation of feeling after the injection [17]. This scale shows good construct validity as a self-report pain measure. The FPS measures the unpleasantness or affective dimension of a child's pain experience after injection and is used in children aged 3–17 years. The child is shown a set of six cartoon faces with varying facial expressions ranging from a smile/laughter to tears. Each face has a numerical value. After verbal instructions were given on how to use the FPS, the children were asked to select the face 'which looks like how you feel deep down inside, not the face you show to the world'. The children were asked to rank their sensation immediately after the injection, and by phone 1 and 2 h after.

The efficacy of the anaesthesia was evaluated during treatment. Additional local anaesthetic solution was added when children showed or reported signs of pain. Parents were instructed to ask the child and to record the time when the feeling of numbness disappeared (offset time). They were asked by phone after 1, 2 or more hours to report it and were also asked about the occurrence of adverse effects. Differences in parameters were evaluated by McNemar test and paired t-test. Significance was set at $P < 0{\cdot}05$.

Questions

Examiner 1

How was this study designed? *Follow up question:* Is this a reasonable design?

Was adequate randomisation achieved?

How did the authors arrive at the sample size?

Was anyone blind to the agent being given?

Are the methods of assessment satisfactory?

What were main outcomes?

Examiner 2

Would this report make you change your practice?

Introduce further information:
Lidocaine is £0.12 /cartridge
Articaine presently on offer £0.13 for 6 months but normally £0.21

Is a change cost-effective?

Could you apply the report outcome to adults?

What would you do to continue to pursue the question if this would be a good alternative anaesthetic?

Extra question for good candidates to gain a 5 score

Why do you think articaine lasted longer? (prompted, what factors affect local anaesthetic longevity?)

Performance descriptors for critical appraisal

A descriptor of satisfactory performance for each aspect (rating = 4) is in bold italics

Comprehension
1. Cannot quote any relevant sources. Poor understanding.
2. Some evidence of reading and understanding.
3. Understands major relevant literature, guidelines or legislation relating to topic.
4. Understands a fair range of source material, literature, guidelines and/or legislations relating to the topic.
5. Good understanding of essential and important sources, can summarise well and apply in a relevant way to the topic.
6. Excellent understanding of essential, important and supplementary sources which can be quoted verbatim, with publication, dates, authorship, etc.

Critique
1. Irrelevant comments. Lack of any critical or appreciative framework.
2. Mainly descriptive unsubstantiated points. Uncritical exegesis, eg “My boss says…", "The NHS doesn’t allow…”, “The BDA says …”.

3. Sensible commentary and some evidence presented to support argument or reasoning.
4. Appreciation of main issues and ability to make appropriate critical points. Sensible commentary on evidence, materials used, action that would be taken, etc.
5. Good appreciation of main issues. Ability to set sources and viewpoints in context and evaluate contributions. Methodological awareness and theoretical appreciation.
6. Excellent appreciation of issues. Original perspective on the problems in the question. Extensive evidence base quoted to support answer; systematic, methodical approach to answer and theoretical appreciation.

Analysis
1. Lacks an analytical approach to the questions. Purely descriptive answer. Often the question has been ignored or badly understood.
2. Introduces the basic concepts relevant to the question and makes an effort to relate them to the question.
3. Limited use and understanding of theoretical models. Presents arguments and intelligent comment relevant to the question, but important gaps in answer.
4. Competent answers to the question, bringing out useful points and substantiating them. Uses theoretical models or examples in a relevant way to answering the question. Presents arguments and/or intelligent comments relevant to the question.
5. Good answers. Brings out essential, important and supplementary concepts and substantiates them. Understands relevant theories and applies them to answering the question.
6. Excellent answers. Locates suitable concepts and theories and makes comprehensive assessment of issues involved. Thoroughly understands the relevant theories and applies them to answering the question.

Application
1. No evidence that could address this problem or situation in own practice or workplace.
2. Unconvincing evidence that could address this problem in a practical situation.
3. Can demonstrate that could make reasonable application and attempt to address such a situation in the workplace, but some important areas overlooked or not addressed.
4. Convincing evidence that has dealt with similar situations and could be relied upon to solve such a problem or carry out such a duty in own practice or place of work.
5. Good application with evidence or reference to such a situation that has been dealt with or applied in the workplace.
6. Excellent application with several reports of how this or similar problem was dealt with in the workplace.

Communication
1. Unacceptably poor communication skills.
2. Poor and inadequate communication skills, perhaps evidenced in poor listening skills, body language, or inappropriate interruption.
3. Barely adequate communication skills, somewhat short of the required high standard, with perhaps one or more significant inadequacies.

4. A good standard of communication skills demonstrated throughout, with appropriate listening and facilitative skills and good body language. Clearly reaches the high standard required.
5. Exceeds the high standards required, with evidence from one or more aspects of excellent communication skills.
6. Excellent communication skills demonstrated throughout the encounter.

