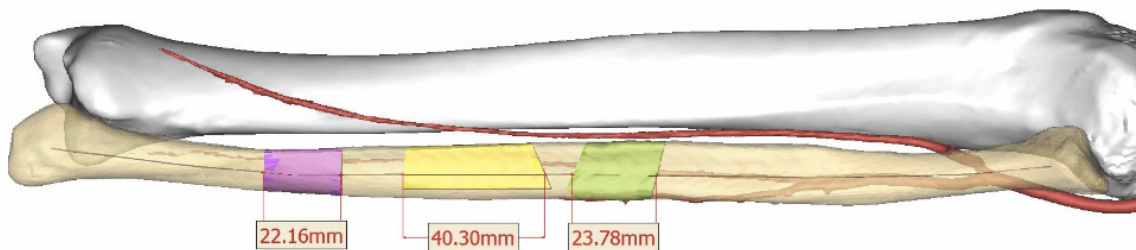
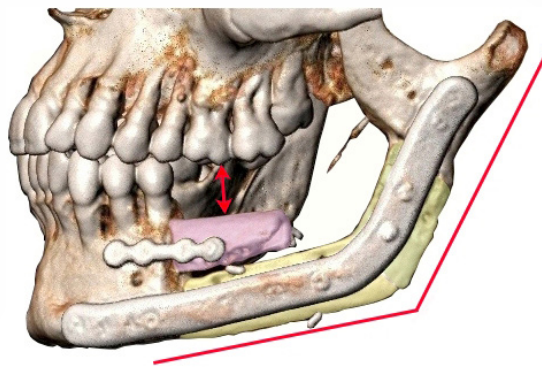


# Journal of Diagnostics and Treatment of Oral and Maxillofacial Pathology

5 2024



The cover images indicate the key direction of the journal and highlight an article titled “The ‘Beveled One-and-a-Half-Barrel’ Fibula Transplant with Virtual Surgical Planning and CT-Guided Implant Surgery for Prosthetic Rehabilitation in Posterior Mandible Defects: A Pictorial Essay” by Olindo MASSARELLI and Silvio Mario MELONI. The article was published in Volume 6, Issue 3.

This is a monthly open access and peer-reviewed journal for oral and maxillofacial surgeons. The journal made the transition from a print and an online version to an online-only version on January 1, 2022.



EDITOR IN CHIEF  
Oleksii Tymofieiev, *Ukraine*



# TANTUM VERDE®

QUICK RELIEF FROM PAIN AND INFLAMMATION IN THE MOUTH AND THROAT<sup>1</sup>

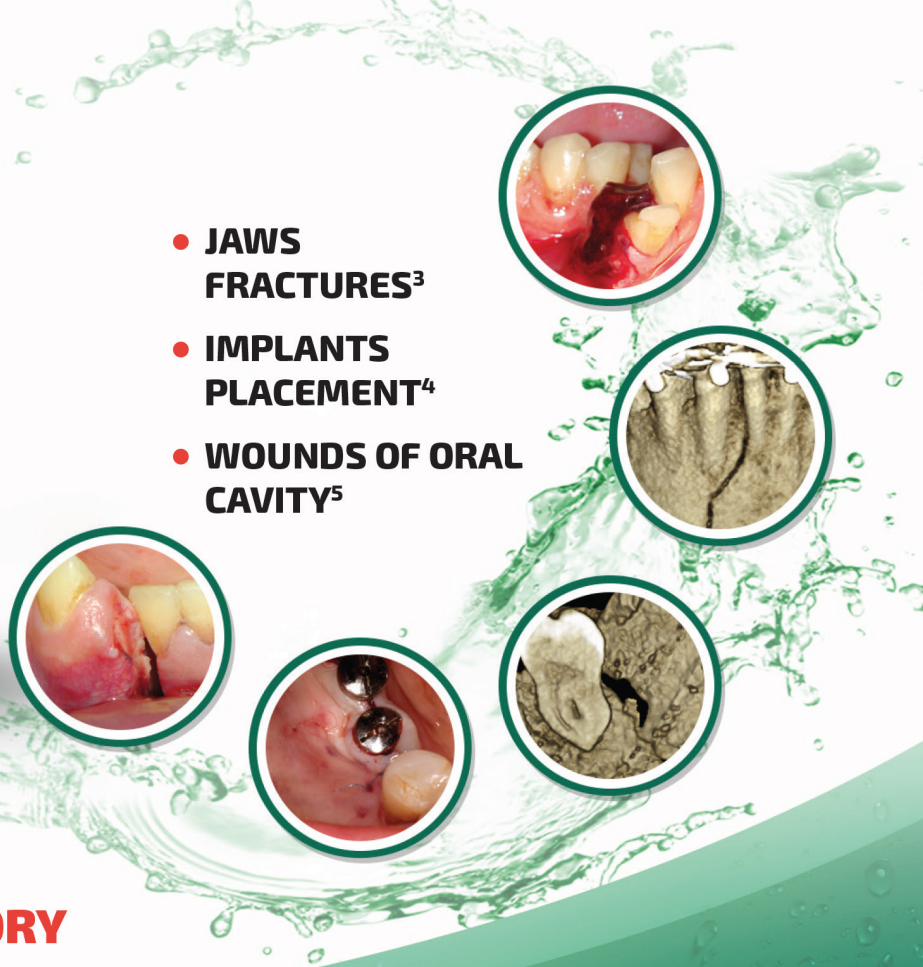
**AN INTEGRAL COMPONENT OF THE TREATMENT OF PAIN AND INFLAMMATION IN THE ORAL CAVITY IN 60 COUNTRIES WORLDWIDE!<sup>2</sup>**



Reg. № UA/3920/01/01

**LOCAL ANESTHETIC AND ANTI-INFLAMMATORY EFFECT<sup>1</sup>**

- **JAWS FRACTURES<sup>3</sup>**
- **IMPLANTS PLACEMENT<sup>4</sup>**
- **WOUNDS OF ORAL CAVITY<sup>5</sup>**



#### SUMMARY OF PRODUCT CHARACTERISTICS

**NAME OF THE MEDICINAL PRODUCT.** Tantum Verde 0.15% mouthwash. **QUALITATIVE AND QUANTITATIVE COMPOSITION.** Each 100 ml contains: active ingredient: benzydamine hydrochloride 0.15 g (equivalent to 0.134 g of benzydamine). **Therapeutic indications.** Treatment of symptoms such as irritation/inflammation including those associated with pain in the oropharyngeal cavity (e.g. gingivitis, stomatitis and pharyngitis), including those resulting from conservative or extractive dental therapy. **Posology and method of administration.** Pour 15 ml of Tantum Verde mouthwash into the measuring cup, 2-3 times per day, using it either at full concentration or diluted. If diluted, add 15 ml of water to the graduated cup. Do not exceed the recommended dosage. **Contraindications.** Hypersensitivity to benzydamine or to any of the excipient. **PHARMACOLOGICAL PROPERTIES. Pharmacodynamic properties.** Pharmacotherapeutic group: Stomatologic drugs: other agents for local oral treatment, ATC code: A01AD02. Clinical studies demonstrate that benzydamine is effective in relieving suffering from localised irritation of the mouth and pharynx. In addition, benzydamine possesses a moderate local anaesthetic effect. **Pharmacokinetic properties. Absorption.** Absorption through the oropharyngeal mucosa is demonstrated by the presence of measurable quantities of benzydamine in human plasma. These levels are insufficient to produce systemic effects. **Distribution.** When applied locally, benzydamine has been shown to accumulate in inflamed tissues where it reaches effective concentrations because of its capacity to penetrate the epithelial lining.

**Information about medicines. Information for health care professionals for use in professional activities.**

1. Інструкція для медичного застосування лікарського засобу Тантум Верде®, розчин для ротової порожнини, РПН № UA/3920/01/01, затверджено Наказом Міністерства охорони здоров'я України № 636 від 01.10.2015.

2. <http://www.angelini-pharma.com/wps/wcm/connect/com/home/Angelini+Pharma+in+the+world/>

3. Тимофеев А.А. и др. "Особенности гигиены полости рта для профилактики воспалительных осложнений при переломах нижней челюсти". Современная стоматология 2015;1(75):52-8.

4, 4.5. Tymofieiev O.O. et al "Prevention of inflammatory complications upon surgeries in maxillofacial region". J Diagn Treat Oral Maxillofac Pathol. 2017;1:105-12.

Clinical and CT images are courtesy of: Ievgen Fesenko (Department of Oral & Maxillofacial Surgery, PHEI "Kyiv Medical University", Kyiv, Ukraine), Oleg Mastakov ("SCIEDECE—Scientific Center of Dentistry & Ultrasound Surgery" Kyiv, Ukraine)



04119, Kiev, Melnikova str. 83D, of. 404.  
Tel.: (044) 538-01-26  
Fax: (044) 538-01-27



# About the Journal

MAY 2024 • VOLUME 8 • ISSUE 5  
[www.dtjournal.org](http://www.dtjournal.org)

## Official Title

*Journal of Diagnostics and Treatment of Oral and Maxillofacial Pathology*

## Official Title in Ukrainian

Журнал діагностики та лікування оральної і щелепно-лицевої патології

## Standard Abbreviation: ISO 4

*J. Diagn. Treat. Oral Maxillofac. Pathol.*

## Acronym

JDTOMP

## International Standard Serial Number (ISSN)

ISSN 2522-1965 (online)

## Aims & Scope

This is a monthly open access and peer-reviewed oral and maxillofacial surgeons. The journal is focused on trauma, microvascular and jaw reconstructive surgery, dental implants, salivary gland tumors/diseases, TMJ lesions, virtual surgical planning, implementation of ultrasonography into the practice of oral and maxillofacial surgeons.

## Editorial Board (EB) Composition

- EB shows significant geographic diversity representing 34 opinion leaders from 14 countries: Brazil, Canada, Colombia, Greece, Hong Kong (SAR, China), India, Israel, Italy, Slovak Republic, Spain, Ukraine, United Arab Emirates, United Kingdom, and United States.
- The majority of the EB Members have a discernible publication history in Scopus, Web of Science, and journals with a high impact factor.
- The publication records of all EB members are consistent with the stated scope and published content of the journal.
- The journal has several full-time professional editors.
- Gender distribution of the editors: 11.76% women (4 persons), 88.24% men (30 persons), 0% non-binary/other, and 0% prefer not to disclose.

## Frequency

12 issues a year (from January 2020)

## Publishing Model

The *Journal of Diagnostics and Treatment of Oral and Maxillofacial Pathology* is a fully online-only open access and peer-reviewed publication.

## Types of Peer Review

The journal employs “double blind” and open reviewing.

