



## SINGAPORE DENTAL COUNCIL

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Unique Entity Number (UEN): T08GB0050C

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Ref: SDC-CPE-PRV-CRC/2019 (SDC Circular No. 3/2019)

30 April 2019

TO: ALL CONTINUING PROFESSIONAL EDUCATION PROVIDERS

### REVISED GUIDELINES FOR THE ACCREDITATION OF CONTINUING PROFESSIONAL EDUCATION PROVIDERS

Continuing Professional Education ("CPE") providers play a critical role in planning and offering quality CPE programmes to our dental professionals. To ensure the quality and currency of CPE programmes offered by CPE providers and to instill greater ownership and accountability in CPE providers, the Singapore Dental Council ("Council") periodically reviews its policy and guidelines relating to the accreditation of CPE providers.

#### I. CURRENT POLICY AND GUIDELINES

2. There are presently two categories of CPE providers: (A) Accredited and (B) Ad-hoc.

##### A. ACCREDITED PROVIDERS

Public healthcare institutions, hospitals and dental societies/ associations are classified as "Accredited Providers". The accreditation status of these providers is valid for a period of 2 years. In order to be eligible to renew their accreditation status, these providers must organise at least 15 hours of events within the 2-year validity period.

##### B. AD-HOC PROVIDERS

There are two broad groups of ad-hoc CPE providers. The first group consists of private healthcare institutions, hospitals and dental clinics. The second group comprises entities like dental supplies companies, training academies, and non-profit organizations.

The accreditation status of these ad-hoc providers is valid for a period of 6 months. Ad-hoc providers are not required to fulfil any criteria for renewal of provider status.

#### II. REVISED POLICY AND GUIDELINES

3. Having conducted a review, Council has revised its policy and guidelines relating to CPE providers. The key points of the revised policy and guidelines are summarised below:

- (i) The criteria for renewal of status for Accredited providers has been revised and will take effect from 1 July 2019.

(ii) **From 1 May 2019**, Council will cease to accept ad-hoc CPE provider applications.

(iii) The validity of all existing ad-hoc providers will cease at the expiry of their current validity.

#### **A. REVISED CRITERIA FOR RENEWAL OF STATUS AS ACCREDITED PROVIDERS**

4. The eligibility criteria for renewal of status as Accredited CPE provider has been revised. The revised criteria will take effect from 1 July 2019 for the renewal of status as Accredited CPE provider for a 2-year period.

<b>Criteria for Renewal of Accredited CPE Provider Status</b>	
Number of event hours in 2 years	At least 15 hours (including co-organized events)
Class size per event	At least 10 registered dental professionals
Content	Not solely for the purpose of promoting any products
Event display on Council's calendar	Mandatory (tick against the checkbox during each application for event accreditation)  <input checked="" type="checkbox"/> Display in Calendar

#### **B. CESSATION OF AD-HOC PROVIDERS' VALIDITY**

5. Moving forward, there will only be one category of CPE provider- Accredited. Organisations/ entities which are presently ad-hoc CPE providers should take note of the following:

##### **(i) PRIVATE HEALTHCARE INSTITUTIONS/ HOSPITALS/ DENTAL CLINICS**

(a) The ad-hoc CPE providers' status of private healthcare institutions/ hospitals and dental clinics will cease at the expiry of their current validity. To continue as a CPE provider, institutions/ hospitals and dental clinics should apply to Council for approval to become an Accredited provider.

(b) Providers are reminded to login to the Professional Registration System (PRS) via <http://www.healthprofessionals.gov.sg/sdc> to check their current validity end date, and submit the application form [**Annex 1**] to Council via [SDC@spb.gov.sg](mailto:SDC@spb.gov.sg) at **least 1 calendar month** before the expiry of their current validity.

(c) Should the application be successful, the accredited provider status will be valid for a period of 2 years from the date of approval. The Accredited provider is required to fulfil the revised criteria (see part [A] above) to be eligible for renewal of their accredited provider status for subsequent years.

