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*When, How & Why –*  
*Burgeoning Of Cde Programs In India –*  
*Boon Or Bane*

**Author: Dr. Bhavdeep Singh Ahuja**

**ABSTRACT**

Continuing Dental Education or CDE programs are intrinsic for knowledge gaining for any dentist to provide high quality dental health care services in our field. The primary objective of CDE programs is not just to update the clinical knowledge of dentists and private practitioners, but also to

exercise the reasonable degree of care and improve treatment methods that will be beneficial to the patients. The other objectives of CDE programs have been to review existing dental treatment concepts, gather practical knowledge on how to use latest tools and equipments, understand business practices, learning

how to expand your professional practice, acquiring certification and lastly, earning credit points. But off late, the CDE programs have seen a recent surge in number but with falling (and failing?) quality. Every IDA branch and private organization is hell bent on exploiting the concept of

education by selling it in the garb of CDE programs.

A few questions to ponder upon are:

‘Aren’t they too many?’

‘When did this mad race actually begin?’

‘Is it really worth it?’

‘Are the CDE programs a boon or a bane?’

## REVIEW

There is nothing permanent except change.

~ Heraclitus

Dental Technology is transforming by the turning hand of the clock. We, the dentists start running this race as early as XI<sup>th</sup> standard in pursuit of glory and as long as we are alive and kicking have to actually complement the pace to keep up the ante to virtually chase eminence and magnificence.

In the quest to use the latest technology coupled with

modern treatment modalities to provide the best possible diagnostic protocols, preventive armamentarium and therapeutic regimen to our patients, it has become almost mandatory for most of us to ameliorate our professional prowess and totally revamp our outlook, perspective and demeanour at the dental science on offer.

Those who deduce that their

patients deserve the best, always crave to continually upgrade and keep abreast with the latest. Professional growth can only be expected if we are willing to put our best foot forward without ever thinking about the hindrances or the need to do so just for the sake of any legislation or CDE points required for renewing our practice licenses.

The growth trends coupled with dental awareness amongst general public has made both the practicing or jobbing dentists, the graduates or the post graduates to continually update and upgrade themselves with the finer nuances of the 'business', every now and then to provide the established standards of treatment protocols to the patients with safety.

The CDE points agenda became an actuality for sometime in 2009-13 and

may be soon again by 2020-21, if the Dental Council of India (DCI) has its say (It has actually started in Maharashtra in 2019, now – sooner than later). If somebody has to trace the brief history of the burgeoning of CDE programs, the mad race for the same actually began in 2007-08 with the proclamation by the DCI that the first cycle of CDE points implementation for every State Dental Council would be unearthed from 01.01.2009 until 31.12.2013 (initially for 5 years trial) and further onwards as per DCI recommendations. The non-essential CDE programs offering points had been on the anvil since 2007 making dentists go crazy about all the CDE's happening around their town and even out of the same; some of them being commonly anticipated ones but, the others, not so

happening CDE's as well. Out of those 100 points made mandatory for 5 years' period (make it 20 per year), 10 points for asepsis, infection control, basic life support (BLS) and 5 points for dental jurisprudence over a period of 5 years were mandatory (The DCI is contemplating at revision of the same from 2020-21 making it 150 for 5 years). Then further segregating those 20 per year, 4 CDE points per year were made mandatorily verifiable & the CDE cycle applied to all the dentists; graduates or post-graduates alike without any discrimination or 'reservation' based on caste, creed, religion, sex or any other such bias (thankfully). The first phase of implementation (2009-2013), however, was made voluntary & the State Dental Councils had been advised that no

Dentist should be debarred from registration or licensure in the event of his or her not being able to accrue the necessary points in that period. As the DCI puts it, the basic intention was to encourage and promote CDE and not punish, so one could go to their respective State Dental Council & get registered. Then started another rat-race of who all can conduct the CDE. Once, an IDA home ground, suddenly it became a free for all and anybody (an individual), Organizations (like IDA) or a Company (like 3M, Dentsply etc.) could organize the CDE and the State Dental Council 'valiantly' awarded points based on a pre-condition that the Speaker must be a recognized one or on their panel (State Dental Council). The dash for the podium finish (no pun intended) led to the