## Article Publishing Charge (APC)

The APC in this journal is 500 Euro (\$550 USD) and 250 Euro (\$275 USD)(excluding taxes) depending on the article's type. Details at website: [www.dtjournal.org](http://www.dtjournal.org).

## Types of Articles Currently Published by the Journal

Editorials/Guest Editorials/Post Scriptum Editorials, Images,

Case Reports/Case Series, Original Articles, Review Articles, Discussions, Paper Scans (*synonyms*: Review of Articles, Literature Scan), Book Scans (*synonym*: Book Reviews), Letters to the Editor (*synonym*: Letters), and Viewpoints.

## State Registration in the Ministry of Justice of Ukraine

Registration: Jul 28, 2016 (Certificate: KB № 22251-12151 P)

Re-registration: May 21, 2019 (Certificate: KB № 23999-13839 ПП)

Re-registration: Aug 10, 2021 (Certificate: KB № 24951-14891 ПП).

## State Registration in the National Council of Television and Radio Broadcasting of Ukraine

- The journal is registered as print media (Decision of 2024, April 11, No. 1225). The identifier of print media R30-04318.

- The journal is registered as online media (Decision of 2024, April 25, No. 1454). The identifier of online media R40-04708.

## Journal is Included in

Encyclopedia of Modern Ukraine, Google Scholar, National Repository of Academic Texts, Register of Scientific Publications of Ukraine (also known as Ukrainian Scientific Periodicals or Register of Scientific Professional Publications of Ukraine), ResearchGate, Scilit, and Vernadsky National Library of Ukraine

## Co-Founders

1. Shupyk National Healthcare University of Ukraine (formerly known as Shupyk National Medical Academy of Postgraduate Education).
2. Private Higher Educational Establishment “Kyiv Medical University.”
3. OMF Publishing, Limited Liability Company.

## Publisher

OMF Publishing, LLC is an academic publishing company.

Address: 13-A Simferopolska Street, office 121, Kyiv 02096, Ukraine.

E-mail: [office@omfpublishing.com](mailto:office@omfpublishing.com).

Website: [www.omfpublishing.com](http://www.omfpublishing.com).

## Crossref Membership

OMF Publishing, LLC is a member of Publishers International Linking Association, Inc. which doing business as a Crossref. OMF Publishing's active membership: From February 2017 to present.

## Digital Object Identifier (DOI) of the Journal

10.23999/j.dtomp

## Official Journal of the Association

Ukrainian Association for Maxillofacial and Oral Surgeons

## Ukrainian Association for Maxillofacial and Oral Surgeons (UAMOS)

Address: 4-A Profesora Pidvysotskoho Street, Kyiv 01103, Ukraine. Tel., fax: +38 044 528 35 17.

Website: [www.uamos.org](http://www.uamos.org).

© 2024 OMF PUBLISHING, LLC

# Editorial Board

MAY 2024 • VOLUME 8 • ISSUE 5  
www.djournal.org

## Editor in Chief

**Oleksii O. Tymofieiev, ScD**  
Kyiv, Ukraine

## Deputy Editor in Chief

**Rui P. Fernandes, MD, DMD, FACS, FRCS(Ed)**  
Jacksonville, Florida, United States

## Section Editors

### Bone Augmentation Techniques

**Nardy Casap, MD, DMD**  
Jerusalem, Israel

### Business

**Ivan V. Nagorniak, MSc, PhD**  
Kyiv, Ukraine

### Craniofacial Deformities

**Sunil Richardson, MDS**  
Nagercoil, Tamil Nadu, India

### Facial Feminization Surgery

**Kyle Keojampa, MD, FACS**  
Los Angeles, California, United States

### Facial Plastic Surgery

**Tirbod Fattahi, MD, DDS, FACS**  
Jacksonville, Florida, United States

### Head & Neck Oncologic Surgery

**Todd C. Hanna, MD, DDS, FACS**  
New York, New York, United States

### Head & Neck Radiology

**Anil T. Ahuja, MBBS, MD, FRCR, FHKCR, FHKAM**  
Hong Kong, SAR, China

### Images

**Camilo Mosquera, DDS**  
Galveston, Texas, United States

### Orthognathic Surgery

**Mario Brinhole**  
São Paulo, São Paulo, Brazil

### Robotic Surgery

**Salam O. Salman, MD, DDS, FACS**  
Jacksonville, Florida, United States

### TMJ Lesions/Disorders

**Belmiro C. Vasconcelos, DDS, PhD**  
Recife, Pernambuco, Brazil

### Trauma

**Paul Coulthard, BDS, MDS, PhD, MFGDP(UK), FDSRCS(Eng), FDSRCS(OS), FDSRCPS(Glas), FFDTRCS(Ed), FDSRCS(Ed), FCGDent**  
London, United Kingdom

## Editorial Board Members

**Oleh M. Antonyshyn, MD, FRCS(C)**  
Toronto, Ontario, Canada

**Anthony M. Bunnell, MD, DMD, FACS**  
Jacksonville, Florida, United States

**Yurii V. Chepurnyi, ScD**  
Kyiv, Ukraine

**Nur A. Hatab, DMD, PhD**  
Ras Al Khaimah, United Arab Emirates

**Vladyslav P. Iefymenko, PhD**  
Kyiv, Ukraine

**Michael T. Kase, DMD**  
Birmingham, Alabama, United States

**Andrey V. Kopchak, ScD**  
Kyiv, Ukraine

**John M. Le, MD, DDS**  
Birmingham, Alabama, United States

**Olindo Massarelli, MD, PhD, FEBOMFS**  
Sassari, Italy

**Anastasiya Quimby, DDS, MD**  
Fort Lauderdale, Florida, United States

**Daniel Robles Cantero, DDS, MSc, PhD**  
Madrid, Spain

**Nataliia O. Savychuk, ScD**  
Kyiv, Ukraine

**Peter Stanko, MD, PhD**  
Bratislava, Slovak Republic

**Rostyslav M. Stupnytskyi, ScD**  
Kyiv, Ukraine

**Olexander O. Tymofieiev, ScD**  
Kyiv, Ukraine

**Natalia O. Ushko, ScD**  
Kyiv, Ukraine

**Andrew Yampolsky, DDS, MD**  
Philadelphia, Pennsylvania, United States

## Web & Social Media Editor

**João L. Monteiro, DDS, PhD**  
Boston, Massachusetts, United States

## Director, Journal Development Department

**Evangelos G. Kilipiris, DMD**  
Bratislava, Slovak Republic

## Resident Ambassador

**John M. Le, MD, DDS**  
Birmingham, Alabama, United States

## Managing Editor

**Ievgen I. Fesenko, PhD**  
Kyiv, Ukraine



# TANTUM VERDE®

INFORMATION LEAFLET  
for the medicinal product

## **Composition:**

*active substance:* **benzydamine hydrochloride;**

100 mL of solution contain benzydamine hydrochloride 0.15 g;

*excipients:* ethanol 96%, glycerol, methyl parahydroxybenzoate (E 218), flavor (menthol), saccharin, sodium hydrocarbonate, Polysorbate 20, Quinoline Yellow (E 104), Patent Blue V (E 131), purified water.

**Dosage form.** Oromucosal solution.

*Basic physical and chemical properties:* a clear green liquid with a typical mint flavor.

**Pharmacotherapeutic group.** Dental preparations. Other agents for local oral treatment.

ATC code: A01A D02.

## **Pharmacological properties.**

### *Pharmacodynamics.*

Benzydamine is a non-steroidal anti-inflammatory drug (NSAID) with analgesic and antiexudative properties.

Clinical studies have shown that benzydamine is effective in the relief of symptoms accompanying localized irritation conditions of the oral cavity and pharynx. Moreover, benzydamine has anti-inflammatory and local analgesic properties, and also exerts a local anesthetic effect on the oral mucosa.

### *Pharmacokinetics.*

Absorption through the oral and pharyngeal mucosa has been proven by the presence of measurable quantities of benzydamine in human plasma. However, they are insufficient to produce any systemic pharmacological effect. The excretion occurs mainly in urine, mostly as inactive metabolites or conjugated compounds.

When applied locally, benzydamine has been shown to cumulate in inflamed tissues in an effective concentration

due to its ability to permeate through the mucous membrane.

## **Clinical particulars.**

### **Indications.**

Symptomatic treatment of oropharyngeal irritation and inflammation; to relieve pain caused by gingivitis, stomatitis, pharyngitis; in dentistry after tooth extraction or as a preventive measure.

### **Contraindications.**

Hypersensitivity to the active substance or to any other ingredients of the product.

### **Interaction with other medicinal products and other types of interaction.**

No drug interaction studies have been performed.

### **Warnings and precautions.**

If sensitivity develops with long-term use, the treatment should be discontinued and a doctor should be consulted to get appropriate treatment.

In some patients, buccal/pharyngeal ulceration may be caused by severe pathological processes. Therefore, the patients, whose symptoms worsen or do not improve within 3 days or who appear feverish or develop other symptoms, should seek advice of a physician or a dentist, as appropriate.

Benzydamine is not recommended for use in patients hypersensitive to acetylsalicylic acid or other non-steroidal anti-inflammatory drugs (NSAIDs).

The product can trigger bronchospasm in patients suffering from or with a history of asthma. Such patients should be warned of this.

For athletes: the use of medicinal products containing ethyl alcohol might result in positive antidoping tests considering the limits established by some sports federations.

#### *Use during pregnancy or breast-feeding*

No adequate data are currently available on the use of benzydamine in pregnant and breastfeeding women. Excretion of the product into breast milk has not been studied. The findings of animal studies are insufficient to make any conclusions about the effects of this product during pregnancy and lactation.

The potential risk for humans is unknown.

TANTUM VERDE should not be used during pregnancy or breast-feeding.

#### *Effects on reaction time when driving or using machines*

When used in recommended doses, the product does not produce any effect on the ability to drive and operate machinery.

#### **Method of administration and doses.**

Pour 15 mL of TANTUM VERDE solution from the bottle into the measuring cup and gargle with undiluted or diluted product (15 mL of the measured solution can be diluted with 15 mL of water). Gargle 2 or 3 times daily. Do not exceed the recommended dose.

#### *Children.*

The product should not be used in children under 12 years due to a possibility of ingestion of the solution when gargling.

#### **Overdosage.**

No overdose has been reported with benzydamine when used locally. However, it is known that benzydamine, when ingested in high doses (hundreds times higher than those possible with this dosage form), especially in children, can cause agitation, convulsions, tremor, nausea, increased sweating, ataxia, and vomiting. Such acute overdose requires immediate gastric lavage, treatment of fluid/salt imbalance, symptomatic treatment, and adequate hydration.

#### **Adverse reactions.**

Within each frequency group, the undesirable effects are presented in order of their decreasing seriousness.