Global score
Based on this assessment, how would you rate the candidate's performance?

1. Fails to achieve any level of competency in any domain.
2. Some level of competence shown but below average expectation in all domains.
3. Satisfactory competency in two domains but below expectations in others.
4. **Satisfactory competency across all domains.**
5. Satisfactory competency across all and excelling in two domains.
6. Exceeds expectations in all domains.

Transition arrangements for those who have been studying for MFGDP(UK) and MFDS

47. Candidates should read carefully the section of the *Regulations (*at paragraph 10) dealing with transition arrangements at (the *Regulations* are available on the MJDF web pages at www.mjdf.org.uk). These detail how components of the MFDS and MFGDP(UK) that have already been completed may be counted towards completion of MJDF.

Exemptions from Part 1 of the MJDF

48. The following examinations are currently accepted by the faculties as providing exemption from Part 1 of the MJDF:

a. Components of the old-style MFDS or MFGDP(UK), in accordance with the transition arrangements set out in paragraph 10 of the *Regulations* concerning transitional arrangements.

b. Candidates who have obtained Part I of the new MFDS offered by The Royal College of Surgeons of Edinburgh, or the Royal College of Physicians and Surgeons of Glasgow.

c. Candidates who have obtained Part 1 of the MDF of the Royal College of Surgeons in Ireland.

d. Candidates who received exemption from the Part 1 Diploma in General Dental Practice.

e. Candidates who have completed Part 1 of the MGDS examination.

Examination and submission dates for MJDF

49. UK diets of the examinations will normally take place as follows:

a. Part 1: end of March/beginning of April, end of September/beginning of October each year

b. Part 2: June and November each year

Applications process

50. Candidates should complete the application form relevant to the Portfolio of Evidence, Part 1 or Part 2. All application forms can be accessed on the MJDF web pages at www.mjdf.org.uk. Careful attention should be taken of closing dates, and to ensuring that all information and fees due are enclosed. **No incomplete or late applications will be processed**.

Fees payable

51. The fees payable for 2009 are:

Part 1	£475.00
Part 2	£600.00
Portfolio of Evidence	£50.00 (to accompany the submission form; VDPs are exempt from this fee up to 3 months after completing VT year and provided that a copy of the VT certificate is enclosed)

Membership of the dental faculties

52. Successful candidates will be eligible for joint membership of the two dental faculties at The Royal College of Surgeons of England for a period of three years following completion of the MJDF Diploma. At the end of this three-year period, holders of the MJDF may choose to join either faculty or continue with membership of both, in accordance with such membership categories and fees that may be prescribed at that time.

Policies applicable to the MJDF

53. Policies relating to appeals, plagiarism and malpractice, disability and equal opportunities will be made available to candidates separately.

Publication date: 5 April 2007

Previous update: 17 August 2007
Previous update: 30 October 2007
Previous update: 05 February 2008
Latest update: 20 April 2009

Annex A

Frequently asked questions

Whilst the underpinning rationale for the new assessment is easy to explain, we appreciate that the transition from the old to the new processes presents immediate and difficult choices for those studying for these qualifications. Below are some frequently asked questions which may help to provide guidance to the candidate.

What are the differences between the MFDS and the new MJDF?

All parts of the new foundation training curriculum will be assessed in both Part 1 and Part 2 of the MJDF. Parts 1 and 2 replace Parts A and C of the MFDS (RCS Eng) and the portfolio of evidence replaces Part B.

- The Portfolio of Evidence will consist of: a CV, personal development plan and record of CPD; five completed core clinical and professional skills (to include the General Dental Council (GDC)'s three mandatory CPD areas); a workplace-based audit or research project; and, either a clinical case presentation or workplace-based evidenced clinical assessments, eg multi-source feedback (MSF), mini-clinical evaluation exercise (mini-CX).

- Part 1 MJDF will consist of one paper, based on the foundation training curriculum, assessing knowledge and applied knowledge. This will include different formats of multiple choice questions (MCQs). For example, instead of true/false and MSA options, the 'best option' and extended matching questions (EMQs) will be used.

- Part 2 MJDF resembles Part C of the MFDS. The MFDS consists of an objective structured clinical reasoning exercise (OSCE) plus a separate component of two structured vivas. Part 2 MJDF will consist of an OSCE with a similar number of stations as in the MFDS, but structured clinical reasoning (SCR) stations will be included as a separate component instead of the structured vivas.

How does the MJDF differ from the MFGDP(UK)?

The MFGDP(UK) and MJDF have a common format consisting of a Portfolio of Evidence, a Part 1 and a Part 2. However, there are some practical differences.

