



THE COLLEGE OF DENTAL SURGEONS  
OF  
HONG KONG

Guidelines  
for  
Accreditation and Training  
in  
General Dentistry

Adopted in the 297th Council Meeting  
(Updated 18 January 2021)

## Table of Contents

	Page
1. Background .....	1
2. Qualification Framework on General Dentistry .....	3
2.1 Introduction .....	3
2.2 Qualification Framework (QF) .....	3
2.3 Competency Standards (CS) .....	3
2.4 Credit Point System (CPS) .....	4
2.5 Training and Examination .....	4
2.6 Credit Accumulation and Transfer (CAT) .....	4
2.7 Life-Long Learning by CPD cycle .....	4
3. Examination - General Regulations and Format .....	6
3.1 General Regulations .....	6
3.2 Format .....	7
3.2.1 Part I – Clinical Competences .....	7
3.2.2 Part II – Practice Related Competences .....	9
4. Competence Standards .....	11
5. Eligibility, Admission Requirements and Procedures .....	12
5.1 Eligibility - General .....	12
5.2 Eligibility - Part I .....	12
5.3 Eligibility - Part II .....	12
5.4 Membership Admission .....	13
5.5 Diploma Maintenance .....	13
6. Organization - Committee of General Dentistry .....	15
6.1 Functions .....	15
6.2 Working Groups of the Committee .....	15
7. Appointment of Chairman, Convenors and Mentors .....	17
7.1 Chairman .....	17
7.1.1 Appointment .....	17
7.1.2 Duties .....	17
7.2 Convenors .....	17
7.2.1 Appointment .....	17
7.2.2 Duties .....	18
7.3 Mentor .....	18
7.3.1 Appointment .....	18
7.3.2 Duties .....	18
7.3.3 Appointment Criteria .....	18
8. Accreditation of Education Program Providers .....	20
Appendix I - Abbreviations .....	21
Appendix II - Credit Point System .....	22
Appendix III - Credit Accumulation and Transfer .....	23
Appendix IV - Register of Transferable Credit .....	25
Appendix V - Competency Standards for the Diploma of Membership in General Dentistry .....	26
Appendix VI - MGD / MRACDS Conjoint Examination .....	52
Appendix VII - Termination / Reinstatement of Membership of General Dentistry (MGD) .....	55

## 1. Background

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 that 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 a high standard of care.

In terms 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 accessed from various training institutes, be it local or overseas. More importantly, the qualifications should be recognizable so as to let the public be aware of their effort and the attained Competence Standards (CS). This also explains why some overseas imported examination oriented qualifications are so popular in the local dental community.

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

- identifying Competence Standards and best practice in clinical practice;
- defining the Competence Standards of generalists and specialists, and the provision of a systematic training plan and pathway for ALL dentists;
- establishing an academic home for Specialists and GDP; and
- increasing awareness of quality dentistry through education and health promotion to patients.

Recent developments in GDP training have motivated the local academia, and professional and statutory organizations to establish a local GDP academic home and a Qualification Framework (QF) with well structured education programs for acquiring clinical and practice related competences. The purpose of the QF is to ensure the quality of the examination outcome and hence, the quality of care.

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

- to provide the Council with information regarding the background and the latest situation of GDP training in Hong Kong;

- to recommend to the Council a qualification framework for GDP within CDSHK; and
- to recommend to the Council an 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 was submitted to the Council and was adopted 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**

### **2.1 Introduction**

Given the challenges in assuring quality dental health care to patients, a QF on General Dentistry (GD) may be able to solve the most important issue, i.e., the benchmarking of competence standards, their attainment and maintenance.

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

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

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

The focus is on the level of competencies that are relevant to general dentists with 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 of their career and the QF GD will lay the strongest foundation for those who aspire to proceed to specialist training.

The organization within the College of Dental Surgeons of Hong Kong (CDSHK) that maintains the QF GD is the Committee of General Dentistry (CGD).

### **2.3 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 should be formulated by relevant statutory bodies such as CDSHK.

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

There are two domains in competence for General Dental Practice (GDP), namely clinical competency and practice related competences. General Practice differs from traditional technique dominant specialties in 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. As a result, minor amendments to the competence standards may be required.

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

CS-based programs are developed with units of competence in the 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 the beginning.

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

## **2.5 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. Since the competence standards are 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 the form of taught modules and the requisite examinations, trainees will possess skills that can be objectively measured.

## **2.6 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 life-long learning, dentists require flexibility in the modes and patterns 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.

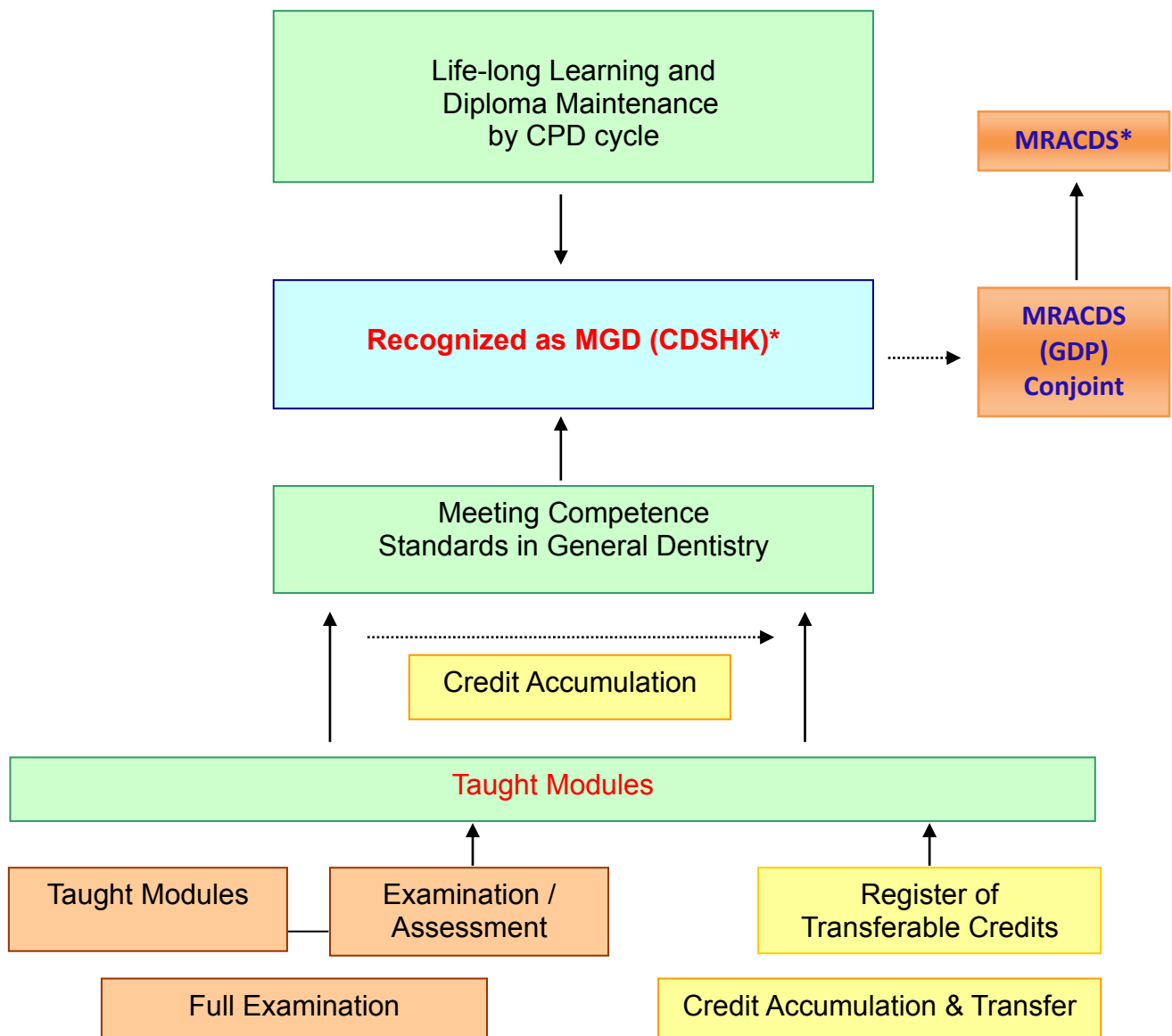
With a CAT system, trainees can systematically accumulate the credits of learning and training gained from various courses with a view to converting the accumulated credits to fulfill the requirements of the Membership in General Dentistry examinations from CDSHK. The development of a Register of Transferable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

