



香港牙醫管理委員會  
THE DENTAL COUNCIL  
OF  
HONG KONG

## ***The Continuing Professional Development Programme for Practising Dentists***

The current cycle of “Continuing Professional Development (CPD) Programme for Practising Dentists” continues to be on a voluntary basis.

### Length of the CPD cycle

The current CPD cycle is of 3 years, starting on 1 January 2017 and ending on 31 December 2019.

### 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.

### 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 this 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 local CPD activities conducted by accredited CPD Programme Providers and overseas activities organized by pre-approved list of overseas dental organizations and the pre-approved regular overseas meetings/conference (list of pre-approved overseas dental organizations and regular meetings/conference to be issued in due course). Additional organizations may be accredited as CPD Programme Providers, and the updated list of CPD Programme Providers is published on the website of the Dental Council at [www.dchk.org.hk](http://www.dchk.org.hk). For local CPD activities, CPD points will NOT be awarded for activities organized by organizations other than the accredited Full CPD Programme Providers or in partnership with one of the Full CPD Programme Providers. Direct approach to the CPD Programme Accreditors for accreditation of activities organised by non-CPD Programme Providers is not allowed.

In order that the CPD Programme Accreditors have the opportunity to evaluate the content of the activities to be accredited, CPD Programme Providers should seek accreditation of their activities prior to the conduct of the activities and not after. CPD Programme Accreditors should refrain from giving retrospective accreditation unless under very exceptional circumstances and which should be reported to the Dental Council in their regular reviews.

Dentists enrolled in local 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. For dentists who wish to apply for award of CPD points for the enrolled overseas CPD programmes, he/she can complete the application form at Appendix VI of Annex I and submit to the enrolled CPD Programme Administrator.

#### 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 on an annual basis.

#### 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.

THE DENTAL COUNCIL OF HONG KONG

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

**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 maintaining 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 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 Committee, local CPD activities such as symposia, conferences, scientific meetings, panel discussion, workshop etc. have to be organized by the accredited Full CPD Programme Providers (list at Appendix I) conducted by specialists or experts related to the field and overseas CPD activities have to be provided by the approved list of overseas dental organizations or be on the list of pre-approved regular overseas meetings/conference (lists will be provided later). There may be individual local CPD activity not provided by the accredited CPD Programme Providers. Organizers of these activities are required to *seek partnership* with any of the Full CPD Programme Providers, otherwise, such activities will not be accredited and participants will not be awarded with CPD points by the accredited CPD Programme Accreditors (list at Appendix II).
- (d) Upon having sought partnership with the Full CPD Programme Providers, 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 Full CPD Programme Providers for each CPD activity. On completion of the activities, Full CPD Programme Providers shall forward the completed attendance forms to the 3 CPD Programme 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) For dentists who wish to apply for award of CPD points for attending overseas dental activities, he/she should complete and submit the application form at Appendix VI to the respective CPD Programme Administrator.
- (h) The following persons will be regarded as having met the CPD requirement of the Dental Council –
  - (i) All registered dentists who have fulfilled CME/CPD requirements as set out by the Hong Kong Academy of Medicine; and
  - (ii) All registered dentists with the qualification of MGD who have fulfilled CME/CPD requirements set out by the College of Dental Surgeons of Hong Kong.

### **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) The next cycle starts on 1 January 2017 and ends on 31 December 2019, i.e., 3 years.
- (b) All registered dentists, as well as those deemed to be registered but excluding those on the overseas list, are encouraged to enrol.
- (c) 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 this 3-year cycle commencing 1 January 2017.
- (d) Core CPD Requirements  
Out of the 45 CPD points as stipulated in (c) above, not less than 8 CPD points must be obtained from the following categories of core CPD activities:
  - (i) Infection control
  - (ii) Medical conditions in relation to dentistry and medical emergency
  - (iii) Records and consent

- (iv) Dental ethics and jurisprudence
- (v) Quality assurance including complaint handling and risk management
- (vi) Communication
- (vii) Dental practice inspection
- (viii) Legal and professional compliance
- (ix) Dental public health issue of local relevance
- (x) Occupation health and safety
- (xi) Special needs dentistry including geriatric dentistry
- (xii) Radiation safety

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

### **I. Categorisation of CPD Activities**

#### **(a) Active CPD**

- (i) Active participation as speaker/presenter in any accredited CPD activities (2 CPD points/hour).
- (ii) Participation as chairman/panelist in any accredited CPD activities (1.5 CPD points/hour).
- (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).

