Faculty of Dental Surgery
ROYAL COLLEGE OF SURGEONS OF ENGLAND

Licence in Dental Surgery

Part 2 SCR Sample Questions

Overview

This document contains sample questions designed to illustrate the format and style of questions used in the Licence in Dental Surgery (LDS) Part 2 SCR examination.

Each sample SCR case contains:

- The scenario / preparation material given to candidates
- The examiner questions
- The mark scheme

The cases included are not taken from the live examination banks and are provided solely as examples to support preparation and familiarisation with the exam.

LDS PART 2 SCR EXAMPLE CASES

Example Case 1

Scenario

You are a foundation dentist working in an NHS practice.

Presenting complaint

A five-year-old boy attends with his mother. Mum advises that her child, Neville is having pain from
his teeth and earache.

History of presenting complaint

Over the past few weeks Neville has had pain in his back teeth on both sides.
His sleep is not disturbed.

Dental history

He did attend the dentist previously but did not like it so they have not been back.
He brushes his teeth twice a day unsupervised

Past medical history

See PMH sheet
The patient had an allergy to penicillin.
All childhood immunisations are up to date

Social history

He lives with both parents and attends school, he has a 7-year-old brother who attends the same school.

Diet history

Eats three meals a day
Admits to taking squash, juice, fizzy drinks a couple of times a day
Snacks regularly in between meals

Examination/Investigation findings

Extraoral examination – No abnormality detected
Intraoral examination – difficult to assess, some caries on anterior teeth
Radiographic findings – OPG provided

Clinical examination

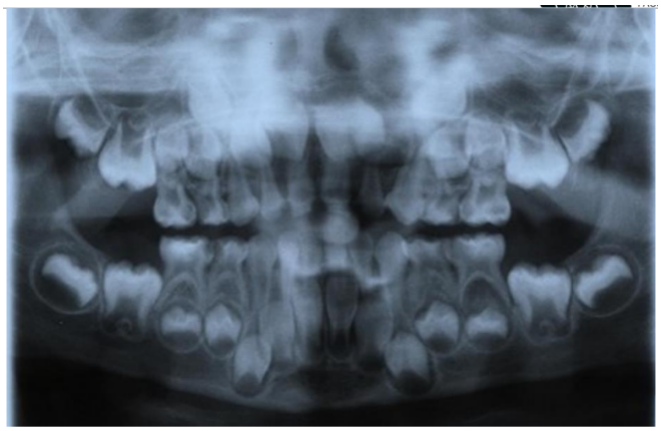
The patient appears well and has no temperature

Extra oral examination

No obvious facial swellings are detected

Intra oral examination
It is difficult to examine Neville properly but limited oral inspection shows evidence of anterior carious teeth

Special tests
OPG is shown



Medical History Record

Name	Neville Masters	D.O.B.	01/11/2020

Do you have or have you ever had any of the conditions listed below?	Details	
Heart problems, high blood pressure	● No	
Chest problems, asthma, bronchitis	● No	
Diabetes	● No	
Epilepsy	● No	
Hepatitis, HIV	● No	
Operations or illnesses that required treatment in hospital	● No	
Had a general anaesthetic (been put to sleep before)	● No	
Hay fever, eczema	● No	
Do you take any drugs	● No	
Allergies	● Yes	Penicillin
History of bleeding	● No	
Anything else you think is relevant that we should know prior to treating you?	● No	Childhood immunisations are up to date

Examiner questions:WEBSITE EXAMPLE- Child Oral Health

Information gathering, assimilation and diagnosis

1. What further information would you ask regarding the patient's pain?

2. What further information would you like to know regarding Neville's medical history?

3. Does the patient's dental development align with their age? Why?

4. From the radiograph, list the teeth that have carious lesions

Management of scenario

5. Name three other investigations you would like to undertake.

6. What is the diagnosis?

7. What behaviour techniques would you use to encourage a 5-year-old dentally anxious child to help engagement with the dental assessment?