Adverse reactions are classified according to their frequency: very common ( $\geq 1/10$ ); common ( $\geq 1/100$  to  $<1/10$ ); uncommon ( $\geq 1/1,000$  to  $<1/100$ ); rare ( $\geq 1/10,000$  to  $<1/1,000$ ); very rare ( $<1/10,000$ ); frequency unknown (cannot be estimated from the available data).

*Gastrointestinal disorders:* rare – burning mouth, dry mouth; *unknown* – oral hypesthesia, nausea, vomiting, tongue edema and discoloration, dysgeusia.

*Immune system disorders:* rare – hypersensitivity reaction, *unknown* – anaphylactic reaction.

*Respiratory, thoracic and mediastinal disorders:* very rare – laryngospasm; *unknown* – bronchospasm.

*Skin and subcutaneous tissue disorders:* uncommon – photosensitivity; very rare – angioedema; *unknown* – rash, pruritus, urticaria.

*Nervous system disorders:* *unknown* – dizziness, headache.

TANTUM VERDE contains methyl parahydroxybenzoate, which can cause allergic reactions (including delayed-type reactions).

**Shelf life.** 4 years.

#### **Storage conditions.**

Do not store above 25°C. Keep out of reach of children.

#### **Packaging.**

120 mL of solution in a bottle with a measuring cup; 1 bottle per cardboard box.

#### **Dispensing category.**

Over-the-counter medicinal product.

#### **Manufacturer.**

Aziende Chimiche Riunite Angelini Francesco A.C.R.A.F. S.p.A., Italy.

Location of the manufacturer and its business address.  
Via Vecchia del Pinocchio, 22 – 60100 Ancona (AN), Italy.

#### **Date of the last revision of the text.**

September 26, 2018.

Information leaflet is

**APPROVED** by

Order of the

**Ministry of Health of Ukraine**


No. 636 dated 01.10.2015

**Registration Certificate**

No. UA/3920/01/01

# State Registration

MAY 2024 • VOLUME 8 • ISSUE 5  
www.dtjournal.org



**Міністерство юстиції України**  
**СВІДОЦТВО**  
**про державну реєстрацію**  
**друкованого засобу масової інформації**

Серія КВ № 24951-14891 ПП

«Журнал діагностики та лікування оральної і щелепно-лицевої патології»  
(назва видання державною мовою)  
«Journal of Diagnostics and Treatment of Oral and Maxillofacial Pathology»  
(назва видання іншою мовою (мовами))

Вид видання журнал  
(газета, журнал, бюлетень, збірник, альманах, календар, дайджест)

Статус видання вітчизняне  
(вітчизняне, спільне)

Мова (мови) видання змішаними мовами: українська, англійська

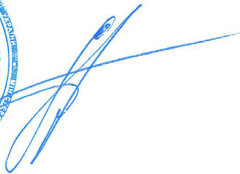
Вид видання за цільовим призначенням наукове, науково-виробниче  
(громадсько-політичне, наукове, навчальне, інформаційне, рекламне (понад 40 відсотків обсягу одного номера – реклама), еротичне тощо)

Обсяг, періодичність 23,1 ум. друк. арк., формат А4 (210x297мм), 1 раз на місяць


Сфера розповсюдження та категорія читачів загальнодержавна, зарубіжна  
лікарі-стоматологи-хірурги; лікарі ультразвукової діагностики, лікарі-рентгенологи, лікарі-патологоанатоми, студенти, лікарі-інтерни, слухачі, аспіранти, докторанти, наукові, науково-педагогічні та педагогічні працівники закладів вищої освіти та наукових установ

Засновник (співзасновники) «ОМФ ПАБЛІШІНГ» (код за ЄДРПОУ 40493077)  
Национальний університет охорони здоров'я України імені П.Л. Шупика (код за ЄДРПОУ 01896702), Приватний вищий навчальний заклад «Київський медичний університет» (код за ЄДРПОУ 16478809), Товариство з обмеженою відповідальністю

Програмні цілі (основні принципи) лікування в хірургічній стоматології та щелепно-лицевій  
або тематична спрямованість хірургії

Перший заступник Міністра  **Євгеній ГОРОВЕЦЬ**

10.08.2021  
(дата реєстрації)



**FIGURE 1.** Certificate of State Re-Registration of the Print Mass Media (journal) in the Ministry of Justice of Ukraine as of 2021. The *Journal* was registered for the first time in 2016 under the title *Diagnostics and Treatment of Oral and Maxillofacial Pathology*. The next re-registration took place in 2019.

# State Registration

MAY 2024 • VOLUME 8 • ISSUE 5  
www.dtjournal.org



## НАЦІОНАЛЬНА РАДА УКРАЇНИ З ПИТАНЬ ТЕЛЕБАЧЕННЯ І РАДІОМОВЛЕННЯ

### РІШЕННЯ № 1454

25.04.2024

м. Київ

Протокол № 14

Про заяву ТОВ «ОМФ ПАБЛІШІНГ»,  
м. Київ, щодо реєстрації суб'єкта у сфері  
онлайн-медіа

Розглянувши заяву ТОВАРИСТВА З ОБМЕЖЕНОЮ  
ВІДПОВІДАЛЬНІСТЮ «ОМФ ПАБЛІШІНГ», м. Київ (місцезнаходження:  
вул. Сімферопольська, буд. 13-а, оф. 121, м. Київ, 02096, адреса електронної  
пошти: office@omfpublishing.com), про реєстрацію суб'єкта у сфері онлайн-  
медіа, керуючись Законом України «Про медіа», Порядком подання до  
Національної ради України з питань телебачення і радіомовлення заяв щодо  
реєстрації суб'єктів у сфері медіа, затвердженим рішенням Національної ради від  
18.05.2023 № 352 (зі змінами), Національна рада

#### ВИРІШИЛА:

1. Зареєструвати ТОВАРИСТВО З ОБМЕЖЕНОЮ  
ВІДПОВІДАЛЬНІСТЮ «ОМФ ПАБЛІШІНГ», м. Київ, суб'єктом у сфері  
онлайн-медіа.

2. Внести до Реєстру суб'єктів у сфері медіа відомості щодо реєстранта  
ТОВ «ОМФ ПАБЛІШІНГ», м. Київ, та присвоїти ідентифікатор у Реєстрі,  
зазначивши:

- суб'єкт у сфері онлайн-медіа;
- ідентифікатор медіа – R40-04708;
- адреса, за якою здійснюється редакційний контроль –  
вул. Сімферопольська, буд. 13-а, оф. 121, м. Київ, 02096;
- кінцевий бенефіціарний власник – [REDACTED];
- вид онлайн-медіа – журнал;
- назва онлайн-медіа – «Journal of Diagnostics and Treatment of Oral and  
Maxillofacial Pathology» / «Журнал діагностики та лікування оральної і щелепно-  
лицевої патології»;
- для сервісів, що надаються через мережу Інтернет – IP-адреса:  
IPv4: 5.9.144.130; доменне ім'я: dtjournal.org; реєстрант: ТОВ «ОМФ  
ПАБЛІШІНГ», місцезнаходження: вул. Сімферопольська, буд. 13-а, оф. 121,

A

**FIGURE 2.** The *Journal* is registered by the National Council of Television and Radio Broadcasting of Ukraine (A, B) as online media (Decision of April 25, 2024, No. 1454). The identifier of online media is R40-04708. (Fig 2 continued on next page.)



# State Registration

MAY 2024 • VOLUME 8 • ISSUE 5  
www.dtjournal.org

м. Київ, 02096, код ЄДРПОУ 40493077; територія надання сервісу: територія України та територія поза межами державного кордону України.

3. Управлінню організаційного та документального забезпечення повідомити ТОВ «ОМФ ПАБЛІШІНГ», м. Київ, шляхом надсилання цього рішення на поштову та електронну адреси.

4. Виконання цього рішення покласти на управління: ліцензування та реєстрації, частотного регулювання та технічного контролю, організаційного та документального забезпечення, фінансово-економічне, контролю, аналізу та стратегічного розвитку, юридичне.

5. Контроль за виконанням цього рішення покласти на заступника голови Національної ради О. Черниша.

Голова



/підпис/

Ольга ГЕРАСИМ'ЮК

Відповідальний секретар

/підпис/

Олена НІЦКО

Згідно з оригіналом.

Заступник начальника відділу Наталія ЦИМБАЛІСТА

*[Handwritten signature]*  
26.04.2024

**B**

**FIGURE 2 (continued).** The *Journal* is registered by the National Council of Television and Radio Broadcasting of Ukraine (**A, B**) as online media (Decision of April 25, 2024, No. 1454). The identifier of online media is R40-04708.

# Content

of the Volume 8 • Issue 5 • May 2024

A1 **Publisher & Editorial Office Information**

A2 **Editorial Board**

A5 **State Registration**

A8 **Content, Courtesy, & Erratum**

EDITORIAL

48 **Health Care Digital Strategy: Designing the New Norm**

Evangelos G. Kilipiris

ORIGINAL ARTICLE

53 **Continuing Professional Development (CPD) for Ukrainian Stomatologists (Dentists) and Maxillofacial Surgeons: Criteria for Awarding CPD Points as of 2024**

Ievgen I. Fesenko, Natalia Marchenko, & Serhii Irkha



## COURTESY

The *Journal*'s cover images are courtesy Olindo Massarelli, MD, PhD, FEBOMFS.

The images were taken from this article: Massarelli O, Meloni SM. The “beveled one-and-a-half-barrel” fibula transplant with virtual surgical planning and CT-guided implant surgery for prosthetic rehabilitation in posterior mandible defects: a pictorial essay. *J Diagn Treat Oral Maxillofac Pathol* 2022;6(3):39–59.

<https://doi.org/10.23999/j.dtomp.2022.3.3>



# Health Care Digital Strategy: Designing the New Norm

Evangelos G. Kilipiris<sup>a,\*</sup>

## ABSTRACT

The time has arrived when oral and maxillofacial surgery (OMS) teams must redesign patient care by offering high-quality, easy, and cost-effective virtual care services through digital tools and telemedicine. Only a few pilot programs have been established to date, but now, the new norm requests large-scale routine services. The healthcare institutions should build this strategy based on their long-term goals. A prime example of its successful implementation is our unit at the National Institute of Children's Diseases (Bratislava, Slovak Republic), where a reliable telemedicine program was implemented for the outpatient follow-up visits of patients operated on for craniosynostosis. This program was instrumental in maintaining the long-lasting and high-impact character of craniosynostosis care during the coronavirus disease 2019 (COVID-19) crisis. The parents of the children were surveyed to evaluate the new program's effectiveness. The results were overwhelmingly positive, with an overall parental satisfaction rate of 72.3% and a 67.2% convenience rate for the services. The returned questionnaires revealed that 79.3% of parents were satisfied with physicians' communication, and 88.7% agreed that the virtual meetings adequately addressed their clinical needs. Moving forward, healthcare centers and physicians should organize their time and resources to experiment with the rapidly growing list of digital tools. The organizations should prioritize adapting their clinical information technology (IT) systems for optimal telemedicine practices. With the rapid technological advancements, new digital clinical systems should incorporate the capabilities of generative artificial intelligence (AI) in sophisticated virtual systems. This will require an even closer collaboration between clinicians, scholars, allied healthcare providers, healthcare leaders, and digital system designers. It is clear that in today's complex healthcare ecosystem, the present and future of care delivery is digital. Will modern OMS teams adopt these strategies? It is something that all of us anticipate with huge interest.

