

HKU Faculty of Dentistry

5-Year BDS Curriculum Handbook





FACULTY OF DENTISTRY
UNIVERSITY OF HONG KONG



THE PRINCE PHILIP DENTAL HOSPITAL

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Introduction

Dear Reader

Hong Kong aspires to be a knowledge-based economy and, accordingly, fully implemented its city-wide 3+3+4 curriculum reform in 2012, when the HKU Bachelor of Dental Surgery (BDS) degree became 6 years in duration instead of 5 years, for students entering on the basis of HKDSE examination results. Three essential components of the new curriculum are language provision, a Common Core Curriculum (added to the Professional Core Curriculum), and the use of outcomes-based learning.



For the final cohort of students entering in 2012 on the basis of HKALE results, the BDS degree will continue to last 5 years. The new 5-Year 2012 BDS Curriculum, as outlined in this booklet, continues to fully integrate problem-based learning to foster life-long learning and team skills.

By implementing curricular changes, and while still emphasising collaborative and interactive learning, we can ensure that HKU dental graduates remain among the best prepared worldwide to meet ever-evolving challenges in all aspects of dental practice.

Prof Thomas Flemmig
HKU Dean of Dentistry

*Faculty of Dentistry, The University of Hong Kong
1 July 2014*

5-Year BDS Curriculum Overview

1. **Degree name:** Bachelor of Dental Surgery (BDS)
2. **Awarding institution:** Faculty of Dentistry, The University of Hong Kong (HKU)
3. **Duration:** 5 years, full-time
4. **Credits:**
 - (a) *Compulsory HKU credits (University Requirements):* Common Core Curriculum, 12 credits; English, 6 credits; Chinese, 3 credits.
 - (b) *Disciplinary studies (Professional Core):* total, 321 credits.
5. **Credit system:**
 - (a) 3-credit courses: In general, credits are awarded in multiples of 3, up to a maximum of 33 credits, for a single course comprising 60-90 hours of student learning activity (contact and non-contact, and including assessment periods).
 - (b) 6-credit courses: course study range, 120-180 hours.
6. **“Capstone” experience:** The BDS V Portfolio integrates knowledge across the programme and includes clinical case reports as well as reflection on dental practice visits and the international experience. Assessment is conducted through a group presentation, written reports, and individual viva voce with internal and external examiners.
7. **Clinical skills (BDS I-V):** Practicum in dedicated blocks of time for the development of clinical skills.
8. **Integrative Projects:**
 - (a) *Community Health Project (BDS IV):* Community-based health promotion and research project.
 - (b) *International Clinical Experience (BDS V):* International attachments to dental education or service providers across a variety of institutional settings.
9. **Recognition:** The HKU BDS degree is recognised as a registrable primary qualification by the Dental Council of Hong Kong; degree holders are granted exemption from all parts of the Council’s licensing examination. The BDS is a prerequisite for a number of postgraduate specialties in dentistry.

University Aims and Programme-level Learning Outcomes

Statement of Intent

The intent of the BDS curriculum at the Faculty of Dentistry, The University of Hong Kong, is to educate and train students to join the dental profession in its mission of providing oral health care for the individual and the community in the Hong Kong context.

A dental practitioner should be able to deliver oral health care in an appropriate, competent, ethical, and humane manner. This delivery should be based on an understanding and appropriate application of knowledge of basic sciences; medical, dental, and behavioural sciences; and dental clinical skills. Dentists are expected to contribute to the achievement of the general health of patients by implementing and promoting appropriate oral health management strategies. On graduation, a dentist must have acquired this ability to do so through the achievement of a set of generic competences—abilities essential to enter the dental profession in Hong Kong and to embark on independent, unsupervised dental practice.

The competences, at graduation, are the basic level of professional behaviour, knowledge, and skills necessary for a graduating dentist to respond to the full range of circumstances encountered in general professional practice. This level of performance requires some degree of speed and accuracy consistent with patient well-being. It also requires an awareness of what constitutes acceptable performance under changing circumstances.

On graduation, the dental practitioner should be committed to life-long learning in order to maintain a current knowledge base. This commitment should be developed through the process of learning within the undergraduate dental curriculum.



University Aims

University Aim 1: To enable students to develop capabilities in pursuit of academic/professional excellence, critical intellectual enquiry, and life-long learning

By the end of the BDS programme, students should be able to:

- Access, critique, and synthesise relevant evidence from multiple sources in order to make appropriate clinical decisions for patients' oral health care
- Demonstrate knowledge and understanding of the complex interrelationship between the biomedical, clinical dental, behavioural, and social sciences in oral health care

University Aim 2: To enable students to develop capabilities in tackling novel situations and ill-defined problems

By the end of the BDS programme, students should be able to:

- Identify key issues related to a newly encountered clinical dental situation, activate prior knowledge, and integrate new information in order to manage the situation
- Handle unfamiliar problems in a confident and professional manner

University Aim 3: To enable students to develop capabilities in critical self-reflection, greater understanding of others, and upholding personal and professional ethics

By the end of the BDS programme, students should be able to:

- Evaluate their own and their team's strengths and weaknesses in their professional situation as oral health care providers
- Respond to patients in an empathetic manner, recognising their individual characteristics, perceptions, and emotions



University Aim 4: To enable students to develop capabilities in intercultural understanding and global citizenship

By the end of the BDS programme, students should be able to:

- Identify and respond to the socio-cultural factors that influence oral health in local and international community contexts
- Demonstrate positive attitudes towards people with diverse cultural and social backgrounds when educating patients and other health care personnel about aetiology, prevention, and management of oral diseases and disorders

University Aim 5: To enable students to develop capabilities in communication and collaboration

By the end of the BDS programme, students should be able to:

- Demonstrate the ability to communicate ethically, sympathetically, and effectively with patients, peers, and other health care providers
- Work independently as well as in teams across academic, professional, and clinical contexts

University Aim 6: To enable students to develop capabilities in leadership and advocacy for the improvement of the human condition

By the end of the BDS programme, students should be able to:

- Apply leadership skills in the effective management of oral health care teams
- Contribute to their profession through supporting the work of professional organisations
- Recognise and act upon their responsibility to the community and the profession in working towards improved oral health and general well-being in the community
- Advocate for the recognition of oral health as an integral component of general health and well-being

5-Year BDS Curriculum Structure

The integrated BDS is outcomes- and competency-based, and adopts a problem-based learning (PBL) approach. The problem-based study of basic sciences, medical, dental, and psychosocial sciences relevant to dental practice forms the foundation for and continues alongside the study of clinical dental sciences and professional practice. The majority of learning occurs in small-group environments with a limited number of large-group discussion sessions and workshops.

