

## *The CPD Programme for Practising Dentists*

The current cycle of “Continuing Professional Development (CPD) Programme for Practising Dentists” starts from 1 January 2008, and continues to be on a voluntary basis.

### Length of the CPD cycle

The current CPD cycle is of 3 years, starting on 1 January 2008 and ending on 31 December 2010.

### Target participants

All registered dentists, as well as those deemed to be registered but excluding those on the overseas list, are welcomed to enrol in the CPD Programme.

Fellows of the HKAM who have fulfilled the HKAM CME/CPD requirements will be regarded as having met the CPD requirements of the Dental Council.

### The CPD Programme

The CPD Programme is based on a “credit point system” with CPD points awarded for participation in recognized CPD activities. A minimum of 45 CPD points have to be accumulated during the 3-year cycle. Details of the Programme are set out in the guidelines at [Annex I](#).

Dentists who have already enrolled in the CPD Programme of the previous cycle are not required to enrol again. However, should they decide not to participate in the CPD Programme or wish to change to another Programme Administrator, they should inform their existing Programme Administrator so that arrangement can be made accordingly. For new enrollees who intend to join the CPD Programme, they should enrol with ONE of the [CPD Programme Administrators](#) accredited by the Council. CPD points will be awarded for CPD activities completed during the cycle. The CPD Programme Administrators are responsible for vetting, documenting and calculating the CPD scores for dentists enrolled with them. The Programme Administrators will have their own fee structure for their service.

CPD points are awarded for CPD activities conducted by accredited CPD Programme Providers. Additional organizations may be accredited as CPD Programme Providers, and the updated list of Programme Providers is published on the website of the Dental Council at [www.dchk.org.hk](http://www.dchk.org.hk). CPD points will NOT be awarded for activities organized by organizations other than the accredited [CPD Programme Providers](#), unless prior accreditation has been given by the accredited [CPD Programme Accreditors](#).

Dentists enrolled in the CPD Programme are required to sign the standard attendance forms (sample at [Appendix IVa](#) and [Appendix IVb](#) of [Annex I](#) for Speakers/Chairpersons and Participants respectively) for each CPD activity. On completion of the activities, CPD Providers shall forward the completed attendance forms to the 3 CPD Administrators for recording of CPD points, and issue attendance certificates to the dentists concerned for retention. If for any reasons a participating

dentist has not signed the attendance form, he should forward a copy of his attendance certificate to his CPD Administrator directly for recording purpose.

#### Use of personal data for dissemination of CPD programme materials

The CPD Programme Administrator will pass the names and addresses of new enrollees to the CPD Programme Providers for use in dissemination of CPD programme materials, unless the enrollees have informed their Programme Administrators to the contrary.

Dentists who have not joined the CPD Programme but wish to receive information on CPD activities may make a request to the Dental Council by completing the attached proforma at [Annex II](#), in which case the Council will provide their names and addresses to the CPD Programme Providers for use in dissemination of CPD programme materials.

Dentists who have not enrolled in the CPD Programme or have not forwarded the consent proforma to the Dental Council may also receive CPD programme materials from professional bodies or institutes which have included their names in their distribution lists (e.g. as members of the institute or former participants of its CME/CPD activities).

Dentists already enrolled in the CPD Programme need not complete the proforma as their data have already been passed to the accredited CPD Programme Providers.

#### Review of the CPD Programme

The effectiveness and acceptability of the overall CPD Programme will be reviewed by the Dental Council as and when necessary.

#### Enquiries

Enquiries on the CPD Programme should be directed to the respective CPD Programme Administrators. Where necessary, the Programme Administrators would contact the Dental Council for advice.

Dental Council of Hong Kong  
January 2008

# THE DENTAL COUNCIL OF HONG KONG

## **Principles and guidelines on Continuing Professional Development (CPD) Programme for Practising Dentists**

*(as at September 2007)*

### 1. **Purpose**

The purpose of the CPD Programme for Practising Dentists is to encourage dentists to keep themselves up-to-date about current development in knowledge and skills in various fields of professional practice with an aim to maintain quality professional practice.