<sup>a</sup> Evangelos G. Kilipiris, MD, DMD; National Institute of Children's Diseases and Comenius University, Bratislava, Slovak Republic.  
ORCID: <https://orcid.org/0000-0001-6107-8790>

\* **Corresponding author's address:** Evangelos G. Kilipiris, Faculty of Medicine, Division of Pediatric Neurosurgery and Craniofacial Surgery, National Institute of Children's Diseases, and Comenius University, Limbova 1, Bratislava 83101, Slovak Republic.  
Email: [varonos@live.co.uk](mailto:varonos@live.co.uk) (Evangelos Kilipiris)

**Type of article:** Editorial.

**Please cite this article as:** Kilipiris EG. Health care digital strategy: designing the new norm. *J Diagn Treat Oral Maxillofac Pathol.* 2024 May;8(5):48–52.

At the time of publication of this article, the journal's impact factor (Exaly) is 0.2. Each author of the article is awarded CPD points according to the Order of the Ministry of Healthcare of Ukraine of February 22, 2019, No. 446.

Received 1 May 2024  
Accepted 25 May 2024  
Available online 31 May 2024

<https://doi.org/10.23999/j.dtmp.2024.5.1>

© 2024 OMF Publishing LLC. Website: <https://omfpublishing.com>.  
This is an open access article under the CC BY license  
(<http://creativecommons.org/licenses/by-nc/4.0/>).

## KEY WORDS

Healthcare; oral and maxillofacial surgery (OMS); coronavirus disease 2019 (COVID-19); telemedicine; artificial intelligence (AI); clinical information technology (IT) systems; digital clinical systems; healthcare providers

The time has arrived when oral and maxillofacial surgery (OMS) teams must redesign patient care by offering high-quality, easy, and cost-effective virtual care services through digital tools and telemedicine. Only a few pilot programs have been established to date, but now, the new norm requests large-scale routine services [1].

However, this change is very challenging. It requires a mind shift of trained healthcare professionals and hospitals organized to offer in-person activities. Beyond that, this will happen with little formal training, imperfect technology tools, and insufficient data [1].

For this reason, healthcare institutions should build this strategy based on their long-term goals. A prime example of its successful implementation is our unit at the National Institute of Children's Diseases (Bratislava, Slovakia), where a reliable telemedicine program was implemented for the outpatient follow-up visits of patients operated on for craniosynostosis. This program was instrumental in maintaining the long-lasting and high-impact character of craniosynostosis care during the coronavirus disease 2019 (COVID-19) crisis. The parents of the children were surveyed to evaluate the new program's effectiveness. The results were overwhelmingly positive, with an overall parental satisfaction rate of 72.3% and a 67.2% convenience rate for the services [2]. The returned questionnaires revealed that 79.3% of parents were satisfied with physicians' communication, and 88.7% agreed that the virtual meetings adequately addressed their clinical needs.

Another potential benefit is improved access to healthcare for patients, as telemedicine programs can create exact schedules and timetables for outpatient examinations. It can also improve access for healthcare professionals to reach outpatient interactions because it can free up time for physicians to see new and more complex cases in person and move routine postoperative visits out of the hospital.

Digital strategies go beyond OMS. In a large randomized remote blood pressure monitoring study conducted by Brigham Health and Massachusetts General Hospital (Somerville, Massachusetts, United States of America), the team enrolled 3,658

patients with hypertension from diverse populations. Analysis of their results revealed that a standardized remote blood pressure management program may help optimize guideline-directed therapy at scale, reduce cardiovascular risk, and minimize the need for in-person visits [3]. Such data are essential for the future deployment of virtual programs because they provide tangible evidence of benefits and will act as the primary driving force to convince more clinicians and institutions to evaluate patients virtually with digital health tools.

By implementing virtual care programs, healthcare institutions should establish performance studies to measure the success of their virtual programs. To achieve this goal, physicians and hospitals should partner with academic medical centers and peer-reviewed journals with extensive online experience to conduct randomized trials of their efforts and publish the results. We need better and longer-scale data to understand the actual effectiveness of virtual healthcare technologies. During its evolution, the *Journal of Diagnostics and Treatment of Oral and Maxillofacial Pathology* has heavily invested in new digital scientific technological solutions [4]. A notable transition to a printable digital journal was a sound confirmation of the journal's online comprehensive strategy [5].

Moving forward, healthcare centers and physicians should organize their time and resources to experiment with the rapidly growing list of digital tools. Based on the novel environment these devices and applications have created for many clinicians and health providers, the added work looks challenging if we count the limited time that healthcare providers have. For this reason, a valuable option for the departments and institutions will be to incorporate non-clinician providers in building new telemedicine programs to deliver comprehensive virtual care. By expanding the virtual care team, physicians will be able to focus solely on the clinical work of the digital care system.

Targeted education and carefully designed training programs for digital health specifically implemented for clinicians and allied digital care providers are crucial elements of the whole process. In constructing

telemedicine programs, institutions should clearly determine each stakeholder's role in meeting the increasing patient needs by offering convenient and efficient online healthcare services.

Finally, organizations should prioritize adapting their clinical information technology (IT) systems for optimal telemedicine practices. These changes should be implemented carefully and effectively to avoid new errors, especially at the beginning of their implementation. The outcomes of these new systems should be closely monitored. The new capabilities these IT systems will provide should be incorporated as part of the broader digital strategy, establishing effective online work processes that ensure patient safety and improve service quality and outcomes [6]. With the rapid technological advancements, new digital clinical systems should incorporate the capabilities of generative artificial intelligence (AI) in sophisticated virtual systems. This will require an even closer collaboration between clinicians, scholars, allied healthcare providers, healthcare leaders, and digital system designers.

It is clear that in today's complex healthcare ecosystem, the present and future of care delivery is digital. Will modern oral and maxillofacial surgery teams adopt these strategies? It is something that all of us anticipate with huge interest.

#### CONFLICT OF INTEREST

The author declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

#### REFERENCES (6)

1. Licurse A. What retail can teach health care about digital strategy. *Harvard Business Review* [internet]. 2018 Mar 8 [cited 2024 Apr 30]. Ukrainian. Available from: <https://hbr.org/2018/03/what-retail-can-teach-health-care-about-digital-strategy>
2. Kilipiris EG, Horn F, Kolnikova M et al. Parental satisfaction from telemedicine in the follow-up of children operated for craniosynostosis during COVID-19 pandemic. *Cleft Palate Craniofac J*. 2023 Jan;60(5):562–568. <https://doi.org/10.1177/10556656221074214>
3. Blood AJ, Cannon CP, Gordon WJ et al. Results of a remotely delivered hypertension and lipid program in more than 10 000 patients across a diverse health care network. *JAMA Cardiol*. 2023 Nov;8(1):12–21. <https://doi.org/10.1001/jamacardio.2022.4018>
4. Tymofieiev OO, Ushko NO, Kilipiris EG. DTJournal.org: growing with technologies. *J Diagn Treat Oral Maxillofac Pathol*. 2020 Nov;4(11):195–196. <https://doi.org/10.23999/j.dtomp.2020.11.1>
5. Tymofieiev OO, Fesenko II, Kilipiris EG. Evolving: becoming a printable digital-only journal from January 2022. *J Diagn Treat Oral Maxillofac Pathol*. 2021 Dec;5(12):137–138. <https://doi.org/10.23999/j.dtomp.2021.12.2>
6. Ellis LD. How health care leaders can optimize IT systems to improve clinical quality and patient safety. *Harvard Medical School: trends in medicine* [internet]. 2024 Mar 11 [cited 2024 Apr 30]. Ukrainian. Available from: <https://postgraduateeducation.hms.harvard.edu/trends-medicine/how-health-care-leaders-can-optimize-systems-improve-clinical-quality-patient-safety>



РЕДАКЦІЙНА СТАТТЯ

UKRAINIAN LANGUAGE

# Цифрова стратегія охорони здоров'я: розробка нової норми

Евангелос Кіліпіріс<sup>a,\*</sup>

## АНОТАЦІЯ

Настав час, коли бригади оральної та щелепно-лицевої хірургії (ОЩЛХ) повинні переосмислити допомогу пацієнтам, пропонуючи високоякісні, прості та економічно ефективні послуги віртуальної допомоги за допомогою цифрових інструментів і телемедицини. На сьогоднішній день було створено лише кілька пілотних програм, але тепер нова сучасна норма вимагає широкомасштабних регулярних послуг. Заклади охорони здоров'я повинні будувати цю стратегію, виходячи зі своїх довгострокових цілей. Яскравим прикладом успішного впровадження такої стратегії є наше відділення в Національному інституті дитячих хвороб (Братислава, Словачка Республіка), де впроваджено надійну телемедичну програму для амбулаторного спостереження пацієнтів, оперованих з приводу краніосиностозу. Ця програма відіграла важливу роль у збереженні тривалого та високоефективного характеру лікування краніосиностозів під час кризи, викликаній коронавірусом 2019 року (COVID-19). Для оцінки ефективності нової програми було проведено опитування батьків дітей. Результати були надзвичайно позитивними, із загальним рівнем задоволеності батьків 72,3% і 67,2% рівнем зручності послуг. Повернені анкети показали, що 79,3% батьків були задоволені спілкуванням з лікарями, а 88,7% погодилися, що віртуальні зустрічі адекватно задовольняли їхні клінічні потреби. Надалі медичні центри та лікарі повинні організовувати свій час і ресурси таким чином, щоб експериментувати зі списком цифрових інструментів, який швидко зростає. Організаціям слід приділити пріоритет адаптації своїх систем клінічних інформаційних технологій (ІТ) для оптимальної телемедичної практики. Завдяки швидкому розвитку технологій нові цифрові клінічні системи повинні включати в себе можливості генеративного штучного інтелекту (ШІ) у складних віртуальних системах. Це вимагатиме ще тіснішої співпраці між клініцистами, науковцями, суміжними постачальниками медичних послуг, лідерами охорони здоров'я та розробниками цифрових систем. Зрозуміло, що в сучасній складній екосистемі охорони здоров'я сучасність і майбутнє надання медичної допомоги є цифровими. Але чи приймуть ці стратегії сучасні

<sup>a</sup> Евангелос Кіліпіріс, Національний інститут дитячих хвороб та Університет Коменського, Братислава, Словачка Республіка.  
ORCID: <https://orcid.org/0000-0001-6107-8790>

\* **Кореспонденція:** Евангелос Кіліпіріс, медичний факультет, відділення дитячої нейрохірургії та черепно-лицевої хірургії, Національний інститут дитячих хвороб та Університет Коменського, Лімбова 1, Братислава 83101, Словачка Республіка.  
E-mail: [varonos@live.co.uk](mailto:varonos@live.co.uk) (Евангелос Кіліпіріс)

**Тип статті:** редакційна стаття.

**Для цитування:** Kilipiris EG. Health care digital strategy: designing the new norm. J Diagn Treat Oral Maxillofac Pathol 2024;8(5):48–52.

