

**Primary Dental Co-care Pilot Scheme
for Adolescents (PDCC)**

Operation Manual
For Private Dentists

21 January 2025

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I. INTRODUCTION

1. Background

- 1.1 As announced by the Chief Executive in the Policy Address 2022, the Working Group on Oral Health and Dental Care was established in 2022 for conducting a comprehensive review of the dental services provided or subsidised by the Government. In the Interim Report in December 2023, the Working Group suggested the Government assisting adolescents in sustaining the habit of regular dental check-ups and developing this into a life-long habit upon leaving School Dental Care Service.
- 1.2 In light of the views of the Working Group, the Government launches the Primary Dental Co-care Pilot Scheme for Adolescents (PDCC) to guide adolescents to foster long-term partnership with private dentists or dentists of non-governmental organisations through the provision of partial subsidies for dental check-up services for adolescents aged between 13 and 17.

2. Service Scope

- 2.1 The PDCC provides subsidised dental services to promote regular dental check-ups and to reinforce good oral health awareness and habits for eligible adolescents aged 13 to 17 (“**Scheme Participants**”).
- 2.2 Each **Scheme Participant** will receive the following services once every calendar year (“**PDCC Services**”):
 - a. dental check-ups, including but not limited to records of medical information, extra- and intra- oral status, individualised oral health risk assessment and other relevant oral health information;
 - b. dental scaling;
 - c. personalised self-care advice on oral care and personal lifestyle;
 - d. fluoride application as a risk-based follow-up procedure; and
 - e. check-up report and explanation of the **Scheme Participant**’s oral health risk and oral condition.

3. Government Subsidy and Co-Payment

- 3.1 The participating private dentist (“**Private Dentist**”) shall be entitled to charge the **Scheme Participant** a fee (“**Co-Payment**”) for the provision of subsidised services. The Government will recommend the amount for such **Co-Payment**, and may be adjusted from time to time. The current recommended amount of **Co-Payment** is HK\$200.00.

- 3.2 The **Private Dentist** shall determine the amount of **Co-Payment** he shall charge the **Scheme Participant** during the application for enrolment.
- 3.3 The **Private Dentist** shall be responsible for collecting the **Co-Payment** from the **Scheme Participant**.
- 3.4 The **Government** shall pay the **Private Dentist** a fixed amount of subsidy in respect of the provision of the subsidised services to each **Scheme Participant**. The current amount of subsidy provided is HK\$200.00. It may be adjusted by the Government from time to time.

4. Roles and Responsibilities of Related Parties

4.1 Private Dentists

4.1.1 Subject to and governed by the “Primary Dental Co-care Pilot Scheme for Adolescents Terms and Conditions of Agreement with Private Dentists” (“**T&C**”), the **Private Dentist** is responsible for the following according to the protocol in this PDCC Operation Manual for Private Dentists (“**Operation Manual**”):

- a. carrying out the enrolment of **Scheme Participants**
- b. ensuring the completion of the Oral Health Questionnaire by the **Scheme Participant**
- c. providing the **PDCC Services** to the **Scheme Participant** based on the oral health risks assessment result as determined by the protocol driven care pathway; and
- d. recommending the **Scheme Participant** and his parent(s) / guardian(s) about any appropriate examinations / treatments, including referral for such **Scheme Participant** under his professional judgement.

4.1.2 The **Private Dentist** may provide X-ray (Periapical / Bitewing / Orthopantomogram(OPG)), filling with one surface or non-surgical extraction which are not subsidised by the Government during the **Subsidised Visit** (“**PDCC Non-subsidised Items**”) to the **Scheme Participant** and charge for the same during the course of a **Subsidised Visit** provided that he shall:

- a. inform in advance the Government about the fees of **PDCC Non-subsidised Items** he intends to charge each **Scheme Participant**;
- b. inform and explain to the **Scheme Participant** and his parent(s) / guardian(s) **PDCC Non-subsidised Items** he determines for such **Scheme Participant** in his professional judgement and fees chargeable by him for providing such services to the **Scheme Participant**;

- c. seek consent of the parent(s) / guardian(s) the **Scheme Participant** for provision of **PDCC Non-subsidised Items**; and
 - d. input details of the **PDCC Non-subsidised Items** provided to **Scheme Participant** and fees charged via the PDCC IT Platform (“**IT Platform**”).
- 4.1.3 The **Private Dentist** should refer to the most updated version of **T&C** from time to time. It is available on the PDCC website (“**Website**”) at <https://www.communitydental.gov.hk/en/pdcc/professional.html>.
- 4.1.4 The standards of care for the **Scheme Participant** are determined on the basis of all the facts and circumstances involved in a particular case. They are subject to change as scientific knowledge and technology advances and patterns of care evolve. Management of diseases must be made by the **Private Dentist** responsible for clinical decisions regarding a particular treatment procedure or care plan after discussion with the **Scheme Participant** and his parent(s) / guardian(s).
- 4.1.5 For the provision of treatment that fall outside the scope of the **PDCC Services** and **PDCC Non-subsidised Items**, the **Private Dentist** is obligated to obtain consent as stated in *Part IV section 4.1.2*. It shall also be considered as a private arrangement between the **Private Dentist** and the **Scheme Participant** at the latter’s own expense.
- 4.2 **Programme Office**
- 4.2.1 The Programme Office is established for the implementation and management of the PDCC. The Programme Office is under the purview of Community Dental Service under Dental Services in the Department of Health.
- 4.2.2 The PDCC hotline **2111 3830** operates during Mondays to Fridays, from 8:45 am to 1:00 pm and 2:00 pm to 5:30 pm, except public holidays. For enquiries after office hours, the caller may leave his contact information. Hotline staff will get back to the caller as soon as possible.
- 4.2.3 To support and facilitate the delivery of services under the PDCC, the **IT Platform** is developed to support the operation of the PDCC, such as enrolment, clinical documentation, **Co-Payment** and reimbursement, and generation of statistical and management reports.
- 4.2.4 The **Private Dentist** can also contact the Programme Office by email at **am3_cds@dh.gov.hk**, or by fax at **2111 3877**.