first 'mushrooming' and probably that was also the first time when everybody said #MeToo, albeit in different undertones. The onus also fell on the State Dental Council to organize a 1 day Multi-Speaker CDE (worth 6 points) covering the basic topics like Sterilization, Bio Medical Waste etc., may be in collaboration with an IDA State Branch or on their Own. The charges were also pegged to be only @ food charges in those days and not exceeding Rs. 500 per person to be collected as the cost of the CDE and the rest of the cost to be borne by the State Dental Council / IDA / Company itself (whosoever was organizing the same). The full day lecture or conference was to be awarded 6 CDE Points, a half day lecture or workshop – 3 CDE Points, an evening product introduction / lecture

business meeting – 2 CDE Points and a 45 minute lecture with 15 minute Q & A – 1 CDE point. The DCI regulations also said that for the same CDE what the audience is attending, the speaker gets 2 or 3 more credit points. That meant that, for a day long CDE for 6 CDE points, the speaker (who is speaking on that topic) is entitled to get either 8 or 9 CDE points. Only the CDE's organized in India were valid for providing CDE points and no abroad course or ADA/CERP were valid with the DCI. The CDE providers (State Dental Council) had to give a blanket approval to all DCI recognized Govt. Bodies, Armed Forces for award of CDE points whilst all others seekers such as professional associations, national specialty organizations, corporate hospitals and private professional bodies

needed to apply to the State Dental Council or the DCI for the award of CDE points for meetings and conferences held under their aegis and the approval was to be valid for a period of 5 years, subject to review. The above was to be accomplished on a format (for award of CDE Points) supplied by the respective State Dental Council and was to be done at least 4 weeks prior to the organization of the same. The format usually included details of the programme, dates, days, venue, name of the speaker/s, registration fee kept, mode of marketing (publicizing), participants expected, capacity of the hall etc. The same format dully filled was to be sent to the President of the respective State Dental Council for award of CDE points and who depending upon the factors & solely his discretion, awarded the CDE

points & sent the certificates printed by them (i.e. the State Dental Council) mentioning CDE Points on them for the award of the same (this happened in my state, Punjab, may be different in other states).

### **BOON**

The CDE programs indeed, have come as a blessing in disguise for the practice busy bees or the perennially slow learners who left the dental colleges long ago and hardly had the time to re-read any of those dust-mustering college books which become old now, sooner than later owing to the technological advances and the novel scientific methods. Dentistry is all set to see a rapid growth (in fact, we are already experiencing the same) which has the potential to greatly transform the way, we the dentists practice using our

sublime skills. By continually attending CDE's and updating ourselves, one can keep abreast with every now and then changes in dentistry, thus acquiring newer set of practice skills to be imparted in a better manner to our patients. The skill impartment by these CDE courses also offers a fantastic platform for practicing dentists to keep growing intellectually and also make a killing without actually leaving their practices and also offer subtle refinements to their practices, every now and then. This aids as a big practice booster as well by improving the practice by leaps and bounds. Since, all of us are covered under the ambit of CDE's irrespective of who we are (other than dentists), this benefit can lead to a better quality of education by the dental teachers (staff in dental colleges) to bestow

upon their dental students. These CDE's also vouchsafe the young dentists to share the space with the adept, adroit and seasoned practitioners and succour the 'unprivileged' ones to march towards acclaim and recognition by sharing and learning from their experiences. They also help the individuals to pick and choose the CDE as per their skill they are interested in developing. CDE programs have the potential to strengthen the skills and capability of the participating dentist by a great deal, thereby inducing a greater degree of success and finally, satisfaction. As primary tooth healthcare providers, it becomes paramount for us that we treasure and protect one of the greatest gifts to any human being – the teeth, the organs which are so very

important in every facet of our life.

Aren't CDE programs a great boon to the Dentistry?

Is it really so?

Naa !!!!!

### **BANE**

There has been a gradual paradigm shift in dental industry and the corporatization has set the ball rolling by throwing the cat amongst the pigeons. The way dentistry used to function with silver amalgam fillings, forcep extractions, PFM crowns is now passé and the entire modus operandi of basic dentistry has been challenged to the core thus changing the perception of even the middle level/class dentists as well. The emphasis is more on

upgradation after planning everything to the 'T'.

The question arises WHY?

Before we answer that 'Why', we have to trace out another aspect of the history of the CDE points, much different to what we first discussed above.

