Context

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

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

Scope

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

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

Definitions

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

Principles

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

Policy

FDI calls on National Dental Associations to highlight that:

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

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

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

This statement should be read in conjunction with FDI’s Policy Statements on Basic Dental Education and
Continuing Dental Education, along with the supporting references.

Keywords
Continuing education, continuing medical education, dentistry, medicine

Disclaimer
The information in this Policy Statement was based on the best scientific evidence available at the time. It may be
interpreted to reflect prevailing cultural sensitivities and socio-economic constraints.

References
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