Structure

The BDS curriculum extends over 5 academic years and is divided into 10 integrated semesters and 9 inter-semester periods. The types of credit-bearing learning experiences include the *Professional Core* and the *University Requirements* (see **Table 1 [page 8]**). The Professional Core consists of the 10 Integrated Semesters, 5 Clinical Skills Blocks, and 2 Integrative Projects. University Requirements include 2 Common Core and 3 Language Enhancement courses. The majority of courses for University Requirements are completed in the first 2 years, with language courses closely integrated with the Professional Core. Research skills are developed in group projects, with opportunities to become involved in Faculty research projects. Final-year electives offer opportunities for international exchange.

Credits awarded range in multiples of 3, up to a maximum of 33 credits, for a single course comprising 60-90 hours of student learning activity (contact and non-contact, and including assessment periods) as the norm for 3-credit courses, but arrangements may differ across learning activities. The Professional Core provides a rich diversity of learning experiences across the BDS years to develop students' relevant knowledge, skills, and attitudes in preparation for professional careers (see **Table 2 [page 14-15]**).

Professional Core

A. Integrated Semesters (18-33 credits)

Problem-based tutorials and interactive workshops foster knowledge building and are integrated with practical applications across a semester. Clinical learning includes demonstrations and simulations, practical classes, ward teaching, and supervised care for patients in both hospital and community contexts. The BDS emphasises early clinical exposure, and the development of psychomotor and oral health care skills increases progressively across the 5 years. In the final year, journal-based learning replaces PBL and provides a transition to further studies and continuing professional education. The Integrated Semesters are assessed through examinations and assignments using a variety of methods (see [Appendix 1 \[page 29\]](#)).

B. Clinical Skills Blocks (3-12 credits)

The Clinical Skills Blocks fall across the second semester and the end-of-year period and provide a dedicated period for clinical contact. Learning activities include case-based learning, workshops on clinical skills, and supervised patient care. Assessment is conducted through 2 to 5 “Key Skills” examinations per year.

C. Integrative Projects (6-9 credits)

Integrative Projects provide an additional opportunity for synthesising and transferring knowledge to new situations both on and off campus. The final-year elective provides an opportunity to experience and learn from different contexts in clinical care and research. Integrative Projects are assessed through written reports (up to 5000 words), logbooks, oral presentations, vivas (~20 minutes), and examinations.

“Capstone” experience: The final-year “Portfolio” represents a culmination of student learning activities, or “Capstone” experience, across the Professional Core (see [Appendix 1 \[page 29\]](#)).

Learning spaces: Multidisciplinary learning takes place during the Professional Core in a variety of learning spaces (see [Appendix 2 \[page 30\]](#)).

Table 1. BDS Curriculum Structure

Year	Professional Core				University Requirements
	Focus	Integrated Semesters [IS]	Clinical Skills Blocks [CSB]	Integrative Projects [IP]	
BDS I	<i>The healthy person and general oral health: A biopsychosocial model</i>	DENT1001 DENT1002	DENT1030		CAES1301 English for Dental Students 1 CAES1302 English for Dental Students 2 Common Core Curriculum (1 Course)
BDS II	<i>Prevention and management of oral diseases</i>	DENT2001 DENT2002	DENT2030		Common Core Curriculum (1 Course)
BDS III	<i>Clinical care for individuals with compromised dentition</i>	DENT3001 DENT3002	DENT3030		CDEN1001 Practical Chinese Language for Dentistry Students
BDS IV	<i>Complex, integrated patient care across the years and communities</i>	DENT4001 DENT4002	DENT4030	DENT4031 Community Health	
BDS V	<i>The dentist into practice</i>	DENT5001 DENT5002	DENT5030	DENT5031 International Clinical Experience	

5-Year BDS Year-level Learning Outcomes

BDS I Learning Outcomes

By the end of Year One, the learner should be able to:

- 1.1 Examine how aberrations in genetics and human physiology may result in disorder and disease.
- 1.2 Explicate the functional biology of the cardiopulmonary and circulatory systems, the blood, and the liver.
- 1.3 Describe and differentiate the functional and biological features of the oral cavity and the head and neck region, and appraise how such features promote and maintain oral/systemic health and function throughout life.
- 1.4 Describe the biological processes involved in cellular differentiation and identify their roles in maintenance of cellular function in the oral cavity, with special emphasis on mineralised tissues.
- 1.5 Demonstrate some ability to perform an oral examination and be able to identify the anatomical structures of the oral cavity and the head and neck region.
- 1.6 Demonstrate basic ability to recognise variations from “normal” oral structures and be able to differentiate and identify aberrations that may indicate disease.
- 1.7 Explain the aetiology and clinical features of plaque-related disease processes and appreciate the events in their resolution and healing.
- 1.8 Have an understanding of preventive care in the management of caries and periodontal diseases and appraise their usage.
- 1.9 Identify the major routes of cross-infection and define the importance of infection control in the oral health care setting.
- 1.10 Explain the principles of epidemiology in relation to the classification of common oral diseases and appreciate how these may inform oral health promotion.
- 1.11 Indicate how attitudes and behaviours may affect oral health.
- 1.12 State the basic roles of oral health care providers and differentiate how they can contribute to the overall well-being of the Hong Kong community.
- 1.13 Identify the oral conditions and oral health care needs of diverse groups within the community, including those requiring special care.
- 1.14 Analyse ill-defined problems through student-centred, collaborative, interactive learning processes.
- 1.15 Demonstrate skills in oral English during discussions in tutorials and be able to deliver a formal presentation in English.
- 1.16 Analyse the complexities and interconnectedness of everyday biomedical and dental issues.

