

Madhya Pradesh State Dental Council

Guidelines for Conducting Continuing Dental Education (CDE) Programs, Live Demonstrations, and Patient Involvement

1. Application Timeline & Approval Process

1.1 Application Submission - The organizer must submit a formal application to the Madhya Pradesh State Dental Council at least 45 days prior to the proposed date of the program.

1.2 Documents to be Submitted - Detailed program schedule, curriculum outline, list of speakers, venue details, details of patient involvement, and Institutional Ethics Committee (IEC) approval (if patients are part of live surgery/treatment).

1.3 Scrutiny & Approval - The Council will review applications within 15 working days. Approval letter with unique MPSDC CDE Reference Number will be issued. No program should be advertised or conducted without prior approval.

2. Guidelines for Course & Curriculum

2.1 Academic Relevance - The course content must be strictly related to dentistry and allied surgical/clinical protocols.

2.2 Curriculum Structure - Each CDE must include learning objectives, scientific content, and assessment/feedback mechanism.

2.3 Faculty & Speakers - Only registered dental/medical practitioners with recognized postgraduate qualifications may conduct live demonstrations. International faculty must provide certification of qualifications.

3. Guidelines for Live Surgeries & Patient Involvement

3.1 Eligibility - Only recognized dental colleges, hospitals, or registered private dental hospitals with adequate infrastructure may conduct live patient demonstrations.

3.2 Mandatory Protocols - Pre-operative evaluation, informed consent, sterilization protocols, presence of anesthetist if required, and post-operative care must be ensured.

3.3 Patient Safety & Consent - Patients must not be exploited for promotional purposes. Confidentiality and dignity must be ensured. A signed consent form (Annexure) must be obtained.

4. Documentation & Reporting

The organizer must submit a Post-Event Report within 15 days of the program, including attendance list, summary of sessions, details of live surgeries/treatments, and any complications.

5. Disciplinary Provisions

Non-compliance will invite action under the Dentists Act, 1948 and MPSDC regulations. Programs conducted without approval may result in denial of CDE credit points and disciplinary action.

Annexure: Patient Consent Format for Live Demonstration / CDE Program

Patient Name:	_____
Age/Sex:	_____
Contact Number:	_____
Address:	_____
Diagnosis:	_____
Proposed Treatment:	_____
Name of Surgeon:	_____
Venue & Date:	_____

Consent Statement:

I, the undersigned, have been explained the nature of the dental treatment/surgical procedure to be performed as part of a Continuing Dental Education (CDE) program. I understand the risks, benefits, and alternatives. I consent voluntarily for the procedure and for my treatment details to be shared for educational purposes, while maintaining confidentiality.

Patient's Signature:	_____	Date: _____
Guardian's Signature (if minor):	_____	Date: _____
Treating Dentist/Surgeon's Signature:	_____	Date: _____
Witness:	_____	Date: _____

Indore:
Date: 21/08/2025

President
M.P. State Dental Council
Indore