



THE COLLEGE OF DENTAL SURGEONS  
OF  
HONG KONG

Guidelines  
for  
Accreditation and Training  
in  
General Dentistry

Adopted in 157th Council Meeting

16<sup>th</sup> March 2009

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# Contents

1. Introduction
2. Qualification Framework in General Dentistry
3. Examination- General Regulations and Format
4. Competence Standards
5. Eligibility ,Admission Requirements and Procedures
6. Organization- Committee of General Dentistry
7. Appointment of Chairman, Conveners and Trainers
8. Accreditation of Education Program Providers

Appendix I Abbreviations

Appendix II Credit Point System

Appendix III Credit Accumulation and Transfer

Appendix IV Register of Transferable Credits

Appendix V Competence Standards

# 1. Introduction

This is a document for the non-specialist training and accreditation for general dentists in Hong Kong.

General Dentistry is defined as the evaluation, diagnosis, prevention and/or treatment (non-surgical, surgical or related procedures) of diseases, disorders and/or conditions of the oral cavity, maxillofacial area and/or the adjacent and associated structures and their impact on the human body; provided by a dentist, within the scope of his/her education, training and experience, in accordance with the ethics of the profession and applicable law. \*

We understand the provision of clinical dental service is shouldered by general dentists and specialists. It is always stressed that Continuous Professional Development (CPD) is essential for maintaining high standard of care.

In term of CPD, specialist training is usually institution-based so as to cope with societal demand of extremely high standard. However, General Dental Practitioners ( GDP ) tend to favour CPD by a system which is flexible in time and place and can be accessible from various training institutes, be it local or overseas, More importantly, the qualifications should be recognizable so as to let public be aware of their effort and the attained Competence Standards ( CS ).

That also explains why some overseas imported examination oriented qualifications are so popular in the local dental community.

We also notice that there is a global trend that dentists, dental organizations and leaders are striving for clinical excellence and quality service by

- Identifying Competence Standards ( CS )and best practice in clinical practice,
- Defining the Competence Standards of generalist and specialist and the provision of a systematic training plan and pathway for ALL dentists,
- Establishing an academic home for Specialist and GDP and
- Increasing awareness of quality dentistry through education and health promotion to patients.

Recent developments in the GDP training provoke deep thought by the local academia, professional and statutory organizations regarding the establishment of local GDP academic home and a Qualification Framework (QF) with well structured education programs for acquiring clinical and practice related competences.

The purpose is to ensure the quality of examination outcome and hence quality of care.

In February 2007, the Council of the College of Dental Surgeons of Hong Kong set up a Preparatory Committee for GDP (PCGDP). Its functions are

- To provide the Council with the information regarding the background and the present situation of GDP training in Hong Kong
- To recommend the Council a qualification framework ( QF )for GDP within the CDSHK
- To recommend the Council on the organization structure for maintaining such qualification framework

The 'Guidelines for Accreditation and Training in General Dentistry' is the research outcome of the Preparatory Committee for GDP. It is submitted to the Council and is adopted in principle on 22<sup>nd</sup> March, 2007.

Prepared by

Committee of General Dentistry 2007

\*As modified and adopted by the 1997 American Dental Association- House of Delegates

## **2. Qualification Framework on General Dentistry**

### **Introduction**

Given the challenges in the assuring quality dental health care to patient, a QF GD may be able to solve the most important issue i.e. the benchmarking of competencies standards, its attainment and maintenance.

A QF GD also allows diversity on mode of training for dentists and cooperation between internationally reputable organizations and local statutory bodies in conducting examination without sacrificing autonomy in defining context and format of recognition.

### **Qualification Framework (QF)**

The QF is a hierarchy that orders and supports qualifications of academic, vocational and continuing education.

In the meantime, we focus on the level of competencies that are relevant to general dentists of at least 36 months of practice experience. A Diploma of Membership in General Dentistry will be granted to successful candidates.

The competence standards (CS) also provide guidance for young dentists in formulating their early vocational training plan.

All specialists are general dentists at the beginning and the QF GD will lay the strongest foundation for who aspires to proceed to specialist training.

The organization within CDSHK to maintain the QF GD is the Committee of General Dentistry (CGD).

### **Competency Standards (CS)**

To strengthen the profession leading role in the development of post-graduate training so as to enhance the effectiveness of the latter, Competence Standards (CS) should be formulated by the relevant statutory bodies such as CDSHK.

These competency standards represent the profession benchmarks for the skills, knowledge and attributes required to perform to a satisfactory level.

There are two domains in competence for GDP, namely clinical competency and practice related competences. General Practice differs from traditional technique dominant specialties that practice related competences occupy a significant portion of a quality GDP. Effort should be invested in this aspect and the practitioner should be assessed in depth.

To ensure continued relevance of the CS, CDSHK must review and update the CS regularly to keep abreast of the latest developments. Minor amendments to the competence standards may also be required regularly.

### **Credit Point System (CPS)**

Since CS-based programs are developed with units of competence in form of credit points. Trainees may have their qualifications including qualifications obtained from formal studies accumulated and move along the ladder of progression without the need to start from scratch.

The CS also provides clear progression pathways whereby trainees may draw up their own career development plans.

### **Training and Examination**

After the CS has been formulated, training providers will be able to design education programs that would help trainees achieve the specified competence standards. As the competence standards were developed by CDSHK locally, the relevance of the education programs to the requirements of the profession would be ensured.

Upon completion of CS-based programs in form of taught modules and the requisite examination, trainees will possess skills that can be objectively measured.

### **Credit Accumulation and Transfer (CAT)**

Under the QF, qualifications are not confined to local academic and training attainment. A Recognition of Prior Learning (RPL) mechanism developed by CGD is in place to recognize existing dentists' skills, knowledge and work experience.

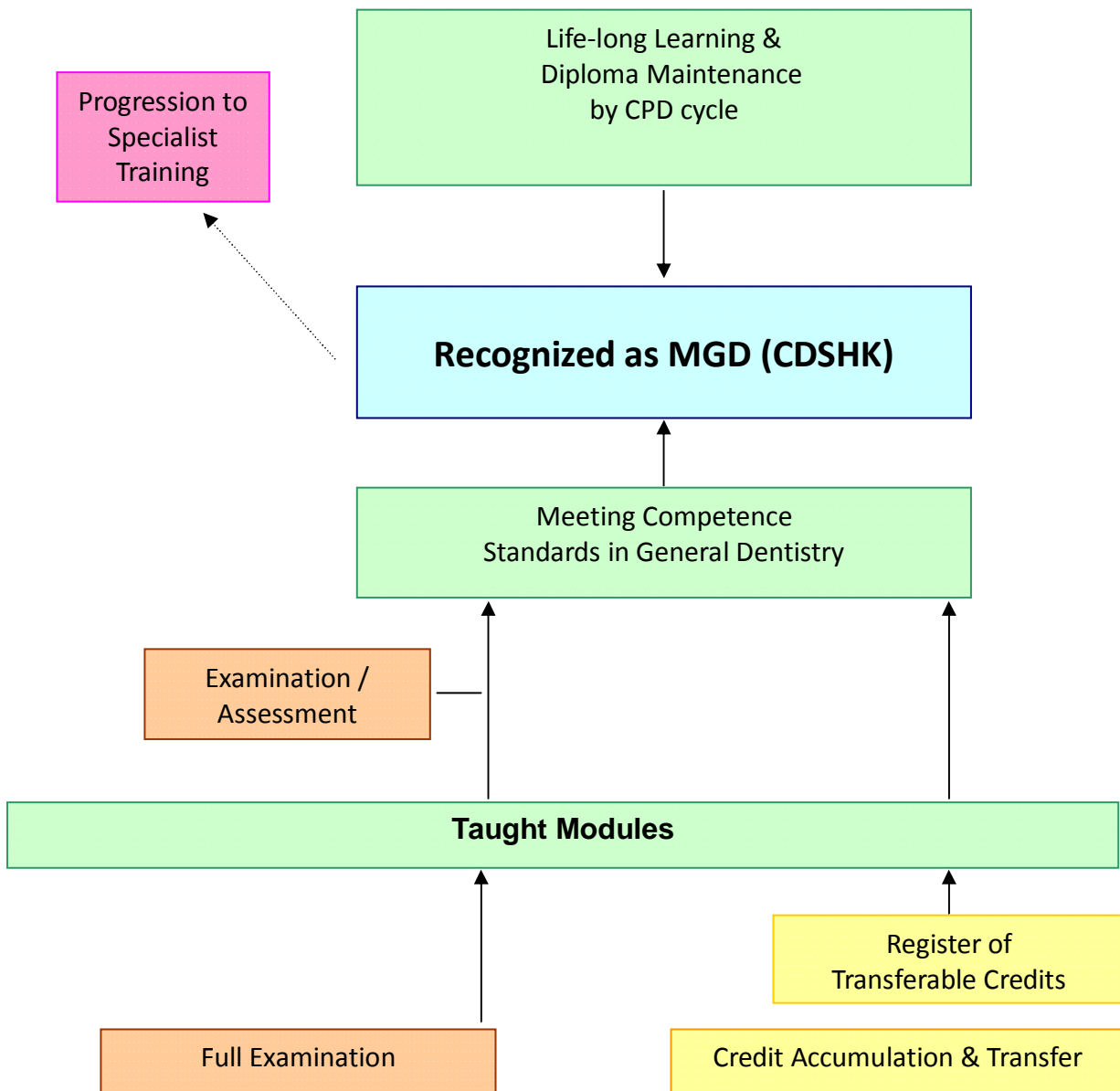
To facilitate lifelong learning, dentists require flexibility in the mode and pattern of learning to cater for their work and family responsibilities. A Credit Accumulation and Transfer (CAT) system will provide the flexibility to suit individual circumstances and minimize duplication in training.