- The MJDF has a Portfolio of Evidence, and candidates working in primary care should prepare this on the same basis as the current guidance for the MFGDP(UK) Coursework Module. However, unlike the MFGDP(UK), where evidence is required of seven defined key

skills, MJDF candidates will choose five core skills, three of which must include the three 'core' areas defined by the GDC. An audit and clinical case report should be included as before, but a personal development plan and CV are now also required.

- Instead of two papers for Part I MFGDP(UK) consisting of MSA questions, MCQs and critical reading, Part 1 MJDF will be one paper consisting of different formats of MCQs. Critical reading skills required for Part I MFGDP(UK) will now be part of the SCR component of Part 2 MJDF described below, and may appear in other elements of the examination such as the MCQs.

- Part 2 MJDF will consist of OSCEs, and also SCR stations which involve structured discussion with examiners. This format contrasts with the MFGDP(UK) Part II, consisting of OSCEs plus two 15-minute oral examinations.

How do I prepare for the MJDF?

This document contains a list of resource in Annex B, and the MJDF web pages (www.mjdf.org.uk) provides details of tutor networks.

What is the value of the MJDF measured against the old qualifications?

One of the defining characteristics of the MFDS was that it served as an entry requirement for specialist training. The GDC has now decided that there will be no formal examination entry requirement, and selection is likely to be on the basis of a range of criteria demonstrating suitability. Possession of a postgraduate qualification (MFDS, MFGDP(UK), MJDF, or a non-College qualification) will play a part in demonstrating a candidate's suitability. However, it is not an absolute requirement.

The MJDF's purpose and value is to confirm the acquisition of competencies at the end of the foundation training curriculum, for a dental career which may develop within either primary or secondary care.

I want to enter specialist training. Do I also need MJDF in addition to my existing MFDS/MFGDP(UK)?

See above – in keeping with published GDC guidance, this is not a requirement currently.

Since the MJDF assesses competencies in the foundation training curriculum, is it relevant to a practitioner with several years' experience post-qualification?

Yes – the MJDF will be the starting point for dentists who wish to develop their careers in a number of ways. With more flexible entry into specialist training, and the advent of concepts such as Dentists with Special Interests, all practitioners should consider the MJDF as a valuable demonstration of having achieved the postgraduate competencies set out in the foundation training curriculum.

I have completed MFDS/MFGDP(UK). Can I use this to obtain exemptions from parts of the MJDF?

If you have completed MFDS or MFGDP(UK), you need only take Part 2 MJDF to gain that award, as long the components for which you are claiming credit and Part 2 of the MJDF are completed within the five-year period allowed by the regulations.

When will the MJDF be available overseas?

It is the intention to run the MJDF part 1 overseas following the launch of the assessment in the UK. Please check the examination and submission dates section for all planned overseas examinations http://www.mjdf.org.uk/#overseas.

How long do I have to complete the MJDF?

All parts of the assessment will normally have to be completed within five years.

At what point do I complete the Portfolio of Evidence?

This may completed at any point in the five-year period, including after Part 2.

Is the MJDF registerable as an additional qualification with the GDC?

The GDC is currently reviewing its policy on the registration of additional qualifications and is not currently accepting new qualifications. This applies both to the MJDF and the new MFDS of the Scottish Royal Colleges. The faculties will apply for registerable status once the GDC has completed the review of its procedures.

Where do I obtain further information and guidance?

Visit www.mjdf.org.uk, or contact the MJDF Examination Department at mjdf@rcseng.ac.uk.

Publication date: 5 April 2007
Updated: 16 April 2009

MJDF RESOURCE LIST

This list of resources matches the curriculum domains of the foundation training curriculum. Candidates should use this selectively. It is not a list of all resources available, and candidates should, in particular, be reminded of their personal responsibility to ensure that their knowledge is up to date, and that they are aware of contemporary developments and issues in dental treatment.

