

**THE COLLEGE OF DENTAL SURGEONS
OF
HONG KONG**



**Guidelines
for
Accreditation and Training
in the
Family Dentistry Pathway**

July, 2010

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1. Introduction

Having passed the required examination, a general dental practitioner equipped with undergraduate training can legally practice the art and science of dentistry. The acquisition of knowledge and further training has historically been a matter of individual endeavours.

An enthusiastic dentist might however be disheartened by the random distribution of lectures, meetings and hands-on courses run by various institutions or organisations, many of which have commercial overtones. These might not be well coordinated resulting in inevitable redundancies and omissions.

The application of knowledge may even be more haphazard. Without an organised Training Pathway, this would remain a slow and arduous route of learning by trial and error.

Since its establishment in 1993, the College of Dental Surgeons of Hong Kong (the College) has taken an increasingly active role as a quality provider of continuing education for both the Fellows of its specialties and general dental practitioners.

In the meantime the College realised the demands for general dental practitioners to be further trained to efficiently manage the interface of primary and secondary dental care. Apart from acquiring knowledge and clinical skills, dentists should also be equipped to deal with family and social issues that have implications on the patients' oral health. The idea for the establishment of the specialty of Family Dentistry thus took root.

2. Definition

Family Dentistry specialists provide comprehensive and continuing dental care for patients and their family members, with emphasis on prevention and education. They have clinical and management skills that are beyond the capabilities of general practitioners. It is the Specialty in breadth, integrating all dental disciplines, using holistic approach for patient care which takes into consideration the physical, emotional and social influences.

家庭牙醫學

此專科專為病人及其家人提供全面及連貫性的牙科醫療服務。家庭牙醫學專科醫生注重口腔健康教育和預防牙患，也擁有比一般牙科全科醫生更進階之牙科技術。此專科的特性以認識及運用各牙科分科知識為基，以瞭解病人及其家人的口腔及身心健康狀況為幹，從而有效地運用醫療資源，改善病人身體、心理及在社會層面中的生活質素。

3. Institutional relationships and commitments

Basic and Higher Training in Family Dentistry in Hong Kong should be a joint endeavour among the Faculty of Dentistry of the University of Hong Kong, the Government Dental Services of Hong Kong, the Hospital Authority of Hong Kong, and other institutes accredited by the College.

Accredited training institutes should demonstrate a commitment to the programme with appropriate documentary evidence. Responsibilities include the provision of teaching staff, teaching and clinical facilities and adequate number of suitable patients. The contribution of each institute, the period of accreditation and the financial commitment should be identified.

The programme should be recognised within the administrative and clinical structure of the institute and should be consistent with that accorded to other medical and dental programmes, as well as with that accorded to internationally advanced general/ family dentistry programmes.

Individual training institute (centre) sponsoring Basic and Higher Training in Family Dentistry must be approved by the Council of the College.

4. Curriculum and training requirements

The specialty training programme in Family Dentistry should encompass a minimum duration of 6 years, with an intermediate examination after 4 years, followed by a 2-year higher training programme and an exit examination.

The curriculum should be constructed with reference to the existing dental undergraduate and postgraduate courses in Hong Kong and additional requirements based upon the Intermediate Examination, as well as the requirements of the Exit Examination. An integrated education process is essential. This progresses from the undergraduate level through to the completion of exit assessment. It must be designed to provide adequate knowledge in the broad spectrum of Family Dentistry for its practice at a specialist level.

The Specialty Board in Family Dentistry shall review and revise the curriculum should there be changes in practice philosophies and requirements.

4.1 Sequence of training

- a) A basic dental degree from the University of Hong Kong, or a comparable qualification approved by the College, is the entry requirement for the Basic Training in Family Dentistry.
- b) Basic Training (Section 4.2)
- c) Upon completion of the Basic Training and being a registered dentist in Hong Kong, a Trainee may apply to sit for the Intermediate Examination in Family Dentistry, which may be a conjoint examination with the Membership in General Dental Surgery of the Royal College of Surgeons of Edinburgh or an examination mounted by the College of Dental Surgeons of Hong Kong (Appendix I).
- d) Before entry into the Higher Training programme, the candidate must have passed the Intermediate Examination in Family Dentistry of the College.