На момент публікації даної статті імпаکت-фактор (Exaly) журналу становить 0,2. Кожному автору статті нараховуються бали БПР згідно Наказу МОЗ України від 22 лютого 2019 р. № 446.

Манускрипт отриманий 1 травня 2024  
Прийнятий до публікації 25 травня 2024  
Стаття доступна онлайн 31 травня 2024

<https://doi.org/10.23999/j.dtmp.2024.5.1>

© 2024 ТОВ «ОМФ ПАБЛІШІНГ». Вебсайт: <https://omfpublishing.com>.  
Ця стаття відкритої доступу під ліцензією CC BY  
(<https://creativecommons.org/licenses/by-nc/4.0/>).

команди ОЩЛХ? Це те, чого всі ми очікуємо з величезним інтересом.

### КЛЮЧОВІ СЛОВА

Охорона здоров'я; оральна та щелепно-лицева хірургія (ОЩЛХ); коронавірусна хвороба 2019 (COVID-19); телемедицина; штучний інтелект (ШІ); системи клінічних інформаційних технологій (ІТ); цифрові клінічні системи; постачальники медичних послуг



ORIGINAL ARTICLE

CPD

# Continuing Professional Development (CPD) for Ukrainian Stomatologists (Dentists) and Maxillofacial Surgeons: Criteria for Awarding CPD Points as of 2024

Ievgen I. Fesenko<sup>a,\*</sup>, Natalia Marchenko<sup>b</sup>, & Serhii Irkha<sup>c</sup>

## ABSTRACT

Continuing professional development (CPD) of Ukrainian doctors-stomatologists (dentists) and maxillofacial surgeons is a continuous process of learning and improving the professional competencies of stomatologists and maxillofacial surgeons, which enables them to maintain or increase the level of professional activity in accordance with the needs of the health care sector. CPD can be both voluntary and mandatory, depending on the dental legislation of each European country. The purpose of this paper is to highlight the key legislation aspects of CPD related with criteria for awarding CPD points to the Ukrainian doctors of all eight stomatological specialties. The number of required CPD points and criteria for awarding CPD points are regulated by (1) Order of the Ministry of Healthcare of Ukraine of February 22, 2019, No. 446 “Some Issues of CPD of Doctors” and by (2) the Resolution of the Cabinet of Ministers of Ukraine of July 14, 2021, No. 725 “On Approval of the Regulation on the System of CPD of Healthcare Workers”. In 2024, at least 100 CPD points obtained in 2020, 2021 and at least 50 CPD points obtained in 2022, 2023 must be submitted by stomatologist for certification. In 2025 and subsequent years, at least 50 CPD points for each previous year

<sup>a</sup> Doctor Stomatologist-Surgeon (DSS), PhD, Associate Professor, Department of Oral and Maxillofacial Surgery, Kyiv Medical University, Private Higher Educational Establishment, Kyiv, Ukraine.  
ORCID: <https://orcid.org/0000-0002-8901-1632>

<sup>b</sup> Doctor Stomatologist-Therapist (DST), PhD, Associate Professor, Department of Therapeutic Dentistry and Periodontology, Kyiv Medical University, Private Higher Educational Establishment, Kyiv, Ukraine.  
ORCID: <https://orcid.org/0000-0001-8885-5529>

<sup>c</sup> Doctor Prosthodontist (DP), PhD, Associate Professor, Department of Prosthodontics and Orthodontics, Kyiv Medical University, Private Higher Educational Establishment, Kyiv, Ukraine.  
ORCID: <https://orcid.org/0009-0009-0330-6332>

\* **Correspondence:** Department of Oral and Maxillofacial Surgery of Kyiv Medical University, Private Higher Educational Establishment, 2 Boryspolska Street, Kyiv 02000, Ukraine.  
E-mail: [y.fesenko@kmu.edu.ua](mailto:y.fesenko@kmu.edu.ua) (Ievgen Fesenko)

At the time of publication of this article, the journal's impact factor (Exaly) is 0.2. Each author of this article is awarded CPD points according to the Order of the Ministry of Healthcare of Ukraine of February 22, 2019, No. 446.

The acronym ‘CPD’ at the upper right icon means that article is dedicated to continuing professional development (CPD) of doctors only.

Manuscript received 9 May 2024  
Accepted 20 May 2024  
Available online 31 May 2024

<https://doi.org/10.23999/j.dtopm.2024.5.2>

© 2024 OMF Publishing LLC. Website: <https://omfpublishing.com>.  
This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by-nc/4.0/>).

**Type of article:** Original article (i.e., original research).

**Please cite this article as:** Fesenko II, Marchenko N, Irkha S. Continuing professional development (CPD) for Ukrainian stomatologists (dentists) and maxillofacial surgeons: criteria for awarding CPD points as of 2024. J Diagn Treat Oral Maxillofac Pathol. 2024 May;8(5):53–64.



must be submitted for certification. All 10 types of professional activities from the criteria for awarding CPD points are described. CPD points are awarded for obtaining formal, informal (type 1) and informal (type 2) education in the field of healthcare. The biggest number of points (namely, 100 CPD points) can be awarded to a stomatologist for obtaining educational and scientific levels of higher education in the field of knowledge “Health Care” (Doctor of Philosophy and Doctor of Science). The smallest number of points, namely three CPD points, can be obtained for a professional medical internship in Ukraine outside the institution where the employee works. Modern Ukrainian legislation provides ample opportunities for doctors-stomatologists and maxillofacial surgeons for their CPD and certification. The criteria for awarding CPD points from Order No. 446 contain a complete list of educational opportunities in Ukraine and in other countries. This article has the potential to become a guide to Ukrainian CPD legislation both for dental specialists from other countries and Ukraine.

### KEY WORDS

Continuing professional development (CPD); continuous professional development (CPD); CPD points; dental continuing professional development; criteria for awarding CPD points; continuing medical education; continuing dental education; continuing education; procedure for certification of doctors

### 1. INTRODUCTION

Continuing professional development (CPD) of health care workers is a continuous process of learning and improving the professional competencies of health care workers, which enables them to maintain or increase the level of professional activity in accordance with the needs of the health care sector [1]. This is the definition of CPD in Ukraine according to the Regulation “On the System of CPD of Health Care Workers,” which was approved by the Resolution of the Cabinet of Ministers of Ukraine dated July 14, 2021, No. 725 [1]. CPD is also known as continuous professional development (CPD) [2] and continued professional development (CPD) [3]. The European Union (EU) literature sources defined CPD in dentistry as a lifelong learning process [4, 5]. Data sources suggests a move towards mandatory CPD across Europe with the objective of harmonisation of CPD in dentistry [5]. In Ukraine, according to Resolution No. 725, CPD is mandatory for doctors of all eight stomatological (dental) specialties. Namely, for doctors-stomatologists, pediatric doctors-stomatologists, doctors-stomatologists-orthodontists, doctors-stomatologists-therapists, doctors-stomatologists-prosthodontists, doctors-stomatologists-periodontists [6], doctors-stomatologists-surgeons, and maxillofacial surgeons [7, 8].

In 2018, before the acceptance and implementation of the new CPD-related legislation, the Ministry of

Healthcare of Ukraine has stated:

“A new system of CPD will encourage the integration of Ukrainian doctors into the international professional community [2].”

So, in this way, the legislative regulation of this, CPD, aspect of the dental specialty became an important step for Ukraine towards its synchronization with EU legislation. In most EU states, the CPD is also mandatory [7].

European Union of Medical Specialists (Brussels, Belgium, EU), a non-governmental organisation representing national associations of medical specialists in the EU and in associated countries, is emphasizing the next thesis about CPD:

“As progress in medicine becomes ever faster, the necessity to up-date ones knowledge is even greater. It has been estimated that about half of all medical knowledge is out of date within five years [9].”

Since there is no information in English-language literary sources about the CPD of dentists (stomatologists) in Ukraine and the criteria for awarding CPD points, and in order to form a full-fledged analysis of the state of CPD in various EU countries and countries that are candidates for joining the EU, it is expedient to publish an English-language analysis of the criteria for awarding CPD points for dentists in Ukraine, as a candidate country for joining the EU.

So, the purpose of this article is to highlight the key legislation aspects of CPD related with criteria for awarding CPD points to the Ukrainian doctors of stomatological specialties.

## 2. DISCUSSION

### 2.1 Legislation

For the legal regulation of the system of CPD in the field of health care in Ukraine, the below mentioned Decisions, Regulations, and Orders served and serve.

#### No longer valid

1. Order of the Ministry of Healthcare of Ukraine dated December 19, 1997, No. 359 “On Further Improvement of the Certification (Attestation) of Doctors,” registered in the Ministry of Justice of Ukraine on January 14, 1998, under No. 14/2454 [10].
2. Resolution of the Cabinet of Ministers of Ukraine of March 28, 2018, No. 302 “On Approval of the Regulation on the System of Continuing Professional Development (CPD) of Specialists in the Field of Healthcare” [11].
  - “Regulation on the System of CPD of Healthcare Workers” approved by Resolution of the Cabinet of Ministers of Ukraine dated July 14, 2021, No. 725 [11].

