**DENTAL COUNCIL OF HONG KONG**

**Guidelines for Inclusion of Qualifications   
in the List of Registrable/Quotable Additional Qualifications**

**( with effect from 1 November 2010 )**

1. The List of Registrable/Quotable Additional Qualifications (“List”) is set up by the Dental Council of Hong Kong for the following purposes –
   * 1. to give recognition to further training which significantly enhances the professional competence of a dentist;
     2. to facilitate the public to make an informed choice of dentists, by providing information on additional dental training of significance received by a dentist;
     3. to facilitate dentists to make informed decisions on referral of patients, by providing information on additional dental training of significance received by other dentists.
2. A qualification entered in the List may be quoted by a dentist possessing that qualification, in dissemination of his service information to the public under section 1.3 of the Code of Professional Discipline.
3. A dentist possessing a qualification entered in the List may also apply for including the qualification in his entry in the General Register, under Regulation 10 of the Dentists (Registration and Disciplinary Procedure) Regulations by submitting the Application Form at [Annex](#Annex) to the Dental Council for approval.

[Note: This is irrelevant to registration as a specialist. Specialist registration is by inclusion of a dentist’s name in the Specialist Register, for which application has to be made separately.]

1. Subject to contrary provisions in these guidelines, the following requirements must be fulfilled before a qualification can be included in the List –
2. the academic standard of the conferring institution is acceptable to the Dental Council (i.e. comparable to that of the Faculty of Dentistry of the University of Hong Kong or the College of Dental Surgeons of Hong Kong);
3. the academic standard of the qualification is acceptable to the Dental Council;
4. the qualification is of direct relevance to dentistry;
5. the qualification reflects acquisition of additional dental knowledge and skills at post-registration level (i.e. above the level of the basic qualification by virtue of which a person is qualified for registration as a dentist);

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1. the qualification is conferred after an examination or other objective and clearly defined mode of assessment acceptable to the Dental Council;
2. the duration of study or training for the qualification is not less than:
   * + 1. for a qualification conferred by a tertiary educational institution providing dental education, one academic year full-time (or its part-time or distance learning equivalent as determined by the Education and Accreditation Committee);
       2. for a qualification conferred by a dental institution, two years full-time (or its part-time or distance learning equivalent as determined by the Education and Accreditation Committee).
3. The Education and Accreditation Committee will make a recommendation to the Dental Council on the acceptability of the conferring institution and the qualification.
4. The following qualifications may be considered on an individual basis –
   * 1. qualifications at postgraduate level, with a research component, and is of direct relevance to dentistry;
     2. honorary qualifications conferred on the basis of distinguished professional achievement in dentistry by a conferring institution of a standard acceptable to the Dental Council.
5. Qualifications obtained before the basic qualification (i.e. the qualification by virtue of which a person is qualified for registration as a dentist) are not eligible for consideration.

Transitional Arrangement

1. These guidelines supersede the “Guidelines for Entering Additional Qualifications on the General Register” issued in January 2009. As a transitional arrangement, a qualification satisfying the superseded guidelines will continue to be eligible for entry on the General Register, provided that –

(a) the dentist has commenced training for, or has been awarded, the qualification before 1 November 2010;

(b) the dentist applies for entering the qualification on the List within 3 months after the qualification is conferred; and

(c) the application is made not later than 1 November 2012.

― End ―

**Annex**

**The Dental Council of Hong** **Kong**

**Application for Entering Qualifications**

**on the List of Registrable/Quotable Additional Qualifications**

[Please read Guidance Notes as attached before completing]

**Part I (To be completed by the applicant)**

|  |  |  |
| --- | --- | --- |
| Name of applicant | : |  |
| Registration no. | : |  |
| Practising address | : |  |
| Telephone no. | : |  |
| Fax no. | : |  |
| E-mail address | : |  |
| Registered Qualification(s) | : |  |

**Part II (To be completed by the applicant)**

1. **Official title of qualification**

|  |  |  |
| --- | --- | --- |
| English Title | Abbreviation | Chinese Title (if any) |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Conferring Institution | : |  |
| Faculty/Department | : |  |
| Awarding Year | : |  |

1. **Qualification obtained by**

|  |  |  |
| --- | --- | --- |
|  | course work | |
|  | supervised clinical training | |
|  | research | |
|  | examination | |
|  | others (please specify): |  |
|  | (applicant may tick more than one box) | |