## **2.7 Life-Long Learning by CPD cycle**

To make the QF 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 Diploma maintenance. The Qualification Framework on General Dentistry (QF GD) is depicted in Figure 1.

Under the present QF GD, the aim for the candidate is to obtain the Diploma of Membership in General Dentistry, which can be achieved by:

1. Passing the full MGD Examination, or
2. Credit Accumulation and Transfer and passing the relevant parts of the MGD Examination.



\*Please refer to Appendix VI – MGD-MRACDS (GDP) Conjoint Examination

\*MGD (CDSHK) - Candidates are required to submit a “Letter of Good Standing” before they are eligible to apply for MGD. (issued within 6 months of the submission date of the MGD application to the College of Dental Surgeons of Hong Kong)

Figure 1. Qualification Framework on General Dentistry (QF GD)

### **3. Examination - General Regulations and Format**

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

#### **3.1 General Regulations**

1. Eligible candidates can enroll in the examination of Membership in General Dentistry (MGD) by opting to take the 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 fulfills 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**

The candidate shall receive a Diploma of Membership in General Dentistry.

3. The Diploma of Membership in General Dentistry can be registered in the Dental Council of Hong Kong if the holder is a registered dentist in Hong Kong.
4. Holders of the Diploma of Membership in General Dentistry should support and obey the objectives 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, comply with CPD requirements and any other conditions as determined by 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. A holder 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.



## 3.2 Format

The examination consists of Part I and Part II, which carry different credit points, (refer to Appendix II). The timeline is depicted in Figure 2.

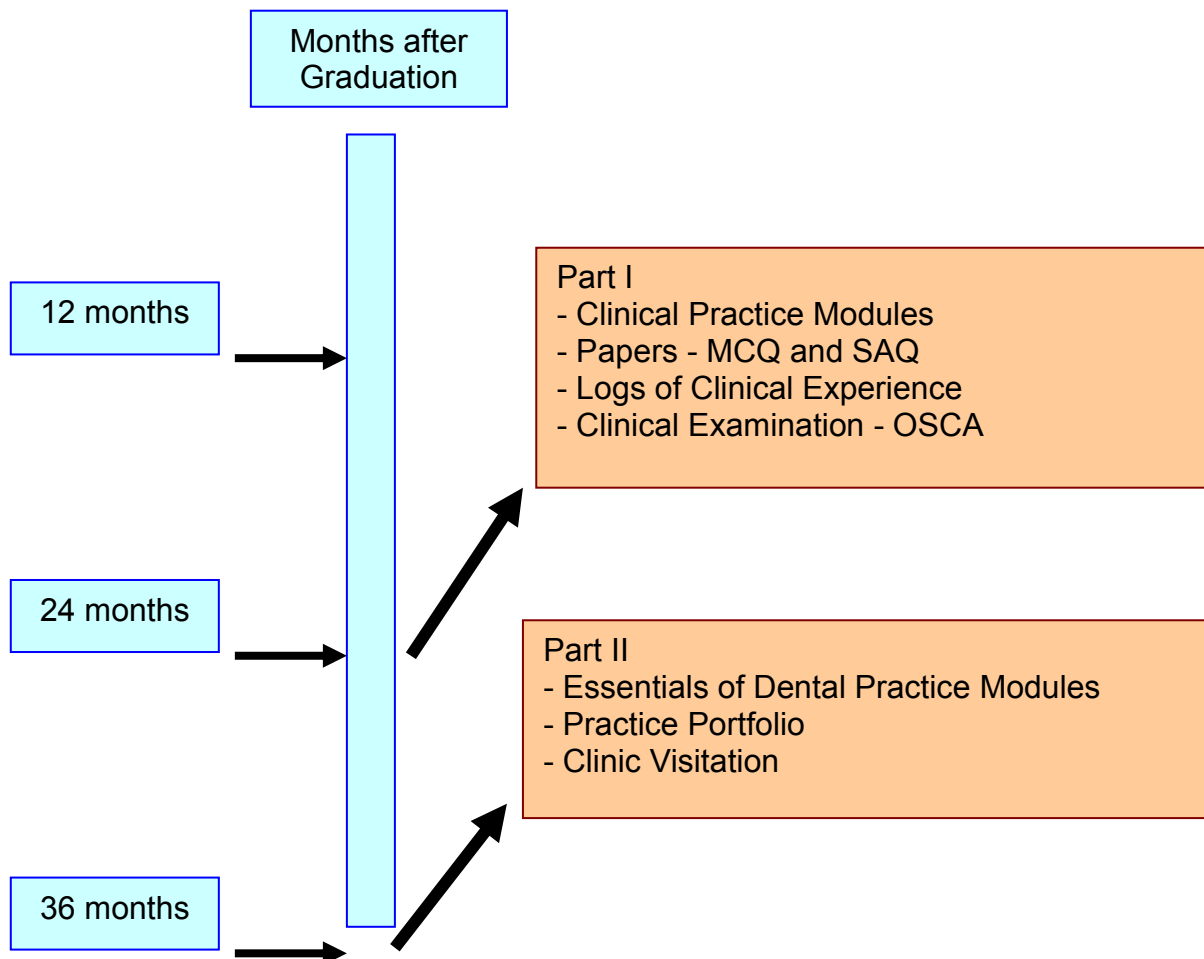


Figure. 2. Membership in General Dentistry Timeline

### 3.2.1 Part I – Clinical Competences

#### Section A - Taught Modules

The taught Clinical Practice Modules, delivered by accredited education program providers, must be based on the clinical competences as prescribed by CGD.