With a CAT system, trainees can systematically accumulate the credits of learning and training gained from various courses with a view to converting the accumulated credits to fulfill the requirements of the Membership in General Dentistry examination from CDSHK. The development of a Register of Transferable Credit (RTC) will facilitate CAT arrangement between bodies granting local and overseas qualifications by providing a unified platform and common benchmarks.

## Life-long Learning by CPD cycle

To make the QF of continuously relevant to current general practice, holders of the Diploma of Membership in General Dentistry should commit to life long learning by entering into CDSHK CPD cycle for the Diploma maintenance.

The Qualification Framework on General Dentistry (QF GD) is depicted in the following diagram.



In conclusion, under the present QF GD, the destination is a Diploma of Membership in General Dentistry which can be obtained by

1. Taking the full MGD Examination or
2. Credit Accumulation and Transfer

### 3. Examination- General Regulations and Format

The Membership in General Dentistry (MGD) examination is so designed as to test the competences of the candidates to ensure the necessary skills, knowledge and attributes are acquired and performed to a satisfactory level.

#### A. General Regulations

1. Eligible candidates can enroll in the examination of Membership in General Dentistry (MGD) by opting to take full examination or by Credit Accumulation and Transfer.
2. A candidate who passes the examinations or obtains sufficient credit points by Credit Accumulation and Transfer and fulfill all MGD admission requirements will be entitled to the designation as

#### **MEMBERSHIP IN GENERAL DENTISTRY (HONG KONG)**

**- Abbreviated as MGD (CDSHK) -**

**香港牙科醫學院牙科院員**

and shall receive a Diploma of Membership in General Dentistry

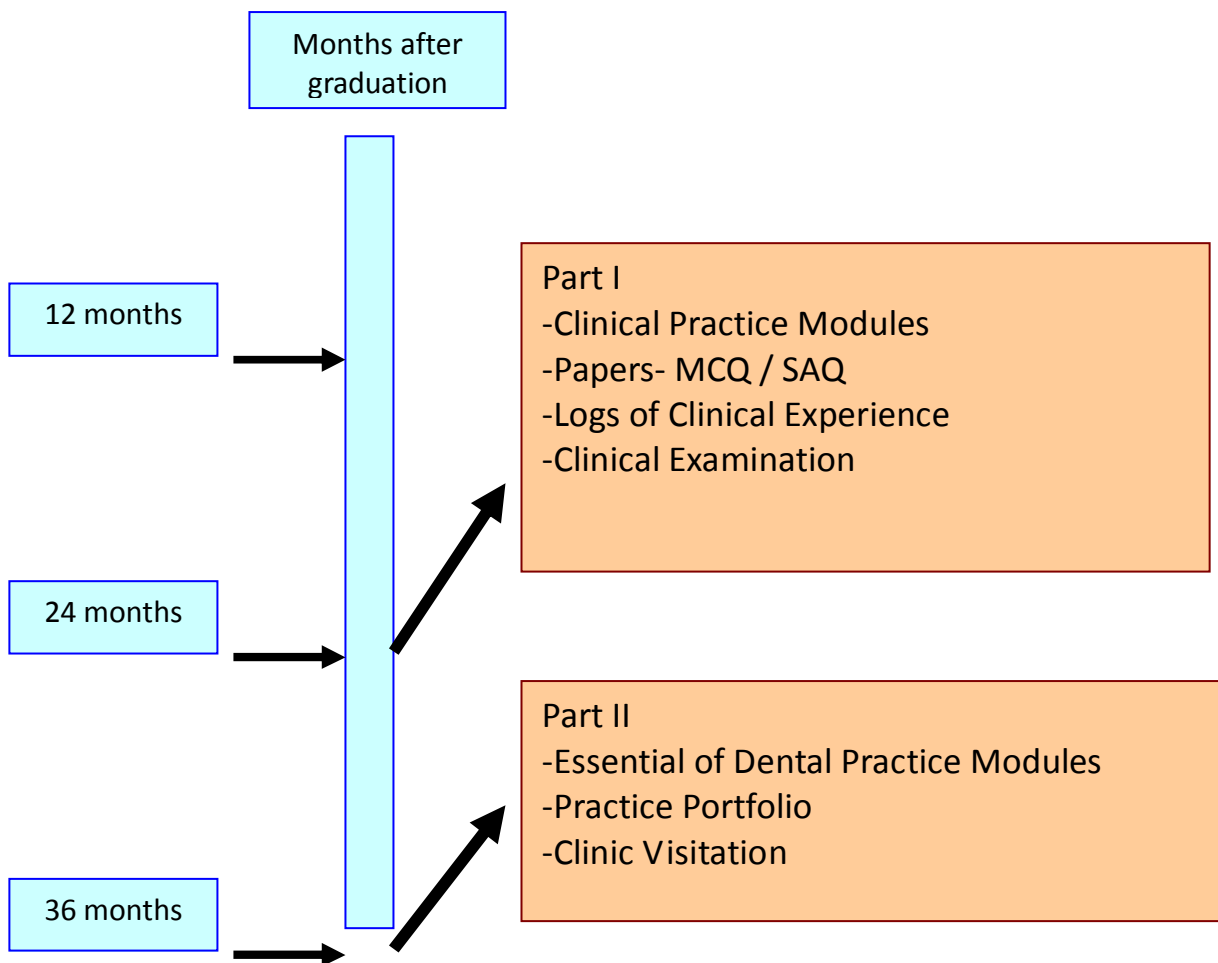
3. The Diploma of Membership in General Dentistry is registerable in the Dental Council of Hong Kong if the holder of it is a registered dentist in Hong Kong.
4. Holders of the Diploma of Membership in General Dentistry should support and obey the objects for which the College is established as stipulated in the Memorandum of Association.

5. Holders of the Diploma of Membership in General Dentistry should obey the rules and regulations set by CGD such as payment of appropriate fees, complying CPD requirements and any other conditions as determined by the CGD from time to time in order to maintain the diploma status.
  
6. Holders of the Diploma of Membership in General Dentistry shall be eligible to enjoy all the privileges of the College except the power of voting at general meetings of the College and being a councilor.
  
7. Holders of the Diploma of Membership in General Dentistry will surrender his/her diploma if he/she becomes a Fellow of CDSHK. CGD will inform the Dental Council of Hong Kong accordingly.

## B. Format

The examination shall consist of Part I and Part II which carry different credit points. (Please refer to Appendix II)

The Timeline is depicted in the following diagram.



## Part I – Clinical Competences

### Section A

#### Taught modules

Completion of Taught **Clinical Practice Modules based** on clinical competences as prescribed by CGD and provided by accredited education program providers

### Section B

#### ● Papers

One Multiple Choice paper comprising 60 questions and one short answer paper comprising 20 questions, each of two hours duration

### Section C

#### ● Log of Clinical Experience

Candidates are required to submit 5 log cases of Clinical Experience selected from but not limited to the following clinical disciplines and demonstrate the competence standards as prescribed by CGD

- Dental imaging
- Oral disease prevention and oral health maintenance
- Pain and anxiety management
- Treatment of pulpal diseases
- Management of periodontal diseases
- Dental-alveolar surgery and therapeutics
- Management of emergencies
- Musculoskeletal and occlusal therapy

- Fundamental orthodontics
- Oral medicine, oral pathology and oral microbiology
- Caries management
- Management of pediatric patients
- Rehabilitative therapy
- Implant therapy
- Cosmetic dentistry

No repetition in clinical competence is allowed

The logs are expected to demonstrate the breadth and depth of the candidate's clinical experience in General Dentistry.

It is expected that each log will describe a short course of care or a single item of dental treatment. Each log should give a history and diagnosis, a description of the treatment provided, reasons for the choices made and comments on the treatment outcome.

- **Clinical Examination**

The clinical examination will be in form of Objective Structured Clinical Assessment (OSCA) comprising multiple stations. The stations will relate to the clinical competences

The examination will be of one hour duration.

## **Part II – Practice Related Competences**

### **Section A**

#### **Taught modules**

Completion of Taught **Essentials of Dental Practice Modules based** on practice related competences as prescribed by CGD and provided by accredited education program providers

### **Section B**

#### ● **Practice Portfolio**

A practice portfolio consists of information describing the candidates' own practice in the following areas:

1. Infection Control
2. Staff Management
3. Risk Management including Statutory Compliance
4. Patient Education
5. Radiography
6. Clinical Record
7. Management of Medical Emergencies
8. Any other relevant areas

#### ● **Clinic visitation**

A visit by two examiners to assess the candidate's practice, and conduct an oral examination based on the practice portfolio and logs of clinical experience.

The visitation will be of one hour duration.