1. **Qualification is related to**

|  |  |
| --- | --- |
|  | (dental specialty/area) |

1. **Pre-requisites for enrolment**

|  |  |  |
| --- | --- | --- |
|  | BDS or equivalent | |
|  | non-dental bachelor degree | |
|  | non-degree qualification, i.e. |  |
|  | other requirements (please specify): | |

|  |
| --- |
|  |

1. **Enrolment open to**

|  |  |  |
| --- | --- | --- |
| Yes | No |  |
|  |  | dental practitioners |
|  |  | other health care professionals (please specify): |
|  |  | non-dental personnel |

1. **Programme details**
2. Level of qualification

|  |  |
| --- | --- |
|  | Doctorate |
|  | Master |
|  | Postgraduate Diploma |
|  | Undergraduate |
|  | Certificate |
|  | Fellowship |
|  | Membership |
|  | Others (please elaborate): |
|  |  |

1. Mode of attendance

|  |  |
| --- | --- |
|  | Full-time |
|  | Part-time |
|  | Web-based Distance learning |
|  | Non-Web-based Distance learning |
|  | Others (please elaborate): |
|  |  |

1. Duration of programme

|  |  |  |  |
| --- | --- | --- | --- |
|  | year(s) |  | month(s) |

1. Maximum period allowed for completion from time of enrolment

|  |  |
| --- | --- |
|  | year(s) |

1. List of courses/modules

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course/Module |  | Teaching hours |  | Study hours |
|  |  |  |  |  |
| Total: |  |  |

1. **Training requirements**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Duration of supervised training: | |  | year(s) |  | | month(s) |
|  | | | | | | |
| Session(s) per week: |  | | Hours per session: | |  | |
|  | | | | | | |
| Provide full details of training requirements such as supervised training, hands on training and clinical attachment, etc. below: | | | | | | |
|  | | | | | | |

1. **Assessment / examination format** 
   * + 1. Nature of assessment/examination

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | No |  | |
|  |  | mid-term examination | |
|  |  | exit examination | |
|  |  | continuous assessment | |
|  |  | peer evaluation | |
|  |  | others: |  |

(ii) Format of assessment/examination (provide full details below)

|  |
| --- |
|  |

1. **Any other information**

*Note: Should you wish to submit any information of the programme, e.g. curriculum and entry requirements, please attach those which are applicable to your actual attended years of study.*

|  |
| --- |
|  |

**10. I**  □ **wish** / □ **do not wish** to apply for registering the said qualification to my entry on the General Register.

**11. I declare that all the information provided above for this application is true and correct.**

|  |  |  |
| --- | --- | --- |
| Signature of applicant | : |  |
| Date | : |  |

**Part III (Verification by an authorized officer of the qualification conferring institution)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I have been authorized by (institution) | |  | | | |
| to verify the information provided in this application. My position in the institution | | | | | |
| is |  | | | | . |
|  | | | | | |
| I have scrutinized the information in this application. I confirm that the same is true and accurate. | | | | | |
| I also confirm that the applicant has been awarded the qualification in (year) | | |  | . | |

I have the following additional remarks on the application (if any) :

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| Signature | : |  |
|
| Name of authorized officer | : |  |
| Stamp of institution | : |  |
|
|
| Name of institution | : |  |
| Contact telephone no. | : |  |
| E-mail address | : |  |
| Date | : |  |

**Guidance Notes for**

**Application for Entering Qualifications**

**on the List of Registrable/Quotable Additional Qualifications**

1. It is the duty of the applicant to provide sufficient information to support the application. The Secretariat will not assist in obtaining the necessary information from either the applicant or the conferring institution.

2. The relevant information should be provided in the specified format, and cannot be substituted by simply attaching the course prospectus or other materials. It is important to ensure that the information accurately and sufficiently reflects the enrollment requirements, course contents, training requirements, and format of assessment. The Secretariat will not be involved in summarizing the information provided/attached.

3. The application will be considered on the basis of the information provided by the applicant. If there is insufficient information for the Dental Council to properly assess the qualification, the application will be rejected.

4. The applicant must obtain the conferring institution’s endorsement of the information provided in the application before submitting the application. In this connection, the applicant should forward the completed application form together with a copy of the diploma/certificate to the conferring institution for verification.

1. The application should be type-written, and separate sheets should be used where there is insufficient space. Alternatively, download a soft copy of the form from the website [www.dchk.org.hk](http://www.dchk.org.hk) for convenient spacing.
2. Reference may be made to the Guidelines for Entering Qualifications on the List of Registrable/Quotable Additional Qualifications. The Guidelines are available on the website of the Dental Council at [www.dchk.org.hk](http://www.dchk.org.hk).
3. Application must be submitted by a registered dentist of Hong Kong in possession of the qualification under application.

*The Dental Council of Hong Kong*

*November 2010*