



# FDI DRAFT POLICY STATEMENT

## Continuing Medical Education in Dentistry

Submitted for adoption to the General Assembly: September 2018,  
Buenos Aires, Argentina  
**Final Draft 2**

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3 **CONTEXT**

4 Oral health is an integral component of general health. Dentists play an important  
5 role in maintaining the overall well-being of their patients, as underlined in the FDI  
6 Istanbul Declaration. Today's oral health professionals should be described as 'front-  
7 line' medical professionals in prevention, early detection, and monitoring of both oral  
8 and systemic diseases, thus enabling them to be more involved in assessing and  
9 ensuring their patients' overall health.

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11 Dentistry is a unique profession that contributes to improving patients' overall health.  
12 In addition to maintaining their patients' oral health, oral health professionals (dentists  
13 as oral health physicians) can take on additional tasks, such as screening for and  
14 monitoring non-communicable diseases and educating their patients about the  
15 importance of disease prevention, early screening and monitoring.

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17 **SCOPE**

18 Dental education should be based on scientific rationale and evidence that is in line  
19 with contemporary dentistry. It should incorporate medical advances from outside  
20 dental practice, with an emphasis on clinical applications, by focusing on health  
21 promotion, prevention of common risk factors, and early screening and referral  
22 when indicated. The dental education system should also help with regular  
23 monitoring or surveillance of the most common diseases prevalent in community  
24 practice.

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26 Lifelong learning is needed for continued competence and proficiency. Access to  
27 Continuing Medical Education (CME) in dentistry is vital to enable oral health  
28 professionals to review and upgrade their clinical experience and competency.

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30 **DEFINITIONS**

31 CME in dentistry seeks to fulfil the principle of integrating oral health and general  
32 health by bridging the gap between dentistry and medicine. It is essential for oral  
33 health professionals to have the knowledge and competencies to address broader  
34 issues and tasks in medical care, including acting on the social determinants of  
35 health to contribute to their patients' quality of life.

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37 **PRINCIPLES**

38 The primary aim of CME in dentistry should be to ensure that practitioners can  
39 perform dentistry based on scientific evidence to deliver optimum healthcare. This  
40 can be done by addressing the needs for continuing development according to new  
41 trends in medicine, dentistry and epidemiology. It should take into consideration the  
42 general health needs of the patient by providing broader medical knowledge and  
43 enhanced skills and competencies related to dental sciences.  
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## 45 **POLICY**

46 FDI calls on National Dental Associations to highlight that:

- 48  oral health is an integral component of general health, and the role of dental  
49 practitioners is not only limited to maintaining the oral health of their patients, but  
50 also includes promoting their overall health.
- 51  oral health professionals can significantly contribute to improving their  
52 patients' overall health by taking on additional tasks, such as screening for  
53 and monitoring non-communicable diseases.
- 54  dental education must include sufficient medical knowledge to fulfil the tasks  
55 required.

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57 In light of the enlarged scope of the profession, FDI recommends that:

- 59  national dental curricula (under- and post-graduate, including specialization)  
60 be reviewed to deepen the inclusion of medical sciences in dental education,  
61 by including medical topics and allowing practicing dentists to integrate and  
62 upgrade their clinical experience and competencies in medical fields;
- 63  a special CME with a focus on local epidemiology of communicable and non-  
64 communicable diseases be prepared for National Dental Associations,  
65 mainly when outbreaks or unusual patterns emerge;
- 66  collaboration with national medical associations be strengthened and joint  
67 educational programmes be developed.

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69 This statement should be read in conjunction with FDI's Policy Statements on Basic  
70 Dental Education and Continuing Dental Education, along with the supporting  
71 references.  
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## 73 **KEYWORDS**

74 Continuing education, continuing medical education, dentistry, medicine  
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## 76 **DISCLAIMER**

77 The information in this Policy Statement was based on the best scientific evidence  
78 available at the time. It may be interpreted to reflect prevailing cultural sensitivities  
79 and socio-economic constraints.  
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## 81 **REFERENCES**

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83 Federation opens the door to a universal definition of oral health. Int Dent J 2016  
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