### 2. **Supervision of the Programme**

- (a) The Dental Council of Hong Kong has approved a certification programme of CPD for practising dentists. This programme is based on a “Credit Point System” with credit points awarded for participation in CPD activities. A Certificate of Continuing Professional Development is awarded to enrolled dentists after successful completion of CPD assessment within a cycle.
- (b) A CPD Accreditation Committee has been appointed by the Dental Council to carry out the executive functions of implementing the CPD Programme.
- (c) For accreditation by the CPD Accreditation Committee, activities such as symposia, conferences, scientific meetings, panel discussion, workshop etc. have to be organized by accredited CPD Programme Providers (list at [Appendix I](#)) conducted by specialists or experts related to the field. Individual CPD activities not provided by the accredited CPD Programme Providers should receive prior accreditation by the accredited CPD Programme Accreditors (list at [Appendix II](#)).
- (d) Upon prior accreditation by the CPD Programme Accreditors, regularly held activities of dentist-groups with attendance of a minimum of 5 dentists will be recognized as CPD activities. These include journal meetings, case presentations, X-ray meetings, clinical pathological meetings, audio-visual viewing sessions and invited talks/presentations.
- (e) A dentist should enrol with only ONE CPD Programme Administrator (list at [Appendix III](#)) at any one time. He can carry forward his earned CPD credit points from one CPD Programme Administrator to another CPD Programme Administrator in case he elects to make such a change. The former CPD Programme Administrator should provide necessary documentary evidence to the dentist concerned to facilitate his registration with the new Programme Administrator upon request.
- (f) Dentists enrolled in the CPD Programme are required to sign on the standard attendance forms (sample at [Appendix IVa](#) and [IVb](#) for Speakers/Chairpersons and Participants respectively) as provided by CPD Programme Providers for each CPD activity. On completion of the activities, CPD Providers shall forward the completed attendance forms to the 3 CPD Administrators for recording of CPD points, and issue attendance certificates to the dentists

concerned for their retention. If for any reasons a participating dentist has not signed in the attendance form, he should forward a copy of his attendance certificate to the CPD Administrator direct for recording purpose.

- (g) All registered dentists on the Specialist Register who have fulfilled CPD requirements set out by the Hong Kong Academy of Medicine will be regarded as having met the CPD requirement of the Dental Council.

### 3. **Classification**

CPD activities are classified according to the principles laid down by the Dental Council into the following categories:

- (a) Active CPD
- (b) Receptive CPD
- (c) Self-study
- (d) Publications
- (e) Postgraduate Studies

### 4. **The Cycle**

- (a) A cycle of CPD assessment normally consists of three years or a specified period as determined by the Dental Council.
- (b) The next cycle starts on 1 January 2008 and ends on 31 December 2010, i.e. 3 years.
- (c) All registered dentists, as well as those deemed to be registered but excluding those on the overseas list, are encouraged to enrol.
- (d) Enrolled dentists are encouraged to submit documentary proof of the CPD activities to CPD Programme Administrators, such as transcripts of postgraduate courses taken, photocopies of published activities, or documentation of self-study programme, attendance certificates (if necessary) etc., for assessment throughout the year.

### 5. **The Credit Point System**

- (a) CPD points are given and accumulated for the various accredited CPD activities in which the enrollees participate.
- (b) CPD points would be awarded based on the number of hours involved in a CPD activity, excluding tea breaks and meals.
- (c) A minimum of 45 CPD points has to be accumulated over a CPD cycle, and an average of 15 CPD points per year should be aimed at during the 3-year cycle commencing 1 January 2008.
- (d) For dentists who are first registered with the Council after the commencement of the CPD cycle, they may enrol in the CPD programme in the middle of the CPD cycle with the CPD requirement calculated on a pro-rata basis, or a minimum of 15 CPD points by the end of the cycle, whichever is the greater.

6. **Allocation of credit points for CPD activities**

**(a) Active CPD**

- (i) Active participation as speaker, chairman, panelist or presenter in any accredited CPD activities ( 2 CPD points/hour ).
- (ii) Participation as teacher / trainer in formal and didactic undergraduate and post-graduate courses ( 2 CPD points/hour and up to a maximum of 10 CPD points a year).
- (iii) Participation in hands-on clinical or laboratory courses as trainers ( 2 CPD points/hour ).

**(b) Receptive CPD**

- (i) Receptive participation as recipients in any accredited CPD activities ( 1 CPD point/hour ).
- (ii) Participation in courses lasting for not less than 2 days ( 1 CPD point/hour and up to a maximum of 10 CPD points a year ).
- (iii) Participation in hands-on clinical or laboratory courses ( 1.5 CPD points/hour ).

Participation in both active and receptive manner will be allocated CPD points accordingly. To illustrate, a speaker who speaks for 1 hour and sits as audience for 2 hours at the same meeting will be given 2 CPD points for his active participation in addition to the 2 CPD points for his 2-hour receptive participation.