## Notes

1. The Examination Calendar will be published in proper channels. Potential candidates are required to take notice of it. CGD will take NO responsibility on any omissions or circumstances that may affect the application of the candidates.
2. Depending on the resources availability and the administrative capability, CGD may, from time to time, limit the total number of candidates per examination diet.
3. Candidates withdrawing from any Part of the Examination must do so in writing. The examination fee may be returned less 20% for administrative charges, or transferred to the next diet of the examination where written notice is received by the College prior to the closing date for receipt of applications. Half of the entrance fee may be returned or transferred to the next diet of the examination where written notice is received not less than 21 days before the commencement of the examination. After that date, no refund or transfer of fees will normally be made to candidates who withdraw from the examination or fail to attend for any reason whatsoever.
4. Candidates from overseas or candidates who do not practice in Hong Kong should have their application countersigned by an appointed person from the College of Dental Surgeons of Hong Kong. The CDSHK appointed person is to confirm that he/she personally knows the applicant and his/her standards of clinical practice is considered to be satisfactory.
5. The Committee of General Dentistry may either refuse to admit to an examination or to proceed with the examination of any candidate who infringes any of the regulations or who is considered by the Committee of General Dentistry to be guilty of behavior prejudicial to the proper management and conduct of the examination.
6. Candidates who are affected by an unforeseen change of practice location may appeal to the CGD if special arrangements will be required for the inspection of practice premises;
7. Following successful completion of part I, no more than three years should normally elapse before entering for Part II.

## 4. Competence Standards

The syllabus of the MGD is based on specifications of Competence Standards (CS) which comprise of 2 domains.

Part I

Clinical competences

Part II

Practice related competences

Candidates should note that these syllabuses are indicative of the areas of knowledge expected of the candidates. They are not intended to be exhaustive or to exclude other items of knowledge which are of similar relevance. (Please refer to Appendix V)

## **5. Eligibility, Admission Requirements and Procedures**

### **A. Eligibility- General**

To be eligible for the MGD examination, a candidate must

1. be a registered dentist in the Dental Council of Hong Kong
2. not be a Fellow of CDSHK and / or HKAM
3. not be on the specialist register of the Dental Council of Hong Kong
4. register as a trainee of CGD of CDSHK and pay an appropriate fee

Candidates who do not fulfill the normal entry requirements may apply for special consideration.

### **B. Eligibility-Part I**

1. Applications for sitting of Part I of the MGD examination must be received no later than the closing date as indicated on the examinations calendar and it must be accompanied by the full amount of the fee payable.
2. Candidates will be admitted to Papers and Clinical Examination of Part I of the Examination on production of evidence that they have been engaged in the clinical practice of dental surgery for not less than 24 months after obtaining a basic dental qualification acceptable to the College of Dental Surgeons of Hong Kong and attended all Clinical Practice (CP) modules as prescribed by CGD.
3. Candidate should receive confirmation of acceptance of his/her Logs of Clinical Experience no later than the closing date as indicated on the examinations calendar;

### **C. Eligibility-Part II**

1. Applications for sitting Part II of the MGD examination must be received no later than the closing date as indicated on the examinations calendar and it must be accompanied by the full amount of the fee payable.
2. Candidates will be admitted to Practice Portfolio and Clinic Visitation of Part II of the Examination on production of evidence that they have been engaged in the clinical practice of dental surgery for not less than 36 months after obtaining a basic dental qualification acceptable to the College of Dental Surgeons of Hong Kong and attended all Essentials of Dental Practice (EDP) Modules as prescribed by CGD.
3. Candidates should have successfully completed or obtain sufficient credits transferred for Part I of the MGD examination
4. Candidates should receive an approval of a Practice Portfolio from CGD

### **D. Admission**

A Diploma of Membership in General Dentistry will be granted to a candidate if he/she

1. passes Part I and II
2. is nominated by two College Fellows
3. is a registered dentist in the Dental Council of Hong Kong
4. is not a Fellow of CDSHK and / or HKAM
5. is not be on the specialist register of the Dental Council of Hong Kong
6. presents a letter of standing from the Dental Council of Hong Kong
7. has 60 verifiable CPD hours in the past three years
8. pays the admission and annual fee

## **E. Diploma Maintenance**

All holders of the Diploma of Membership in General Dentistry are required to maintain their diploma by

1. paying annual fee which is due on 1<sup>st</sup> Jan each year. There is a grace period of six months.
2. participating in recurrent CPD cycle as prescribed by the CME Sub-committee of the CDSHK and
3. fulfilling other requirements as specified by the Committee of General Dentistry

All holders who fail to comply with the CPD cycle and / or other requirements for diploma maintenance will subject to forfeiting the diploma as recommended by the Committee of General Dentistry.

Readmission may be considered if appropriate remedial actions are taken and is to the satisfactions of the Committee of General Dentistry.

## **6. Organization - Committee of General Dentistry**

According to ARTICLES 52(e) of the College of Dental Surgeons of Hong Kong, a Committee of General Dentistry (CGD) will be created and acts as the executive arm of the College on Accreditation and Training in General Dentistry.

### **A. Functions**

The Committee of General Dentistry will report to the Education Committee of the College. Its functions are

1. To recommend and maintain a Qualification Framework for GDP post-graduate training
2. To conduct business relating to examination for GDP
3. To organize and execute training programs for GDP
4. To promote General Dentistry to the profession and the public
5. To conduct business relating to Credit Accumulation and Transfer on the matters relating to GDP
6. To nominate conveners and trainers to College Council for appointment
7. To recommend to the College Council to accredit Education Program Providers for GDP
8. To solicit and allocate resources for utilization of the Committee
9. To liaise with overseas organizations for the betterment and advancement of the QF GD
10. To advise the Council on matters relating to QF GD

## **B. Working Groups of the Committee**

The Committee may include but not be limited to the following working groups

1. Syllabus & Competence Standards, Credit Accumulation and Transfer and Examination & Assessment
2. Administration and Finance & Resources
3. Training and Education
4. Publicity & External Relationship and Overseas Liaison

Academic Advisors from local and overseas organizations will also be invited

## **7. Appointment of Chairman, Conveners and Trainers**

### **A. Chairman**

#### **i. Appointment**

A Chairman, who is a College Fellow or a holder of the Diploma of Membership in General Dentistry and is practicing in General / Family Dentistry, is to be appointed by CDSHK Council.

The term of appointment is decided by the Council and should normally not be more than six consecutive years.

#### **ii. Duties of the Chairman**

1. To manage the general business of the Committee
2. To nominate members, conveners and trainers to College Council for appointment
3. To represent the CGD in the Education Committee
4. To call and chair all meetings of the Committee
5. To nominate panel of examiners to College Council for appointment
6. To delegate his/her duties to a designated person in his/her absence
7. To define the functions of the working groups
8. To prepare annual budget relating the conduct of examination, training and any other activities for the functioning of the Committee and submit to the Council for approval.

## **B. Conveners**

### **i. Appointment**

Each working group is led by a convener who is a College Fellow or a holder of the Diploma of Membership in General / Family Dentistry and is appointed by the Chairman.

The term of appointment is two years subject to renewal at the discretion and recommendation of the Committee of General Dentistry and the Chairman.

### **ii. Duties**

To be defined by the Chairman and approved by the Committee

## **C. Trainer**

### **i. Appointment**

Trainers are nominated by the Chairman to assist, advise and guide the trainees in his/her training. They shall maintain a regular contact with the trainees throughout the training period in order to ensure their proper progress in the various disciplines.

The term of appointment is three years subject to renewal at the discretion and recommendation of the Committee of General Dentistry and the Chairman.

## **ii. Duties**

1. The trainer acts as a personal advisor for the trainee throughout the Training Program
2. The trainer provides the trainee with general and overall guidance in training and self-learning.
3. The trainer will help the trainee identify his/her own competence and deficiencies, and devise learning plans.
4. The trainer has to monitor the progress of the trainee's training to advise that he/she is meeting the requirements.
5. The trainer will give feedback to the trainee periodically and no less than once every six months.
6. During Training, the trainer will monitor the learning of the trainee including the taught modules and the areas in professional development.
7. The trainer will submit a formal assessment report on the performance of the trainee to the Committee of General Dentistry each year.

## **iii. Appointment Criteria**

The Committee of General Dentistry may nominate an experienced General Dentist as a trainer if he/she: -

1. Possesses a higher qualification in General Dentistry approved by the CDSHK.
2. is a holder of the Diploma of Membership in General Dentistry or Fellow of the College of Dental Surgeons of Hong Kong.
3. has a minimum of 10 years experience in General Dentistry.
4. is prepared to fulfill the roles of trainers as required by the Committee.
5. is prepared to provide regular advice and support to the trainee's learning during the course of training.
6. is prepared to attend train- the- trainer activities.
7. is prepared to report to the Committee on the trainee's progress in training.

## 8. Accreditation of Education Program Providers

An organization may be recommended by Committee of General Dentistry and accredited by Council of CDSHK as Education Program Provider if it satisfies the following criteria: -

1. The organization can apply to , or be invited by, the Committee of General Dentistry and satisfied the CGD assessment policy
2. The organization must have the necessary personnel, facilities and experience for training.
3. The organization must be reputable.
4. The organization agrees to comply with all the training requirements of CGD.
5. The organization agrees to periodic re-assessment visits and evaluation by an assessment panel authorized by the Committee of General Dentistry at least once every two years.
6. The Committee of General Dentistry may recommend Council of CDSHK to withdraw accreditation from any Education Program Providers if the Board is of the opinion that they have not fulfilled any of the criteria.
7. The term of accreditation is two years subjected to renewal at the discretion and recommendation of the Committee of General Dentistry and the Council of CDSHK.