#### Section B - Papers

This section includes one multiple choice paper, comprising 60 questions, of 90 minute duration; and one short answer paper, comprising 15 questions, of 120 minute duration.

## **Section C - Log of Clinical Experience**

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

- Management of Caries and Non-Caries Tooth Substance Loss
- Treatment of Pulpal Diseases
- Management of Periodontal Diseases
- Dental-Alveolar Surgery and Therapeutics
- Fixed Prosthodontic Therapy
- Removable Prosthodontic Therapy
- Implant Therapy
- Aesthetic Dentistry
- Musculoskeletal and Occlusal Therapy
- Management of Toothwear
- Management of Traumatic Injuries
- Management of Pediatric Patients
- Special Needs 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.

A sufficient and appropriate pre-operative and post-operative documentation for the examiners to assess the clinical treatment outcome is required. It is expected that the candidate provides a holistic course of treatment. Do not write on the nominated competence only. The whole course of treatment should be described, however, fewer details are required on items outside the nominated competence.

## **Section D - Clinical Examination**

The clinical examination will be in the form of Objective Structured Clinical Assessment (OSCA) comprising multiple stations. The stations will be related to the clinical competences. The examination duration will be about 60 minutes.

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

#### **Section A - Taught Modules**

The taught Essentials of Dental Practice Modules, provided by accredited education program providers, must be based on the practice related competences as prescribed by the CGD.

#### **Section B - Practice Portfolio**

The Practice Portfolio should consist of information describing the candidate's 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

#### **Section C - Clinic Visitation**

There will be 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 approximately 90 minutes.

#### **Notes:**

1. The Examination Calendar will be published in proper channels. Potential candidates are required to take note of it. CGD will take NO responsibility on any omissions or circumstances that may affect the application of the candidates.
2. Depending on resource availability and 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 a 20% administrative charge; or transferred to the next diet of the examination where the 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 the 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 applications 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 are to 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 Part II. Otherwise, candidates may need to re-sit at the Part I Examination.

#### **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 (Refer to Appendix V).

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

### **5.1 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, and
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.

### **5.2 Eligibility - Part I**

1. Applications for the sitting of Part I of the MGD Examination must be received no later than the closing date as indicated on the examination calendar and it must be accompanied by the full amount of the fee payable.
2. Candidates will be admitted to the 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. The candidate should receive confirmation of acceptance of his/her Logs of Clinical Experience no later than the closing date as indicated on the examination calendar.

### **5.3 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 24 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 obtained sufficient credits transferred for Part I of the MGD examination.
4. Candidates should receive an approval of a Practice Portfolio from CGD.

## **5.4 Membership Admission**

The Council of CDSHK may grant the Diploma of Membership in General Dentistry to a candidate if he/she:

1. passes Parts I and II and/or obtains sufficient credit points,
2. is nominated by two College Fellows,
3. is a registered dentist in the Dental Council of Hong Kong,
4. is not a Fellow / Honorary Fellow of CDSHK and / or HKAM,
5. is not on the specialist register of the Dental Council of Hong Kong,
6. presents a letter of standing from the Dental Council of Hong Kong and satisfies the registration requirements of the Membership Committee of the College Council of CDSHK,
7. has 60 verifiable CPD hours in the past three years, and
8. pays the admission and annual fees.

## **5.5 Diploma Maintenance**

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

1. paying the annual fee which is due on 1<sup>st</sup> January each year (there is a grace period of six months),
2. participating in recurrent CPD cycles 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 cycles 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 and Council of CDSHK.



## **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.

### **6.1 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 matters relating to GDP,
6. to nominate convenors and mentors to the 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 other local / overseas organizations for the betterment and advancement of the QF GD, and
10. to advise the Council on matters relating to QF GD.

### **6.2 Working Groups of the Committee**

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

1. Syllabus and Competence Standards, Credit Accumulation and Transfer, and Examination and Assessment
2. Administration, Finance and 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, Convenors and Mentors**

### **7.1 Chairman**

#### **7.1.1 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 the CDSHK Council.

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

#### **7.1.2 Duties**

1. To manage the general business of the Committee
2. To nominate members, convenors and mentors 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 a panel of examiners to the 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 the annual budget relating the administration of examinations, training and any other activities for the functioning of the Committee and submit it to the Council for approval.

### **7.2 Convenors**

#### **7.2.1 Appointment**

Each working group is led by a convenor 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.

### **7.2.2 Duties**

To be defined by the Chairman and approved by the Committee.

## **7.3 Mentor**

### **7.3.1 Appointment**

Mentors are nominated by the Chairman to assist, advise and guide the trainees in his/her training. They shall maintain 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 within the period of each examination diet subject to renewal at the discretion and recommendation of the Committee of General Dentistry and the Chairman.

### **7.3.2 Duties**

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

### **7.3.3 Appointment Criteria**

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

1. possesses a higher qualification in General Dentistry approved by 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 of experience in General Dentistry,
4. is prepared to fulfill the duties of a mentor as required by the Committee,
5. is prepared to provide advice regularly and support the trainee's learning during the course of training,
6. is prepared to attend train-the-mentor activities,
7. is prepared to report to the Committee on the trainee's progress in training by filling in a Training Progress Assessment form at least once a year.

## **8. Accreditation of Education Program Providers**

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

1. The organization applies to, or is invited by, the Committee of General Dentistry and satisfies 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.

The term of accreditation is two years subject to renewal at the discretion and recommendation of the Committee of General Dentistry and the Council of CDSHK. The Committee of General Dentistry may recommend the 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 above criteria.

## **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)
- Essentials 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)
- General Dentistry (GD)
- 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**

<b>Examination</b>	<b>Credit Points Carried</b>
Taught Clinical Practice Modules	20
Papers	10
Logs of Clinical Experience	10
Clinical Examination - OSCA	10

### **Part II - Practice Related Competences**

<b>Examination</b>	<b>Credits Points Carried</b>
Taught Essentials of Dental Practice Modules	30
Practice Portfolio	10
Clinic Visitation	10

Credit points accumulated in each part 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 with the principles of recognizing 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) with 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 the 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 the RTC will be assessed on an individual basis.
4. Trainees can apply for 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 an individual basis.

### **i. Eligibility**

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

1. be a registered dentist with 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 and pay an appropriate annual fee,
5. possess at least one relevant post-graduate qualification which is registered in the DCHK and is credit transferable,
6. engage in the practice of general dentistry for not less than ten years and provide the 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 the Supervised Dental Practice Program (SDP) which is part of the EDP Modules in SDP; a mentor 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 for credit transfer,
2. is assessed regarding credit deficiency, if any, according to the Credit Point System (CPS) and records in the credit log,
3. obtains sufficient credits as required by the CGD by attending prescribed courses given by accredited education program providers and passes the necessary parts of the MGD examination,
4. accumulates not less than 100 hours of verifiable CPD in the past five years,
5. attends and passes an interview,
6. presents a letter of standing from the Dental Council of Hong Kong and satisfies the registration requirements of the Membership Committee of the College Council of CDSHK,
7. is nominated by two College Fellows, and
8. pays the admission and annual fees.