- e) Higher Training (Section 4.3)

- f) Before becoming eligible for admission as a Fellow in Family Dentistry, the candidate must have fulfilled all of the requirements of specialty training as determined by the Specialty Board in Family Dentistry, and also passed an Exit Examination in Family Dentistry (Appendix II) conducted by the College.

4.2 Basic Training (Year 1 to Year 4)

The Basic Training aims to update and consolidate the acquired knowledge and skills in the various disciplines of dentistry. A clear understanding in the multi-disciplinary approach to total patient management and family dental care is emphasised.

4.2.1 Objectives of the Basic Training course

Upon completion of the programme, a Basic Trainee should be able to demonstrate the ability to meet the required Competence Standards (Appendix III).

4.2.2 Contents of the Basic Training

There should be one year of full time (or equivalent) accredited training in general dentistry in the Prince Philip Dental Hospital, Government Dental Service, or other approved practices. Trainees are required to obtain broad experience in a primary dental care setting, managing both the dental practice and a wide spectrum of patients under supervision.

There should be three years of full time (or equivalent) supervised structured training in accredited training centre(s) which may be delivered in modules.

The training modules should provide structured programmes in distinct but related fields deemed essential in the training towards the specialty of Family Dentistry. These

modules should provide in-depth explorations of the subjects not generally covered in the realm of general dentistry.

It is not intended to provide specialist training in the established specialist fields of the College. Rather, within the boundaries of the training modules lay the emphasis in the provision of total family dental care and the acquisition of knowledge and ability to recognise cases that require referrals for other dental/medical specialist's attention.

Accredited training centres should deliver the training modules in the following domains of Basic Training:-

Clinical competences :

- Domain 1 – Assessment of the patient and the oral environment
- Domain 2 – Establishment and maintenance of a healthy oral environment
- Domain 3 – Rehabilitation of form, function and aesthetics

Practice related competences :

- Domain 4 – Professionalism
- Domain 5 – Practice organization
- Domain 6 – Health promotion

A Trainee is required to complete all modules within the Basic Training leading to the Intermediate Examination. These modules may be delivered through, but not limited to, clinical supervision, lectures, demonstrations, hands-on courses, self-learning activities, literature review and publications.

4.3 Higher Training (Year 5 and Year 6)

Year 5 and year 6 should be a period of structured advanced training in an approved programme at a training centre or an approved practice in conjunction with a training centre in the following domains in order to meet the required Competence Standards (Appendix III) including:

- Domain 7 – Quality assurance and risk management
- Domain 8 – Role of Family Dentistry in community dental service
- Domain 9 – Practice based research
- Domain 10 – Advanced communication skill in clinical practice
- Domain 11 – Exposure to advanced clinical skills for better communication with major specialties

Only after the Trainee has obtained recommendation from the Supervisor(s) and been approved by the Specialty Board in Family Dentistry, will he/she be allowed to apply for sitting the Exit Examination.

4.4 Documentation of training

Documentation of training should include, but not limited to, the followings :

- The Trainee has to keep a training logbook which records all module attendance, work experience, training activities, structured educational programmes attended, certified check-lists of knowledge and skills, learning portfolio and other educational activities.
- The Supervisor(s) and the Trainers, when satisfied with the Trainee's performance, shall sign at the appropriate sections of the logbook upon the Trainee's completion of a module.
- The Supervisor(s) and the Trainers should review this training logbook periodically at least once a year.
- Formative assessment and feedback on the training between the Trainee and his/her Supervisor(s) and Trainers should be recorded in the training logbook.
- The Training logbook has to be submitted to the Specialty Board in Family Dentistry for assessment at least annually, at the end of the Basic Training, and at the end of the Higher Training.