#### Valid

1. Order of the Ministry of Healthcare of Ukraine of February 22, 2019, No. 446 “Some Issues of Continuing Professional Development (CPD) of Doctors” (as amended by Order of the Ministry of Healthcare of Ukraine of August 18, 2021, No. 1753) [12]. Order No. 446 with changes introduced in accordance with the Orders of the Ministry of Healthcare:
  - 1.1. No. 1106 dated 12.05.2020.
  - 1.2. No. 74 dated 19.01.2021.
  - 1.3. No. 1753 dated 18.08.2021.
  - 1.4. No. 520 dated 24.03.2022.
  - 1.5. No. 1640 dated 09.09.2022.
  - 1.6. No. 1555 dated 31.08.2023.
  - “The Procedure for the Certification (Attestation) of Doctors” approved by the

Order of the Ministry of Healthcare of Ukraine dated February 22, 2019, No. 446 (as amended by the Order of the Ministry of Healthcare of Ukraine dated August 18, 2021, No. 1753) [12]. The Procedure includes description of:

- (1) Certificate sheet (Appendix 1).
- (2) Personal educational portfolio (Appendix 2).
- (3) Certificate (Appendix 3).
- (4) Criteria for awarding CPD points (Appendix 4).

2. Resolution of the Cabinet of Ministers of Ukraine of July 14, 2021, No. 725 “On Approval of the Regulation on the System of Continuing Professional Development (CPD) of Healthcare Workers” (Fig 1) [1]. The name of the Resolution with changes introduced in accordance with the Resolution of the Cabinet of Ministers No. 1036 of 29.09.2023. With changes introduced in accordance with Resolutions of the Cabinet of Ministers of Ukraine:
  - 2.1. No. 1036 dated 29.09.2023.
  - 2.2. No. 1314 dated 15.12.2023.
  - 2.3. No. 315 dated 22.03.2024.

### 2.2 Number of CPD Points for Certification in 2024

In 2024, at least 100 CPD points obtained in 2020, 2021 and at least 50 CPD points obtained in 2022, 2023 must be submitted by stomatologist for certification [12]. In 2025 and subsequent years, at least 50 CPD points for each previous year must be submitted for certification [12].

### 2.3 Criteria for Awarding CPD Points

Table 1 describes all 10 types of professional activities among the criteria for awarding CPD points according to the Appendix 4 to the Procedure for Certification of Doctors (Paragraph 4 of Chapter VI) [12]. CPD points are awarded for obtaining formal, informal (type 1) and informal (type 2) education in the field of health care [1]. The largest number of types of professional activities (n = 8) among informal education (type 1) (also known as non-formal education).



## КАБІНЕТ МІНІСТРІВ УКРАЇНИ

## ПОСТАНОВА

від 14 липня 2021 р. № 725  
Київ

**Про затвердження Положення про систему безперервного професійного розвитку працівників сфери охорони здоров'я**

*{Назва Постанови із змінами, внесеними згідно з Постановою КМ № 1036 від 29.09.2023}*

*{Із змінами, внесеними згідно з Постановами КМ  
№ 1036 від 29.09.2023  
№ 1314 від 15.12.2023  
№ 315 від 22.03.2024}*

З метою нормативно-правового врегулювання системи безперервного професійного розвитку у сфері охорони здоров'я Кабінет Міністрів України **постановляє**:

1. Затвердити Положення про систему безперервного професійного розвитку працівників сфери охорони здоров'я, що додається.

*{Пункт 1 із змінами, внесеними згідно з Постановою КМ № 1036 від 29.09.2023}*

2. Установити, що Положення, затверджене цією постановою, застосовується до фахівців (фахових молодших бакалаврів, молодших бакалаврів, бакалаврів) з фармацевтичною освітою, професіоналів та фахівців у галузі охорони здоров'я у закладах охорони здоров'я, професіоналів з вищою медичною освітою, які працюють в системі охорони здоров'я, з 1 січня 2024 року.

*{Пункт 2 в редакції Постанови КМ № 1036 від 29.09.2023}*

3. Визнати такими, що втратили чинність:

постанову Кабінету Міністрів України від 28 березня 2018 р. № 302 "Про затвердження Положення про систему безперервного професійного розвитку фахівців у сфері охорони здоров'я" (Офіційний вісник України, 2018 р., № 36, ст. 1264);

пункт 2 змін, що вносяться до постанов Кабінету Міністрів України від 17 серпня 2002 р. № 1133 і від 28 березня 2018 р. № 302, затверджених постановою Кабінету Міністрів України від 21 серпня 2019 р. № 798 (Офіційний вісник України, 2019 р., № 69, ст. 2429).

4. Ця постанова набирає чинності з 1 січня 2022 року.

Прем'єр-міністр України

Д. ШМИГАЛЬ

Інд. 73

**FIGURE 1.** Resolution of the Cabinet of Ministers of Ukraine of July 14, 2021, No. 725 "On Approval of the Regulation on the System of Continuing Professional Development (CPD) of Healthcare Workers" (in Ukrainian) [1].

**TABLE 1.** Criteria for Awarding Continuing Professional Development (CPD) Points. Appendix 4 to the Procedure for Certification of Doctors (Paragraph 4 of Chapter VI) [12]. The data of Appendix 4 in the edition of Order of the Ministry of Healthcare of Ukraine No. 1753 dated August 18, 2021. **(Table 1 continued on next page.)**

No	Activity (i.e., Professional Activity)	Scores (Number of CPD Points)		Confirmation Document
		In Ukraine	In Other States*	
1	2	3	4	5
1. Formal education. Formalna osvita (transliteration from Ukrainian)				
1.1	Obtaining educational and scientific levels of higher education in the field of knowledge “Healthcare” (Doctor of Philosophy [PhD], Doctor of Science [ScD]). Points awarded in the year of dissertation defense	100	100	Diploma
2. Informal education: Type 1. Neformalna osvita (transliteration from Ukrainian)				
2.1	Advanced training in thematic improvement cycles in institutions (faculties) of postgraduate education, including mixed (full-time and distance) education, duration:****			Certificate
	• One week	25		
	• Two or more weeks	50		
2.2	Professional medical internship outside the institution where the employee works from the number of points received for activities in Ukraine, no more than 25 CPD points per year are taken into account**	Three per day	Five per day	Business trip and a copy of the order for enrollment in an internship in Ukraine or a certificate/diploma for another country with an internship program
2.3	Scientific, scientific and practical conference, congress, symposium, and meeting:			Certificate or diploma for participation in the conference. The report is confirmed by the program of the event and/or publication in the materials of the event
	• Participation in a one-day event	5*	10	
	• Participation in an event lasting two days or more	10*	20	
	• Poster report	20	30	
	• Oral report	30	40	
The same report will not be counted again. Promotional reports are not considered				
2.4	Professional development by distance learning using electronic educational resources. The number of points counted towards the mandatory annual minimum must not exceed 15 points for Ukrainian-language and 20 points for English-language events**	One point for two hours; English language courses – according to the number of points in the certificate		Certificate
2.5	Training at simulation trainings or trainings for mastering practical skills, including during scientific and practical conferences, symposia, meetings, and congresses:			Certificate/ diploma
	• One-day event	15*	20	
	• An event lasting two days or more	25*	30	

**TABLE 1 (continued).** Criteria for Awarding Continuing Professional Development (CPD) Points. Appendix 4 to the Procedure for Certification of Doctors (Paragraph 4 of Chapter VI) [12]. The data of Appendix 4 in the edition of Order of the Ministry of Healthcare of Ukraine No. 1753 dated August 18, 2021.

2.6	Conducting simulation trainings or trainings on mastering practical skills, including during scientific and practical conferences, symposia, meetings, and congresses:			The original document of the program of the event, trainer's certificate, invitation from the organizers to participate in the event as a trainer
	• One-day event	10		
	• An event lasting two days or more (points are awarded for holding one event per year)***	15		
2.7	Thematic training (professional schools, seminars, master classes, etc.):			Certificate/ diploma
	• One-day event	10*	15	
	• An event lasting 2 days or more	20*	25	
2.8	Conducting thematic training at least at the regional level (professional schools, trainings, seminars, and workshops):			The original trainer's certificate and event program
	• One-day event	10		
	• An event lasting 2 days or more. But not less than two points per hour of work in the case of separate sessions (points are awarded for holding one event per year)***	15		
<b>3. Informal education: Type 2. Informalna osvita (transliteration from Ukrainian)</b>				
3.1	Publication of an article or review in a journal with an impact factor	20	30 (in foreign publications in the official languages of the EU)	Bibliographic reference

\* The number of points for activities that take place in high-income countries (according to the World Bank rating) or are accredited abroad or in Ukraine by EACCME/ACCME/RCPS or certified by ERC/ILCOR/AHA when calculating the total number of points is multiplied by two.  
 EACCME, The European Accreditation Council for Continuing Medical Education (CME), European Union.  
 ACCME, The Accreditation Council for Continuing Medical Education, United States.  
 RCPS, The Royal College of Physicians and Surgeons of Canada, Canada.  
 ERC, European Resuscitation Council.  
 ILCOR, International Liaison Committee on Resuscitation.  
 AHA, American Heart Association.

\*\* The maximum number of points is not limited, but no more than the number of points indicated in the Table 1 is taken into account towards the annual mandatory minimum of CPD points.

\*\*\* Only for trainers who have received certificates from international organizations.

\*\*\*\* Taking into account points for advanced training at cycles of thematic improvement in institutions (faculties) of postgraduate education, including mixed forms of education (full-time and distance), will be carried out no more than two times per five years, regardless of the number of completed cycles of thematic improvement. This restriction on the accrual of CPD points begins to apply from the date of entry into force of this order.

The list of high-income countries as of April 28, 2024:

High income United Nations (UN) members: Andorra, Antigua and Barbuda, Australia, Austria, The Bahamas, Bahrain, Barbados, Belgium, Brunei, Canada, Chile, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Guyana, Hungary, Iceland, Ireland, Israel, Italy, Japan, South Korea, Kuwait, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Monaco, Nauru, Netherlands, New Zealand, Norway, Oman, Panama, Poland, Portugal, Qatar, Romania, Saint Kitts and Nevis, San Marino, Saudi Arabia, Seychelles, Singapore, Slovakia, Slovenia, Spain, Sweden, Switzerland, Trinidad and Tobago, United Arab Emirates, United Kingdom, United States, and Uruguay.

High income non-UN members: American Samoa, Aruba, Bermuda, British Virgin Islands, Cayman Islands, Channel Islands, Curaçao, Faroe Islands, French Polynesia, Gibraltar, Greenland, Guam, Hong Kong, Isle of Man, Macao, New Caledonia, Northern Mariana Islands, Puerto Rico, Saint Martin, Sint Maarten, Taiwan, Turks and Caicos Islands, and U.S. Virgin Islands.

## 2.5 Analysis of the Criteria and EU trends in CPD

According to the Ukrainian CPD legislation, CPD point is a unit of measurement of acquired theoretical knowledge and practical skills in the process of CPD

[1]. Criteria in Table 1 shows us that the biggest number of points (namely, 100 CPD points) can be awarded to a doctor for obtaining educational and scientific levels of higher education in the field of knowledge “Health Care” (Doctor of Philosophy [PhD] and Doctor of

Science [ScD]) [12]. The smallest number of points, namely three CPD points, can be obtained for a professional medical internship in Ukraine outside the institution where the employee works [12].