## **Appendix I**

### **Abbreviations**

- Clinical Practice (CP) Modules
- Committee of General Dentistry (CGD)
- Credit Accumulation and Transfer ( CAT )
- College of Dental Surgeons of Hong Kong (CDSHK )
- Competence standards ( CS )
- Credit Point System ( CPS)
- Education Committee ( EC )
- Education Program Providers (EPP)
- Essential of Dental Practice (EDP) Modules
- Hong Kong Academy of Medicine (HKAM)
- Membership in General Dentistry ( MGD )
- Objective Structured Clinical Assessment (OSCA)
- Preparatory Committee for GDP ( PCGDP)
- Post-graduate qualification ( PQ )
- Qualifications frameworks ( QF )
- Quality Assurance ( QA )
- Recognition of Prior Learning (RPL)
- Register of Transferable Credit ( RTC )
- Supervised Dental Practice Program ( SDP)

## Appendix II

### Credit Point System

#### Part I

##### Clinical Competences

Examination	Credit Points carried
Taught Clinical Practice modules	20
Papers	10
Logs of Clinical Experience	10
Clinical Examination - OSCA	10

#### Part II

##### Practice Related Competences

Examination	Credits Points carried
Taught Essential of Dental Practice Modules	30
Practice Portfolio	10
Clinic Visitation	10

Credit points accumulated in each parts of the examination are specific.

The Credit Point System serves as the basis of CAT.

CGD may from time to time review and amend the Credit Point System.

## Appendix III

### Credit Accumulation and Transfer

1. CGD agrees on principles of Recognition of Prior Learning, commitment to life long learning by evidence of CPD and maturity in time in admitting general dentists who has registered their postgraduate qualification(s) in DCHK and do not want to take the full MGD examination .
2. A Register of Transferable Credit (RTC) will be established by CGD to weight any qualifications regarding their relevance to General Dentistry and equivalence in examination format, training method/period and context set by CGD.
3. The RTC will be updated from time to time by CGD to reflect the changes over time. Qualifications not appearing in RTC will be assessed on individual basis.
4. Trainees can apply CAT from CGD by completing an application form and submitting appropriate evidence. A fee will be charged.
5. A qualification which is not credit transferable may be counted as CPD and will be determined by CGD on individual basis.

#### i. Eligibility

To be eligible for admitting to MGD by CAT, a candidate must

1. be a registered dentist in the Dental Council of Hong Kong ; and
2. not be a Fellow of CDSHK and / or HKAM ; and
3. not be on the specialist register of the Dental Council of Hong Kong ; and
4. register as a trainee of CGD and pay an appropriate annual fee ; and
5. possess at least one relevant post-graduate qualification which is registered in the DCHK and is credit transferable ; and
6. engage in the practice of general dentistry not less than ten years and provide appropriate evidence and should be at least five years after obtaining the first relevant post-graduate qualification which is credit- transferable ; and
7. participate in Supervised Dental Practice Program which is part of EDP modules In SDP, a trainer will be assigned to the trainee and his/her practice. The objective of the SDP is to guide the trainees to fulfill all CGD requirements.

Candidates who do not fulfill the normal entry requirements may apply for special consideration.

## ii. Admission

A Diploma of Membership in General Dentistry will be granted to a candidate if he/she

1. submits relevant materials to apply credit transfer ; and
2. is assessed regarding credit deficiency , if any, according to the Credit Point System ( CPS ) and record in a credit log ; and
3. obtains sufficient credits as required by the CGD by attending prescribed courses accredited education program providers and pass the MGD examination ; and
4. accumulates not less than 100 hours of verifiable CPD in the past five years
5. attends and pass an interview ; and
6. present a letter of standing from the Dental Council of Hong Kong and is of good character ; and
7. is nominated by two College Fellows ; and
8. pays the admission and annual fee

## Appendix IV

### Register of Transferable Credit

1. The Register of Transferable Credit (RTC) is established under the CGD to assess any qualifications regarding their relevance to General Dentistry and equivalence in examination format, training method/period and context set by CGD.
2. While the statutory power of recognition and registration of any qualifications is on the Dental Council of Hong Kong, this RTC will only act as a tool for recognizing effort on prior learning.
3. The RTC is by no means exhaustive. The RTC will be updated from time to time by CGD to reflect the changes over time. Qualifications not appearing in RTC will be assessed on individual basis.
4. Trainees can apply CAT from CGD by completing an application form and submitting appropriate evidence. A fee will be charged.
5. Qualifications not included in the register can apply for inclusion by filing an application, and submitting relevant information and evidence for CGD consideration.
6. A qualification which is not credit transferable may be counted as CPD and will be determined by CGD on individual basis.

Register of Transferable Credits (updated March 2007)

	Credit Transferred		Credit Deficient						
	Part I	Part II	Part I				Part II		
	Clinical	Practice Related	CP Modules	Papers	Log	OSCA	EDP Modules	Clinic Visitation	Practice Portfolio
<b>Requirements</b>	50	50	20	10	10	10	30	10	10
MFGDP / DGDP* +	50	30	0	0	0	0	0	10	10
MGDS RCS**	50	50	0	0	0	0	0	0	0
FRACDS	50	0	0	0	0	0	30	10	10
MDS HK***	50	0	0	0	0	0	30	10	10
PDipDS (HK)	50	0	0	0	0	0	30	10	10
PDipGDS(HK) +	50	30	0	0	0	0	0	10	10
UK RCS Fellowship	50	0	0	0	0	0	30	10	10
UK MSc in a Clinical Discipline	50	0	0	0	0	0	30	10	10

+ MFGDP / DGDP / PDipGDS candidates are required to attend a Supervised Dental Program (SDP) for Part II

Credit transferred- blue and Credit Deficient- pink

Abbreviations	
English	Chinese
DGDP (UK)*	英國皇家外科醫學院牙科全科文憑
FRACDS	澳紐皇家牙科醫學院院士
MDS (Endo) (HK)***	香港大學牙醫碩士(牙髓病學)
MDS (HK)***	香港大學牙醫碩士
MDS (OMS) (HK)***	香港大學牙醫碩士(口腔頷面外科)
MDS (Orth) (HK)***	香港大學牙醫碩士(牙齒矯正科)
MDS (Periodontology) (HK)***	香港大學牙醫碩士(牙周病學)
MDS (Prosthetic Dent) (HK)***	香港大學牙醫碩士(義齒學)
MDS (Prosthodontics) (HK)***	香港大學牙醫碩士(修復學)
MDS Paed Dent (HK)***	香港大學牙醫碩士(兒童齒科)
MFGDP (UK)*	英國皇家外科醫學院牙科全科學系院員
MGDS RCS (Edin)**	英國愛丁堡皇家外科醫學院牙科全科院員
MGDS RCS (Irel)**	愛爾蘭皇家外科醫學院牙科全科院員
P DipDS (HK)	香港大學牙科深造文憑
P DipGDS (HK)	香港大學牙醫全科深造文憑

MFGDP- Membership of Faculty of General Dental Practitioners



COMPETENCY STANDARDS  
FOR  
THE DIPLOMA  
OF  
MEMBERSHIP  
IN GENERAL DENTISTRY

by  
Working Group on  
Competences, Syllabus and Curriculum

Committee of General Dentistry  
The College of Dental Surgeons of Hong Kong

**Chairman**

Dr Raymond K M LEE

**Members**

Dr Francis W C CHAN

Dr Nancy B S CHAN

Dr Andy T Y CHIU

Dr Haston W M LIU

Dr Arthur W Y PANG

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## **Contents**

1. Introduction
2. Development of the Competence Standards
3. Organization
4. The Domains
5. The Competence Standards

### **Clinical Competences**

#### **Domain 1- Assessment of the patient and the Oral environment**

- Major Competency 1 - examination of the patient
- Major Competency 2 - oral diagnosis
- Major Competency 3 - treatment planning
- Major Competency 4 - dental imaging

#### **Domain 2- Establishment and maintenance of a healthy oral environment**

- Major Competency 5 - oral disease prevention and oral health maintenance
- Major Competency 6 - pain and anxiety management
- Major Competency 7 - treatment of pulpal diseases
- Major Competency 8 - management of periodontal diseases
- Major Competency 9 - dental-alveolar surgery and therapeutics
- Major Competency 10 - management of emergencies
- Major Competency 11 - musculoskeletal and occlusal therapy
- Major Competency 12 - fundamental orthodontics
- Major Competency 13 - oral medicine, oral pathology and oral microbiology
- Major Competency 14 - caries management
- Major Competency 15 - management of pediatric patients
- Major Competency 16 - dental material science

#### **Domain 3- Rehabilitation of Form, Function and Aesthetics**

- Major Competency 17 - rehabilitative therapy
- Major Competency 18 - implant therapy
- Major Competency 19 - cosmetic dentistry

### **Practice Related Competences**

#### **Domain 4- Professionalism**

- Major Competency 20 – ethics
- Major Competency 21 - information management and critical thinking
- Major Competency 22 – communication

**Domain 5- Practice organization**

Major Competency 23 - establishing and maintaining a practice

Major Competency 24 - office systems

Major Competency 25 - personnel management

**Domain 6- Health promotion**

Major Competency 26 - community involvement

6. References

Glossary and definitions

## 1. INTRODUCTION

The term competent is defined as the level of special skill and knowledge derived from training and experience. This behavior incorporates understanding, skill and values in an integrated response to the full range of requirements presented in practice.