5. Programme supervision and staffing

The Supervisor and Trainer(s) of a training centre must be nominated by the Specialty Board in Family Dentistry and appointed by the Council of the College.

The Supervisor(s) must have sufficient authority and time to fulfil administrative and teaching responsibilities in order to achieve the educational goals of the programme. In addition, it is the Supervisor's responsibility to ensure that Trainees completing the programme have achieved the standards of performance established for the programme and for the practice of Family Dentistry at a specialist level.

The actual specialty instruction and supervision may be delegated to accredited trainers. It is also strongly recommended that individuals, who provide instruction and supervision specific to any other related specialty area, should be fully qualified in that specialty.

5.1 The Supervisor(s) must ensure that the following responsibilities are properly carried out:-

- selection of Trainees;
- selection of Trainers;
- development and implementation of the curriculum;
- ongoing evaluation of programme content, teaching facility and performance of Trainees;
- programme administration;
- planning and operation of facilities used in the educational programme;
- evaluation of the supervision and activities of Trainees in affiliated institutes;
- maintenance of records related to the educational programme;
- responsibility for overall continuity and quality of patient care; and
- submission of assessment report on the performance of Trainees to the Specialty Board in Family Dentistry on a regular basis.

5.2 A Trainer should carry out the following roles and responsibilities under the specific training programme:

- provide Trainees with general and overall guidance in training and self-learning;
- help Trainees to identify their own competences and deficiencies so as to formulate learning plans accordingly;
- monitor the progress of Trainees to ensure that they are meeting the requirements of the programme;
- give formative assessment and feedback to Trainees periodically and at least once a year;
- submit assessment reports on the performance of Trainees to the Supervisor who will then forward them to the Specialty Board in Family Dentistry.

5.3 The number of the Trainers and their time commitment should be sufficient to ensure:

- continuity of instruction to Trainees;
- exposure of Trainees to a broad range of diagnostic and treatment options;
- participation of Trainers in teaching activities, including conferences and seminars;
- high quality of patient care in terms of diagnosis, treatment planning, management and outcomes of all cases treated by the Trainees; and
- adequate supervision of all clinical activities. The degree of supervision should be related to the ability and experience of the Trainees. In the years of Higher Training, Trainees should be under close supervision on a ratio of one trainer to a maximum of three trainees.

5.4 Supervisor(s) and Trainers should have a real and demonstrated interest in teaching Family Dentistry. They should provide the necessary time and effort to the educational process; and set an example by engaging scholarly pursuits such as (1) participation in continuing professional development, (2) presentation and publications of scientific studies, and (3) demonstration of an interest in research.

5.5 Individuals, such as Supervisor(s) and Trainers, who are fully qualified and accredited, shall conduct instruction and supervision of Trainees within the specialty of Family

Dentistry. They should normally be Fellows of the Hong Kong Academy of Medicine or persons of comparable standing.

Trainers should have regularly scheduled sessions with Trainees and be available for emergency consultation. There should be regular sessions for presentation of cases and participation in peer review.

5.6 The policy regarding privileges and responsibilities of Trainees in the Higher Training programme of Family Dentistry parallels that enunciated by the other Colleges of the Academy of Medicine, namely:

- Each Trainee in the Higher Training programme will normally be supervised in an accredited training centre in Family Dentistry. However, on the recommendation of the Specialty Board in Family Dentistry and with the approval of the Education and Examinations Committee, 2 years of Supervised Practice is also acceptable.
- In the Supervised Practice situation, the Trainer and the Trainee need not work in the same practice. There must however be documented regular contacts between the Trainer and the Trainee in relation to: diagnosis, treatment planning, patient care, treatment evaluation, practice management and professional development. The Trainee should be attached to an accredited training centre for at least two sessions per week.
- The Supervisor or his appointed Trainer will make regular, not less than once every four months, visits to the approved practice of the Trainee to assess and give feedback on the practice and its management. The Trainee is responsible to make improvements according to the feedback advice.
- Supervision of Trainees should be extended to all areas of Family Dentistry, including multi-disciplinary treatment in collaboration with colleagues.
- Trainees in Family Dentistry should be allowed privileges commensurate with their level of training and their clinical skills.
- Trainers must at all times ensure that the Trainees are not undertaking any activities that are beyond their level of competence.

