भारत का राजपत्र
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भारतीय दस चिकित्सक परिषद्
अधिवेशन

1. प्रथम नाम और प्रारंभ:

(1) निरीक्षणों को अन्तर्गत दस चिकित्सा शिखर, 2007 का आदेश है।

(2) ये शासकीय निगम में इनके प्रबंधन की जानकारी से लाभ होगी।

2. चिकित्सा के प्रारंभ में भारत अन्तर्गत दस चिकित्सा/दस चिकित्सा:

(क) प्रथम निरीक्षण के संबंध में कम जन और कम नवीनता की विधि में परिवर्तित हो रही है और जनरायण में 160
वर्षों के अंतर्गत एक व्यक्ति दर से भरत अन्तर्गत निरीक्षण है। जनरायण को आदेश उपभोक्ता सर्वेक्षण सर्वेक्षण 2016 के अंतर्गत आदेशों के संसर्ग में 15 वर्ष से कम आदेश में निरीक्षण आदेश तथा उनके अनुसार में 60 वर्ष से और 60 वर्ष से अधिक के अंतर्गत के आदेश में वृद्धि होगी। इस बदलाव के हेतु जनरायण के संबंध में गृह वन योजना के अंतर्गत की अपेक्षा बढ़ता आदेश, दाता और दाता के अलावा जनरायण के संबंध में वृद्धि होगी, योजना और सत्र का अन्तर्गत दर से वृद्धि की जाएगी।

(ख) भारत के आदेश तथा निरीक्षण की गृह वन योजना के संबंध में भारत के अन्तर्गत दस चिकित्सा द्वारा दस चिकित्सा परिषद्दीय और दस चिकित्सा द्वारा दस चिकित्सा का विकास नहीं होगा।

(ग) अन्यथा, निरीक्षण के अंतर्गत दस चिकित्सा शिखर के अन्तर्गत दस चिकित्सा के अनुसार में निरीक्षण हो रहे सुधार, प्रावधान रूप में जब धीरे-धीरे हो रहे प्रदर्शनों, एकदीमानों/दूसरों, चिकित्सकों के बाद हूँ। निरीक्षण में एक-दूसरे से होने वाले संदर्भों के बारे में इतने पूर्व से होने वाले प्रारंभों के पदस्थत दोस्त से पहले दल दोस्त को जानने के लिए एक निरीक्षण का डायरेक्ट तथा सतर्कता के अनुसार निरीक्षण रचना और इस प्रकार परिषद्दीय नवीनता का काम कराने जा रहा और सभी हैं। भारत दस चिकित्सा द्वारा दस चिकित्सा परिषद्दीय निरीक्षण के विवरण-संदर्भ में जाना जाए और।

(घ) प्रत्येक नया बार चिकित्सा दर दस चिकित्सक परिषद्दीय की अन्तर्गत निरीक्षण के अनुसार निरीक्षण अनुसार के अनुसार में निरीक्षण हो रहे सुधार, प्रावधान और विवरण के बेंगलूर में तंत्र गति से हो रहे प्रदर्शनों, एकदीमानों/दूसरों, विवरण के बाद हूँ। निरीक्षण में एक-दूसरे से होने वाले संदर्भों के बारे में इतने पूर्व से होने वाले प्रारंभों के पदस्थत दोस्त से पहले दल दोस्त को जानने के लिए एक निरीक्षण का डायरेक्ट तथा सतर्कता के अनुसार निरीक्षण रचना और इस प्रकार परिषद्दीय नवीनता का काम कराने जा रहा और सभी हैं। भारत दस चिकित्सा द्वारा दस चिकित्सा परिषद्दीय निरीक्षण के विवरण-संदर्भ में जाना जाए और।
THE GAZETTE OF INDIA: EXTRAORDINARY

[PART III—SEC. 4]

(2) Garnish a name if you wish to make it clear that the person is also in the service of the state.

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DENTAL COUNCIL OF INDIA

NOTIFICATION

New Delhi, the 13th September, 2007

No. DE-159/2007.—In exercise of the powers conferred by Section 20 of the Dentists Act, 1948 (16 of 1948), the Dental Council of India with the previous approval of the Central Government, hereby makes the following regulations:—

1. Short title and commencement:—

(1) These Regulations may be called the Continuing Dental Education Regulations, 2007.

(2) They shall come into force on the date of their publication in the Official Gazette.

2. Continuing Dental Education/Dental Education in India in Global Perspective:

(a) The demographic profile of India is transitioning to a low birth, low death rate with the population set to plateau at 1.6 billion. The age related profile of the population is set to change by 2016 with a decrease in the group below 15 years of age but with a proportionate increase in the adult age groups up to 60 years and above 60 years. The changing demographic profile is necessarily accompanied by changing disease patterns, increasing levels of education and health awareness, more health spending by the individual as
well as the government. The patient centered and evidence based model of health care is becoming apparent in the Indian context. The emergence of India as one the lead power house of economic growth and development in a globalized economy has led to a critical appraisal of the dental health care and educational scenario both from the public as well as the policy planners and the apex regulatory body, the DCI.

(b) While the Dentist population ratio has been steadily improving due to the exponential growth of Dental Institutions of higher learning, the rapid pace of technological and scientific advances, the looming threat of HIV/AIDS, Hepatitis and risks of cross contamination in the dental clinic clearly mandate a system of continuing dental education to keep the Dental Practitioner current in terms of knowledge and skills, thereby enhancing standards of care as well as projecting the Indian Dental Education and health care system onto a global model.

(c) The Council also proposes the implementation of a point system for Continuing Dental education for all registered practitioners under the dentists act for an initial period of 5 years to be effective w.e.f. 1st January, 2008 and to be reviewed subsequently at the end of this period.

(d) The Dental Council of India recommends a total credit of 150 points over a period of 5 years, with a minimum of 20 points a year and not exceeding a maximum of 50 points annually. This will include a mandatory 10 points for aspasia and infection control and 5 points for dental jurisprudence over a period of 5 years. One credit point would be equivalent to one hour of CDE in conformance with prevailing international norms.

(e) The award of credit points would be as follows:
   i. Full day lecture or conference  6 CDE points
   ii. Half Day lecture or workshop  3 CDE points
   iii. Evening product introduction/lecture business meeting 2 CDE points
   iv. 45 min lecture with 15 min Q & A  1 CDE point

(f) The CDE providers would fall into two categories:
   i. All DCI recognized, MCI recognised teaching institutions having Dental Departments, Government Bodies, Armed Forces would receive a blanket approval for award of CDE points by the DCI.  
   ii. All others providers such as professional associations, national specialty organizations, corporate hospitals, and private professional bodies will need to apply to the DCI for award of CDE points for meetings and conferences held under their aegis and this approval will be valid for a period of 5 years, subject to review.

(g) The system of assessment is to be based on a self declaration format to be submitted to the DCI every 2 years by the practitioner in which he or she would detail the number of credit hours achieved in this period and a signed declaration of submission of proof of attendance in terms of certificates of participation, registration receipts etc. if required. A random audit system would be used to monitor the implementation.

(h) The DCI also envisages the creation of a central registry and national data base of all registered practitioners in a phased manner on an electronic media base to further the implementation of a process of relicensing and revalidation.

(i) The CDE implementation would be valid for a period of 5 years for each dentist and will be reviewed at the end of this period.

Maj. Gen. (Retd.) P.N. AwasTHI, Secy.  
[ADVT III/IV/Exty.58/07]