**(c) Self-study**

- (i) Self-study programme includes self-assessment programme accredited by local dental organizations, colleges and overseas professional bodies that have been accredited by the CPD Programme Accreditors. CPD points of each course will be assessed individually and a maximum of 5 CPD points can be awarded for self-study programme per year.
- (ii) 1 CPD point should be awarded per paper.
- (iii) A standard form with guidelines is at [Appendix V](#) for use by dentists taking part in self-study CPD activities. The applicants should submit the completed form, together with a copy of the paper read, for assessment by the CPD Programme Accreditors via the relevant CPD Programme Administrators.
- (iv) Network educational programme, organized distance-learning, diploma courses etc., with prior approval given by the CPD Programme Accreditors, will be given CPD points upon individual application.

**(d) Publication**

- (i) Publication includes papers of clinical and/or academic interest published in professional journals, books and newsletters of professional bodies that have been accredited by the CPD Programme Accreditors ; CPD points will be given upon individual application and a maximum of 15 CPD points should be awarded under this category per year.
- (ii) 5 CPD points should be awarded to the chief/principal author ; a copy of the publication should be provided.
- (iii) 2 CPD points should be awarded to each co-author ; a copy of the publication should be provided.

**(e) Postgraduate Studies**

Dentists undergoing full-time PhD, master, postgraduate diploma or advanced diploma programmes of the Faculty of Dentistry of the University of Hong Kong are awarded 15 CPD points per year. Part-time students of the above programmes will be awarded 10 CPD points per year.

**(f) Maximum allocation of CPD credit points**

The maximum allocation for any single CPD activity is 15 CPD points.

**(g) Calculation method**

- (i) CPD activities are to be accredited on a 0.5 CPD point basis, e.g. a dentist taking part in a CPD programme lasting for 2½ hours would be awarded 2.5 CPD points on completion of the programme.
- (ii) Time spent in a CPD activity should be rounded up for calculation purpose, e.g. duration of a 20-minute CPD activity would be rounded up to ½ hour in calculating the credit points, 40 minutes be rounded up to 1 hour, 2¼ hours be rounded up to 2½ hours, etc.

**7. Evaluation of the CPD Programme**

To facilitate the gathering of feedbacks from dentists participating in the CPD activities and a uniform standard for evaluation, participants of the CPD activities will be given a standard questionnaire form (copy at [Appendix VI](#)) by the CPD Programme Providers for completion at the end of each CPD activity.

**8. Award of certification upon satisfactory completion of CPD Assessment**

Enrollees who accumulate not less than the required minimum CPD points are eligible for the issue of a CPD Certificate to certify that they have achieved a satisfactory level of CPD activities over the CPD cycle.

**THE DENTAL COUNCIL OF HONG KONG**

**List of Continuing and Professional Development (CPD)**

**Programme Providers**

*(as at September 2007)*

1. The College of Dental Surgeons of Hong Kong
2. Hong Kong Dental Association
3. Department of Health
4. Faculty of Dentistry, the University of Hong Kong
5. Hong Kong Association of Oral and Maxillofacial Surgeons
6. Hong Kong Society of Orthodontists
7. Hong Kong Endodontic Society
8. Hong Kong Society of Periodontology
9. Hong Kong Society of Paediatric Dentistry
10. Hong Kong Prosthetic Dentistry Society
11. Hong Kong Society of Hospital Dentistry
12. Hong Kong Society of Oral Implantology
13. Hong Kong Society of Sedation and Anaesthesia in Dentistry
14. Hong Kong Society of Family Dentistry

**THE DENTAL COUNCIL OF HONG KONG**

**List of Continuing and Professional Development (CPD)**

**Programme Accreditors**

*(as at July 2005)*

1. The College of Dental Surgeons of Hong Kong
2. Hong Kong Dental Association

**THE DENTAL COUNCIL OF HONG KONG**

**List of Continuing and Professional Development (CPD)**  
**Programme Administrators**  
*(as at July 2005)*

1. The College of Dental Surgeons of Hong Kong
2. Hong Kong Dental Association
3. Department of Health  
*(for dental officers of the Department of Health only)*

## CME/CPD Programme Attendance Form (For Speakers and Chairpersons)

Page No. 1 of    

Date : \_\_\_\_\_ Time : (From) \_\_\_\_\_ (To) \_\_\_\_\_ CDSHK Reply Form No. : \_\_\_\_\_

Title of Meeting : \_\_\_\_\_

Organiser : \_\_\_\_\_

Contact Person : \_\_\_\_\_ Contact Phone No.: \_\_\_\_\_ Fax No. : \_\_\_\_\_

Credits :	<b>CDSHK</b> (CME/CPD Points)  _____	<b>Category</b> (Please ✓) A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	<b>DCHK</b> (CPD Points)  _____	<b>Category (Pls circle)</b> ComDent / Endo / FamDent / OMS / Ortho / PaeDent / Perio / Prostho / Mis Dental topics	<b>HKDA</b> (CPD Hours)  _____
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\*Please return the attendance form to the administrator **within 2 weeks** after the meeting.