5.7 The Supervisor(s) or Trainers should assign clinical responsibilities of Trainees based on following criteria:

- performance in the preceding period of training;
- documented evidence of training;
- competence in clinical judgement and techniques;
- personal reliability and responsibility; and
- professional development and academic achievement.

6. Physical facilities and resources of an accredited training institute

Institutional facilities and resources must be adequate to provide the educational experiences and opportunities to enable fulfilment of the requirements of the programmes as specified in the guidelines. These include, but are not limited to, facilities and human resources for Trainees to carry out patient care and to meet personal educational responsibilities, administrative offices, and adequate space for instruction.

6.1 Clinical facilities must be properly equipped for performance of all patient care procedures relevant to Family Dentistry. Equipment and supplies for managing medical emergencies must be readily accessible and functional.

6.2 There must be a supply of patients in need of specialist family dental care to ensure adequate exposure of the Trainees to a range of diagnostic tools as well as treatment options as specified by the Specialty Board in Family Dentistry.

6.3 It is recommended that every accredited training institute should contribute fully to the development of an educational resource centre. This includes:

- documentation and periodic review of all existing facilities and resources related to training;
- continued development and update of advanced educational materials on clinical techniques and research findings;
- periodic evaluation of the log of clinical experience; and
- library.

7. Continuing evaluation of Trainees

There must be documentation of progressive evaluation of the performance of Trainees. The system should assure, through the Supervisor, that each programme:

- Progressively assesses the accumulated log of activities, maintained by each Trainee in a logbook.
- Periodically evaluates the knowledge, skills and professional development of all Trainees, using appropriate criteria and procedures.
- Provides to Trainees an assessment of the individual's performance, at least annually. More frequent evaluations and documentation of such evaluation should be made if a Trainee is found to be not properly motivated or not suitable for advancement or retention in the programme. Remedial activities should be prescribed in accordance to the assessment report.
- Allows and encourages Trainees to undertake more complex cases based on an evaluation of their competencies.
- Maintains a record of evaluation for each Trainee, which is accessible to the Trainee and available for periodic review by the Specialty Board in Family Dentistry.

8. Rotations

Training rotations will be supported on the basis of :

- extending the clinical and any other experience of the Trainees as defined by the training requirements, especially where specific strengths or weaknesses are identified with the respective programmes; and
- promoting and developing consistent standards and collaboration between programmes.

Rotations between approved programmes are allowed. The duration of any single rotation should normally not exceed six months. More than one rotation is allowed but only one rotation can be outside Hong Kong.

Any programme that rotates Trainees to other approved programmes or affiliated institutions must submit all supplementary documentation to the Specialty Board in Family Dentistry and prior approval from the Board should be obtained. At conclusion of the rotation period, the Trainee has to submit a report on the activities and achievements made.

9. Review

Each programme must regularly evaluate the degree to which its goals are being achieved through internal assessment.

It is also essential that each training centre regularly submits adequate documentation of its training commitments and Trainees' status and experience to the Specialty Board in Family Dentistry.

