



# Information for Candidates

2014



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## Preface

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

Modernising Medical Careers (MMC) has changed the way postgraduate medical training has been delivered. This change was 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 sought to develop 'modernising dental careers' along the lines of the medical model. *A Curriculum for UK Dental Foundation Programme Training* (Commissioned by the Department of Health) defines the competences, curriculum, educational content, training requirements, and expected outcomes for all dental graduates who complete dental foundation training.

The two dental faculties at The Royal College of Surgeons of England support a two year dental foundation programme and although not mandatory at the present time, it is our view of that it will become mandatory in the near future. It is expected that dental graduates will be required to undergo a formal assessment and validation of satisfactory completion of foundation training.

The FDS and FGDP(UK) have sought to provide a modern, educationally sound assessment in the Diploma of Membership of the Joint Dental Faculties (MJDF RCS Eng). The MJDF may be 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 MJDF examination is to assess knowledge, application of knowledge and candidates' understanding of the structures and processes required to provide quality-assured dental healthcare after completion of a two-year foundation programme for all dental graduates, whether they are pursuing a career in general or specialist practice, in either primary or secondary care.

The faculties aim is to provide 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.



This qualification provides a marker of competency which would be useful to future employers and stakeholders, e.g. Primary Care Trusts and Deanery Foundation Training Programmes.

In addition, preparing for this examination will develop generic skills that will be useful in both primary and secondary career pathways, e.g. demonstrating an understanding and compliance with clinical governance that would be useful when bidding for an NHS contract from a Primary Care Trust.

The two dental faculties believe that the MJDF provides a modern, fit-for-purpose, innovative assessment for today's young dentist. It also removes the reliance on traditional tests of knowledge and, together with the objective structured clinical examination (OSCE) elements, allows for triangulation of methods to assess the areas set out in the foundation training curriculum. Furthermore, the faculties believe that the evaluation of workplace-based experience, now embedded in primary and secondary care foundation training, and decreased reliance on traditional examination methods will have greater meaning for dental graduates.



## Introduction

1. *Information for Candidates* contains background information and 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

2. *Information for Candidates* should be read alongside the *MJDF Regulations*, available to view on the MJDF website ([www.mjdf.org.uk](http://www.mjdf.org.uk)).
3. This document contains important guidance which is supplementary to the *MJDF Regulations*. **Any candidate preparing for the MJDF assessment should therefore read both the *MJDF Regulations* and this document in full.**

## A Curriculum for UK Dental Foundation Programme Training

4. 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 [http://www.mjdf.org.uk/docs/gpt\\_curric.pdf](http://www.mjdf.org.uk/docs/gpt_curric.pdf).
5. 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

6. 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.



### ***Part 1 examination***

7. 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***

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

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

### **Final award of the examination**

10. Candidates are reminded that once *any* element of the examination has been completed all other components must be completed within a 5 year time frame.

## **Training, education and preparation for MJDF**

### ***Vocational training and foundation training***

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

12. 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.

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

14. 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.



15. 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.

### ***Tutor networks***

16. There is a network of tutors to assist those preparing for the MJDF assessment. Further details are available on the MJDF website ([www.mjdf.org.uk](http://www.mjdf.org.uk)).

### ***Centrally organised study days***

17. 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](http://www.mjdf.org.uk).

### ***Study resources***

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

19. 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***

20. 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.

21. 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

### **Part 1 examination**

22. 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) and extended 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

Select 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 vital 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

Choose from the options above the period of time which should elapse before the next radiographic review in the scenarios below. Each option may be used once, more than once, or not at all.

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.

For each of the following clinical scenarios identify the most appropriate skin/nail condition from those provided. Each option may be used once, more than once, or not at all

1. A 45 year old woman with known liver disease.
2. A 56-year-old psoriasis sufferer.
3. A woman with a hypochromic microcytic anaemia.
4. A heavy smoker with haemoptysis.
5. A patient with a history of gallstones presenting with dark urine and jaundice.



## **Part 2 examination**

23. Part 2 will be in the form of an objective structured clinical examination (OSCE) and structured clinical reasoning (SCR) exercise.
24. 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***

25. The OSCE component of Part 2 is designed to assess the candidate's skills, competencies, and practical application of knowledge of various clinical situations.
26. The OSCE component will consist of a circuit of up to 20 stations and each station will last approximately 5 minutes.

At each station, the candidate will be required to undertake either a practical or a paper-based task. These tasks are linked to a competency within one or more of the four major domains of the GPT curriculum. There may be some preparation stations to give the candidate time to prepare 'an answer' for the next station.