## Appendix IV - Register of Transferable Credit

1. The Register of Transferable Credit (RTC) is established under CGD to assess any qualifications regarding their relevance to General Dentistry and equivalence in the 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 an individual basis.
4. Trainees can apply for 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 an individual basis.

**Register of Transferable Credits (updated February 2018)**

	Credit Transferred		Credit Deficient						
	Part I	Part II	Part I				Part II		
	Clinical	Practice Related	CP Modules	Papers	Log	OSCA	EDP / SDP Modules	Clinic Visitation	Practice Portfolio
<b>Requirements</b>	<b>50</b>	<b>50</b>	<b>20</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>30</b>	<b>10</b>	<b>10</b>
MFDS RCS	20	0	0	10	10	10	30	10	10
MFGDP / DGDP	50	0	0	0	0	0	30	10	10
MGDS RCS	50	0	0	0	0	0	30	10	10
FRACDS	20	0	0	10	10	10	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	0	0	0	0	0	30	10	10
UK RCS Fellowship	20	0	0	10	10	10	30	10	10
UK MSc in a Clinical Discipline	50	0	0	0	0	0	30	10	10

All candidates are required to attend Essential of Dental Practice (EDP) / Supervised Dental Program (SDP) for Part I and / or Part II Examination

Credit Transferred- blue and Credit Deficient- pink

**Appendix V - Competency Standards for the Diploma of Membership in  
General Dentistry**



**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

## **Committee of General Dentistry 2021-2023**

<b>Chairman</b>	Dr Bun Ka YIU
<b>Deputy Chairman</b>	Dr Gerald H H SIU
<b>Secretary</b>	Dr Daniel T S FANG
<b>Ex-Officio Member</b>	Dr Katherine C M LEUNG
<b>Members</b>	Dr Francis W C CHAN
	Dr Andy T Y CHIU
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	Dr Sunny H C TSUI
	Dr Richie W K YEUNG

## **Contents**

1. Introduction
2. Development of the Competence Standards
3. Organization
4. The Domains
5. The Competence Standards
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, and
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 the Committee of General Dentistry (CGD) of the College of Dental Surgeons of Hong Kong (CDSHK) and are 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 28 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 an MGD holder must possess so that he/she is 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, inquisitive, 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 the knowledge that an MGD candidate must have, the capabilities that he/she possesses after completing our program, and passing the examination

and assessment, we establish a basis for the content of all courses. This definition sets the 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.

The second application is related to the issue of outcome assessment. The quality of any curriculum must be judged by its results. CGD has established the individual competences which an 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 the CDSHK Council for approval and adoption. The purpose is to confirm:

- the completeness and appropriateness of individual items,
- the suitability to the local practicing 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**

### **3.1 Domains**

The general organization of this document (and ultimately our curriculum) is structured from the general to the more specific items. Six "Domains" have been



identified. These represent broad categories of professional activities 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 Section 4 Domains).

### **3.2 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 the biological, psychological, and social information needed to evaluate the medical and oral conditions of 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, 28 Major Competences are indicated under Domains I-VI.

### **3.3 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 the 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.

### **3.4 Foundational Ability**

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

Foundational knowledge is the ability to acquire and 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. Lectures, small group tutorials, seminars, and laboratory instructions 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.

#### **4. THE DOMAINS**

##### **4.1 Patient Related Competences**

###### **Domain I - 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 II - Establishment and Maintenance of a Healthy Oral Environment**

Major Competency 5 - Pain and Anxiety Management

Major Competency 6 - Treatment of Pulpal Diseases

Major Competency 7 - Management of Periodontal Diseases

Major Competency 8 - Dental-Alveolar Surgery and Therapeutics

Major Competency 9 - Management of Emergencies

Major Competency 10 - Musculoskeletal and Occlusal Therapy

Major Competency 11 - Malocclusion and Space Management

Major Competency 12 - Oral Medicine, Oral Pathology and Oral Microbiology

Major Competency 13 - Management of Caries and Non-Caries Tooth Substance Loss

Major Competency 14 - Management of Pediatric Patients

Major Competency 15 - Management of Trauma in Deciduous and Permanent Dentition

Major Competency 16 - Dental Material Science

Major Competency 17 - Special Needs Dentistry

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

Major Competency 18 - Fixed Prosthodontic Therapy

Major Competency 19 - Removable Prosthodontic Therapy

Major Competency 20 - Implant Therapy

Major Competency 21 - Aesthetic Dentistry

##### **4.2 Practice Related Competences**

###### **Domain IV - Professionalism**

Major Competency 22 - Ethics

Major Competency 23 - Information Management and Critical Thinking

Major Competency 24 - Communication

### **Domain V - Practice Organization**

Major Competency 25 - Infection Control

Major Competency 26 - Establishing a Practice and Practice Management

### **Domain VI - Health Promotion**

Major Competency 27 - Oral Disease Prevention and Oral Health Promotion

Major Competency 28 - Community Involvement

## **4.3 Domain Description**

### **Domain 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 them, as well as for treatment of oral disease. In order to confirm or establish, and then maintain, the oral health of their patients, the MGD must first be competent to evaluate the patient, diagnose existing conditions, and develop a treatment plan. An assessment must precede any treatment and this enables the MGD to provide appropriate primary oral health care.

### **Domain 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 diseases require management of risk factors and control of the disease processes. In order to maintain or establish a healthy oral environment, the MGD must be competent in the provision of preventive, therapeutic and continued oral health care.

### **Domain 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.

### **Domain IV - Professionalism**

A competent general dentist provides skilled care based on contemporary knowledge and therapeutics and he/she 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.

MGDs 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. A competent practitioner must be prepared to practice in this dynamic environment.

#### **Domain 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, the 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 the practice; evaluate outcomes; manage personnel; manage patient care; and understand the legal ramifications of patient care.

#### **Domain 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, the MGD should be competent to interact with others to promote activities that protect, restore and improve oral health and the quality of life.

### **4.4 Summary**

Competencies emphasize an educational philosophy that ensures an 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 the MGD diplomats and the care they render to the patients they treat.

## **5. THE COMPETENCE STANDARDS**

### **5.1 Domain I - Assessment of the Patient and the Oral Environment**

#### **Major Competence 1 - Examination of the Patient**

The MGD must be able to perform an examination that collects and records the biological, psychological, and social information needed to evaluate the patient's 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 his/her 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 extra-oral and intra-oral examinations 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 indicated

### **Major Competence 2 - Oral Diagnosis**

The 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 the 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**

The MGD must be able to develop, present and discuss evidence-based 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 relevant specialists and 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**

The MGD must be able to prescribe or obtain appropriate radiographs, and/or other kinds of images, and interpret them accurately.