Appendix I

Scope of the Intermediate Examination

The candidates would be assessed by examination for their knowledge of and applications in all aspects of their clinical dental practices that include:

- health and safety in clinical dentistry: the knowledge and its application in occupational hazards; hazard and risk management; uses and storage of hazardous material; chemical and clinical waste handling and disposal; radiation protection;
- current concepts and practical application in infection control for clinical dentistry;
- practice management including staff training, record keeping, stress and time management, internal and external marketing, ethical and medico-legal considerations, risk management, stress management, public relations, logistics and stock control;
- updated knowledge in dental clinical and non-clinical materials and a working knowledge of laboratory materials;
- update in paediatric dentistry including behavioural management, preventive programmes, caries management and dental traumatology;
- pain management in dentistry including analgesia, anaesthesia, relative analgesia, sedation, pharmacology and psychology;
- applied anatomy relating to the spread of infection, various dental procedures e.g. construction of dentures or the administration of anaesthetics and surgical diagnosis and treatment;
- medicine and emergency medicine in relation to dentistry;
- current concepts and applications in endodontics;
- oral medicine and pathology in primary dental practice and minor oral surgery;
- periodontics;
- restorative and operative dentistry;
- diagnosis and treatment of diseases of the stomatognathic system including temporomandibular dysfunction syndrome and other orofacial pain syndromes;

- prosthodontics;
- aesthetic and adhesive dentistry;
- special needs dentistry;
- geriatric dentistry;
- dental radiology and radiography;
- orthodontic principles and practice related to primary dental practice;
- pharmacology and therapeutics;
- implantology.

Appendix II

Exit Examination for FCDSHK (Family Dentistry)

Having completed the Higher Training to the satisfaction of the Supervisor and Specialty Board in Family Dentistry, the Trainee may apply to sit for the Exit Examination in the specialty of Family Dentistry.

Requirements for Exit Examination

To be eligible to apply for the Exit Examination, the candidate must

- be a registered dentist in Hong Kong,
- be of good standing,
- have completed the Higher Training as required and supervised by the Specialty Board in Family Dentistry.

The examination requires the candidate to submit a Training Portfolio for examination.

Training Portfolio

The candidate shall submit a Training Portfolio for examination. The Portfolio comprises four sections:

Section 1: Documentation

This should comprise:

- a detailed curriculum vitae;
- evidence of continuing professional education as set out in the requirements; and
- evidence of completion of the advanced modular training.

Section 2: Clinical excellence and practice report

- The candidate is required to submit a detailed, illustrated log case report of a patient personally treated by the candidate, demonstrating the highest level of total patient care.

- The candidate is required to submit a practice report detailing the improvements achieved in the running of his/her dental practice. An essential component of this report is the clinical audits specific to the candidate's practice.

Section 3: Academic achievement and output

Candidates at this level of their career should demonstrate their ability to acquire and assimilate information. They should also share their knowledge and experience with colleagues for the betterment of the profession.

This section of the assessment comprises:

- An account on the candidate's contributions to the dental literature including peer reviewed journals, accepted texts, abstracts and exhibits, and contributions to continuing education activities of the College.

Section 4: Professional development and service to the profession.

The candidate should provide:

- a detailed description of the candidate's clinical activities;
- a detailed account of the services to profession;
- a report on the candidate's professional development.

Exit Examination

The examination has two components: peer review and viva voce

Component 1: Peer review

Upon receipt of the Training Portfolio, the College appointed examiners will scrutinize the document to determine if the candidate has fulfilled the exit requirements and thus eligible to proceed to the viva voce.

The four sections in the Portfolio carry equal weight and must separately pass the review process.

Component 2: Viva voce

The examiners will conduct a viva voce with a view to determine if the candidate could be recommended to the College for the award of the Fellowship in family Dentistry.

This will be based on the submitted Portfolio. Any part of the Portfolio may be questioned and discussed. The examiners also have the discretion to question the candidate in any areas relevant to the specialist field of Family Dentistry.

Appendix III

Competence Standards for Family Dentistry

1. Introduction

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

We perceive competences to be:

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

The Competence Standards for Family Dentistry (FD) establish the standards for specialists in Family Dentistry as they finish six years of full time specialist training.

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 32 Major Competences serve as the objectives for the FD examination. In order to meet that education and training purpose it is necessary to identify the knowledge and skills that a specialist in FD must possess to be able to promote the oral health of patients.