II. ENROLMENT OF PRIVATE DENTISTS

1. Eligibility

- 1.1 An eligible registered dentist may apply to participate in the PDCC subject to fulfilling the following criteria for the duration of that participation:
- a. Practising in a private healthcare facility that has obtained business registration under the Business Registration Ordinance (Cap. 310 of the laws of Hong Kong) and is registered under the Private Healthcare Facilities Ordinance (PHFO) (Cap. 633 of the laws of Hong Kong), or in an exempted small practice clinic under the PHFO. However, the implementation date of this section on premises that fall within the definition of clinic under the PHFO is subject to the implementation date of clinic registration under the PHFO to be announced by the Department of Health;
 - b. Being included in the General Register (GR) to practise dentistry in accordance with the Dentist Registration Ordinance (DRO) (Cap. 156 of laws of Hong Kong) and holding a valid practising certificate;
 - c. Having enrolled as a healthcare provider (HCP) in the Electronic Health Record Sharing System (eHealth); and
 - d. Being listed as a Primary Care Dentist in the Primary Care Directory (PCD) or Primary Care Register (PCR) after its establishment.
- 1.2 Registered dentists operating or practising in multiple clinics can participate with any designated clinic address that is registered in eHealth.

2. Enrolment Procedures

- 2.1 Eligible registered dentists may participate in the PDCC voluntarily through his own volition.
- 2.2 The registered dentist can submit the electronic enrolment form through eHealth (in Strategic Health Service Operation Platform (SHSOP) in eHealth Portal).
- 2.3 Before submission of online enrolment, the following appendix items will be made available on the **IT Platform**, as well as the **Website**, for the registered dentist to read:
- a. Covering Notes for Private Dentist's Application;
 - b. Terms and Conditions of Agreement for Private Dentists;
 - c. Undertaking and Declaration; and
 - d. Personal Information Collection Statement

- 2.4 The registered dentist is required to acknowledge and agree to documents listed in the above section and provide the following information through **IT Platform** for participating in the PDCC:
- a. Personal particulars;
 - b. Healthcare Service Location (HSL) for providing service, with urgent contact phone number;
 - c. Bank account information; and
 - d. **Scheme Participants** Co-Payment fee for the subsidised services
- 2.5 The registered dentist is then required to submit the following supporting documents to the Programme Office via email or fax for verification and vendor account setup:
- a. Certified true copy of a valid Practising Certificate;
 - b. Duly signed and completed Authority for Payment to a Bank;
 - c. Certified true copy of bank correspondence, such as bank statement within 6 months, showing the name of the bank, bank account number and the name of the account holder;
 - d. Certified true copy of Business Registration Certificate (for business bank account);
 - e. Clinical Administrator Enrolment Form;
 - f. Dental Hygienist Enrolment Form, if applicable;
 - g. Form for Fee of PDCC Non-subsidised Items; and
 - h. Form for Information Displayed on the Website, if applicable.
- 2.6 The blank form for documents (b) and (e) to (g) listed in the above section can be downloaded from **IT Platform** or the **Website**.
- 2.7 The registered dentist should provide the documents listed in *Part II section 2.5* preferably within ten (10) calendar days to facilitate the enrolment procedures.
- 2.8 The Programme Office will review the online enrolment forms on the **IT Platform** and supporting documents provided by the registered dentist. If any clarification is required, the Programme Office will inform the registered dentist via email or phone for editing the online enrolment forms as required for re-submission.
- 2.9 The Programme Office will notify the registered dentist the result of his application via email within thirty (30) calendar days of his submission of requisite information and supporting documents.
- 2.10 The **Private Dentist** can assign Clinic Administrator(s) to undertake tasks

including, but not limited to:

- a. Verifying the eligibility of the **Scheme Participant** at point of service provision
 - b. Assisting with attendance registration for the **Scheme Participant**; and
 - c. Inputting the results of the Oral Health Questionnaire
- 2.11 To streamline the enrolment process for clinics in dental groups, eligible registered dentists under their group practice can enrol in the PDCC through their authorised Clinic Administrators by provider-based enrolment through eHealth.
- 2.12 The dental group is required to submit the completed and signed Authorisation Form of the **Private Dentists**, for facilitating their enrolment by Clinic Administrators, and a summary list of the Private Dentists within the dental group to the Programme Office via email or fax. The blank Authorisation Form and summary template are available on the **Website**.
- 2.13 The Programme Office will proceed for relevant settings on the **IT Platform** according to the documents received. Upon completion of the settings, the Programme Office will notify the dental group by email. The authorised Clinic Administrator can login to eHealth for completing the enrolment procedures for the **Private Dentists** by means of provider-based enrolment and submit supporting documents required to the Programme Office accordingly.

3. List of Enrolled Private Dentists

- 3.1 The list of enrolled **Private Dentists** will be published on the **Website**. The list is updated at least on a weekly basis.
- 3.2 The information of **Private Dentists**, including Co-Payment fee, clinic address and contact phone number will be offered to the **Scheme Participant** for selection. The information is listed in alphabetical order of the last name of the **Private Dentists**.
- 3.3 Fees for **PDCC Non-subsidised Items** will be included in the list for reference when the **Scheme Participant** makes their choice of **Private Dentist**.
- 3.4 The **Private Dentist** shall update the Programme Office timely when there are any updates on the particulars and any displayed information on the **Website**. The **Private Dentist** should refer to *Part V section 4.1* and *Part VII section 3* to update the corresponding information.