Meli Attardt and colleagues (2020) emphasized, CPD can be subdivided into “verifiable” and “non-verifiable or general” CPD [4]. The activities presented in the Table 1 belongs to verifiable CPD.

In some countries, like United Kingdom (UK), the dentist undertake the CPD hours [13], in Ukraine the dentist collect CPD points. At the same time, according to the Ukrainian criteria for awarding CPD points, it can be noted that in some types of professional activity there may be a dependence of the number of points awarded on the number of hours spent in professional development. For example, 1 point for 2 hours with distance learning using electronic learning resources [12]. The requirement for UK dentists to undertake a minimum of 250 hours of CPD over a five year period [13]. At the same time in 2024, at least 100 CPD points obtained in 2020, 2021 and at least 50 CPD points obtained in 2022, 2023 must be submitted by Ukrainian dentist for certification [12].

Ignacio García-Espona and colleagues (2023) are emphasizing, that nowadays, the dental specialties situation remains in constant change all around Europe [14]. In fact, the situation in Europe is somewhat similar with CPD. Over the past decades, a huge number of articles devoted to various aspects and evolution of CPD in Europe and the world have been published [15–31].

Some journals, like *British Dental Journal*, established a CPD program to enable all local dental practitioners to collect a maximum of 48 hours of verifiable CPD per annum [13, 32–33]. Each issue of such journal contains two articles that have been selected by the editorial board for verifiable CPD, with four multiple choice questions linked to each paper [32]. Quizzes can be found on the British Dental Association's CPD Hub and is available for association members [34, 35]. Dentists receive one verifiable CPD hour per paper, giving a potential total of two CPD hours per one journal issue [32]. This approach is interesting and worth developing in peer-reviewed journals, both in relation to case reports [36] and original research [37].

According to the Criteria [12], verifiable CPD is also possible by distance learning using electronic

educational resources. The number of points counted towards the mandatory annual minimum must not exceed 15 points for Ukrainian-language and 20 points for English-language events [12]. In the conditions of pandemics [22, 38] and wars [39], the online CPD method saves travel, time, money and makes CPD for dentists safe [27, 28, 30].

It is important to continue the analysis of CPD both in Ukraine and in every other European state, as this will help better interstate understanding in specialties and help synchronize dental legislation within the EU space. Thus, the movement of dentists within European states will be even more facilitated and even will make possible to have the private dental practice offices [41] in multiple states. As one of the conclusions, we would like to give the definition of CPD according to the UK National Health Service Executive one [19, 41]:

“CPD is a process of lifelong learning for all individuals and teams which meets the needs of patients and delivers the health outcomes and healthcare priorities ... And which enables professionals to expand and fulfil their potential [39].”

Many other parts of Order of the Ministry of Healthcare of Ukraine of February 22, 2019, No. 446 and Resolution of the Cabinet of Ministers of Ukraine of July 14, 2021, No. 725 also require analysis, clarification and comparison with international trends, which will require the preparation of subsequent publications.

### 3. CONCLUSION

Modern Ukrainian legislation provides ample opportunities for doctors-stomatologists and maxillofacial surgeons for their CPD and certification. The Criteria for Awarding CPD points contain a complete list of educational opportunities in Ukraine and in other countries. CPD points can be earned both when attending one-day professional events (conferences, symposia, meetings, and congresses) and even after publishing articles and defending PhD or ScD theses.

### CONFLICT OF INTEREST

The authors declare that the research was conducted in the absence of any commercial or

financial relationships that could be construed as a potential conflict of interest.

### AUTHOR CONTRIBUTIONS

**Ievgen I. Fesenko:** Conceptualization; writing – original draft. **Natalia Marchenko:** Conceptualization; writing – review and editing. **Serhii Irkha:** Conceptualization; writing – review and editing.

### REFERENCES (41)

1. Verkhovna Rada of Ukraine: legislation of Ukraine. Resolution of the Cabinet of Ministers of Ukraine of July 14, 2021, No. 725 “On approval of the regulation on the system of continuing professional development (CPD) of healthcare workers” [internet]. 2024 Mar 26 [cited 2024 May 5]. Ukrainian. Available from: <https://zakon.rada.gov.ua/laws/show/725-2021-n#Text>
2. The Ministry of Health of Ukraine initiated expert discussions on implementing the system of continuous professional development of doctors [internet]. 2018 Aug 20 [cited 2024 May 3]. Available from: <https://www.kmu.gov.ua/en/news/moz-ukrayini-rozpochalo-ekspertni-obgovorennya-shchodovprovadzheniya-sistemi-bezpereravnogo-profesijnogo-rozvitku-likariv>
3. Benslama L. Développement professionnel continu (DPC): l'antibioprophylaxie [Continued professional development: antibiotic prophylaxis]. *Rev Stomatol Chir Maxillofac Chir Orale*. 2013 Jun;114(3):123-124. French. <https://doi.org/10.1016/j.revsto.2013.04.002>
4. Meli Attard A, Bartolo A, Millar BJ. Dental continuing professional development - part I: background on dental continuing professional development in Europe. *Eur J Dent Educ*. 2022 Aug;26(3):539–545. <https://doi.org/10.1111/eje.12730>
5. Meli Attard A, Bartolo A, Millar BJ. Dental continuing professional development - Part II: The Malta CPD Pilot Project. *Eur J Dent Educ*. 2022 Aug;26(3):546–562. <https://doi.org/10.1111/eje.12731>
6. The Ministry of Healthcare of Ukraine. Changes to the handbook of qualification characteristics of employees' professions were approved [internet]. 2022 Feb 15 [cited 2024 May 3]. Ukrainian. Available from: <https://moz.gov.ua/article/news/uhvaleno-zmini-do-dovidnika-kvalifikacijnih-harakteristik-profesij-pracivnikiv>
7. Tymofieiev OO, Ushko NO, Fesenko II, Cherniak OS. Maxillofacial surgery specialization in Ukraine: a new order and step in the growth of the specialty: analysis of qualification categories. *J Diagn Treat Oral Maxillofac Pathol*. 2021 Apr;5(4):43–51. <https://doi.org/10.23999/j.dtomp.2021.4.3>
8. Palyvoda R, Kaniura O, Vares, et al. Maxillofacial surgery in Ukraine during a war: challenges and perspectives-a national survey. *Mil Med*. 2023 Dec 23:usad465. <https://doi.org/10.1093/milmed/usad465>
9. European Union of Medical Specialists: continuing medical education and professional development [internet]. 2013 Dec 13 [cited 2024 May 4]. Ukrainian. Available from: <https://www.uems.eu/areas-of-expertise/cme-cpd>
10. Verkhovna Rada of Ukraine: legislation of Ukraine. Order of the Ministry of Healthcare of Ukraine dated December 19, 1997, No. 359 “On further improvement of the certification (attestation) of doctors,” registered in the Ministry of Justice of Ukraine on January 14, 1998, under No. 14/2454 [internet]. 2019 Apr 5 [cited 2024 May 5]. Ukrainian. Available from: <https://zakon.rada.gov.ua/laws/show/z0014-98#Text>
11. Verkhovna Rada of Ukraine: legislation of Ukraine. Resolution of the Cabinet of Ministers of Ukraine of March 28, 2018, No. 302 “On approval of the regulation on the system of continuing professional development (CPD) of specialists in the field of healthcare” [internet]. 2022 Jan 1 [cited 2024 May 5]. Ukrainian. Available from: <https://zakon.rada.gov.ua/laws/show/302-2018-n#Text>
12. Verkhovna Rada of Ukraine: legislation of Ukraine. Order of the Ministry of Healthcare of Ukraine of February 22, 2019, No. 446 “Some issues of continuing professional development (CPD) of doctors” (as amended by Order of the Ministry of Healthcare of Ukraine of August 18, 2021, No. 1753) [internet]. 2023 Nov 17 [cited 2024 May 5]. Ukrainian. Available from: <https://zakon.rada.gov.ua/laws/show/z0293-19#Text>
13. Eaton K. Dentists' views on BDJ CPD. *Br Dent J*. 2005 Nov;199(10):654. <https://doi.org/10.1038/sj.bdj.4812933>
14. García-Espona I, García-Espona E, Alarcón JA, et al. European inequalities and similarities in officially recognized dental specialties. *BMC Oral Health*. 2023 Apr;23:280. <https://doi.org/10.1186/s12903-023-02987-z>
15. Nagorniak IV. Private practice, implantology, and continuing professional development. *J Diagn Treat Oral Maxillofac Pathol*. 2021 Jan;5(1):10–12. <https://doi.org/10.23999/j.dtomp.2021.1.3>