BDS II Learning Outcomes

By the end of Year Two, the learner should be able to:

- 2.1 Explain the anatomy, histology, and physiology of the upper and lower gastrointestinal tract.
- 2.2 Illustrate how diet and nutrition may affect growth and development, tissue homeostasis, and disease in both the oral environment and the body.
- 2.3 Appreciate the use of radiography (chest and abdomen) in medical investigations and its effects on the human body.
- 2.4 Analyse the complexities and interconnectedness of everyday biomedical and dental issues.
- 2.5 Formulate a provisional diagnosis and a treatment plan for the management of caries and periodontal disease from the findings of a clinical examination.
- 2.6 Take intra- and extra-oral radiographs and interpret them for caries and periodontal diseases.
- 2.7 Be able to manage patient anxiety in the oral health care setting using non-pharmacological approaches.
- 2.8 Be familiar with the basic pharmacology, indications, drug interactions (e.g. hypertensive drug), and complications of local anaesthetics used in dentistry.
- 2.9 Explain the aetiology and pathogenesis of dental caries, and be able to carry out the basic assessment and management of dental caries.
- 2.10 Explain the aetiology and pathogenesis of periodontal disease, and be able to carry out the basic assessment and management of periodontal disease.
- 2.11 Apply the principles of caries management in performing operative procedures involving aspects of pulp protection, cavity preparation, and material selection.
- 2.12 Explain how the applied anatomy of dental hard tissues affects operative procedures and the selection and the use of dental materials.
- 2.13 Describe the main interactions and possible hazards between the oral environment and plastic dental materials used in the restoration of teeth.
- 2.14 Choose appropriate treatments for management of the compromised pulp in the permanent dentition and perform preventive, interceptive, or surgical pulpal therapy for such pulps.
- 2.15 Describe the anatomy and physiology related to mastication.
- 2.16 Recognise the aetiology, diagnosis, and management of oro-facial pain.
- 2.17 Assess the spread of infections related to dental origin.
- 2.18 Demonstrate basic skills and knowledge in the assessment and management of trauma and dental infection.
- 2.19 Recognise common oral ulcers and explain the principles of their management.
- 2.20 Comprehend common blood disorders and the biological mechanisms involved in the control of bleeding after tooth extraction.
- 2.21 Apply basic clinical communication skills when interacting with patients and colleagues.
- 2.22 Appraise the issues involved in behaviour modification in the prevention of oral disease.
- 2.23 Identify the principles of the moral and ethical conduct required of an oral health care provider and their relevance in clinical practice.

BDS III Learning Outcomes

By the end of Year Three, the learner should be able to:

- 3.1 Understand systemic diseases and social habits, and explain their impact on oral condition and dental management.
- 3.2 Manage periodontal diseases, describe the role of traditional medicine in periodontal management, and arrange appropriate delegation of procedures to dental hygienists.
- 3.3 Apply the principles of caries formation and perform operative procedures for caries management, including restorations and pulpal treatments in primary dentition.
- 3.4 Explain the actions of the neuromuscular and anatomical components of the masticatory system, and its causes and complications, and perform conservative management of masticatory dysfunction.
- 3.5 Explain the principles of management of traumatised teeth.
- 3.6 Recognise and classify malocclusions, and undertake special investigations and outline treatment options for patients with malocclusion.
- 3.7 Perform non-surgical endodontic therapy for multi-rooted teeth.
- 3.8 Apply the principles of dentoalveolar surgery to assess, investigate, and manage patients requiring tooth extraction.
- 3.9 Explain the indications, biomechanical principles involved in design, construction, and function of removable partial dentures and indirect restorations.
- 3.10 Explain the formation and development of human dental tissues, jaws, and facial structures, and identify common malformations of tooth development.
- 3.11 Explain the aetiology, histopathology, clinical features, and management principles of jaw bone diseases.
- 3.12 Identify the key factors in professional stress and its management, and reflect on personal stress.
- 3.13 Describe the settings for the provision of dental clinics by government and organisations in the Hong Kong SAR.
- 3.14 Identify the regulatory procedures for professional misconduct in the Hong Kong SAR and apply the principles of the moral and ethical conduct in clinical practice.
- 3.15 Demonstrate appropriate writing skills and oral skills in Chinese applicable to the oral health care profession, and be able to read and critique scientific papers on dental topics in Chinese. (For non-native Chinese speakers, appropriate language objectives will be determined on an individual basis.)

BDS IV Learning Outcomes

By the end of Year Four, the learner should be able to:

- 4.1 Summarise the principles of management of patients with special needs.
- 4.2 Evaluate how the anatomical, functional, and biological features of the oral cavity and the head and neck region interact with oral and systemic health throughout life.
- 4.3 Describe the indications and limitations of non-surgical and surgical periodontal therapy.
- 4.4 Explain the biological and biomechanical interactions that may occur between the oral environment and materials used in oral rehabilitation and in tissue regeneration.
- 4.5 Justify the selection and use of appropriate materials for all clinical and laboratory stages associated with the construction and placement of prostheses in patients.
- 4.6 Recognise when tooth wear may give rise to functional and aesthetic difficulties, institute appropriate measures to prevent further loss of tooth substance, and perform simple measures to correct functional deficiencies.
- 4.7 Recognise and manage dental abnormalities.
- 4.8 Evaluate growth of children and manage developing dentitions.
- 4.9 Investigate how the biological and chronological ageing processes affect oral tissues and the delivery of oral health care.
- 4.10 Define the roles of various oral health care providers in the management of patients requiring surgical treatment for oro-facial diseases and conditions.
- 4.11 Plan, organise, and conduct a Dental Public Health *Community Health Project* (as a member of a student group), and present the Project findings.
- 4.12 Clarify and apply the principles involved in the management of an oral health care team.
- 4.13 Discuss the economic and business aspects of oral health care delivery and dental specialisation in the Hong Kong SAR.
- 4.14 Describe the structure and functions of local and international dental organisations and professional bodies.
- 4.15 Define and demonstrate the personal and professional obligations of a dentist, and interpret the potential malpractice issues that may affect oral health care providers in the Hong Kong SAR.

BDS V Learning Outcomes

By the end of Year Five, the learner should be able to:

- 5.1 Critically appraise and deliver comprehensive oral care for a variety of patients within a range of clinical settings.
- 5.2 Explain the measures required in an oral health care delivery environment to manage medically compromised patients and manage emergency situations, and be able to perform cardiopulmonary resuscitation on a resuscitation model.
- 5.3 Explain the principles of in-patient care required by patients undergoing oral and maxillofacial procedures.
- 5.4 Evaluate the risks and benefits of orthodontic treatment.
- 5.5 Defend the benefits arising from a team approach with clinicians from various specialties contributing to the management of complex oro-facial problems.
- 5.6 Explain the principles of the overall management of patients with cleft lip, alveolus, and palate, from birth to adulthood, and the roles of the various oral health care providers.
- 5.7 Assess the oral health care needs for individuals requiring special care (physically and mentally disabled, medically compromised, the frail elderly), perform routine oral health care procedures for such individuals, and deliver effective oral health care education to their carers.
- 5.8 Identify when patients requiring complex dental treatment, including those with medical problems, should be referred to a specialist, and be able to arrange an appropriate referral.
- 5.9 Understand the laws and regulatory mechanisms that govern the practice of dentistry in the Hong Kong SAR.
- 5.10 Survey how the principles of practice management and business aspects of dentistry in relation to oral health care are applied in the dental practice setting.
- 5.11 Differentiate the approaches to learning and clinical care of different dental environments, and appraise how the elective visit resulted in an educationally and personally broadening experience.
- 5.12 Analyse the structure and components of a dental research paper and its research design, and understand fundamental research and statistical terms.