Management planning and execution

8. Describe a prevention treatment plan for Neville.

9. In broad terms, outline a rehabilitative treatment plan for this patient?

10. You are unable to get sufficient cooperation from Neville to undertake restorative treatment. How would you proceed?

Professionalism, ethics and medicolegal concerns

11. You have decided to refer the patient to a paediatric dental service. What would you discuss with mum?

12. Whilst giving / delivering oral hygiene instruction, mum tells you that she has been advised that non fluoride organic toothpaste is the best option to keep a child healthy long-term. How would you manage this situation?

13. What guidance would you quote for the patient to look up patient information on fluoride?

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Management of scenario

Items to consider: Knowledge of options Knowledge and understanding of management/treatment process, advantages & disadvantages, risks & benefits	Lacks knowledge with respect to common treatment / management options Incorrect options for treatment or dealing with issue No understanding of risks / benefits or advantages / disadvantages of plans suggested Poor recognition of red flags Poor or no knowledge / understanding of national guidance or standards Does not follow evidence based care / approach	Shows limited knowledge with respect to common treatment / management options Mentions some of the correct options for treatment or dealing with issue Demonstrates limited understanding of material risks / benefits or advantages / disadvantages of plans suggested Limited knowledge of guidance or standards and the compliance necessary	Shows knowledge with respect to common treatment / management options Most of the correct options for treatment or dealing with issue Demonstrates understanding of material risks / benefits or advantages / disadvantages of plans suggested relative to the patients history. Demonstrates specific understanding of guidance, standards and the compliance necessary	Excellent knowledge with respect to common treatment / management options Correct options for treatment or dealing with issue Demonstrates excellent understanding of material risks / benefits or advantages / disadvantages of plans suggested Efficient patient centred decision making Excellent and succinct explanation of standards and guidance and the compliance necessary

Management plan and execution

Items to consider: Selection of appropriate management plan Understanding and knowledge of how to proceed and carry out plan, GDP vs specialist management	Recommends course of action (either clinical care or plan) that is in appropriate or unsafe Unable to treatment / care / management plan Unsafe sequencing of treatment Unaware of own limitations, unaware of multidisciplinary team work, unaware of role of specialists No consideration of medical / social / dental histories and implications Fails to identify referral needs	Recommends course of action (either clinical care or plan) that is inappropriate but would not result inpatient harm Limited consideration of medical / social / dental histories and implications Limited ability to treatment / care / management plan Limited awareness of own limitations, Very limited awareness of multidisciplinary team work, and role of specialists Misses some urgency and escalation triggers Referral recognition inconsistent	Recommends course of action (either clinical care or plan) that would be appropriate Consideration of medical / social / dental histories and tailored implications Shows some degree of ability to treatment / care / management plan well Some awareness of own limitations, Some awareness of multidisciplinary team work, and role of specialists Correct referral thresholds	Recommends course of action (either clinical care or plan) that is appropriate and sensible, with excellent explanation Full and thorough consideration of medical / social / dental histories and implications Able to treatment / care / management plan well integrating patients values and alternatives, anticipates possible complications Excellent awareness of own limitations, Excellent awareness of multidisciplinary team work, and role of specialists

Professionalism/Ethics/Medicolegal				
Items to consider: Communication around case, clinical guidelines, ethical considerations, best interest care and planning, national guidelines, legislation	Unaware of consent issues, lacks insight into own behaviour / action Does not act within clinical guidance / standards / current legislation Dose not act within professional standards Indecisive, unconfident Misunderstanding of principles Does not make the links between legal and ethical frameworks and clinical scenarios	Awareness of some consent issues, but not all Recognises and acts within some clinical guidance / standards / current legislation Acts within some professional standards Shows some degree of indecisiveness and lacks some confidence Some omissions in communication, capacity or risks	Awareness of consent issues, Recognises and acts within clinical guidance / standards / current legislation Acts within professional standards Shows some degree of confidence with decision making Minor omissions only	Excellent awareness of consent issues, Consistently recognises and acts within clinical guidance / standards / current legislation Confident, decisive, Acts within professional standards Integrates multiple standards accurately Strong ethical reasoning Patient centred shared decision making

LDS PART 2 SCR EXAMPLE CASES

Example Case 2

Scenario

You are a dentist working in an NHS practice. A local authority is consulting on the introduction of community water fluoridation. During a routine appointment, a parent raises concerns after seeing negative information about water fluoridation on social media. Consider how you would manage this scenario in your dental practice.