There is a level of skill beyond competency known as proficiency which is acquired through advanced training, leading to specialization. For specialist training and accreditation, please refer to the College specialist training pathways at [www.cdshk.org](http://www.cdshk.org)

We perceive competences to be

1. a typical part of the general practice of dentistry.
2. a combination of knowledge, attitude, and skills
3. performance in a clinical context.
4. continued performance at or above the defined standard of care.

COMPETENCE STANDARDS for the Diploma of Membership of General Dentistry (MGD) establish the standards for general dentists as they finish at least three years of continuing practice in the dental profession.

These competences are a direct extension of the educational philosophy of the MGD introduced by Committee of General Dentistry (CGD) of the College of Dental Surgeons of Hong Kong (CDSHK) and a part of the qualification framework of general dentistry.

The outcome of the College's mission is to educate and train a biologically oriented, technically competent, socially sensitive practitioner of dental surgery who adheres to the highest standards of professional conduct and ethics, and who can function effectively as a member of the whole health care delivery system.

The twenty six major competences serve as the objectives for the MGD examination and assessment. In order to meet that education and training purpose it is necessary to identify the knowledge and skills that MGD must possess to be able to promote the oral health of patients.

These competences identify, as well as organize the knowledge and skills MGD candidates must acquire to become competent, curious, and caring dental practitioners who treat the whole patient.

The value and usefulness of these competences are directly related to two applications.

The first application is defining the core content of our MGD Training curriculum. By stating publicly what MGD candidate must know , be able to do after completing our program, pass the examination and assessment, we establish a basis for the content of all courses. This definition sets standards for identifying relevant contents and provides guidance in making decisions related to our pedagogy and course sequencing. The degree to which the MGD curriculum is relevant, complete, educationally sound, evidence-based and well organized will be a direct reflection of this document.

A second application is related to the issue of outcomes assessment. The quality of any curriculum must be judged by its results. CGD has established the individual competences which a MGD candidate must demonstrate. For these education standards to be of real value, the CGD must have in place methods to measure the degree to which a student can demonstrate the competences needed to care for patients.

COMPETENCE STANDARDS for the Member of General Dentistry should be viewed as dynamic standards which must be responsive to any clear need for change. The competencies are intended to serve as the "blueprint" for our MGD curriculum. It is recognized and understood that this education plan will require regular review for continual improvement.

## **2. DEVELOPMENT OF THE COMPETENCE STANDARDS**

Competences are outcomes of clinical training and experience. Clinicians, therefore, had the greatest responsibility in identifying the initial list of essential competences.

CGD recruited a panel of subject writers to construct a comprehensive list of competence standards.

Next, this list is peer reviewed by CGD and is then submitted for CDSHK Council for approval and adoption. The purpose is to confirm

- the completeness and appropriateness of individual item and
- the suitability to the local practising environment and
- the local relevance to continuing professional development and training pathways.

The document will be circulated to professional associations, specialist societies, practicing dentists, dental educators, statutory bodies and subject experts for continual updating and improvement.

## **3. ORGANIZATION**

### **DOMAINS**

The general organization of this document (and ultimately our curriculum) is structured from the general to the more specific. Six "Domains" have been identified. These represent broad categories of professional activity and responsibilities which occur in the general practice of dentistry.

The concept of Domains is intended to encourage an eventual structure and process in the MGD curriculum that is more interdisciplinary and not departmental. In this document, the Domains are indicated I-VI (see detail following Organization section).

### **MAJOR COMPETENCES**

Within each Domain, each "Major Competence" is identified as relating to that Domain's activity or concern. A Major Competence is the ability to perform or provide a particular, yet complex, service or task.

For example, "MGD must be able to perform an examination that collects biological, psychological, and social information needed to evaluate the medical and oral condition, for patients of all ages." The complexity of this service suggests that multiple and more specific abilities are required to support the performance of any Major Competence. In this document, Major Competences are indicated by 1-26

## **SUPPORTING COMPETENCES**

The more specific abilities could be considered subdivisions of the "Major Competence" and are termed "Supporting Competences."

An example of Supporting Competences would be the ability to "identify the chief complaint of the patient and obtain a history of present illness". Achievement of a Major Competence requires the acquisition and demonstration of all Supporting Competences related to that particular service or task. While less complex than a Major Competence, a Supporting Competence also requires more specific abilities which are termed "Foundational Knowledge, Skills and Attitudes." The Supporting Competences are listed without regard to ranking or priority by decimal numbering (e.g. 4.01) under their respective Major Competences.

## **FOUNDATIONAL ABILITY**

Foundational ability consists of knowledge, skills, and attitudes that are prerequisite for satisfactory attainment of Supporting Competences.

Foundational knowledge is the ability to acquire, use information and correctly answer specific questions when asked, for example, in a tutorial or in an examination. Foundational skill is the ability to produce acceptable results in standardized situations, for example, creating a satisfactory full crown preparation on an artificial tooth. Foundational attitudes are positive intellectual and behavioral actions, such as scheduling appointments in the patient's best interest and not at the student's convenience.

The basic medical and dental sciences, behavioral sciences, and clinical sciences all provide instructions at the foundational level. Lecture, small group, seminar, and laboratory instruction provide information and psychomotor experiences that enable students to acquire and demonstrate competence in the clinical setting or context. The inclusion of any specific foundational ability in the curriculum should be based on the direct support of one or more of the "Supporting" and "Major" Competences. These "Foundational Abilities" are defined by Objectives.

#### 4. THE DOMAINS

##### **I. ASSESSMENT OF THE PATIENT AND THE ORAL ENVIRONMENT**

Patients seek the care of a dentist to maintain a level of oral health which is comfortable, functional and esthetically acceptable to the patient, as well as for treatment of oral disease. In order to confirm or establish, and then maintain, the oral health of their patients, MGD must first be competent to evaluate the patient, diagnose existing conditions, and develop a treatment plan. Assessment must precede any treatment and enables MGD to provide appropriate primary oral health care.

##### **II. ESTABLISHMENT AND MAINTENANCE OF A HEALTHY ORAL ENVIRONMENT**

Treatment is based on patient assessment. Thus, where oral conditions are healthy and stable, the goals are disease prevention and health maintenance. Active oral disease requires management of risk factors and control of the disease processes. In order to maintain or establish a healthy oral environment, MGD must be competent in the provision of preventive, therapeutic and continued oral health care.

##### **III. REHABILITATION OF FORM, FUNCTION AND ESTHETICS**

A desirable dentition is comfortable and effective in function, and socially pleasing in appearance. Dental disease, congenital deformity, pathosis or traumatic incidents may compromise any or all of these qualities to varying degrees. In order to rehabilitate a compromised dentition, the MGD must be competent to provide treatment which restores form, function, and esthetics of defective and/or missing teeth for patients of all ages\

##### **IV. PROFESSIONALISM**

The competent general dentist provides skilled care based on contemporary knowledge and therapeutics and is capable of discerning and managing ethical issues and problems in dental practice. The dental profession holds the benefit of the patient as its primary goal. The practice of dentistry occurs in a rapidly changing environment where benefits to the patient are influenced by ethical issues and problems created by regulatory actions, economics, social policy, cultural diversity and gender, and health care reform.

MGD should participate in professional and personal development activities that enhance their contribution to their communities and equip them with the knowledge and skills to provide the highest standards of dental practice. These activities should provide a thorough knowledge of community resources and expectations that will bear upon their practice of dentistry, either in private practice or in a public dental program.

The general practice of dentistry includes regular involvement with large and diverse amounts of information. Patient care, office management, and professional renewal are all highly dependent upon the capacity to obtain and process information, and the ability to make decisions or take action. The competent practitioner must be prepared to practice in this dynamic environment.

## **V. PRACTICE ORGANIZATION**

The principal goal of the MGD program is to produce graduates who will function as general practitioners in the general practice of dentistry. In addition to clinical knowledge and skills, the MGD is also required to manage a sound business operation which facilitates the delivery of quality oral health care to patients. In order to manage a general practice, MGD must be able to establish a professional practice by developing practice goals and plans; implement effective office systems; make sound business decisions; manage the business aspects of practice; evaluate outcomes; manage personnel; manage patient care; and understand the legal ramifications of patient care.

## **VI. HEALTH PROMOTION**

The dental profession serves the community in both private and public practice settings. Public health is concerned with promoting health and preventing disease through organized community efforts, as well as education of individuals and family groups. These are important components of any interdisciplinary approach. Whether acting as the community advocates or serving as a resource or change agent, MGD should be competent to interact with others to promote activities that protect, restore and improve oral health and the quality of life.

## **SUMMARY**

Competencies emphasize an educational philosophy that ensures MGD is competent to provide patient care. Competences should never be chiseled in stone, but responsive to and reflective of the educational needs of our students.

Ultimately, the true measure of the value of competences will be the quality of MGD diplomats and the care they render to the patients they treat.

## **5. THE COMPETENCE STANDARDS**

### **DOMAIN I - ASSESSMENT OF THE PATIENT AND THE ORAL ENVIRONMENT**

## **MAJOR COMPETENCE 1 - EXAMINATION OF THE PATIENT**

MGD must be able to perform an examination that collects and records biological, psychological, and social information needed to evaluate the oral medical conditions. This includes the ability to recognize and manage behavioral factors that affect oral health and use the information to implement strategies that facilitate the delivery of oral health care.