Table 2. BDS Learning Outcomes Map

HKU University Aims	BDS Programme-level Learning Outcomes	Year Learning Outcomes				
		BDS I	BDS II	BDS III	BDS IV	BDS V
Aim 1: To enable students to develop capabilities in pursuit of academic/professional excellence, critical intellectual enquiry, and life-long learning	<ul style="list-style-type: none"> Access, critique, and synthesise relevant evidence from multiple sources in order to make appropriate clinical decisions for patients' oral health care Demonstrate knowledge and understanding of the complex interrelationship between the biomedical, clinical dental, behavioural, and social sciences in oral health care 	1.1 1.2 1.3 1.7 1.8 1.9 1.10 1.11 1.16 2.19 2.20	2.1 2.2 2.3 2.4 2.8 2.11 2.12 2.15 2.16 3.9 3.10 3.11 3.15	3.1 3.2 3.4 3.6 3.8 3.9 3.10 3.11 3.15	4.1 4.2 4.4 4.5 4.6 5.1 5.3 5.4 5.5 5.6 5.7 5.9 5.10 5.12	5.1 5.3 5.4 5.5 5.6 5.7 5.9 5.10 5.12
Aim 2: To enable students to develop capabilities in tackling novel situations and ill-defined problems	<ul style="list-style-type: none"> Identify key issues related to a newly encountered clinical dental situation, activate prior knowledge, and integrate new information in order to manage the situation Handle unfamiliar problems in a confident and professional manner 	1.3 1.4 1.5 1.6 1.10 1.14 1.16 2.13 2.14 2.16 2.17 2.18 2.19	2.4 2.5 2.6 2.9 2.10 2.11 2.12 3.8 3.9 3.10 3.11 3.18 3.19	3.1 3.2 3.3 3.4 3.5 3.6 3.7 3.8 3.9 3.10 3.11 4.11	4.3 4.4 4.6 4.7 4.8 4.11 5.2 5.3 5.6 5.7 5.8	5.1 5.2 5.3 5.6 5.7 5.8
Aim 3: To enable students to develop capabilities in critical self-reflection, greater understanding of others, and upholding personal and professional ethics	<ul style="list-style-type: none"> Evaluate their own and their team's strengths and weaknesses in their professional situation as oral health care providers Respond to patients in an empathetic manner, recognising their individual characteristics, perceptions, and emotions 	1.5 1.7 1.12 1.14 1.16 2.23	2.4 2.5 2.7 2.14 2.18 2.23	3.2 3.4 3.12 3.14 4.15	4.3 4.12 5.6 5.7 5.8 5.9	5.2 5.3 5.6 5.7 5.8 5.10

[Table 2 continued...]

HKU University Aims	BDS Programme-level Learning Outcomes	Year Learning Outcomes				
		BDS I	BDS II	BDS III	BDS IV	BDS V
Aim 4: To enable students to develop capabilities in intercultural understanding and global citizenship	<ul style="list-style-type: none"> Identify and respond to the socio-cultural factors that influence oral health in local and international community contexts Demonstrate positive attitudes towards people with diverse cultural and social backgrounds when educating patients and other health care personnel about aetiology, prevention, and management of oral diseases and disorders 	1.7 1.10 1.11 1.12 1.13 1.16	2.2 2.4 2.9 2.10 2.21 2.22	3.2 3.3 3.6 3.8 3.15 	4.1 4.6 4.7 4.9 4.10 4.11	5.1 5.5 5.7 5.11
Aim 5: To enable students to develop capabilities in communication and collaboration	<ul style="list-style-type: none"> Demonstrate the ability to communicate ethically, sympathetically, and effectively with patients, peers, and other health care providers Work independently as well as in teams across academic, professional, and clinical contexts 	1.5 1.15 1.16 	2.4 2.5 2.7 2.18 2.21 3.6 4.11 2.22 3.14 2.23 3.15	3.2 3.3 3.4 3.8 3.8 4.11 5.7 5.10 5.11	4.1 4.7 4.10 5.5 5.7 5.8 5.8	5.1 5.2 5.5 5.8 5.8 5.8 5.8
Aim 6: To enable students to develop capabilities in leadership and advocacy for the improvement of the human condition	<ul style="list-style-type: none"> Apply leadership skills in the effective management of oral health care teams Contribute to their profession through supporting the work of professional organisations Recognise and act upon their responsibility to the community and the profession in working towards improved oral health and general well-being in the community Advocate for the recognition of oral health as an integral component of general health and well-being 	1.3 1.8 1.9 1.11 1.12 1.13 1.16 	2.2 2.4 2.22 2.23 3.14 	3.1 3.2 3.12 3.13 4.8 4.9 4.10 4.11 4.12 4.13 4.14 4.15	4.1 4.2 4.5 4.6 4.8 5.8 5.9 5.10 5.11	5.1 5.2 5.3 5.5 5.7 5.8 5.9 5.10 5.11

BDS Graduate Competences

In line with the document “Competences for the Hong Kong Dentist” produced by the Dental Council of Hong Kong, the present competency document outlining competences expected of a dentist graduating from the Faculty of Dentistry, The University of Hong Kong, is structured from the general to the more specific for a series of domains (listed below). These domains have been identified as representing the broad categories of professional activity and concerns that are encountered in the general practice of dentistry in Hong Kong.