Name of Speaker / Chairperson (In Full Name with BLOCK Letters)	Please circle one	No. of Hours	Dental Council Registration No. (If Applicable)	CDSHK Programme		DCHK Programme			Signature
				Fellows or Specialists	MGD	CDSHK (Non-Fellows)	HKDA	DH	
				Please ✓ one only					
1.	Speaker								
	Chairperson								
2.	Speaker								
	Chairperson								
3.	Speaker								
	Chairperson								

(Please make photocopies of this form whenever necessary)

For automatic accreditation of CME/CPD credits, please return the completed form to the respective CPD Administrator :

College of Dental Surgeons of Hong Kong, Fax. No.: (852) 2873 6731

Dental Services, Dept. of Health, Fax. No.: (852) 2573 0518

Hong Kong Dental Association Ltd., Fax. No.: (852) 2529 0755

## *CME/CPD Programme*

### **Attendance Form (For Speakers and Chairpersons)**

Event Date : \_\_\_\_\_ Page No. 2 of \_\_\_\_\_

Name of Speaker / Chairperson (In Full Name with BLOCK Letters)	Please circle one	No. of Hours	Dental Council Registration No. (If Applicable)	CDSHK Programme		DCHK Programme			Signature
				Fellows or Specialists	MGD	CDSHK (Non-Fellows)	HKDA	DH	
				Please ✓ one only					
4.	Speaker								
	Chairperson								
5.	Speaker								
	Chairperson								
6.	Speaker								
	Chairperson								
7.	Speaker								
	Chairperson								
8.	Speaker								
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9.	Speaker								
	Chairperson								
10.	Speaker								
	Chairperson								
11.	Speaker								
	Chairperson								
12.	Speaker								
	Chairperson								
13.	Speaker								
	Chairperson								
14.	Speaker								
	Chairperson								

(Please make photocopies of this form whenever necessary)

For automatic accreditation of CME credits, please return the completed form to the respective CME Administrator:

The College of Dental Surgeons of Hong Kong, Fax. No.: (852) 2873 6731

Dental Services, Dept. of Health, Fax. No.: (852) 2573 0518

Hong Kong Dental Association Ltd., Fax. No.: (852) 2529 0755

## CME/CPD Programme Attendance Form (For Participants)

Page No. 1 of     

Date : \_\_\_\_\_ Time : (From) \_\_\_\_\_ (To) \_\_\_\_\_ CDSHK Reply Form No. : \_\_\_\_\_

Title of Meeting : \_\_\_\_\_

Organiser : \_\_\_\_\_

Contact Person : \_\_\_\_\_ Contact Phone No.: \_\_\_\_\_ Fax No. : \_\_\_\_\_

Credits :	<p style="text-align: center;"><b>CDSHK</b> (CME/CPD Points)</p> <p>_____</p>	<p style="text-align: center;"><b>Category</b> (Please ✓)</p> <p style="text-align: center;">A <input type="checkbox"/></p> <p style="text-align: center;">B <input type="checkbox"/></p> <p style="text-align: center;">C <input type="checkbox"/></p>	<p style="text-align: center;"><b>DCHK</b> (CPD Points)</p> <p>_____</p>	<p style="text-align: center;"><b>Category (Pls circle)</b></p> <p>ComDent / Endo / FamDent / OMS / Ortho / PaeDent / Perio / Prostho / Mis Dental topics</p>	<p style="text-align: center;"><b>HKDA</b> (CPD Hours)</p> <p>_____</p>
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\*Please return the attendance form to the administrator **within 2 weeks** after the meeting.

Name of Participant (In Full Name with BLOCK Letters)	Dental Council Registration No. (If Applicable)	CDSHK Programme		DCHK Programme			Signature
		Fellows or Specialists	MGD	CDSHK (Non-Fellows)	HKDA	DH	
		Please ✓ one only					
1.							
2.							
3.							