#### **(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.
- (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.
- (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) Overseas Dental Activities**

- (i) Overseas dental activities include symposia, conferences, scientific meetings, panel discussions, workshops, etc, organized by the approved list of overseas dental organization or be on the list of pre-approved regular overseas meetings/conference (lists to be issued in due course).
- (ii) CPD points of each activity should be awarded under the same basis as that for active and receptive CPD mentioned in (a) and (b).
- (iii) Individual dentist should complete and submit the completed the claim form at Appendix VI, together with synopsis of the activity and proof of attendance to the respective CPD Programme Administrator.

**II. Attainment of CPD Points and Calculation Method**

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

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

**(b) 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 feedback 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 VII) by the CPD Programme Providers for completion at the end of each CPD activity. Both Full and Provisional CPD Programme Providers are required to submit the Annual Return Form (at Appendix VIII) recording the information of the organized CPD activities for review by the CPD Committee. Evaluation form (copy at Appendix VIII(a)) for each of the organized CPD activities should also be submitted together with the Annual Return Form.

**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. For the cycle ending 31 December 2019, the certificate will bear the wording “This certifies that DR. xxx has fulfilled the requirements for Continuing Professional Development during the period 1 January 2017 to 31 December 2019”. Dentists to be awarded the CPD certificates will be allowed to include in the signboard, website, visiting cards and letterheads the title “CPD Certificate (2017-2019)”. Dentists are only allowed to display the approved title “CPD Certificate (2017-2019)” of the latest completed CPD cycle and violations of which may lead to disciplinary action.

**THE DENTAL COUNCIL OF HONG KONG**

**List of Full Continuing and Professional Development (CPD) Programme Providers**

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 Paediatric Dentistry
9. Hong Kong Prosthetic Dentistry Society
10. Hong Kong Society of Family Dentistry



**THE DENTAL COUNCIL OF HONG KONG**

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

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**

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)

Date : \_\_\_\_\_ Page No. \_\_\_\_\_ of \_\_\_\_\_  
 Time: (from) \_\_\_\_\_ (to): \_\_\_\_\_ **<Approved Duration>** \_\_\_\_\_ Hour(s) CDSHK Reply Form No.: \_\_\_\_\_  
 Title of Meeting: \_\_\_\_\_  
 Organizer: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No.: \_\_\_\_\_

**Credits:**

<p><b>CDSHK</b> (CME/CPD Points)</p>  <p>Category (Please ✓)</p> <p>A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/></p>	<p><b>DCHK</b> (CPD Points)</p>  	<p><b>Core CPD Activity:</b> (Please ✓)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Core CPD requirement</b> put (A to L) here</p> <p>_____</p>	<p><b>HKDA</b> (CPD Hours)</p>  
		A) Infection control; B) Dental & Medical Emergency; C) Records & Consent; D) Dental Ethics & Jurisprudence; E) Quality Assurance & Risk Mgt; F) Communication; G) Dental Practice Inspection; H) Legal & Professional Compliance; I) Dental Public Health Issue; J) OSH ; K) Special Needs Dentistry; L) Radiation Safety		

**\*< Break-down details / durations, if applicable, are mandatory to avoid processing error>\***

Full Name of Speaker / Chairperson	Please circle one (*)	No. of Hours (*)	Dental Council Registration No. (if applicable)	CME / CPD Administrator						Signature
				For CDSHK members / enrollees *please ✓ ONE only				*please ✓ the appropriate		
				Fellows or Specialists	MGD Holders	Higher Trainees	DCHK Enrollee	Dept of Health	HKDA	
	Speaker									
	Chairperson									
	Speaker									
	Chairperson									
	Speaker									
	Chairperson									