Domains

The domains of competence are interdisciplinary in orientation and embrace an element of critical thinking. They may apply in differing ways to patients of all ages, including children, adolescents, adults, and the elderly within the population:

- Domain 1:** Professionalism
- Domain 2:** Ethics and Jurisprudence
- Domain 3:** Communication
- Domain 4:** Knowledge Base and Information Handling
- Domain 5:** Patient Assessment and Diagnosis of Disease
- Domain 6:** Treatment Planning
- Domain 7:** Delivery of Oral Health Care
- Domain 8:** Management of Dental and Medical Emergencies and Complications Arising from the Delivery of Oral Health Care
- Domain 9:** Oral Health Promotion and Health Education
- Domain 10:** Oral Health Care in the Community of the HKSAR and China





5-Year BDS Programme Overview

Year	Focus	Integrated Semester I	Integrated Semester II	Clinical Skills Blocks
BDS I	The healthy person and general oral health: A biopsychosocial model	<ul style="list-style-type: none"> The oral environment in health and disease The healthy person: biology, pathology, psychosociology Introduction and preparation for clinics 	One Common Core Course English for Dental Students	<ul style="list-style-type: none"> Oral health awareness Clinical observation and orientation to the dental clinics Clinical and dental technical skills development
BDS II	Prevention and management of oral diseases	<ul style="list-style-type: none"> Oral diagnosis and treatment planning Plaque-related disease prevention and management in adults – theory, observation, and practice Local anaesthesia CPR introduction 	<ul style="list-style-type: none"> Plaque-related disease prevention and management in adults – periodontitis, caries, and pulpitis Clinical Induction: Professionalism, Clinical Communication, and Ethics Radiography 	<ul style="list-style-type: none"> Case-based treatment planning Impression taking and occlusion Wax carving and tooth anatomy Primary care medicine Oral medicine introduction Oral radiology
BDS III	Clinical care for individuals with compromised dentition	<ul style="list-style-type: none"> Management of damaged teeth, tooth loss and tooth crowding – caries management, intra-coronal restorations, endodontics, removable prosthodontics, and tooth extraction Case-based learning and treatment planning – orthodontics Non-surgical periodontal therapy Dental biomaterials 	<ul style="list-style-type: none"> Management of damaged teeth, tooth loss and tooth crowding – endodontics, extracoronal restorations, and tooth extraction Case-based learning and treatment planning – orthodontics Dental biomaterials Medical case-based learning 	<ul style="list-style-type: none"> Integrated and discipline-based clinical practice – Polyclinics and oral & maxillofacial surgery Case-based discussion Occlusal splints Paediatric dentistry Oral radiology
BDS IV	Complex, integrated patient care across the years and communities	<ul style="list-style-type: none"> Integrated and discipline-based clinical practice – Polyclinics, paediatric dentistry, and oral & maxillofacial surgery Fixed prosthodontics (resin-bonded bridges) Dental biomaterials Removable prosthodontics (extensive partial denture) Endodontics update IV sedation and resuscitation Management of medically compromised patients 	<ul style="list-style-type: none"> Integrated and discipline-based clinical practice – Polyclinics, paediatric dentistry, and oral & maxillofacial surgery Fixed prosthodontics (conventional bridge) Dental biomaterials Periodontal surgery Surgical ward and operation theatre observation Medical ward observations Introduction to dental implants Integrated treatment planning Management of medically compromised patients 	<ul style="list-style-type: none"> Integrated and discipline-based clinical practice – Polyclinics and paediatric dentistry Addition, repair, reline Case-based learning and discussion
BDS V	The dentist into practice	<ul style="list-style-type: none"> Comprehensive clinical practice – Polyclinics, paediatric dentistry, and oral & maxillofacial surgery Primary care clinic, dental emergencies Case-based learning and treatment planning – orthodontics Fundamentals of dental research Complete dentures resin-bonded bridge fabrication Advanced oral diagnosis and treatment planning Dental implants 	<ul style="list-style-type: none"> Comprehensive clinical practice – Polyclinics, paediatric dentistry, and oral & maxillofacial surgery Case-based learning and treatment planning – orthodontics Advanced oral diagnosis and treatment planning Dental practice workshop and visits Outreach – Special care Medical emergency management and CPR Endodontic issues Aesthetic Dentistry Advanced oral medicine 	<ul style="list-style-type: none"> Comprehensive clinical practice Case-based learning Oral radiology
Integrative Project: Community Health				
Integrative Project: International Clinical Experience				

Contributing Subject Areas, Faculty of Dentistry	Contributing Departments, Li Ka Shing Faculty of Medicine	
<ul style="list-style-type: none"> Family Dentistry and Endodontics Dental Public Health Oral and Maxillofacial Surgery Operative Dentistry Oral Rehabilitation Orthodontics Paediatric Dentistry Periodontology Dental Materials Science Dental Technology 	<ul style="list-style-type: none"> Anatomy, Biochemistry, Physiology, Microbiology, Pathology, Pharmacology Medicine Surgery Anaesthesiology 	<ul style="list-style-type: none"> Integrated problem & case-based tutorials; practical sessions; subject advisors Subject advisor; ward teaching; medical case-based learning Integrated problem & case-based tutorials; subject advisor; ward teaching Subject advisor

Colour code:
Compulsory University Requirements
Professional Core

Major Competences

Within each domain, one or more “major competence” has been identified as relating to that domain’s sphere or activity. A major competence is the ability of a dentist on graduation to perform or provide a particular, but complex, service or task. This complexity suggests that multiple and more specific abilities are required to support major competence.

Supporting Competences

The more specific abilities could be considered as subdivisions of a “major competence” and are termed “supporting competences”. Achievement of a major competence requires the acquisition and demonstration of all supporting competences related to that particular service or task. However, some supporting competences may also contribute to the achievement of other major competences.

In line with the “Profile and Competences for the Graduating European Dentist—Update 2009” of the Association for Dental Education in Europe, the following definitions have been applied to the competences:

Be competent at: a dentist should on graduation demonstrate a sound theoretical knowledge and understanding of the subject, together with adequate clinical experience, to be able to handle professional situations encountered independently or without assistance.

Have knowledge of: a dentist should on graduation demonstrate a sound theoretical knowledge and understanding of the subject, but need/have only limited clinical/practical experience.

Be familiar with: a dentist should on graduation demonstrate a basic understanding of the subject area or task but need not have clinical experience or be expected to carry out procedures independently.

Domain 1: Professionalism

Major Competence: Professional Attitude and Behaviour

On graduation, a dentist must be competent in a wide range of skills, including investigative, analytical, problem solving, planning, communication, and presentation skills, and in demonstrating a contemporary knowledge and understanding of the broader issues of dental practice. The dentist should understand the relevance of these and many issues, including research, team building, and leadership skills, in clinical dental practice.