4. **Display of Logo**

- 4.1 The **Private Dentist** is required to display prominently stickers of the official logos of the PDCC in visible areas within the practising location, where they can be easily noticed by **Scheme Participants** and visitors, at all times during the period of participation in the PDCC.
- 4.2 The stickers of the official logo of the PDCC will be provided to the **Private Dentist** by the Programme Office. The **Private Dentist** should not make copies of the stickers.
- 4.3 If there are more than one enrolled **Private Dentists** practising within a single address, the number of stickers to be displayed can be adjusted to at least one, subject to the **Private Dentists'** own arrangement.
- 4.4 If a **Private Dentist** ceases to participate in the PDCC, the stickers should be removed and properly disposed. Return of the stickers is not required.

III. ENROLMENT OF SCHEME PARTICIPANTS

1. Eligibility

- 1.1 To enrol in the PDCC, an individual must meet the following criteria:
- a. Holder of a valid Hong Kong Identity Card within the meaning of the Registration of Persons Ordinance (Cap. 177 of laws of Hong Kong), except that who obtained his Hong Kong Identity Card by virtue of a previous permission to land or remain in Hong Kong granted to him/her and such permission has expired or ceased to be valid; or a holder of a valid Certificate of Exemption within the meaning of the Immigration Ordinance (Cap.115 of laws of Hong Kong);
 - b. Be aged 13, or will be aged 13 in the calendar year the application to enrol in the PDCC is made, to 17. For the avoidance of doubt, a person will cease to be eligible once he reaches the age of 18; and
 - c. Has enrolled in eHealth.
- 1.2 The **Private Dentist** shall ensure that the parent or guardian of the eligible adolescent has given consent to enrol the adolescent in the PDCC via completion of the Application and Consent Form, which is available on the **Website**.

2. Enrolment Procedures

- 2.1 Upon being enrolled in the PDCC, the **Scheme Participant** shall have the right to select any **Private Dentist** according to his own choice.
- 2.2 The **Private Dentist** may invite any patients under his care, who fulfil the eligibility criteria, to enrol in the PDCC. The enrolment to the PDCC and the selection of the preferred **Private Dentist** should, however, not be performed under coercion or undue influence of any party in any form.
- 2.3 When receiving enquires from adolescents or their parents or guardians with the intention to enrol in the PDCC, the **Private Dentist** should initially check the eligibility criteria as listed in *Part III section 1.1*.
- 2.4 After initially verifying the eligibility status of the adolescent, the **Private Dentist** should proceed to appointment scheduling. The eligible adolescent and his parent or guardian should be reminded to bring the completed and signed Application and Consent Form, as well as the Oral Health Questionnaire during the subsidised visit.

- 2.5 Before proceeding to enrolment to the PDCC, the **Private Dentist** should make sure that the eligible adolescent and his parent or guardian have read and understand the most updated version of the Participant Information Notice and the Personal Information Collection Statement before providing consent to join the PDCC.
- 2.6 The **Private Dentist** should prepare spare copies of the Application and Consent Form, and the most updated version of the Participant Information Notice and the Personal Information Collection Statement for the eligible adolescents and their parents of guardian to fill or read upon request.
- 2.7 If the adolescent has not yet registered with eHealth, the **Private Dentist** should assist him to go through relevant enrolment documents, including the Participant Information Notice and the Personal Information Collection Statement for eHealth before he completes the registration with eHealth.
- 2.8 If the adolescent is aged below 16, the **Private Dentist** should assist his parent or guardian to act as the substitute decision maker (SDM) and complete the registration with eHealth, after going through the aforementioned enrolment documents in the above section.
- 2.9 The eligible adolescent and his parent or guardian needs to provide his/her consent to enrol in the PDCC by inserting the HKIC into the eHealth card reader or providing his/her HKIC to the **Private Dentist** / Clinic Administrator for enrolment through **IT Platform**.
- 2.10 The **Private Dentist** should obtain eHealth sharing consent from the eligible adolescent, or their parent or guardian.
- 2.11 The **Private Dentist** should collect the printed, completed and duly signed Application and Consent Form from the eligible adolescents on behalf of the Programme Office.

IV. PROVISION OF SERVICES

1. Appointment Scheduling

- 1.1 After initially verifying the eligibility status of the eligible adolescent, the **Private Dentist** or staff of the clinic should provide the date and time for the dental appointment for the provision of subsidised services. The appointment should be preferably within 1 month and no later than 3 months.
- 1.2 Eligible adolescents can change the appointment date and time by contacting the **Private Dentist** directly.

2. Attendance Registration

- 2.1 The **Private Dentist** can access the **IT Platform** in the eHealth Portal to proceed with attendance registration.
- 2.2 A valid attendance record should include physical attendance of the **Scheme Participant** and a face-to-face consultation with the **Private Dentist**.
- 2.3 At the point of attendance registration, the eligibility status should be checked via Online Checking System for Subsidised Public Healthcare Services (OCSSS). If the individual is identified as a non-eligible person, the **IT Platform** will prompt and prevent the **Private Dentist** from proceeding with attendance registration.
- 2.4 Any services provided by the **Private Dentist** to such non-eligible person, for any reason whatsoever, shall be considered a private arrangement between the **Private Dentist** and the individual at the latter's own expense.
- 2.5 The **Private Dentist** should register the attendance of the **Scheme Participant** via one of the following methods:
 - a. Inserting the Hong Kong Identity Card into eHealth card readers;
 - b. Inputting one-time password (OTP) received by Scheme Participant via SMS or email; or
 - c. Generating pre-filled attendance sheet from the **IT Platform**.
- 2.6 The **Private Dentist** can register the attendance record within seven (7) calendar days if the attendance record cannot be registered on the day of service provision, with reasons stated in the **IT Platform**.
- 2.7 The attendance registration is preferably to be completed by methods stated in

Part IV section 2.5a and 2.5b. They are regarded as the first priority to serve as a good proxy for evidence of service delivery.