(Please make photocopies of this form whenever necessary)

For automatic accreditation of CME credits, please return the completed form to the respective CME Administrator:

The College of Dental Surgeons of Hong Kong, Fax. No.: (852) 2873 6731

Dental Services, Dept. of Health, Fax. No.: (852) 2573 0518

Hong Kong Dental Association Ltd., Fax. No.: (852) 2529 0755

# *CME/CPD Programme*

## Attendance Form (For Participants)

Event Date : \_\_\_\_\_ Page No. 2 of \_\_\_\_\_

Name of Participant (In Full Name with BLOCK Letters)	Dental Council Registration No. (If Applicable)	CDSHK Programme		DCHK Programme			Signature
		Fellows or Specialists	MGD	CDSHK (Non-Fellows)	HKDA	DH	
		Please ✓ one only					
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							

(Please make photocopies of this form whenever necessary)  
 For automatic accreditation of CME credits, please return the completed form to the respective CME Administrator:  
 The College of Dental Surgeons of Hong Kong, Fax. No.: (852) 2873 6731  
 Dental Services, Dept. of Health, Fax. No.: (852) 2573 0518  
 Hong Kong Dental Association Ltd., Fax. No.: (852) 2529 0755

**The Dental Council of Hong Kong  
Report Form for Self-study CPD Activities**

**I. Particulars of applicant**

(a) Name \_\_\_\_\_ (b) Dental Council Registration No. (if applicable) \_\_\_\_\_

(c) CPD Programme Enrollee       CDSHK       DH       HKDA

(d) Report Date \_\_\_\_\_

**II. Details of self-study CPD activities**

(a) Information on the self-study material(s)

Title of paper/book/chapter(s)/e-learning material(s): \_\_\_\_\_

\_\_\_\_\_

Author(s): \_\_\_\_\_

Journal/vol./pages/edition/yr published/pages/websites: \_\_\_\_\_

\_\_\_\_\_

(b) Time spent: \_\_\_\_\_ hr(s) \_\_\_\_\_ mins

(c) Summary

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(d) Critical assessment of the value of the material studied

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**For official use only:**

**CPD points credited:**  
**Date:**

**Checked by:**

***Guidelines :***

- 1) *The self-study materials must be dentally or medically oriented including i) scientific papers; ii) books/book chapters/monographs published by professional publishers; and iii) network educational programme/e-learning materials presented by academic institutions, professional bodies or government agents.*
- 2) *The summary should describe the background of the subject area, main contents of the material and conclusions or suggestions (150-200 words).*
- 3) *A critical assessment should be submitted, consisting of a brief review of the subject area and rationale for the issue, scientific values of the material, clinical implications, critical views, recommendations and perspectives etc (100-200 words).*
- 4) *The report form should be submitted to the respective CPD Programme Administrators and will be assessed individually by the CPD Programme Accreditors on the credit points to be awarded. One credit point should be awarded per paper and a maximum of 5 points can be awarded for self-study CPD activities each year.*

**<Title of the CPD activity>  
organized by <name of CPD Programme Provider>  
Feedback Form**

*Thank you for completing this questionnaire designed to collect participants' feedback on the CPD activity. The data obtained will be used collectively for evaluation purposes of the CPD Programmes.*

**Date & Time of the programme :** \_\_\_\_\_

**Venue of the programme :** \_\_\_\_\_

**(A) Please give your ratings at the following spaces provided.**

	Excellent	Very Good	Satisfactory	Unsatisfactory	Poor
<b>1. Educational objectives being achieved</b>					
<b>2. Knowledge imparted</b>					
<b>3. Practicability and of good reference</b>					
<b>4. Content coverage</b>					
<b>5. Pace</b> (Too fast/Too slow)					
<b>6. Training approach and method</b>					
<b>7. Teaching and presentation skill</b>					
<b>8. Suitability of venue</b>					
<b>9. Duration of programme</b> (Too long/Too short)					
<b>10. Overall rating</b>					

**(B) Do you have any other comments on the CPD activity ?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(C) Are there any CPD programmes you would like to attend ?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature : \_\_\_\_\_  
( Optional )

Name : \_\_\_\_\_  
( Optional )

***Thank you.***

To : Secretary, Dental Council of Hong Kong

Fax no. : 2554 0577

**Consent to release personal data  
for dissemination of CPD Programme materials**

I have **not** yet decided whether or not to participate in the CPD Programme for Practising Dentists but I consent to release my name and address to the CPD Programme Providers and CPD Programme Administrators who are accredited by the Dental Council, for dissemination of CPD Programme materials and directly related purposes.

Signature : \_\_\_\_\_  
Name of Dentist : \_\_\_\_\_  
Registration No. : \_\_\_\_\_  
Contact Tel. No. : \_\_\_\_\_  
Date : \_\_\_\_\_