A typical OSCE station consists of a clinical vignette and instructions for the candidate to complete the task.

### **Specimen OSCE Station 1**

A patient of yours Mr Smith, has attended the practice today, with a carious lower third molar tooth. It is asymptomatic at present but needs to be surgically removed. Mr Smith is fit and well, and not taking any medication from his doctor.

A radiograph of the area is provided. You do not have to examine the patient. You are required to obtain valid informed consent from Mr Smith so the procedure can be carried out later.

An examiner will observe you and award marks on your competency. The examiner will not interact with you while you are undertaking your task.



## **Specimen OSCE Station 2**

You have been provided with photographs and mounted study models of your patient, Mrs Jones, aged 67. She has agreed to have a new chrome-cobalt partial denture to replace her existing one, which she has had for over 15 years. It is comfortable but as one of the clasps broke recently she has decided to have a new one, similar to her existing one.

You are required to write a prescription to your laboratory for the new partial denture.



## Sample Mark Sheet for Specimen OSCE Station 1

### MJDF OSCE EXAMINATION

**STATION:**

**CANDIDATE NUMBER:**

Examiner's mark Sheet - **Please mark the appropriate score**

	<b>Above standard</b>	<b>Meets standard</b>	<b>Below standard</b>	<b>Mark</b>
<b>Communication skills</b>				
Candidate introduces him/herself in an appropriate manner	N/a	Name & appropriate greeting	No greeting	
Checks patient ID	N/a	Checked	Not checked	
Invites questions and encourages discourse	Very open and encouraging	Less open and encouraging	Does not invite questions	
Uses appropriate language	Avoids jargon	Some jargon	Much jargon	
<b>Knowledge imparted</b>				
Discuss complications / serious or frequently occurring risks & benefits	Clear and concise	Vague	Very little info given	
Discusses what would happen with no treatment	Clear and concise	Vague	Doesn't discuss	
<b>Simulated Patient's mark</b>				
Do you feel that you understood the explanation / information given	Entirely	Partially	Not understood	
Did the candidate establish a good rapport with you?	Good	Fair	No rapport	
Do you feel you have enough information to go ahead and give consent	Entirely	Partially	No not enough information	
<b>TOTAL</b>				

Please indicate below in the appropriate box global rating for the Candidate

<b>Clear Fail</b>	<b>Borderline Fail</b>	<b>Borderline Pass</b>	<b>Pass</b>	<b>Excellent Pass</b>
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### ***The SCR component***

27. 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.

28. 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.

29. Examples of scenarios that may be used include:

- Interpreting the implications of a new guideline.
- Review of important documents, leaflets, and research papers which impact on dental practice.
- Decision-making on the merits of a particular form of treatment.
- Dealing with treatment complications.
- Continuing professional development, e.g. staff and patient management and regulations, policy development and implementation, etc
- A treatment-planning exercise.
- Management and Leadership issues, e.g. appraisal, grievance procedures, finance.

30. 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***

31. Candidates will be allowed 48 minutes 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 four 10-minute structured discussions, with different examiners on each occasion, on selected aspects of each scenario.

**Specimen SCR questions**

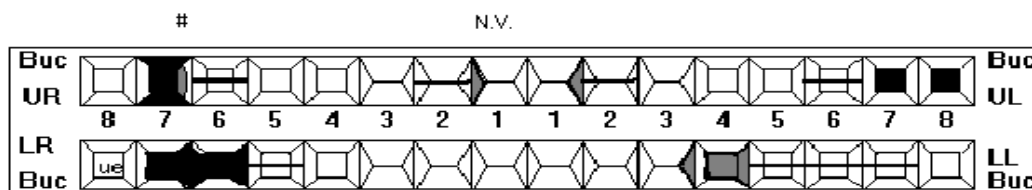
- 32. Two examples of SCR exercises are given.
- 33. It is unlikely in the 10 minutes available that all these questions would be asked, but it gives a suggestion of the likely method of assessment.

*Example 1*

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?**

### *Example 2*

#### Candidate Instructions

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<sup>1</sup> & E. AMIR<sup>2</sup>

**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  $8.4 \pm 2.3$ ) 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 g of local anaesthesia in soft tissues disappeared.

**Results.** Duration of numbness of soft tissues was significantly longer for articaine ( $3.43 \pm 0.7$  h) than for lidocaine ( $3.0 \pm 0.8$  h) ( $P = 0.003$ ). 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  $8.4 \pm 2.3$ , median 8), mean weight  $30.44 \pm 8.80$  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<sup>R</sup>, 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  $P < 0.05$ .