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 implement a quality assurance programme
- 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

## **5.2 Domain II - Establishment and Maintenance of a Healthy Oral Environment**

#### **Major Competence 5 - Pain and Anxiety Management**

The 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, the 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:

- 5.01 Understand and perform the differential diagnosis, further investigations and management of acute and chronic pain in the oro-facial region
- 5.02 Manage complications associated with local anaesthesia – prevention and management
- 5.03 Perform behavioral techniques in the management of anxiety and pain in dental patients – its use and limitations
- 5.04 Understand the use of inhalation sedation using nitrous oxide for the management of pain/anxiety in dental practice – its indications and limitations
- 5.05 Understand the use of oral drugs in the management of pain in dental patients
- 5.06 Understand the use of oral drugs in the management of anxiety in adult

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

### **Major Competence 6 - Treatment of Pulpal Diseases**

The MGD must be able to identify and treat diseases of the pulpal and peri-radicular regions.

Supporting competences:

- 6.01 Describe the symptoms of pulpal and periapical diseases
- 6.02 Perform correct and appropriate pre-operative assessment
- 6.03 Understand the principles, and able to carry out procedures, to maintain pulpal vitality
- 6.04 Perform non-surgical endodontic treatment on uncomplicated single and multi-rooted teeth in the primary and permanent dentition
- 6.05 Recognize the indications for periapical surgery and identify complicated non-surgical root canal treatment cases
- 6.06 Perform adequate restoration to the endodontically treated teeth
- 6.07 State the common complications of endodontic treatment and their prevention
- 6.08 Collaborate or refer patients to other relevant specialists, as necessary

### **Major Competence 7 - Management of Periodontal Diseases**

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

Supporting competences:

- 7.01 Educate patient the role of oral hygiene concerning the aetiology of periodontal disease and motivate patient to maintain satisfactory plaque control
- 7.02 Perform periodontal instrumentation (scaling and root surface debridement)
- 7.03 Identify and modify any risk factors critical to the control of periodontal disease
- 7.04 Describe surgical periodontal procedures together with their indications, contraindications and complications
- 7.05 Diagnose the need for advanced periodontal surgical procedures and understand when to collaborate or refer to a specialist
- 7.06 Evaluate the outcome of a periodontal treatment, then establish and monitor a maintenance program

### **Major Competence 8 - Dental-Alveolar Surgery and Therapeutics**

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

Supporting competences:

- 8.01 Perform uncomplicated extraction of teeth
- 8.02 Perform uncomplicated surgical extraction of an erupted or partially erupted tooth, fractured tooth or retained root
- 8.03 Explain the management of common intra-operative and post-operative surgical complications
- 8.04 Explain the management of odontogenic infections and understand when to refer to a specialist
- 8.05 Recognize complex conditions requiring surgical intervention(s) and explain their management
- 8.06 Manage and prescribe pharmacotherapeutic agents appropriate to the practice of dentistry
- 8.07 Describe and manage common uncomplicated oral surgical procedures
- 8.08 Collaborate or refer patients to other relevant specialists, as necessary

#### **Major Competence 9 - Management of Emergencies**

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

Supporting competences:

- 9.01 Develop and implement effective strategies for managing medical emergencies in general dental practice including basic and advanced life support protocol
- 9.02 Diagnose and manage medical and dental emergencies in general dental practice
- 9.03 Enable all staff and maintain appropriate hardware for managing medical and dental emergencies

#### **Major Competence 10 - Musculoskeletal and Occlusal Therapy**

The 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:

- 10.01 Assess and record the state of the orofacial muscles
- 10.02 Assess and record the functional state of the temporomandibular articulation, including its response during function, operator-induced loading, and jaw motion
- 10.03 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



- 10.04 Describe the relative contributions of the orofacial muscles, the articulation, and dental occlusion to abnormal and/or restricted jaw motion
- 10.05 Describe the management of temporomandibular disorders (TMD)
- 10.06 Manage bruxism and associated conditions
- 10.07 Identify and manage minor occlusal adjustment for patients with occlusal interference(s) and symptomatic teeth or orofacial muscles
- 10.08 Collaborate or refer patients to other relevant specialists, as necessary

#### **Major Competence 11 - Malocclusion and Space Management**

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

Supporting competences:

- 11.01 Monitor facial growth and development. Recognize abnormalities that require management
- 11.02 Identify normal and abnormal tooth development and eruption of the developing dentition and treat simple orthodontic problems
- 11.03 Collect and assess orthodontic records to diagnose malocclusions including radiology and imaging techniques and establish treatment objectives
- 11.04 Understand the principles of interceptive orthodontics and its associated management
- 11.05 Design and insert space maintainers to maintain space
- 11.06 Identify inappropriate oral habits that may exacerbate malocclusion
- 11.07 Understand when to refer a patient to a relevant specialist

#### **Major Competence 12 - Oral Medicine, Oral Pathology and Oral Microbiology**

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

Supporting competences:

- 12.01 Identify the clinical features of oral mucosal and osseous diseases and disorders and understand their management including referral
- 12.02 Identify and understand oral manifestation of systemic diseases and their management
- 12.03 Recognize the clinical features of primary and metastatic orofacial malignancies and understand their management including referral
- 12.04 Perform or refer the patient to receive clinical procedures to establish histopathological diagnosis of oral lesion

#### **Major Competence 13 - Management of Caries and Non-Caries Tooth Substance Loss**

The MGD must be able to examine and diagnose the dentition for dental caries, toothwear and other damage to the hard tissues of the teeth. He must also be familiar with the restoration of the structural damage.

Supporting competences:

- 13.01 Understand the etiology and clinical presentation of dental caries, toothwear and other damage to the hard tissues of the teeth
- 13.02 Perform special tests and clinical diagnostic skills to detect and assess dental caries and toothwear
- 13.03 Identify the risk factors of dental caries, toothwear including attrition, abrasion, abfraction and erosion
- 13.04 Decide on the best choice of treatment modality to control, prevent and restore the structural damage
- 13.05 Motivate and modify patient habit to prevent caries, all forms of toothwear and other damage to the hard tissues of the teeth
- 13.06 Establish and monitor an appropriate maintenance programme
- 13.07 Collaborate or refer patients to other relevant specialists, as necessary

#### **Major Competence 14 - Management of Pediatric Patients**

The MGD must be able to diagnose, assess, remove and prevent dental caries in pediatric patients. He/She must also be able to treat other oral diseases and dental anomalies in a growing dentition.

Supporting competences:

- 14.01 Describe various oral conditions, periodontal status and caries conditions and their management
- 14.02 Perform oral diagnosis and treatment planning for pediatric patients
- 14.03 Understand the principles of behavioral control
- 14.04 Understand the principles of overall growth and development in relation to dentition
- 14.05 Understand the various medical and developmental conditions that may impose treatment limitation to pediatric patients
- 14.06 Understand the principle of pharmacology in children and principle of medication prescriptions
- 14.07 Collaborate or refer patients to other relevant specialists, as necessary

#### **Major Competence 15 - Management of Trauma in Deciduous and Permanent Dentition**

The 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.

