

Continuing Professional Development Information Sheet No: I003 [2008]

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Purpose of this document

1. This document provides explanatory information about the Continuing Professional Development (CPD) scheme that has been introduced by the Dental Practice Board of Victoria (the Board).
2. It is relevant both to registered dental health practitioners and to educational activity providers (EAPs).
3. It should be read in conjunction with the Board's Code of Practice C005 [2008] Continuing Professional Development.

Background

4. The purpose of the Board's CPD program is to ensure that practitioners maintain a commitment to education that promotes high professional standards and enhances public safety.
5. A commitment to career-long learning indicates an acceptance of professional responsibilities, and the mandatory CPD requirements embodied in the Code of Practice represent a bare minimum expression of that commitment.
6. Practitioners are encouraged to reflect further on their own practices to identify areas in which they can derive maximum benefit from CPD.

Key features of the CPD program for registered dental health practitioners

7. The CPD program applies to all practitioners registered in Victoria (other than those registered only as students, those registered under the terms of specific registration to undertake supervised practice or training for an examination leading to general registration, and those who have been granted non-practising registration).
8. The program runs on a fixed two-year cycle.
9. During these two years a fixed number of hours of CPD activity must be undertaken (40 hours for dentists, 30 hours for dental prosthetists, dental hygienists and dental therapists) at least 80% of which must be clinically and / or scientifically based. (A *pro rata* adjustment for new registrants and those whose registration is restored during the cycle will be made. See Table 1 below for details).
10. Clinical and/or scientific activities relate to the scientific, clinical or technical aspects of oral health care. Activities about infection control, CPR or patient record keeping for instance would be classified clinical and/or scientific; as would a range of topics relating to oral health or particular dental procedures such as endodontics, caries treatment, crown preparations and so on.
11. Non-scientific activities are those that are indirectly related to, but supportive of dental care and include practice management or dento-legal responsibilities. Subjects that relate to a practitioner's financial well-being (such as marketing or personal finance) would not be considered relevant. The activities need to contribute to the maintenance and enhancement of a practitioner's knowledge, skills and performance of oral health care.
12. The CPD obligations are the same for part time workers as they are for those working full time.
13. The educational activities practitioners participate in must be of an approved type. (See below for details of approved activities).
14. Practitioners must keep their own records of CPD activities and hours (for at least six years from the date of attendance).
15. When a practitioner renews his or her registration he/she will need to declare that he/she is complying with the CPD Code of Practice. The declaration will be made in the same way, and at the same time, as other declarations that already form part of the renewal process (i.e. about professional indemnity insurance, criminal and civil matters etc).

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16. If a practitioner is not practising, and does not wish to participate in the CPD activities he/she must apply to the Board for non-practising registration within 14 days of having ceased practising. The form of words that the condition on the registration of someone who is not practising would typically read:

Registered as non-practising on <date>. Not permitted to practise from this date.

This condition will be printed on the annual registration certificate and will also be shown on the publicly available register. If the person wishes to practise again, he or she would need to apply to the Board in writing to change their registration status.

Compliance with CPD requirements

17. During an investigation of an allegation of unprofessional conduct, the Board will usually request a practitioner to provide evidence of the CPD activities that have been undertaken.
18. From time to time, the Board will also conduct general audits of CPD compliance.
19. If a practitioner is audited, the Board will ask to see his or her logbook of CPD activities. The logbook is a summary of the activities undertaken and the number of hours spent on them. (An example of a CPD activity log sheet is available on the Board's website).
20. It may be that having examined the logbook, those conducting the audit have more questions about the CPD activities. In this situation the person would be asked to produce specific documentation of his or her participation in a course or activity. This will usually be the certificates of participation from course providers (certificates need to comply with the Board's criteria listed at point 31).
21. It is the responsibility of the practitioner to be able to provide evidence of compliance.

Approved CPD activities

22. For an activity to count towards the biennial total in a practitioner's CPD logbook, it must be approved by the Board or be run by an EAP which is approved by the Board. An activity provider that has *not* been approved by the Board may nevertheless apply to the Board for approval of any of its activities. (Applications need to be made on the relevant Application form).
23. If a practitioner undertakes an activity that is not provided by an approved EAP he or she can apply to the Board (either before or after the event) to have attendance at that event count towards the total CPD hours. Typically this would only occur for activities undertaken outside Victoria. In some cases an interstate program that is largely targeted at Victorian practitioners may obtain prior approval, in which case it would appear on published lists of approved CPD activities. (Applications need to be made on the relevant Application form).
24. It should be noted that approval of an activity for CPD purposes does not imply that the Board endorses the activity or agrees with the opinions of the presenter.
25. Those running approved CPD activities must clearly state on their promotional material and registration documents that even though the activity can be counted for CPD credit it is not endorsed by the Board. For example, the words used could be:
"Activity approved for up to <xx> hours of clinical and/or scientific CPD credit.
Please note, approval of an activity for CPD purposes does not imply that the Dental Practice Board of Victoria endorses the activity or agrees with the opinions of the presenter."
26. CPD activities should not be confused with "add-on" courses. Add-on courses are those courses specifically approved by the Board for the purpose of extending