- 2.8 Only when an unexpected situation where these methods are not feasible, including but not limited to card reader breakdown, method stated in *Part IV section 2.5c* should be used.
- 2.9 The **Private Dentist** must state the reason for choosing the method stated in *Part IV section 2.5c* for attendance taking and upload the pre-filled attendance sheet with the signatures from both the **Private Dentist** and the **Scheme Participant** to the **IT Platform**. The Private Dentist should retain the original copy for 9 months for audit purpose. The Programme Office may request to collect the attendance sheet from the **Private Dentist** in due course.
- 2.10 When the attendance of the **Scheme Participant** is successfully recorded in the **IT Platform**, a system-generated notification under eHealth is sent to selected communication means of the parent or guardian of the **Scheme Participant** as confirmation of service delivery. The notification message will state the actual date of service provision received by the **Scheme Participant**.
- 2.11 The original copy of the Application and Consent Form should be safekept by the **Private Dentist**. The Programme Office may request to collect the Application and Consent Form from the **Private Dentist** in due course.

3. Oral Health Questionnaire

- 3.1 The information collected from Oral Health Questionnaire will be used in the assessment of oral health risks of **Scheme Participants**. **Private Dentist** should facilitate the **Scheme Participants** to complete the Oral Health Questionnaire, including but not limited to provide the **Scheme Participant** a copy of the Oral Health Questionnaire at clinic.
- 3.2 The **Private Dentist**, or Clinical Administrator or Dental Hygienist should input the results of the Oral Health Questionnaire into the **IT Platform** before providing the **PDCC Services**.

4. Provision of PDCC Services and PDCC Non-subsidised Items

4.1 Consent to Dental Treatment

- 4.1.1 The **Private Dentist** should obtain the consent to dental treatment from the **Scheme Participant** or his parent or guardian for the provision of **PDCC Services**.

4.1.2 The Application and Consent Form stated in *Part III section 2.11* is solely for the purpose of obtaining the consent from the parent and to enrol the **Scheme Participant** in the PDCC. The Application and Consent Form shall not be regarded as a consent to dental treatment.

4.1.3 The consent to dental treatments from the **Scheme Participant**, or his parent or guardian, should include, but not limited to, proper explanation of the nature, effect and risks of the treatment. The **Private Dentist** shall be professionally obligated to obtain such consent from the **Scheme Participant** or his parent or guardian in this respect.

4.2 **Oral Health Risk Assessment**

4.2.1 The **Private Dentist** shall conduct a thorough medical history taking, dental history taking, family and social history taking, extra-oral and full-mouth intra-oral examination, and any relevant investigation under the professional judgement of the **Private Dentist** to the **Scheme Participant**. The findings from dental check-up should be accurately recorded in the **IT Platform**.

4.2.2 The **Private Dentist** shall assess the oral health risks, including the caries risk and periodontal risk of the **Scheme Participant** based on the protocol driven care pathway built in the **IT Platform**. The protocol determines the caries risk and periodontal risk of **Scheme Participants** by the Oral Health Questionnaire, history taking and results of the clinical examination.

4.2.3 The **Private Dentist** should identify any contributing factors including but not limited to diet, medical conditions, oral conditions, oral hygiene habits and any other risk factors by his professional judgement.

4.2.4 The **Private Dentist** are required to input the clinical data as required in the **IT Platform** for each **Scheme Participant**, including the dental charting for all thirty-two (32) permanent teeth and twenty (20) deciduous teeth, and the results of Simplified Basic Periodontal Examination (sBPE) and the result of plaque assessment. The use of sBPE is summarised in *Annex I*.

4.2.5 Based on the oral health assessment result determined by the protocol driven care pathway, the **Private Dentist** should follow the recommendation in the protocol and carry out corresponding treatment items as far as practicable. The treatment recommendation is listed in *Annex II*.

4.3 **Dental Scaling**

4.3.1 The **Private Dentist** should perform full-mouth dental scaling to the **Scheme Participant**, unless under the clinical judgement of the **Private Dentist**, that

such treatment is unsuitable to be performed.

- 4.3.2 The **Private Dentist** can choose to assign the provision of dental scaling to an enrolled Dental Hygienist under Ancillary Dental Workers (Dental Hygienist) Regulations (Cap. 156B of laws of Hong Kong) to undertake such treatment under the direction of the **Private Dentist**, who must be present in the premises when such work is being carried out.
- 4.3.3 It is preferable that dental scaling is provided to the **Scheme Participant** with the use of ultrasonic instruments. In any case, under the clinical judgement of the **Private Dentist**, that the use of ultrasonic instruments is contraindicated in the **Scheme Participant**, use of other mechanical instruments should be adopted. The **Private Dentist** should include such clinical decision with justification in the clinical record.
- 4.3.4 In case the **Private Dentist**, under his professional clinical judgement, considers that there is the need of per-operative antibiotics prophylaxis before the provision of dental scaling, the **Private Dentist** can arrange another appointment for the **Scheme Participant**, preferably within one month. For the avoidance of doubt, the medication fee for pre-operative antibiotics prophylaxis shall be settled by the own expense of the **Scheme Participant**.
- 4.3.5 If the **Private Dentist**, under his professional judgement, considers that dental scaling is at all contraindicated in the **Scheme Participant**, he/she should provide justification of such clinical decision in the clinical record.
- 4.3.6 In case that dental scaling is terminated amidst the procedure due to **Scheme Participant**'s refusal to continue or the clinical judgement of the **Private Dentist** to not continue, or any reason whatsoever, it should be documented properly.
- 4.3.7 If dental scaling is not performed due to failure in obtaining the consent from the **Scheme Participant** or his parent or guardian, or their refusal of treatment due to any reason whatsoever, it should also be properly documented.

4.4 **Personal Self-care Advice**

4.4.1 The **Private Dentist** should provide personal self-care advice and lifestyle recommendation to the **Scheme Participant** based on the caries and periodontal risk assessment result, or any other risks of oral diseases as identified by the **Private Dentist**.