##### **(ii) DENTAL SUPPLIES/ TRAINING ACADEMIES/ OTHERS**

(a) The ad-hoc CPE providers' status of dental supplies companies, training academies and non-profit organizations will cease at the expiry of their current validity.

(b) Once their current validity ends, providers are required to co-organize CPE events with an Accredited provider.

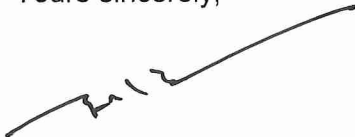
(c) The co-organizer i.e. Accredited provider will be responsible to submit the application for accreditation and attendance for the event. Please refer to SDC's website for the list of accredited providers.

### III. ANNOUNCEMENT

6. Please visit Council's website at <http://www.healthprofessionals.gov.sg/sdc> for this announcement and a list of common queries and answers.

Thank you.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Peter Lee', written in a cursive style.

PETER LEE  
EXECUTIVE SECRETARY



**CONTINUING PROFESSIONAL EDUCATION**

**APPLICATION FOR ACCREDITED PROVIDER**

**PROVIDER INFORMATION**

This form is only for existing ad-hoc providers (private healthcare institutions/ hospitals and dental clinics) applying for Accredited provider status. Please note that all fields are mandatory. Email the completed application form to [SDC@spb.gov.sg](mailto:SDC@spb.gov.sg). Incomplete applications will **NOT** be processed.

Organization: \_\_\_\_\_

UEN of CorpPass Account: \_\_\_\_\_

Address: \_\_\_\_\_

Website URL: \_\_\_\_\_

**ADMIN HOLDER DETAILS**

Name: \_\_\_\_\_ NRIC/ FIN Number: \_\_\_\_\_

Gender:  Male  Female Designation: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## DECLARATION

Please read the following requirements carefully and sign the declaration below.

### 1. Administration

- i. The Admin holder will take charge of the necessary administrative responsibilities, including prompt submission of applications for event accreditation and attendance.
- ii. The Admin holder will be the point of contact with Council.

### 2. Submission of Event Accreditation and Attendance

- i. Applications for event accreditation must be submitted via PRS **at least 1 month** before the start of the event.
- ii. Applications for event accreditation must be accompanied by,
  - a. CV of all speakers
  - b. Programme outline with time allocation of each activity
- iii. Providers must **NOT** show any indicative CPE points on the programme outline and any other publicity materials until the points have been approved.
- iv. Applications for event accreditation will still be subjected to review and approval by Council.
- v. Council's decision on the allocation of points is **FINAL**.
- vi. Incomplete and/or late applications will be **rejected**. No appeals will be accepted.
- vii. Attendance must be submitted via PRS **within 1 month** after the event.

### 3. Co-organizing Events

- i. Providers are only allowed to be a co-organizer after their application for accredited provider has been approved.
- ii. The requirements for submission of event accreditation and attendance in (2.) applies.
- iii. The co-organiser is required to submit the application for event accreditation and attendance on behalf.
- iv. The co-organizer must indicate under **"Additional Remarks"**, the co-organizer (i.e. your organization) and the main organizer (e.g. name of the dental supplies company your organization is partnering with).

### 4. Eligibility for Renewal of Provider Status

- i. Providers are required to fulfil the following criteria to be eligible for renewal of their accredited provider status every 2 years.
  - a. Number of event hours in 2 years -> **At least 15 hours (including co-organized events)**
  - b. Class size per event -> **At least 10 registered dental professionals**
  - c. Content -> **Not solely for the purpose of promoting any products**
  - d. Event display on Council's calendar -> **Mandatory (tick against the checkbox during each application for event accreditation)**

I hereby **certify** that I have read and understood all the requirements stated above. I **agree** to observe and abide by all the requirements for my application for accredited provider.

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

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

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