## 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?



## Sample mark sheet for SCR station

### Membership of the Joint Dental Faculties

### STATION A

CANDIDATE NUMBER				CANDIDATE NAME							
0	0	0	0	Please enter candidate number in the grid to the left and print name below <hr/>				0	0	0	0
1	1	1	1					1	1	1	1
2	2	2	2					2	2	2	2
3	3	3	3					3	3	3	3
4	4	4	4					4	4	4	4
5	5	5	5					5	5	5	5
6	6	6	6					6	6	6	6
7	7	7	7					7	7	7	7
8	8	8	8					8	8	8	8
9	9	9	9					9	9	9	9

Please enter examiner number in the grid to the right and print name below

<p><b>CLINICAL</b> All major competencies</p> <p>1. <b>[Poor Fail]</b> Fails to demonstrate competence with concerns re. patient safety. Cannot apply knowledge to clinical situations.</p> <p>2. <b>[Borderline Fail]</b> Fails to demonstrate adequate clinical competence. Can apply knowledge to some clinical common problems but hesitantly and/or incompletely. Inadequate clinical and technical proficiency.</p>	<p>3. <b>[Borderline Pass]</b> Demonstrates clinical competence at a barely adequate level. Adequately applies knowledge to common clinical problems. Clinically and technically proficient.</p> <p>4. <b>[Pass]</b> Demonstrates clinical competence to high level Applies knowledge, to clinical problems in focused way. No prompting – fluent and proficient.</p>	<p>Please mark here</p> <table border="1"> <thead> <tr> <th>Poor Fail</th> <th>Borderline Fail</th> <th>Borderline Pass</th> <th>Pass</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </tbody> </table>	Poor Fail	Borderline Fail	Borderline Pass	Pass	1	2	3	4
Poor Fail	Borderline Fail	Borderline Pass	Pass							
1	2	3	4							
<p><b>PROFESSIONAL</b> Ethics; Patients; Self Clinical team/peers</p> <p>1. <b>[Poor Fail]</b> Demonstrates incompetence in professional practice. Unable to interact adequately with team/peers/patients. Causes concern to examiners.</p> <p>2. <b>[Borderline Fail]</b> Demonstrates competence in some areas of professional practice but below the required standard. Variable/inconsistent interaction with team/peers/patients. Difficulty in prioritising. Attempts to apply knowledge, and judgement in management but below the required standard.</p>	<p>3. <b>[Borderline Pass]</b> Demonstrates competence in professional practice. Interacts appropriately with team/peers/patients. Able to prioritise adequately. Able to apply knowledge, and judgement in clinical management.</p> <p>4. <b>[Pass]</b> Demonstrates high level of competence in professional practice. Able to prioritise well. Would inspire confidence in team/peers and patients. No prompting.</p>	<p>Please mark here</p> <table border="1"> <thead> <tr> <th>Poor Fail</th> <th>Borderline Fail</th> <th>Borderline Pass</th> <th>Pass</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </tbody> </table>	Poor Fail	Borderline Fail	Borderline Pass	Pass	1	2	3	4
Poor Fail	Borderline Fail	Borderline Pass	Pass							
1	2	3	4							
<p><b>COMMUNICATION</b> Patient &amp; Family; Clinical Team; Other Professionals</p> <p>1. <b>[Poor Fail]</b> Demonstrates lack of non verbal skills. Thinking disorganised, hesitant, indecisive. Unable to communicate adequately with peer/patients/dental team. Verbal communication causes concern.</p> <p>2. <b>[Borderline Fail]</b> Demonstrates some but inadequate non verbal skills. Poor deductive thinking. Hesitant to interact with peers/patients/dental team. Verbal communication variable/inconsistent.</p>	<p>3. <b>[Borderline Pass]</b> Demonstrates adequate verbal and non verbal skills. Shows good deductive thinking. Interacts with patients/peers/dental team.</p> <p>4. <b>[Pass]</b> Demonstrates excellent verbal and non verbal skills. Excellent interaction with peers/patients/team. No prompting.</p>	<p>Please mark here</p> <table border="1"> <thead> <tr> <th>Poor Fail</th> <th>Borderline Fail</th> <th>Borderline Pass</th> <th>Pass</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </tbody> </table>	Poor Fail	Borderline Fail	Borderline Pass	Pass	1	2	3	4
Poor Fail	Borderline Fail	Borderline Pass	Pass							
1	2	3	4							
<p><b>MANAGEMENT AND LEADERSHIP</b> Personal &amp; Practice organisation; Legislation; Financial Leadership</p> <p>1. <b>[Poor Fail]</b> Incompetent. Concerns for patient safety. Concern re. management and leadership. Ignorant of key contemporary legislation.</p> <p>2. <b>[Borderline Fail]</b> Demonstrates some but inadequate competence in organisation/finance/legislation. Management and leadership proficiency hesitant at times and inconsistent with acceptable practice.</p>	<p>3. <b>[Borderline Pass]</b> Demonstrates competence in areas of organisation/finance/legislation. Management and leadership not fluent but justifiable.</p> <p>4. <b>[Pass]</b> Demonstrates good levels of competence in areas of organisation/finance/legislation. Management and leadership fluent and justifiable. No prompting.</p>	<p>Please mark here</p> <table border="1"> <thead> <tr> <th>Poor Fail</th> <th>Borderline Fail</th> <th>Borderline Pass</th> <th>Pass</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </tbody> </table>	Poor Fail	Borderline Fail	Borderline Pass	Pass	1	2	3	4
Poor Fail	Borderline Fail	Borderline Pass	Pass							
1	2	3	4							
<p>Please record your overall judgement of the candidate's performance</p>	<p><b>GLOBAL MARK</b></p>	<p>Please mark here</p> <table border="1"> <thead> <tr> <th>Poor Fail</th> <th>Borderline Fail</th> <th>Borderline Pass</th> <th>Pass</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </tbody> </table>	Poor Fail	Borderline Fail	Borderline Pass	Pass	1	2	3	4
Poor Fail	Borderline Fail	Borderline Pass	Pass							
1	2	3	4							