Supporting competences:

- 15.01 Describe and identify various types of traumatic injuries to primary and permanent teeth and their management
- 15.02 Provide appropriate urgent dental treatment of traumatic dental injuries and knowing when to refer to a specialist or medical practitioner based on clinical assessment
- 15.03 Decide on the best choice of treatment modality to control, prevent and

- restore the structural damage
- 15.04 Collaborate or refer patients to other relevant specialists, as necessary

#### **Major Competence 16 - Dental Material Science**

The 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 (attitude instead of competence)
- 16.03 Critically evaluate the validity of claims related to the benefits or advantages of new dental materials with scientific evidence and literature

#### **Major Competence 17 - Special Needs Dentistry**

The MGD must be able to assess and manage patients with special needs, such as complex medical problems, significant physical limitations, developmental disabilities or intellectual impairment.

Supporting competences:

- 17.01 Identify the treatment needs of patients with complex medical, physical, intellectual, psychiatric, psychological, cognitive or behavioural problems and manage oral health problems
- 17.02 Understand how to select and prioritise treatment options and recognize own limitations
- 17.03 Manage patients with proper communication techniques and understanding of the importance of non-dental considerations
- 17.04 Collaborate or refer patients to other health-care providers, as necessary

### **5.3 Domain III - Rehabilitation of Form, Function and Aesthetics**

#### **Major Competence 18 - Fixed Prosthodontic Therapy**

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

Supporting competences:

- 18.01 Evaluate and select natural teeth or residual ridges for restoration with fixed prostheses
- 18.02 Understand and apply the biomechanical principle of fixed prostheses
- 18.03 Prepare teeth and residual ridges to support and retain dental restorations for fixed prostheses, and at the same time, to preserve tooth structure and health of adjacent soft tissues

- 18.04 Use appropriate dental biomaterials to establish anatomical form, function and aesthetics
- 18.05 Fabricate and place biocompatible prostheses for a partially edentulous mouth
- 18.06 Direct and monitor closely the fabrication of fixed prostheses by dental laboratory technician
- 18.07 Collaborate or refer patients to other relevant specialists, as necessary

### **Major Competence 19 - Removable Prosthodontic Therapy**

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

Supporting competences:

- 19.01 Evaluate and select natural teeth or residual ridges for restoration with removable prostheses
- 19.02 Prepare teeth and residual ridges to support and retain removable prostheses
- 19.03 Use appropriate dental biomaterials to establish anatomical form, function and aesthetics acceptable to the patient
- 19.04 Design, fabricate and place biocompatible prostheses for a partially edentulous or edentulous mouth
- 19.05 Direct and monitor closely the fabrication of prostheses by dental laboratory technician
- 19.06 Collaborate or refer patients to other relevant specialists, as necessary

### **Major Competence 20 - Implant Therapy**

The MGD must be able to explain the principles of current dental implant science, identify the risks and benefits of using implant-supported prostheses within the overall holistic treatment. The MGD must also recognize problems arising before, during and after treatment, and make referrals where appropriate.

Supporting competences:

- 20.01 Understand the science of biomaterials, bone physiology, osseointegration, biomechanical characteristics of implants and implant-supported restorations
- 20.02 Discuss implants as one of the restorative alternatives for patients
- 20.03 Assess soft tissue and hard tissue characteristics and explain the complexity of the treatment
- 20.04 Identify patients and situations where implant treatment is contraindicated, that may entail higher risks or a compromised outcome
- 20.05 Recognize the complexity and identify when referral is indicated
- 20.06 Collaborate or refer patients to other relevant specialists, as necessary
- 20.07 Assess, maintain and monitor implant-supported prostheses

### **Major Competence 21 - Aesthetic Dentistry**

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

Supporting competences:

- 21.01 Understand patient needs and demands. Calibrate patient expectation and assess his/her own capability for delivery of service
- 21.02 Assess the gingival, dental, facial and skeletal disharmony and its underlying causes
- 21.03 Keep complete and appropriate records for treatment and medico-legal purposes before during and after treatment
- 21.04 Understand the aesthetic principle and norms
- 21.05 Understand the biology and material science of different esthetic treatment modalities
- 21.06 Direct the fabrication of esthetic restorations and prostheses by a dental laboratory technician with detailed esthetic description
- 21.07 Perform composite, porcelain veneers, all-porcelain intra-and extra-coronal restoration
- 21.08 Collaborate or refer patients to other relevant specialists, as necessary
- 21.09 Understand the principles and precautions of bleaching and perform different forms of bleaching technique on vital and non-vital dentition

#### **5.4 DOMAIN IV - PROFESSIONALISM**

##### **Major Competence 22 - Ethics**

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

Supporting competences:

- 22.01 Practise with personal and professional integrity and ensure responsibility and accountability to the public, the profession and colleagues
- 22.02 Provide humane and compassionate management and care of all patients
- 22.03 Maintain honesty and confidentiality in professional relationships with colleagues, staff and patients
- 22.04 Serve patients, and interact with colleagues and allied dental personnel without discrimination
- 22.05 Identify and describe professional organizations in dentistry and understand their roles in the ethical practices of dentistry
- 22.06 Familiarize with the legal aspects of practicing dentistry and ensure compliance with the laws
- 22.07 Establish a complaint handling protocol

##### **Major Competence 23 - Information Management and Critical Thinking**

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

Supporting competences:

- 23.01 Use current technology to retrieve and organize professional information from all sources
- 23.02 Regularly assess one's knowledge base, and seek additional information to correct deficiencies
- 23.03 Evaluate the validity of claims related to the benefits or advantages of products and techniques
- 23.04 Critically evaluate published clinical and basic science literature and apply the information to manage the oral health of patients
- 23.05 Recognize the responsibility and demonstrate the ability to communicate professional knowledge verbally and in writing
- 23.06 Recognize the value of life-long learning, self-assessment and critical thinking in maintaining competency

#### **Major Competence 24 - Communication**

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

Supporting competences:

- 24.01 Manage patients with empathy
- 24.02 Prepare letters of referral to specialists and other letters to business and legal consultants
- 24.03 Manage anxious and fearful dental patients
- 24.04 Handle and evaluate patient complaints
- 24.05 Demonstrate methods of educating and motivating patients and staff using a comprehensive range of communication techniques
- 24.06 Prepare and deliver a presentation to a group
- 24.07 Communicate with diverse and special populations

### **5.5 DOMAIN V - PRACTICE ORGANISATION**

#### **Major Competence 25 - Infection Control**

The MGD must be able to manage and maintain a safe general practice.

Supporting competences:

- 25.01 Establish a personal and professional philosophy of dentistry which is consistent with his/her goals
- 25.02 Understand and implement appropriate contemporary infection control guidelines and procedures in the practice to prevent the transmission of infectious diseases
- 25.03 Identify the occupational hazards, and manage and maintain a safe work environment with regard to health and safety
- 25.04 Describe principles of risk management and quality assurance
- 25.05 Practice clinical ergonomics, ensure hardware and facility are of quality and accessible to patients

25.06 Protect the confidentiality of patient record and data

**Major Competence 26 - Establishing a Practice and Practice Management**

The MGD must be able to apply sound principles and philosophies in establishing a practice and practice management.