The trial system of CDE points was vehemently followed till 2013 but met with a not so reasonable degree of success. There were actual instances of mammoth registrations but virtually vacant halls indicating a proxy audience, just in search of the 'requisite' CDE points. So, the latest DCI campaign ended with a whimper, with corruption imprinted on to it but this time the guilty were on the other side (contrary to the normal) i.e. us. We, the educated dentists tried being smarter

and attended the CDE by substituting a 12<sup>th</sup> man for us similar to a cricket ground. The DCI's CDE system applied to every registered dentist, be it Part A or Part B, so working in rural or urban, college employed or self employed, hardly made any difference. As a dentist, we had all the options to pick & choose the types of courses, we wanted to attend, more so not particularly the aesthetic dentistry ones which were in huge demand at that time. The initial years also saw a bar on the charging part; there was no corruption happening on charging excessive fees as well but the option or the choice of 'pick me' attitude was probably the final nail in the coffin for the burgeoning of CDE programs in India. As they say, all good things come to an end, albeit, this was neither good (in taste) on DCI's

part (not for the audience which found it binding on them) leaving an unsavoury taste in mouths of people (dentists) as the trial system led to attendance just for the sake of CDE points, nor it was of any actual use in terms of updating the knowledge for the 'trivial' many (instead of few) who were not in an habit to barely move an inch from their densely 'patient' populated clinics. That was the time when self realization or self governance had to rule supreme because no body can better control our mind than we ourselves, but unfortunately that didn't happen.

I am myself lecturing since 2007-08 in various IDA National, State Conferences, Famdent shows amongst many others. That was the time (2009-2013) when me & most of my fellow speakers,

even the stalwarts faced the problem of heavy registrations for the event but hardly 13-15 people in a hall to listen to a speaker. As a speaker, this thing hurts more than anything else, when the organizing committee claims of 700-1000 registrations (most of the times, the numbers were true or close to true), but in a lecture hall especially when multiple halls (3-4) were holding the same, not even 1% people were there per hall. To me, that is the most insulting thing for a speaker who comes all the way from whichever part of India (sometimes very far, leaving clinic, family and daily work schedule behind) to impart & share whatever he wants to & all he gets in bargain is an empty hall & a 'memento' to savour the not so 'fond' memories. That was one of the biggest drawbacks in the points provided under the

blanket umbrella of big conferences, 12 or 18 points (2 or 3 days) where almost nobody attended the conference except the GALA BANQUET.

A few people also suggested to the DCI to take an examination from the points accumulated, but a very valid argument was put forth by many saying that "If there were exams, some of the guys will study to learn and pass that subject, others to collect marks; still some others will cheat to get those marks".

**"Tomorrow is an exam, but I don't care because a single sheet of my paper can't decide my future"**

**~Thomas Alva Edison**

The bottom-line was that, instead of finding ways & means to collect the CDE points & question the implementation (time frame), one should all attend the

CDE's they wanted to (as per their desired skill set to enhance), thereby, making the points come automatically. The final authority of providing points for a CDE program still lied with the respective State Dental Council; so that companies couldn't blatantly promote their product (blindly) and entice the prospective audience in the garb of garnering CDE points. The underlying aim of the DCI was really worthy of appreciation at the 'point of inception' that the dentist updates himself and gives the very best to the patient. But this point of inception turned into a bigger disappointment as this led to serpentine queues (read: mushrooming) of CDE programs in India by #EvenICan (everyone). Practically quoting from a personal example, I myself graduated in June 1998, but I

know many of my batch mates who have not ever since splurged out of their clinic for a CDE or conference & still doing that age old dentistry which they learnt in college (only I know, how they even did that in college). But again like ethics, education is best achieved when self motivated, external threats are useless. Yes, there are core issues, which I think will evolve & get better with time.

How many will actually attend the lectures/courses/workshops if there are no CDE points is the pertinent question to answer?

My take is may be less than 5% or even lesser.

I myself attended about 80-90 CDE's (collected certificates are a testimony to that) from 1998-2006 in about 8-9 years & believe me at that time, there was no pressure on me to collect CDE points. It was

just my own unsatiating hunger to grow professionally.

Now coming to the question 'Why' !!!!

The plethora of scientific content on offer held on a platter week after week to awaken the common dentist out of slumber that he has missed the bus and is lagging miles behind all his colleagues in all aspects viz. technique, expertise, décor, armamentarium etc.

Really?

Since time immemorial; the CDE programs used to be the IDA's prerogative; their home territory to organize 5-6 good ones in a year to satiate the knowledge tooth buds of the hungry dentists yearning to learn more. Then, we witnessed the unparalleled

and unprecedented revolution in India of opening up of dental colleges by almost everyone capable of doing so in pursuit of greener pastures. Slowly, the number of dental colleges in the country skyrocketed mismatching the dentist-population ratio in urban areas and also coincided with a reversely proportionate down growth in the quality of dental graduates being churned out year after year. This caused a few to take a genuine initiative and start proper CDE courses but were followed suit by academies, self styled institutes and finishing schools claiming to teach everything of the BDS/MDS curriculum in 1-3 days. IDA CDE courses also took a beating with a big dip in quality due to the rising costs of holding a CDE and lack of sponsors; thus, they also became more of companies'

home-ground. The speakers coming from companies' side sing their tunes on the lyrics and music designed by them to sell their products.