Presenting complaint

“I’ve heard fluoride in the water is dangerous – I don’t want my children drinking it.”

History of presenting complaint

Parent of two children aged 4 and 7

Lives in an area with high levels of childhood caries

No current community water fluoridation scheme

Expresses mistrust of government health interventions

Dental history

Children attend irregularly

History of multiple restorations in primary teeth

One child awaiting extraction under GA

Uses standard toothpaste with 1400ppm fluoride

Past medical history

Both children are medically fit and well.

Social history

Family lives in an area of high deprivation

Parents working multiple jobs

Limited engagement with preventive dental services

Diet history

Frequent sugary snacks and drinks

Limited understanding of sugar frequency

Examiner questions:WEBSITE EXAMPLE- Public Health

Information gathering, assimilation and diagnosis

1. What further information would you explore to understand the parent's concerns?

2. What oral health problems are community water fluoridation intended to address?

3. Which population groups benefit most from community water fluoridation?

Management of scenario

4. How would you explain community water fluoridation to this parent in a balanced and accessible way?

5. What are the key benefits and justifications for community water fluoridation?

Management planning and execution

6. How would you support this family's oral health regardless of fluoridation outcome?

7. What is the dentist's role, in general, in supporting public health initiatives like community water fluoridation?

Professionalism, ethics and medicolegal concerns

8. What ethical principles are relevant when considering community-based interventions?

9. How should a dentist behave professionally when discussing controversial public health topics?

10. The parent asks: "Are you paid by the government to promote fluoridation?" How would you respond?

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Royal College of Surgeons
ADVANCING SURGICAL CARE

LDS PART 2 SCR EXAMPLE CASES

Example Case 3

Scenario

You have recently joined an NHS dental practice as a foundation dentist. During your induction, the practice manager informs you that the most recent clinical governance review highlighted concerns about fluoride varnish application, especially for high caries risk children.

The principal dentist asks you to design a clinical audit to assess and improve fluoride varnish application in children within the practice. You are given access to the practice's electronic patient records. No previous audit on fluoride varnish has ever been undertaken.

You have noticed that different clinicians within the practice appear to have different prescribing patterns. The aim of the audit is to assess whether high caries-risk children are receiving fluoride varnish at guideline-recommended intervals.

Prepare a plan to undertake such a clinical audit.

Examiner questions:WEBSITE EXAMPLE: Governance

Information gathering, assimilation and diagnosis

1a. Before we discuss the specifics of the fluoride varnish audit, we will consider clinical audit in general.
What are the key components of a clinical audit?

1b. What is the benefit of undertaking audits in a healthcare system?

2a. Can you outline the different modes of fluoride delivery in the UK.

2b. What is the recommended regime of fluoride varnish application in a high caries risk child versus a low caries risk child?

Management of scenario

3a. When planning a clinical audit, you need to set a standard based on guidelines. What national guidelines would you choose to set the standard for this fluoride varnish audit?

3b. You need to set a gold standard for this audit. What percentage of children seen within the practice would you expect to have the recommended levels of fluoride varnish applications?

4. How will you plan an audit for this scenario? Describe a step-by-step approach.

Management planning and execution

5. Describe the specific data you will collect for this audit?

6. After the data collection you find that only50% of the children stated as high caries risk in the notes had fluoride varnish applied at the recommended interval.
What are the likely key action points?

Professionalism, ethics and medicolegal concerns

7. List the barriers that might impact fluoride varnish application in general practice?

8. Obtaining valid consent is one of the GDC standards. How would you ensure that valid consent is gained for fluoride varnish application?

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