4.4.2 The **Private Dentist** should provide the self-care advice and lifestyle as recommended in the protocol driven care pathway in the **IT Platform** to the **Scheme Participant** as far as practicable. Based on the actual clinical situation, the **Private Dentist** should provide any other advice or recommendation as appropriate according to his professional judgement.

4.4.3 If the **Private Dentist** does not provide the personal self-care advice as recommended by the protocol driven care pathway in the **IT Platform**, he should provide justification of such clinical decision in the clinical record.

4.4.4 The **Private Dentist** can choose to assign the provision of the personal self-care advice to an enrolled Dental Hygienist under Ancillary Dental Workers (Dental Hygienist) Regulations (Cap. 156B of laws of Hong Kong) to undertake such treatment under the direction of the **Private Dentist**, who must be present in the premises when such work is being carried out.

4.5 **Fluoride Application**

4.5.1 The **Private Dentist** should provide topical fluoride application to the **Scheme Participant** who is identified with moderate or high caries risk by protocol driven care pathway in the **IT Platform**, or any **Scheme Participant** whoever the **Private Dentist** considers suitable by his professional judgement, as a risk-based follow-up procedure.

4.5.2 The **Private Dentist** is highly recommended to provide topical fluoride varnish that contains at least 22,600 parts per million (ppm) fluoride, while consent to such application must be obtained with clear explanation of the drawbacks.

4.5.3 The **Private Dentist** can choose to assign the provision of topical fluoride varnish to an enrolled Dental Hygienist under Ancillary Dental Workers (Dental Hygienist) Regulations (Cap. 156B of laws of Hong Kong) to undertake such treatment under the direction of the **Private Dentist**, who must be present in the premises when such work is being carried out.

4.6 **Provision of PDCC Non-subsidised Items**

4.6.1 Based on the result of examination as stated in *Part IV section 4.2.1*, the **Private Dentist** shall recommend **PDCC Non-subsidised Items** for the **Scheme Participant** under his professional judgment.

4.6.2 The protocol driven care pathway in the **IT Platform** also determines the **PDCC Non-subsidised Items** and other non-subsidised treatment recommendation based on the findings of oral examination and the result of the oral health risk assessment.

4.6.3 The **Private Dentist** should obtain the consent from the **Scheme Participant** or his parent or guardian to receive and pay for provision of **PDCC Non-subsidised Items**.

4.6.4 The **Private Dentist** shall charge the **Scheme Participant** for provision of **PDCC Non-subsidised Items** according to the information displayed on the **Website**, as listed in *Part II section 3.3*. The list of fee schedule should be available at the clinic for the **Scheme Participant** to read, and shall be the same as displayed on the **Website**.

4.7 **Check-up Report**

4.7.1 The **Private Dentist** should explain the assessed oral health risk and the oral condition to the **Scheme Participant** or his parent or guardian. The **Private Dentist** shall provide a hard copy of the check-up report if requested by the **Scheme Participant**.

4.7.2 The consultation report should be prepared in the form of the standard report provided by the Programme Office. The hard copy of the standard report is printable as an export from the **IT Platform**.

4.7.3 The oral condition, treatment and personal self-care advice received, and payment details will be displayed in the eHealth App.

V. FINANCIAL MANAGEMENT

1. Co-Payment

1.1 Recommended Amount

1.1.1 The Programme Office will set a recommended amount for the **Co-Payment**, which is the amount the **Private Dentist** entitled to charge to **Scheme Participant** for the provision of **PDCC Services**.

1.1.2 The current recommended amount for **Co-Payment** is HK\$200.00. The **Private Dentist** can decide the **Co-Payment** that the **Scheme Participant** has to pay, which can be more, equal or less than the recommended amount.

1.1.3 If the **Scheme Participant** has attended the subsidised visit, but no dental scaling has been provided due to any reason whatsoever, the **Scheme Participant** shall be charged a **Co-Payment** of maximum HK\$50.00 upon completion of all remaining items of **PDCC Services** except dental scaling. The **Government Subsidy** receivable by the **Private Dentist** will be HK\$50.00 in such case.

1.1.4 The recommended amount for **Co-Payment** may be adjusted by the Government from time to time.

1.2 Collection of Co-Payment

1.2.1 The **Private Dentist** shall only charge the **Scheme Participant** at maximum the amount of **Co-Payment** as informed the Government for the provision of **PDCC Services** in a calendar year in respect of any **Scheme Participant** under his care in any circumstances for any reasons whatsoever.

1.2.2 The **Private Dentist** shall charge the **Co-Payment** fee as determined by the **Private Dentist** which will be displayed in **IT Platform**.

1.2.3 The **Private Dentist** can make a one-off downward adjustment of the **Co-Payment** fee at time of payment checkout, and **Scheme Participant** will be notified with such information via SMS.

1.2.4 The **Private Dentist** shall be solely responsible for collecting the **Co-Payment** from the **Scheme Participant** or his parent or guardian.

1.2.5 The **Private Dentist** shall confirm the payment checkout in the **IT Platform** when collecting the **Co-Payment** from **Scheme Participants**.

- 1.2.6 When the payment checkout is successfully recorded in the IT Platform, a system-generated notification under eHealth is sent to selected communication means of the parent or guardian of the Scheme Participant as confirmation of payment. The notification message will state the amount of payment paid by the Scheme Participant.
- 1.2.7 Any delay in confirming the payment checkout in the **IT Platform** upon collection of payment from **Scheme Participants** may result in unsuccessful reimbursement.

2. Reimbursement

2.1 Reimbursement Period

- 2.1.1 The **Private Dentist** can submit claims for the subsidy from the Government for the provision of **PDCC Services** online through the **IT Platform**.
- 2.1.2 The **Private Dentist** shall endeavour to submit claims for the subsidy from the Government within two (2) months of the provision of a completed subsidised visit.
- 2.1.3 Subject to acceptance of the claim, payment to the **Private Dentist** will be settled within sixty (60) calendar days from the date of which the submitted claims are to the satisfaction and not disputed by the Government.

