Appendix A

(Template)

Pilot Voluntary Continuing Professional Development Programme for New Registrants 2020-21

Record of Attendance of Lectures on Core Competences

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Category of Core Competences** | **Title of the Lecture /**  **Orgainser** | **Date / Time** | **Hours** | **Online/Physical Attendance** |
| 1. | Infection Control |  |  |  |  |
|  |  |  |  |  |  |
| 2. | Medical conditions in relation to dentistry and medical emergency |  |  |  |  |
|  |  |  |  |  |  |
| 3. | Records and consent |  |  |  |  |
|  |  |  |  |  |  |
| 4. | Dental ethics and jurisprudence |  |  |  |  |
|  |  |  |  |  |  |
| 5. | Quality assurance including complaint handling and risk management |  |  |  |  |
|  |  |  |  |  |  |
| **No.** | **Category of Core Competences** | **Title of the Lecture /**  **Orgainser** | **Date / Time** | **Hours** | **Online/Physical Attendance** |
| 6. | Communication |  |  |  |  |
|  |  |  |  |  |  |
| 7. | Dental practice inspection |  |  |  |  |
|  |  |  |  |  |  |
| 8. | Legal and professional compliance |  |  |  |  |
|  |  |  |  |  |  |
| 9. | Dental and medical public health issue of local relevance |  |  |  |  |
|  |  |  |  |  |  |
| 10. | Occupation health and safety |  |  |  |  |
|  |  |  |  |  |  |
| 11. | Special needs dentistry including geriatric dentistry |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **No.** | **Category of Core Competences** | **Title of the Lecture /**  **Orgainser** | **Date / Time** | **Hours** | **Online/Physical Attendance** |
| 12. | Radiology and radiography |  |  |  |  |
|  |  |  |  |  |  |

I declare that I have attended the above lecture(s) and obtained the certificates of attendance for verification by the CPD Programme Administrator of the Dental Council of Hong Kong in the attached.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Mentee:** |  | **Signature:** |  | **Date:** |  |
| **Registration No.:** |  |  |  |  |  |
| Certified by: |  |  |  |  |  |
| **Name of Mentor:** |  | **Signature:** |  | **Date:** |  |

**Remarks**

1. Each enrolled new registrant is required to attend at least one lecture on each of the 12 categories listed in the table above.
2. Certificate of attendance for **EACH** of the attended lectures should be attached to this record sheet.