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practitioners' scopes of practice. Approval of a CPD activity in a particular area of dentistry does not imply any comparable approval.¹

Approved Educational Activity Providers (EAPs)

27. In order to be considered as an approved EAP an organization needs to have an established record and proven capacity to deliver training and activities of the kind required by practitioners and which further the stated aims of the Board's CPD program.
28. The Board will promulgate a list of approved EAPs and activities. This will be on the Board's website, and may also be in other formats, such as the *Bulletin*. Any course that has been approved by the Board for inclusion in its CPD program can be advertised accordingly.
29. Approved EAPs will be required to maintain details of their approved activities on the Board's website. The Board will provide them with the facility to do this.
30. If a practitioner attends a course run by an approved EAP, the Board will accept the number and type of hours on the certification provided by that EAP.
31. In order for activities to comply with the Board's CPD program, all providers must issue a "certificate" of attendance to each participant at their activities which includes at least the following information:
 - name of attendee
 - name of provider
 - name of course or activity
 - date, time and location of course or activity
 - number and type of hours to be credited.
32. Such certification need not be a formal document that can be framed. The record of participation may take the form of an email or end of year summary of the person's activities.
33. Various methods can be used to monitor and record attendance at CPD activities. While it is acknowledged that 100% accuracy may not always be achieved via any method, the Board expects those running CPD activities to take reasonable steps to ensure that the record of participation they issue corresponds with the hours actually attended. Electronic and manual methods of monitoring attendance include: barcodes that can be scanned when a practitioner enters/leaves a session of a conference; a signed attendance register; codes issued during sessions of a conference; signed declaration forms detailing the activities attended.
34. Each method has its advantages and disadvantages and what works well for one activity provider or type of activity may not be successful for another. Of course any method adopted relies, in part, on the integrity of practitioners and involves trusting them not to exploit the system.

The Board's CPD committee

35. An advisory committee of the Board will be established to deal with CPD provider and activity evaluation.
36. The role of the committee will be:
 - to advise the Board on all aspects of the CPD program;
 - to monitor and evaluate applications by organizations to become approved educational activity providers;
 - to monitor and evaluate applications by practitioners to have particular activities included as part of their CPD hours;

¹ See the Board's Policy P004[2007] *Approval of courses of study & list of qualifications* for details of add-on courses recognized by the Board.

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- to evaluate applications from non-approved EAPs to have particular activities included in this CPD program; and
 - to develop criteria and procedures for evaluating such applications.
37. The set of criteria and procedures developed by the committee will be sufficiently detailed that staff of the Board can carry out evaluation of the eligibility of providers and where possible of activities, with the aim being to minimize the number of applications that need to be referred on to the committee.
38. The committee may choose to convene sub-panels or reference groups to which particular activities may be referred for evaluation.
39. The committee will be able to inform itself in any way it sees fit.

TABLE 1: PRO RATA ALLOCATION OF HOURS BASED ON WHEN IN THE TWO-YEAR CPD CYCLE A PRACTITIONER REGISTERS OR IS RESTORED TO THE REGISTER

Month in which registration or restoration occurs		Adjusted hours of CPD to be undertaken before the end of fixed cycle	
		Dentist	Dental hygienist, prosthetist, therapist
Year 1	January	40	30
	February	37	28
	March	35	26
	April	33	25
	May	32	24
	June	30	23
	July	28	21
	August	27	20
	September	25	19
	October	23	18
	November	22	16
	December	20	15
Year 2	January	18	14
	February	17	13
	March	15	11
	April	13	10
	May	12	9
	June	10	8
	July	8	6
	August	7	5
	September	5	4
	October	3	3
	November	2	1
	December	0	0

Notes

1. The pro-rata adjustments have been calculated based on a monthly amount of CPD of 1.66 hours for dentists and 1.25 hours for others.
2. The number of adjusted hours of required CPD have been rounded to the nearest whole hour.
3. If the number of adjusted hours of CPD is less than 5, a practitioner does not need to complete the full requirement of mandatory hours.
4. At the time of registration or restoration, the number of hours will be calculated and practitioners will be notified in writing of the requirement.