2.2 Reimbursement Procedures

- 2.2.1 The **Private Dentist** can only proceed to claim the subsidy from the Government for each subsidised visit with valid attendance record, as described in *Part IV section 2* bundled with corresponding clinical record of the **PDCC Services**.
- 2.2.2 To ensure the successful reimbursement, the **Private Dentist** should complete the input of the record of **PDCC Services** in the **IT Platform**, which includes the following fields:
- a. Valid attendance record;
 - b. Results of the Oral Health Questionnaire;
 - c. Oral health assessment record;
 - d. **PDCC Services** provided; and
 - e. Check-up report.
- 2.2.3 The **IT Platform** will categorise the claims eligible for submission by the month of claim generation. The **Private Dentist** can submit claims for the subsidy from

the Government through electronic claim form in the **IT Platform**.

- 2.2.4 Each electronic claim form generated in the **IT Platform** includes the attestation by the **Private Dentist** that the claims submitted are precise, appropriate and in compliance with the **T&C**.
- 2.2.5 After submission, these claims will be made available on the **IT Platform** for the Programme Office to view and verify. The **Private Dentist** may be required to submit supplementary supporting documents if the Programme Office deems appropriate.
- 2.2.6 Under normal circumstances, amendments of claims are not allowed after submission.
- 2.2.7 For any disputed claims, the Government reserves the right to withhold payment until the issue is resolved.

3. PDCC Non-subsidised Items

- 3.1 The **Private Dentist** shall be solely responsible for collecting the fees for provision of **PDCC Non-subsidised Items** from the **Scheme Participant** or his parent or guardian.
- 3.2 The **PDCC Non-subsidised Items** provided and the fees charged the **Scheme Participant** should be recorded in the **IT Platform**.

4. Adjustment of Government Subsidy, Co-Payment Fee and Fee of PDCC Non-subsidised Items

- 4.1.1 Taking into account multiple factors such as change in the dental fee level in the market price, the Government can review the amount of **Government Subsidy** provided and make amendments accordingly in due course.
- 4.1.2 The amount of subsidy receivable by the **Private Dentist** will be updated by the Programme Office. The revised amount will be uploaded to the **IT Platform** from the effective date.
- 4.1.3 The **Private Dentist** may adjust the **Co-Payment** fee and the fee of **PDCC Non-subsidised Items** on an annual basis when requested by the Programme Office. Such adjustment shall not take effect before the effective date announced by the Programme Office.
- 4.1.4 The new fee schedule should be available at the clinic for **Scheme Participants** upon request.

4.1.5 The change of the displayed information will be updated on weekly basis on the Website, with reference to *Part II section 3.1*.

VI. QUALITY ASSURANCE AND RISK MANAGEMENT

1. Complaints

- 1.1. A complaint is defined as an expression of dissatisfaction by any individuals with the policy and its implementation, or the services and their delivery.
- 1.2. Feedbacks includes requests for assistance, enquiries or other communication initiated by individuals that cannot be classified as a complaint.
- 1.3. The **Private Dentist** should develop a robust system for handling complaints falling under its purview. The **Private Dentist** shall report to the Programme Office within twenty-four (24) hours for any complaints of clinical incidents or professional misconduct, and to submit written reports and take other follow-up actions in respect of the complaint as directed by the Programme Office, by the deadlines set by the Programme Office and to the satisfaction of the Programme Office.
 - a. All written complaints shall be acknowledged within ten (10) calendar days after receipt; and
 - b. A substantive reply shall be issued with ten (10) calendar days after receipt of the complaint as far as possible. For complicated cases requiring longer processing time, the complainant should be kept informed of the progress of the case and the reasons why a longer time is needed to provide a substantive reply and, if possible, the estimated time frame.
- 1.4. The **Private Dentist** shall refer complaints outside of its purview to the Programme Office for handling, such as those concerning the design of the PDCC and the policies set by the Government.

2. Incident Management

2.1. Types of Incidents

- 2.1.1. An incident is defined as an irregular or exceptional event that may adversely affect patient care or quality or safety of the services provided to **Scheme Participants**.
- 2.1.2. All incidents shall be reported by using the Incident Reporting Form in *Annex III*.
- 2.1.3. Clinical incidents shall be reported to the Programme Office within twenty-four

(24) hours. Types of incidents include:

- a. Medication error;
- b. Misidentification of patient, including that caused by incorrect clinical record;
- c. Patient admitted to hospital during treatment or receiving service under the **Subsidised Visit**; and
- d. Any other clinical incidents which lead to unintended or unnecessary harm to **Scheme Participants**.

2.1.4. Major non-clinical incidents shall be reported to the Programme Office within twenty-four (24) hours. Types of incidents may include:

- a. Breach of personal data privacy;
- b. Suspected criminal case;
- c. Media interest, which may cause severe consequences, or may affect or potentially affect a large number of **Scheme Participants**
- d. Service interruption or suspension caused by facilities, environment, equipment, manpower and dental consumables, that has generated intense media interest, public sentiment or reports to external authorities;
- e. **IT Platform** breakdown; and
- f. Significant financial incidents, such as suspected fraud, foul play or misconduct.

2.1.5. Moderate and minor non-clinical incidents shall be recorded within seven (7) calendar days. Type of incidents include

- a. Delay and interruption in PDCC service; and
- b. Other incidents that did not cause interruption in PDCC Service

2.2. **Incident Reporting**

2.2.1. An incident reporting and management mechanism is established to identify risks and deficiencies of the PDCC and facilitate timely management of incidents.

2.2.2. An incident may be identified by the **Private Dentist**, other healthcare service providers or service units. Incidents may be identified at the time they occur or at any time after the event.