These competences identify, as well as organise the knowledge and skills FD 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 the FD Training curriculum. By stating publicly what a FD candidate should know and be able to do after completing our programme and passing the examinations, a basis for the content of all courses is established. 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 FD curriculum is relevant, complete, educationally sound, evidence-based and well organised 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. Specialty Board in Family Dentistry (SBFD) has

established the individual competences which a FD candidate must demonstrate. For these education standards to be of real value, the SBFD must have in place methods to measure the degree to which a student can demonstrate the competences needed to care for patients.

The Competence Standards for FD should be viewed as dynamic standards which must be responsive to any clear need for change. The competences are intended to serve as the "blueprint" for the FD curriculum. It is recognised and understood that this education plan will require regular review for continual improvement.

2. Organisation

Domains

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

The concept of Domains is intended to encourage an eventual structure and process in the FD curriculum that is more interdisciplinary and not departmental. In this document, the Domains are numbered from 1 to 11.

Major Competences

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

For example, "a FD specialist 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 this Major Competence. In this document, Major Competences are numbered from 1 to 32.

3. The Domains

1. 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 aesthetically 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, a FD specialist must first be competent to evaluate the patient, diagnose existing conditions, and develop a treatment plan. Assessment must precede any treatment and enables a FD specialist to provide appropriate primary oral health care.

2. 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, a FD specialist must be competent in the provision of preventive, therapeutic and continued oral health care.

3. Rehabilitation of form, function and aesthetics

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, a FD specialist must be competent to provide treatment which restores form, function, and aesthetics of defective and/or missing teeth for patients of all ages.

4. Professionalism

A FD specialist 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 Family 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, gender, and health care reform.

FD specialists should participate in professional and personal development activities that enhance their contribution to their communities and equip themselves 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 programme.

The practice of Family 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.

5. Practice organisation

The principal goal of the FD programme is to produce graduates who can function as specialists in Family Dentistry. In addition to clinical knowledge and skills, a FD specialist 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 specialised practice, a FD specialist 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.

6. 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 organised community efforts, as well as education of individuals and family groups. These are important components of any interdisciplinary approach. Whether acting as a community advocate or serving as a resource or change agent, a FD specialist should be competent to interact with others to promote activities that protect, restore and improve oral health and the quality of life.

7. Quality assurance and risk management

The dental profession maintains its self regulatory status by delivering ethical and professional services to patients and establishes trust in society. A FD specialist should understand the importance of quality assurance and risk management in dental practice to ensure quality care and to earn public trust.

8. Role of Family Dentistry in community dental service

The FD training programme encourages the Trainees to function as competent practitioners to provide continued and comprehensive oral health care for individuals and the community, which encompasses all ages, genders, dental disciplines and practice management. In addition, FD specialists concern with promoting oral health and preventing disease through organised community efforts. These are important competences of any interdisciplinary approach. The FD specialists should be able to act as the community advocates or serve as change or resource agents, and should be

competent in interacting with others to promote activities that promote, restore and improve oral health and quality of life.

9. Practice-based research

In the past, most clinical research in dentistry and medicine was conducted in academic health centres. One of the criticisms made of such clinical research has been that it is conducted in an artificial “ivory tower” environment which is very different from the environment of a real world full-time clinical practice. This can be reflected from the fact that conflicting findings were found between academic-based clinical trials and practice-based studies. As dentistry evolves to become more evidence-based, more and more of the evidence will come from practice-based research. A FD specialist should be competent in conducting research in both academic-based and practice-based settings.

10. Advanced communication skills in clinical practice

Dentistry is, after all, a personal service to patients. Effective communication with patients is essential in daily practice. Good communication with patients often acts as diagnostic and therapeutic tool. Moreover, a dental practice requires teamwork involving dental surgery assistants, receptionist, dental hygienists, laboratory technicians, etc. Communication within the team is undoubtedly important. As the leader of the team, a FD specialist must ensure effective and efficient communication amongst members of the team. Communication with other colleagues, such as general dental practitioners, other dental specialists, medical doctors, paramedical personnel, cannot be over emphasised.