Supporting competences:

- 26.01 Describe considerations for selecting a practice location and factors relating to the establishment of a practice.
- 26.02 Describe the role and selection of various advisors involved in the management of a dental practice such as lawyers, professional indemnity bodies, accountants, dental suppliers, bankers, insurance consultants and management consultants
- 26.03 Implement and monitor protocols which are in compliance with regulations, policies and procedures that ensure the health and safety of patients and staff as well as reduce professional, health and legal risks
- 26.04 Describe professional agreements including associateship, partnership, relationship with dental companies (Refer to DRO Section 12) and space sharing, and describe the legal considerations of each
- 26.05 Use principles and methods of financial management
- 26.06 Use principles and methods of managing patient information, including scheduling, recall, records, data transfers, and insurance
- 26.07 Develop a clinic policy and procedure manual
- 26.08 Compile a clinic operational checklist
- 26.09 Design a quality assurance and assessment program
- 26.10 Develop a marketing strategy

**5.6 Domain VI - Health Promotion**

**Major Competence 27 - Oral Disease Prevention and Oral Health Promotion**

The 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:

- 27.01 Retrieve the most up-to-date dental literature related to evidence-based clinical dental practice
- 27.02 Critically read the dental literature, and applying basic knowledge of survey and research methodologies and the knowledge of statistics in dental research
- 27.03 Apply preventive agents and techniques based on the latest available evidence
- 27.04 Understand the principles of prevention and the determinants of oral health and diseases

- 27.05 Possess sound knowledge of cariology and periodontology, the risk factors, and the preventive strategies
- 27.06 Be aware of any contemporary oral health risks and the corresponding preventive strategies
- 27.07 Possess basic knowledge of communication, motivation and learning theories, and be able to apply such knowledge in motivating different individual patients to a change in behaviour conducive to better oral health

### **Major Competence 28 - Community Involvement**

The MGD should be able to understand the oral health systems, their social impact and the role of dentists in community oral health promotion.

Supporting competences:

- 28.01 Describe different oral health care systems in terms of its structure and organization, manpower training and distribution, and the financing mode
- 28.02 Describe the oral health care system in Hong Kong, e.g., private and public oral health care services, government dental care services, the school dental care service, the role of various non-governmental organizations, and the role of international health organizations
- 28.03 Describe the role of social factors in oral health  
Describe the strategies of community oral health promotion, e.g., building a sound public health policy, creating a supportive environment, strengthening community actions, developing personal skills, and re-orienting health services
- 28.04 Describe the role of legislative and social policy measures in community oral health promotion

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2. Boyd M, Gerrow JD, Chambers DW *et al.* Competencies for Dental Licensure in Canada. *J Dent Educ* 1996; 60: 842-846.
3. Competencies for the New Dentist. Baylor College of Dentistry Dallas, Texas · April 25 1997.
4. A Curriculum for UK Dental Foundation Programme Training. Department of Health , United Kingdom. February 2010
5. General Dental Council. The First Five Years. A Framework for Undergraduate Dental Education. 2<sup>nd</sup> Edition. London: GDC, 2002.



6. Plasschaert AJM, Boyd M, Andrieu S *et al.* Development of Professional Competences. *Eur J Dent Educ* 2002; 6 (suppl. 3):33-44.

## GLOSSARY AND DEFINITIONS

**Acquire.** See **Obtain**

**Appropriate.** This modifying term is often used to signal that special vigilance or professional judgment is required. Since 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 assessments. Assessment entails understanding of relevant theory, and may also entail skills in using specialized equipment or techniques. However, an 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, skills, 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.** Systematically compare 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 in terms that 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 much 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 Skills.** 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, appropriate to the circumstances, no more invasive than necessary, and are legal.

**Practice.** Used to describe a general habit of practice, such as a practice is 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 has accurately evaluated the results and takes the corrective actions if required. 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 risks and necessary precautions and the skills in carrying out the precautions. Since 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 since 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 the determination that an assessment, a diagnosis, or a treatment which is beyond the practitioner's competency is required. 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.

## **Appendix VI - MGD / MRACDS Conjoint Examination**

### **Background**

A memorandum of understanding (MOU) was signed between RACDS and CDSHK to conduct a conjoint examination of the MGD and MRACDS in general stream programs on 1 April 2012.

Extracted from the MOU, it is stipulated as :