Supporting Competences

On graduation, a dentist must:

Competence	BDS I	BDS II	BDS III	BDS IV	BDS V
<i>Be competent at:</i>					
1.1 practising with personal and professional integrity	X	X	X	X	X
1.2 promoting the image of dentistry and the dental profession	X	X	X	X	X
1.3 participating in clinical audits to evaluate critically the outcomes of oral health care delivery			X	X	X
1.4 evaluating critically advances in matters relating to the provision of evidence-based, patient-centred oral health care	X	X	X	X	X
1.5 demonstrating a commitment to life-long learning through continuing education programmes and self-directed learning	X	X	X	X	X
1.6 applying basic principles of practice administration and financial and personnel management in the running of a sound practice that delivers appropriate oral health care to patients			X	X	X
1.7 working effectively with all others in the oral health care team to maintain the highest possible standards of infection control and radiation protection, and in the control of all hazards associated with oral health care delivery, including the appropriate clinical use of dental biomaterials	X	X	X	X	X
<i>Have knowledge of:</i>					
1.8 the importance of his or her own health in relation to occupational hazards and the impact that a dentist's health may have on the ability to practice dentistry	X	X	X	X	X
<i>Be familiar with:</i>					
1.9 the management of a dental practice, including planning, organising, and leading the practice team					X

Domain 2: Ethics and Jurisprudence

Major Competence: Ethical Practice

On graduation, a dentist must display knowledge of the content and have a thorough understanding of the moral and ethical responsibilities involved in the provision of care to individual patients, to populations, and to communities. The dentist must display knowledge of contemporary legislation regulating the practice of dentistry.



Supporting Competences

On graduation, a dentist must:

Competence	BDS I	BDS II	BDS III	BDS IV	BDS V
<i>Be competent at:</i>					
2.1 providing oral health care services to patients with empathy and without discrimination	X	X	X	X	X
2.2 respecting and upholding patients' rights to confidentiality		X	X	X	X
2.3 providing individual patients (or their parents/guardians) with sufficient information, based on sound, current scientific knowledge, in order to obtain informed consent for decisions regarding oral health care delivery		X	X	X	X
2.4 demonstrating an understanding of the regulation of the practice of dentistry in the HKSAR, especially those actions which may render a practitioner open to disciplinary action by the Dental Council of Hong Kong		X	X	X	X
2.5 recognising his or her own limitations in providing oral health care services and knowing when and how to refer patients for appropriate further care		X	X	X	X
2.6 keeping and maintaining accurate and contemporaneous patient records		X	X	X	X
<i>Have knowledge of:</i>					
2.7 the legislative and administrative processes and policies that affect all aspects of dentistry in the HKSAR		X	X	X	X
2.8 the ethical principles relevant to dentistry		X	X	X	X
2.9 the ethical and moral responsibility to be covered by a suitable protection scheme at all times when engaged in any aspect of oral health care delivery		X			X
2.10 the fact that dentists should strive to provide the most appropriate patient care in a variety of circumstances		X	X	X	X
2.11 socio-economic inequities and inequalities in oral health and oral health care	X	X	X	X	X

Domain 3: Communication

Major Competence: Professional Communication

On graduation a dentist must be competent in communicating effectively, interactively, and reflectively with patients, their families, relatives and carers, and with other health professionals involved in their patients' care, irrespective of age, social, and cultural background.



Supporting Competences

On graduation, a dentist must:

Competence	BDS I	BDS II	BDS III	BDS IV	BDS V
<i>Be competent at:</i>					
3.1 showing empathy with patients	X	X	X	X	X
<i>Have knowledge of:</i>					
3.2 behavioural sciences including behavioural factors, such as ethnicity, culture, and gender, that influence oral health status and the delivery of oral health care	X	X	X	X	X
3.3 the intellectual, social-emotional, and language development of children and adolescents				X	X
3.4 the principles of stress management			X		X

Domain 4: Knowledge Base and Information Handling

Major Competence: Application of Basic Biological, Biomedical, Social and Behavioural, and Clinical Sciences

On graduation, a dentist must be competent in applying knowledge and understanding of the basic biological, biomedical, social, and behavioural, and clinical sciences in order to recognise the difference between normal and pathological conditions/disorders relevant to clinical dental practice and understand the bases of these.



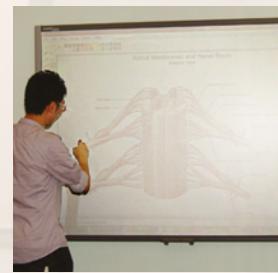
Supporting Competences

On graduation, a dentist must:

Competence	BDS I	BDS II	BDS III	BDS IV	BDS V
<i>Be competent at:</i>					
4.1 applying new knowledge appropriately in oral health care delivery			X	X	X
<i>Have knowledge of:</i>					
4.2 the scientific basis of all aspects of dentistry, dental biomaterials, and other materials used in dentistry		X	X	X	X
4.3 the biological processes in the body, to a sufficient depth relevant to dentistry	X	X	X	X	X
4.4 the cellular and molecular basis of life	X			X	
4.5 systemic disease processes	X	X	X	X	X
4.6 oral manifestations of systemic disease	X	X	X	X	X
4.7 the impact of oral diseases on systemic health				X	X
4.8 the aetiology and pathological processes of oral diseases, in order to facilitate their prevention, diagnosis, and management	X	X	X	X	X

Major Competence: Information Handling

On graduation, the dentist must be competent at demonstrating appropriate information literacy in acquiring and using information from libraries and other databases, and must display the ability to use information in a critical, scientific, and effective manner.



Supporting Competences

On graduation, a dentist must:

Competence	BDS I	BDS II	BDS III	BDS IV	BDS V
<i>Be competent at:</i>					
4.9 using contemporary information technology for documentation, continuing education, communication, management of information, and applications related to oral health care	X	X	X	X	X
4.10 applying experience and scientific knowledge and methods to the management of issues in oral health care	X	X	X	X	X



Domain 5: Patient Assessment and Diagnosis of Disease

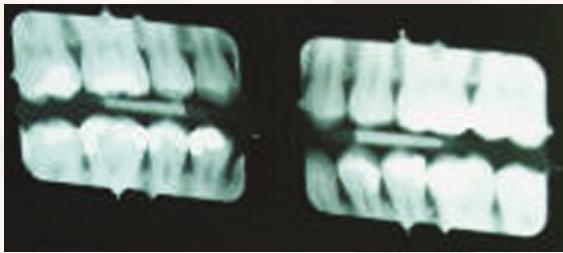
Major Competence: Performing and Recording the Outcomes from a Complete Patient Assessment

On graduation, a dentist must be competent at obtaining and recording a complete history of the patient's medical, oral, and dental status. This will include biological, medical, psychological, and social information in order to evaluate the oral and dental conditions in patients. In addition, the dentist must be competent at performing an appropriate examination, interpreting the findings, and organising further investigations when necessary in order to arrive at an appropriate diagnosis.