Supporting competences:

- 1.01 Interview the patient to identify and record the nature and history of their chief concern
- 1.02 Obtain and record a comprehensive medical and dental history as well as an appropriate family and psychosocial history
- 1.03 Evaluate a patient's general physical, attitudinal, mental and emotional state
- 1.04 Establish and maintain accurate patient records
- 1.05 Identify patient expectations and goals for dental care
- 1.06 Perform an extra oral and intraoral examination appropriate for the patient, including assessment of vital signs, and record those findings
- 1.07 Perform or, where indicated, prescribe or refer for clinical, laboratory and other diagnostic procedures and tests
- 1.08 Recognize signs of physical and emotional abuse and neglect, and report as required in accordance with provincial guidelines

## **MAJOR COMPETENCE 2- ORAL DIAGNOSIS**

MGD must be able to establish a differential, provisional or definitive diagnosis by interpreting and correlating findings from the history and examination.

Supporting competences:

- 2.01 Assess the influence of systemic diseases and disorders and their associated therapeutics including drug history on oral health and recognize their implications on delivering dental treatment
- 2.02 Develop a list of positive findings from the history and examination
- 2.03 Determine the clinical significance of positive findings
- 2.04 Establish differential and provisional diagnoses, where appropriate
- 2.05 Establish a definitive diagnosis, when possible
- 2.06 Develop a list of diseases and disorders requiring management

## **MAJOR COMPETENCE 3- TREATMENT PLANNING**

MGD must be able to develop, present and discuss treatment plans that address the condition, interest and capabilities of patients in all age groups.

Supporting competences:

- 3.01 Develop a comprehensive, sequenced plan based on appropriate diagnostic information, and develop alternative plans as appropriate to achieve patient satisfaction
- 3.02 Communicate with other health care professionals to obtain additional care when indicated
- 3.03 Explain and discuss findings, diagnosis and treatment options with the patient (and guardian if appropriate) and obtain informed consent for the delivery of the mutually accepted treatment plan
- 3.04 Explain and discuss the patient's responsibilities, time requirements, sequence of treatment, estimated fees and payment responsibilities

#### **MAJOR COMPETENCE 4 – DENTAL IMAGING**

MGD must be able to prescribe or obtain appropriate radiographs, and/or other kinds of images, and interpret them accurately. He must also keep abreast of knowledge on modern imaging modalities.

Supporting competences:

- 4.01 Determine the frequency and type of radiographs indicated with respect to the extent of treatment required
- 4.02 Recognize the importance of radiation hazards, and means to reduce radiation dosage to patients and dental staff to a minimum
- 4.03 Comply with legal requirements and license registration
- 4.04 Monitor radiation dosage
- 4.05 Assess film quality and recognize film faults, and improve quality assurance
- 4.06 Ensure proper documentation
- 4.07 Acquire basic knowledge of additional imaging techniques including intra-oral and extra-oral photographs, CT scan, MRI, bone scan which are related to dentistry and apply them appropriately

#### **DOMAIN II - ESTABLISHMENT AND MAINTENANCE OF A HEALTHY ORAL ENVIRONMENT**

##### **MAJOR COMPETENCE 5 – ORAL DISEASE PREVENTION AND CLINICAL ORAL HEALTH PROMOTION**

MGD should be able to understand the principles of evidence based dentistry, preventive dentistry and behavioral sciences in Oral disease prevention and clinical oral health promotion

Supporting competences:

- 5.01 retrieve the most up-to-date dental literature related to evidence –based clinical dental practice
- 5.02 critically read the dental literature applying basic knowledge of survey and research methodologies and the knowledge of statistics in dental research,
- 5.03 apply preventive agents and techniques base on the latest available evidence.
- 5.04 understand the principles of prevention and the determinants of oral health and disease.
- 5.05 possess sound knowledge of cariology and periodontology the risk factors, and the preventive strategies.
- 5.06 be aware of any contemporary oral health risks and the corresponding preventive strategies.
- 5.07 possess basic knowledge of communication, motivation and learning theories, and be able to apply such knowledge in motivating different individual patient to a change in behaviour conducive to better oral health

## **MAJOR COMPETENCE 6 – PAIN AND ANXIETY MANAGEMENT**

MGD must be able to recognize the various presentation and causes of pain in the oro-facial region, and their differential diagnosis and management. For patients with anxiety and phobic conditions, MGD should be conversant with the various techniques and options available to cope with anxiety including behavioral techniques, sedation (oral, inhalational and intravenous) and general anaesthesia.

Supporting competences:

- 6.01 Understand the differential diagnosis, further investigations and management of acute and chronic pain in the oro-facial region
- 6.02 Perform local anaesthesia for pain management and differential diagnosis of pain in the oro-facial region
- 6.03 Manage complications associated with local anaesthesia – prevention and management
- 6.04 Perform behavioral techniques in the management of anxiety and pain in dental patients – its use and limitations
  
- 6.05 Understand the use of Inhalation sedation using nitrous oxide for the management of pain/anxiety in dental practice – its indications and limitations
- 6.06 Understand the use of oral drugs in the management of pain in dental patients
- 6.07 Understand the use of oral drugs in the management of anxiety in adult dental patients

- 6.08 Understand the use of intravenous sedation in dental patients – indications, limitations, contraindications, equipment needed
- 6.09 Understand the use of general anaesthesia in dental patients – indications, limitations and contraindications

### **MAJOR COMPETENCE 7 – TREATMENT OF PULPAL DISEASES**

MGD must be able to identify and treat diseases of pulpal and periradicular regions.

Supporting competences:

- 7.01 Describe the symptoms of pulpal and periapical diseases
- 7.02 Perform correct pre-operative assessment
- 7.03 Understanding the principles, and able to carry out procedures, to maintain pulpal vitality
- 7.04 Perform non-surgical endodontic treatment on uncomplicated single and multi-rooted teeth in the primary and permanent dentition
- 7.05 Explain the management of traumatic injuries to the tooth, pulp and supporting structures
- 7.06 Recognize the indications for periapical surgery and identify complicated non-surgical root canal treatment cases
- 7.07 Perform adequate restoration to the endodontically treated teeth
- 7.08 State the common complications of endodontic treatment and their prevention

### **MAJOR COMPETENCE 8 – MANAGEMENT OF PERIODONTAL DISEASES**

MGD must be able to diagnose and provide optimal treatments for periodontal diseases. He is also able to monitor the progress of treatment and maintain the periodontal health of patients.

Supporting competences:

- 8.01 Perform periodontal instrumentation (scaling and root planing) and manage to remove any risk factors
- 8.02 Describe surgical periodontal procedures together with their indications, complications and contraindications
- 8.03 Evaluate the outcome of periodontal treatment, then establish and monitor a maintenance program
- 8.04 Can diagnose, remove any plaque retention factors and motivate patients to maintain a satisfactory plaque control

## **MAJOR COMPETENCE 9 – DENTAL-ALVEOLAR SURGERY AND THERAPEUTICS**

MGD must be able to evaluate, treat and manage conditions requiring surgical procedures and pharmacological therapy.

Supporting competences:

- 9.01 Perform uncomplicated extraction of teeth
- 9.02 Perform uncomplicated surgical extraction of an erupted or fractured tooth or residual root tip(s)
- 9.03 Explain the management of uncomplicated, localized odontogenic infections
- 9.04 Explain the management of common intra-operative and post-operative surgical complications
- 9.05 Recognize complex conditions requiring surgical intervention(s) and explain their management
- 9.06 Explain the management of uncomplicated orofacial pain and temporomandibular disorders
- 9.07 Manage and prescribe pharmacotherapeutic agents appropriate to the practice of dentistry
- 9.08 Describe common uncomplicated oral surgical procedures

## **MAJOR COMPETENCE 10 – MANAGEMENT OF EMERGENCIES**

MGD must be able to recognize and manage dental and medical emergency situations encountered in general dental practice

Supporting competences:

- 10.01 Develop and implement effective strategies for managing medical emergencies in general dental practice including basic and advanced life support protocol
- 10.02 Manage and diagnose medical and dental emergencies in general dental practice
- 10.03 Enable all staff and maintain appropriate hardware for managing medical and dental emergencies

## **MAJOR COMPETENCE 11 - MUSCULOSKELETAL AND OCCLUSAL THERAPY**

MGD must be able to manage disorders related to the abnormal function of the jaw and its articulation, including temporomandibular disorders (TMD), bruxism, and dysfunctional dental occlusion.

Supporting competences:

- 11.01 Assess and record the state of the orofacial muscles
- 11.02 Assess and record the functional state of the temporomandibular articulation, including its response during function, operator-induced loading, and jaw motion
- 11.03 Assess and record patterns of occlusal contact and occlusal loading on teeth in the intercuspal position, and during free and induced lateral and protrusive jaw movements
- 11.04 Describe the relative contributions of the orofacial muscles, the articulation, and dental occlusion to abnormal and/or restricted jaw motion
- 11.05 Describe the management of temporomandibular disorders (TMD)
- 11.06 Manage bruxism and associated conditions
- 11.07 Perform minor occlusal adjustment for patients with occlusal interference(s) and symptomatic teeth or orofacial muscles

#### **MAJOR COMPETENCE 12 – FUNDAMENTAL ORTHODONTICS**

MGD must be able to recognize and manage developmental or acquired craniofacial/dental abnormalities of the primary, mixed and permanent dentitions.

Supporting competences:

- 12.01 Monitor facial growth and development . Recognize abnormalities that require management and understand its etiology
- 12.02 Collect and assess orthodontic records to diagnose malocclusions including Radiology and imaging techniques and establish treatment objectives and treatment planning
- 12.03 Design, insert and adjust simple, fixed, and removable orthodontic and retention appliances. Understand the iatrogenic effects or orthodontic treatment and other treatment risk factors
- 12.04 Understand the principles of interceptive orthodontics and its associated management
- 12.05 Understand when to refer a patient to a specialist in orthodontics.