**\*<The completion of this form is mandatory for processing.>\***; Photocopied forms will also be accepted.

**\*\*Please return the completed form to the following CME/CPD Administrators within 2 weeks after the meeting\*\***

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

Dental Service, Department 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)

Page No. \_\_\_\_\_ of \_\_\_\_\_

Date : \_\_\_\_\_ Time: (from) \_\_\_\_\_

(to): \_\_\_\_\_

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

Full Name of Speaker / Chairperson	Please circle one (*)	No. of Hours (*)	Dental Council Registration No. (if applicable)	CME / CPD Administrator						Signature
				For CDSHK members / enrollees *please ✓ ONE only				*please ✓ the appropriate		
				Fellows or Specialists	MGD Holders	Higher Trainees	DCHK Enrollee	Dept of Health	HKDA	
	Speaker									
	Chairperson									
	Speaker									
	Chairperson									
	Speaker									
	Chairperson									
	Speaker									
	Chairperson									
	Speaker									
	Chairperson									
	Speaker									
	Chairperson									
	Speaker									
	Chairperson									

**\*<The completion of this form is mandatory for processing.>\*; Photocopied forms will also be accepted.**

**\*\*Please return the completed form to the following CME/CPD Administrators within 2 weeks after the meeting\*\***

The College of Dental Surgeons of Hong Kong

Fax. No.: (852) 2873 6731

Dental Service, Department of Health

Fax. No.: (852) 2573 0518

Hong Kong Dental Association Ltd.

Fax. No.: (852) 2529 0755

# CME / CPD Programme - Attendance Form (for Participants)

Date : \_\_\_\_\_ Page No. \_\_\_\_\_ of \_\_\_\_\_  
 Time: (from) \_\_\_\_\_ (to): \_\_\_\_\_ **<Approved Duration>** \_\_\_\_\_ Hour(s) CDSHK Reply Form No.: \_\_\_\_\_  
 Title of Meeting: \_\_\_\_\_  
 Organizer: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No.: \_\_\_\_\_

**Credits:**

CDSHK (CME/CPD Points)  _____ Category (Please ✓) A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	DCHK (CPD Points)  _____	Core CPD Activity: (Please ✓) <input type="checkbox"/> Yes <input type="checkbox"/> No  A) Infection control; B) Dental & Medical Emergency; C) Records & Consent; D) Dental Ethics & Jurisprudence; E) Quality Assurance & Risk Mgt; F) Communication; G) Dental Practice Inspection; H) Legal & Professional Compliance; I) Dental Public Health Issue; J) OSH ; K) Special Needs Dentistry; L) Radiation Safety	Core CPD requirement put (A to L) here  _____	HKDA (CPD Hours)  _____
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Full Name of Participant	Dental Council Registration No. (if applicable)	CME / CPD Administrator						Signature
		For CDSHK members / enrollees *please ✓ ONE only				*please ✓ the appropriate		
		Fellows / Specialists	MGD Holders	Higher Trainees	DCHK Enrollee	Dept of Health	HKDA	

**\*<The completion of this form is mandatory for processing.>\***; Photocopied forms will also be accepted.

**\*\*Please return the completed form to the following CME/CPD Administrators within 2 weeks after the meeting\*\***

The College of Dental Surgeons of Hong Kong	Dental Service, Department of Health	Hong Kong Dental Association Ltd.
Fax. No.: (852) 2873 6731	Fax. No.: (852) 2573 0518	Fax. No.: (852) 2529 0755

# CME / CPD Programme - Attendance Form (for Participants)

Page No. \_\_\_\_\_ of \_\_\_\_\_  
(to): \_\_\_\_\_

Date : \_\_\_\_\_ Time: (from) \_\_\_\_\_

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

Full Name of Participant	Dental Council Registration No. (if applicable)	CME / CPD Administrator						Signature
		For CDSHK members / enrollees *please ✓ <i>ONE</i> only				*please ✓ the appropriate		
		Fellows / Specialists	MGD Holders	Higher Trainees	DCHK Enrollee	Dept of Health	HKDA	