Supporting Competences

On graduation, a dentist must:

Competence	BDS I	BDS II	BDS III	BDS IV	BDS V
<i>Be competent at:</i>					
5.1 conducting an interview to elicit medical, dental, and social histories, and behavioural patterns for planning the delivery of appropriate oral health care		X	X	X	X
5.2 understanding how the general health status of the patient may influence oral disease and its management, and how oral conditions may interrelate with the patient's general health		X	X	X	X
5.3 screening for and assessing risk factors for oral diseases		X	X	X	X



Major Competence: Diagnosing Diseases

On graduation, a dentist must be competent in decision-making, clinical reasoning, and judgement in order to develop a differential, provisional, or definitive diagnosis by interpreting and correlating findings from the history, clinical, and radiographic examination and other diagnostic testing, taking into account the social and cultural background of the patient.

Supporting Competences

On graduation, a dentist must:

Competence	BDS I	BDS II	BDS III	BDS IV	BDS V
<i>Be competent at:</i>					
5.4 providing appropriate diagnostic testing, including performing or prescribing radiographic, imaging, histopathological, and microbiological tests		X	X	X	X
5.5 interpreting the results from diagnostic tests or obtaining advice from appropriate experts		X	X	X	X
5.6 recognising oral diseases and oral anomalies, and recording these appropriately		X	X	X	X
5.7 diagnosing prevalent oral diseases and oral conditions		X	X	X	X
<i>Have knowledge of:</i>					
5.8 other methods of medical imaging of relevance to dentistry		X	X	X	X
5.9 appropriate clinical laboratory and other diagnostic procedures and tests, and their diagnostic reliability and validity, as well as the interpretation of the results		X	X	X	X
<i>Be familiar with:</i>					
5.10 recognising signs of patient abuse and neglect and knowing how to report as required to the appropriate legal authorities		X	X	X	X
5.11 the principles that underlie dental radiographic techniques	X	X	X	X	X



Domain 6: Treatment Planning

Major Competences

A dentist must be competent at formulating and recording a treatment plan that meets the needs and demands of patients. For treatments that are beyond his or her skills, a dentist should be competent to be able to refer patients for appropriate further opinion(s) and/or treatment.

Supporting Competences

On graduation, a dentist must:

Competence	BDS I	BDS II	BDS III	BDS IV	BDS V
<i>Be competent at:</i>					
6.1 establishing comprehensive treatment plans to promote oral health and to prevent and to manage oral diseases and oral conditions, taking into account risk factors and dealing with modifiable risk factors		X	X	X	X
6.2 obtaining consent for all treatment planned		X	X	X	X
6.3 referring patients with obvious or suspected systemic disease not under current management		X	X	X	X
6.4 referring patients with oral and maxillofacial diseases and conditions that are beyond the competency of the dental practitioner		X	X	X	X
6.5 evaluating treatment outcomes during care and modifying further treatment interventions accordingly		X	X	X	X
<i>Have knowledge of:</i>					
6.6 the role of and indications for the use of sedation in the management of adult and young anxious or uncooperative patients		X		X	X
<i>Be familiar with:</i>					
6.7 the role dental implant therapy may play in the management of appropriate patients				X	X

Domain 7: Delivery of Oral Health Care

On graduation, it is expected that newly qualified dentists are in a position to enter the dental profession and to commence their practising life in the delivery of oral health care, but newly qualified dentists should at all times be aware of their limitations and should know when and how to consult others and to refer patients for aspects of dental or medical care as may be indicated.



Major Competences

On graduation, a dentist must:

Competence	BDS I	BDS II	BDS III	BDS IV	BDS V
<i>Be competent at:</i>					
7.1 providing delivery of oral health care in such a way that unnecessary discomfort, pain, anxiety, and suffering for all involved are avoided		X	X	X	X
7.2 removing calculus, plaque, and stains from teeth, using powered and hand instrumentation		X	X	X	X
7.3 managing carious tooth tissue and restoring teeth to function		X	X	X	X
7.4 managing non-carious tooth tissue loss and restoring teeth to function		X	X	X	X
7.5 selecting and using materials appropriately in the delivery of oral health care		X	X	X	X
7.6 managing pulpal pathology and performing non-surgical primary endodontic therapy		X	X	X	X
7.7 performing extraction of teeth, using dental forceps and elevators		X	X	X	X
7.8 performing surgical extraction of tooth roots and simple impacted wisdom teeth			X	X	X
7.9 discussing with patients the indications for and the means of performing basic periodontal access surgery and surgical endodontic therapy				X	X
7.10 managing non-neoplastic oral mucosal diseases or referring for care as appropriate		X	X	X	X
7.11 prescribing and administering medications in the delivery of oral health care		X	X	X	X
7.12 assessing malocclusions, managing minor dentoalveolar abnormalities, and arranging appropriate referrals for orthodontic therapy			X	X	X
7.13 managing occlusal problems and temporomandibular disorders and/or arranging appropriate referrals		X	X	X	X
7.14 replacing missing teeth (and supporting tissue) where appropriate, by means of fixed or removable prostheses			X	X	X
7.15 knowing where and when dental implants may be indicated, discussing implant treatment options with patients, and arranging referral as required for implant treatment					X
7.16 managing peri-implant biological complications or referring as required for further care				X	X

Domain 8: Management of Dental and Medical Emergencies and Complications Arising from the Delivery of Oral Health Care

In general, oral health care delivery is concerned with the management of the major oral diseases, most of which are chronic, but emergency situations can arise owing to acute oral diseases or conditions, as a consequence of trauma, or as a result of complications of dental treatment. In the course of dental treatment, medical emergencies may occasionally arise.



Major Competence: Management of Emergency Situations

On graduation, dentists must be competent in the management of dental and medical emergencies.