#### **MAJOR COMPETENCE 13 - ORAL MEDICINE, ORAL PATHOLOGY AND ORAL MICROBIOLOGY**

MGD must be able to manage oral mucosal diseases or disorders.

Supporting competences:

- 13.01 Identify the clinical features of oral mucosal diseases and disorders
- 13.02 Manage patients with oral mucosal diseases and disorders
- 13.03 Identify and understand oral manifestation of systemic diseases and their management
- 13.04 Recognize the clinical features of primary and metastatic orofacial malignancies and understand their management including referral
- 13.05 Perform or refer to perform clinical procedures to establish histopathological picture of oral lesion

#### **MAJOR COMPETENCE 14 – CARIES MANAGEMENT**

MGD must be able to diagnose, assess, remove, arrest caries and restore the structural damage . He must also be familiar with the histopathology, etiology and risk factors of dental caries.

Supporting competences:

- 14.01 Understand the clinical presentation of dental caries in different anatomical site
- 14.02 Perform special test and clinical diagnostic skill to detect and assess dental caries
- 14.03 Identify the risk factors of a patient suffering form dental caries
- 14.04 Decide the best choice of treatment modality to control ,prevent and restore
- 14.05 Motivate and modify patient habit to prevent caries

#### **MAJOR COMPETENCE 15 – MANAGEMENT OF PEDIATRIC PATIENTS**

MGD must be able to diagnose, assess, remove and prevent dental caries in pediatric patients. MGD must be able to diagnose and differentiate various types of traumatic injuries to primary and permanent teeth, and be able to provide evidence-based skills and techniques in their subsequent management. He must also be able to treat other oral diseases and dental anomalies in a growing dentition.

Supporting competences:

- 15.01 Describe various oral conditions, periodontal status and caries conditions and their management
- 15.02 Perform oral diagnosis and treatment planning for pediatric patient
- 15.03 Understand the principles of behavioral control
- 15.04 Understand the principles of overall growth and development in relation to dentition
- 15.05 Understand the various medical and developmental conditions that may impose treatment limitation to pediatric patient
- 15.06 understand the principle of pharmacology in children and principle of medication prescriptions

## **MAJOR COMPETENCE 16 – DENTAL MATERIAL SCIENCE**

MGD must be familiar with the properties and applications of common dental materials in general practice.

Supporting competences:

- 16.01 Determine the most suitable material to be used on a case to case basis
- 16.02 Keep abreast of current knowledge and new advances in dental materials
- 16.03 Critically evaluate the validity of claims related to the benefits or advantages of new dental materials with scientific evidence and literature

## **DOMAIN III-REHABILITATION OF FORM, FUNCTION AND ESTHETICS**

### **MAJOR COMPETENCE 17 – REHABILITATIVE THERAPY**

MGD must be able to provide restorations and prostheses that are correct in anatomical form, comfortable and functional, and which satisfy the aesthetic requirements of the patient or guardian

Supporting competences:

- 17.01 Evaluate and select natural teeth or residual ridges for restoration with fixed or removable prostheses
- 17.02 Prepare teeth and residual ridges to support and retain dental restorations for fixed or removable prostheses
- 17.03 Use appropriate dental biomaterials to establish anatomical form, function and aesthetics
- 17.04 Fabricate and place biocompatible restorations and prostheses for a dentate, partially edentulous or edentulous mouth
- 17.05 Manage patient with endosseous oral implants
- 17.06 Direct fabrication of restorations and prostheses by dental laboratory technician

### **MAJOR COMPETENCE 18 - IMPLANT THERAPY**

MGD must be able to explain the foundation principles of current dental implant science, determine whether implant treatment can be safely provided for patients and fabricate simple implant-supported prostheses. MGD must also recognize problems arising before, during and after treatment, and refer where appropriate.

Supporting competences:

- 18.01 Understand the science of biomaterials, bone physiology, osseointegration, biomechanical characteristics of implants and implant-supported restorations.
- 18.02 Discuss implants as one of the restorative alternatives for patients.
- 18.03 Assess soft tissue and hard tissue characteristics and explain the complexity of treatment.
- 18.04 Identify patients and situations where implant treatment is contraindicated, that may entail higher risks or a compromised outcome.
- 18.05 Fabricate single crown restoration on an implant in posterior sites.
- 18.06 Assess, maintain and monitor implant-supported single crown.

### **MAJOR COMPETENCE 19 – COSMETIC DENTISTRY**

MGD must be able to recognize the aesthetic needs of individual patient and provide appropriate and ethical treatments accordingly

Supporting competences:

- 19.01 Understand the esthetic principle and norms
- 19.02 Assess the gingival, dental, facial and skeletal disharmony and its underlying causes
- 19.03 Keep complete and appropriate records for treatment and medico-legal purposes before, during and after treatment
- 19.04 Understand the patient needs and demands. Calibrate patient expectation and assess own capability for delivery of service
- 19.05 Understand the biology and material science of different esthetic treatment modalities
- 19.06 Direct the fabrication of esthetic restorations and prostheses by dental laboratory technician with detailed esthetic description
- 19.07 Perform posterior composite, composite and porcelain veneers, all porcelain intra- and extra-coronal restoration on single tooth
- 19.08 Understand the principles and precautions of bleaching and perform different forms of bleaching technique on vital and non-vital dentition

### **DOMAIN IV-PROFESSIONALISM**

#### **MAJOR COMPETENCE 20 – ETHICS**

MGD must be able to manage the ethical issues of general dental practice.

Supporting competences:

- 20.01 Practise with personal and professional integrity and ensure responsibility and accountability to the public, the profession and the colleagues
- 20.02 Provide humane and compassionate management and care of all patients
- 20.03 Maintain honesty and confidentiality in professional relationships with colleagues, staff and patients
- 20.04 Serve patients and interact with colleagues and allied dental personnel without discrimination
- 20.05 Identify and describe professional organizations in dentistry and understand their roles in for the ethical practices of dentistry
- 20.06 Familiarize with the legal aspects of practicing dentistry and ensure compliance with the laws
- 20.07 Establish complaint handling protocol

#### **MAJOR COMPETENCE 21 - INFORMATION MANAGEMENT AND CRITICAL THINKING**

MGD must be able to acquire and analyze information in a scientific, critical and effective manner.

Supporting competences:

- 21.01 Use current technology to retrieve and organize professional information from all sources
- 21.02 Regularly assess one's knowledge base, and seek additional information to correct deficiencies
- 21.03 Evaluate the validity of claims related to the benefits or advantages of products and techniques
- 21.04 Critically evaluate published clinical and basic science literature and apply the information to manage the oral health of the patient
- 21.05 Recognize the responsibility and demonstrate the ability to communicate professional knowledge verbally and in writing
- 21.06 Recognize the value of lifelong learning, self-assessment and critical thinking in maintaining competency
- 21.07 Recognize career alternatives in dentistry

#### **MAJOR COMPETENCE 22 – COMMUNICATION**

MGD must be able to communicate effectively, both orally and in writing, with colleagues, practitioners, staff, and patients and with the public.

Supporting competences:

- 22.01 Manage patients with empathy
- 22.02 Refer patient to other health-care providers, as necessary,
- 22.03 Evaluate reports
- 22.04 Prepare letters of referral to specialists and other letters to business and legal consultants
- 22.05 Manage anxious and fearful dental patients
- 22.06 Conduct and evaluate patient interviews
- 22.07 Demonstrate methods of educating and motivating patients and staff using a comprehensive range of communication techniques
- 22.08 Prepare and deliver a presentation to a group
- 22.09 Communicate with diverse and special populations

## **DOMAIN V-PRACTICE ORGANISATION**

### **MAJOR COMPETENCE 23 -ESTABLISHING AND MAINTAINING A PRACTICE**

MGD *must be able to* develop, manage and maintain a general practice.

Supporting competences:

- 23.01 Establish a personal and professional philosophy of dentistry which is consistent with his/her goals and sensitive to interrelationships with patients, staff and peers.
- 23.02 Describe professional agreements including associateship, partnership, professional corporations and space sharing, and describe the legal considerations of each.
- 23.03 Describe considerations for selecting a practice location and factors relating to the establishment of a practice.
- 23.04 Describe principles of risk management and quality assurance
- 23.05 Comply a clinic operational checklist
- 23.06 Practice clinical ergonomics, ensure hardware and facility are of quality and accessible to patient

### **MAJOR COMPETENCE 24 - OFFICE SYSTEMS**

MGD *must be able to* use sound business principles in the administration of a practice.

Supporting competences:

- 24.01 Develop a clinic policy and procedure manual
- 24.02 Implement and monitor protocols which are in compliance with regulations, policies and procedures that ensure the health & safety of patients and staff as well as reduce professional, health and legal risks.

- 24.03 Describe the role and selection of various advisors involved in the management of a dental practice such as lawyers, professional indemnity bodies, accountant, dental suppliers, bankers, insurance consultant and management consultant.
- 24.04 Describe the types of personal and business insurance.
- 24.05 Use principles and methods of financial management.
- 24.06 Use principles and methods of managing patient information, including scheduling, recall, records, data transfers, and insurance.
- 24.07 Develop a marketing strategy.
- 24.08 Design a quality assurance and assessment program.