11. Exposure to advanced clinical skills for better communication with major dental specialties

Family Dentistry is not just a service to the local community providing first point of access for advice and dental treatment, but also takes the responsibility for co-ordination of dental treatment provided by other specialists, thus providing patients with oral health maintenance including recall for regular examination. FD specialists have to configure and consolidate their knowledge and skills with other dental specialists. The integration of FD and other dental specialists are highly necessary which prevents fragmentation of oral care. Effective communication with other specialists would facilitate early diagnosis of potential risky problems and a smooth and logical progression of operative treatments. As a result, patients’ expectations can be met and medico-legal protection is ensured by early anticipation of possible complications and hence prompt commencement of contingency plans when needed.

Summary

Competences emphasise an educational philosophy that ensures a Family Dentist to be competent to provide patient care. Competences should never be chiselled in stone, but should be responsive to and reflective of the educational needs of our Trainees.

Ultimately, the true measure of the value of competences will be the quality of FD specialists and the care they render to their patients.

4. The Competence Standards

Basic Training

Years 1 to 4 – Basic Training in Family Dentistry

The objective is to update and consolidate the acquired knowledge and skills in various disciplines of dentistry. A clear understanding in the multi-disciplinary approach to holistic patient management and family dental care is emphasised. Within the boundaries of the training modules lies the acquisition of knowledge and ability to recognize and identify cases that require referrals for other dental/medical specialist's attention.

Domain 1 – Assessment of the patient and the oral environment

Major Competence 1 – Examination of the patient

A FD specialist should 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 recognise and manage behavioural factors that affect oral health and use the information to implement strategies that facilitate the delivery of oral health care.

Major Competence 2 – Oral diagnosis

A FD specialist should be able to establish a differential, provisional or definitive diagnosis by interpreting and correlating findings from the history and examination.

Major Competence 3 – Treatment planning

A FD specialist should be able to develop, present and discuss treatment plans that address the condition, interest and capabilities of patients in all age groups.

Major Competence 4 – Dental imaging

A FD specialist should 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.

Domain 2 – Establishment and maintenance of a healthy oral environment

Major Competence 5 – Oral disease prevention and clinical oral health promotion

A FD specialist should be able to understand the principles of evidence-based dentistry, preventive dentistry and behavioural sciences in oral disease prevention and clinical oral health promotion.

Major Competence 6 – Pain and anxiety management

A FD specialist should be able to recognise the various presentations and causes of pain in the oro-facial region, and their differential diagnosis and management. For patients with anxiety and phobic conditions, FD specialist should be conversant with the various techniques and options available to cope with anxiety including behavioural techniques, sedation (oral, inhalational and intravenous) and general anaesthesia.

Major Competence 7 – Treatment of pulpal diseases

A FD specialist should be able to identify and treat diseases of pulpal and periradicular regions.

Major Competence 8 – Management of periodontal diseases

A FD specialist should be able to diagnose and provide optimal treatments for periodontal diseases. He should also be able to monitor the progress of treatment and maintain the periodontal health of patients.

Major Competence 9 – Dental-alveolar surgery and therapeutics

A FD specialist should be able to evaluate, treat and manage conditions requiring surgical procedures and pharmacological therapy.

Major Competence 10 – Management of emergencies

A FD specialist should be able to recognise and manage dental and medical emergency situations encountered in the dental practice

Major Competence 11 – Musculoskeletal and occlusal therapy

A FD specialist should 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.

Major Competence 12 – Fundamental orthodontics

A FD specialist should be able to recognise and manage developmental or acquired craniofacial/dental abnormalities of the primary, mixed and permanent dentitions.