2.2.3. Upon the identification of an incident, the **Private Dentist** shall take the following immediate actions

- a. Ensuring that the affected **Scheme Participant** is safe and all necessary

steps are taken to support, treat and prevent further injury in case it involves harm or potential harm to the **Scheme Participant**;

- b. Taking necessary steps to prevent immediate recurrence of the incidents;
- c. Considering to inform the affected parties immediately if appropriate; and
- d. Retaining records, materials and equipment, including disposable equipment used in conjunction with any device that may be relevant to the incident.

2.2.4. Open disclosure with the **Scheme Participant** is the responsibility of and shall be initiated by the healthcare service providers or service units that directly provide care to the **Scheme Participant**.

2.2.5. The Programme Office and other responsible parties of the Government shall be entitled to carry out investigation into any incidents or circumstances of which it becomes aware. The **Private Dentist** and other related service providers shall facilitate and assist in such investigation.

3. **Handling of Personal Data**

3.1. All complaints and incidents should be handled in strictest confidentiality, including the personal data of the complainants. Any disclosure of content of the complaint should be confined to related parties and on a need-to-know basis to facilitate the investigation. All **Private dentist** and his staff members and healthcare service providers and service units should comply with the requirements of the Personal Data (Privacy) Ordinance (Cap. 486) and the Code on Access to Information when handling requests from members of the public.

4. **Service Disruption**

4.1. The **Private Dentist** shall notify the Programme Office of any leave or service disruption fourteen (14) calendar days in advance or whenever possible.

4.2. If the **IT Platform** system downtimes owing to unexpected system error, the **Private Dentist** should document all the necessary clinical information. The **Private Dentist** has to input the consultation record into the **IT Platform** once the technical functions resume, and preferably within seven (7) calendar days after function resumption.

VII. ADMINSTRATIVE MANAGEMENT

1. Information Technology Management

- 1.1 The **IT Platform** has been developed to support the operation of the PDCC. Major functions include scheme enrolment, verification of eligibility, clinical documentation, **Co-Payment** and reimbursement claim management and generation of statistical and management reports for service monitoring.
- 1.2 For the use of functions, the **Private Dentist** should refer to the User Manuals for **IT Platform**.

2. Sharing of Clinical Data

- 2.1 To enable sharing among different health professionals, the **Scheme Participant** are required to participate in the eHealth and give sharing consent to the HCP of their selected **Private Dentist**. The **Private Dentist** must also register with eHealth to access the **IT Platform**.
- 2.2 The **Private Dentist** shall have access to, or record from the **IT Platform** in respect of the relevant **Scheme Participant** for a reasonable period as may be required solely for the PDCC, in accordance with his legal and professional responsibilities.
- 2.3 The oral examination results and clinical records captured in the **IT Platform** will be shared to other healthcare professionals via eHealth.
- 2.4 The **Scheme Participant** will receive notification through their selected means when their electronic health record is being accessed.

3. Information Updates

3.1 Service Clinic Details

- 3.1.1 The **Private Dentist** must inform the Programme Office immediately when they have any updates or changes, in the future or thereafter, to the information previously provided in the enrolment, or that is pertinent to their participation in PDCC.
- 3.1.2 The **Private Dentist** should use their registered email address under the PDCC to communicate with the Programme Office when updates or changes of information is required. It should include the clinic chop and the signature of the **Private Dentist**.

- 3.1.3 For adding new service clinic, the **Private Dentist** needs to ensure that the clinics have been registered under eHealth and provides certificate of Business Registration for processing.
- 3.1.4 For service clinics temporarily unable to accept new **Scheme Participants**, the **Private Dentist** shall inform the Programme Office with reasons of the service interruption.
- 3.1.5 For the removal of service clinics, the **Private Dentist** shall provide reasons for the removal. The effective date for service clinical removal is ninety (90) calendar days after the notification to Programme Office is made.
- 3.1.6 The above updates on service clinics is updated on weekly basis, with reference to *Part II section 3.1*

3.2 **Bank Information**

- 3.2.1 The **Private Dentist** may update their bank account information for reimbursement by submitting a written application to the Programme Office by email or fax.
- 3.2.2 The **IT Platform** allows the **Private Dentist** to maintain up to two sets of bank information for reimbursement. The **Private Dentist** has the flexibility in choosing the bank account for reimbursement during claim submission.

4. **Termination of Participation**

4.1 **Termination by Private Dentists**

- 4.1.1 The **Private Dentist** may terminate participation in the PDCC at any time by giving written notice at least ninety calendar (90) days to the Government and to the affected **Scheme Participants** under his care.
- 4.1.2 The termination can be submitted by email or fax to the Programme Office.
- 4.1.3 Upon receipt of the application of termination of participation, the Programme Office may contact the **Private Dentist** for further information or clarification regarding the application.
- 4.1.4 The **Private Dentist** is required to input all clinical records for any **Scheme Participant** and submit for reimbursement before the effective date of termination.

4.1.5 The Programme Office will remove the **Private Dentist's** role under **IT Platform** on the effective date of termination.

4.1.6 In such event, of the termination of participation, the **Private Dentist** should:

- a. Assist the Government to notify the affected **Scheme Participants**;
- b. Upon request of the Government, continue to provide subsidised services for any **Scheme Participants** before the effective date of the termination; and
- c. Upon request of the Government, make available to the Government all clinical records of the affected **Scheme Participants** in his possession or control.

4.1.7 In special occasion where immediate termination is required, such as decease of the **Private Dentist**, the Programme Office may terminate the participation of the **Private Dentist** in the PDCC without having submission of application for termination of participation. The Programme Office will liaise with the clinic on the termination procedures as appropriate.

4.2 Termination by Government

4.2.1 Any non-eligible registered dentist in reference to *Part II section 1.1* will receive termination notice from the Programme Office for termination process that will take in effect in at least ninety (90) calendar days.