## Exemptions from Part 1 of the MJDF

34. The following examinations are currently accepted by the faculties as providing exemption from Part 1 of the MJDF:
- a. Candidates who have obtained Part A of the old-style MFDS or Part 1 of the old-style MFGDP(UK).
  - 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

35. 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

36. Candidates should complete the application form relevant to the Part 1 or Part 2. All application forms can be accessed on the MJDF web pages at [www.mjdf.org.uk](http://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**

37. The fees payable for 2014 are:

Part 1	£522.00
Part 2	£660.00

## **Membership of the dental faculties**

38. 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**

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



## Frequently asked questions

Below are some frequently asked questions which may help to provide guidance to the candidate.

### ***How do I prepare for the MJDF?***

This document contains a list of resources in Annex B, and the MJDF website ([www.mjdf.org.uk](http://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 currently a mandatory requirement.

### ***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 need to be completed within five years of passing Part 1.

***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 Dental Faculties of the Royal Colleges in Scotland. 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](http://www.mjdf.org.uk), or contact the MJDF Examination Department at [mjdf@rcseng.ac.uk](mailto:mjdf@rcseng.ac.uk).





## 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	044307183 7
Mitchell L. An Introduction to Orthodontics. 2 <sup>nd</sup> Edition. Oxford University Press [2002]	019263184 5
Whaites E. Essentials of Dental Radiography and Radiology	044307027 X
Cawson & Skully C. Medical Problems in Dentistry. 5 <sup>th</sup> Edition [2005] Elsevier	044310145 0
Meecham JG et al. Pain and Anxiety Control for the Conscious Dental Patient. 7 <sup>th</sup> Edition	019262848 8
Bain C. Treatment Planning in General Dental Practice. Dental Update Publications	044307183 7
Jacobsen PH. Restorative Dentistry: An Integrated Approach. Elsevier Health Sciences	072361742 2
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]	090458859 9
Davenport JC et al. Clinical Guide To Removable Partial Denture Design. BDJ Books [2000]	090458863 7
McCord JF & Grant AA. Clinical Guide To Complete Denture Prosthetics. BDJ Books [2000]	090458864 5
Field A, Longman L & Tyldesley W. Tyldesley's Oral Medicine. 5 <sup>th</sup> Revised Edition. Oxford University Press.	019263147 0
Chapple ILC & Gilbert AD. Understanding Periodontal Diseases: Assessment and Diagnostic Procedures in Practice. Quintessentials Publishing [2002]	185097053 X
Crean S, Shaikh Z & Addy L. Clinical Short-Answer Questions for Postgraduate Dentistry [1997] Quintessence Publishing Co. Ltd	185097102 1
FGDP Key Skills [Infection Control, Medical Emergencies, Radiography]	
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
Nice Guidelines: <a href="http://www.nice.org.uk/">http://www.nice.org.uk/</a>	