### **Conjoint Examination**

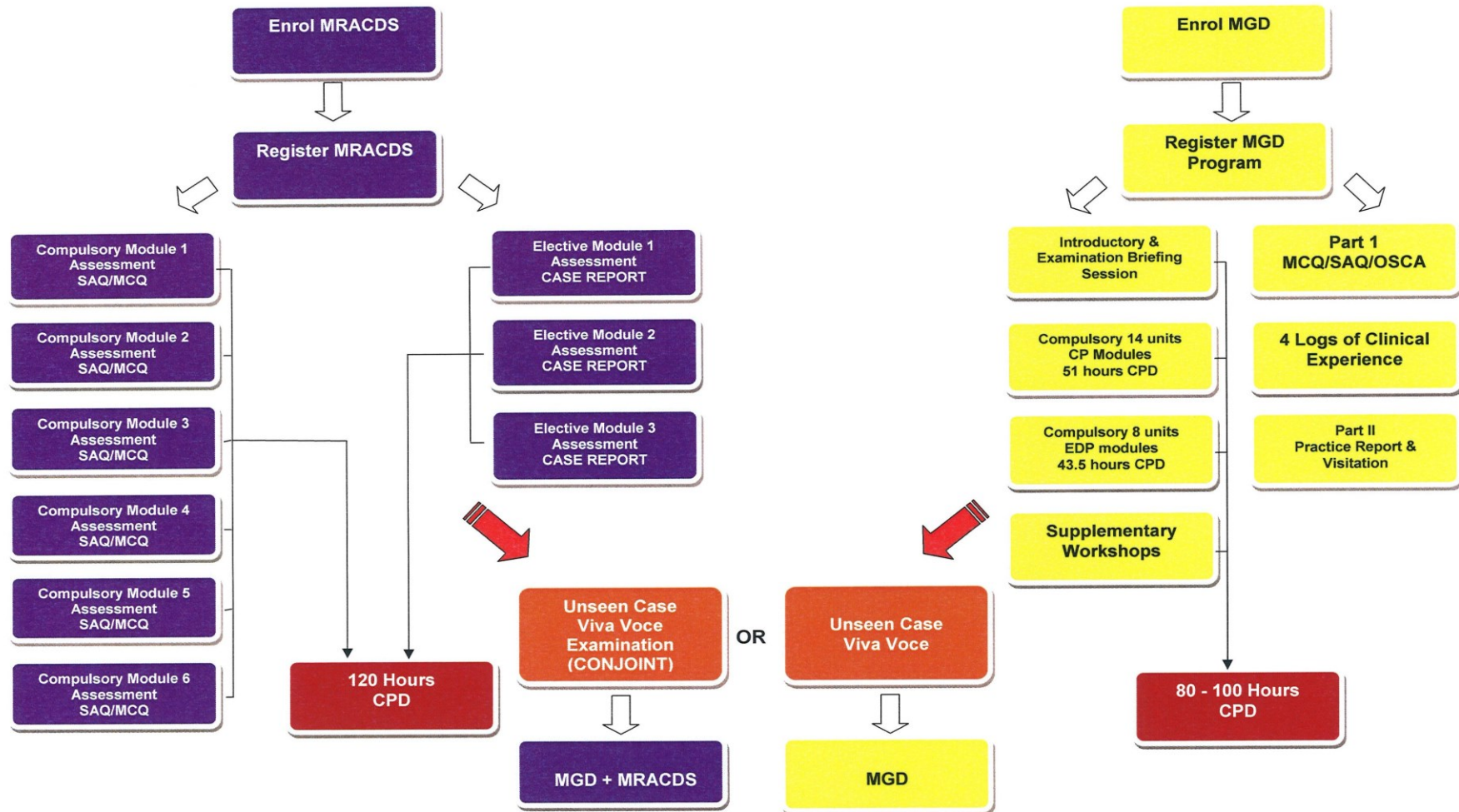
- 1. CDSHK shall, at such intervals as may be agreed between it and RACDS, conduct conjoint membership RACDS/CDSHK examinations in both theory and practice. This arrangement is based on the general dental practice by mutual agreement.*
- 2. The first conjoint examination will be held in 2012, in Hong Kong and shall be offered only to all previously successful MGD holders (2009-2011 diet) and MRACDS holders by full examination. All MGD applicants for this diet must first enroll with RACDS as a conjoint examination candidate, and all MRACDS applicants must first enroll with CDSHK in like manner. They shall then apply to and pay CDSHK the prescribed fee in order to sit the conjoint examination. Any future diets of this conjoint examination shall be subject to further agreement between the two Colleges.*
- 3. Each candidate must fulfill the entry criteria for the conjoint MGD/MRACDS examination by successfully completing all elements of either the MGD training program or the MRACDS program including relevant assessments, examinations and CPD requirements. A letter of standing for all applicants would be required to be provided by each respective College to substantiate the applicant's eligibility.*
- 4. The application forms for the examination together with the candidate's relevant certificates shall be submitted to CDSHK with the examination fee. Certified copies thereof shall be forwarded to the Examination Offices of RACDS. CDSHK shall produce the final candidate list.*
- 5. The Colleges shall agree jointly a minimum number of candidates for each diet of the examination before the agreement that a diet of the examination will take place. A cancellation policy shall be agreed by both parties.*
- 6. The examination paperwork shall reflect that it is a conjoint examination. CDSHK and the RACDS shall simultaneously release the results to their respective candidates.*
- 7. Any complaint or appeal by a candidate in relation to the conjoint examination shall be dealt with under the Complaints and Appeals Procedure of the respective institution through which the candidate applied, CDSHK or RACDS.*

8. *Each successful candidate shall be eligible to apply for the use of the postnominals MGD from CDSHK and use of the postnominals MRACDS from RACDS once admitted and subscribed to the relevant College subject to the original application for examination.*

Notes:

1. The conjoint viva examination center will be in Hong Kong.
2. Candidates must opt for either the MGD or MRACDS program before they attend the conjoint viva examination.
3. It is the candidates' responsibility to check their eligibility of registering their qualifications in the respective countries.
4. It is the candidates' responsibility to attend the required training modules and CPD courses for MGD and MRACDS which are country- specific.
5. The detail arrangements of the examination are subject to change with the mutual agreement of both Colleges.

## MRACDS – MGD FLOW PROCESS & CONJOINT ELIGIBILITY





## **Appendix VII - Termination / Reinstatement of Membership of General Dentistry (MGD)**

(Approved by the College Council on 23 March 2015)

### **TERMINATION OF MGD**

As prescribed by the College of Dental Surgeons of Hong Kong (CDSHK), all MGD holders are required to fulfill the requirement of attaining a minimum of 60 CME/CPD points in each 3-year cycle and to attain a practicing annual certificate from the Dental Council of Hong Kong (DCHK). Please find the details of the above said requirement on Section 5 of the “Guidelines for Accreditation and Training in General Dentistry”. For those who fail to comply with this requirement:

1. their names will be removed from the list of MGD holders of CDSHK, and DCHK will be duly notified, and
2. the MGD qualification should not be published or displayed in print or in any electronic form or format.

In the case that DCHK removes the name of a MGD holder from the list of registered dentists, CDSHK shall concurrently revoke the MGD qualification of the holder concerned.

For related information, please refer to the “Guidelines for Accreditation and Training in General Dentistry”. Full explanation of the General Regulations and Diploma Maintenance can be found in Section 5

### **REINSTATEMENT OF MGD**

1. A person whose MGD has been terminated or has ceased may apply to CDSHK for reinstatement of membership.
2. The CDSHK Council may impose such conditions as it may consider appropriate for reinstatement of membership, including, but not limited to, payment of moneys due to the College and the fulfilment of outstanding required continuing medical education (CME) points.
3. CDSHK has absolute discretion to decide on whether or not to reinstate a person as a member of CDSHK in the category of MGD.

## I. Requirements for Reinstatement

The following guidelines apply to reinstatement applications by ex-Members.

Reinstatement of MGD shall be:

- a) upon payment of fees as determined by the College Council from time to time,
- b) subject to the decision of the College Council regarding CME/CPD and any other requirements, and
- c) at the discretion of the Council.

It is the responsibility of ex-Members applying for reinstatement to provide proof of fulfilment of their CME/CPD requirement. CDSHK **will not** keep and search past CME/CPD records for ex-Members.

## II. Fees Payable upon Application for Reinstatement

	Fees Payable
Reinstatement Fee	HK\$5,000.-
Current Subscription	At current rate
Outstanding Subscriptions and Fees (if any)	At current rate

Notes:

- i) *Resignation must be in written form.*
- ii) *Any subscriptions/fees due and unsettled before removal or notice of resignation will be regarded as outstanding subscriptions/fees.*

## III. Reinstatement Procedures

- a) Application form for reinstatement of MGD (CDSHK) Membership can be obtained from the CDSHK Secretariat upon request.
- b) When an application for reinstatement is received, the CDSHK Secretariat will determine whether the applicant has been a past member of the MGD category and then ask the CME Sub-committee to report on whether the applicant has fulfilled CME/CPD requirements for reinstatement. The applicant will be informed of the contents of the CME Sub-committee report.
- c) The application with the CME Sub-committee's report on the applicant's CME status will be circulated to CGD for consideration. The CGD's recommendation, including whether other conditions (e.g. re-assessment, remedial training) should be imposed will then be put to the College Council for making the final decision. The applicant is required to settle all necessary fees, and provide proof of fulfilment of CME and other reinstatement requirements according to the

prevailing policy. The applicant needs to submit a new Letter of Standing issued by DCHK.

- d) The applicant will be informed once reinstatement is confirmed.