4.2.2 The **Private Dentist** should ensure his eligibility status during participation to avoid termination. He shall inform the Programme Office immediately when he ceases to be eligible.

4.2.3 In such event of termination of participation, the **Private Dentist** should follow the practice in *Part VII section 4.1.6*.

Annex I – Guidelines for the Use of Simplified Basic Periodontal Examination (sBPE)

The Simplified Basic Periodontal Examination (sBPE) is used for periodontal screening of children and adolescents under 18 years of age. To avoid the problem of false pockets, it assesses six index teeth: all four first permanent molars (16, 26, 36 and 46), plus upper right central incisor (11) and lower left central incisor (31).

Codes 0, 1, 2, 3, 4 and * can be used in 12- to 17- year-olds. It uses a WHO probe with a 0.5 mm ball end and black band at 3.5 to 5.5 mm. The codes for sBPE are summarised below.

Code	sBPE
0	Healthy
1	Bleeding after gentle probing. Black band fully visible.
2	Calculus or plaque retention factor. Black band fully visible.
3	Shallow pocket 4 mm or 5 mm. Black band partly visible.
4	Deep pocket 6 mm or more. Black band disappears.
*	Furcation

Reference: Guidelines for Periodontal Screening and Management of Children and Adolescents under 18 Years of Age, 2021 British Society of Periodontology and Implant Dentistry and British Society of Paediatric Dentistry https://www.bsperio.org.uk/assets/downloads/Updated_BSP_BSPD_Perio_Guidelines_for_the_Under_18s_2021_FINAL_270921_vc_PDF_version.pdf

Annex II – Treatment Recommendation in Protocol Driven Care Pathway in the IT Platform

1. Treatment Recommendation based caries risk assessment result

Low	Nil
Moderate	Fluoride application
High	Fluoride application

2. Treatment Recommendation based on periodontal risk assessment result

Low	Scaling
Moderate	Scaling
High	Scaling

3. Self-care Advice Recommendation

All Scheme Participants: Advised regular dental check-up

Based on Oral Health Questionnaire result

Q1: Using fluoridated toothpaste <2 times per day	Advise using Fluoridated toothpaste twice per day
Q2: Snacking ≥3 times per day	Advise snacking frequency preferably below 3 times per day
Q3: Smoking cigarettes smoked per day > 0	Provide information for smoking Cessation

Based on plaque assessment result

Poor	Brushing technique
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Based on oral health assessment result

High caries risk	Dietary advice
High periodontal risk	Brushing and flossing technique

4. Non-subsidised Treatment Recommendation

Any decayed tooth	Filling
High caries risk	Dietary analysis
	Bitewing X-ray
	Fluoride application for every 6 months
High periodontal risk	Periodontal assessment
	Bitewing
	Relevant periapical X-ray

Annex III – Incident Report Form

Primary Dental Co-Care Pilot Scheme for Adolescents (PDCC) Incident Reporting Form

Please submit this form to the Programme Office according to the mechanism and reporting timeframe as specified in the respective contractual Terms & Conditions

A. Date and time of incident		Date: _____	Time: _____
B.			
i) Name of Service Provider: _____		eHealth UID: _____	
ii) Involved healthcare service provider(s) or service unit(s) <i>(multiple selections allowed; please specify the name(s) of healthcare service provider or service unit)</i>			
<input type="checkbox"/> Registered Dentist: _____			
<input type="checkbox"/> Dental Hygienist: _____			
<input type="checkbox"/> Clinic Administrator: _____			
<input type="checkbox"/> Others: _____			
C. Particulars of Scheme Participant <i>(if applicable, please attach separate Excel file if involving more than one Scheme Participant)</i>			
eHealth No.: _____		Name: _____ (_____)	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F		Date of birth: _____	
D. Type of Major incident			
i) Clinical incident <i>(multiple selections allowed)</i>		ii) Non-clinical incident <i>(multiple selections allowed)</i>	
<input type="checkbox"/> Medication error		<input type="checkbox"/> Breach of personal data privacy	
<input type="checkbox"/> Misidentification of patient, including that caused by incorrect / wrong clinical record		<input type="checkbox"/> Suspected criminal case	
<input type="checkbox"/> Patient admitted to hospital / A&E during treatment / while receiving service		<input type="checkbox"/> Media interest	
<input type="checkbox"/> Others#: <i>(please specify)</i>		<input type="checkbox"/> PDCC IT Platform breakdown	
_____		<input type="checkbox"/> Significant financial incidents e.g. suspected fraud, foul play or misconduct	
_____		<input type="checkbox"/> Service interruption or suspension caused by:	
_____		<input type="checkbox"/> Facilities issues	
_____		<input type="checkbox"/> Environmental issues	
_____		<input type="checkbox"/> Equipment issues	
_____		<input type="checkbox"/> Drug issues	
_____		<input type="checkbox"/> Medical consumables issues	
_____		<input type="checkbox"/> Manpower issues	
_____		<input type="checkbox"/> Others: <i>(please specify)</i>	
_____		_____	
E. Other type(s) of Incident <i>(not Major Clinical or not Major non-clinical Incident)</i>			
E. Factual account of the incident			

F. Immediate actions taken (if any and if necessary)
G. Impact on the Scheme Participant(s) / service provision (if any)
H. Potential cause of the incident and initial investigation results
I. Contingency arrangement / remedial actions taken (if necessary)
J. Report to external authority <input type="checkbox"/> No <input type="checkbox"/> Yes Name of authority: _____ Report date: _____
K. Open disclosure with Scheme Participant(s) <input type="checkbox"/> No <input type="checkbox"/> Yes Date: _____
L. Report completed by Name: _____ Date: _____ Post: _____ Signature: _____

<u>For internal use only</u> Remarks: Serial No. of the case: _____ Received by: _____ _____

Remark: please tick as appropriate