**\*<The completion of this form is mandatory for processing.>\***; Photocopied forms will also be accepted.

**\*\*Please return the completed form to the following CME/CPD Administrators within 2 weeks after the meeting\*\***

The College of Dental Surgeons of Hong Kong	Dental Service, Department of Health	Hong Kong Dental Association Ltd.
Fax. No.: (852) 2873 6731	Fax. No.: (852) 2573 0518	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

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

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**For official use only:**

**CPD points credited:**

**Checked by:**

**Date:**

***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.*



**Continuing Professional Development (CPD) Programme of  
The Dental Council of Hong Kong**

**Claim Form for Pre-approved Overseas CPD Activity or  
Activity organized by Approved Overseas Organization**

**I. Particulars of applicant**

- (a) Name: \_\_\_\_\_ (b) Dental Council Registration No.: \_\_\_\_\_  
(if applicable)
- (c) Phone No: \_\_\_\_\_ (d) E-mail address: \_\_\_\_\_
- (e) Enrolled CPD Programme Administrator:     CDSHK  DH     HKDA

**II. Details of Overseas CPD Activity**

Name of CPD Activity: _____			
Organizing Institute: _____			
Date(s): _____		Total no. of Hour(s) Attended: _____	
Place: _____			
Speaker(s): (if applicable/known) _____			
No. of Hour(s) claimed as being: (Please select the appropriate item)	Attendee:	Chairperson:	
	Demonstrator:	Presenter / Speaker:	
Nature & Duration of Activity: Meeting: _____ Hour(s) Workshop: _____ Hour(s)			
Others: (Please specify: _____) _____ Hour(s)			

**Remarks:**

- (1) Synopsis of the activity and evidence of attendance should be attached to the application form.  
(2) The application 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.

**Signature:** \_\_\_\_\_

**Report Date:** \_\_\_\_\_

**For official use only:**

**CPD points credited:** \_\_\_\_\_ **Checked by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**(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.**

**Annual Return on Continuing Professional Development (CPD) Programme by  
Full/ Provisional CPD Providers**

**Name of the CPD Programme Provider :** \_\_\_\_\_ **(Full / Provisional)**

**Period:** \_\_\_\_\_

**(I) Report on the CPD Activities Organized**

No.	Name of CPD Activity	Date and Time	CPD Point(s)	No of Attendants	Core CPD (If yes, please specify the area)	Activity in Partnership (If yes, please specify the name of partner)

\*Please complete the Evaluation Form for each organized CPD activity and provide the synopsis of each activity.

**Present Members of the Governing Body**

<u>Name</u>	<u>Qualification</u>	<u>Post Title</u>
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
(12)		

- Remarks:** (a) Both Full and Provisional CPD Programme Providers are required to submit an annual return of the accredited CPD activities organised and the present members of the governing body of the respective organization by the **end of March each year**.  
(b) For the last annual return in each CPD cycle, it should be submitted by the **7th day of September**.  
(c) The original signed Annual Return Form should be submitted to the Dental Council by mail at 4/F, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong and the softcopy in MS Word format by email to [dchk@dh.gov.hk](mailto:dchk@dh.gov.hk) separately

**Name of Person**  
**in-charge:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Continuing Professional Development (CPD) Programme of  
The Dental Council of Hong Kong**

**Evaluation Form of individual CPD Activity organized by  
Full/Provisional CPD Programme Provider**

Name of CPD activity : \_\_\_\_\_

Date & Time : \_\_\_\_\_

Venue : \_\_\_\_\_

Core CPD activity (Y/N) : \_\_\_\_\_

(If yes, please specify the area) \_\_\_\_\_

CPD points awarded : \_\_\_\_\_

No. of attendants : \_\_\_\_\_

No. of questionnaires collected : \_\_\_\_\_

**(A) Summary of ratings from participants ( in % )**

	<i>Excellent</i>	<i>Very Good</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Poor</i>
<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 (Too fast/Too slow)</b>					
<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 (Too long/Too short)</b>					
<b>10. Overall rating</b>					

**(B) Suggestions/comments from participants :**

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\_\_\_\_\_

\_\_\_\_\_

**(C) Evaluation of the course by the CPD Programme Provider :**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date : \_\_\_\_\_

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 : \_\_\_\_\_