1. CLINICAL	ISBN No:
Bain C. Treatment Planning in General Dental Practice. Dental Update Publications	0443071837
Mitchell L. An Introduction to Orthodontics. 2nd Edition. Oxford University Press [2002]	0192631845
Whaites E. Essentials of Dental Radiography and Radiology	044307027X
Cawson & Skully C. Medical Problems in Dentistry. 5th Edition [2005] Elsevier	0443101450
Meecham JG et al. Pain and Anxiety Control for the Conscious Dental Patient. 7th Edition	0192628488
Bain C. Treatment Planning in General Dental Practice. Dental Update Publications	0443071837
Jacobsen PH. Restorative Dentistry: An Integrated Approach. Elsevier Health Sciences	0723617422
Pedlar J, Frame JW. Oral and Maxillofacial Surgery. Elsevier Health Sciences	0443060177
Davenport JC et al. Clinical Guide To Removable Partial Dentures. BDJ Books [2000]	0904588599
Davenport JC et al. Clinical Guide To Removable Partial Denture Design. BDJ Books [2000]	0904588637
McCord JF & Grant AA. Clinical Guide To Complete Denture Prosthetics. BDJ Books [2000]	0904588645
Field A, Longman L & Tyldesley W. Tyldesley's Oral Medicine. 5th Revised Edition. Oxford University Press.	0192631470
Chapple ILC & Gilbert AD. Understanding Periodontal Diseases: Assessment and Diagnostic Procedures in Practice. Quintessentials Publishing [2002]	185097053X
Crean S, Shaikh Z & Addy L. Clinical Short-Answer Questions for Postgraduate Dentistry [1997]Quintessence Publishing Co. Ltd	1850971021
FGDP Key Skills [Infection Control, Medical Emergencies, Radiography]	
MFDS Modules 2, 3, 5, 6a, 6b & 8	
Peterson et al. Contemporary Oral and Maxillofacial Surgery. Elsevier Health Sciences	0815166990
Lewis M & Jordan R. A Colour Handbook of Oral Medicine. Manson Publishing Ltd	1840760338
FGDP(UK) Pathways in Practice	
Nice Guidelines: http://www.nice.org.uk/	
Sign Guidelines:	

http://www.sign.ac.uk/guidelines/fulltext/47/index.html	
Sign Guidelines on Sedation for Children: http://www.sign.ac.uk/guidelines/fulltext/58/section5.html	
FDS National Clinical guidelines 1997 http://www.rcseng.ac.uk/fds/docs/ncg97.pdf	
Oral Health Specialist Library: http://www.library.nhs.uk/oralhealth/Default.aspx	
Helping Smokers Stop: http://www.publichealth.nice.org.uk/page.aspx?o=502735	
Clinical Audit: http://www.verifiedlearning.com/lap/docs/moddent.pdf	
Resucitation Council: www.resus.org.uk	
Health Development Agency [HDA] Publications http://www.nice.org.uk/filtercatisbn.aspx?o=publications.current	
British National Formula www.bnf.org	
Primary Care Contracting http://www.pcc.nhs.uk/133.php	
Child Protection and the Dental Team http://www.cpdt.org.uk/	
British Society for the Study of Prosthetic Dentistry http://www.bsspd.org/showpage.asp?id=guidelines&rnd=61949.95	
British Society of Periodontology http://www.bsperio.org.uk/members/policy.pdf	
British Society for Restorative Dentistry http://www.bsrd.org/modules/standard/viewpage.asp?id=211	
2. COMMUNICATION	
FGDP(UK) Key Skills: [Clinical Record Keeping & Risk Management & Communication]	
GDC Principles of Consent: http://www.gdc-uk.org/NR/rdonlyres/FFD61DA5-A09E-4B38-8FFB-BA342E9F0AF4/16688/147163_Patient_Cons.pdf	
GDC Standards for Dental Professionals http://www.gdc-uk.org/NR/rdonlyres/6F3D848E-F31A-4A8C-AEFA-C4D78D06B618/20453/Standardsfordentalprofessionals.pdf	
BDA Clinical Governance Kit [New edition out in Sep 07]	
FGDP(UK) Pathways in Practice	
3. PROFESSIONALISM	
MFDS Module 5	
FGDP(UK) Key Skills [Legislation and Good Practice Guidelines & Team Training]	
COPDEND Document [GPT Portfolio, *currently being developed*]	
BDA Advice Sheet, B1 [Dental Ethic] http://www.gibbs-dental.co.uk/firstyears/124.htm	
GDC Guidance Documents. Principles of Dental Team Working http://www.gdc-uk.org/NR/rdonlyres/79B1032C-4B07-460E-A2BA-D7A388D7754E/31247/Dental_Working_Team.pdf	
Modernising NHS Dentistry: Clinical Audit and Peer Review in the GDC:	

http://www.verifiedlearning.com/lap/docs/moddent.pdf	
Dental Peer Review and Clinical Audit: http://www.verifiedlearning.com/lap/	
GDC Guidance Documents: http://www.gdc-uk.org/News+publications+and+events/Publications/Guidance+documents/	
Cochrane Library and National Electronic Library for Health: http://www.nelh.nhs.uk/cochrane.asp	
BDA clinical governance kit – underperformance protocols [New edition out in Sep 07]	
FGDP(UK) Pathways in Practice	
4. MANAGEMENT & LEADERSHIP	
RECOMMENDED:	
Rattan R & Manolescue G. The Business of Dentistry. Quintessesntials 8	1850970580
FGDP(UK) Pathways in Practice	

Publication date: 5 April 2007
Previous update: 17 August 2007
Previous update: 30 October 2007
Latest update: 05 February 2008