16. Buxton EC, Burns EC, De Muth JE. Professional development webinars for pharmacists. *Am J Pharm Educ.* 2012 Oct 12;76(8):155.  
<https://doi.org/10.5688%2Fajpe768155>
17. Wagner F, Knipfer C, Holzinger D, et al. Webinars for continuing education in oral and maxillofacial surgery: the Austrian experience. *J Craniomaxillofac Surg.* 2019 Apr;47(4):537–541.  
<https://doi.org/10.1016/j.jcms.2019.01.009>
18. Knipfer C, Wagner F, Knipfer K, et al. Learners' acceptance of a webinar for continuing medical education. *Int J Oral Maxillofac Surg.* 2019 Jun;48(6):841–846.  
<https://doi.org/10.1016/j.ijom.2018.11.010>
19. Belfield CR, Morris ZS, Bullock AD, Frame JW. The benefits and costs of continuing professional development (CPD) for general dental practice: a discussion. *Eur J Dent Educ.* 2001 May;5(2):47–52.  
<https://doi.org/10.1034/j.1600-0579.2001.005002047.x>
20. Hopcraft MS, Manton DJ, Chong PL, et al. Participation in continuing professional development by dental practitioners in Victoria, Australia in 2007. *Eur J Dent Educ.* 2010 Nov;14(4):227–34.  
<https://doi.org/10.1111/j.1600-0579.2010.00615.x>
21. Luu K, Da Silva K. An evaluation of dental continuing professional development programs in the USA and Canada. *J Dent Educ.* 2024 Mar;88(3):269–277.  
<https://doi.org/10.1002/jdd.13425>
22. Maffia F, Fesenko II, Vellone V. Covid-2019 pandemic: growing wave of cancelled meetings in oral and maxillofacial surgery and its impact on specialty. *J Diagn Treat Oral Maxillofac Pathol.* 2020 Aug;4(8):125–128.  
<https://doi.org/10.23999/j.dtomp.2020.8.1>
23. Barnes E, Bullock AD, Bailey SE, et al. A review of continuing professional development for dentists in Europe. *Eur J Dent Educ.* 2012 Aug;16(3):166–178.  
<https://doi.org/10.1111/j.1600-0579.2012.00737.x>
24. Ucer TC, Botticelli D, Stavropoulos A, Cowpe JG. Continuing professional development in implant dentistry in Europe. *Eur J Dent Educ.* 2014 Mar;18 Suppl 1:33–42.  
<https://doi.org/10.1111/eje.12087>
25. Suomalainen K, Karaharju-Suvanto T, Bailey S, et al. Guidelines for the organisation of continuing professional development activities for the European dentist. *Eur J Dent Educ.* 2013 May;17 Suppl 1:29–37.  
<https://doi.org/10.1111/eje.12021>
26. Mattheos N, de Bruyn H, Hultin M, et al. Developing implant dentistry education in Europe: the continuum from undergraduate to postgraduate education and continuing professional development. *Eur J Dent Educ.* 2014 Mar;18 Suppl 1:3–10.  
<https://doi.org/10.1111/eje.12075>
27. Kuba R, Kohli A. Continuing professional development of dentists through distant learning: an Indira Gandhi National Open University-Dental Council of India experiment a report. *Indian J Dent Res.* 2014 Nov-Dec;25(6):821–827.  
<https://doi.org/10.4103/0970-9290.152214>
28. Continuing professional development (CPD) at a distance: teachers' reflections on enhancing distance education (DE) provision. *Int J Educ Res Open.* 2023 Dec;5:100304.  
<https://doi.org/10.1016/j.ijedro.2023.100304>
29. Bailey S, Bullock A, Cowpe J, et al. Core continuing professional development (CPD) topics for the European dentist. *Eur J Dent Educ.* 2013 May;17 Suppl 1:23–28.  
<https://doi.org/10.1111/eje.12047>
30. Stenberg E, Milosavljevic A, Götrick B, Lundegren N. Continuing professional development in general dentistry-experiences of an online flipped classroom. *Eur J Dent Educ.* 2024 Apr;00:1–8.  
<https://doi.org/10.1111/eje.13013>
31. Zhegulovich Z. Problem-oriented non-formal education of dentists and orthopedists in Europe. *Actual Dent.* 2024 Apr;119(2):92–98. Ukrainian.  
<https://doi.org/10.33295/1992-576X-2024-2-92>
32. Tredwin CJ, Eder A, Moles DR, Faigenblum MJ. British Dental Journal based continuing professional development: a survey of participating dentists and their views. *Br Dent J.* 2005 Nov 26;199(10):665–669.  
<https://doi.org/10.1038/sj.bdj.4812928>
33. Parker S. Verifiable CPD paper: laser-tissue interaction. *Br Dent J.* 2007 Jan 27;202(2):73–81.  
<https://doi.org/10.1038/bdj.2007.24>
34. BDJ. Collection: BDJ CPD 2024 [internet]. 2024 Jan 12 [cited 2024 May 4]. Available from:  
<https://www.nature.com/collections/eiefhaeddh>
35. BDA. CPD Hub [internet]. 2024 My 4 [cited 2024 May 4]. Available from:  
<https://www.bda.org/learning-and-development/cpd-hub/>
36. Rasic M, Mamic M, Biocic J, Luksic I. Intranasal supernumerary tooth: two case reports and review of the literature. *Acta Stomatol Croat.* 2023 Dec;57(4):395–400.  
<https://doi.org/10.15644/asc57/4/9>
37. Vodanović M, Barišić A, Šribar A, Šuman O. Are dentists hypocrites? Oral self-care habits and self-reported oral health status among dentists and non-dentists in Croatia. *Acta Stomatol Croat.* 2024 Mar;58(1):59–75.  
<https://doi.org/10.15644/asc58/1/6>
38. Tymofieiev OO, Ushko NO, Yarifa MO. Covid-2019 response: virtual educational process at the



Department of Oral and Maxillofacial Surgery using Google Classroom. *J Diagn Treat Oral Maxillofac Pathol.* 2020 Mar;4(3):51–52.  
<https://doi.org/10.23999/j.dtomp.2020.3.1>

39. Tymofeiev OO, Fesenko II. Gratitude to caring editors, societies, and peer-reviewed journals: condemnation of unprovoked war and terrorism. *J Diagn Treat Oral Maxillofac Pathol.* 2022 Sep;6(9):121–4.
40. Nagorniak IV. The private dental practice in Kyiv, Ukraine: ISO 9001:2015 certification and recertification procedures in 2022-2024. *J Diagn Treat Oral Maxillofac Pathol.* 2024 Apr;8(4):33–47.  
<https://doi.org/10.23999/j.dtomp.2022.9.2>  
<https://doi.org/10.23999/j.dtomp.2024.4.1>
41. NHS. First Class Service. London: Department of Health 1998a.



ОРИГІНАЛЬНА СТАТТЯ

UKRAINIAN LANGUAGE

# Безперервний професійний розвиток (БПР) для українських лікарів-стоматологів та лікарів-хірургів щелепно-лицевих: критерії нарахування балів БПР станом на 2024 рік

Євген Фесенко<sup>a,\*</sup>, Наталія Марченко<sup>b</sup> та Сергій Ірха<sup>c</sup>

## АНОТАЦІЯ

Безперервний професійний розвиток (БПР) українських лікарів-стоматологів та лікарів-хірургів щелепно-лицевих – це безперервний процес навчання та вдосконалення професійних компетенцій лікарів-стоматологів та лікарів-хірургів щелепно-лицевих, що дає їм змогу підтримувати або підвищувати рівень професійної діяльності відповідно до потреб сфери охорони здоров'я. БПР може бути як добровільним, так і обов'язковим, залежно від стоматологічного законодавства кожної європейської країни. Метою цієї роботи є висвітлення ключових законодавчих аспектів БПР, пов'язаних із критеріями нарахування балів БПР українським лікарям усіх восьми стоматологічних спеціальностей. Кількість необхідних балів БПР та критерії нарахування балів БПР регулюються (1) Наказом Міністерства охорони здоров'я України від 22 лютого 2019 р. № 446 «Деякі питання безперервного професійного розвитку лікарів» та (2) Постановою Кабінету Міністрів України від 14 липня 2021 р. № 725 «Про затвердження Положення про систему безперервного професійного розвитку працівників сфери охорони здоров'я». У 2024 році для атестації лікар-стоматолог та лікар-хірург щелепно-лицевий повинен надати щонайменше 100 балів БПР, отриманих у 2020, 2021 роках, та щонайменше 50 балів БПР, отриманих у 2022, 2023 роках. У 2025 та наступних роках для атестації необхідно подавати щонайменше 50 балів БПР за кожен попередній рік. Описано всі 10 видів професійної діяльності з критеріїв нарахування балів

<sup>a</sup> Лікар-стоматолог-хірург, к. мед. н., доцент, кафедра хірургічної стоматології та щелепно-лицевої хірургії ПВНЗ «Київський медичний університет», Київ, Україна.  
ORCID: <https://orcid.org/0000-0002-8901-1632>

<sup>b</sup> Лікар-стоматолог-терапевт, к. мед. н., доцент, кафедра терапевтичної стоматології та пародонтології ПВНЗ «Київський медичний університет», Київ, Україна.  
ORCID: <https://orcid.org/0000-0001-8885-5529>

<sup>c</sup> Лікар-стоматолог-ортопед, к. мед. н., доцент, кафедра ортопедичної стоматології та ортодонції ПВНЗ «Київський медичний університет», Київ, Україна.  
ORCID: <https://orcid.org/0009-0009-0330-6332>

\* **Кореспонденція:** Кафедра хірургічної стоматології та щелепно-лицевої хірургії ПВНЗ «Київський медичний університет», вул. Бориспільська 2, Київ 02000, Україна.  
E-mail: [y.fesenko@kmu.edu.ua](mailto:y.fesenko@kmu.edu.ua) (Євген Фесенко)

**Тип статті:** Оригінальна стаття (синонім: оригінальне дослідження).

**Для цитування:** Fesenko II, Marchenko N, Irkha S. Continuing professional development (CPD) for Ukrainian stomatologists (dentists) and maxillofacial surgeons: criteria for awarding CPD points as of 2024. *J Diagn Treat Oral Maxillofac Pathol.* 2024 May;8(5):53–64.

На момент публікації даної статті імпаکت-фактор (Exaly) журналу становить 0,2. Кожному автору статті нараховуються бали БПР згідно Наказу МОЗ України від 22 лютого 2019 р. № 446.

Акронім «БПР» на верхньому правому значку означає, що стаття присвячена лише безперервному професійному розвитку (БПР) лікарів.

Манускрипт отриманий 9 травня 2024  
Прийнятий до публікації 20 травня 2024  
Стаття доступна онлайн 31 травня 2024

<https://doi.org/10.23999/j.dtmp.2024.5.2>

© 2024 ТОВ «ОМФ ПАБЛІШІНГ». Вебсайт: <https://omfpublishing.com>.  
Це стаття відкритого доступу під ліцензією CC BY  
(<https://creativecommons.org/licenses/by-nc/4.0/>).

БПР. Бали БПР нараховуються за отримання формальної, неформальної та інформальної освіти в сфері охорони здоров'я. Найбільшу кількість балів, а саме 100 балів БПР, може отримати лікар-стоматолог за здобуття освітньо-наукового та наукового рівнів вищої освіти галузі знань «Охорона здоров'я» (доктора філософії та доктора наук). Найменшу кількість балів, а саме три бали БПР, можна отримати за проходження професійної медичної практики в Україні поза закладом, де працює працівник. Сучасне українське законодавство надає широкі можливості лікарям-стоматологам та щелепно-лицевим хірургам для їх БПР та атестації. Критерії нарахування балів БПР з Наказу № 446 містять повний перелік освітніх можливостей в Україні та інших країнах. Ця стаття може стати довідником із законодавства України в сфері БПР як для стоматологів з інших країн, так і України.

### КЛЮЧОВІ СЛОВА

Безперервний професійний розвиток (БПР); бали БПР; БПР лікаря-стоматолога; БПР лікаря-хірурга щелепно-лицевого; критерії нарахування балів БПР; безперервна медична освіта; безперервна стоматологічна освіта; безперервна освіта; порядок атестації лікарів

# U-Impl<sup>®</sup>

SWITZERLAND



№ R3M 804 252 B2

Сертифікат відповідності  
технічного регламенту  
щодо медичних виробів



Switzerland Aarbergerstrasse 107A, CH-2502  
Biel, Phone/Fax +41 323230188  
info@u-impl.com  
www.u-impl.com