Major Competence 13 – Oral medicine, oral pathology and oral microbiology

A FD specialist should be able to manage oral mucosal diseases and disorders.

Major Competence 14 – Caries management

A FD specialist should be able to diagnose, assess, remove, arrest dental caries and restore any structural damage. He must also be familiar with the histopathology, aetiology and risk factors of dental caries.

Major Competence 15 – Management of paediatric patients

A FD specialist should be able to diagnose, assess, remove and prevent dental caries in paediatric patients. A FD specialist 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.

Major Competence 16 – Dental materials science

A FD specialist should be familiar with the properties and applications of common dental materials in the dental practice.

Domain 3 – Rehabilitation of form, function and esthetics

Major Competence 17 – Rehabilitative therapy

A FD specialist should 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.

Major Competence 18 – Implant dentistry

A FD specialist should 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. A FD specialist must also recognise problems arising before, during and after treatment, and refer where appropriate.

Major Competence 19 – Cosmetic dentistry

A FD specialist should be able to recognise the aesthetic needs of individual patient and provide appropriate and ethical treatments accordingly.

Domain 4 – Professionalism

Major Competence 20 – Ethics

A FD specialist should be able to manage the ethical issues of dental practice.

Major Competence 21 – Information management and critical thinking

A FD specialist should be able to acquire and analyse information in a scientific, critical and effective manner.

Major Competence 22 – Communication

A FD specialist should be able to communicate effectively, both orally and in writing, with colleagues, practitioners, staff, and patients and with the public.

Domain 5 – Practice organisation

Major Competence 23 – Establishing and maintaining a practice

A FD specialist should be able to develop, manage and maintain a dental practice.

Major Competence 24 - Office systems

A FD specialist should be able to use sound business principles in the administration of a dental practice.

Major Competence 25 – Personnel management

A FD specialist should be able to demonstrate effective leadership, motivation and communication skills in the dental team.

Domain 6 – Oral health promotion

Major Competence 26 – Oral health education

A FD specialist should be able to conduct oral health education for both individual and the community.

HIGHER TRAINING

Years 5 to 6 – advanced training in Family Dentistry

The objective is to train and to enable the Trainees to be proficient in areas of quality assurance, clinical and practice risk management, community dental service with emphasis in dental health education, research related to clinical dental practice, hospital dentistry, teaching and mentoring skills, and CPD activities so that a specialist in FD will be a referral hub to other specialties for the best service to patients.

Domain 7 – Quality assurance and risk management

Major Competence 27 – Quality assurance and risk management

A FD specialist should be able to understand the importance and the principles of quality assurance and risk management in clinical dental practice and its implementation so as to ensure quality patient care and to maintain professionalism.

Domain 8 – The role of FD in community dental service

Major Competence 28 – Community involvement

A FD specialist should be able to promote oral health and preventing disease through organized community effort.

Domain 9 – Practice-based research

Major Competences 29 – Research in different settings

A FD specialist should be able to design, prepare and implement research studies within own practices, and be competent in analysing and publicising the findings.

Domain 10 – Advanced communication skills in clinical practice

Major Competence 30 – Communication skills

The ability to apply effective communication skills is an essential attribute of a FD specialist. Good communication with patients often acts as diagnostic and therapeutic tool.

Domain 11 – Exposure to advanced clinical skills for better communication with major dental specialties

Major Competence 31 – Continuing profession education

A FD specialist has an obligation for lifelong continue professional education with the development of a more in depth knowledge of advancing dentistry and other major health discipline as well as basis sciences and behavioral sciences.

Major Competence 32 – Partnership with other specialists

A FD specialist should be able to work with dental specialists, medical specialists and specialists of other professions; to provide the dental profession with cross-specialty continuing education and professional development; to deal with clinical matters and solve clinical as well as professional problems; and to interact with others through discussion and debate for exchange of information and ideas. Partnership with other specialists should harmoniously and collaboratively promote interactive learning and should provide best possible care to patients.