



Lifelong Learning Programme

# Core CPD topics for graduate dentists

**Harmonization & Standardization of European Dental Schools' Programs of Continuing Professional Development (CPD) for Graduate Dentists** (Project number 509961-LLP-1-2010-1-UK-ERASMUS-EMHE) is a study part funded by the European Commission. One element of the study is concerned to identify and seek consensus on 'essential' CPD requirements for all EU graduate dentists. As part of that, and under the auspices of ADEE (the Association for Dental Education in Europe), we have surveyed dental associations, dental schools and others across Europe. One question asked respondents to indicate whether topics, in a given list, should be compulsory. On this form we show only those topics achieving at least 50% agreement. As the second stage in the consensus process we are presenting these topics to sample groups of dental practitioners and others in Europe and we invite *you* to take part. Completed questionnaires are anonymous and confidential.

**1. For the following list of CPD topics, please indicate which you think should be compulsory, regardless of whether or not they are currently compulsory topics**

Topic	Should be compulsory?	
	Yes	No
Cardiopulmonary resuscitation, medical emergencies	<input type="checkbox"/>	<input type="checkbox"/>
Child protection	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>
Cross infection control/decontamination & disinfection	<input type="checkbox"/>	<input type="checkbox"/>
Evidence-based dentistry	<input type="checkbox"/>	<input type="checkbox"/>
Health & safety	<input type="checkbox"/>	<input type="checkbox"/>
Health education and prevention	<input type="checkbox"/>	<input type="checkbox"/>
Legal issues	<input type="checkbox"/>	<input type="checkbox"/>
Pain management	<input type="checkbox"/>	<input type="checkbox"/>
Radiation protection	<input type="checkbox"/>	<input type="checkbox"/>
Record keeping	<input type="checkbox"/>	<input type="checkbox"/>
Risk management	<input type="checkbox"/>	<input type="checkbox"/>
The medically compromised patient	<input type="checkbox"/>	<input type="checkbox"/>
Other topic, please specify...	<input type="checkbox"/>	<input type="checkbox"/>

2. Are you a graduate dentist?  No  Yes, year graduated:

3. Your main role(s)  Student  Teaching faculty  Practitioner, salaried  Practitioner, self employed

*Tick all that apply*

Other, please specify: \_\_\_\_\_

4. Your workplace  Private practice  Non-private, state funded practice  Dental School/ Hospital  Specialist practice

*Tick all that apply*

Other, please specify: \_\_\_\_\_

5. Your country

**MANY THANKS for completing this questionnaire. Please hand it in for collection.**  
*If you would like to make any comment about these questions, please use the reverse side.*

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