The CDE courses are planned these days with attention to the minutest detail of commercialism, creating a high buzz like an exorbitant budget bollywood biggie having a dazzling superstar at the helm, embellished with a star-studded history and all of that executed very meticulously.

The D-Day (of CDE course) is marketed with high gloss value features, spearheaded by the star speaker and an artificially over-hyped content (media way) is unleashed on the hoi polloi, often to very predictable outcomes. The success stories are cashed in too usually same evening, the course ends and thanks to the advent of social

media marketing which like a voracious python swallows everything dished out on the platter to prepare the base for the next mega venture in 4 weeks time, again. The well designed but feigned outcomes do always seem to hit the marquee, but in actual, the truth is that the victory in such courses is rapidly on a plunging descent. Such CDE courses rather than creating the combative environment to impart education to further spur creativity amongst participants have, in fact, become deliberately crafted business models aimed only at 'commerce'. The end results have become like harvesting the efforts of a crop, the only difference that this 'crop' is reaped (harvested) every 4 weeks.

The question arises how effective are these

'professionally enriching' CDE programs?

Do they result in really changing our way of practices?

Whom does the buck really stop on?

Food for thought.....

### **CONCLUSION**

Keeping abreast with the newer technology and to treat patients with bestest (the very best) possible equipment and techniques, CDE programs are the quintessential links to achieve that. We as an immaculate clinician have to embrace continuing dental education programs wholeheartedly (without the fear of doing so for the sake of CDE points) and whilst applying our learnt quotient, use the latest trends providing the best possible diagnostic, preventive and therapeutic modalities to our patients in today's tech-savvy world.

Even, small little things learnt can be, overall, very vital in our composite treatment plan, but only if we are willing to imbibe and implement the same in our setups. The skill enhancing CDE programs aid the dentist in improving the overall 'satisfaction' quotient of the patients. Very soon, the legislative mechanism will be in action 'again' and this time mandatory, where we would be under the obligation to do so as per the mandates of dentists' law making body, the DCI.

The pertinent question would still remain, though, how effective?

Identifying and overcoming the limitations of such CDE programs can facilitate positive outcomes in our field. My view is that these professional enrichment

programmes should be extended to other dental team members like assistants, hygienists, technicians or even the receptionist and not just be restricted to the clinicians to attain a better, coherent and a synchronized workplace. Treating CDE programs as a 'moral' duty would serve us better purposes rather than treating the same as a professional and ethical

obligation only. At any point of life, it is imperative to remember that learning should never stop and the whole aim should be to keep doing it life-long to achieve higher standards in patient care. When we feel, we have learnt it all, that is the time to get rid of the 'ego', un-learn and re-learn the concepts all over again to unearth our true hidden potential.

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**Dr. Bhavdeep Singh Ahuja** graduated in 1998 from DIRDS, Faridkot (Punjab) under the aegis of Punjabi University, Patiala (Punjab). He has specialized in Implants from BioHorizons Inc. USA in 2004-05 & in Advanced Course from LACE-ICOI, USA in 2006. Apart from Dentistry, he holds a **Triple M.B.A.** in Hospital Management, Finance/Human Resources (dual) & Marketing from three premier Institutes/Universities of India viz. the IIMM Pune, IGNOU Delhi & Annamalai University, Chennai respectively. He also holds Post Graduate Diploma's in Medical Law & Ethics (NLSIU - Premier LAW School of India), Clinical Research, Cyber Law, IPR's (Intellectual Property Rights), Disaster Management, Financial Management, Bioinformatics amongst many more from different Universities. He is a Certified Health Care Waste Manager from IGNOU & is qualified in Consumer Law as well. He is an academically oriented dentist & has more than **50** Original Scientific Publications to his credit in many International & National journals. He lectures all over India extensively on the topics of Practice Management, Medical Law and Consent and Finance for Dentists and he is writing a series on these topics in multiple journals simultaneously. He is the Immediate Past Editor-in-Chief, L.E.D. E-Journal & PAGE 3 OLA D E-Newsletter, the twin Publications of IDA Ludhiana Branch. Presently, he is into his **20<sup>th</sup> year** of Clinical Private Practice in Ludhiana, Punjab.