## **MAJOR COMPETENCE 25 - PERSONNEL MANAGEMENT**

MGD *must be able to* demonstrate effective leadership, motivation and communication skills in the dental team

Supporting competences:

- 25.01 Perform workforce analysis and identify sources for staff recruitment including hiring and firing procedures.
- 25.02 Conduct personnel evaluation and performance appraisal procedures.
- 25.03 Develop vocational training program to train and educate staff on current rules and regulations regarding duties of dental personnel.
- 25.04 Establish compensation and benefit policy for staff recruitment and retention
- 25.05 Educate staff on current rules and regulations regarding duties of dental personnel and issue clear job description and work checklist

## **DOMAIN VI- HEALTH PROMOTION**

### **MAJOR COMPETENCE 26 – COMMUNITY INVOLVEMENT**

MGD should be able to understand the Oral health systems and its social impact and the role of dentists in Community oral health promotion.

Supporting competences:

- 26.01 describe different oral health care system in terms of its structure and organization, manpower training and distribution, and the mode financing
- 26.02 describe the oral health care system in Hong Kong: private and public oral health care services, the government dental care services, the School Dental Care Service, the role of various non-governmental organizations, and the role of international health organizations

- 26.03 describe the role of social factors in oral health  
Describe the strategies of community oral health promotion: building healthy public policy, creating supportive environment, strengthening community action, developing personal skills, and re-orienting health services.
- 26.04 Describe the role of legislative and social policy measures in community oral health promotion.

## 6. REFERENCES

1. Competencies for the new dentist - Baylor College of Dentistry Dallas, Texas · April 25 1997
2. Plasschaert AJM, Boyd M, Andrieu S et al. Development of professional competences. Eur J Dent Educ 2002; 6 (suppl. 3):33-44.
3. Boyd M, Gerrow JD, Chambers DW et al. Competencies for dental licensure in Canada. J Dent Educ 1996; 60: 842-846.
4. American Association of Dental Schools. Competencies for the new dentist. Proceedings of the 1997 AADS House of Delegates, appendix 2. J Dent Educ 1997;71: 556-558.
5. General Dental Council. The First Five Years. A Framework for Undergraduate Dental Education. 2<sup>nd</sup> Edition. GDC, London 2002.
6. A curriculum for UK dental foundation Programme Training , Department of Health , United Kingdom

## GLOSSARY AND DEFINITIONS

**Acquire** (see obtain).

**Appropriate.** This modifying term is often used to signal that special vigilance or professional judgment is required. Because adaptation to a normal range of variation is part of all competencies, this term will usually be redundant and should not be used. When writers of competency statements feel pressure to insert the term, they should scan other competencies to make certain that diagnosis has been covered. An alternative is to incorporate special circumstances-the third part of format- into the competency statement.

**Assess.** Evaluation of physical, written, and psychological data in a systematic and comprehensive fashion to detect entities or patterns that would initiate or modify treatment, referral, or additional assessment. Assessment entails understanding of relevant theory, and may also entail skill in using specialized equipment or techniques. But assessment is always controlled by an understanding of the purpose for which it is made and its appropriateness under the present circumstances. Recognition is a more limited term that does not subsume the notion of evaluating findings. Diagnosis is a more inclusive term which relates evaluated findings to treatment alternatives.

**Collect** (see obtain).

**Communicate** (see discuss).

**Competence.** Behaviour expected of the beginning practitioner. This behaviour incorporates understanding, skill, and values in an integrated response to the full range of requirements presenting in practice. The level of performance requires some degree of speed and accuracy consistent with patient well-being but not performance at the highest level possible. It also requires an awareness of what constitutes acceptable performance under the circumstances and desire for self-improvement.

**Conduct** (see perform).

**Consult** (see discuss).

**Develop** [a plan] see (perform).

**Diagnose.** Diagnosing means systematically comparing a comprehensive database on the patient with an understanding of dental and related medical theory to identify recognized disease entities or treatable conditions. The concept of diagnosis subsumes an understanding of disease etiology and natural history and a matching of disease entities to available therapies, their advantages and risks, and prognosis and side effects associated with these treatments and with lack of treatment. Assessment is a more limited term that does not subsume relating findings to alternative treatments.

**Differentiate** (see recognize).

**Discuss** (communicate, consult, explain, present). A two-way exchange that serves both the practitioner's needs and those of patients, staff, colleagues, and others with whom the practitioner communicates. The conversation, writing, or other means of exchange must be free of emotional or other distorting factors and the practitioner must be capable of expressing and listening in terms the other party understands (Caution should be exercised with using these verbs to ensure that the communication is between the practitioner and the patient. Communication between the student and faculty is language reminiscent of the old instructional objectives and is not evidence of competency).

**Demonstrate.** (This term is often used in the old instructional objectives literature to refer to behaviour students perform for instructors. It can only be used for competencies where practitioners demonstrate for patients or staff).

**Describe.** (This term is often used in the old instructional objectives literature to refer to behaviour students perform for instructors. It can only be used for competencies where practitioners describe to patients or staff).

**Design** (see perform).

**Document.** Making, organizing, and preserving information in standardized, usable, and legally required format.

**Educate.** The use of discussion and other interpersonal skills to make relatively permanent changes in the behaviour and attitudes of patients and employees.

**Expertise (mastery).** A level of practice that significantly exceeds competency. Expertise requires many years of practice and education and is seldom achieved across the full range of competencies. Expertise entails slightly greater speed and accuracy, much greater ability to recognize and manage advanced problems under very compromised conditions, and a strong sense of curiosity and commitment to continuous self-improvement.

**Explain** (see discuss).

**Fabricate** (see perform).

**Foundation knowledge.** Cognitive performance in clinical, biomedical, and behavioral sciences that supports competency. This cognitive knowledge must be learned at a suitable level to permit subsequent competence, although it may be imperfectly retained. Understanding foundation knowledge is especially important when competencies involve adaptation to varying conditions or when communication is part of the competency.

**Foundation skill.** Sets of performance in clinical, biomedical, and behavioral sciences that support competencies. These behaviour patterns must be learned at a suitable level to permit transfer to subsequent competence. Foundation skills are usually simulations of competencies under controlled conditions such as preclinical laboratory exercises or role-playing.

**Identify** (see recognize).

**Manage.** Using dental and related biological information and knowledge of the patient's psychological, social, economic, and personal condition in correlation with theory, practitioners manage the patient's oral health condition. Management refers to the selection of treatment-including no intervention, choice of specific care providers- including hygienists and specialists, timing evaluation of treatment success, proper handling of sequela, and insurance of patient comprehension of and appropriate participation in the process. Treatment (by the practitioner or by others) is normally a part of the management sequence.

**Mastery.** A term normally used as synonymous with expertise-the highest level of competency. Using the term in its colloquial sense ("he mastered the basic concepts") should be avoided because it confuses two levels of competency.

**Monitor.** Systematic vigilance to potentially important conditions with an intention to intervene should critical changes occur. Normally monitoring is part of the process of management.

**Obtain** (collect, acquire). Making data available through inspection, questioning (patients, physicians, relatives), review of records etc., or capturing data by using diagnostic procedures. Health histories, radiographs, casts, and consults are obtained. It is always assumed that the procedures for obtaining data are performed accurately so that no bias is introduced, are appropriate to the circumstances, are no more invasive than necessary, and are legal.

**Practice.** Used to describe a general habit of practice, such as practice consistent with applicable laws and regulations.

**Perform** (conduct, restore, treat). When a procedure is performed, it is assumed that it will be done with reasonable speed and without negative unforeseen consequences. Quality will be such that the function for which the procedure was undertaken is satisfied consistent with the prevailing standard of care and that the practitioner accurately evaluates the results and takes needed corrective action. All preparatory and collateral procedures are assumed to be a part of the performance

**Prepare** (see perform).

**Present** (see discuss).

**Prevent** [the effects of]. The negative effects of known or anticipated risks can be prevented through reasonable precautions. This includes understanding and being able to discuss the risk and necessary precautions and skill in carrying out the precaution. Because preventing future damage is of necessity a response to an internalized stimulus rather than a present one, additional emphasis is placed on supportive values.

**Proficiency.** A level of practice that exceeds competency. Proficiency would be expected of practitioners with advanced education or several years of practice. Proficiency entails slightly greater speed and accuracy of performance, ability to handle more complicated problems and problems presenting under less than ideal circumstances, and greater internalization of professional standards.

**Provide care** (see perform).

**Recognize** (differentiate, identify). Identify the presence of an entity or pattern that appears to have significance for patient management. Recognition is not as broad as assessment—assessment requires systematic collection and evaluation of data. Recognition does not involve the degree of judgment entailed by diagnosis. [Caution is necessary with these terms. They are often used in the old instructional objectives literature to refer to behavior students perform for instructors. They can only be used for competencies when practitioners recognize, differentiate, or identify for patients or staff]

**Refer.** A referral includes determination that assessment, diagnosis, or treatment is required which is beyond the practitioner's competency. It also includes discussion of the necessity for the referral and of alternatives with the patient, discussion and cooperation with the professionals to whom the patient is referred, and follow-up evaluation.

**Restore** (see perform).

**Skill.** The residual performance patterns of foundation skills that are incorporated into competency. The importance of the skill is more than speed and accuracy. It is the coordination of performance patterns into an organized competency whole.

#### References

Chambers DW, Gerrow JD, Manual for developing and formatting competency statements. J Dent Educ 1994;58:361-