Supporting Competences

On graduation, a dentist must:

Competence	BDS I	BDS II	BDS III	BDS IV	BDS V
<i>Be competent at:</i>					
8.1 delivering basic life support and arranging appropriate assistance for the management of emergency situations that may arise during or as a result of the delivery of oral health care		X	X	X	X
8.2 managing emergencies encountered in dental practice, such as controlling, or arranging appropriate referral for arrest of, haemorrhage in the oral region; managing, or arranging appropriate referral for the management of, acute oral infections; and managing, or arranging appropriate referral for the management of, dentoalveolar and maxillofacial trauma		X	X	X	X
8.3 rendering, or arranging appropriate referral for, effective relief of dental, oro-facial, and temporomandibular pain		X	X	X	X
8.4 managing, or arranging appropriate referrals for the management of, complications which may arise from the delivery of oral health care		X	X	X	X



Domain 9: Oral Health Promotion and Health Education

Major Competence: Improving Oral Health of Individuals, Families, and Groups in the Community

On graduation, dentists must be competent in educating patients and other health care personnel appropriately about the aetiology and prevention of oral diseases and disorders, encouraging patients themselves to assume responsibility for maintaining a healthy oral environment, and instructing them in specific habits that promote oral health and those that threaten oral health.

Supporting Competences

On graduation, a dentist must:

Competence	BDS I	BDS II	BDS III	BDS IV	BDS V
<i>Be competent at:</i>					
9.1 performing dental treatment and care in such a way that promotion and maintenance of oral health is facilitated		X	X	X	X
9.2 providing effective health education, especially in, but not necessarily restricted to, matters pertaining to the promotion of oral health, for individuals and groups		X	X	X	X
9.3 providing appropriate dietary advice		X	X	X	X
9.4 providing appropriate oral hygiene instructions		X	X	X	X
9.5 providing appropriate advice on smoking cessation, or referring smoking patients for assessment for smoking cessation	X	X	X	X	X
9.6 providing appropriate advice on the use of fluorides in the prevention and control of dental caries		X	X	X	X
<i>Have knowledge of:</i>					
9.7 the complex interactions between oral health, general health, and social, cultural, and environmental factors	X	X	X	X	X

Domain 10: Oral Health Care in the Community of the HKSAR and China

Major Competence: Entering the Dental Profession to Serve the People of Hong Kong

On graduation, a dentist must be able to be a worthwhile addition to the oral health care workforce serving the people of Hong Kong to improve their general and oral health and well-being through his or her contributions within the oral health care delivery framework in Hong Kong.

Supporting Competences

On graduation, a dentist must:

Competence	BDS I	BDS II	BDS III	BDS IV	BDS V
<i>Have knowledge of:</i>					
10.1 the oral and general health care delivery systems in the HKSAR and the strengths and weaknesses of these systems		X	X	X	X
10.2 the oral health status, and the determinants of oral health and disease, in the population of the HKSAR		X	X	X	X
10.3 the oral health care demands of the community within the HKSAR and appropriate responses		X	X	X	X
<i>Be familiar with:</i>					
10.4 the oral health situation in the rest of China				X	X
10.5 the oral health status of the countries of the region				X	X



Appendix 1. Indicative Range of Assessment Tasks*

Assessments	Length	Professional Core	BDS I	BDS II	BDS III	BDS IV	BDS V
Examinations							
PBL Triple Jump Assessment: • Written paper • Tutorial performance • Structured viva	• 2-3 hrs • 15 mins	IS	X				
Extended response, modified essays	2-3 hrs	IS/IP	X		X	X	
Case scenarios (short answer)	3 hrs	IS		X		X	X
Objective Structured Clinical Assessment (OSCA)	3 hrs	IS		X		X	X
Clinical Key Skills	2-5 per year	CSB	X	X	X	X	X
Mini cases (written papers)	2 hrs	IS			X		
Clinical practice (short answer, case-based with clinical materials)	3 hrs	IS			X	X	
Viva	20 mins	IS/IP					X
In-class							
PBL tutorial performance	Continuous	IS	X	X	X	X	
Clinical performance	Continuous	IS/CSB		X	X	X	X
Assignments							
Operative technique critique (written report)	2000 words	IS		X			
Group project (oral presentation, written report)	20 mins / 3000-5000 words	IP				X	
Capstone Portfolio: • International Clinical Experience (oral presentation and written report) • Patient Care Synopses (written reports) • Dental Practice Visits (written report)	20 mins / 1000-4000 words each	IS/IP					X

IS = Integrated Semesters, IP = Integrative Projects, CSB = Clinical Skills Blocks

* Subject to review

Appendix 2. Spaces of Learning in the BDS Curriculum

Multidisciplinary learning takes place during the BDS curriculum, in:

1. The Prince Philip Dental Hospital:

- Problem-based Learning Suite: *Inquiry-based learning*
- Virtual Reality (Haptics) Training Unit, Simulation Laboratory, and Dental Technology Laboratory: *Operative skills development*
- Polyclinics and Discipline clinics: *Provision of comprehensive dental care to patients under the supervision of experienced clinical tutors*
- Blended learning: *Virtual resources and online support*



2. Supporting clinical venues in Hong Kong:

- HKU Li Ka Shing Faculty of Medicine: *Practical classes and case-based learning*
- Government clinics, hospitals, and private dental practices: *Structured observations*
- Hong Kong communities: *Community Health Projects*

3. International universities and dental clinics:

- Visiting dental schools and research institutions
- Supporting communities in need



Appendix 3. Additional Information and Resources

Useful website links and documents

(a) HKU Faculty of Dentistry

- Undergraduate Programme

http://facdent.hku.hk/learning/ug_welcome.html



- 5-year BDS Curriculum Overview

http://facdent.hku.hk/learning/ug_5_year_BDS.html



- “Introduction to Problem-based Learning”

http://facdent.hku.hk/docs/PBL_FacDentHKU_2008.pdf



- “Studying Dentistry in Hong Kong”

<http://facdent.hku.hk/docs/DentistryinHK.pdf>



- Centre for Innovation in Dental Education (CIDE)

http://www.dental.hku.hk/learning/cide_index.html



- HKU Dental Society (HKU Students’ Union)

<http://www.dentsoc.hkusu.hku.hk>



- Dental Public Health Committee (HKU Dental Society)

<http://www.dentsoc.hkusu.hku.hk/DPHC>



(b) The University of Hong Kong

- HKU Teaching and Learning

<http://tl.hku.hk>



- HKU Common Core Curriculum

<http://commoncore.hku.hk>



- HKU Centre of Development and Resources for Students

<http://cedars.hku.hk>



- Hong Kong University Students’ Union

<http://www.hkusu.org>



Notes

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Printed in Hong Kong. Revised, online version, July 2014.

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