Sign Guidelines: <a href="http://www.sign.ac.uk/guidelines/fulltext/47/index.html">http://www.sign.ac.uk/guidelines/fulltext/47/index.html</a>	
Sign Guidelines on Sedation for Children: <a href="http://www.sign.ac.uk/guidelines/fulltext/58/index.html">http://www.sign.ac.uk/guidelines/fulltext/58/index.html</a>	
FDS National Clinical guidelines 1997 <a href="http://www.rcseng.ac.uk/fds/publications-clinical-guidelines/clinical_guidelines/documents/ncg97.pdf">http://www.rcseng.ac.uk/fds/publications-clinical-guidelines/clinical_guidelines/documents/ncg97.pdf</a>	
Oral Health Specialist Information: <a href="http://www.evidence.nhs.uk/">http://www.evidence.nhs.uk/</a>	
Helping Smokers Stop: <a href="http://www.nice.org.uk/niceMedia/documents/helping_smokers_stop.pdf">http://www.nice.org.uk/niceMedia/documents/helping_smokers_stop.pdf</a>	
Clinical Audit: <a href="http://www.verifiedlearning.com/lap/docs/moddent.pdf">http://www.verifiedlearning.com/lap/docs/moddent.pdf</a>	
Resuscitation Council: <a href="http://www.resus.org.uk">www.resus.org.uk</a>	
Health Development Agency [HDA] Publications <a href="http://www.nice.org.uk/aboutnice/whoweare/aboutthehda/hdapublications/hda_publications.jsp">http://www.nice.org.uk/aboutnice/whoweare/aboutthehda/hdapublications/hda_publications.jsp</a>	
British National Formula <a href="http://www.bnf.org">www.bnf.org</a>	
Primary Care Contracting <a href="http://www.pcc.nhs.uk/133.php">http://www.pcc.nhs.uk/133.php</a>	
Child Protection and the Dental Team <a href="http://www.cpdtd.org.uk/">http://www.cpdtd.org.uk/</a>	
British Society for the Study of Prosthetic Dentistry <a href="http://www.bsspd.org/">http://www.bsspd.org/</a>	
British Society of Periodontology <a href="http://www.bsperio.org.uk/members/policy.pdf">http://www.bsperio.org.uk/members/policy.pdf</a>	
British Society for Restorative Dentistry <a href="http://www.bsrd.org.uk/">http://www.bsrd.org.uk/</a>	
<b>2. COMMUNICATION</b>	
FGDP(UK) Key Skills: [Clinical Record Keeping & Risk Management & Communication]	
GDC Principles of Consent: <a href="http://www.gdc-uk.org/Newsandpublications/Publications/Publications/PatientConsent%5B1%5D.pdf">http://www.gdc-uk.org/Newsandpublications/Publications/Publications/PatientConsent%5B1%5D.pdf</a>	
GDC Standards for Dental Professionals <a href="http://www.gdc-uk.org/Dentalprofessionals/Standards/Pages/default.aspx">http://www.gdc-uk.org/Dentalprofessionals/Standards/Pages/default.aspx</a>	
BDA Clinical Governance Kit [New edition out in Sep 07]	
<b>3. PROFESSIONALISM</b>	
FGDP(UK) Key Skills [Legislation and Good Practice Guidelines & Team Training]	
BDA Advice Sheet, B1 [Dental Ethic] <a href="http://www.gibbs-dental.co.uk/firstyears/124.htm">http://www.gibbs-dental.co.uk/firstyears/124.htm</a>	
GDC Guidance Documents. Principles of Dental Team Working	



<a href="http://www.gdc-uk.org/Newsandpublications/Publications/Publications/DentalTeamWorking2%5B1%5D.pdf">http://www.gdc-uk.org/Newsandpublications/Publications/Publications/DentalTeamWorking2%5B1%5D.pdf</a>	
Modernising NHS Dentistry: Clinical Audit and Peer Review in the GDC: <a href="http://www.verifiedlearning.com/lap/docs/moddent.pdf">http://www.verifiedlearning.com/lap/docs/moddent.pdf</a>	
Dental Peer Review and Clinical Audit: <a href="http://www.verifiedlearning.com/lap/">http://www.verifiedlearning.com/lap/</a>	
GDC Guidance Documents: <a href="http://www.gdc-uk.org/News+publications+and+events/Publications/Guidance+documents/">http://www.gdc-uk.org/News+publications+and+events/Publications/Guidance+documents/</a>	
Cochrane Library and National Electronic Library for Health: <a href="http://www.thecochranelibrary.com/">http://www.thecochranelibrary.com/</a>	
BDA clinical governance kit – underperformance protocols [New edition out in Sep 07]	
<b>4. MANAGEMENT &amp; LEADERSHIP</b>	
<b>RECOMMENDED:</b>	
Rattan R & Manolescue G. The Business of Dentistry. Quintessentials 8	1850970580